



## THE RELATIONSHIP BETWEEN THE AGE OF ONSET FOR DELINQUENT BEHAVIOR AND CHRONIC DRUG ABUSE AMONG ADOLESCENTS

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### ABSTRACT

*The aim of this study is to investigate whether chronic drug abusers begin their involvement in delinquent behaviors at a significantly early age than non-chronic abusers. The total participants of this study consisted of 138 male adolescents from a drug treatment and rehabilitation center. Their ages ranged between 17 to 21 years old. The instruments used in this study are an adaptation version of the Measuring Risk and Protective Factors For Drug Abuse and Other Delinquents Behavior and the Drug Use Screening Inventory. The result shows that the majority of the chronic drug abusers began their involvement in delinquent behaviors at a significantly early age than the non-chronic abusers. The implications of this study towards developing counseling and preventive efforts are also discussed.*

### ABSTRAK

*Tujuan kajian ini adalah untuk mengkaji sama ada penagih dadah kronik mula terlibat dengan tingkah laku delinkuen di tahap umur yang muda berbanding dengan penagih yang tidak kronik. Peserta yang terlibat dengan kajian ini adalah 138 orang remaja dari pusat rawatan dan pemulihan dadah. Julat umur mereka adalah di antara 17 hingga 21 tahun. Alat-alat ukuran yang digunakan dalam kajian ini adalah versi adaptasi Pengukuran Faktor Risiko dan Perlindungan bagi Penyalahgunaan Dadah*

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*dan Tingkah Laku Delinkuen lain dan Inventori Saringan Penyalahgunaan Dadah. Dapatan kajian menunjukkan bahawa kebanyakan daripada penagih dadah kronik terlibat dengan tingkah laku delinkuen pada peringkat umur yang lebih awal berbanding dengan penagih yang tidak kronik. Implikasi kajian untuk membentuk usaha kaunseling dan pencegahan turut dibincangkan.*

## INTRODUCTION

The drug abuse problem in Malaysia, which was once perceived as a social malaise has, become a threat to national security. The government in 1983 elevated the drug problem to an unprecedented level of priority by declaring it as a security concern (Scorzelli, 1987).

However, after two decades of the government's declaration on drugs as the country's number one enemy, the problem seems to be in the state of coming to an endless point. Despite the efforts done by the government and the support from various non-governmental organizations to control and prevent the drug menace, what has happened instead is the other way round as the situation has gotten more serious.

According to Tay (1996), the incidence rate is deemed to be a reliable indicator on the dynamics of the spreading as well as the magnitude of drug abuse in Malaysia whereby the number of new addicts has increased from 7,389 persons in 1990 to 13,140 persons in 1995, of which is an increase of 77.8%. Besides that, the rate of relapse among addicts is also of great concern to the government. Mohamad Hussain and Mustafa (2001) stated that studies conducted have noted that 90% of them return to using heroin within six months after being discharged from the Serenti rehabilitation centres. About 40% claimed that they only maintain a drug free life for a duration of one month before returning to heroin again. In fact, there are relapsed addicts who have been in the Serenti rehabilitation centers for not less than five times. Yet they still return to abusing heroin after being discharged from the center. In cognizance of the seriousness of the drug problem, the government in 2003 declared war against drugs.

The drug menace is not merely a problem among adults but has gradually influenced adolescents including school pupils too. The Ministry of Education (2003) reported that from 1992 to 2002, a total of



2,643 pupils had been detected as being involved in various drug related offenses. Navaratnam (1992) estimated that for every single drug addict, there are another five individuals who are at risk of getting involved in this destructive habit. Therefore, based on his estimation and from the 1992 to 2002 drug abuse report by the educational ministry, there are approximately 13,000 teenagers who are potential drug abusers.

The National Anti-Drugs Agency (2005) reported that there is a new trend among young people taking drugs such as amphetamine and ecstasy. According to Mohamad Hussain and Mustafa (2001), amphetamine is a stimulant drug, which has powerful effects on the brain. It can produce psychosis and for the chronic user, he or she will have labile mood and at times be violent. Ecstasy is a hallucinogenic drug and its effects are similar to amphetamine. These drugs are available in discos and nightclubs and are usually used to alter moods so that the user can dance and sing throughout the night without feeling exhausted.

Malaysia is striving fast to be a developed nation by the year 2020. It cannot afford to have its younger generation crippled by drugs. These young people are the backbone of the country and the future of this country is in their hands. In order to achieve its vision, the country needs young people who are energetic and have the capability to contribute to the development of the country. Therefore, much effort must be taken by all parties in order to ensure a healthy, safe and productive life for all Malaysians.

