



CYBER COUNSELING FOR ADDICTION AND DRUG RELATED PROBLEMS

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ABSTRACT

Drug abuse is not a new issue in Malaysia. The Prime Minister of Malaysia had announced drug as the number one national enemy. According to the National Anti-Drugs Agency, there were 289,763 individuals addicted to drugs from 1988 until 2005. At present, government, private agencies as well as the NGOs are taking initiatives towards reducing the demand for drugs. One such initiative is the cyber counseling service which was implemented by the National Association for the Prevention of Dadah - PEMADAM, a national NGO that focuses on drug prevention programs. This paper highlights a few drug abuse cases handled by a registered counselor who is also a reference person and volunteer counselor for PEMADAM. This paper will further discuss on how the cyber counselor responds to his clients and the approaches that were used by the counselor to handle his clients in cyber space. This paper also elaborate on the possible service and effectiveness of cyber counseling to overcome drug problems and outline suggestions for practical cyber drug counseling service for the Malaysian public.

ABSTRAK

Penagihan dadah bukanlah satu isu baru di Malaysia. Yang Amat Berhormat Perdana Menteri Malaysia telahpun mengisytiharkan bahawa dadah adalah musuh nombor satu negara. Menurut perangkaan Agensi Antidadah Kebangsaan (AADK), terdapat seramai 289,763 individu yang menagih dadah di Malaysia dari tahun 1988 hingga 2005. Sekarang ini, pihak kerajaan, agensi

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swasta dan juga NGO telah mengerakkan pelbagai inisiatif ke arah mengurangkan permintaan terhadap dadah. Satu daripada usaha sedemikian ialah perkhidmatan kaunseling siber yang digerakkan oleh PEMADAM, sebuah NGO kebangsaan yang memberi tumpuan kepada pencegahan penagihan dadah. Artikel ini memaklumkan beberapa kes penagihan dadah yang diurus oleh seorang kaunselor berdaftar yang juga bertindak sebagai pakar rujuk dan kaunselor sukarela untuk PEMADAM. Artikel ini seterusnya membincangkan bagaimana kaunselor siber bertindak ke arah klien dan pendekatan yang telah digunakan bagi mengurus klien beliau dalam ruang siber. Pada masa yang sama, artikel ini akan menghuraikan kemungkinan perkhidmatan keberkesanan kaunseling siber dalam mengatasi masalah dadah serta menggariskan beberapa cadangan untuk perkhidmatan kaunseling siber kepada masyarakat Malaysia secara lebih praktikal.

INTRODUCTION

Drug abuse is not a new issue. It is how governments of the world look at it. At one time, drug was a trading commodity. But since the Geneva Convention (No.1) in 1925, Geneva Convention (No.2) in 1931 and New York Narcotics Declaration in 1961 governments started re-thinking the impacts of drug abuse on societies. Now NGOs, such as PENGASIH, PENDAMAI and PEMADAM are taking initiatives and efforts towards demand reduction. One of the initiatives is through cyber counseling services.

There are various definitions for cyber counseling. In fact, terms such as online therapy, e-therapy and internet counseling have similar definitions with cyber counseling but with different terminologies. However, in this study, cyber counseling is defined based on the term coined by John Grohol (2000) that is the process of interacting with the counselor online in an ongoing series of conversations over time. Meanwhile Feltham and Dryden, (2004) defined cyber counseling as email counseling, that is counseling by electronic means. Some growth in this took place in the late 1990s and it seems set to expand if problems of confidentiality can be addressed. Some clients prefer its privacy, easy access and ability to use from home, but some counselors lament that it undermines the importance of the relationship. In different variants, it is also known as online and cyber therapy.

According to Grohol (2000), the development of cyber counseling started in 1972. It began with a simulated psychotherapy session between



computers at Stanford and UCLA during the International Conference on Computer Communication in October, 1972. He also pointed out that the earliest known organized service to provide mental health advice online was "Ask Uncle Ezra". It is a free service offered to students of Cornell University in Ithaca and it has been in continuous operation since September, 1986. David Sommers is considered to be the primary pioneer of e-therapy as he was the first to establish a free-based Internet service.

