



RESEARCH REPORT SERIES

31

A FOLLOW-UP STUDY ON DRUG ADDICTS AFTER TREATMENT AND REHABILITATION

Pusat Penyelidikan Dadah dan Ubat-Ubatan
(Centre for Drug Research)
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**A FOLLOW-UP STUDY ON DRUG ADDICTS AFTER
TREATMENT AND REHABILITATION**

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**PUSAT PENYELIDIKAN DADAH DAN UBAT-UBATAN
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UNIVERSITI SAINS MALAYSIA
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RINGKASAN

Pengenalan

Ini adalah satu kajian susulan prospektif ke atas penagih-penagih selepas rawatan dan pemulihan. Tujuan utama ialah untuk mengetahui sama ada penagih-penagih ini dapat menjauhi dadah atau kembali semula ke dalam perangkap dadah dalam jangmasa yang genting ini dan apa yang berlaku di dalam proses tersebut.

Metodologi

Seramai 56 orang responden berjaya dihubungi dan 42 orang daripada mereka berjaya menamatkan susulan selama 6 bulan itu. Pengumpulan data terdiri daripada enam temubual mendalam di mana setiap responden ditemubual setiap bulan selama enam bulan. Kaedah ini berbentuk kualitatif.

Penemuan-Penemuan

Penemuan-penemuan utama kajian ini adalah:

- Sebilangan besar penagih-penagih tidak dapat dikesan selepas mereka tamat rawatan dan pemulihan.
- 25% tercicir daripada kajian. Khususnya keciciran ini disebabkan oleh penggunaan dadah.
- 39.2% daripada mereka yang dikaji menagih semula sementara 17.9% “slipped”.
- Hanya 17.9% berupaya menjauhi dadah di dalam jangkamasa enam bulan ini.
- Mereka yang menagih semula boleh dibahagikan kepada dua kumpulan: mereka yang kembali menggunakan dadah sebaik sahaja keluar dari Pusat Serenti dan mereka yang menggunakan dadah semula beberapa bulan kemudian, iaitu selepas cuba menjauhi dadah tetapi gagal.
- Sebab utama yang dikenalpasti untuk penagihan semula ialah bergaul dengan kawan-kawan penagih, perasaan bosan, keinginan untuk dadah dan tekanan emosi.

- Kebanyakan mereka yang “slipped”, pada awalnya mula minum alkohol kerana mengikut mereka, alkohol bukan dadah dan adalah sangat biasa sebagai satu bentuk kesukaan dan beristirehat. Sebab mereka “slipped” ialah perasaan bosan, pengaruh kawan dan keinginan.
- Kombinasi berbagai faktor seperti sokongan keluarga yang kuat, menjauhi penagih-penagih dadah atau menjauhi tarikan dadah, bergaul dengan bukan penagih, kesedaran diri, mempunyai pekerjaan, kecekalan hati dan aktiviti-aktiviti bermanfaat untuk memenuhi masa membantu penagih-penagih untuk menjauhi dadah.
- Merokok adalah biasa dan kebanyakan kes kembali merokok dengan cepat.
- Kebanyakan daripada mereka yang tercicir, yang menagih semula dan yang “slipped” mula menggunakan alkohol tidak lama selepas rawatan.

Cadangan

Keseluruhan program rawatan dan pemulihan perlu dinilai semula. Elemen “coping” dan pencegahan penagihan semula perlu digabungkan ke dalam program. Keluarga perlu diberi didikan tentang penagihan, pemulihan, pencegahan penagihan semula dan bagaimana untuk menguruskan penagih-penagih. Sebelum mereka kembali semula ke pangkuan masyarakat, rancangan perlu diatur susun dengan penagih-penagih yang telah pulih dan keluarga mereka. Kerajaan perlu membentaras dan menangani bekalan dadah yang senang diperolehi dengan lebih serius lagi. Menyertai kumpulan bantu-diri, aktiviti-aktiviti rekreasi dan bimbingan daripada bekas-bekas penagih adalah penting.

SUMMARY OF FINDINGS

Introduction

This is a prospective six months follow-up study on drug addicts after treatment and rehabilitation. The main concern is to find out during this critical period, whether the addicts were able to stay off drugs or fall back to drugs and what happened during the process.

Methodology

Fifty six respondents were contacted and 42 of them managed to complete the six-month follow-up. Data collection consists of six in-depth interviews where the respondents were interviewed monthly for six months. The approach is mainly qualitative.

Findings

The major findings in this study were:

- Quite a number of the addicts cannot be traced after completing treatment and rehabilitation.
- 25% dropped-out of the study. The reason for dropping out was mainly due to drug use.
- 39.2% of those follow-up were re-addicted while 17.9% “slipped”
- Only 17.9% managed to abstain from drugs during the six months follow-up period.
- Those who relapsed can be divided into two groups: those who returned to drugs rather immediately after rehabilitation and those who fall back to drug use several months later after attempting to stay away from drugs without success.
- The main reasons identified for relapse were mixing with addict-friends, boredom, craving for drugs and emotional pressure.

- The majority of those who slipped first started to consume alcohol because to them alcohol is not a drug and is something very common as a form of enjoyment and relaxation. The reasons for their slips were boredom, friend’s invitation and craving.
- A combination of various factors such as strong family support, avoiding drug addicts or the temptations, mixing with non-addicts, self-realization, having a job, determination and beneficial activities to fill their time helped the addicts to abstain from drugs.
- Cigarette smoking is rather common and most of the cases returned to cigarette smoking rather immediately.
- Majority of those who dropped-out, relapsed or slipped, started alcohol use soon after treatment.

Recommendations

The whole treatment and rehabilitation programme needs to be reviewed. The coping element and relapse prevention need to be incorporated into the programme. Families also need to be educated about addiction, rehabilitation, relapse prevention and how to handle the addicts. Plans need to be worked out with the rehabilitated addicts and their family before they return to the larger community. The problem of easy availability of drugs must be dealt with seriously by the Government. Joining self-help groups, recreational activities and guidance from senior recovering addicts are important.

CHAPTER 1

INTRODUCTION AND BACKGROUND OF STUDY

1.1 INTRODUCTION

Drug addiction is a serious problem worldwide and Malaysia is no exception. Although we have been battling with the problem for years, the number of drug dependents in the country remains large and drug abuse remains a serious problem.

From 1970 till October 1991, the Malaysian Government has registered a total of 159,275 addicts, out of which approximately 100,000 are still active addicts (Anti Dadah Task Force, 1991). Considering the high number of existing active addicts, treatment and rehabilitation plays an important role. Pervasive drug abuse impedes the social economic development of the country.

Drug addiction, drug pushing and trafficking is associated with corruption, increased criminal activities, violence, intimidation, prostitution etc. If drug addicts are not treated, the number of addicts will soon multiply and the situation become worse.

Since the introduction of institutional rehabilitation in 1975 and from then till December 1991, 34,583 drug addicts have undergone institutional rehabilitation (ADTF 1991). However, the number who returns to drugs after treatment and rehabilitation remains rather high. Almost seventy percent of those who can be traced returned to drugs after discharged from treatment centres and the rates for those that cannot be traced were assumed to be higher (Navaratnam et al. 1989).

The major problem in treatment of drug abuse is therefore, preventing relapse once the individual has ceased using the drug for a period of time. The problem of relapse remains an important challenge. In order to deal with the problem better and to achieve a more favourable result of treatment, we need to understand why these individuals went back to drugs after treatment and especially what happened to them after treatment so that treatment efforts are not wasted.

Although we have some knowledge on the relapse rates and causes of relapse, very little is known about the centrally important issue of what happens to addicts after they leave treatment. No study have ever been done to follow these addicts to find out what actually happened to them after discharged. Were they able to get stable employment? Did they manage to stay away from drugs? What caused them to go back to drugs? If they managed to abstain from drugs, what were the factors that helped them to do so?

Most studies reveal a very high rate of return to drug use after treatment (Hunt et al., 1971). By learning how individuals return to drug use following successful treatment, it may be possible to identify factors which could be addressed in treatment so as to minimise the relapse rate.

1.2 OBJECTIVES OF THE STUDY

The aim of this study is to provide a better understanding of what happens to the clients after they completed institutional treatment and its relation to overall treatment and rehabilitation efforts.

This study looked at a group of heroin addicts who were discharged from the treatment and rehabilitation centres. They were followed-up for a period of six months after discharge.

The objectives of the study are:

- (i) To follow the development (where they are, whom they are staying with, are they able to find employment etc.) of the addicts for six months after treatment and rehabilitation to find out what happens to them.
- (ii) To find out if they go back to drugs and what are the patterns and factors associated with relapse.
- (iii) To explore in greater depth the nature of abstinent behavior if they still abstain from drugs and the factors associated with abstinence.

Specifically, this study tries to find out the status of the subjects in relation to their ability to stay off drugs, their employment situation, criminal behavior, factors related to drug use or return to drug use and feedback from subjects on the aftercare programme.

Such information can be helpful in formulating programme goals or revising programme emphasis. For example, if it turns out that getting a job is a central problem, greater emphasis may be considered for job counselling, job placement and perhaps job training.

Another way in which such information may prove helpful is in providing some basis for forewarning the clients of the problems they can expect to encounter after leaving the programme and prepare them to face the situation better.

There is much to be learned about the natural history of relapse. More descriptive information is needed on lapses and their associations with relapse.

Relapse Rates

Relapse rates for the addictions are assumed to be in the range of 50% to 90% (Hunt et al., 1971; Hunt and Matarazzo, 1973; Marlatt and Gordon, 1980, 1985). This underscores the importance of the problem. However, defining specific rates is difficult. Hidden within these averages is large variability. The rates depend on characteristics of the addiction, individual variables, the success of treatment, and so forth.

The figures generally cited for relapse could overestimate or underestimate actual rates. Most data are from clinical programmes, so rates are based on those who have received formal treatment. These figures could overstate the problem because more chronic cases are seen. Persons attempting to change on their own may be more successful and may relapse less frequently (Schachter, 1982). In addition, various criteria are used to define relapse.

Definition

There are two common definitions of relapse, each reflecting a bias regarding its nature and severity (Marlatt and Gordon, 1985). Webster's New Collegiate Dictionary of 1983 gives both definitions. The first is "a recurrence of symptoms of a disease after a period of improvement". This refers to an outcome and implies a dichotomous view because a person is either ill and has symptoms or is well and does not. The second definition is "the act or instance of backsliding, worsening or subsiding". This focuses on a process and implies something less serious, perhaps a slip or mistakes.

Webster's defines lapse as "a slight error or slip ... a temporary fall especially from a higher to a lower state." A lapse is a single event, a reemergence of a previous habit, which may or may not lead to the state of relapse. When a slip or mistake is defined as a lapse, it implies that corrective action can be taken not that control is lost completely.

The challenge is defining when one or more lapse become a relapse. The individual's response to these lapses determines whether relapse has occurred. This varies from person to person and may be best defined by perceived loss of control.

Various stages of relapse by James Chi'en:

- | | |
|----------|--|
| Slip: | Occasional drug use following withdrawal of physical dependence on a drug or types of drugs (without physical dependence). |
| Lapse: | A short period of drug use less than 7 days. |
| Relapse: | Repeated and frequent slips or prolonged lapse more than 7 days. |

Relapse

Episode: A period of relapse following treatment from which the drug user may recover with social support and/or timely intervention.

Readmission: Prolonged relapse episode which pushes the drug user back to physical and psychological dependence as well as the addictive subculture or life style.

Surprisingly little is known about relapse in its natural state. Most data are from clinical programmes where different treatments are used with different populations, so it is difficult to isolate the factors that influence relapse. In addition, few researchers have done careful evaluations of patients when they are most likely to relapse, that is, after treatment has ended.

1.3 METHODOLOGY

This report presents data from a prospective study to investigate what happens to heroin addicts after they leave drug treatment. The experiences of clients who have received treatment and rehabilitation programmes from the drug treatment and rehabilitation centres (Pusat Serenti) are assessed and compared. The term of stay in the programme of the addicts varies from 15 to 24 months depending on the conduct of the clients.

Population and Sample

A sample consisting of males only was drawn from those who have completed treatment and rehabilitation at the Pusat Serenti (one stop centre), and were going through aftercare in Penang.

The lists of names of those who have completed treatment and rehabilitation from the months of December 1991 to July 1992 and were going through aftercare in Penang were received from 3 drug treatment and rehabilitation centres (Pusat Serenti).

A total of 117 names were received from these 3 centres. Out of this number, 60 names were from Pusat Serenti Bukit Mertajam, 49 from Pusat Serenti Karangan and 8 from Pusat Serenti Besut.

Locating Subjects

Out of the 117 names, we were able to locate and interview 56 (48%) of them. The rest cannot be traced/contacted due to a number of reasons as shown in Table 1.1.

Eleven (18%) of the subjects cannot be located as they did not return to their families or relatives after discharge and their families/relatives had no idea where they were. Ten (16.4%) of them already moved out of the address given and we were unable to get their latest address. Another ten were working outstation such as Singapore, Johor, Kuala Lumpur and Perak. Some of them cannot be reached despite various attempts even at odd hours. Most of them were working as labourers in the mainland (Prai etc.) and only returned home late in the evening or only once in many days and some even worked on Sundays / seven days a week.

The rest of the problems faced were false and incomplete addresses (address unlocated), relapsed and cannot be contacted and subjects were in the prison.

Locating the houses and contacting the subjects for interviews was a tedious and time consuming task as a large number of them lived in squatter areas and Kampung where the houses were difficult to locate and the numbers were not in sequence. Some of them cannot be contacted at the addresses given and the interviewers had to go to several places and contact several people before finally reaching these subjects.

Among the 56 respondents whom we were able to contact and interview, 42 (75%) of them were able to complete the six-month follow-up. The rest (14 or 25%) dropped-out along the way mostly due to relapse.

Data Collection

Data collection consists of 6 in-depth interviews where the subjects were followed-up monthly for six months. The period immediately after treatment programme has been shown to be a critical period for the ex-addict with regard to relapse (Gossop et al., 1989). Therefore, we have chosen a six-month follow-up as it has proven to be a critical period where if they relapse, they are likely to do so within this period. Semi-structured and unstructured questionnaires were used. An in-depth interview guide outlined broad information requirements and left as much as possible to the interviewer's discretion and probing skill. The approach to this in-depth study is essentially qualitative.