## **PROBLEM STATEMENT**

The age of onset for delinquent behavior is an important risk factor for drug abuse occurrences among adolescents. Delinquent behaviors such as smoking, sniffing glue and alcohol consumption are related to drug abuse. Cigarettes, alcohol and marijuana are known as the "gateway drugs". Research has shown that young people are unlikely to use marijuana if they have not already used cigarettes or alcohol (Coombs and Ziedonis, 1995). Mohamad Hussain and Mustafa (2001) reasoned out that although not all smokers will be drug abusers but research among drug addicts found that all them are smokers. Numerous studies have also found a positive relationship between delinquency and drug abuse, with minor delinquency or deviant acts



typically preceding the onset of drug abuse (Brook et.al. 1998, DeWit & Silverman, 1995; Newcomb, 1992; Oetting & Beauvais, 1986; Petraitis et. al, 1995).

Kandel, in her stage theory of drug abuse mentioned that participation at the first level “puts adolescents at risk for progression to the next stage” (Coombs and Ziedonis, 1995). The progression of these stages mentioned also included the age factor and the type of drugs used by those young users. For example, Kilpatrick et al. (2000) stated that drug abuse initiation at an early age increases the risk of dysfunctional use or abuse in later years. According to the National Institute on Drug Abuse (1997), research has shown that the earlier anyone gets involved in abusing drugs, the higher the risk for him or her to develop into a chronic user. For example, if an individual was to get involved in abusing drugs at the age of 12 and if this habit continuously surrounded his life, then by the age of 20 he might already be very much addicted to drugs. Of course, at this point of time great effort should be taken to help them recover and lead a normal life. However, this is easier said than done because drugs have completely taken control of their entire lives. In other words, for this particular group of drugs addicts, they cannot function as a normal person without taking drugs daily.

Most of the researches on risk factors for drug abuse among adolescents have been conducted in other countries especially in the United States. It is from those studies that researchers develop various drug prevention models such as the information model, effective model and social influence models. Coombs and Ziedonis (1995) said that research on how drug abuse begins and continues has clear implications to the prevention program’s goals and strategies. For example, keeping children or adolescents who have already experimented drugs from continuing the abusive patterns will probably require different and more intensive programs than those designed for the general population. In Malaysia, not many studies are conducted in the area of drug prevention although the problem is considered as the national number one enemy and the government has declared war against it. Thus, it is high time that more researches are needed in this area so as to develop effective prevention programs in the Malaysian context.



## **OBJECTIVE OF STUDY**

This research is part of a larger study and its aim is to investigate the relationship between the age of onset for delinquent behaviors and chronic drug abuse among adolescents. In this research delinquent behavior refers to smoking, sniffing glue and drinking beer.

## **RESEARCH QUESTIONS**

- i. What is the user level of severity of consequences for drug abuse among adolescents?
- ii. Is there a difference on the age of onset for smoking among chronic drug abusers and non-chronic drug abusers?
- iii. Is there a difference on the age of onset for sniffing glue among chronic drug abusers and non-chronic drug abusers?
- iv. Is there a difference on the age of onset for drinking beer among chronic drug abusers and non-chronic drug abusers?

## **METHODOLOGY**

This study was conducted at the Serenti Drug Rehabilitation Center in Karak, Pahang Darul Makmur. It is a drug treatment and rehabilitation center specifically for male adolescents. This center is run by the National Anti-Drugs Agency. The respondents of this study were 138 male adolescents whose age ranged between 17 to 21 years old.

## **INSTRUMENTATION**

Two sets of instruments were used in this study. The first instrument is an adaptation of measuring risk and protective factors for drug abuse and other delinquent behaviors. It consisted of 140 items of which there are three questions concerning the particular age at which the respondents experimented with smoking, sniffing glue and drinking alcohol (For example: How old were you when you first smoked a cigarette, even if it was just a puff?; How old were you when you first sniffed glue to get high?; How old were you when you first drank beer, even just a sip?). The onset ages for the three items were categorized as "never; 17 years old and above; 15 – 16 years old; 13 – 14 years old; 12 years old and below". The original instrument was developed by Arthur et al. (2002). The adapted instrument has



been through the process of translation into Bahasa Melayu and tested for its content validity and reliability. The Cronbach alpha for the adapted instrument is .88.

The second instrument is an adaptation of one of the domains from the Drug Use Screening Inventory (DUSI) to measure the gradation of involvement and severity of consequences for drug abuse. It comprises of fifteen questions with either a “yes” or a “no” answer. (For example: Have you had a craving or a very strong desire for drugs?; Have you had to use more and more drugs to get the effect you desire?; Did you break the law or rules because you were high on drugs?). The score is computed by counting the endorsements (“yes” responses = 1; “no” responses = 0). Subsequently, the total number of “yes” responses is divided by 15 and the quotient is then multiplied by 100. The overall severity index has a range of 0 - 100%. Cut-off scores for diagnosis are not provided but an overall density index exceeding 15% is considered as significant (Tarter, 1990). For the purpose of this study, respondents with a score of 0 - 15% were classified as non-chronic users. Respondents with scores of 16 - 100% were classified as chronic drug users. The original instrument was developed by Ralph Tarter (1990). The adapted instrument has been through the process of translation into Bahasa Melayu and has been tested for its content validity and reliability. The Cronbach alpha for the adapted instrument is .81.

