SOCIAL SUPPORT AMONG MALAY, CHINESE, AND INDIAN DRUG ADDICTS IN MALAYSIA

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ABSTRACT

The January-December 2008 National Drug Information System Unit (NADI) report indicated that the Malaysian drug situation remains a serious one. According to 2007 AADK (Agensi Anti Dadah Kebangsaan) report, one of the contributing factors towards relapse cases in drug addiction is lack of social support from the society when they re-enter the community. To date, studies investigating this aspect are still limited. The current study investigates the social support perceived by the addicts among three ethnic groups, namely Malay, Chinese and Indian. Two-hundred and sixty three male addicts from various rehabilitation centers participated in this two-phase interview study, whilst the non-addicts consisted of 94 male students from Universiti Kebangsaan Malaysia. The instrument used in the first phase is the Social Support Behaviour Interview Schedule, and in the second phase, respondents were asked open-ended questions to further explore the reasons for their relapse. Overall, the results showed more similarities than differences in perceived social support from the three ethnic groups, suggesting that similar strategies could be used to rehabilitate the drug addicts. The important agents that can help drug addicts to

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return to normal life are father, mother, and siblings. The important dimensions of social support from the parents are socializing, emotional, practical assistance, financial assistance, and advice and guidance. The findings also suggests that peer influence is an important reason for drug addiction and relapse. Hence it is suggested that special training programme should be conducted for the family of addicts. Additionally, the post-rehabilitation programme should emphasise in providing a concrete support groups for the rehabilitated addicts.

ABSTRAK

Laporan Unit Sistem Penerangan Dadah Kebangsaan (Januari-Disember 2008) menunjukkan bahawa situasi penagihan dadah di Malaysia masih berada di tahap yang serius. Menurut laporan AADK (Agensi Anti Dadah Kebangsaan) pada tahun 2007, salah satu daripada faktor ulangan kes penagihan dadah ialah kurangnya sokongan sosial apabila penagih dadah kembali kepada masyarakat. Buat masa ini, kajian dijalankan terhadap isu ini masih terhad. Kajian ini bertujuan untuk menyelidik sokongan sosial seperti yang ditanggapi oleh penagih dadah, dari tiga kumpulan etnik iaitu Melayu, Cina dan India. Seramai dua ratus enam puluh tiga (n=263) orang penagih dadah lelaki yang sedang menjalani rawatan pemulihan di beberapa Pusat Serenti menyertai kajian ini dan menjalani dua fasa interview. Manakala peserta bukan penagih pula terdiri daripada sembilan puluh empat (n=94) orang pelajar lelaki dari Universiti Kebangsaan Malaysia. Instrumen yang digunakan pada fasa pertama ialah Skedul Interview Sokongan Tingkahlaku Sosial, dan pada fasa kedua peserta telah dikemukakan dengan soalan terbuka mengenai faktor yang menyebabkan mereka kembali kepada penagihan dadah. Pada keseluruhannya, dapatan kajian menunjukkan wujud persamaan dalam tanggapan terhadap sokongan sosial di kalangan tiga kumpulan etnik tersebut. Ini membawa kepada cadangan behawa strategi yang sama mungkin boleh digunakan untuk memulihkan para penagih. Agen penting yang dapat membantu mereka kembali kepada kehidupan yang normal ialah

ayah, ibu dan adik-beradik. Dimensi sokongan sosial yang penting ialah sosialisasi, emosional, bantuan praktikal, bantuan kewangan serta nasihat dan bimbingan. Dapatan juga mendapati pengaruh rakan sebaya ialah faktor ulangan (relapse) yang penting. Maka, kajian ini mencadangkan supaya program latihan yang khusus dijalankan terhadap keluarga para penagih. Selain dari itu, program pasca pemulihan patut menekankan aspek menyediakan kumpulan sokongan yang teguh untuk penagih yang telah menjalani rawatan pemulihan.

INTRODUCTION

Social support refers to the experience of being valued, respected, cared for, and loved by others (Gurung, 2006). It is known to help individuals to reduce the amount of stress experienced and to cope better in dealing with stressful life situations (Dusselier, Dunn, Wang, Shelley, & Whalen, 2005; Nahid & Sarkis, 1994). Studies have also indicated that lower levels of social support may in fact lead to psychological problems (Teoh & Roze, 2001 as cited by Noor Hassline, 2008). Friedlander, Reid, Shupak, and Cribbie (2007), found that undergraduate students who perceived receiving social support experienced lesser psychological problems compared to those who lacked social support (see also Rawson, Bloomer, & Kendall, 1999). In particular, social support from family and friends has been shown to be necessary for a healthy level of development (Oswald & Suss, 1994). Holahan, Valentiner, and Moos (1993) found that first-year students with higher levels of perceived parental support were better adjusted and less distressed. Hence, positive social support is essential in order for a person to be better adjusted and become more successful in life.

An important field of research which has significantly benefited from studies in social support is 'drug addiction'. In the context of drug use, the literature suggests that social support or lack of it may pose a significant impact on drug addiction. International studies have shown that in particular, poor family support has led children to drug addiction (McCarthy & Anglin, 1990). Poor quality

parents and family relationships were found to be significant factors in driving people to drug addiction (Selnow, 1987 as cited in Noor Hassline Mohamed, 2008). Watts and Wright (1990) found that poor family attachment and communication breakdown in the family is a factor in drug use. They also found that ineffectual family relationship was more likely to influence drug use than low family income and housing.