In 1997, a nonprofit society named International Society for Mental Health Online (ISMHO) was formed to promote the understanding, use and development of online communication, information and technology for the mental health community. While in Malaysia, there are many universities and other agencies such as government and non-government agencies offering help via internet. For drug issues, PEMADAM and the National Anti-Drugs Agency (NADA) have developed a website for the drug addicts to communicate with the selected counselors via e-mails. In other words, it offers cyber counseling services for the drug addicts. Thus in the 21st century, it is clear that interaction between counselor and his clients is not only through face to face session but also through the internet.

ISSUES IN CYBER COUNSELING

Cyber counseling is a new leading edge. There are potential benefits and also some risks. According to Grohol (2000) the potential benefits of receiving cyber counseling may include: 1) clients are able to send and receive messages at any time, day or night and at any place; 2) clients are able to take as long as they want to compose, and have the opportunity to reflect upon the messages; 3) clients automatically have a record of communications to refer to later; and 4) clients feel less introverted than in person (<http://www.ismho.org/suggestions>). Clients also should be informed about the potential risks such as messages not being received and confidentiality being breached. According to Ainsworth (2001) e-mails could fail and not be received if they are sent to the wrong address and confidentiality could be breached in transit by hackers or internet service providers or at either end by others with access to the e-mail account or the computer.

Other than potential benefits and risks, there are also some issues that need to be raised in cyber counseling. Ainsworth



(<http://www.metanoia.org/imhs/issues.htm>) pointed out that clients should ask themselves four questions about cyber counseling. They are: i. Is cyber counseling right for me? ii. Who is the counselor? iii. Is it effective? and iv. Is it confidential?

Cyber counseling is not appropriate for every condition. It is not for people who are in the midst of a serious crisis such as suicide. In cyber counseling, clients need to communicate to the counselor via e-mail. Thus they must be comfortable to write expressively, informally and with some detail. Cyber counseling is also a new field. Thus it may have some risks. When counselor and client meet in virtual reality, the client should be informed of the name of counselor, the qualifications and how to confirm the existence of the counselor. Thus it will expose the personal background of the counselor and reduce the risk of misuse of identity which may occur.

Cyber counseling will never replace the traditional face-to-face method. However, it is not meant to replace the traditional counseling but it is another way of caring and helping. Ainsworth (2001) found out that 90% of the people who seek help online say that it helped them. Communicating to a counselor via e-mail is probably as safe as talking to one in person. Cyber counselors will take their responsibility seriously to protect the privacy and confidentiality as long as there are no other person who can gain access to the e-mail account.

According to Tuti Iryani Mohd Daud et al. (2005), the U.S. Department of Education 2003 reported 59% of children and adolescent use the internet. However, the percentage for Malaysian adolescents is not available. Nevertheless according to the Malaysian Communications and Multimedia Commission 2004, the number of internet subscribers in Malaysia has increased up to 8 times within the past 6 years.

REVIEW OF LITERATURE

The empirical studies of cyber counseling are few and far between. However, online support groups for a variety of mental health issues such as eating disorder, sexual abuse, breast and other cancer, HIV and substance abuse/addiction have been studied. According to Laszlo et al. (1999) most studies used small groups which limit their external validity. Because the literature in this area is scarce, we have included



some findings from other studies that could influence the discussion on the effectiveness of cyber counseling.

Based on the reports by the Surgeon General's Report on Mental Health 1999 (cited from <http://www.metanioa.org/imhs>) one out of five Americans have been diagnosed with psychological problems and nearly two-third of them never seek help. According to Ainsworth (2001), the primary reason for them not to seek help is the stigma. They are too embarrassed to talk to a therapist. In this study, cyber counseling is used as a method of treatment because it offers more privacy for the drug addicts to voice their feelings and their problems.

