

## Readiness of Families to Support A Community Based Drug Rehabilitation Program: A Case Study in Terengganu

Farah Syazrah Mohd Ghazalli<sup>1</sup>, Ahmad Faizal Ramly<sup>2</sup>

<sup>1</sup>Faculty of General Studies and Advance Learning, Universiti Sultan Zainal Abidin, Terengganu, Malaysia, <sup>2</sup>The Academy of Contemporary Islamic Studies (ACIS), Universiti Teknologi MARA, Terengganu Branch, Malaysia.

Corresponding Author Email: farahsyazrah@unisza.edu.my

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### Abstract

Rehabilitation in the community refers to the cooperation of all parties directly or indirectly involved with drug users. The family is a resource of support for drug users in recovery and plays an important role as a protector against relapse. However, the role of family in providing social support is often debated. Therefore, this study was conducted to assess the strength of family social support in assisting the government-run community based treatment programme (CBT). Data were collected using a family social support questionnaire from 177 family members of drug users in Terengganu who were selected using a purposive sampling method. The data were analysed using descriptive analysis (mean) and SPSS. The study found that three of the four forms of social support (spiritual, informational, and instrumental) were moderately provided, and emotional support was highly provided. In summary, family involvement in support for rehabilitation treatment programs in the community still needs to be improved for families to effectively support CBT.

**Keywords:** Community Based Treatment, Drug Rehabilitation, Social Support, Drugs, Family

### Introduction

The 2022 Drug Statistics Report from the National Anti-Drug Agency (NADA) shows that Malaysia has a total of 137,176 people involved in drug abuse. Terengganu shows figure of 13, 314 people involved in drug and substance abuse. The same statistics also show that a total of 8,594 people have received rehabilitation treatment in institutions and 64,335 people have received rehabilitation treatment in the community (NADA, 2021).

The Community based Treatment (CBT) program involves the function and commitment of many stakeholders joining hands to support recovery from substance abuse. Rehabilitation in the community refers to the collective efforts of community entities to support the recovery of substance abusers. The main goal of community rehabilitation is to improve the quality of

life of substance abusers. Rehabilitation treatment in the community can help groups of drug users who have completed rehabilitation in institutions as well as groups of drug users who are not motivated to complete rehabilitation. CBT components include service providers, namely NADA, medical and clinical treatment, rehabilitation and social support programs, social and community services, and extended care and recovery care. This program is implemented as part of the i-recovery module of NADA (NADA, 2021).

One of the components of the CBT has included the family as a social support system for drug users. The concept of social support consists of three main characteristics, namely the strength of support, the characteristics of the support network, and the form of support provided. First, the strength of support is the amount of support that drug users receive; second, the characteristics of the support network are the number of people or units that make up the support network. Third, the forms of support refer to both tangible forms, such as food, and intangible forms, which are emotional support (Nargiso, 2012).

Miller et al (2014) found that social support can reduce the risk of prolonged dependence for substance abusers undergoing out-of-facility rehabilitation. For families, social support through active family involvement can provide emotional relief from the pressures of addiction and trigger a sense of wanting to change (Afandi et al., 2009; Saleem et al., 2013). However, families also face obstacles in providing social support such as knowledge, emotions, and exclusion. This obstacle poses a challenge that undermines comprehensive social support for drug users (Ghazali et al., 2017).

The La Bodega La Familia model is a program-based model to support the recovery process of drug users. The program was first developed in 1995 in collaboration with the City of New York and the State of New York. This program has shown that drug user recovery can be interrupted when the family does not have the skills to support recovery. This model also shows that it is more difficult to engage families when they have unmet needs, such as health care, housing, and other social services. Therefore, the community must take this place to provide social support to drug users and their families (Sullivan et al., 2002).

Families who are willing to provide social support, this model finds that close relationships with drug users while in institutional treatment must continue to prevent drug users from relapse. Support through close relationships, doing activities together, communication, overcoming difficulties together, and providing the necessary help are forms of social support that can be given to drug users (Fontaine et al., 2012).

The relationship between family and drug users can be explained through Systems Ecology Theory. This theory looks at the micro level; the family is the closest unit to the drug user and has a direct relationship. While at the meso level, the community has a relationship with drug users through a structured but still close relationship with drug users. These relationships influence each other, where a good environment promotes effective recovery while an unhealthy environment reduces the effectiveness of the recovery process (Kazemzadeh, 2014)

### Research Objective

This paper aims to assess the readiness of families to support the Community Based Treatment (CBT) through social support for drug users in the state of Terengganu.