In a study on perceived social support by Westreich, Heitner, Cooper, Galanter, and Guedj (1997) on patients in an inpatient rehabilitation programme showed that homeless status, initial weak perceived social support from family were correlated with completion of the programme. Patients with stronger connections to shelter and family were less likely to complete an inpatients addiction rehabilitation programme. This suggests that the addicts could leave the program earlier due to the stronger social support.

In addition to that, Piko (2000) conducted a study which investigated how socio-demographics, psychosocial health, and perceived support from parents and friends might predict smoking, drinking, and drug use in adolescence. The study showed that a low level of perceived father support increased the chance of all types of substance use, while neither friends nor mother support appeared to be strong predictors.

In the Malaysian context, Chow (2006) observed that although the effort from the medical community in helping the addicts is effective, it is imperative to reduce the stigma associated with drug addiction, which hinders a great number of addicts from seeking help. He added that the task of rehabilitating the addicts should not be entirely weighted down upon the “treatment community”, encompassing medical doctors, substance abuse counsellors, psychologists, psychiatrists and social workers or specific organisations. In addition, reports from AADK (2007) also shows that once rehabilitated addicts leave the rehabilitation centers, there is often a lack of community support for them to live independently of drugs, hence leading to potential relapse.

A cross-sectional study in Malaysia on gum sniffing among adolescents and the influences of surrounding factors found that adolescents involved in gum sniffing activities were given full freedom by their parents and were unable to refuse the persuasion by their peer groups who were involved in similar activities (Mohammad Shahid & Mahmood, 2007). The involvement is strengthened by their needs to feel belonged and supported by their peer groups. Furthermore, Lasimon Matokrem (2007) in his writing on the principles of effective treatment and recovery, highlighted the importance of focusing on re-establishing ex-addicts' relationship with family, personal development, career, social activities as well as healthy life style. Hence, to ensure successful recovery, it is recommended that family members and significant others participate in the addicts recovery process.

Despite the abundance of international literature and some initial suggestions at the national level on the relationship of social support and drug addiction, to date, the nature and extent of social support received from parents, siblings, relatives and friends among addicts/non-addicts in Malaysia remain scarce. Therefore, it is suggested that the social support available in Malaysia at the grass root level within the community, which includes the family, should be investigated. In line with this, the current study focuses on the general trend of social support amongst Malay, Chinese and Indian ethnic communities in Malaysia. The unusually high prevalence of drug abuse and relapse among Malays compared to other ethnic communities in Malaysia (Agensi Antidadah Kebangsaan, 2007), makes it necessary to conduct a comparative study in order to examine the distinguishing features among the Malays and other ethnic groups in terms of social support.

Therefore, the study aims to investigate 1) social support between addicts and non-addicts; 2) social support perceived by the addicts in three ethnic groups, namely Malays, Chinese and Indian; 3) social support perceived by addicts/non-addicts based on the place of origin i.e. rural or urban area; 4) the relationship between social support and relapse cases.

METHOD

Participants

Two-hundred and sixty three male addicts (166 Malays, 58 Chinese, 37 Indians, and 2 from other races) in various rehabilitation centers participated in this two-phase interview study. The non-addicts consisted of 94 male students (30 Malays, 30 Chinese, 32 Indians, and 2 who did not report their race) from Universiti Kebangsaan Malaysia. Participants in both groups were selected using convenience sampling.

Instruments

All drug addict respondents went through two phases of interview. The first phase used the Social Support Behaviour Interview Schedule, while in the second phase respondents were asked open-ended questions to further explore the reasons for their relapse.

The Social Support Behavior Interview Schedule adapted and integrated several scales developed by past researchers (Procidano & Heller, 1983; Vaux, Philips, Holey, Thompson, Williams, & Steward, 1986; Vaux, Riedel, & Steward, 1987). Since the questionnaire was developed in the west, the researcher has to minimise the possibility of cross cultural problems by translating the questionnaire into Malay language using the committee approach technique (Brislin, Lonner, & Thorndike, 1973). The final version of the scale consists of 21 items measuring five dimensions namely, social support; emotional, socializing, practical assistance, financial assistance and advice and guidance. The social support perceived from mother, father, sibling, uncle/aunt, grandparents and friends was also measured on each dimension. All of the items were scored on a four point Likert scale ranging from 1 -strongly disagree, to 4 -strongly agree.

The main questions asked in the second phase were, “Do you think you received the support needed when you were released form the center?”, and “What prompted you to take drugs again?” and follow-up questions depended on their answers to further explore the social supports perceived by the addicts. It should be noted that the non-addicts were given the Social Support Behaviour Interview Schedule to fill in.

Data Collection

Prior to the actual data collection process, a pilot study was carried out in Pusat Serenti Dengkil on 26 November 2008. The purpose of this pilot study was to test the appropriateness of questionnaire items. Several open ended questions were also asked to generate the final questions for the main study. The final data collection process was conducted in Pusat Serenti Sungai Besi, Serendah, Dengkil, Tampin and Jelebu from 26 November until 31 December 2008.

