

## Causes and Symptoms of Early Drug Addiction: A Qualitative Study in Malaysia

Hanina H. Hamsan<sup>1</sup>, Aini Azeqa Ma'rof<sup>1</sup>, Tang Sui Sum<sup>1</sup>, Azlina Mohd. Khir<sup>1</sup>, Haslinda Abdullah<sup>1</sup>, Nik Ahmad Sufian Borhan<sup>1</sup>, Nazira Sadiron<sup>2</sup>

<sup>1</sup>Faculty of Human Ecology, Universiti Putra Malaysia, <sup>2</sup>National Anti-Drug Agency, Ministry of Home Affairs, Malaysia

Email Correspondence: hanina@upm.edu.my

To Link this Article: <http://dx.doi.org/10.6007/IJARBSS/v12-i8/13306> DOI:10.6007/IJARBSS/v12-i8/13306

*Published Date:* 11 August 2022

### Abstract

The purpose of this study was to develop a better understanding of the addictive behavior changes experienced by former drug users. This qualitative study draws on in-depth interviews and guided life narratives of eight ex-drug users (2 female; 6 male). The findings indicate that informants first experienced drugs during adolescence or early adulthood. Personal difficulties and frequent interactions with peers played a significant role in this drug addiction. Majority informants have previously used cannabis and methamphetamine. Each informant described psychological and behavioral changes that impacted their well-being and the links and connections within their families. In general, this study demonstrates the critical nature of comprehending the addict's world, its causes, and its modifications. Based on the data obtained, appropriate preventive measures can be identified and implemented for adolescents from primary school age to prevent the spread of substance abuse, especially among adolescents.

**Keywords:** Addicts, Addiction Symptom, Addictive Behavior, Drug Addiction, Psychology

### Introduction

Drug addiction has long been a significant cause of death and other societal problems worldwide, and Malaysia is no exception. Whether legal or illicit, drug usage harms an individual's health (Singh & Gupta, 2017). The effects of the drug are detrimental to the addict and the family, community, and country as a whole. Additionally, it is associated with deficits in various physical, psychological, and socio-professional functions (Singh & Gupta, 2017). Around 35 million people suffer from drug abuse disorders (United Nations Office on Drugs and Crime, 2019). In 2017, approximately 5.5 per cent of the world's population aged 15 to 64 was reported to have used drugs (UNODC, 2019). In 2020, an estimated 0.39 per cent of Malaysia's population will be addicted to drugs (NADA, 2020). While global standards have a low prevalence rate, they can increase to a high level without severe preventive measures

and efforts. As a result, numerous organizations must be involved in ongoing efforts to prevent and intervene with drug addiction. These activities are led by the National Anti-Drug Agency (NADA) in Malaysia. *Persatuan Mencegah Dadah Malaysia* (PEMADAM), PENGASIH Malaysia, and Community Resilience Association Malaysia (CReAM) are non-governmental organizations that help individuals avoid substance misuse and relapse. Research findings, an effective organizational structure, and rehabilitation facilities are critical for prevention and therapy.

### **The Causes, Symptoms, and Effects of Drug Misuse**

The previous study has identified several factors that contribute to drug abuse. Individual characteristics include psychological distress such as sadness and anxiety, male gender, young age (under 15 years) or early-onset (Trenz et al., 2012), genetics (Tam & Lee, 2012), and opioid overprescribing (Volkow et al., 2019). Teenagers primarily experiment with drugs or substances, beginning with the first attempt. Another common reason is that they utilize it recreationally in their social interactions and enjoyment (Arjan, 2018). Additionally, one's attitudes about drug use and drug addicts play a significant role in determining drug use (Adlaf et al., 2009). Prescription medications such as painkillers, sedatives, and sleep aids achieve therapeutic effects while also "getting high" (Holloway & Bennett, 2012). The extent to which an individual becomes involved in addiction is determined by various circumstances, including external influences, family, and society as a whole. According to Foo, Tam, and Lee (2012), family, peers, spouse, and family conflict all influence drug usage (Arsat & Besar, 2011). However, because the medications are available in a variety of dosage forms, the underlying causes of each individual are unique (Foo et al., 2012).

Individual behavioral patterns can be used to identify drug users, and the symptoms exhibited differ by substance. Cannabis is the most extensively used psychotropic drug in the United States, second to alcohol (Cohen & Weinstein, 2018), and the world's most widely cultivated, trafficked, and abused illicit substance ([www.myhealth.gov.my](http://www.myhealth.gov.my)). Cannabis addicts account for around 3.16 per cent of Malaysia's 142,199 drug users in 2019 (NADA, 2019). Men are more likely to be cannabis users than women (National Institute of Drug Abuse, 2020). Pupil dilation is a symptom of cannabis abuse, as is lack of attention and judgement, sweets addiction, increased hunger, and uncontrollable laughter. These have psychoactive properties comparable to marijuana. In these times, New Psychoactive Substances (NPS) such as MDMA, amphetamine, cocaine, mescaline, or methamphetamine are prevalent. Additionally, the reasons for prescription medication abuse vary medicine type (Bennett & Holloway, 2017).