Data in this study is also derived from observations made and informal interviews with rehabilitation officers. Secondary data was collected from records and files kept by officers in their respective rehabilitation offices.

The first batch of names was received in February 1992 from two Centres and the subjects were followed-up for six months. The next batch of names was received in March and so on. The last batch of names was received middle of August and they were followed-up for six months till February 1993.

Subjects were first interviewed between 1-2 months after the completion of the rehabilitation programme at Pusat Serenti. Although initially we planned to interview the subjects immediately upon the completion of the programme (a few days after they have returned home), this was not possible due to a number of reasons. Firstly, the rehabilitation centres were able to only prepare the list of those who were released at the end of each month although the clients may be released early or middle of the month. The list took a few days to reach us. After that it took some time for the interviewers to locate the subjects and the process was hindered by the problems faced in locating the subjects as discussed earlier.

The first interview covered demographic features such as age, sex, educational status and socio-economic background, drug use history, details of current drug use, and intentions about future drug use.

The second interview took place approximately one month after the first interview. Subjects were asked in detail about types of drug-taking behavior since discharge, about their current life circumstances, where they lived, how they filled their day, who they were seeing, and other potential risks or protective factors in their current life. The third interview to the sixth interview were rather similar to the second interview in the sense that it covered rather similar materials but with the rapport improving between the interviewers and the subjects, the interviewers were able to gain the subject's confidence and therefore able to probe more. These interviews were conducted at approximately one month interval to see if there was any change in pattern. Most of the interviews took place at the subject's home but some of them were interviewed at their working place or near their working place including coffee shops.

Some of the subjects were unwilling to talk openly and freely in the early stage. Their behaviour revealed their suspicion and distrust of the interviewers whom they suspected to be undercover cops. However, the interviewers managed to convince them, built up the rapport and gained their trust in the follow-up process. However, some tried avoiding the interviewers after relapsing as they felt embarrassed and were also afraid that action will be taken against them, and their attitude was that since they were already back on drugs, nothing can be done and there was no use talking about it.

In the process of data collection, the information given by the subjects is repeatedly checked for consistency and verified with the information given by the family members and aftercare officers.

TABLE 1.1
DISTRIBUTION OF SUBJECTS BY REASONS
FOR FAILURE TO LOCATE SUBJECT

Reasons for failure in locating subject	Frequency (n)	Percentage (%)
Subject unlocated (Family / relative had no idea where subject was)	11	18.0
Already moved out of the given address years ago	10	16.4
Working outstation	10	16.4
Cannot be contacted due to work	10	16.4
Address unlocated	5	8.2
Relapse and unable to contact	4	6.6
Incarcerated	4	6.6
No such person at the given address	4	6.6
Incomplete address	2	3.3
Case transferred	1	1.6
Total	61	100.0

CHAPTER 2

BACKGROUND OF RESPONDENTS

2.1 Introduction

This chapter focuses on the background of the respondents including socio-demographic characteristics, vocational and employment background, drug use history, criminal records and treatment history.

2.2 Socio-Demographic Characteristics

The socio-demographic characteristics of the respondents are presented in Tables 2.1 to 2.4.

(a) Age

The age distribution of the respondents shows that their ages ranged from 18 - 49 with a mean of 33.5 years. Majority (78.5%) of the respondents were between 25 and 39 years old. Only a small proportion (7.1%) were below 25 years old and 14.3% were 40 years old and above (See Table 2.1). This represents an older group compared to the other studies conducted earlier by the Centre.

(b) Ethnicity

The addicts who are Malays represent 51.8% of the respondents, Chinese 25% and Indians 23.2%.

(c) Religion

Slightly more than half (51.8%) of those followed-up were Muslims, 19.7% were Buddhists, 19.7% were Hindus and 8.9% were Christians.

(d) Marital Status

Majority (84%) of the respondents were single at the time of the study. This shows a strong correlation with earlier data (Foong and Navaratnam, 1987). Only a small percentage (7.1%) were married and 8.9% were either divorced or separated.

(e) Level of Educational Attainment

Those who have only received primary education comprised of more than half (58.9%) of the respondents while those having at least secondary level education made up 35.7% of the sample. Those who received secondary education were mostly in the lower secondary level (Form1-Form 3). Two of the respondents were uneducated and only one respondent received higher education ('A' level).

(f) Current Place of Residence

Although slightly more respondents lived in the city or big towns, there is not much difference in the distribution. Almost half (48%) of the respondents lived in villages or rural areas (See Table 2.2). This shows that drug is not only a problem in the big cities or more serious in the big cities/urban areas but it has permeated all over.

(g) Type of Residence

Most (83.9%) of the respondents were staying in their own house or family house and only a small number (10.7%) were renting their place of stay.

(h) People Living With

Most (92.9%) of them were staying with their families before they were sent to the rehabilitation centres. Only a small percentage were not staying with their families.

(i) Childhood

Table 2.3 shows that 80.4% of the respondents were brought up together by both parents or both parents were by his side during his childhood. Among those (19.6%) that reported they were not brought up by both parents, more than half were because their father had passed away early. Three (27.3%) were brought up by their grandparents, one was because his father had a second wife and another one was because he had a rather disturbed family. His father was an alcoholic and his mother was mentally disturbed.

(j) Number of Siblings

The number of siblings in the family varies from 3 to 14 with a mean of 6 siblings. This means that a big proportion (23.2%) of them have 6 siblings followed by 4 and 5 siblings (14.3%), 3 and 7 siblings (12.5%) and 8 siblings (10.7%) while 12.6% have more than 8 siblings (refer Table 2.4) This shows that majority of them came from average or big families.

TABLE 2.1

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Characteristics	Frequency (n) (N = 56)	Percentage (%) (100%)
<u>Age</u>		
Below 25	4	7.1
25 - 29	14	25.0
30 - 34	12	21.4
35 - 39	18	32.1
40 - 44	6	10.7
45 - 49	2	3.6
<u>Ethnicity</u>		
Malay	29	51.8
Chinese	14	25.0
Indian	13	23.2
<u>Religion</u>		
Islam	29	51.8
Buddhism	11	19.6
Hinduism	11	19.6
Christianity	5	8.9
<u>Marital Status</u>		
Single	47	84.0
Married	4	7.1
Divorced / Separated	5	8.9
<u>Level of Education</u>		
No education	2	3.6
Primary education (1 - 6 years)	33	58.9
Secondary education (7 - 11 years)	20	35.7
Higher education (12 - 13 years)	1	1.8

TABLE 2.2

LIVING ARRANGEMENTS OF RESPONDENTS
(PRIOR TO TREATMENT ADMISSION)

Living Arrangements	Frequency (n) (N = 56)	Percentage (%) (100%)
<u>Place of Residence</u>		
City / Big town	29	51.8
Village	27	48.2
<u>Type of Residence</u>		
Own / Family house	47	83.9
Renting place	6	10.7
Hostel	1	1.8
Five-foot way	1	1.8
Friend's place	1	1.8
<u>People Living With</u>		
Family	52	92.9
Alone	2	3.6
Friend (same sex)	1	1.8
Friend (opposite sex)	1	1.8

TABLE 2.3
CHILDHOOD OF RESPONDENTS

Childhood	Frequency (n)	Percentage (%)
<u>Both parents by his side during childhood</u>	(N = 56)	(100%)
Yes	45	80.4
No	11	19.6
<u>If no, why?</u>		
Father passed away	6	54.5
Brought up by grandparents	3	27.3
Father has second wife	1	9.1
Disturbed family	1	9.1

TABLE 2.4
DISTRIBUTION OF RESPONDENT BY NUMBER OF SIBLINGS

No. of siblings	Frequency (n)	Percentage (%)
3	7	12.5
4	8	14.3
5	8	14.3
6	13	23.2
7	7	12.5
8	6	10.7
9	2	3.6
10	1	1.8
11	3	5.4
14	1	1.8
Total	56	100.0

2.3 Vocational and Employment Background

The data on vocational and employment background is presented in Table 2.5

(a) Vocational Training

Only 7.1% (n = 4) of the respondents have had some vocational training. Most of them (92.9%) did not have any vocational training.

(b) Occupation

A big proportion (41.1%) of the respondents were employed as labourers before they were admitted for treatment at Pusat Serenti. About 16% were service workers, 12.5% were semi-skilled workers, another 12.5% were fishermen, 7.1% were small business operators and 5.4% were unemployed.

(c) Income

Almost half (49%) were earning between \$301 and \$500 per month prior to treatment admission. About a quarter (24.6%) were earning between \$501 and \$800 a month while almost one-fifth (18.9%) were earning \$300 or less. Only a small proportion (7.5%) were earning more than \$800 per month.

(d) Financial Responsibility

Most of the respondents (89.3%) did not have any financial responsibility towards the family prior to treatment admission. They did not have to support the family or help to pay any family expenses. Only 10.7% said that they had some financial responsibility towards the family.

TABLE 2.5

VOCATIONAL AND EMPLOYMENT BACKGROUND OF RESPONDENTS

Employment	Frequency (n)	Percentage (%)
<u>Vocational Training</u>		
Yes	4	7.1
No	52	92.9
<u>Occupation</u>		
Labourer	23	41.1
Service worker	9	16.0
Semi-skilled worker	7	12.5
Fisherman	7	12.5
Small business operator	4	7.1
Skilled worker	1	1.8
Others	2	3.6
Unemployed	3	5.4
<u>Income per month</u>		
\$300 and below	10	18.9
\$301 - \$500	26	49.0
\$501 - \$800	13	24.6
Above \$800 (* 3 were unemployed)	4	7.5
<u>Financial Responsibility</u>		
Yes	6	10.7
No	50	89.3

2.4 Drug Use History

(a) Cannabis Use

Age at First Use

Thirty five (62.5%) out of the 56 respondents reported that they have used cannabis before. From Table 2.6, we can see that the age when they started cannabis use ranges from 12 to 25 years old with a mean age of 17. A large proportion of them (refer to mode) started cannabis use at age 18. The data show that most started cannabis use in their teens.

Frequency of Use

Majority (44.1%) of the respondents who used cannabis, used it 2 to 3 times a day. However, quite a big proportion (35.3%) also used cannabis once or more weekly. Six of them (17.7%) used cannabis once a day while only one used it less than once a week (see Table 2.6).

Duration of Use

Of those who used cannabis, a big proportion (29.4%) have used it for 5 years or more. Out of this number, about half of them have used it for more than 10 years. A substantial proportion (26.5%) have used cannabis for 3 to 4 years and 20.6% used it for about 1 to 2 years. A small proportion only used it for less than a year.

(b) Heroin Use

Age at First Use

Quite a big proportion (41.1%) of the respondents started heroin use between the age of 20 and 24 years. Almost one-third started heroin use when they were in their teens (see Table 2.7). The rest (26.8%) started using heroin after age 24.

Frequency of Use

Majority (82.2%) of the respondents were using heroin twice to thrice daily. Only 8.9% (n=5) were using it once daily and the same proportion (8.9%) were using it four times or more daily.

TABLE 2.6

CANNABIS USE

Characteristics	Frequency (n)	Percentage (%)
	(N = 35)	(100%)
<u>Age at First Use</u>		
12	1	2.9
13	5	14.3
14	3	8.6
15	2	5.7
16	5	14.3
17	3	8.6
18	7	20.0
19	3	8.6
20	1	2.9
22	4	11.4
25	1	2.9
<u>Frequency of Use</u>		
Less than one weekly	1	2.9
Once or more weekly	12	35.3
One daily	6	17.7
2 - 3 times daily	15	44.1
(* 1 case had no information)		
<u>Duration of Use</u>		
Less than one month	3	8.8
1 - 6 months	3	8.8
7 - 11 months	1	2.9
1 - 2 years	7	20.6
3 - 4 years	9	26.5
5 years and above	10	29.4
Irregular use	1	2.9
(* 1 case had no information)		

TABLE 2.7

HEROIN USE

Characteristics	Frequency (n)	Percentage (%)
	(N = 56)	(100%)
<u>Age at First Use</u>		
Less than 15	1	1.8
15 - 29	17	30.3
20 - 24	23	41.1
25 - 29	10	17.9
30 - 34	5	8.9
<u>Frequency of Use</u>		
Once daily	5	8.9
2 - 3 times daily	46	82.2
4 or more times daily	5	8.9
<u>Route of Use</u>		
Chase the dragon	48	85.7
Smoke (cigarette)	5	8.9
Inject	3	5.4
<u>Duration of Use</u>		
Less than 1 month	1	1.8
One to 2 years	8	14.3
More than 2 to 4 years	9	16.1
More than 4 to 10 years	22	39.3
Above than 10 years	16	28.5

Route of Use

A great majority (85.7%) reported that they used heroin by 'chasing the dragon'. Only a small percentage (8.9%) smoked heroin with cigarette and a few (5.4%) reported that they used intravenous method.

Duration of Use

An overwhelming majority (67.8%) had more that 4 years to above 10 years of heroin addiction. Of this number, 39.3% had more than 4 years to 10 years of heroin use and 28.5% had above 10 years of heroin addiction. Among those who have been using heroin for more than 10 years, some have been using it for about 20 years. Only 16.1% have used heroin for more than 2 to 4 years and another 16.1% have used it for 2 years or less. This shows that majority of them have been addicted to heroin for a long period of time.

(c) Main Reasons for Initial Drug Use

About half (51.8%) said that they started drug use because they were influenced by their friends. Another proportion (28.6%) were initiated into using drugs because of curiosity / wanting to experience it, 16.1% started drug use as they wanted to seek pleasure and a small proportion said they initially started drug use to forget their problems (see Table 2.8).

(d) Duration of Time Before Realizing Addiction

From Table 2.9 we can see that a big proportion (57.1%) of the respondents said that they only realized that they were addicted after they have been using drugs continuously for more than one to three months. Those who could not remember exactly when they realized that they were addicted (n=21), described that they realized that they were addicted when their body started to ache or feel uncomfortable without drugs, when they began to crave for drugs or when they began to have withdrawal symptoms such as running nose, watery eyes, body felt weak, unable to sleep etc. The rest (n=15) realized that they were addicted within four weeks.