Shernoff, (2000) found out that cyber counseling has increased the additional complexity to treatment. He pointed out that cyber counseling allows his clients to send him immediate and brief e-mails if something very pertinent to what they are working on happens between the sessions. In other words, through e-mails, his clients do not have to waste their time jotting down the event or feelings and bringing them to the next session. This could avoid the client from forgetting important events or feelings from the perspective of the past several days. Thus, this could give opportunity to the counselor to glimpse into a deeper level of his clients' feelings.

Another benefit of cyber counseling is it can be done at any time and place as long as both the counselor and the client have access to the internet and e-mail accounts. Laszlo, Esterman and Zabko (1999) stated that one of the reasons why cyber counseling is effective is both the client and counselor do not have to sit down at the same time for the counseling session. In other words, clients are free to send their e-mails anytime they want to and the counselor will have more time to respond to the e-mails.

Almost every counselor will have various types of clients with different background and work. Some clients need to travel and are not able to attend all the face-to-face sessions. Shernoff, (2000) stated that because not all his clients are able to attend the face-to-face session; he decided to do it via e-mail. According to him, cyber counseling allows his clients to send an e-mail to reflect on the issues that they are working on and to share all feelings or any practical issues that arise in their lives.



Although it is not as ideal as a face-to-face session or even a phone session, it keeps the interactions alive.

Tuti Iryani Mohd. Daud et.al, (2005) who described the pattern of help seeking behavior using the internet and perceived efficacy of the internet, found that two thirds of 362 subjects sought help from informal sources like parents, siblings and friends. On the other hand, the percentage of those seeking help from formal sources like mental health professionals, other health professionals, telephone crisis hotlines and the internet were very low. The research also showed that only 10% of the subjects thought that internet had helped them a lot in dealing with their problems effectively. Meanwhile 51% of the subjects perceived that seeking help on the internet only helped them a little.

Grohol (1997) pointed out that there were three advantages in choosing cyber counseling as an alternative. They are an increased perception of anonymity, ease of contact and expert opinion from all over the world. As the internet is an open network, communicating through it means communicating without boundaries. Clients can contact the counselors at anytime and anyplace and they manage to get opinions from experts all around the world to treat them or to get a second opinion on their problems.

Roles, (2006) stated privacy and anonymity by e-mail are more appealing and comfortable (cited from www.e-mailtherapy.com). Suler (2001) supported this statement. According to Suler, one of the attractions of online counseling for some clients might be its anonymity. The anonymity and convenience may break down some of the barriers to seeking help on personal problems. In other words, you can be more open when you are at your keyboard than in person with a professional.

While others were discussing more into the advantages of cyber counseling, Stephen Snow criticized and questioned this service. In his article (cited in <http://www.commcure.com/ethicsonline.html/>), he questioned whether online counseling is ethical to be practiced nowadays. He questioned the confidentiality and privacy as well as the client and counselor's identification and disclosure. There is no doubt that clients who use the computer at work are subjected to corporate policies such as their e-mails being read. John J. Paris, (2001) supported this point of



view. "The computer equipment belongs to the employer, so does everything in it." (Cited in <http://www.commcure.com/ethicsonline.html/>).

Grohol (1997) pointed out that the disadvantage of online counseling is the lack of nonverbal communication. Cyber counseling is different from telephone counseling. Stuart Klien (1997) hypothesized that the lack of visual cues intensifies the need to listen and the ability to listen. However, in cyber counseling, the session is done via e-mail. Thus, it does not involve listening. In fact this modality lacks nearly all nonverbal cues. However, Grohol (1997) stated again that e-mail exchanges allows for greater thought and elaboration on one's emotions.

In conclusion, cyber counseling or counseling online is not meant to be a replacement for face-to-face psychotherapy. It may be an important source of help for you as you face a variety of challenges in life. Cyber counseling offers an opportunity for you to communicate about the dilemmas you are facing with a professional as a guide for consultation, feedback and support.