Three situations can precipitate relapse for a teenager: i. hanging out with an addict's friend; ii. witnessing a friend using drugs; and iii—drug/substance availability (Alif Jasni, 2018). The majority of studies on adolescent drug usage include the student as a respondent. Studies reported that students with a poor degree of knowledge may tend to have an average attitude about drug use, whereby the majority were male, had moved residences after entering higher education, and had acquaintances who used illicit drugs all increased their likelihood of ingesting illicit substances (Regina & Becona, 2020). In addition, some students assume that drug-taking will help them cope with their stress, even though this practice may result in addiction (Arsat & Azizah, 2011). Arsat and Azizah also reported that half of their respondents learned to use drugs from a family member who was also an addict. The findings indicate how a person's environment, particularly their microenvironment, can influence their behavior,

especially among adolescents, and the critical role of the family as a risk and protective factor in drug use behavior.

### **Problem Statement**

Addiction is a condition that develops due to a person's inability to cope with life and environmental stimuli. From a medical standpoint, substance use disorder (SUD) addiction is a brain problem that alters a person's behavior (Addiction Policy Forum, 2020). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5, assign three levels of SUD to addiction. Two or three symptoms suggest mild substance use disorder. While four or five symptoms indicate moderate substance use disorder, and six or more symptoms indicate severe substance use disorder. A high SUD level indicated that this individual was addicted (Addiction Policy Forum, 2020).

We identified four distinct stages to explore, from the initial attempt at the drug problem to recovery based on the literature and our five years of research into people with drug problems. Since rehabilitation is a never-ending process that lasts a lifetime, the individual has either relapsed or is in the fourth recovery phase. Relapse forces an individual to reintroduce themselves to their familiar addictive environment and begin the process all over again. Survivors are those who are still in the maintenance phase of recovery. This study focuses exclusively on informants' experiences with drug users and their daily lives as addicts. The current study comprised informants who were chosen using targeted sample criteria.

### **Methodology**

To obtain information regarding addicts' lifestyles, this qualitative study used a retrospective research technique. An in-depth interview and supervised life narrative writing were used to gather data from informants. A two-day workshop with a total of eight ex-drug users ranging in age from 20 to 40 years assisted in data collection. The list of informants for this study was provided by NADA Negeri Sembilan (Malaysia). The informants were chosen based on the researcher's criteria, which included the following: They were current or former NADA clients who agreed to participate in the study, had a six-month drug-free period and could read and write independently. Clients who had a positive drug test for more than six months and were unable to read or write were excluded from the study.

The first day of data collection began with a meeting between researchers and informants to establish rapport. After that, the informants were interviewed using a protocol interview, which was supplemented by a repertoire for each interview session. An IC-Recorder was used to record the interviews. The second session was held on the second day. Informants were given the freedom to create their own life stories based on the timeframe (see Figure 1). The writing session for life stories took place in a hall. The first round lasted three hours, followed by a two-hour second round. The "4W+H" technique was used to look into the lives of addicts (Who, What, When, Why, How). The following are the pertinent questions: When did they get active and at what age did they get interested? (Pre-addiction) Who were they? What drug or substance did they abuse? Why are they attempting to put it on in the first place? And how did their lives change once they entered the new world of an addict?

In the reliability and validity phase, two senior NADA officials with over 10 years of experience in intervention and rehabilitation programmes assessed the data. Furthermore, these officers are in charge of the client's progress from the moment they arrive at the rehabilitation centre. Thematic analysis was used to examine the data.

## Results

### *Informant's Background*

The informants ranged in age from 30 to 51 years old and had fully recovered (6 men, 2 women). Three of them are married. Four of them are still single, while one is divorced. The average age at which a person first uses drugs is 12 years old. Except for one, they are all active drug users under the age of 21.