(e) What Did They Do After Realizing That They Were Addicted?

Almost all (96.4%) of the respondents continued to use drug after realizing that they were addicted (See Table 2.10). They did not bother to stop or seek treatment. Majority said that they were already addicted and there was nothing they could do. They continued using drugs to prevent the sufferings of drug withdrawal and some said they continued because of the feeling of 'high'. Only one respondent tried to stop drug use on his own after realising that he was addicted and another sought treatment but both were unsuccessful in giving up drugs.

TABLE 2.8

MAIN REASONS FOR INITIAL DRUG USE

Reasons	Frequency (n)	Percentage (%)
Mixing with friends	29	51.8
To experience drugs / curiosity	16	28.6
To seek pleasure	9	16.1
To forget problem	2	3.5
Total	56	100.0

TABLE 2.9

DURATION OF TIME BEFORE REALIZING ADDICTION

Time before realizing addiction	Frequency (n)	Percentage (%)
Less than one week	5	14.3
1 - 2 weeks	4	11.4
More than 2 to 4 weeks	6	17.1
More than one month (to 3 months)	20	57.1
Total	35*	100.0

* 21 cases could not remember when they realized that they were addicted.

TABLE 2.10

WHAT HAPPENED AFTER REALIZING ADDICTION

What did you do after realizing that you were addicted?	Frequency (n)	Percentage (%)
Continued using	54	96.4
Tried to stop	1	1.8
Sought treatment	1	1.8
Total	56	100.0

(f) Activities to Support Habit

More than half (53.6%) of the respondents said that they had to borrow money to support their habit (see Table 2.11). About one-third stole to support their habit and another one-third cheated people in order to get money. About 30% obtained money from their family to finance their drug use habit. One-quarter of them admitted that they sold drugs and 21.4% said that they gambled to support their habit.

2.5 Criminal Background

(a) Number of Times Arrested

Most (80.4%) of the respondents have been arrested between one and four times with the most number (30.4%) being arrested twice followed by thrice (23.2%). The rest have been arrested five times or more with one respondent being arrested as many as nine times (see Table 2.12). Only three of the respondents said that they have not been arrested before.

(b) Period of Incarceration

A proportion (28.3%) of those who have been arrested before said that they were not imprisoned. They were only held in lock-up and were released later. Another proportion (22.6%) spent six months or less in the prison, 18.9% were imprisoned for more than two to three years while about 17% spent more than six months to two years in the prison. The rest have had more than three years of imprisonment.

2.6 Treatment History

(a) Ever Received Treatment Before?

About 60% (see Table 2.13) of the respondents said that they have received treatment before (prior to the latest treatment in Pusat Serenti). The rest said that they have not had any treatment before they went to Pusat Serenti.

(b) Number of Times in Treatment

Among those who have received treatment before, a big proportion (41.2%) said they have received treatment once prior to their entry to Pusat Serenti (all the respondents were discharged from Pusat Serenti), 26.5% have received treatment twice prior to entry and 11.8% have been treated thrice. The rest (20.5%) have received treatment four times or more with one respondents who have received treatment as many as nine times.

TABLE 2.11

ACTIVITIES INVOLVED TO SUPPORT HABIT

Activities	Frequency (n)	Percentage (%)
Borrow	30	53.6
Steal	19	33.9
Cheat	19	33.9
Beg / ask from family	17	30.4
Sell drugs	14	25.0
Gamble	12	21.4

Note: Percentages exceed 100% due to multiple reporting.

TABLE 2.12

DISTRIBUTION OF RESPONDENTS BY CRIMINAL BACKGROUND

Characteristics	Frequency (n)	Percentage (%)
<u>No. of times arrested</u>		
0	3	5.3
1	7	12.5
2	17	30.4
3	13	23.2
4	8	14.3
5	2	3.6
6	3	5.3
7	1	1.8
8	1	1.8
9	1	1.8
<u>Period of Incarceration</u>		
0	15	28.3
< 6 months	12	22.6
0.6 - 1 years	5	9.4
1.1 - 2 years	4	7.5
2.1 - 3 years	10	18.9
3.1 - 4 years	3	5.7
4.1 - 5 years	2	3.8
Above 5 years	2	3.8

* 3 respondents have not been arrested before

(c) Types of Treatment Received

Table 2.13 shows that many went for clinical treatment and some even sought clinical treatment more than once maybe due to its easy availability or other reasons. A large number also went for traditional treatment, and hospital detoxification followed by supervision. A small percentage received treatment at the government rehabilitation centre (Pusat Serenti) and two sought treatment at the Christian Centres.

(d) Number of Times in Pusat Serenti

For most of the respondents (89.3%), it was their first time in Pusat Serenti. Only 10.7% were second timers.

TABLE 2.13

TREATMENT HISTORY

Characteristics	Frequency (n)	Percentage (%)
<u>Received treatment before?</u>		
Yes	34	60.7
No	22	39.3
<u>No. of times in treatment</u>		
1	14	41.2
2	9	26.5
3	4	11.8
4	3	8.8
5	2	5.9
7	1	2.9
9	1	2.9
<u>Types of treatment</u>		
Clinical treatment (Private Clinics)	26	40.6
Traditional treatment	15	23.4
Hospital / supervision	15	23.4
Pusat Serenti	6	9.4
Christian Centre	2	3.1
(Figures based on multiple treatment episodes)		
<u>No. of times in Pusat Serenti</u>		
Once	50	89.3
Twice	6	10.7

CHAPTER 3

GENERAL PICTURE OF ADDICTS AFTER TREATMENT

3.1 Introduction

In this chapter we try to give an overall picture of all the cases that were followed-up and those that managed to complete the 6-month follow-up before we discuss them in specific groups in the subsequent chapters. Fifty-six cases were followed-up but 14 cases dropped-out in the follow-up process as explained earlier while 42 cases completed the 6-month follow-up. However, we cannot just drop the 14 cases who did not complete the follow-up. Whatever information we have on them is essential and will give a more representative picture of the population.

3.2 Drug Use Pattern Of All 56 Cases Followed-up

Table 3.1 gives a picture of any drug use among all the 56 cases that were followed-up. This does not mean that all who reported any use were actively re-addicted. Any use may mean just a single occasion of drug use. It is important to know how many actually tried drugs again after treatment, how soon after treatment they first used drugs and how many became re-addicted.

(a) Time Until First Use After Treatment

Cigarette

From the table, we can see that 55 out of 56 cases used cigarette after treatment, and their return to cigarette use was very immediate. All except one returned to cigarette use one day or less after being discharged from the rehabilitation centres. Only one case first used cigarette about 2 months after treatment.

Alcohol

Out of the 56 cases, 28 or 50% of them have used alcohol after treatment. A big proportion (35.7%) first used alcohol within one week after treatment. A slightly bigger proportion (39.3%) first used alcohol 2 - 4 weeks after treatment. The rest first used alcohol one month or more after treatment.

Cannabis

Fourteen (25%) out of the 56 cases reported cannabis use after treatment. The time until first use after treatment among those who reported any posttreatment cannabis use was rather spread-out. One case first used cannabis one day or less after treatment and another case first used cannabis more than 4 months after treatment. Four cases (28.6%) first used cannabis within one week after treatment and the rest first used cannabis between 2 and 16 weeks after treatment (refer Table 3.1).

Heroin

Forty-four (78.6%) out of the 56 cases reported heroin use after treatment. It does not mean that all who reported any use were actively re-addicted or had fully relapsed. Some might only have a single occasion of drug use. From Table 3.1, we can see that although some had their first heroin use rather soon after treatment (one had his first use one day or less after discharged and four first used heroin within a week), majority (65.9%) had their first heroin use more than 2 months after discharged. Almost one-third (31.8%) of them had their first heroin use more than three to four months after discharged.

(b) Frequency Of Use

Table 3.2 presents the frequency of posttreatment drug use of all the cases who reported any drug use. Not all who reported any use, used the drugs continuously throughout the follow-up. Some used it once, or a few times or for a period of time and then stopped. Therefore, the frequency of drug use for these cases is the frequency before they ceased drug use.

Cigarette

The frequency of cigarette use is not shown in the table as their pattern is rather similar. All 54 cases who reported that they started cigarette use one day or less after treatment, were smoking at least one small packet and majority one big packet per day. Only one case who reported that he started cigarette use 8 weeks after treatment (refer Table 3.1), used cigarettes a few times only and later abstained.

Alcohol

Among the 29 cases who reported any alcohol use, 44.8% reported that they were using alcohol less than once a week, 41.4% said that they were using alcohol once or more weekly. Three (10.3%) were using once daily and one (3.4%) was using alcohol twice to thrice daily.

Cannabis

Half of those who reported any cannabis use during the follow-up were using cannabis less than once weekly. This includes those who used cannabis once or a few times only during that period. Another proportion (42.9%) were using cannabis once or more weekly and only one case reported daily cannabis use at some point during the follow-up. Most of those who reported any cannabis use did not use cannabis continuously throughout the follow-up period. Most of them only took it for a short period of time and then ceased drug use or switched to heroin.

Heroin

Majority (79.5%) who reported any heroin use were using heroin twice to thrice daily (See Table 3.2). Although a few started with less than daily heroin use, they rapidly become daily users and their frequency of use rapidly increased to twice or thrice daily. Therefore, they are grouped under the 'twice to thrice daily' category. The pattern of the majority who were using heroin is that once they started heroin use, they immediately became daily users and their frequency of use rapidly became two to three times a day. Six (13.6%) of the cases were using heroin less than once weekly. This includes those who used heroin once to a few times only or occasional users (once or twice a month). Only one case was using heroin once daily. We had no information on the frequency of drug use for two cases as they dropped out from our follow-up before we managed to get any information.

TABLE 3.1

DURATION UNTIL FIRST USE AFTER TREATMENT AMONG THOSE WHO REPORTED ANY POSTTREATMENT USE OF EACH DRUG TYPE (Among all 56 cases)

Time until first use (Day / Weeks after discharged)	Drug Used Posttreatment			
	Cigarettes	Alcohol	Cannabis	Heroin
One day or less	54 (98.2)	0	1 (7.1)	1 (2.3)
Within 1 week	0	10 (34.5)	4 (28.6)	4 (9.1)
2 - 4 weeks	0	11 (37.9)	2 (14.3)	8 (18.2)
5 - 8 weeks	1 (1.8)	3 (10.3)	1 (7.1)	2 (4.5)
9 - 12 weeks	0	3 (10.3)	3 (21.4)	6 (13.6)
13 - 16 weeks	0	0	2 (14.3)	14 (31.8)
17 or more weeks	0	2 (6.9)	1 (7.1)	9 (20.5)
No. of posttreatment users	55 (100.0)	29 (100.0)	14 (100.0)	44 (100.0)

Note:

1. The figures in brackets refer to percentages.
2. 56 cases were followed-up but only 42 cases managed to complete the follow up. Information on all 56 cases is presented here as we managed to get information on the drop-out cases too.

TABLE 3.2

FREQUENCY OF POSTTREATMENT DRUG USE OF THOSE WHO REPORTED ANY DRUG USE AT THE LAST POINT OF KNOWN DRUG USE
(Among all 56 cases)

Frequency	Drug Used Posttreatment		
	Alcohol	Cannabis	Heroin
Less than once weekly	13 (44.8)	7 (50.0)	6 (13.6)
Once or more weekly	12 (41.4)	6 (42.9)	0*
Once daily	3 (10.3)	1 (7.1)	1*
Twice to thrice daily	1 (3.4)	0	35 (79.5)
No information	0	0	2 (4.6)
No. of posttreatment users	29 (100.0)	14 (100.0)	44 (100.0)

* Some started with weekly or once daily heroin use but their frequency of use rapidly increased to twice or thrice daily and therefore they are grouped under that category.

Note:

1. The figures in brackets refer to percentages.
2. Not all who reported drug use, used those drugs continuously throughout the follow-up. Some used it for a period of time and then stopped.

3.3 Drug Use Pattern Of Cases Who Completed The Follow-Up

As explained earlier, 42 cases completed the six-month follow-up and their pattern of drug use will be presented here.

(a) Time Until First Use

Table 3.3 presents the drug use of the 42 cases who completed the follow-up. It reports any drug use of the respondents. Any use does not necessary mean re-addiction.

Cigarette

Forty-one out of the forty-two cases that completed the follow-up used cigarette posttreatment. All except one returned to cigarette use one day or less after treatment.

Alcohol

Twenty-five (59.5%) out of the 42 cases that completed the follow-up reported alcohol use. Majority (76%) of them had their first alcohol use within a month after treatment. The rest (24%) only started alcohol use after one month and out of this, two cases only had their first alcohol use more than 4 months after treatment.

Cannabis

Eleven cases (26%) of those who completed the follow-up reported cannabis use. The time until first use of those who reported any posttreatment cannabis use was rather spread-out. One case had his first cannabis use rather immediate after he was discharged, that is one day or less after discharge. Three cases had their first cannabis use within one week after treatment. The rest had their first cannabis use later - some one month after treatment, some two months, some three months and so on (refer Table 3.3).

Heroin

Thirty cases (71%) of those who completed the follow-up reported heroin use. A big proportion (63.3%) of those who reported heroin use had their first heroin use more than 3 months after treatment.

Two started heroin use within one week after treatment. Five cases had their first heroin use 2-4 weeks after treatment and four cases had their first heroin use 9 - 12 weeks after treatment.

(b) Frequency Of Use

The frequency of drug use among those who completed the follow-up that reported any drug use is presented in Table 3.4. Not all who reported any use took the drugs continuously throughout the follow-up. Some used it for a period of time and then stopped. Therefore, the frequency of drug use for these cases is the frequency before they ceased using it. For those who continued using drugs until the end of the follow-up, the frequency of drug use is the frequency at the last point of contact.

Cigarette

The frequency of cigarette use is not shown in the table as 40 out of 41 who reported using cigarette were smoking daily (either one small packet or one big packet per day). Only one case who started cigarette use 8 weeks after treatment, smoked for a few times and then abstained.