THEORY AND APPROACHES IN CYBER COUNSELING

There is no doubt that there are naturally needs for improvising or an adaptation of the psychotherapeutic concepts and theories in cyber counseling due to the lack of face-to-face contact. In fact, there are a number of writers who proposed a variety of practice possibilities and theoretical modalities that can be potentially adapted to cyber counseling.

The Crisis Intervention Theory as suggested by Polauf (1996-99:1998) could be an effective framework. He termed it as an *e-mail based crisis intervention*. Parad & Parad, (1990) defined crisis intervention as "a process of actively influencing psychosocial functioning during a period of disequilibrium in order to alleviate the immediate impact of disruptive stressful events and to help mobilize the manifest and latent psychological capabilities and social resources of persons directly affected by the crisis." He suggested that the problem should be framed during initial messages (cited from Laszlo et al. 1999). Polauf (1996-99; 1998) further describes that the process starts upon receiving the initial



e-mail from the client. He said that counselors should explore the problem and reframe it in cognitive terms after receiving the initial e-mail. This could help to instill hope, reduce the client's anxiety, develop trust and allow them some space. Thus the client feels that he or she is listened to and is understood.

To promote the client's autonomy and sense of competence, the formulation of concrete and attainable goals should be collaboratively agreed between the client and the counselor. According to Laszlo et al. (1999), this process should include symptom reduction, restoration of functioning, insight into stressors and increased repertoire of problem solving skills. Polauf (1996-99; 1998) added towards the end, a specific time frame is then set up within which goals can be met and during which structured and active interventions are used.

Cognitive-behavioral intervention could be compatible in this study because they rely on conscious processes and thinking. Beck, (1976, cited in Laszlo et al., 1999) stated that cognitive theory works on examining the individual's thought processes, detecting cognitive error and helping the individual to develop alternatives and be more flexible in understanding the individual/self and environment via re-framing techniques. Gabriel and Holden (1999) recommend a possible adaptation in text-to-text intervention by looking at the emergent patterns in text to be intervened on (cited in Laszlo et al., 1999). They are over-generalization, excessive responsibility, predicting without sufficient evidence, making self-referential statements and turning situations into catastrophes and only focusing on the negatives. These emergent patterns give cue to begin restructuring the individual's thought processes and to foster change.

Narrative therapy is another approach that could be used in this study. According to White, (1990) narrative therapy is based on a theory of interpretation and holds (cited in Laszlo et al., 1999). It is focused on people's expression on experiences in their lives. Laszlo et al., (1999) said that as the clients tell the story of their problems, the therapist will explore their interpretation of the story and bring forth the contradictory or ambiguous experiences of their subjective reality. Then, the therapist works on externalizing and re-framing the problem in a manner that is more enabling and empowering to its resolution. Laszlo et al., (1999) mentioned that generally this process occurs face-to-face but it can



happen easily through writing and therefore via-email. In fact, Murphy and Mitchell (1998), consider the writing process could enhance the externalization of the problem (cited in Laszlo et al., 1989). This is because as the client views their issues on the computer screen; it could promote therapeutic changes.

CASE STUDIES OF DRUG ADDICTION ISSUES

Cyber counseling services for drug addiction cases have been implemented systematically by PEMADAM in the mid of 2005. Previously, all the clients shared their experiences in a specific column provided by PEMADAM. However, there were no responses or feedback given to them. Due to the vast responses given by the society to the column, PEMADAM has been suggested to offer cyber counseling services to help those target groups.

Recently, PEMADAM gathered more than thirty counselors to support this cyber counseling. Generally, all the counselors will be given usernames and password to access all the problems sent by the clients to the portal. Initially, all the problems that are sent by clients will be received by the secretariat before they are distributed to the volunteering counselors. The most important thing is that, all discussions between the counselor and client are confidential. In order to get feedback on the cyber counseling services, PEMADAM will arrange a series of meeting with the volunteer counselors to discuss the problems that occurred throughout the process of cyber counseling. At the same time, they also share their views on related issues that have been pointed out by clients.

