

Family Support from the Perspective of Drug Addicts

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Abstract—Rehabilitation process is a challenging stage for any drug addicts hoping to free themselves from the chain of drug abuse problem. Support from family members are critical at this stage by providing them the necessary motivation thus ensuring a successful recovery. The purpose of this case study is to examine the degree of importance of family support towards encouraging drug addicts to complete their rehabilitation process at Baitul Cakna, Terengganu. Focus Group Discussion (FGD) was used as the main data collection method in this study. The study finds that respondents who received support from their families during the rehabilitation process have had positive relationship changes with their respective families as well as provided them with the much needed motivation for recovery. Family support needs to be provided in a consistent manner to inculcate positive attitudes for potential recoveries.

Keywords— Family support; Addicts; Rehabilitation; Cakna Terengganu Community; Baitul Cakna Terengganu.

I. INTRODUCTION

Rehabilitation is a tough endeavour for any addicts that requires strong physical, mental and spiritual attributes to resist the constant cravings that puts heavy physiological strain on one's body. The process thereby are commonly applied in a two pronged approach; physiological and psychological treatment to increase the odds of success [1] One example of the physiological approach is the use of methadone as a substitute drug to reduce the cravings for opiate based drugs [2]. From a psychological approach, support from multiple fronts especially from immediate family members are imperative since the inner strength to overcome the rehabilitation challenge for an addict is not

that easy to self-obtain [3]. The family support mentioned here is referring to the acceptance of the drug related issue as well as all the necessary help they can give to manage the stress and tension level faces by the addicts in the road to recovery. Therefore, to ensure a successful rehabilitation process, an addict needs both of the elements as mentioned above.

Several literature related to the issue of family support and its relation to the success of a rehabilitation process had been done in the past. A study [3] looks at the implication of personality and social support towards the patients of Pusat Pemulihan Penagihan Narkotik (PUSPEN) during the rehabilitation process at the institution. Their study is indicative of the importance of family support where patients express their need for more family support to help them recover effectively. Unfortunately, the study found that most of the patients receive little to no assistance from immediate family members and made worse with the relationship further deteriorated after the family learns about the patient's addiction problem.

Another study [4] finds a similar occurrence on the matter. They found that family support plays an important part especially in cases of teenage addicts since the problem often starts at that age group and stems from a problematic, lack of participation and less flexible families. The study also suggested that prevention is the utmost importance especially when dealing with teenagers to ensure they are insulated from the negative influence and destructive peer pressure.

The significance of family support at an early stage is also supported [5] in a study that outlines four themes that contributes to drug abuse and addiction problem: first, a traumatised childhood and poor living standard as an adult. The second theme is related to long, unresolved conflict with the parents, third being the psychological dissonance within their relationship with the spouse and fourth being disturbance and failure in parenting. In short, addicts in their early stage commonly fail to build a strong family relationship which pushes them to negative activities that results to problems such as drug abuse and alcoholic addiction. In some worse cases these addicts tend to be involved with drug addiction related felonies.

A literature [6] finds that effective measures could be taken by spouses or immediate family members of addicts in an effort to assist them in recovery due to the existence of a reciprocal factor between both parties. There are four approach that is often implemented; the family disease approach, family system approach, behavioural approach and spouse approach.

Family disease approach looks at the family a core unit and the whole unit is considered to be unhealthy when one unit from the core is affected by addiction problem. This approach uses the co-dependency and enabling concept as an agent to get closer to the unit with the problem as well as a prevention strategy.

The family system approach views the addict as a central focus of the family unit. All members within the family unit will focus their effort and attention to ensure the recovery of the problematic unit within the family.

The family system will often restructure themselves in terms of unit interactions in order to rectify the problem within the system. The behavioural approach on the other hand focuses on the internal family interactions to reinforce the behaviour of addicts through observational learning, preventive steps by educating on the negative outcomes and punishment that would be faced from drug abuse and addiction. Finally, the spouse approach looks at the importance of the responsibility of spouses to interfere in helping addicts to recover.

Observation study at local rehabilitation centres to see the form of family support received by addicts according to the three major racial groups in Malaysia. In their observation, family was found to be the most important agent of change for the addicts. In addition, social, emotional, practical, financial and counselling support are a few examples of social dimension that could provide great assistance in the overall recovery process [7].

Family support and school environment have a strong relationship in helping teenage addicts to change. Family acceptance and support have the ability to abolish the problem while schools and the educational system should provide a protected and safe environment for teenagers from

the influence of drug abuse. This study aims to explore the relationship between family support and motivation of addicts in the process of rehabilitation and recovery [8].

II. METHOD

Research Design

This research uses the qualitative method in a case study format. The case study refers to collection and presentation of specific information about a certain case. Researchers does not focus on generalisation and interconnection but emphasizes on exploration and enlightenment aspect of the case [9].