Table 1

### *Informant's background*

*Case	Age (year)	Level of Education	Current marital status	Age, the first time as a drug user
M1	41	Tertiary (Certificate)	Single	12
M2	51	Secondary (incomplete)	Married	15
M3	35	Secondary	Married	15
M4	35	Secondary	Single	20
F5	33	Secondary	Single	20
M6	25	Secondary	Single	19
M7	34	Tertiary (Certificate)	Married	21
F8	30	Secondary	Divorced	20

Note. \*Informant; M= Male, F=Female

### **The type of Drugs that the Informant's Consume**

The Addiction Policy Forum (2020) classifies substances into eight categories: alcohol, marijuana, opioids, nicotine, stimulants, sedatives, synthetics, and hallucinogens. This study did not include alcohol or nicotine use. As seen in Table 2, cannabis and stimulant substances (Methamphetamine or meth) as popular choices. These individuals most often used meth or synthetic stimulants were syabu and crystal ices. On the other hand, two informants reported that they used Avomine when triggered throughout therapy. The tablet is used to prevent or treat motion sickness, allergy symptoms, and nausea in most circumstances. Table 2 shows that six of the eight informants abused various drugs, indicating that this SUD is classified as a polysubstance use disorder. The remaining individuals consumed both types, while the others consumed only one (M6=cannabis; F8=meth).

Table 2

*Type of drugs*

Informants	M1	M2	M3	M4	F5	M6	M7	F8	Total
Type									
Marijuana									
THC/Cannabis	√	√	√	√	√	√	√		7
Stimulants:									
Methamphetamine	√		√	√	√		√	√	6
Cocaine			√						1
Opioids:									
Morphine		√							1
Heroin	√								1
Sedatives:									2
Benzodiazepine:		√		√					
Synthetics:			√						1
Erimin-5									
Ketamine	√								1
*Avomine	√	√							2
Total	5	4	4	3	2	1	2	1	-

Note. Informants; M= Male, F=Female; \*treatment of allergic symptoms, nausea, and vomiting due to motion sickness

### Factors that Lead to an Informant's Drugging Behaviour

The informants' decision to become drug addicts was impacted by a variety of reasons. We separated them into internal and external elements as a consequence. Internal affects include curiosity, need an extra energy, internal medicine, and egoism. As illustrated in Table 3, almost everyone (7/8) said that peers pressure and the environment influenced their decision to use drugs.

*"I began to hang out at a friend's rented house. At first, I just looked. Curiosity and feeling arose. My friend eventually offered me a sample, and I became addicted." (F5)*

While peers constitute an external factor, they do not appear to be the primary factor in the development of SUD. According to the results of the study, internal difficulties and external stimuli become their push and pull factors for illicit drug use. The more frequently they associate with harmful peers and those around them, the greater the risk they face.

*"I'm having trouble sleeping at night. After a friend advised it for my insomnia, I tried it (cannabis)." (M6)*

Table 3

*The causes of addiction to drugs*

Informants		M1	M2	M3	M4	F5	M6	M7	F8	Total
Factors										
Internal	1. Curiosity					√		√		2
	2. Vitalize/give energy	extra	√			√				2
	3. Internal problem	medicine					√			1
	4. Egoistic		√							1
External	5. Peers & environments	√	√	√	√	√	√	√		7
	6. An addict spouse								√	1
	7. No support from loved ones			√						1

Meanwhile, one informant said that her drug-abusing husband compelled her to use the substance.

*"After a few years, I got married and had my youngest child. My spouse introduced me to the 'syabu' and showed me how to use it after five months." (F8)*

### The Impact of Drugs on the Informants

A thematic study of the emotional, physical, and behavioural changes linked with drug addiction is presented in Table 4. Each type of medication has a different effect on the people who take it. It had a short-term positive effect on informants, according to them. In other words, people get what they want, such as more energy and self-esteem. However, they discovered that there were less favourable long-term consequences after the addiction phase. M1 and M4 were among those who encountered them. As a high school athlete, M1 experimented with cannabis and heroin to boost his energy levels. While drugs increased his confidence and ability to dazzle others, they eventually became a habit and addiction. On the other side, the M4 is used for the first time. He used it to treat sleeplessness at first. Unfortunately, it progresses to a far more serious problem: addiction.

Emotional change can take many forms. Joy, fury, impatience, fear, self-centeredness, and inferiority complex are all examples of emotion. Interactions with family and partners are influenced by this disposition. According to M2 and F5, they had tangled relationships with their spouses and other relatives. Despite the fact that two informants claim to be more energised, the body becomes fragile, feeble, and physically incapable. Furthermore, the body thickens as a result of reduced appetite. Additionally, drug addiction leads in persons that are abnormal, neglected, untidy, and aimless. M1, for example, described how she became homeless and began digging through trash cans in search of food.