Basically, all the cases that are related to drug addiction are divided into two aspects. Firstly, the issues that relate to problems faced by the drug addicts themselves. Secondly, are the problems faced by the drug addicts' families or relatives such as their parents, siblings and spouse. This paperwork will portray three cases on problems faced by the drug addicts and three cases on problems faced by their families. It is to be informed that, all cases portrayed in this paperwork have been edited by the writer so that it will be suitable for academic purposes. This is because, the entire original context written by clients consists of short formed sentences and some of them have used inappropriate and foul language.



Problems That Been Faced by the Drug Addict

Case 1 : I was an acute drug addict. I was released from prison three months ago, charged for having ATS pills. While in prison, I met a lady who at that time was my counselor. Now, after being released, I still keep in touch with her. The problem is, I have fallen in love with her. Now at the age of 28, I have the desire to get married. I already have a job as a construction worker. But I am HIV positive. Can I proceed with my desire to marry her? Does my action make any sense? What shall I do?

Case 2 : I am 26 years old and am married with a child. I started drug addiction when I was 15 years old and at that time I was addicted to marijuana. Now, I am into heroine and I find it too hard to control this addiction. The worst moment in my life came about when I was accused of raping a girl although in the beginning it took place with the consent given by the girl (at the time of the incident, I was under the influence of heroine). Due to that incident, I ran away from my village. The police are now tracking me. I regret what I have done. I miss my wife and child. I still don't know what to do and where to go. I am sick and am suffering due to my addiction to heroine. I still have hope to rebuild a new life just like other people. Please help me start!

Case 3 : I have been having problems with drugs for more than 10 years. Now I am taking subutex. However, that medicine is hard to find and is always out of stock. I can't control myself and must take subutex and now I am addicted to it. Recently, I have been disturbed by a mystic voice. I even tried to kill myself because I couldn't stand to hear those voices mocking me! I once asked my wife to tie me up and to chain me when I was highly addicted to the drug. I am saddened by my condition. What can I do to return to the "right path"?

Problems Faced By Drug Addicts' Families

Case 4 : I just got married to the girl of my choice. The major problem that I am facing right now is that both my father and mother in-law are drug addicts. However, they are divorced now. My mother in-law has just been released from prison. In the beginning, I wanted to take care of her but she preferred to stay with her old friends. As a result, now she has started her old habit; drug addiction. My father in-law, on the other hand always asks money from my wife. I am so depressed with this



situation because my salary is low and at the same time, there are lots of things that I need to do for my family. Is it possible for me to divorce my wife if this problem still persists?

Case 5 : I have been married since 2003. In the beginning of our marriage, we were happy. In fact, we now have a child. However, my husband started to change when he was offered a better job. Finally, he was drawn into drug addiction. I can still hardly believe that my husband is a drug addict even though I've witnessed him inject morphine, subutex, dormicum, ATS pills etc. Initially, I tried to think positively. I even accompanied my husband to get treatment for his addiction on methadone and subutex. However, he did not obey the doctor's advice. I became very disappointed. He always mixes subutex and dormicum and injects to his body. My husband acts like a person who has lost his mind when he is high on drugs. I ran away from him four times. However, each time I ran away, I felt sympathetic and returned. He always promised to change each time I came back to him. But, the promises were never fulfilled. Now I'm staying with my family. I am trying to get a divorce but I can't seem to do it because of his persuasions. I also pity my child who misses his father very much. What should I do? I'm too weak and scared to make the decision.

Case 6 : I am so disappointed with my father and my sister who do not want to quit taking drugs. My mother and I have advised them so many times but they are still the same. I am embarrassed to face society. I am afraid that my other siblings will follow their footsteps. Please help me get out of this problem.