Alcohol

Almost half (48%) of those who reported alcohol use were drinking less than once weekly and 36% were drinking once or more weekly. This shows that majority were weekly or occasional users. Three were drinking once daily and one was drinking twice to thrice daily.

Cannabis

Eleven respondents who completed the follow-up used cannabis after treatment. Out of this number, seven (63.6%) were using cannabis less than once weekly after treatment. This includes those who used cannabis once to a few times or occasional users during the follow-up period. Three of them were using cannabis once or more weekly and one respondent was using cannabis daily. Most of those who were using cannabis only used it for a short period of time and then abstained or switched to heroin.

Heroin

Most of the respondents (80%) who reported using heroin after treatment and completed the six-month follow-up were using heroin twice to thrice daily. Although there were some respondents who started with weekly or once daily heroin use, their frequency of use rapidly increased to twice or thrice daily and therefore they are grouped under that category. Only six of the respondents were using it less than once weekly.

TABLE 3.3

TIME UNTIL FIRST USE AFTER TREATMENT AMONG THOSE WHO REPORTED ANY POSTTREATMENT USE OF EACH DRUG TYPE (Only cases that completed follow-up)

Weeks After Discharge	Drug Used Posttreatment			
	Cigarette	Alcohol	Cannabis	Heroin
One day or less	40 (97.6)	0	1 (9.1)	0
Within 1 week	0	9 (36.0)	3 (27.3)	2 (6.7)
2 - 4 weeks	0	10 (40.0)	1 (9.1)	5 (16.7)
5 - 8 weeks	1 (2.4)	2 (8.0)	1 (9.1)	0
9 - 12 weeks	0	2 (8.0)	2 (18.2)	4 (13.3)
13 - 16 weeks	0	0	2 (18.2)	10 (33.3)
17 or more weeks	0	2 (8.0)	1 (9.1)	9 (30.0)
No of posttreatment users	41 (100.0)	25 (100.0)	11 (100.0)	30 (100.0)

Note: Only information on the 42 cases that completed the follow-up is presented here.

TABLE 3.4

FREQUENCY OF POSTTREATMENT DRUG USE AT THE LAST POINT OF CONTACT / THE LAST POINT OF USE
(Only cases who completed follow-up)

Frequency of Use	Drug Used Posttreatment		
	Alcohol	Cannabis	Heroin
Less than once weekly	12 (48.0)	7 (63.6)	6 (20.0)
Once or more weekly	9 (36.0)	3 (27.3)	0*
Once daily	3 (12.0)	1 (9.1)	0*
Twice to thrice daily	1 (4.0)	0	24 (80.0)
No. of posttreatment users	25 (100.0)	11 (100.0)	30 (100.0)

* Some started with weekly or once daily heroin use but their frequency of use rapidly increased to twice or thrice daily and therefore they are grouped under that category.

Note:

Not all who reported, used those drugs continuously throughout the follow-up. Some used for a period of time and then stopped.

3.4 Employment

The employment status of all the cases at the beginning of the follow-up period is presented in Table 3.5. It is important to find out how many managed to find employment after treatment and whether there was any difficulties in getting jobs.

(a) Types Of Job

During the beginning of the follow-up period, about 80% of the respondents already found employment. About one-third (32.1%) of them were working as labourers, 12.5% were working as service workers, another 12.5% were working as fishermen, 10.8% were semi-skilled workers, 5.4% were small business operators and another 5.4% were skilled workers.

(b) Income Per Month

Among those who found employment, a larger proportion (37.5%) were earning between \$301 and \$500 per month, 21.4% were earning between \$501 and \$800, 16.1% were earning \$300 per month and two were earning more than \$800 a month.

(c) Reasons For Unemployment

Only 19.6% of them were still unemployed (See Table 3.5). Among those who were still unemployed, five of them felt that they were not prepared to work yet, another five were still looking for jobs and one rejected the job offered as he felt that it was not suitable for him.

TABLE 3.5

EMPLOYMENT STATUS AT THE BEGINNING OF FOLLOW-UP

Employment	Frequency	Percentage
<u>Present Employment</u>	(N = 56)	(100%)
Labourer	18	32.1
Service worker	7	12.5
Fisherman	7	12.5
Semi-skilled worker	6	10.8
Small business operator	3	5.4
Skilled worker	3	5.4
Unemployed	11	19.6
Others	1	1.8
<u>Income Per Month</u>		
No income / unemployed	12	21.4
\$300	9	16.1
\$301 - \$500	21	37.5
\$501 - \$800	12	21.4
Above \$800	2	3.6
<u>Reasons for Unemployment</u>		
Not prepared to work yet	5	45.5
Unable to get a job yet	5	45.5
Job offered not suitable	1	9.0

CHAPTER 4

DROP-OUTS

4.1 Introduction

Drop-outs are those whom we managed to contact and interview but did not complete the full follow-up period of six-months. Numerous attempts to reach them were not successful. Fourteen out of 56 cases that were successfully contacted and interviewed dropped-out from the follow-up giving a drop-out rate of 25%. We shall not only concentrate on the cases that managed to complete the six-month follow-up but also try to understand the cases that dropped-out. The point of dropping-out for these cases varies from 1 to 5 months during the follow-up but majority dropped-out after two months of follow-up.

4.2 Follow-up Months Completed and Reasons for Dropping Out

Table 4.1 shows the number of follow-up months completed for the cases that dropped-out from the follow-up and the reasons for dropping out. The number of months completed ranges from one to five. One case was caught after one month follow-up and was sent to prison for drug possession. From the table, we can see that 4 (28.6%) out of the 14 cases who did not manage to complete the follow-up dropped-out because they were incarcerated. Two were in treatment (one was sent to the rehabilitation centre for another six months and another went to the Pusat Jagaan Lanjutan). One went for detoxification and after that went to stay in Kuala Lumpur. The rest cannot be contacted as they have relapsed and are seldom at home or they left the house and did not return at all. From the table, we can see that all of those who dropped-out have relapsed and this has caused them to drop-out from our study whether directly or indirectly.

The table shows that four of them sought treatment after they went back to drugs. Case number 024 did not return home after detoxification and cannot be contacted for interview. Case number 032 left for Kuala Lumpur after detoxification to seek employment and hopefully to avoid going back to drugs again. Case 041 was sent to Pusat Serenti for another six month and case 042 went to the Pusat Jagaan Lanjutan (Aftercare).

TABLE 4.1

NUMBER OF FOLLOW-UP MONTHS COMPLETED AND THEIR REASONS FOR DROPPING OUT

I.D.	No. Of months completed	Reasons for dropping out
003	1	Incarcerated
007	2	Incarcerated
011	4	Incarcerated
017	2	Did not go home
020	5	Ran away from the hospital (T.B.) and did not return home
022	2	Incarcerated
024	3 (T)	Did not go home
032	3 (T)	Went to Kuala Lumpur after detox
035	4	Cannot be contacted
038	2	Did not go home
041	3 (T)	Sent to Pusat Serenti for 6 months
042	5 (T)	Went to Pusat Jagaan Lanjutan
050	2	Cannot be contacted
054	3	Did not go home

T - Treatment

4.3 Duration Until Reversion to Drug Use After Treatment

Table 4.2 shows how soon those who dropped-out from the follow-up went back to drugs after completing treatment.

(a) Cigarettes

All fourteen of them returned to cigarette smoking one day or less after being discharged.

(b) Alcohol

Four of the drop-out cases reported that they used alcohol after treatment. One of them started alcohol use within a week after treatment, another within 4 weeks and one case within 8 weeks. One case only started alcohol use about 16 weeks after being discharged.

(c) Cannabis

Only three out of the fourteen cases reported cannabis use. One of them used cannabis within a week after discharged, another within 4 weeks and one about 16 weeks after treatment.

(d) Heroin

This aspect is what we are most interested in. Eight (57%) of the fourteen cases returned to drug use within four weeks after being discharged. Among them, one started using heroin rather immediately (one day or less) after discharge. Three of them started heroin use 2 days to 1 week after being discharge. Four started using heroin 2 - 4 weeks after being discharged. One case returned to heroin use 5 - 8 weeks after discharge and another one 9 - 12 weeks. Four cases returned to heroin use 13 - 16 weeks after treatment.

TABLE 4.2

DURATION UNTIL REVERSION TO DRUG USE AFTER TREATMENT
AMONG THOSE WHO DROPPED-OUT

Duration until drug use (length of time after discharged)	Drug Used Posttreatment			
	Cigarette	Alcohol	Cannabis	Heroin
	N	N	N	N
One day or less	14	0	0	1
2 days - 1 week	0	1	1	3
2 - 4 weeks	0	1	1	4
5 - 8 weeks	0	1	0	1
9 - 12 weeks	0	0	0	1
13 - 16 weeks	0	1	1	4
Total Number	14	4	3	14

4.4 Frequency Of Drug Use

Table 4.3 presents the frequency of use for each drug type at the last point of contact.

(a) Cigarette

The frequency for cigarette use is not shown in the table. All of them smoked a packet of cigarettes per day.

(b) Alcohol

All four cases who reported alcohol use have been drinking once or more weekly.

(c) Cannabis

All three cases who reported cannabis use smoked cannabis once or more weekly.

(d) Heroin

Majority of them were using heroin twice to thrice daily. Only one case was using heroin once or more weekly, one was using it once daily and one case has no information.

4.5 Reasons For Drug Use

(a) Cigarettes

The respondents smoked cigarettes out of habit. Many of them said that the moment they stepped out of the rehabilitation centre, they already felt the urge to have a puff. Several of them stopped to buy cigarettes on their way home from the rehabilitation centres. They said that they have been smoking for many years and found it difficult to quit. Furthermore, some of them admitted that they smoked tobacco inside the rehabilitation centre and therefore, immediately after discharge, they smoked cigarettes. They also did not have any intention to quit smoking as they believed that smoking is not harmful. They also smoked to keep themselves occupied or for the sake of doing something.

(b) Alcohol

Most of them used alcohol to enjoy or relax with friends during the weekends. They were feeling bored and went along with friends to drink to have some fun, relax and also to fill their time. One case drank to forget his problem and to release the emotional pressure he was feeling.

(c) Cannabis

Out of the three drop-out cases who reported cannabis use, one said that he used cannabis because of loneliness and also to improve his appetite. Two smoked cannabis because they were feeling bored and mixing with friends.

(d) Heroin

Table 4.4 presents the reasons for heroin use of those cases who did not complete the follow-up (drop-out cases). More than 70% of them said that they went back to drugs (heroin) because they mixed back with old friends who are also addicts. Almost 43% said that they used drugs again because of boredom and to fill their time. More than one-third (35.7%) took heroin again because of emotional pressure and they felt that they needed drugs to calm down and to relax. A proportion (28.6%) said that they took drugs (heroin) again because they felt the urge for drugs or they cannot forget drugs and could not control themselves. Another proportion (28.6%) said that they took drugs again to forget their problems. A small proportion (14.3%) took heroin because of the pleasure they could get from heroin. Two respondents (14.3%) said that they went back to heroin because it was easy to obtain heroin. Only one case cited lack of family understanding as his reason for drug use.

Most of the respondents gave more than one reason for their return to heroin use and usually those reasons are interrelated. For example, those who felt bored and did not know how to fill their time, after a while will mix back with their old addict- friends and from there they will start using drugs again.

TABLE 4.3

FREQUENCY OF DRUG USE AT LAST POINT OF CONTACT
(DROP-OUT CASES)

Frequency of Use	Drug Used Posttreatment		
	Alcohol	Cannabis	Heroin
	N	N	N
Once or more weekly	4	3	1
Once daily	0	0	1
Twice to thrice daily	0	0	11
No information	0	0	1
Total	4	3	14

4.6 Employment

Table 4.5 shows the employment status of the fourteen drop-out cases at the first point of contact and Table 4.6, at the last point of contact before they dropped-out to see if there is any change in employment or whether there was any difficulty in getting jobs.

At the beginning of the follow-up, four (28.6%) of them were doing part-time jobs, three (21.4%) were working as labourers, two (14.3%) were working as hawkers and another two (14.3%) were service workers (See Table 4.5). One was working as a parking attendant, one was a skilled worker and one was unemployed. Employment rate was rather high as all except one managed to get employment in the first month of follow-up. They could get employment easily as long as they are not choosy and a proportion took on part-time jobs first while waiting for more permanent ones.

Their employment status at the last point of contact (before they dropped-out) is presented in Table 4.6. Four (28.6%) were working as labourers, four (28.6%) were unemployed and two (14.3%) were doing part-time jobs. One each was working as a hawker, service worker, parking attendant and skilled worker.

If we compare Table 4.5 and Table 4.6, we can see that more of them were unemployed before they dropped-out from the follow-up. Three out of four who were unemployed said that they had to stop working as they were already addicted and could not work. It was suspected that they were pushing drugs to support their habit.

TABLE 4.4
REASONS FOR DRUG USE
(DROP-OUT CASES)

Reasons	Frequency (n)	Percentage (%)
Mix with friends (addicts)	10	71.4
To ease boredom / to fill time	6	42.9
Emotional pressure / to calm down / to relax	5	35.7
Urge / cannot forget drugs / cannot control self	4	28.6
To forget problemg	4	28.6
For pleasure	2	14.3
Easy to obtain drugs	2	14.3
Lack of family understanding	1	7.1

Note: Percentages exceed 100% due to multiple reporting.

TABLE 4.5

**EMPLOYMENT STATUS AT THE FIRST POINT OF CONTACT
(DROP-OUT CASES)**

Type of Jobs	Frequency (n)	Percentage (%)
Part-time job	4	28.6
Labourer	3	21.4
Hawker	2	14.3
Service worker	2	14.3
Parking attendant	1	7.1
Skilled worker	1	7.1
Unemployed	1	7.1
Total	14	100.0

TABLE 4.6

**EMPLOYMENT STATUS AT THE LAST POINT OF CONTACT
(DROP-OUT CASES)**

Type of Job	Frequency (n)	Percentage (%)
Labourer	4	28.6
Unemployed	4	28.6
Part-time job	2	14.3
Hawker	1	7.1
Service worker	1	7.1
Parking attendant	1	7.1
Skilled worker	1	7.1
Total	14	100.0

CHAPTER 5

RELAPSE

5.1 Introduction

This chapter looks at those who returned to drug use and try to understand their nature of relapse behaviour including the process and patterns of relapse and the characteristics of individuals who relapse. It also tries to understand why these individuals go back to drugs and to determine the factors associated with relapse. Operationally, the term relapse in the analysis presented here refers to the recurrence of daily drug use after a period of abstinence.