## PROCEDURES

One of the ways to examine the relationship between the age of onset for delinquent behavior and chronic drug abuse among adolescents is to compare the age at which the chronic drug abusers and non-chronic drug abusers began their “abusive” behaviours.

## DATA ANALYSIS

The data was analyzed by using the Statistical Package for the Social Science (SPSS) version 11. The statistical procedure used in this study was the cross tabulation between the age of onset for smoking, sniffing glue and drinking alcohol with two levels of severity of consequences namely the non-chronic user and the chronic user. Meanwhile the onset ages for the three delinquent behaviors were grouped as follows:



“Never”; “17 years old and above”; “15 – 16 years old”; “13 – 14 years old”; “12 years old and below”.

## FINDINGS

**Research Question 1 :** What is the user level of severity of consequences for drug abuse among adolescents?

Table 1 shows the respondents user level of severity of consequences for drug abuse. Out of the 138 respondents who tested for their level of severity of consequences for drug abuse, 29% (40) were non-chronic users and 71% (98) were considered as chronic users. This implies that the majority of them are categorized as chronic drug users.

**Table 1 : Respondents’ User Level of Severity of Consequences for Drug Abuse**

User level	Frequency	Percentage
Non chronic user	40	29
Chronic user	98	71
Total	138	100

**Research Question 2 :** Is there a difference on the age of onset for smoking between chronic drug abusers and non-chronic drug abusers?

Table 2 shows the comparison between the age of onset for smoking between non-chronic users and chronic users. The findings indicate that all of them are smokers. For both non-chronic and chronic users, the majority started smoking at the age of 12 years and below and as they got older the lesser the rate of first time smokers. In relationship to the age of onset for smoking, it is found that the majority of the chronic users started smoking at an earlier age than non-chronic users. This indicates that the earlier a drug addict starts smoking, the more chronic the user level of severity for drug abuse is.

**Table 2 : Comparison Between the Age of Onset for Smoking and the User Level**

Age of onset User level	Never	17 yrs. old and above	15 - 16 yrs. old	13 - 14 yrs. old	12 yrs. old and below	Total
Non chronic user	-	7.5% (3)	17.5% (7)	32.5% (13)	42.5% (17)	100% (40)
Chronic user	-	2% (2)	10.2% (10)	21.4% (21)	66.3% (65)	100% (98)
Total	-	3.6% (5)	12.3% (17)	24.6% (34)	59.4% (82)	100% (138)

**Research Question 3 :** Is there a difference on the age of onset for sniffing glue among chronic drug abusers and non-chronic drug abusers?

Table 3 shows the comparison between the onset age for sniffing glue between non-chronic users and chronic users. The findings of the comparison on the age of onset for sniffing glue shows that not all of them had experienced it, the majority had never sniffed glue before. For the chronic users who sniffed glue, the majority had experienced it between 13 to 14 years old whereas for the non-chronic user they experienced it at an older age that is between 15 to 16 years old. This shows that the earlier a drug addict starts sniffing glue, the more chronic the user level of severity for drug abuse is.

**Table 3 : Comparing the Age of Onset for Inhaling Glue or Gum and the User Level**

Age of onset User level	Never	17 yrs. old and above	15 - 16 yrs. old	13 - 14 yrs. old	12 yrs. old and below	Total
Non chronic user	62.5% (25)	10% (4)	15% (6)	7.5% (3)	5% (2)	100% (40)
Chronic user	30.6% (30)	8.2% (8)	18.4% (18)	32.7% (32)	10.2% (65)	100% (98)
Total	39.9% (55)	8.7% (12)	17.4% (24)	26.4% (35)	8.7% (82)	100% (138)





**Research Question 4 :** Is there a difference on the age of onset for drinking beer among chronic drug abusers and non-chronic drug abusers?

Table 4 shows the comparison age of onset for drinking beer between non-chronic users and chronic users. The findings show that not all of them had experienced drinking beer. For the chronic user who has had experienced drinking beer, the majority of them experienced it at the age of 15 to 16 years old whereas for the non-chronic user they experienced it at an older age of 17 years and above. This shows that the earlier a drug addict starts drinking beer, the more chronic the user level of severity for drug abuse is.