APPROACHES THAT HAVE BEEN IMPLEMENTED IN THE CASE STUDIES

Every approach that is implemented in counseling should be based on objectives. According to Burks & Stefflre, (cited in George & Cristiani, 1990) the main reason for counseling services is to help the client to understand and to state their views on life and to learn how to achieve their objectives based on the right choices and problem solving skills. Mizan et al. (1998) pointed out that the good thing of using the counseling approach is that it guides clients to search for the factor within them that led to the issues or problems. The ability to accept themselves as the cause of the problem is very important in the changing process. In fact in



the counseling process, it also helps the clients to understand and to accept their weaknesses as one of the source of the problem and how they are exposed to the problem. Thus, in this discussion, the focus is on the clients and their roles in the problems and not on the problems that they are facing.

According to Albert Ellis (cited in Amir Awang, 1987) counselors should understand the qualities of human beings first before they could offer their services to their clients. According to Ellis; A human being is born with a potential to think or not to think rationally. In other words, a human being is given a brain which enables him or her to differentiate between good and bad, right and wrong and logical and illogical things.

Human beings also naturally yearn to take care of themselves in order to achieve happiness, to think and to convey their ideas, to love and to be loved and finally to “move” towards nirvana.

On the other hand, human beings also naturally yearn to ruin themselves, to avoid from thinking, to hold onto things, to continually do mistakes, to believe in the supernatural, to be impatient, to blame themselves and to avoid from progressing towards nirvana.

Furthermore, Ellis stressed that there are lots of irrational beliefs in an individual's life. Some of them are as follows:

- i. A person should be loved and accepted by others and the society.
- ii. Human misfortune is caused by external pressure and humans only have little ability to control them from becoming disappointed and disturbed.
- iii. Humans tend to think that all their past will be the grounds for their actions now. They cannot get rid of the pressure from their past.
- iv. They think that a person who wants to be accepted as a useful person must be those who are very efficient, multi skilled and is successful in every field.

According to Amir Awang (1987), the approaches that can be used to help the clients are through counseling therapy and group counseling. The important thing is the counselors should play their roles whether through persuasion, propaganda, questioning, challenging or putting up a demonstration in order to get rid of those irrational beliefs they



have. Some of the implementations that could be applied to the clients are:

- i. Encouraging the clients to get hold of their philosophy or views on living and that it is not necessary to burden their lives with negative values.
- ii. Clients are asked to challenge or question their own belief system with certain proofs and evidence.
- iii. Clients are asked to prove why they should feel bad or worse if something they do does not work.

Noraini Ahmad (1996) views the counselors' roles as not just to give advice but more into the introspection process. For example; counseling services should help them to understand themselves and the reality of life, to make some realistic plans in their lives, to be a responsible person and to be a person who will function as they rightly should. Thus, based on the discussion above, the best approach that could be implemented by counselors is by making them understand and realize on their own on how they should accept the reality for every problem and to develop actions that could be taken to overcome those problems.

Before a counselor decides which implementation will fit and work on the drug addicts and their families, he or she should first understand the concept of drugs and its implications towards oneself and the society. According to the National Anti-Drug Association (1998), drug is a psychoactive component which could cause complications on the nerve system, lead to physical and psychology dependency and badly affect the health and social function of an individual.

Mahmood & Md Shuaib Che Din (2003) explained that drug addicts become addicted to drugs for several reasons. However, the major reason why they could not stop from becoming addicted is because they want to avoid the withdrawal syndrome. For those who are addicted to heroine, the withdrawal syndrome will appear 4-6 hours after taking the last dosage. Drug addicts will face several problems such as diarrhea, stomachache, cold, sweat, morning sickness, fear and panic. The climax for this syndrome will be after 24 hours till 72 hours. They will face other problems such as insomnia and panic without any specific reasons. All these syndromes will disappear if they take the drug again but with a higher dosage.



Drugs are divided into a few categories. Among them are the plant-based ones such as cannabis, *ganja*, heroine and morphine. The other one is the synthetic drug which is also known as ATS (Amphetamine-type-stimulants). ATS is very popular nowadays. In fact, this type of drug is found widely in the form of pills and is well known such as ecstasy and *pil kuda*. This type of drug is very dangerous because it could cause the drug addict to become aggressive and could cause substantial damage to their brains.