RESULTS

The analyses were done in two parts. The first part is quantitative and deals with the demographic details of the participants, the nature and extent of the social support perceived by the addicts and non-addicts. The second part of analyses is qualitative and deals with further exploration of the perception of social support among the participants and also their own thoughts on why they experienced relapse in addiction.

QUANTITATIVE ANALYSIS

Tables 1, 2, 3, and 4 provide demographic information of the participants in the study. More specifically, Table 1 shows the demographic characteristics of the addict respondents in this study. The total number of the respondents was 263. Thirty eight participants (14%) were from Pusat Serenti Dengkil, 129 participants (49%) were from Pusat Serenti Serendah, 31 participants (12%) were from Pusat Serenti Sungai Besi, 46 participants (18%) were from Pusat Serenti Jelebu and 19 participants (7%) were from Pusat Serenti Tampin.

Seventy four participants (28%) came from rural area while 187 (72%) were from urban area. Out of the 263 participants, 166 (63%) were Malays, 58 (22%) were Chinese and only 37 (14%) were Indians. The number of relapse cases range from one to 14 times. The majority of the participants (37%) had relapsed for two times. Only 1 participant had 14 times relapse cases.

Most of the participants were skilled/semi-skilled workers (51%), 24% were self employed such as running their own business and agriculture. Fourteen percent worked at the management and administrative sectors and 11% of the respondents were not employed. As for the educational background, 52% of the participants had primary school educational background, 41% with secondary school background, and only 2% of the participants were with diploma educational background.

RELIABILITY

The questionnaire was made up of 21 questions of how the participants perceive the the social support from mother (A), father (B), sibling (C), uncle/aunt (D), friends (E) and significant others (F).

The Cronbach *alpha* for mother was 0.94; father, 0.96; sibling, 0.96; uncle/aunt, 0.96; friends, 0.97; significant others, 0.95. The reliability of each part of the questionnaire was high. The overall Cronbach *alpha* was 0.95.

Table 1: Demographic characteristics of addicts participants (N=263)

Variables		Frequency	Percentage
Pusat Serenti	Dengkil	38	14%
	Serendah	129	49%
	Sungai Besi	31	12%
	Jelebu	46	18%
	Tampin	19	7%
	Total	263	100%
Place of domicile	Rural	74	28%
	Urban	187	71%
	Missing	2	1%
	Total	263	100%
Ethnic groups	Malays	166	63%
	Chinese	58	22%
	Indians	37	14%
	Others	2	1%
	Total	263	100%
	1 time	3	1%
	2 times	97	37%
	3 times	74	28%
	4 times	42	16%

Number of relapse	5 times	14	5%
	6 times	16	6%
	7 times	11	4%
	8 times	4	2%
	12 times	1	0.5%
	14 times	1	0.5%
	Total	263	100%
Occupation	Management/administrative	37	14%
	Skilled/semi skilled worker	135	51%
	Self employed	62	24%
	Non-employed	29	11%
	Total	263	100%
Education	Primary school	136	52%
	Secondary school	108	41%
	Diploma	7	2%
	Missing	12	5%
	Total	263	100%

Table 2 shows the demographic characteristics of the non-addict participants. Ninety four participants served as the control group (non-addicts) in this study. They were 30 Malays, 30 Chinese and 32 Indians. Fifty nine participants (63%) came from rural area while the rest were from urban area. In terms of religion, 32 participants (34%) were Hindus, 30 participants were Muslim and 27 participants (29%) were Buddist. The majority of the non addict participants were 22 years old.

Table 2: Demographic characteristics of non addicts participants (N=94)

Variables		Frequency	Percentage
Place of domicile	Rural	59	63%
	Urban	35	37%
	Total	94	100%
Ethnic group	Malays	30	32%
	Chinese	30	32%
	Indians	32	34%
	Others (Eurasian& Sikh)	2	2%
	Total	94	100%
Religion	Islam	30	32%
	Christian	3	3%
	Hindu	32	34%
	Buddha	27	29%
	Missing	2	2%
	Total	94	100%
Age	20 years old	5	5%
	21 years old	21	22%
	22 years old	44	47%
	23 years old	18	19%
	24 years old	5	5%
	29 years old	1	1%
	Total	94	100%

Tables 3 and 4 show the cross-tabulation of race and place of domicile for addict and non-addict participants. The addict participants came more from urban area compared to rural area, the majority of which were Malays. In contrast for non addict participants, a majority of them came from rural than urban area.

Table 3: Addicts cross tabulation for race and place of domicile

Addict Group		Place of Domicile			
		Rural	Urban	Missing Values	Total
Ethnic Groups	Malays	51	113	2	166
	Chinese	19	39	0	58
	Indians	4	33	0	95
	Others	0	2	0	2
Total		74	187	2	263

Table 4: Non addicts cross tabulation for race and place of domicile

Non-Addicts		Place of Domicile			
		Rural	Urban	Missing Values	Total
Ethnic Group	Malays	23	0	7	30
	Chinese	19	0	11	30
	Indians	17	2	15	34
Total		59	33	2	94

Table 5 shows the mean and standard deviation of the perceived social support by addict participants. The highest social support perceived by the addict participants came from significant others which include significant others such as wife, ex-wife, kids, girlfriends etc, while the lowest perceived social support came from the father.