Among the cases that were followed-up, 22 of them returned to daily drug use after treatment and were still actively on drugs, especially heroin at the end of the follow-up period. They are the ones that we consider as relapse cases and we shall be discussing these relapse cases in this chapter.

5.2 Patterns Of Relapse

We try to present the drug use picture of the relapse cases in Table 5.1. The table shows what type of drugs they used during the six-month follow-up, how soon they returned to drugs after treatment or at which month during the six-month follow-up they first returned to drugs, how frequently they used those drugs and whether they sought treatment or was there a period of abstinence or was it a quick and continuous relapse. We try to put all this information in the table so that we can get a full picture of relapse. However, we are aware that all this information could make the table complicated and also that we are not able to put everything in tables. Therefore, we shall discuss relapse in various topics later: how soon after treatment they return to drugs, frequency of use and reasons for drug use. We shall also give a presentation of some case studies later in this chapter to describe further and understand better the relapse pattern and process.

Table 5.1 shows that alcohol, cannabis and heroin were used during the follow-up but heroin was the main drug of abuse. All these cases returned to daily heroin use. All of them also returned to cigarette smoking immediately after treatment. It is not presented in the table as the pattern for all of them is similar. They returned to cigarette smoking less than one day or after discharge and they soon were smoking one packet per day.

TABLE 5.1
PATTERNS OF RELAPSE

I.D.	Drug Type	Month of Follow-Up					
		1	2	3	4	5	6
001	A H	1-2x / wk	1-2x / wk	1-2x / wk	1-2x / d	T 2x / d	2 x / d
004	C H	1-3x / wk	1-3x / wk	2x / d	T 2x / d	2-3x / d	3x / d
005	A H	1-2x / wk	1-2x / wk	1-2x / wk	2-3x / wk	2-3x / wk Few x	2-3x / wk 1x / d
006	C H			Few x	1x / d	1x / d	2x / d
013	A H	1-2x / wk	1x / d	T 1x / d	1-2x / wk 1x / d	1-2x / wk 1-2x / d	1-2x / wk 2x / d
015	A H	Occa. 2x / d	Occa. 2x / d	T 2x / d	2x / d	2x / d	2x / d
018	H				2x / d	2-3x / d	2-3x / d
026	A C H	1-2x / wk 1-2x / wk	1-2x / wk 1-2x / wk	1-2x / wk 2-3x / wk	2-3x / wk T	1-2x / d	2-3x / d
027	A C H	2-3x / wk	2-3x / wk 1x / wk	1x / d 1x / d 2x / d	1x / d 2x / d	1x / d 2x / d	1x / d 2-3x / wk
031	A C H	Occa. Once	Occa. Once	Occa. 1-2x / wk	Occa. 2x / d	Occa. 2x / d	Occa. 2x / d
033	A H		Once	2-3x / wk 3x	2-3x / wk 2-3x / wk	1x / wk 2-3x / wk	1x / wk 2-3x / d
034	H				Few x	2x / d	2x / d
039	A H	1-3x / wk	1-3x / wk	1x / d 2x / d	2x / d	2x / d	2x / d
043	C H		3x	1x / d	3x / d	3x / d	3x / d

A - Alcohol
C - Cannabis
H - Heroin
T - Treatment

TABLE 5.1 - CONTINUED

I.D.	Drug Type	Month of Follow-Up					
		1	2	3	4	5	6
044	A	3x / wk	3x / wk	3x / wk	3x / wk	3x / wk	3x / wk
	H			2x / d	2-3x / d	2-3x / d	2-3x / d
045	A		1x / d				
	H		1x / d	2x / d	2x / d	2x / d	2x / d
046	H	2-3x / d	2-3x / d	2-3x / d	2-3x / d	2-3x / d	2-3x / d
049	C	Once					
	H	Twice	2x / d	2x / d	2x / d	2x / d	2x / d
051	A	Occa.	Occa.	Occa.	Occa.	Occa.	Occa.
	H	3x / d	3x / d	3x / d	3x / d	3x / d	3x / d
053	H	1x / d	2x / d	2x / d	2x / d	2-3x / d	2-3x / d
055	A	Occa.	Occa.	Occa.	Occa.	Occa.	Occa.
	H	1-2x / d	2x / d	2-3x / wk	3x / d	3x / d	3x / d
056	H	2x / d	2x / d	2x / d	2x / d	2x / d	2x / d

A - Alcohol
 C - Cannabis
 H - Heroin
 T - Treatment

The majority started to use alcohol and / or cannabis on occasional basis before they went back to heroin although a few did not use alcohol or cannabis but returned straight to heroin.

A big number were already using heroin daily in the first month of follow-up. It shows that relapse not only happened frequently but rather rapidly after treatment.

Once they went back to heroin use, their relapse was rapid. They immediately went back to daily use and majority were using it twice daily. Only a few started with occasional use or used it a few times before they returned to daily use.

Out of the 22 cases, 5 went for detoxification in the hospital after they returned to drugs and one went for treatment at the private clinic but all were not successful in helping them to stay away from drugs.

5.3 Duration Until Reversion To Drug Use After Treatment

Table 5.2 shows how soon those who relapsed went back to drugs after being discharged.

(a) Cigarette

All twenty-two cases who relapsed smoked returned to cigarettes immediately (one day or less) after treatment.

(b) Alcohol

Among the 22 cases, 13 of them reported alcohol use. As presented in Table 5.2, a big number (N = 6) started alcohol use within one week after treatment and another proportion (N = 4) started alcohol use within 2 - 4 weeks after treatment. The rest (N = 3) started alcohol use within 5 - 12 weeks after treatment.

(c) Cannabis

Seven of the relapse cases reported cannabis use. A proportion (N = 3) of them first used cannabis within one week after being discharged. The rest (N = 4) started using cannabis within 2 - 16 weeks after treatment.

TABLE 5.2

DURATION UNTIL REVERSION TO DRUG USE AFTER TREATMENT
AMONG CASES WHO RELAPSED

Duration until drug use (length of time after discharge)	Drug Used Posttreatment			
	Cigarette	Alcohol	Cannabis	Heroin
	N	N	N	N
One day or less	22 (100.0)	0	0	0
Within 1 week	0	6 (46.1)	3 (42.9)	3 (13.6)
2 - 4 weeks	0	4 (30.8)	1 (14.3)	4 (18.2)
5 - 8 weeks	0	1 (7.7)	1 (14.3)	0
9 - 12 weeks	0	2 (15.4)	1 (14.3)	3 (13.6)
13 - 16 weeks	0	0	1 (14.3)	8 (36.4)
17 or more weeks	0	0	0	4 (18.2)
Total	22 (100.0)	13 (100.0)	7 (100.0)	22 (100.0)

Note: The figures in brackets refer to percentages.

(d) Heroin

A proportion (N = 7) started using heroin within 4 weeks after they were discharged. The rest (n = 15) started using heroin more than 9 weeks after being discharged. Among them, a big number (N = 8) started heroin use 13 - 16 weeks after they were discharged (See Table 5.2).

5.4 Frequency Of Drug Use

(a) Cigarette

The frequency of cigarette use is not presented in Table 5.3. The pattern is rather similar as all the 22 cases were smoking at least a packet of cigarettes per day.

(b) Alcohol

Thirteen of the 22 relapse cases were using alcohol during the follow-up period. Majority of them were weekly or less than weekly users. Five of them were drinking alcohol once or more weekly and four were less than once weekly users. Three were drinking once daily and one was drinking two to three times a day (See Table 5.3).

(c) Cannabis

Among the 22 relapse cases, 7 reported cannabis use at some point during the follow-up. Three of them were using cannabis less than once weekly. It includes one case who used cannabis once only and another who used cannabis 3 times only. Another 3 cases were using cannabis once or more weekly and one case was using cannabis once daily. However, cannabis use among them was rather brief and its period of use ranges from once only to continuous use for about 2 months. All seven cases first started with cannabis use and later proceeded to heroin and ceased using cannabis.

(d) Heroin

Most (20 out of 22) of the relapse cases were using heroin twice to thrice daily at the end of the follow-up. Only one case was using heroin once daily. Another case was using heroin actively (2 - 3 times a day) but switched to alcohol after detoxification to control his urge for heroin. At the end of the follow-up, he was drinking 2 - 3 times per day and that is why he is considered a relapse case as he switched from heroin addiction to alcohol addiction.

TABLE 5.3

FREQUENCY OF DRUG USE AT THE LAST POINT OF CONTACT/
THE LAST POINT OF USE FOR CASES WHO RELAPSED

Frequency of Use	Drug Use Posttreatment		
	Alcohol	Cannabis	Heroin
	N	N	N
Less than once weekly	4 (30.8)	3 (42.9)	0
Once or more weekly	5 (38.5)	3 (42.9)	0
Once daily	3 (23.1)	1 (14.3)	1
Twice to thrice daily	1 (7.7)	0	20 (95.2)
Total	13 (100.0)	7 (100.0)	21 (100.0)

Note: The figures in brackets refer to percentages.

5.5 Reasons For Drug Use

(a) Cigarettes

Those who returned to cigarettes felt that cigarette smoking was not harmful and very common. Furthermore, some admitted that they managed to smoke tobacco in the rehabilitation centres and therefore they had never fully stopped smoking. As a result, the return to cigarette use was rather common. All of them said that they smoke out of habit. They have been smoking for a long period of time and found it difficult to break the habit. If they did not smoke, they felt as if something was missing. They needed to smoke to keep themselves occupied or just for the sake of doing something and also to calm themselves.

(b) Alcohol

Those who used alcohol did not consider alcohol as a drug. They felt that alcohol was not dangerous and was rather common. Most of them started post-treatment alcohol use to enjoy themselves with friends during weekends. Some said that they drank to relax after a day's hardwork. They also found drinking as a pastime where they were able to drink and chat with friends. A few of them tried substituting their craving for heroin with alcohol and drank daily to control their craving for heroin.

(c) Cannabis

Most of them used cannabis to have fun or pleasure with their friends. They usually smoked cannabis in a group to enjoy themselves. They said that they smoked cannabis with their friends because of boredom, to fill time and out of their friend's invitation.

(d) Heroin

Four main reasons identified by the subjects for their initial posttreatment heroin use were mixing with addict-friends, boredom, urge for drugs and emotional pressure (See Table 5.4). Most of them gave more than one reason for their initial posttreatment heroin use. As presented in Table 5.4, majority (59.1%) said that they used heroin again after treatment as they associated back with their addict-friends and because there were many addicts around. Half (50%) of them cited boredom as the reason for their return to heroin use. Another big proportion (40.9%) said that their urges for drugs/they could not forget drugs (heroin) made them return to heroin use. More than one-third (36.4%) cited emotional pressure as their reasons for returning to heroin use. The other reasons given were to get pleasure (13.6%), to forget their problems (13.6%), lack of family acceptance (9.1%) and lack of acceptance from society (9.1%). Two cases (9.1%) said they initially started using heroin again to enhance sex and one went back to drugs because he did not have a permanent job and was feeling bored.

Most of the reasons were interrelated. For example, the case of the drug addict who did not have a permanent job began to feel bored. Majority of them who were feeling bored did not know how to fill their time and could not resist the temptation to revert to drugs especially with so many addicts and "old friends" around them.

The urge for them to socialise with the people they were familiar with and to use drugs again was great. After using it for the first time, they could not stop themselves and continued to use it again and again until they were re-addicted.

Some admitted that they were scared when they used it for the first time posttreatment or the first few times and tried to control themselves.

Other than that, they did not know how else to deal with the problem. Therefore, the same problems came back to them: they kept thinking about drugs, they felt bored and did not know how to fill their time. When they saw addicts around them or met addict-friends, the temptation to go back to drugs was too great for them to resist.

5.6 Relapse Behaviour

Although each individual behaves differently and go back to drugs for different reasons, we tried to sum up the general behaviour of those who return to drugs after treatment. We observed a change in behaviour during the period of abstinence and the period of relapse. During the abstinence period, usually the first few months after they were discharged from the rehabilitation centres, some of them tried to keep up with some of the routines they followed in the centres i.e. waking up early in the morning, keeping themselves clean and tidy, going to work on time, helping with the house chores etc. After some time, their behaviour began to change. They started to wake up late, they began to neglect their cleanliness and only change the clothes every few days, they were late for work and even missed work, began asking their family for money and things even started to disappear from the house. They often sit around for long periods doing hardly anything. They are usually secretive and dishonest. They will lie and steal, even from their nearest and dearest. They will make promises that they cannot and will not keep.

In between the abstinence behaviour and relapse behaviour, they were fighting within themselves. They were fighting to control their urges for drugs, the temptations of drugs, they tried to avoid other addicts, they were bored and they did not know how to fill their time and started to feel emotionally pressured. In the end they find that to give in is easier than to resist.

TABLE 5.4
REASONS FOR HEROIN USE
(RELAPSE CASES)

Reasons	Frequency (N)	Percentage (%)
Mix with addict-friendss / many addicts around	13	59.1
Boredom / to fill time / loneliness	11	50.0
Urge / cannot forget drugs	9	40.9
Emotional pressure / frustration / to calm down	8	36.4
For pleasure	3	13.6
To forget problems	3	13.6
Lack of family acceptance / understanding	2	9.1
Lack of acceptance by society	2	9.1
To enhance sex-performance	2	9.1
No job / no permanent job	1	4.5

Note: Percentages exceed 100% due to multiple-reporting.