In Malaysia, drug addicts are classified into two categories. They are the acute drug addicts and the novice drug addicts. Acute drug addicts are those who have been taking drugs for 10 years and have undergone treatments more than twice at the rehab centre. Novice drug addicts are those who have been taking drugs for a short period of time and have gone for treatment once or are yet to go for any treatments.

According to Abdullah Al-Hadi & Iran Herman, (1997) drug addicts will lose their own pride and not respect their own parents. They treat the slums as their home, they no longer take care of themselves and are often involved in crime. Based on a research done by Yahya Don (2000), addiction to drugs will lead them to commit crimes in two situations: The impact of drugs will lead them to criminal thoughts as their feelings are no longer stable. The costs of drugs are also very high thus will lead drug addicts to criminal activities in order to support their addiction.

Not only that, drug addicts also show some changes physically such as becoming very thin, weak and aggressive. They are also highly exposed to HIV due to their sexual habits and the tendency to share needles.

In this study, the approaches that are used to deal with drug addicts differ from the approaches used for the drug addicts' families. The approaches are :

Case 1 : Based on the input given by the client, it is clearly stated that he cannot accept the reality that he is HIV positive. He has plans to start a new life after being freed from prison. At the same time he assumes that society will accept him back. Thus to him, there should be no problem



in marrying his previous counselor. In this case, it shows that the client has a few irrational beliefs within him. Therefore, the counselor has to try to make his client understand that for the time being, there is no cure for HIV and he should accept it. In fact, HIV can be transmitted through sexual and intimate relationships. Not only that, the counselor also needs to explain to his client that all the good values that were shown by his previous counselor, such as her caring nature, is in fact part of her job. This is because one of the counselor's roles in conducting counseling is to build a conducive relationship with the client. The counselor also needs to suggest that the client continues his treatment because he was an acute drug addict; so his tendency to relapse is high. Finally, the counselor also needs to advise the client to be a volunteer at the Malaysian AIDS Association. Although he is HIV positive, he can use his experience to save other people from becoming involved in activities that could lead them to contract HIV.

Case 2 : In this case, the client has run away from his village and has left his wife and child. He did this because he was accused of raping a girl and now he is being tracked down by the police. Thus the counselor should advise him to surrender himself to the police and return to his family. The counselor can also list out the advantages and disadvantages of listening to him or otherwise. The counselor also should explain to his client that for overcoming drug addiction, support from family members is very important.

Case 3 : Based on the input given, it is clearly stated that the client's level of addiction is very serious. This is based on how he described the hallucination that he is facing at the moment. Thus, the counselor advises him to get treatment as soon as possible. He could get the treatment at the clinic which uses methadone and subutex. The counselor also explains the risks that he has to face if he does not get the treatment. The client will also be told how lucky he is to have a supportive wife. Thus, the counselor advises him not to feel ashamed or scared. He should prepare himself to be strong and to gain support from his family.

Overall, the approaches that have been implemented to drug addicts and former addicts are focused on making them think rationally and to accept the reality of life before they could plan some other approach to overcome their problems. It was stressed to the client to accept the



fact that the best way to cure their addiction is through professional treatment, their own strength and will power as well as the support from their families.

Case 4 : Issues that have been pointed out by the client concerns his father and mother in-law who are addicted to drugs. As a result, the client feels confused and has decided to divorce his wife. Thus, the counselor should try to make the client understand that his problem actually concerns his father and mother in-law. His wife is merely a victim of circumstances. The counselor explains to the client that the addiction issue needs to be addressed through a special treatment conducted by a group of specialists. The counselor also lists out several places that he could contact for help. Finally, he also advises his client to give full support to his wife in facing this problem.