Table 5: Mean and standard deviation of perceived social support by addicts

Perceived social support	N	Missing Values	Total	Mean	SD
Mother	199	64	263	63.13	15.11
Father	154	109	263	45.72	16.61
Siblings	246	17	263	60.31	16.61
Uncle/Aunt	190	73	263	49.23	17.07
Friends	253	10	263	51.57	15.44
Significant others (e.g. wife, ex- wife, kids, and girlfriends)	129	134	263	66.82	13.08

Table 6 shows the mean of perceived social support by the addict participants according to ethnic groups. The analysis shows that there were significant differences for the perceived social support between ethnic groups for mother and father dimension ($F = 2.67$, $p < .05$ and $F = 7.53$, $p < .01$, respectively). The three ethnic groups perceived more support from the mother as compared to the father. The Indians perceived more support from the mother compared to the Chinese.

Table 6: Mean of perceived social support by addict participants (according to ethnic groups)

Perceived Social Support	Race	N	Mean	SD	*F*	*p*
Mother	Malays	128	64.77	14.68	2.66*	.049
	Chinese	44	58.09	14.29		
	Indians	25	62.60	17.40		
	Others	2	75.50	2.12		
	Total	199				
Father	Malays	101	49.77	24.43	7.52*	.000
	Chinese	36	44.97	25.27		
	Indians	16	19.88	21.05		
	Others	1	77	.		
	Total	154				
Siblings	Malays	157	61.22	16.34	1.17	.322
	Chinese	50	57.30	16.44		
	Indians	37	59.81	18.05		
	Others	2	74	2.83		
	Total	246				
Uncle/Untie	Malays	133	49.27	17.63	.80	.429
	Chinese	35	50.26	15.49		
	Indians	21	46.24	16.16		
	Others	1	71	.		
	Total	190				
Friends	Malays	160	51.54	15.56	.36	.782
	Chinese	54	52.36	15.12		
	Indians	37	50.97	15.62		
	Others	2	41.50	21.92		
	Total	253				
Significant Others	Malays	86	67.85	12.65	1.035	.358
	Chinese	27	63.70	11.76		
	Indians	16	66.56	17.06		
	Others	0	.	.		
	Total	129				

Table 7 describes the mean of perceived social support for addict and non-addict participants. The analysis showed that the perceived social support from mothers was significantly lower for addicts compared to non-addicts ($t = -6.29$, $p = 0.01$). A similar pattern of finding was found for fathers ($t = -8.39$, $p = 0.01$), siblings ($t = -4.09$, $p = 0.01$) and friends ($t = -8.53$, $p = 0.01$).

Table 7: Mean of perceived social support for addict and non addict participants

Perceived social support	Groups	N	Missing Values	Total	Mean	SD	*t*	*p*
Mother	Addict	199	64	263	63.13	15.11	-6.29*	0.00
	Non-addict	94	0	94	73.95	9.34		
Father	Addict	154	109	263	45.72	25.82	-8.39*	0.00
	Non-addict	90	4	94	70.21	12.98		
Siblings	Addict	246	17	263	60.31	16.61	-4.09*	0.00
	Non-addict	94	0	94	68.18	13.77		
Uncle/aunt	Addict	190	73	263	49.23	17.08	-0.30	0.768
	Non-addict	94	0	94	49.87	17.47		
Friends	Addict	253	10	263	51.57	15.44	-8.53*	0.00
	Non-addict	94	0	94	66.57	11.80		
Significant Others	Addict	129	134	263	66.82	13.09	0.33	0.745
	Non-addict	26	68	94	65.85	17.74		

Table 8 compares the mean social support received by addicts and non-addicts from their mothers for all the five dimensions. The analysis shows that non-addicts perceived significantly higher social support from their mothers in all the dimensions compared to addicts.

Table 8: Comparison between addicts and non-addicts in terms of mother dimension of perceived social support

Mother	Group	N	Missing Values	Total	Mean	SD	*t*	*p*
Socializing	Addict	199	64	263	13.28	3.98	- 6.02	0.00
	Non-addict	94	0	94	16.02	2.78		
Emotional	Addict	199	64	263	25.12	6.27	- 4.85	0.00
	Non-addict	94	0	94	28.54	3.99		
Practical Assistance	Addict	199	64	263	9.30	2.59	- 5.60	0.00
	Non-addict	94	0	94	10.91	1.52		
Financial Assistance	Addict	199	64	263	5.76	2.21	- 7.10	0.00
	Non-addict	94	0	94	7.47	1.06		
Advice & Guidance	Addict	199	64	263	9.67	2.51	- 4.76	0.00

Table 9 compares the mean social support received by addicts and non-addicts from their fathers, for all the five dimensions. The analysis shows that non-addicts perceived significantly higher social support from their fathers in all the dimensions compared to addicts.

Table 9: Comparison between addicts and non-addicts in terms of father dimension of perceived social support.

Father	Group	N	Missing Values	Total	Mean	SD	*t*	*p*
Socializing	Addict	117	146	263	11.97	4.45	-5.15	0.00
	Non-addict	90	4	94	14.94	3.62		
Emotional	Addict	117	146	263	19.15	8.69	-7.69	0.00
	Non-addict	90	4	94	26.92	5.30		
Practical Assistance	Addict	117	146	263	8.89	2.89	-4.93	0.00
	Non-addict	90	4	94	10.61	1.86		
Financial Assistance	Addict	117	146	263	5.15	2.21	-8.34	0.00
	Non-addict	90	4	94	7.33	1.30		
Advice & Guidance	Addict	117	146	263	8.97	2.86	-3.96	0.00
	Non-addict	90	4	94	10.40	2.17		

Table 10 compares the mean social support received by addicts and non-addicts from their siblings, for all the five dimensions. The analysis shows that non-addicts perceived significantly higher social support from their siblings compared to addicts, in all the five dimensions.