**Table 4 : Comparing the Age of Onset for Drinking Beer and the User Level**

Age of onset User level	Never	17 yrs. old and above	15 - 16 yrs. old	13 - 14 yrs. old	12 yrs. old and below	Total
Non chronic user	30% (12)	35% (14)	25% (10)	10% (4)	-	100% (40)
Chronic user	9.2% (9)	25.5% (25)	30.6% (30)	28.6% (28)	6.1% (6)	100% (98)
Total	15.2% (21)	28.3% (39)	29% (40)	23.2% (32)	4.3% (6)	100% (138)

## DISCUSSION AND IMPLICATION

The findings on the respondents' user level of severity of consequences for drug abuse clearly shows that addiction is not categorized at any one level but it is of different levels for both the chronic user and the non-chronic user. It also shows that the majority of the respondents who are adolescents with drug abuse problems are classified as chronic users. Being a chronic drug user at a young age leads to a bigger problem whereby they develop a "no drugs, no life" syndrome.

In other words, drugs have taken control of their entire lives and they have to take drugs in order to maintain a normal life as others do. Putting them into the drug treatment and rehabilitation program is the right thing to do so that they can cope and manage their addiction.



In order to make the rehabilitation program more effective, it is suggested that chronic and non-chronic drug users be separated. As it is now, both users are treated with a single modality namely the "tough and rugged" approach or are put into the Therapeutic Community program. By putting the two groups together, more harm is done because it is likely that the non-chronic users will learn and gain knowledge of many more drugs in the market. As a result they may want to try and experiment with other drugs that had been introduced by their friends at the center as soon as they leave the center. It is probably due to this factor that the rate of relapse among addicts who had undergone the drug treatment and rehabilitation programs in Serenti is becoming higher.

Overall, the pattern of results is clear. Findings from the relationship between the age of onset for smoking, sniffing glue and drinking beer and chronic drug abuse indicates that the majority of the chronic drug abusers began their involvement in those three delinquent behaviors at a significantly earlier age than other abusers. The research on the relationship between the age of onset and chronic drug abuse among adolescents has clear implications for the prevention program's goals and strategies.

There is a need for an effective strategy to curb and prevent drug abuse among adolescents. This could be well suggested by the implementation of drug prevention education in schools (Fisher & Harrison, 2000; Pagliero & Pagliero, 1996; Sales, 2004). The rationale is that children spend many of their waking hours in the classrooms (Tay, 1996). Schools have a captive audience that encompasses nearly everyone in the appropriate age range for primary prevention. They also provide opportunities for face-to-face communication and feedback, both of which enhance the prospects for changing behavior (Fisher & Harrison, 2000). They are micro communities within which a wide variety of educational, environmental and policy strategies can be implemented with respect to drugs. Schools are a fulcrum between homes and the wider community, through which communication and influence can pass in both directions (Tay, 1996).

School counselors must take a vital role in leading the effort to not only prevent the influence of drugs at schools but at the same time



they have to draw up strategies to overcome the problem of gateway drugs namely cigarettes, inhalants and alcohol. School counselors have the advantage of providing school-based programs with the support from parents, community and other societal institutions. They must be proactive so as to develop drug preventive programs at the primary, secondary and tertiary level. They have to work with the school management to set up their own school's anti-drug policy as what schools are doing now to have their own visions and missions. In relation to this matter, school counselors should continuously run drug prevention programs instead of having it as an ad hoc program or at a certain time of the year, that is as a day or a week of anti-drugs campaign.

Risk reduction programs and activities should address risks at or before the time they become predictive of later problems. Intervening early to reduce risk is likely to minimize the effort needed and maximize the outcome (Howell et. al., 1995). Interventions at the primary level should not only be focusing on giving information on the various kinds of drugs in the market and the dangers of it but more importantly is to impart the knowledge of how to resist the influence of abusing drugs. Therefore, school counselors must equip their students with the essential interpersonal skills such as managing feelings (being aware of and understanding their own feelings; learning to manage negative emotions such as anger, fear and hurt; developing self-confidence; and developing assertion skills in resisting pressures to use drugs), decision making (setting goals; gathering information; generating alternatives; evaluating the results of a decision; making the right choice by saying "no" to drugs), communication (sending clear messages; listening; learning positive strategies for handling conflicts and solving problems) and personal skills (handling stress; time management; thinking positively; and setting achievable goals).

## **CONCLUSION**

The influence of drug abuse is still prevalent in our society and if it is left unattended or if no preventive measures are taken, we will be in a critical situation when this phenomenon becomes totally out of control. If more and more of our young citizens come under the influence of drugs then many more social problems will occur because it is related to other delinquent and anti-social behaviors. In the long run this multiple effect problem will create chaos within the family and the community



and greatly ruin the vision envisaged by the government to be a developed nation by the year 2020. Therefore, continuous prevention efforts to overcome the drug abuse problem must begin at an early age because the earlier they start experimenting drugs then the sooner they will become addicted to it. It is high time for all concerned parties at various levels including the individual, family, school, community, voluntary organizations and the government to work collectively in order to overcome this problem for a better future for our coming generations and our beloved nation.



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