Data Collections

Data were gathered using the focus group discussion method where researchers aim to gain information related to experience and comprehensive understanding related to the research [9]. Interviews were conducted using semi structured questionnaires in order to obtain the necessary information. Respondents consist of eight patients from the Baitul Cakna rehabilitation centre in Ajil, Terengganu. Six respondents are married and the other two being single. The respondent selection criteria are based upon their ability to respond to questions and relay information effectively to the researchers [10] Three stages of data analysis; classification, presentation and conclusion of data. Thus, the data gathered in this case study is classified according to the theme of the questions, presented in a structured and comprehensible manner as well as descriptively analysed.

III. DISCUSSION

The findings of this case study will be discussed according to the structured themes based on the interview results from respondents at BCT

Self-realisation to Change

Six of the eight respondents (R1, R2, R5, R6, R7, and R8) admits that they are willingly trying to change. They are then supported by family members in order to change for the better. During their addiction time, there are no form of family support or whatsoever which motivates them to change according to these respondents. R3, expressed that the desire to change only came when his family decided to refer him to BCT for rehabilitation. R4 on the other hand, saw the significant effort from his elder brother's support which propelled him to change accordingly.

Six of eight respondents (R1, R2, R4, R5, R7 and R8) acknowledges the self-desire to change helped them to join the rehabilitation centre Baitul Cakna, Terengganu (BCT) willingly. R6 informs that he joined BCT due to being unwillingly forced by his aunt who thought that it would be the best course of action for him to change. Meanwhile R3 admits to reluctantly joining BCT but had also been force to do so by family members.

These self-desire to change was attributed to several factors where five respondents (R3, R4, R5, R6 and R7) indicated that it came from the desire to seek a better life and personal well-being. R2 informed that age was the factor that propelled him to leave his drug abuse problems behind as well as the desire to be alongside his wife and kids again. R1 credited his desire to change to the never-ending prayers from his mother for her son's well-being. R8 found out that drug abuse was exhaustive and dreary thus driving him to change for the better.

Support Acceptance

The research found that all eight respondents (R1 to R8) had received some form of family support. Six respondents who are single (R1, R3, R4, R6, R7, and R8) either received support from their parents, siblings or other close relatives whereas two respondents (R2 and R5) who are married received additional support from their spouses as well as other family members.

However, not all respondents received the support before they decided to change and recover. Five respondents (R1, R2, R3, R4 and R6) expressed they received constant family support which drives them to seek further treatment and rehabilitation at BCT. In contrast, R5, R7, and R8 said that family support towards their change process only came when they had self-realisation to change.

Table 1: Acceptance and Source of Support for respondents

Respondent	Marital Status	Support Acceptance	Source of Support
R1	Single	Before and after rehabilitation	Mother
R2	Married	Before and after rehabilitation	Parents, spouse
R3	Single	Before and after rehabilitation	Family
R4	Single	Before and after rehabilitation	Brother
R5	Married	Post rehabilitation	Mother, spouse
R6	Single	Before and after rehabilitation	Family
R7	Single	Post rehabilitation	Parents
R8	Single	Post rehabilitation	Family

Five respondents who received support (R1, R2, R3, R4, and R6) thought that their family members contributed massive efforts in order to help them change in form of encouragements, finding the best rehabilitation centre as well as giving them continuous support during rehabilitation process at BCT.

As for R5, R6, and R7 who received support after they decided to change informed that family members did not act upon or interfere with during their drug abuse problems but only provided support once the respondent expresses the desire to change.

According to R5, his mother was aware of his drug related problems but did nothing to interfere or forcing him to stop as did his other family members who ignored him problems. R7's situation is similar where the mother was aware of his drug abuse activities since high school and took some preventive measures but with no curative effort such as rehabilitation which made him result to various negative activities to satiate the addiction. R8 was an extreme case where he decided to stray away from the family with the family ignoring him doing so. In his case family support only came when he requests admission to a rehabilitation centre to recover from the addiction.

All respondents (R1 to R8) agreed to the importance of family support in providing the necessary motivation and building that inner strength to be free of drug addiction problem. However, based on the comparison of family support and the peer support within BCT, it is shown that at an early stage of rehabilitation, peer support is more effective in helping addicts to recover due to the knowledge of BCT peers living and sharing experiences together which would make potential addicts feel more welcomed and prone to change.

Form of Support

The form of support received by drug addicts trying to recover is not only limited to emotional support but also in material forms. The forms of support received by respondents are as follows:

Encouragement and advice

All eight respondents (R1 to R8) mentioned that support most received was in the form of encouragement and motivation to sustain with the rehabilitation program. These form of support not only came from parents, siblings and close relative but also from the local communities. The support given helped them to focus on the rehabilitation process and stay free of drug related activities.

Constant communication

All respondents (R1 to R8) admitted that the constant communication received from family members enhances the relationship between both parties. Four of the respondents (R5, R6, R7 and R8) were motivated by the effort of their families calling them via phone and asking them about their daily activities on top of encouraging them to engage with BCT held programs and activities. In addition to above, R5, R6, and R8 received constant visits from the families during appointed times. Respondents are also given permission to leave the centre for three days a week to join their families at home.