### Methodology

This paper uses quantitative methods. The research design is a survey that is distributed to the families of drug users who are following the rehabilitation process in Terengganu. Data was collected using the Family Social Support Questionnaire (SOSK) by (Ghazali, 2017). The four indicators for this questionnaire are emotional, informational, instrumental, and spiritual support. Respondents consisted of 177 family members consisting of mothers, fathers, grandmothers, grandfathers, wives, siblings, and children of drug users who are following the rehabilitation process at rehabilitation institutions in the state of Terengganu. Respondents were selected based on purposive sampling, and respondents were selected based on family consent to participate in this questionnaire. The data was analysed using SPSS descriptive analysis to obtain frequencies and mean values.

### Findings and Discussion

Social support provided to drug users is evaluated using the same measurement indicators, which are four forms of social support involving emotional support, spiritual support, informational support, and instrumental support.

#### Family Social Support

The analysis found that emotional support (mean=7.34, S. P=1.264) was the highest social support given by respondents, followed by spiritual support (mean=6.35, S. P=1.373), informational support (mean=6.06, S. P=1.166) and instrumental support (mean =5.24, S. P=1.411). Table 1 below shows the mean value of family social support obtained from 177 respondents who have given feedback to the questionnaire.

Table 1

*Mean Family Social Support*

| Support Form         | N   | Mean | Standard Deviation | Level  |
|----------------------|-----|------|--------------------|--------|
| Emotional Support    | 177 | 7.34 | 1.264              | High   |
| Spiritual Support    | 177 | 6.35 | 1.373              | Medium |
| Information Support  | 177 | 6.06 | 1.166              | Medium |
| Instrumental Support | 177 | 5.24 | 1.411              | Medium |

#### i. Emotional Support

Social emotional support is the highest support provided by the respondents and is evaluated through three dimensions namely acceptance, appreciation and family involvement in helping recovery. Table 2 shows that the dimension of acceptance (mean=7.78, standard deviation=1.342) is higher than the dimension of appreciation (mean=7.36, standard deviation=1.441) and the dimension of involvement (mean=6.87, standard deviation=1.665).

Table 2

*Means for Emotional Social Support Dimensions*

| Dimension    | N   | Mean | Standard Deviation | Level  |
|--------------|-----|------|--------------------|--------|
| Reception    | 177 | 7.78 | 1.342              | High   |
| Appreciation | 177 | 7.36 | 1.441              | High   |
| Engagement   | 177 | 6.87 | 1.665              | Medium |

The acceptance and appreciation given is at a high level, while the involvement given is at a medium level. Therefore, it is understandable that the respondents consist of family members who have accepted and appreciated drug users who want to change but have not yet been fully involved in assisting recovery. Involvement in this study refers to the presence and willingness of the respondents to follow the recovery process and program followed by the addict and act as a facilitator to the necessary and beneficial recovery resources to promote recovery. This simple involvement can also be understood as drug users are still accepted and not marginalized from the family.

**ii. Spiritual Support**

A comparison of the three dimensions of spiritual support found that religious appreciation (mean=6.6615, standard deviation=1.587) was the highest support given compared to religious awareness (mean=6.6152, standard deviation 1.607) and punishment control (mean=5.779, standard deviation=1.748), as shown in Table 3 below.

Table 3

*Mean Dimension of Spiritual Social Support*

| Dimension                | N   | Mean | Standard Deviation | Level  |
|--------------------------|-----|------|--------------------|--------|
| Appreciation of Religion | 177 | 6.66 | 1.588              | Medium |
| Religious Awareness      | 177 | 6.62 | 1.608              | Medium |
| Punishment Control       | 177 | 5.78 | 1.748              | Medium |

Spiritual support is delivered more through religious appreciation, than awareness and punishment control. This shows that respondents emphasize the faith aspect of drug users in undergoing rehabilitation. The step of instilling faith in oneself helps create a sense of contentment, thus allowing drug users to view recovery from a more positive perspective. It also encourages a sense of dependence on God over other things, building a strong user personality. The appreciation of religion is only emphasized on the practice of prayer, fasting and reading the Quran in a simple way. In addition, respondents also have difficulty imposing control on users due to loose rules at home. The control factor is a very important element to curb relapse and the effectiveness of the rehabilitation process in the community.