Table 4  
*Emotional, Physical, and Behavioral Changes*

	Marijuana	Stimulants	Opioids	Sedatives	Synthetics
Emotion	- Joy	- Joy	- Proud	- Anxious	- Confident
	- Confident	- Confident	- Inferiority		
	- Irritable	- Irritable			
	- Anxious	- Anxious			
	- Proud				
	- Inferiority				
Physical	- Thin	- Thin		- Tired	- Thin
	- Unorganized	- Unorganized			- Unorganized
	- Tired	- Energetic			
Behavior	- Not practicing religion	- Not practicing religion	- Not practicing religion	- Be alone	- Involve in crime
	- Aggressive	- Aggressive	- Involve in crime		
	- Involve in crime	- Involve in crime			
	- Risk-taker	- Risk-taker			
	- Change in appetite	- Change in appetite			

Disobeying religious beliefs, committing crimes, being aggressive, taking risks, changing one's appetite, and exercising restraint are examples of behavioural changes. This action is harmful to the informants. Some even broke the law by participating in gangs, engaging in token (trader) activities, and stealing cough medicine from clinics.

*"I could not locate anyone without cannabis, and I felt inferior" (M3)*

*"I went from being a nice person to being a hot-tempered and stubborn person after becoming addicted." (F5)*

*"My perspective has shifted. I am not permitted to be scolded by my family; instead, I will bounce, and my rage will build until I am willing to hurt my siblings and disrespect my parents." (F5)*



Table 5

*Relationship with family and spouse*

Family	Spouse
- A strained relationship	- Divorced/separated
- Conflict	- Irresponsible
	- Abuse
	- Often fight each other

*"I continued to use drugs, and eventually our marriage broke down and failed to be saved." (M3)*

*"Almost every day, we are fighting. I hate him. I have made reports many times because he beats me. To an extent, I led him out of the house. Even though he refused, I remained determined, because I hated him" (F8)*

**Discussion**

The findings used primary data from former drug users to give light on the lives of drug addicts. The findings of the study are in line with previous research, which revealed that the majority of informants were addicted to drugs or alcohol during their teens and early adulthood. Since a result, the years between the ages of 12 and 17 are crucial in high school, as teenagers are particularly vulnerable to new experiences. Curiosity was cited as a primary internal motivator by teenagers. This finding is consistent with Liquin and Lombrozo (2020) suggestion that curiosity has been demonstrated to be a powerful learning motivator, particularly in children. While peer and surrounding environment are the external risk variables and appear to have little effect on drug abuse among adolescents. For adult users, however, it is more about gaining extra energy and becoming egocentric. Adults are more likely to believe that drugs can enhance work performance and confidence. However, the expected quality is short-lived and even harmful. The findings of the study show that ex-drug users, both male and female, have different concerns about the factors that contribute to drug usage, in part due to their spouse's influence/pressure.

In preventing or reducing drug abuse and addiction, family, school, community, and media-based preventative programmes have also indicated protective variables. As a result, education and outreach are essential in ensuring that people are aware of the dangers of drug usage. Parents, teachers, health care providers, and even society at large all play important roles in educating kids and teens about drug use and addiction prevention. Preventive measures can be organised more efficiently and accurately by recognising the characteristics that contribute to first-time involvement in this drug addiction. Furthermore, when the goal is to improve the quality of family and marital relationships, intervention strategies can be well-designed. A husband and wife communication course, a parent-teen communication course, and teenage parenting programmes are among the alternatives.

**Conclusion**

This study explores the causes and symptoms of early addiction. The findings revealed that the drugs addiction is the result of person's responses to their daily problems. Curiosity and lack of confident are the most typical psychological causes that drive individual to take drugs. Although peers and the environment are always considered external influences, thus, the



study proposes a preventive strategy for improving teenagers' self-control and self-regulation resilience in order to avoid secondary effects.

The most exciting feature of this study's findings is the revelation that drug addiction can occur regardless of sociodemographic. None of the informants stated that economic pressure caused them to take drugs. The early person's involvement in drug use can be better explained by psychological theories, as it is the results of specific individual personal qualities, personality traits and problems. The Bandura's Social Learning Theory is a relevant behavioral theory for guiding future quantitative analysis of drug use because it involves the individual, environment and reciprocal interaction between individual and environment. Furthermore, it suggests that the stress and coping theory serves as a mediator between stressful life events and drug use among adolescents and young adults. Thus, this contradicts sociological based on the conflict theory, which highlights poverty, ethnic prejudice and inequality as a primary causes of drug use (Allen, 2007), but it is a multi-factorial etiology (Ioan et al., 2015). However, this study supports the conclusion of previous research that drug use leads to crime (Shaw et al., 2007). While family and social bond can be a protective factor against drug use. Again, the sample size in this study is small because it is a qualitative study with a small number of participants in a single state. For future research, a mixed-methods approach and a larger sample size of social demographics are suggested.

### **Acknowledgements**

*This study was funded by Putra Grant, Universiti Putra Malaysia (GP9561500).*

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