Table 10: Comparison between addicts and non-addicts in terms of sibling dimension of perceived social support

Siblings	Group	N	Missing Values	Total	Mean	SD	*t*	*p*
Socializing	Addict	246	17	263	13.37	4.17	-4.05	0.000
	Non-addict	94	0	94	15.34	3.62		
Emotional	Addict	246	17	263	23.40	6.70	-3.37	0.000
	Non-addict	94	0	94	26.03	5.77		
Practical Assistance	Addict	246	17	263	9.01	2.80	-3.81	0.000
	Non-addict	94	0	94	10.20	1.93		
Financial Assistance	Addict	246	17	263	5.58	1.93	-4.75	0.000
	Non-addict	94	0	94	6.62	1.39		
Advice & Guidance	Addict	246	17	263	9.00	2.85	-2.63	0.009
	Non-addict	94	0	94	9.86	2.35		

Table 11 compares the mean social support received by addicts and non-addicts from their friends, for all the five dimensions. There was no significant difference between addicts and non-addicts with regards to friend's perceived social support for four dimensions (Socializing, Emotional, Practical assistance, and Advice & Guidance). Nonetheless, findings show that non-addicts perceived significantly higher social support from their friends in terms of Financial Assistance dimension compared to addicts ($t = -2.396$, $p = 0.05$).

Table 11: Comparison between addicts and non-addicts in terms of friend dimension of perceived social support

Friends	Group	N	Missing Values	Total	Mean	SD	*t*	*p*
Socializing	Addict	190	73	263	11.21	4.18	.63	.528
	Non-addict	94	0	94	10.88	3.96		
Emotional	Addict	190	73	263	19.03	6.82	.14	.888
	Non-addict	94	0	94	18.90	6.99		
Practical Assistance	Addict	190	73	263	7.27	2.83	-.76	.450
	Non-addict	94	0	94	7.54	2.80		
Financial Assistance	Addict	190	73	263	4.23	2.04	-2.40*	.017
	Non-addict	94	0	94	4.85	2.07		
Advice & Guidance	Addict	190	73	263	7.49	2.94	-.56	.579
	Non-addict	94	0	94	7.69	2.76		

Table 12 compares the perceived mean social support by rural addicts and non-addicts from their mother, father, siblings, uncle/aunt, friends, and significant others. The finding from the analysis suggests that rural non-addicts significantly perceived receiving more social support from their mothers, fathers, siblings, and friends in comparison to rural addicts.

Table 12: Comparison between Addicts and Non-Addicts in terms of perceived social support for place of domicile (Rural)

Perceived Social Support	Place of Domicile/Group	N	Missing Values	Total	Mean	SD	*F*	*p*
Mother	Rural (Addicts)	54	20	74	64.26	15.87	13.22*	.00
	Rural (Non-Addicts)	59	0	59	73.25	10.01		
Father	Rural (Addicts)	53	21	74	47.08	26.22	30.01*	.00
	Rural (Non-Addicts)	58	1	59	68.79	14.32		
Siblings	Rural (Addicts)	68	6	74	63.13	14.94	3.88*	.05
	Rural (Non-Addicts)	59	0	59	68.08	13.14		
Uncle/Aunt	Rural (Addicts)	57	17	74	49.47	17.89	0.04	.84
	Rural (Non-Addicts)	59	0	59	50.12	17.22		
Friends	Rural (Addicts)	73	1	74	51.60	16.39	30.38*	.00
	Rural (Non-Addicts)	59	0	59	65.61	11.79		
Significant Others	Rural (Addicts)	41	33	74	69.63	11.85	1.99	.16
	Rural (Non-Addicts)	14	45	59	63.79	17.32		

Table 13 compares the mean of the perceived social support by the urban addicts and non-addicts from their mother, father, siblings, uncle/aunt, friends, and significant others. The finding of the analysis suggests that urban non-addicts significantly perceived receiving more social support from their mothers, fathers, siblings, and friends in comparison to urban addicts.

Table 13: Comparison between Addicts and Non-Addicts in terms of perceived social support for place of domicile (Urban)

Perceived Social Support	Place of Domicile/Group	N	Missing Values	Total	Mean	SD	*F*	*p*
Mother	Urban (Addicts)	144	43	187	62.94	14.64	22.47*	.000
	Urban (Non-Addicts)	35	0	35	75.11	8.10		
Father	Urban (Addicts)	100	87	187	45.06	25.84	35.06*	.000
	Urban (Non-Addicts)	32	3	35	72.78	9.79		
Siblings	Urban (Addicts)	176	11	187	59.68	16.70	8.11*	.005
	Urban (Non-Addicts)	35	0	35	68.34	14.95		
Uncle/Aunt	Urban (Addicts)	132	55	187	49.35	16.66	.001	.973
	Urban (Non-Addicts)	35	0	35	49.46	18.12		
Friends	Urban (Addicts)	178	9	187	51.87	14.88	37.44*	.000
	Urban (Non-Addicts)	35	0	35	68.20	11.83		
Significant Others	Urban (Addicts)	88	99	187	65.51	13.49	.395	.531
	Urban (Non-Addicts)	12	23	35	68.25	18.68		

Table 14 shows the cross-tabulation for relapse cases and races. The relapse cases were categorized into two categories, low relapse and high relapse. Addicts who entered Pusat Serenti twice or less were categorized as low relapse, while addicts who entered Pusat Serenti more than twice were categorized as high relapse. The analysis showed that the high relapse cases were more than the low relapse cases and out of 163 high relapse cases, 97 of them involved Malays.