There is another group however, that fell back immediately to their 'lazy' behaviour after they were out from the rehabilitation centres. They could not wait to be out and felt that they need to rest or relax after their hard time in the rehabilitation center. They just lazed around doing nothing everyday. After some time, they began to feel bored and some started to mix with other addicts. In the beginning, the family just let them be but later they got fed up with them and started nagging them. They are very sensitive people, vulnerable to criticism and feel offended easily. A small incident could cause them to take drugs.

Another issue to cope with is denial. Most of them will deny that they have gone back to drug or they are re-addicted. Some will keep on denying that they are on drugs and some will admit they have taken drugs but deny that they are addicted. They said that they could still control drug use. However, as time goes by one could notice their physical deterioration and signs of addiction.

5.7 Employment

Table 5.5 shows the employment status of the relapse cases at the beginning of the follow-up and Table 5.6, at the end of the follow-up.

(a) Types Of Job

At the beginning of the follow-up, a big number (N = 7 or 31.8%) of them were working as labourers, five (22.7%) were unemployed, four (18.2%) were fishermen and two each (9.1%) were part-time workers, doing family business and service workers (See Table 5.5).

At the end of the follow-up, five (22.7%) were working as labourers, three (13.6%) each were working as service workers, hawkers, fishermen and another three were unemployed. Two (9.1%) were doing part-time jobs, another two were in family business and one was working as a parking attendant.

If we compare both tables, we can see that although slightly less of them were working as labourers at the end of the follow-up, labourer still dominates their employment picture. Slightly more were unemployed at the beginning of the follow-up probably because they still have not got jobs yet. However, one case remained unemployed throughout the follow-up period as he was not interested to work at all. Three were working as hawkers at the end of the follow-up while none were hawkers at the beginning of the follow-up.

TABLE 5.5

EMPLOYMENT STATUS AT THE BEGINNING OF FOLLOW-UP
(RELAPSE CASES)

Employment	Frequency (N)	Percentage (%)
<u>Types of Job</u>		
Labourer	7	31.8
Unemployed	5	22.7
Fisherman	4	18.2
Part-time job	2	9.1
Family business	2	9.1
Service worker	2	9.1
<u>Income Per Month</u>		
\$0	5	22.7
Irregular	1	4.5
\$300	1	4.5
\$301 - \$500	9	40.9
\$501 - \$700	5	22.7
Above \$700	1	4.5

(b) Average Monthly Income

Majority (40.9%) of those who relapsed were earning between \$301 and \$500 per month at the beginning of the follow-up (See Table 5.5). A proportion (22.7%) of them were still unemployed and therefore did not have any income. Another proportion (22.7%) were earning between \$501 and \$700. One (4.5%) was having irregular income, one was earning \$300 per month and another was earning more than \$700 per month.

Towards the end of the follow-up, a big proportion (36.4%) were earning between \$301 and \$500. Another big proportion (31.8%) were earning between \$501 and \$700 (See Table 5.6). Three (13.6%) did not have any income as they were not working, two (9.1%) did not have regular income as they were doing odd jobs and two (9.1%) were earning \$300 per month.

(c) Unemployment

More were unemployed at the beginning of the follow-up compared to the end of the follow-up as some of them who were unemployed in the beginning already managed to find employment. Those who were unemployed in the beginning were mostly because they have not found a job yet.

Only one case was unemployed throughout the follow-up period as he was not interested to work at all. Another case who was unemployed at the end of the period said that he was too weak to work because of his addiction. Another case has resigned from his previous job because of low pay and was still looking for another job.

5.8 Criminal Involvement

Most of them were not involved in any criminal activities during the follow-up period except some minor thefts and some gambling. Majority of them were employed and were able to support their habit. Only three were unemployed at the end of the follow-up and it was suspected that they pushed drugs to support their habit. Only a few stole things from their house or from the neighbourhood when they did not have money for drugs. According to the families, this is a common pattern. Their families knew that they are back on drugs when things began disappearing from the house.

TABLE 5.6

EMPLOYMENT STATUS AT THE LAST POINT OF CONTACT
(RELAPSE CASES)

Employment	Frequency (N)	Percentage (%)
	(N = 22)	(100.0)
<u>Types of Job</u>		
Labourer	5	22.7
Service worker	3	13.6
Hawker	3	13.6
Fishermen	3	13.6
Unemployed	3	13.6
Part-time job	2	9.1
Family business	2	9.1
Parking attendant	1	4.5
<u>Income Per Month</u>		
\$0	3	13.6
Irregular	2	9.1
\$300	2	9.1
\$301 - \$500	8	36.4
\$501 - \$700	7	31.8

5.9 Case Studies Of Selected Addicts

(a) Ali

Ali is currently 18 years of age and single. He is the eldest in the family and has three younger sisters.

His father has a "second wife" when Ali was about 7 years old. Since then, his father hardly spends much time with the family. He only comes home every few days. Ali feels a sense of resentment towards his father and does not talk much to him. Although Ali's father still supports the family, the money that he gives is not enough and not regular and his mother has difficulty to make ends meet. As a result, Ali's mother has to work to help support the family. Sometimes she has to work overtime and only returns home late in the evening. Therefore, she does not have much time for the children. She loves Ali very much and as he is the eldest and her only son, all her hope is on him.

Their living condition is also very poor. They are renting a small room which serves as their bedroom, their living and their dining room all in one. Many families live there.

Ali stopped schooling when he was in Form One as he had no interest in his studies. At that time, he had already started to mix with bad company and had already started smoking when he was in Standard 5. After he had stopped schooling, he was doing nothing for about a year. He was drifting aimlessly and did not know what to do. Then he mixed with a group of friends and several times they broke into houses to steal. He said that he just followed along. Once he was arrested and had to be bailed out.

Later he managed to get a job in a shop and was earning about \$450 a month. At that time, he felt that it was a lot of money as it was his first time earning money. He bought a motorbike and started going out with his friends for drinks etc. His friends were on heroin and he has seen them 'chasing' several times. One day, while one of his friends was 'chasing', he asked his friend to let him try out of curiosity. Since then he has been using heroin. After several months only his mother noticed the change in him and found out that he was on drugs. She was heartbroken and scolded him. When his father learnt about it, he beat him up. However, all this did not stop him from taking drugs. Other than asking him to stop, his parents did not know what else to do.

Ali was only sent for treatment after he had been arrested. After his discharge, he managed to get a job as a car washer near his residence. During the first few months, everything was all right. He woke up early to go to work, he was hardworking, he got along well with his colleagues and reported for aftercare regularly. Then he met his 'old friends'. He has been trying to avoid them but staying in the same area, they are bound to bump into each other sooner or later. Several times he just said "hello" and tried to avoid them but it became more and more difficult. "I have been trying to avoid them but

sometimes it was impossible. They even came to look for me. I just didn't know what to do," Ali said. When they asked him to join them for a drink, he felt that he could not refuse. Furthermore, he was feeling bored after work with nothing to do. After hanging out with them a few times, he got hooked again to heroin. His behaviour began to change. He started sleeping late and was late for work. After several times, his employer questioned him. He himself felt embarrassed and left the job. He managed to get himself another job helping at the hawkker stall. He was happy because he was being paid daily and could use the money to get his daily supply. Furthermore, the working hours were short.

According to Ali, the treatment and rehabilitation programmes were good. He learnt a few things and managed to follow the rules. However, he admitted that he managed to smoke tobacco while he was there. On aftercare, Ali seemed rather complying as he used to report regularly for aftercare even when he started to use drugs again. When he reported to the aftercare officer, he admitted that he was back on drugs and requested to be sent for detoxification. He told his mother that after detoxification, he planned to go to another state to work so that he can avoid his old friends and the familiar surrounding where drugs was available easily. However, his mother would not allow him to go away as he is the only son and she does not want him far away from her. The next day after detoxification, Ali could not control himself and went back to drugs again. "After detoxification, I still could not control my urge for drugs. I didn't know what to do. I did not have any help, any guidance or support," he said. Although he took drugs again after detoxification, he went back and told his aftercare officer but nothing could be done for him. As he got more and more involved with drugs, he stopped reporting for aftercare. He also felt that it was no use as nothing could be done to help him. At the end of the follow-up, Ali was still on drugs.

(b) Mohan

Mohan is 26 years of age and was brought up in a rather protected environment. His parents provided him with everything he needed. Partly because his father grew up in an orphanage, his father felt that he should provide his children with whatever he lacked as a child.

Mohan is the third child in the family. He has two elder sisters and one younger brother. When he was a child, he was very naughty and had no interest in his studies. Perhaps he was spoilt by his parents. He stopped school when he was in Form One and has been helping in his father's business ever since.

During the weekends he used to go out with his friends to the pubs or discotheques. During these occasions he has tried cannabis and pills and on several occasions has rejected his friends' offer to use heroin. After several times, out of curiosity, he tried heroin. He was 23 at that time. He only used it once or twice a week together with his

friends and thought that he could not get hooked. After about two to three months, his body began to feel uncomfortable and he could not sleep without drugs. When his parents knew about it, they sent him to a Christian Centre for treatment but after a month he ran away as he could not stand it there.

After that as he would not heed any advice to stop drug use, his father arranged for the police to arrest him and sent him to the government rehabilitation centre. He was rather angry with his father for doing that to him.

The first two months after he was discharged from treatment, he was okay but began to complain that he was bored. He continued to help his father with his business which he has been doing since he left school and he felt rather bored with it. He wanted to get another job but at the same time did not know what else he could do. He has mentioned that he wanted to go to Kuala Lumpur to look for a job.

After work, he did not know how else to spend his time. "I am so bored, I don't know what to do. I have no friends. I feel embarrassed to meet my old friends who are 'clean' and I am afraid to meet friends who are still on drugs," he confided. He used to stay at home doing nothing, sleeping or playing video game. "Usually after dinner, I will buy a copy of the local newspaper and go to the coffee shop. There, I will read the newspaper from the first to the last page but when I finish, it is still too early to return home. I don't know how else to pass my time. I have tried going to bed early but it was no use. Instead, I lay awake for hours," Mohan said.

One day, he went to Butterworth to visit a friend who was also discharged from the same rehabilitation centre. That night, he called his mother to tell her that he will be staying the night at his friend's place. That night both he and his friend 'chased' heroin. The next day when he returned home, he felt rather scared and stayed in his room. His mother sensed something different in him. After that he mixed again with an old addict friend. He used to complain of boredom and started to visit this friend to spend time together. Sometimes they will just sit at Gurney Drive for hours doing nothing. His mother noticed the change in him and sensed that he was using drugs again. She advised him to give up while it was still early. He went to see the aftercare officer and asked to be sent for detoxification. However, the next day after he came back from detoxification, he used heroin again. He said that he could not help it as he kept thinking about drugs. He himself could not understand why. At first, he only uses it occasionally when he feels the urge but now he uses it daily.

According to Mohan, the programme at the treatment and rehabilitation centre was too military. It was only trying to build them up physically but not mentally. He hardly received any counselling. The few group counselling sessions he attended in the centre did not help him much. He said that not everybody had the chance to express themselves

and the things they said may not be what they actually felt. Mohan said that he has not received any individual counselling.

Mohan also spent a few months in the Pusat Jagaan Lanjutan (Aftercare Centre). He and a few of the boys managed to get out during the weekends and Mohan took the boys to his home. According to Mohan's mother, Mohan told her that they had permission to come home and even showed her the letter. After several times his mother felt suspicious. She felt that it was not right to let them go home so frequent. Later, she found out that they escaped and returned at a certain hour so that they would not be discovered. They also forged the letter.

During the first two months after Mohan was discharged from the rehabilitation centre, he did not report for aftercare at all. He felt that it was a waste of time. When the aftercare officer visited him at home, he tried to avoid meeting the officer.

(c) Seng

Seng is a 31 year old bachelor. He was brought up in a fishing village where his father was a fisherman. His father passed away 9 years ago. His childhood was just like any other children. He is the second child in the family and like his father, Seng is also a fisherman. As Seng was not good and also not interested in his studies, he only studied until Form One. Seng was introduced to drugs in the course of his work. Many of the villagers work as fishermen and a large number of them use drugs. While they are out at sea with nothing to do but long hours of waiting, they use drugs to fill their time.

Seng started using cannabis when he was sixteen. He used to smoke once or twice a week in a group just for pleasure and to pass time. He started drinking when he was nineteen. He used to drink once or twice a week in group just to enjoy and relax with his friends. As some of them were on heroin, he started using heroin too.

He has gone for out-patient treatment at the private clinic twice. The treatment lasted for two weeks but were not successful. He has also been arrested and incarcerated twice for drug possession and has spent almost three years in the prison. Finally he was arrested again in a police operation and was sent to the Pusat Serenti for treatment and rehabilitation.

After he had been discharged, he returned to his old job. After work, he usually spends time at the seaside with other fishermen just chatting and only returns home at night. Sometimes he even sleeps at the seaside. Seng already started smoking cigarette immediately after he was out of the rehabilitation centre. On the third day, he went out with some friends for a drink to enjoy themselves and to ease boredom. After that, he used to drink with them every two or three days. One week after he was discharged, he started smoking cannabis together with his colleagues. They usually share it in a group

about once a week. When he is bored, he will go to the seaside to drink beer or smoke cannabis with his friends. Seng also gambles.

About four months after he was discharged from Pusat Serenti, he started using heroin again because of his visits to the prostitutes with his friend. One particular prostitute humiliated him in front of his friend saying that he could not 'last' long enough. "I felt challenged to visit that prostitute again and my friend advised me to take heroin so that I can 'last' longer," Seng said. Seng regretted that he used heroin again and asked to be sent for detoxification. He tried to reduce his heroin use by drinking alcohol. Since he used drugs again his relationship with his family was also affected. His family members were suspicious of him and his mother kept scolding him. The aftercare officer arranged for him to be sent for detoxification but just one day after he was discharged, he took drugs again. "I felt stressful without drugs, my body ached and I just could not control my urge for drugs," he said. At the end of the follow-up, he was using drugs twice to thrice daily.

(d) Mat

Mat is a 28 year old divorcee. As a child, he has been spoiled by his parents being the youngest in the family. His family has their own food business.