**iii. Information Support**

Informational social support is delivered through guidance (mean=7.34, standard deviation=1.728) followed by advice (mean=5.84, standard deviation =1.895) and information (mean=4.99, standard deviation=0.915) as in Table 4.

Table 4

*Mean Dimensions of Informational Social Support*

| <b>Dimension</b> | <b>N</b> | <b>Mean</b> | <b>Standard Deviation</b> | <b>Level</b> |
|------------------|----------|-------------|---------------------------|--------------|
| Guide            | 177      | 7.34        | 1.728                     | Height       |
| Advice           | 177      | 5.84        | 1.895                     | Medium       |
| Information      | 177      | 4.99        | 0.915                     | Medium       |

Guidance is more often conveyed to drug users through suggested methods of recovery to ensure that drug users can face any difficulties throughout the recovery process. Guidance has relevance to the dimension of respondents' involvement in emotional social support. Meanwhile, advice and information are given in a simple manner with information approaching a low level. Therefore, it is understandable that respondents have difficulty in providing useful information related to drugs, the effects of abuse as well as effective rehabilitation information. On the other hand, advice in general such as needing to stop addiction is more given to drug users.

**iv. Instrumental Social**

Instrumental social support is the lowest level of support given to drug users. In summary, the following Table 5 shows socialization (mean=5.94, standard deviation 1.851), finance (mean=4.96, standard deviation=1.588) as well as training and employment (mean=4.81, standard deviation=2.411).

Table 5

*Means of Instrumental Social Support Dimensions*

| <b>Dimension</b>        | <b>Mean</b> | <b>Standard Deviation</b> | <b>Level</b> |
|-------------------------|-------------|---------------------------|--------------|
| Socialization           | 5.94        | 1.851                     | Medium       |
| Finance                 | 4.96        | 1.588                     | Medium       |
| Training and Employment | 4.81        | 2.411                     | Medium       |

Socialization aims to help drug users return to the community but is given mediumly. Respondents have tried to help drug users return to society to reduce the pressure on them. However, efforts to help drug users are not carried out continuously or are not a priority for respondents. Finances, training, and jobs are less important than socialization. Finances are given to drug users according to the respondent's needs and abilities, which are deemed appropriate in the respondent's view. Meanwhile, training and employment are provided in a simple way because they involve cooperation from third parties, namely employers and training centers, where the relationship with these parties is difficult to build if it does not involve industrial purpose.

**Families in Community Based Treatment (CBT)**

The involvement of the family in CBT as a source of support through the component of extended care and maintenance of recovery where the role of the family is referred to as a protector against relapse. The community return phase is a critical phase because drug users are faced with real tests such as relationships with old friends of users and drug dealers and stigma.

Families acting as protectors for drug users must have the ability to provide the form of support that drug users need. Based on the findings, the level of social support provided by families found in the state of Terengganu is still moderate, thus becoming a concern because the rehabilitation program followed by drug users with NADA is not well supported by the family. The drug recovery process is lifelong. If the respondent continues to channel support at a moderate level, it will have a negative impact on the effectiveness of the RPKD program and the i-recovery module. The increasing number of relapsed drug users affects the indicators of the effectiveness of the rehabilitation program, thus further explaining the endless drug threat in Malaysia.

Rehabilitation in the institution does not happen forever. Therefore, the respondent needs to take a serious role as a continuation and reinforcement so that the continuation of the rehabilitation process does not happen halfway. NADA through the District Drug Rehabilitation Treatment Committee (JKPD), Peer Counsellors (PRS) and Recovery Mentors are support groups in the community that can be used by families to increase their skills in helping drug users. Because of that, the family's openness, long-term commitment and the family's willingness to add new input can protect drug users in recovery.

### **Conclusion**

The high number of cases and the modest social support of families show that the families of drug users found are still not fully prepared to support the rehabilitation efforts carried out by the government. It conforms to the idea of implementing the La Bodega La Familia model, where the family of drug users has a hard time playing a role in helping recovery because they are faced with a lack of information and skills in dealing with drug users in the family.

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