Table 14: Cross tabulation for relapse case and races

		Race				Total
		Malays	Chinese	Indians	Others	
Relapse	Low Relapse	69	21	10	0	100
	High Relapse	97	37	27	2	163
Total		166	58	37	2	263

Table 15 shows the mean of perceived social support from mother, father, siblings, uncle/aunt, friends and significant others. The analysis indicates that there is no significant difference between high and low relapse (addict) in terms of perceived social support from mother, siblings, uncle/aunt, friends and significant others. Having said that, low relapse addicts significantly perceived higher social support from their fathers compared to high relapse addicts (t = 2.17, p = 0.32).

Table 15: Mean of perceived social support (high relapse and low relapse), SD, *t* and *p* values

Perceived Social Support	Relapse	N	Mean	SD	*t*	*p*
Mother	Low Relapse	86	64.00	13.83	.71	.48
	High Relapse	113	62.47	16.04		
	Missing Values	64				
	Total	263				
Father	Low Relapse	61	51.23	22.99	2.17	.03
	High Relapse	93	42.11	27.04		
	Missing Values	109				
	Total	263				
Siblings	Low Relapse	94	61.68	15.16	1.02	.31
	High Relapse	152	59.47	17.44		
	Missing Values	17				
	Total	263				
Uncle/aunt	Low Relapse	77	48.42	16.30	-.54	.59
	High Relapse	113	49.79	17.64		
	Missing Values	73				
	Total	263				

Friends	Low Relapse	97	52.59	14.77	.82	.41
	High Relapse	156	50.94	15.86		
	Missing Values	10				
	Total	263				
Significant Others	Low Relapse	57	68.23	11.91	1.087	.279
	High Relapse	72	65.71	13.93		
	Missing Values	134				
	Total	263				

Finally, Table 16 shows the mean of perceived social support by addicts based on place of domicile. The analysis showed that there is no significant difference between addicts from rural and urban area in terms of perceived social support from mother, father, siblings, uncle/aunt, friends, and significant others.

Table 16: Mean of perceived social support by addicts based on rural and urban, SD, *t* and *p* values

Perceived Social Support	Place of Domicile	N	Mean	SD	*t*	*p*
Mother	Rural	54	64.26	2.16	.55	.58
	Urban	144	62.94	1.22		
	Missing Values	65				
	Total	263				

Father	Rural	53	47.08	3.60	.46	.65
	Urban	100	45.06	2.58		
	Missing Values	110				
	Total	263				
Siblings	Rural	68	63.13	1.81	1.49	.14
	Urban	176	59.68	1.26		
	Missing Values	19				
	Total	263				
Uncle/aunt	Rural	57	49.47	2.37	.05	.96
	Urban	132	49.35	1.45		
	Missing Values	74				
	Total	263				
Friends	Rural	73	51.60	1.92	-.13	.90
	Urban	178	51.87	1.12		
	Missing Values	12				
	Total	263				
Significant Others	Rural	41	69.63	1.85	1.69	.10
	Urban	88	65.51	1.44		
	Missing Values	134				
	Total	263				

QUALITATIVE ANALYSIS

Besides the quantitative data, all two-hundred and sixty three male addicts in the current study were individually interviewed. They were asked about what made them return to the centre for several times. The analysis of their reponses showed that the three ethnic groups of addicts in the study mentioned more or less similar reasons for their relapse. The reasons were categorised into several themes which include peer influence or pressure, rehab programme, relationship problem; and boredom.

Peer influence or pressure

Peer influence or peer pressure is the most mentioned answer given by the participants in the study particularly among Chinese and Malays (24.5% and 17.3% respectively). Whereas, for Indians, it is the third most mentioned reason for relapse (13.1%). The following quotes provide the examples;

> "Balik semula ke tempat tinggal jumpa kawan kawan buat saya ambil dadah semula, susah nak cari kawan baru" (Malay participant no. 10)

> "Kawan kawan yang lama cerita berkisah dengan dadah, tunjuk port yang murah" (Malay participant no. 14)

> "Keluar serenti susah nak cari kerja, rakan rakan lama dorong jual ubat saya jadi ambil dadah semula" (Malay participant no. 15)

Rehabilitation Program

It is found that the factor of *rehab program* mentioned by the addicts in the study consists of two categories i.e. the *rehabilitation program at the Pusat Serenti* and *post-rehabilitation programme* which refers to follow-up programs that are available in the community or the areas that they reside after they complete the rehabilitation programme**.**

With regards to the rehab programme itself, some addicts commented that the programme they attended had not been effective.