Mat only started using heroin when he was 25 as the result of emotional upset from his divorce. He has a daughter who is staying with his ex-wife. After 'chasing' continuously for about one week, he found that he could not stop although he tried to control himself. His family then took him for traditional treatment. However, after 2 weeks, he stopped treatment as he could not control himself and felt that the urge for drugs was too strong. Later, he was arrested and was sent to the rehabilitation centre.

After completing treatment, he helped in the family business. His relationship with his family was good. Not long after that he has a girlfriend.

He started smoking cigarettes the next day after he was discharged from the rehabilitation centre and started drinking alcohol about one week later. He drinks about once to thrice a week for pleasure and to ease boredom. He also needs them to seek calmness and to control his urge and craving for heroin.

His family members always advised him not to repeat his past mistakes and not to use drugs again. His mother found out that he was drinking and often advised him not to drink but he said that he continues drinking to ease his emotional pressure. Sometimes he feels stressed up without alcohol.

About four months after treatment, he began to miss work and started asking his family for money. He has started using heroin again. He also drinks frequently to overcome his emotional pressure. He blamed his mother for causing him to go back to heroin. Mat said that his mother kept accusing him of drug use and said that he was influenced by a worker who is on drugs. "My mother does not understand what I'm going through and the problems I'm facing. She just accused me blindly. This caused me to lose my patience and confidence to abstain," Mat explained. Mat feels that his mother is too concerned about him which causes her to act that way. He even had a quarrel with his mother. He said that he could not stand his mother who kept nagging him.

Mat admitted his drug use to the aftercare officer and asked for help. The officer suggested that he goes back to the rehabilitation centre but his mother did not agree as she said that the time was too long and she needed his help in the business. Mat himself also does not want to go back to the rehabilitation centre as he feels that it takes too long. He has other plans. He intends to go to Ipoh and stay with a friend for a while to get over his addiction. Another problem is that he finds it difficult to avoid his old friends and neighbours who are still actively on drugs. Furthermore, drugs are easily available.

(e) Ryan

Ryan is 36 years old and not married. He only had education until Standard 5. Ryan had a very unhappy childhood. His father was an alcoholic and his mother has been having some mental problems since Ryan was 4 years old.

Ryan started using cannabis when he was sixteen because of mixing with friends. At first he only used cannabis occasionally with his friends but later he began using it daily. After about 2 years, cannabis could not give him enough 'steam' anymore and his friends asked him to switch to heroin. He has been incarcerated three times for drug possession and has spent almost 3 years in prison. The last time he was arrested, he was sent to the rehabilitation centre.

After discharge, he returned home and went back to his old job as a labourer. Two weeks later, he reverted to heroin. Ryan himself said he cannot really understand why he went back to drugs. He was feeling bored and suddenly he felt the urge for drugs. Since then he has been taking heroin continuously. At first he was using it once a day but later increased it to twice a day. Towards the end of the follow-up, he was using heroin three times a day. He admitted that he is still not strong enough mentally and therefore, could not control himself. He feels that the people in the community hate him because he is an addict. He also hates himself for being on drugs and not able to lead a normal life.

"It is difficult to explain why I returned to drugs. I kept thinking about drugs and even dreamt about it. I felt a great urge to try it once more although I know that the stuff is bad", he tried to explain. Ryan added, "At work, I see my colleagues 'chasing', after work

I also see them 'chasing'. When I go home, I see my brother chasing'. How do you expect me to stay away from drugs?"

He also feels mentally tortured when he sees his mother going in and out of the hospital. Ryan wants to go to the rehabilitation centre again and when he comes out, he wants to move to another place to make a new start. Ryan commented, "Everything seems fine when I was in the rehabilitation centre. Only when I am back in the community, all the problems start again."

The people he mixes with are mostly his colleagues and a number of them are on drugs. Ryan now uses heroin three times a day and spends about \$15 per day on heroin. He said that he is already re-addicted and cannot stop anymore.

Ryan has been saying that he would like to go back to the rehabilitation centre but until today he has never reported himself to the aftercare office. He said that one day, if he is 'strong' enough, he may report to the aftercare office and wants to be sent for treatment.

5.10 Analysis Of Case Studies

From the analysis of the case studies, the relapse behaviour and the kind of lives led by them can be readily understood. All the names given are fictitious to protect the confidentiality of the respondents.

Contrary to what we believe, not all of them come from broken families or have had unhappy childhood although there is no denying that some of them have not had a happy childhood and their experience early in life has left an impact on them. For example, the case of Ali and Ryan. Ali's father had a 'second wife' when Ali was only about 7 years old and began neglecting Ali. As a result, Ali does not talk much to his father or discuss anything with him. Until today, he feels a sense of resentment towards his father. This has left an impact on Ali's life. Ryan also had an unhappy childhood. His mother was sick and his father was an alcoholic. His family background has also left an impact on Ryan.

However, Mohan and Mat were brought up in a protected environment. They came from rather well-to-do families. During childhood they were provided with almost everything they needed and were rather spoiled by their families.

One important aspect is their education level. Most of them were not interested in their studies and received only primary and lower secondary education.

Peer group influence was strong especially in the case of Ali and Mohan. Poor family relationship could have led them to their peer group. Ali went back to drugs because of peer group pressure. After detoxification, he went back to drugs again because he could not control his urge for drugs and also during that crucial period, he did not have enough support and guidance. Mohan went back to drugs because of boredom, he did not know how to spend his free time and also because of mixing with friends.

Ryan is exposed to drugs at home and at his work place. At home, he sees his brother chasing' heroin and at work, he sees his colleagues 'chasing'.

Mat complained that his mother does not understand him. He said that his mother's constant nagging and accusation made him return to drugs.

The major reason why these people return to drugs is because they cannot cope with life without drugs and how to deal with their own craving, exposure to drug, boredom and pressure. They cannot cope because they do not know how to deal with these problems.

CHAPTER 6

PARTIAL RELAPSE

6.1 Introduction

This chapter focuses on those who experienced just a single occasion of drug use or occasional drug use or a short period of drug use which we call slip or lapse. The previous chapter discussed those who are fully re-addicted / relapsed but this chapter will look at partial relapse only. Partial relapse may be a slip or lapse which happened sometimes during the follow-up period but not re-addiction. Some may abstain after a partial relapse and some may continue to use drugs but at the end of the follow-up, they were not re-addicted. Therefore, we shall discuss them in a separate group as partial relapse.

Out of the 42 cases who completed the six-month follow-up, 10 cases fall under this category. This chapter will describe them to understand better why they slipped.

6.2 Patterns Of Partial Relapse

The patterns of their partial relapse is presented in Table 6.1. More than half of them already started to drink alcohol during the first month of follow-up although it was on an occasional basis. During the first month only one case used cannabis and he only used it once. Four out of the 10 cases used cannabis during the follow-up period and they only tried it once or a few times only and then ceased. Eight of them used heroin. Most of them only used heroin a few times. Only two were using heroin daily during one of the months but quickly went for detoxification. Both of them managed to abstain after that.

Towards the end of the follow-up after a six-month period, more were trying out drugs again.

TABLE 6.1

PATTERN OF PARTIAL RELAPSE

I.D.	Drug Type	Month of follow-Up					
		1	2	3	4	5	6
002	A H	1-2x / wk	1-2x / wk	1-2x / wk	1-2x / wk Few x	1-2x / wk 2x / d T	
010	A H	1-2x / wk	1-2x / wk	1-2x / wk Once	1-2x / wk	1-2x / wk	1-2x / wk
012	A C	1x / wk	1x / wk Once	1x / wk Few x	1x / wk	1x / wk	1x / wk
014	A H	1x / wk	1x / wk	1-2x / wk Few x	2x / wk	2-3x / wk	2-3x / wk Few x
023	A H		2x / d	T			Few x
028	A C	Occa.	Occa.	Occa.	Occa. 1x / wk	Occa. Once	Occa. Once
029	A H	Occa.	Occa.	Occa.	Occa.	Occa.	Occa. Few x
036	A H				Twice	Few x Twice	Few x Twice
047	C H	Once					Few x
048	C H			Few x	Twice		

- A - Alcohol
- C - Cannabis
- H - Heroin
- T - Treatment / Detoxification

6.3 Duration Until Reversion To Drug Use After Treatment

Table 6.2 shows how soon they went back to drugs after treatment. This does not mean a re-addiction but how much time lapse after treatment before they tried drugs again.

(a) Cigarette

All the 10 cases went back to smoking cigarettes immediately (one day or less) after treatment.

(b) Alcohol

Eight out of the 10 cases were using alcohol. One case started using alcohol within one week after treatment, four of them started alcohol use 2-4 weeks after treatment, one started drinking 5-8 weeks after treatment and two only started alcohol use 17 weeks or more after they were discharged from the rehabilitation centres.

(c) Cannabis

Four of them have used cannabis during the follow-up. One case first used cannabis less than one day / one day after treatment, one took cannabis 9-12 weeks after treatment and one case 17 or more weeks after treatment.

(d) Heroin

Table 6.2 shows that those who slipped (partial relapse) did not use heroin immediately after treatment. They only started using heroin more than 2 months after they were discharged and majority (N = 5 or 62.5%) only used it more than 4 months after treatment.

TABLE 6.2

DURATION UNTIL REVERSION TO DRUG USE AFTER TREATMENT AMONG PARTIAL RELAPSE CASES

Duration until drug use (length of time after discharge)	Drug Used Posttreatment			
	Cigarette	Alcohol	Cannabis	Heroin
	N	N	N	N
One day or less	10 (100.0)	0	1 (25.0)	0
Within 1 week	0	1 (12.5)	0	0
2 - 4 weeks	0	4 (50.0)	0	0
5 - 8 weeks	0	1 (12.5)	0	0
9 - 12 weeks	0	0	1 (25.0)	1 (12.5)
13 - 16 weeks	0	0	1 (25.0)	2 (25.0)
17 or more weeks	0	2 (25.0)	1 (25.0)	6 (62.5)
Total	10 (100.0)	8 (100.0)	4 (100.0)	8 (100.0)

Note: The figures in brackets refer to percentages.

6.4 Frequency Of Drug Use

(a) Cigarette

The frequency of cigarette use is not presented in the table as the pattern is similar and can be easily described. All the 10 cases who slipped were smoking a packet of cigarettes per day.

(b) Alcohol

Eight out of the 10 cases who slipped have used alcohol after treatment. Half of them (N=4) were weekly users. They were drinking once or more weekly. Three of them (37.5%) were drinking less than once weekly and one had only drank a few times during the follow-up period (See Table 6.3).

(c) Cannabis

Four out of the 10 cases reported that they used cannabis during the follow-up. One of them reported that he used it once only during that period and three of them only used it a few times (See Table 6.3).

(d) Heroin

Eight of them have used heroin during the follow-up period. Majority of them (N=5) only used it a few times during that period (See Table 6.3). Two were using it twice daily at some point but later abstained after they went for detoxification. One case has used it once only after treatment.

6.5 Reasons For Drug Use

Their reasons for drug use are presented in Table 6.4. Majority (60%) of them said that they used drugs to ease their boredom. Half of them used drugs for pleasure. Half also said that they used drugs because of their urge for drugs. Three used drugs because of mixing with friends and two were because they were having problems with the place where they live. Each of them cited emotional pressure, personal problem and job problems as their reasons for drug use. Each respondent gave more than one reason for his drug use.

TABLE 6.3

FREQUENCY OF DRUG USE AT THE LAST POINT OF USE FOR CASES WHO SLIPPED

Frequency of Use	Drug Used Posttreatment		
	Alcohol	Canabis	Heroin
	N	N	N
Once only	0	1 (25.0)	1 (12.5)
A few times only	1 (12.5)	3 (75.0)	5 (62.5)
Less than once weekly	3 (37.5)	0	0
Once or more weekly	4 (50.0)	0	0
Twice daily	0	0	2 (25.0)
Total	8 (100.0)	4 (100.0)	8 (100.0)

Note: The figures in brackets refer to percentages.

TABLE 6.4

REASONS FOR REVERSION TO DRUG USE
(CASES WHO SLIPPED)

Reasons	Frequency (N)	Percentage (%)
To ease boredom	6	60.0
For pleasure	5	50.0
Urge	5	50.0
Mix with friends	3	30.0
Problem with places of living	2	20.0
Emotional pressure	1	10.0
Personal problems	1	10.0
Job problems	1	10.0

Note: Percentage exceed 100% due to multiple-reporting.

6.6 Abstinence Factors

These cases who slipped did not go into full relapse. Half of them used drugs some time in the middle of the follow-up but abstained after that. Another half only started using drugs towards the end of the follow-up but until the end of the follow-up, they have not yet relapsed. According to them, two important factors that have helped them not to relapse are family support and self-realisation that they need to stop drug use. Other factors are mixing with non-addict friends and staying away from addicts, having activities to fill their time (religious activity play an important role) and having jobs.

6.7 Employment

Table 6.5 shows the employment status of the partial relapse cases at the beginning of the follow-up and Table 6.6 at the end of the follow-up.

(a) Types Of Job

At the beginning of the follow-up, 4 out of 10 were working as labourers, 3 were semi-skilled workers and another 3 were service workers (See Table 6.5).

At the end of the follow-up, more (N = 4) were working as semi-skilled workers and less were working as labourers (N = 3) and service workers (N = 2). One was working as a hawker (See Table 6.6).

(b) Average Monthly Income

Half of them were earning between \$301 and \$500 per month at the beginning of the follow-up, another big proportion (N = 4) were earning \$300 per month and one was earning more than \$500 per month (See Table 6.5).

Towards the end of the follow-up, the same proportion (N = 5) were earning between \$301 and \$500. Only two were earning \$300 per month compared to four at the beginning. More were earning above \$500 per month at the end of the follow-up compared to the beginning of the follow-up. At the end of the follow-up, two were earning between \$501 and \$700 and one was earning more than \$700 per month.

If we compare both tables, we can see that the income status for some cases has improved a little although majority were still earning between \$301 and \$500 per month.