Family control and observation

R6 and R8 informed that they have not yet received full trust from their families when returning home. They are fully aware of the matter and viewed it as a positive factor which could help isolate them from engaging with drug abuse activities once again.

Post rehabilitation acceptance

All respondents (R1 to R8) agreed that they were received by their families without any stigmatic or negative perceptions upon completing their rehabilitation process and recovery. In fact, according to them the relationship improved and became even better than before. According to R8, these form of acceptance helped him to prepare better before joining and interacting with the general community again.

Doa (prayers)

Doa or prayers is a form of spiritual support received by the respondents. R1 described his effort to change came with the ongoing prayers done by his mother for him to change for the better.

Financial

Despite receiving salaries from various work at BCT, R7 and R8 mentioned that financial support also came from family members as a form of allowance for their personal usage at BCT.

Table 2: Form of Support Received by Respondents

Form of Support Received	Respondent(s)
Encouragement and advice	R1, R2, R3, R4, R5, R6, R7, R8
Constant communication	R1, R2, R3, R4, R5, R6, R7, R8
Family keeping up to date with their BCT activities	R5, R6, R7, R8
Family visits to BCT	R5, R6, R8
Family control and observation	R6, R8
Post rehabilitation acceptance	R1, R2, R3, R4, R5, R6, R7, R8
Doa (prayers)	R1
Financial	R7, R8

Family support is recognised to be one of the important support that need to be present not only during the rehabilitation process at BCT but also post rehabilitation to ensure a successful recovery for addicts and to help them prepare for their new phase of life. It also shows the importance of family system in developing one's personality as well as being an individual's social agent. This further stresses the importance of family as a whole unit in supporting addicts on their road to recovery. Support from families need to be present at an early stage by educating

and positively interfering with any members of the unit who are troubled with drug related addiction. Based on review of various related literatures, it is clear that problematic addicts needs all the family support he or she could get in trying to recover. Family support shows that the presence of them within the unit is valued thus propelling them to a positive change. Thus a strong a constant family support from an early stage should help and prevent any members from falling to the traps of drug abuse and addiction.

IV. CONCLUSION

Although majority of the respondent believes that community support received at BCT was dominant in their recovery process, it is however focused on the method of recovery itself. Family support on the other hand, is much needed by the respondents for them to endure and sustain with the recovery process. Support also functions as a cooperative promoter between non-government organisations (NGO) such as BCT and families. This ensures the recovery process does not happen only in BCT but continues as recovered addicts return to their families and enters the society again. Actions from families are regarded as initiators for addicts to receive help at rehabilitation centres. They also function as follow-up treatments for recovered addicts upon the completion of their rehabilitative programs.

REFERENCES

- [1] Fauziah. dan Kumar, N. (2009). Factors Effecting Drug Relapse in Malaysia: An Empirical Evidence. *Asian Social Science Journal* Vol. 5, No.12.
- [2] Volkow, N.D. (2008). Metadhone – Appropriate Use Provides Values Treatment for Pain and Addiction. *Drugabuse*
- [3] Nor Ezdiani O, Ruhani M. Min, Abdullah M.,. (2011). Keperibadian Dan Sokongan Sosial Penghuni Puspén: Implikasi Terhadap Program Pemulihan. *Jurnal Kemanusiaan Bil. 20* ISSN: 1675-1930
- [4] Saedah A. Ghani, Zainah Ahmad Zamani, Roseliza Murni Ab. Rahman, Arifin Hj. Zainal dan Wan Shahrazad Wan Sulaiman. (2008). Kefungsian Keluarga dan Hubungannya dengan Keyakinan Diri Pengguna opiat. *Jurnal AADK*
- [5] Schafer, G. (2011). Family Functioning in Families with Alcohol and Other Drug Addiction. *Social Policy Journal of New Zealand Te Puna Whakaaro*. Issue 37 June 2011.
- [6] Klostermann, K. dan O' Farrel, T.J. (2013) Treating Substance Abuse: Partner and Family Approaches. *Social Work in Public Health*, 28:3-4, 234-247, DOI:10.1080/19371918.2013.759014.
- [7] Wan Rafaei Abdul Rahman, Mariam Adawiah Dzulkifli, Shariffah Rahah Sheik Dawood dan Mardiana Mohamad. (2011). Sokongan Sosial kepada Pengguna opiat Dadah dalam Kalangan Kaum Melayu, Cina, dan India Di Malaysia. *Jurnal AADK*.

- [8] Dedi Afandi, Fifia Chandra dan Lilik Kurniawan. (2009). Correlation between Social Support and Drug Abuse Screening Test Test-10 among Senior High School Students at Pekanbaru District, Riau Province, Indonesia. *Jurnal Ilmu Kedokteran*, Jilid 2 Nomor 1, ISSN 1978-662X.
- [9] Bryman, A. (2012). *Social Research Methods* 4th edition. New York: Oxford University Press Inc.
- [10] Matthews, B. dan Ross, L. (2010). *Research Methods: A Practical Guide for the Social Sciences*. Edinburgh Gate: Pearson Education