> “ Kat pusat ni tak banyak program, tak berkesanlah…” (Malay participant no. 20)

> “program kat pusat tak membawa perubahan pada diri saya…” (Chinese participant no. 11)

The above quotes exemplify the participants’ statements on their perception of the ineffectiveness of the rehab programme. However, this theme was mentioned by only 4.2% of the Malays, 3.8% of the Chinese and 3.3% of Indian participants in the study.

On the other hand, *post-rehab programme* was repeatedly mentioned by the three ethnic groups in the study, particularly about lack of information on after-rehab programme. This factor becomes the most mentioned reason for relapse by the Indian participants in the study (19.7% out of 38 Indian participants). While, for Chinese and Malay participants, this factor becomes the second most mentioned reason. These are indicated in the following phrases;

> “Tak ada program masyarakat lepas keluar…” (Indian participant no.144)

> “ kat tempat saya tak ada program “ (Malay participant no. 112)

> “ tak ada program komuniti” (Chinese participant no. 26)

Besides the lack of knowledge and information about the programme, some participants seem to be uninterested in participating in the community programe. The following excerpts show some examples;

> “tak berminat nak masuk program komuniti kat luar…” (Indian participant no. 3)

> “ dulu adalah masuk sekejap program komuniti, tapi tak minat lah” (Indian participant no. 5)

Relationship Problem

Relationship problem is another reason identified from the interviews. The theme is characterized by relationship problem with spouse and break-up with girlfriend. This theme is reported mostly by Indian participants and becomes the second most frequently mentioned factor by this group of participants (16.4% out of 38 Indian participants). Whereas, for the Malay participants, relationship problem becomes the third highly mentioned reason, that is after peer influence and after-rehab programme. However, as compared to the Indian and Malays, this theme is least mentioned by the Chinese participants (the sixth reason for this group).

Examples of the phrases include;

"Saya ada masalah dengan famili, jadi saya lari dari famili" (Malay participant no. 14)

"patah hati…kecewa dengan girlfriend" (Chinese participant no 4)

"tekanan kerana ditinggal girl friend" (Indian participant no. 3)

Boredom

Boredom is another theme reported by the participants in the study especially the Chinese group (8.5% of 57 Chinese participants), for whom it is the third most mentioned reason. For the Malay group, it was the fourth most frequently stated (7.8% of 167 Malay participants) factor of relapse, followed by Indian participants who had least indicated this reason (3.3% only).

> "Saya rasa bosan dengan kehidupan saya" (Malay participant no. 6)
>
> "Saya ada terlalu banyak masa lapang" (Malay participant no. 10)
>
> "Banyak masa terluang, jadi ambil dadah semula" (Chinese participant no. 6)

The above quotes show that the addicts in the study took drug when they feel bored with their life after they were released from the centre. The boredom is found to be related to their lack of meaningful activities and sense of purpose in life.

Summary of the qualitative analysis

The analysis of the interviews of the addicts in the study discovered four main themes or reasons of their relapse. For the Malay addicts, the most mentioned reasons are *peer influence, rehab programme* and *relationship problem.* The Chinese participants revealed *peer influence, rehab programme and boredom* as the main reasons for relapse. Whereas for the Indian addicts, *rehab programme, relationship problem and peer influence* became the most mentioned reasons of relapse. In conclusion, peer influence, rehab programme and relationship problem are considered as the most emphasized reasons of relapse by the three ethnic groups in the study.

DISCUSSION

The data from Agensi Antidadah Kebangsaan (2007) shows an increase in the number of drug abuse and relapse cases among Malays in Malaysia and one of the factors that has been linked to drug addiction and relapse cases is the lack of social support. In relation to this a comparative study was conducted with the aim to understand the general trend of social support amongst the three main ethnic groups in Malaysia namely Malay, Chinese and Indian.

When social support of the drug addicts was compared with the social support as perceived by the control group (non-addict university students), the latter had significantly higher social support. It was also discovered that drug addicts particularly perceived lower social support from their family especially mothers, fathers and siblings compared to non-addicts. This was true for all dimensions of social support investigated in the study (socializing, emotional, practical assistance, financial assistance, advice and guidance). Hence, the findings of the

study suggest the crucial role played by social support in drug addiction which is also supported by the evidence from literature. For example, it was reported in AADK journal (2007) that relapse cases were due to the lack of community support for the addicts to live independently of drugs once they leave the rehabilitation centers. The findings from the current study is also parallel with the previous studies by McCarthy and Anglin (1990); and Watts and Wright (1990) which discovered that poor family support to be a significant factor in driving people to drug addiction. Moreover, the results indicated that high relapse addicts have significantly perceived low social support from their fathers in particular. A similar result was reported by Pico (2000) which indicated that low level of perceived father support increased the likelihood of all types of substance abuse. The aforementioned findings focused on a very important issue of providing sufficient parental support especially from the fathers, for the addicts so as to ensure they do not return to drugs.

Having said that, it should be noted that friends seem to play an important role particularly in terms of financial assistance because addicts perceived lower financial support compared to non addicts. This may be due to the possibility that addicts often mingle with other drug addicts whose financial conditions are also deprived.