Case 5 : Based on the problem, it shows that the client could not accept the reality that her husband is a drug addict. She is frustrated because her husband has disappointed her by not following the doctor's advice. Not only that, she is still in love with her husband although she ran away from him four times. Thus to help her, the counselor has to list out the characteristics of drug addicts and their attitude. The counselor also tries to make the client understand that addiction to drugs can only be treated at a professional institution. The counselor also mentions that her love for her husband is something to be praised but in reality; she should look at other factors too. Thus, her wish to divorce her husband should be seen in a variety of contexts. It should not be solely based on the reason that her husband is a drug addict. She could do it for other reasons such as her husband being incapable of maintaining a harmonious marriage and family.

Case 6 : In this case, the client has expressed his frustration towards his father and his sister who are addicted to drugs. As a result, he feels ashamed to face society. He is also afraid that their habit could influence his other siblings. Thus, the counselor explains to his client that drug addiction can happen to anyone. The most important thing is that, he should not feel ashamed to bring his father and his sister to the drug rehabilitation centre. This is because only through rehabilitation treatment could their addiction be cured. The counselor agrees that the attitude of his father and his sister could influence the other siblings. Thus, the counselor advises his client to increase his



confidence level and strength to face this problem rationally and not emotionally.

In conclusion, the approaches that have been implemented by the counselor to the drug addicts' families are based on real facts of the drug addicts' condition and attitude. The counselor also stressed the fact that drug addiction can only be cured through professional treatment. The counselor also reminded his clients not to be emotional in dealing with drug addiction. In fact, the most important thing is they should support each other and be strong.

EFFECTIVENESS OF CYBER COUNSELING SERVICES

As noted before, the empirical studies of cyber counseling are few and far between. Thus, there is no specific method that could be used to measure the effectiveness of cyber counseling in this study. In order to strengthen this services, all the problems that occur whether related or not with the system and the processes of implementing; as well as the response from the clients have been highlighted and given full attention.

Based on the cases that have been discussed earlier in this paper, out of the six cases, only four responded to the feedback given by the counselor. The counselor has come up with three possibilities on why the other two clients did not respond to the feedback. The possibilities are:

- i. They do not have access to a computer or internet at home. Probably, when they sent the initial messages, they used their friends' computer or sent it from a cyber café.
- ii. They received the feedback. They understood and were satisfied with the feedback or advices given to them. They probably thought that it was not important to respond and give their feedback because they already understood what to do or they already got what they were looking for.
- iii. They receive the feedback but they cannot accept the feedback given to them. Probably they still cannot accept the reality of life. In other words, they are not satisfied with the feedback given to them and they may have used other channels to help them overcome the problem.



Based on the responses given by the clients, the counselor found out that it is difficult to conclude whether the client could accept and benefit from the comments and suggestions. This is because; the responses given by the clients were too short and simple: *Thank you for your advice and point of view. I will try my best to overcome it.* Although all the responses given by the client were simple and short, the counselors still sent them some supportive phrases with the hope that it would benefit them all.

CONCLUSION AND RECOMMENDATION

Based on this study, the counselor found out that he did not achieve the satisfaction in handling those cases via cyber counseling. However, due to the rapid changes in the IT world, every counselor should prepare themselves for this service as well as other challenges. In Malaysia, the awareness of using cyber counseling services is still at the novice stage. The counselor gives two probabilities for this situation. Firstly, there are still many Malaysians who cannot afford to own a computer. Secondly, they probably prefer to use the traditional method of counseling, which is face-to-face counseling rather than cyber counseling. However, we should use all methods that we have in handling drug addiction issues. This is because these issues could harm our country if we do not give it our full attention. It is hoped that cyber counseling services could be reinforced and more counseling centres could be opened, if possible one center for each district so that more drug addicts will be able to come forward to seek help. It is also hoped that both the government and the private sector could train more counselors in handling drug addiction cases so that more services could be offered to them. Finally, the anti-drug campaign should be done comprehensively and extensively to ensure the society is united to say "NO" to drugs!



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