Nonetheless, the study found no difference in the level of social support perceived by the addicts in the three ethinc groups. This may indicate that the Malay, Chinese and Indian addicts have more or less similar level of perception towards the support received by them. Thus, the reason for the higher number of Malay addicts that are involved in drug addiction problems and relapse compared to the other ethnic groups may not be attributed to the social support investigated in the current study. The scope for the current study is limited to the people who are biologically close to the addicts as it only examined the support from family, friends and significant others. If the scope of support is broaden to include

employer, community-based groups or associations, differences in the level of support perceived by the addicts in the different ethnic groups might emerge. In addition, in this study several dimensions of support is included such as the perceived support in term of socializing, emotional, practical assistance, financial assistance and advise and guidance. There might be other additional dimensions of support that the addicts in the different ethnic groups are experiencing, and this need to be explored in further studies.

However, the only difference discovered for the perceived social support between ethnic groups is the perceived support for mother and father dimensions. In comparison to the perceived support from father, the perceived support from mother is higher in the three ethnic groups. This may imply that the ethnic groups in Malaysia are still bounded with the traditional paternalistic family life in which the father is commonly perceived as the one who goes out to work to support the family financially whereas mother is perceived as the main figure that can provide support whenever necessary. In other words, mother is the first person to turn to when any problems arise. In the current study it was also found that the Indians addicts were found to get more support from the mother compared to the Chinese addicts. Although the reasons for this is yet to be explored, the current study suggests that besides closeness to mothers, positive relationship with the fathers is imperative in decreasing the likelihood of drug abuse. It was also found that there were no significant findings in terms of the dimensions of support perceived from the mother and father.

Drug addiction is similarly affected in rural and urban areas. Regardless of the place of domicile non-addicts have perceived to receive more social support (from mothers, fathers, siblings and friends) compared to addicts. Hence, the place of domicile may not be an important determinant in predicting addiction, rather, the social support received particularly from family is crucial in prevention and rehabilitation process. In other words, a systematic programme should be

planned and implemented in educating parents on how to play a more supportive role in assisting their children who have been involved in drug-addiction.

The outcome of qualitative analysis seems to complement the aforementioned quantitative findings. The analysis suggests that peer influence was one of the most important reasons for relapse. The influence is mainly from the addict friends who offer encouragement to sell and take drugs, instead of to stop taking drugs. The result appears to be similar to the previous finding that sense of loyalty to the friendship makes them feel good to continue with sniffing gum activities with their peers without feeling guilty (Mohammad Shahid & Mahmood Nazar, 2007). Moreover, their continuous involvement in drug addiction is partly due to the addicts' difficulties to say 'no' to the invitation of close friends who have gone through the same experiences.

Another main reason of relapse highlighted by the addicts was about the rehabilitation programme. There was a claim that the rehabilitation programme at the centre that they attended had not been effective. Besides, some addicts in the study reported that they have not been well-informed about post-rehabilitation programme. Worst still, some participants confessed that they were not interested in participating in the post-rehab programme, or, quit from the programme due to lack of interest. An in-depth study on this matter could throw valuable information on the attractiveness and effectiveness of aftercare programmes. For instance, better mechanisms may be found to ensure that the ex-addicts will become more interested to engage in the Narcotic Anonymous programmes run by the NGOs which provide support group counselling. Participation in Narcotic Anonymous or other equivalent support group activities handled by trained counselors and social workers may serve as social support which helps the ex-addicts to achieve full recovery (Lasimon Matokrem, 2007).

In addition, relationship problems with family members (for the Malay addicts) and girl friends (for the Chinese and Indian addicts) also led them to taking drugs again. The result is consistent with the finding of a longitudinal study on drug addiction conducted by the National Institute of Drug Abuse (NIDA) in the United States which found that re-establishing the relationship with family members and significant others in addict's life are important part of the recovery process as well as relapse prevention (as cited in Lasimon Matokrem, 2007).

The abovementioned qualitative findings are also related to another main reason of relapse as perceived by the addicts, that is, boredom. It is reported that when the inmates were back to the society, they often had a lot of free time that led to boredom. As they did not have any other coping mechanisms, they tend to overcome it by turning to their old friends who seem to accept them well. This situation may be avoided if they continue with the aftercare or advance recovery programme by attending personal self-help group in the community. By being committed to the aftercare programmes, they will be able to obtain social support which will assist them to cope with boredom and life stresses.

CONCLUSION

Overall, the results showed more similarities than differences in perceived social support from the three ethnic groups, hence indicating that similar strategies could be used to rehabilitate the drug addicts. From the study, important agents that can help drug addicts to return to normal life are father, mother, siblings and friends. The important dimensions of social support from the parents are socializing, emotional, practical assistance, financial assistance and advice and guidance. For friends, financial assistance seems to be the most important dimension. However, it is worth noting that low financial assistance from friends was found to lead to drug addiction.

The present study suggests further research to look into:

(1) The possibility of further enhancing the addicts' self-esteem and coping mechanism against stress, boredom, anger and frustration in the rehabilitation programme.

(2) The possibility of conducting training programme for the family of addicts since there is a clear indication that parents play a crucial role in the development of the addicts.

(3) The effectiveness of the post-rehabilitation programme in providing a concrete support groups for the rehabilitated addicts.

(4) Another method using the repertory grid technique which can draw the cognitive map of the drug addicts in perceiving social support could be carried out. This cognitive map could be used by counsellors in rehabilitating the addicts, when real self and ideal self are included in the repertory grid.

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