TABLE 6.5

EMPLOYMENT STATUS AT THE BEGINNING OF FOLLOW-UP
(CASES WHO SLIPPED)

Employment	Frequency (N)	Percentage (%)
<u>Type of Job</u>		
Labourer	4	40.0
Semi-skilled worker	3	30.0
Service worker	3	30.0
<u>Income</u>		
\$300	4	40.0
\$301 - \$500	5	50.0
\$501 - \$700	1	10.0

TABLE 6.6

EMPLOYMENT STATUS AT THE END OF FOLLOW-UP
(CASES WHO SLIPPED)

Employment	Frequency (N)	Percentage (%)
<u>Type of Job</u>		
Semi-skilled worker	4	40.0
Labourer	3	30.0
Service worker	2	20.0
Hawker	1	10.0
<u>Income</u>		
\$300	2	20.0
\$301 - \$500	5	50.0
\$501 - \$700	2	20.0
Above \$700	1	10.0

6.8 Case Studies Of Selected Addicts

(a) Lee

Lee is 36 years old and married with four children. Lee seemed to be a pleasant responsible family man who loves his family very much. He only studied until Standard 6. After leaving school, he has been working as an apprentice mechanic.

After several years, he managed to get a job as a watchman in an established organisation. He used to be on night duty and frequently drug addicts came to sleep and also to 'chase' heroin there. At that time (2 - 3 a.m.) he was usually sleepy and cold. The addicts invited him to smoke along saying that it will help him by not making him sleepy and he will not feel so cold. After smoking continuously for about five nights, the person who has been supplying him with heroin did not turn up. He began to feel uncomfortable as if something was missing and went to look for the stuff himself.

After 'chasing' for about 2 years he went for treatment at the rehabilitation centre. His parents, brothers and sisters did not know about his addiction until he went to the rehabilitation centre. His children have seen him 'chasing' in the room but they were too young to understand. After some time, his wife began to suspect. At that time, the company required their staff to have their urine tested. As a result, he was sent for treatment. Lee is grateful that he was given the opportunity to be sent for treatment.

After he was discharged, he returned to his job. He also took on a part-time job to get extra income and to keep himself occupied. During his free time, he usually spends it at home resting or spends time with his children. Sometimes he goes out with his friends. Sometimes he will go to the coffee shop for a drink. He has been drinking alcohol for about 10 years already. Other times he spends his time at a small temple behind his house. His wife often advises him not to use drugs. She is still afraid that he may go back to drugs.

About 3 months after treatment, he took heroin once. "I just wanted to try it again after stopping for so long," he said. He felt that the effect was too strong. He dared not go home after that but went to sit at his workplace until the effect was over. His wife did not know about it. He said that he will not use it again as he does not want to be fired from his job. He said that he was given a chance but is not sure that the company would give him another chance.

One problem he is facing is with the place where he lives. He is staying in the quarters where all the families share the common bathrooms and toilets. Sometimes the drug addicts will go inside there and smoke drugs. "Sometimes when I go inside there, I smell drugs. It makes me crave for drugs and it is not easy to control myself," Lee explained.

However, he said that religious adherence has helped him. He goes to the temple whenever he can.

Lee is also frustrated with the neighbours who like to gossip. Although he has not taken drugs again other than drinking, it is feared that he may slip again because of the exposure and 'pull' of drugs.

Perhaps his responsibility towards his family (his wife and four children) has helped him stay off drug till now. He also has his job to think about. He said that he was lucky as his employer gave him an opportunity to be sent for rehabilitation and to return to his job but realised that he would not be given a second chance. Religion also helps him as it gives him something to turn to for guidance. He spends his time at the temple whenever he can. He hardly has any free time to think about drugs as he takes on a part-time job to keep himself occupied and to earn extra income.

(b) Jamal

Jamal is 28 years of age and still single. He studied until Form 5 and after that has been working as a technician. He was earning about \$600 per month and felt that it was a lot of money at that time. He used to go for drinks and enjoyed himself with his friends. During that time he admitted that he had tried all kinds of drug but was not hooked to any of it.

Jamal only started using heroin when he was 22. His reasons were to seek pleasure and curiosity. After about one month, he realised that he was addicted but continued using it to avoid the discomfort of withdrawal. When his family learnt about it, they advised him to give up drugs but without success.

His elder brother then sent him to the drug rehabilitation centre. He was rather angry with his brother for sending him there. This is his second time out of the rehabilitation centre. The first time he only managed to abstain for about 2 months before he went back to drugs.

After his discharge this time, he was unemployed for a month before he got a job as a welder. He worked there for two months and then quit as he felt that he was being treated unfairly. After that he was unemployed for a few weeks before he got a job as a waiter in a restaurant. However, he left the job after two weeks because of a minor accident. He was unemployed again for some time before he got a job as a despatch boy. At first he was quite contented with the job but later complained that the pay was too low and when it rained, he had to go out in the rain. According to his family, that is his style. He cannot work in one place for long. He plans to take up an electronic course in Kuala Lumpur but his financial situation does not permit that. Now he is working as a contract

worker. The pay is good and he intends to save money so that he can take up the electronic course.

About three months after treatment, he used cannabis. "I only shared it few times in a group. I was feeling bored and my friends invited me to join them," Jamal said. "Cannabis use is very common and not harmful," he added. Jamal realised that he is not young anymore. He sees all his old friends getting married and have their own families. Therefore, he realised that he must plan for his own future too. He is not using any drugs now. He has only reported to the aftercare office thrice as he felt that it was a waste of time because nothing has been done for them. He only went there to report himself and he does not see any benefit from that.

(c) Muthu

Muthu is a 40 year old divorcee from Ipoh. He was divorced many years ago. At that time, he was working as a lorry driver in Ipoh. He used to travel outstation especially to Penang.

In Penang, he befriended a woman and has been seeing her for some time before he knew that she was on drugs. When his wife learnt about his relationship with this woman, she left him and took their son with her. After that he did not have any news about their whereabouts as he moved to Penang to stay with that woman. He went back to Ipoh to look for them recently but without success.

He has been staying in Penang for 10 years now. At first he did not use drugs and kept advising this woman to stop drug use. After many times, he also got fed up as she would not listen and he used the drugs himself. Later, the police raided the place and found some drugs there. Actually it belonged to the woman but he admitted that it was his to protect that woman. He was caught and sent to the drug rehabilitation centre. When he was in the rehabilitation centre, this woman wrote to him telling him that she was getting married to another man.

Upon his discharge, his sister took him to her flat and later arranged with his brother in-law for him to work in his car repair workshop. Later, he moved to stay at his workplace. In the evening, he goes to his sister's place for dinner or his sister will bring him food. He enjoys working at the workshop and gets along well with the workers. As he has no experience in this field, he started with simple tasks. During the weekends, he plays mahjong or goes fishing with his colleagues. Sometimes, he plays the pinball machine in a shop nearby to pass time.

Later, he met a friend whom he got to know when he was in the rehabilitation centre. This friend visited him at his work place. Muthu told him not to visit him there as his brother in-law might not like it. He told his friend that he will visit him when he is free.

Later, he visited this friend who was already on drugs. This friend had no money to buy drugs and was in a bad shape. He felt sorry for him and bought him some drugs. "At first I only watched him smoked. Later, he invited me to share a few puffs with him. I only took a little and I'm not addicted," Muthu said. He told his friend that he cannot go on like this and has asked him to seek treatment. "I realize that I cannot keep on buying him drugs but I don't know what I can do. When I see him suffering without drugs, I feel sorry for him," he said. He does not want to visit his friend again but at the same time he is worried about him.

6.9 Analysis Of Case Studies

From the overall profile and the case studies, it gives us a better understanding of these addicts and why partial relapse happens. All the names in the case studies are fictitious to protect the identity of the respondents.

All the 3 case studies first started using drugs for different reasons. Lee started using drugs because of the people he was exposed to when he was on night duty, Jamal on the other hand started using drugs because he wanted pleasure and Muthu began drug use because of a woman.

After they were discharged from treatment and rehabilitation, Lee slipped because he wanted to try drugs again. Jamal slipped because of boredom and because of mixing with friends. Muthu also slipped because of mixing with a friend and out of his friend's invitation.

However, all of them did not fully relapse. Perhaps they are more mature and able to think better. Lee is 36 while Muthu is 40. Jamal is 28. Jamal himself said that he is more mature now and able to think better. He said that he needs to plan for his future. Lee is married with children and responsibility towards the family could have played an important role in Lee's case. Muthu has been very stable until he met his friend and felt pity for him.

From the case studies, we can see that all the cases wanted to stay off drugs and they have been trying to do so although they have slipped. Family support in these cases also helped them. So did employment and activities to keep them occupied. Family, religion and employment played an important part in Lee's case.

CHAPTER 7
ABSTINENCE

7.1 Introduction

This chapter looks at those who managed to abstain from drugs and tries to explain abstinence and the abstinence behaviour of the subjects. It also tries to determine the factors associated with abstinence. Selected case studies are also presented to better understand abstinence.

Out of the cases which were followed-up, 10 of them managed to abstain from drugs. They did not use cannabis or heroin or any other drugs after treatment. However, they smoke cigarettes and drink occasionally. This analysis does not consider cigarette smoking and occasional alcohol use as a relapse.

7.2 Cigarette And Alcohol Use

Ten (22%) of the total of 42 cases who completed the six-month follow-up managed to abstain from drugs during that period. However, they still used cigarette and alcohol as presented in Table 7.1. This analysis does not consider cigarette use and non-weekly alcohol use as relapse.

As observed in the table, 9 of them used cigarette after treatment and 4 used alcohol. Only one respondent completely abstained from cigarette and alcohol. Eight of them used cigarette throughout the six-month follow-up. Only one respondent used cigarettes a few times and then abstained.

Out of the four who used alcohol, 3 of them used it occasionally throughout the 6 months. One respondent used it the first 2 months of follow-up and then abstained.

TABLE 7.1
CIGARETTE AND ALCOHOL USE OF ABSTINENCE CASES

I.D.	Substance	Month of follow-up					
		1	2	3	4	5	6
008	Cigarette Alcohol	/	/	/	/	/	/
009	Cigarette Alcohol	/	/	/	/	/	/
016	Cigarette Alcohol	/	/	/	/	/	/
019	Cigarette Alcohol	/	/	/	/	/	/
021	Cigarette Alcohol						
025	Cigarette Alcohol	/	/	/	/	/	/
030	Cigarette Alcohol	/	/	/	/	/	/
037	Cigarette Alcohol	/	/	/	/	/	/
040	Cigarette Alcohol	/	/	/	/	/	/
052	Cigarette Alcohol		/				

/ - any use

Note: This analysis does not consider cigarette use and non-weekly alcohol use as relapse.

7.3 Duration Until Reversion After Treatment

Table 7.2 shows how soon they first used cigarettes and alcohol after treatment.

(a) Cigarette

Eight out of 9 who used cigarette started smoking cigarettes one day or less after they were discharged from the rehabilitation centre. Only one of them started to smoke cigarette about 2 months after treatment. It shows that their return to cigarette use was rather immediate too.

(b) Alcohol

Out of four respondents who used alcohol, 2 first used alcohol within one week after treatment. The other two started using alcohol about one month after treatment.

7.4 Frequency Of Cigarette And Alcohol Use

Those who used cigarettes have been smoking one packet of cigarettes per day. Only one case smoked cigarettes a few times and then stopped.

Those who drank alcohol were occasional users. During that period, they only drank alcohol one or twice a month.

7.5 Reasons For Cigarette And Alcohol Use

Those who returned to cigarette smoking said that they smoked out of habit. They have been smoking cigarettes for several years prior to their entry to the rehabilitation centre and they feel that cigarette-smoking has become part of their life. They do not see any reason for giving it up. Furthermore, some admitted that they managed to smoke tobacco rolled in paper which was a substitute for cigarette when they were in the rehabilitation centre. Most of them also regard cigarette smoking as something very common and not harmful. They also smoke to pass time. Therefore, they do not have any intention to give it up. Only one respondent who smoked cigarettes a few times out of his friends' invitation gave up later.

Those who take alcohol said that they only drink occasionally to enjoy with their friends. They feel that occasional alcohol use is not harmful and is a form of enjoyment and pastime for them. They drink it once in a while to enjoy with their friends or to relax after a hard day's work.

TABLE 7.2

DURATION UNTIL REVERSION AFTER TREATMENT

Time until first use (length of time after discharge)	Substance	
	Cigarette	Alcohol
	N	N
One day or less	8 (88.9)	0
Within 1 week	0	2 (50.0)
1 month	0	2 (50.0)
2 month	1 (11.1)	0
Total	9 (100.0)	4 (100.0)

Note: The figures in brackets refer to percentages.

7.6 Abstinence Factors

Abstinence factors are the factors according to the respondents that have helped them to stay away from drugs. Table 7.3 presents the factors that helped the abstinence cases to stay away from drugs. Nine out of the 10 cases said that family support is important in helping them stay away from drugs. Good family support means moral support given by the family, love and understanding. They feel that their family do not give them pressure and do not nag at them. They feel comfortable staying at home.

Five cases said that they avoid addicts or places where there are addicts to help them abstain. They try not to be friends again with their old addict-friends. They know the places where addicts hang out and try not to go near such places. They feel that they are still not strong enough and might be easily influenced to revert to drugs if they do not avoid it.

Four cases feel that having non-addict friends helped them to abstain from drugs. This means getting involved with activities that are not related to drugs and helped them not to think about drugs.

Self-realization is an important factor. Four of them said that self-realization plays an important role. According to them, it is difficult to explain how they achieved self-realization. All of these cases said that they have realized for a long time that drug is bad. However, it was difficult to give up drugs as the pull of drugs was too strong. Now that they have managed to stop using drugs since they were sent for rehabilitation, they realized that they need to stay off drugs even more and they are more determined to stay drug free.

Four of them who abstained said that having stable jobs helped them to cope better. According to them, having stable jobs means more stability in life. They do not feel so insecure. Having jobs also mean to occupying their time with something useful.

Activities to fill their time are also important. They include recreational and religious activities. Recreational activities that they are involved in are hiking and weight- lifting. These activities helped to keep them fit and healthy and also fill their time so that they do not think about drugs. Spiritual guidance/religious activities such as going to the temple, prayers and something to believe in according to three cases has helped them in gaining control of themselves and staying away from drugs.

Two of the respondents said they received guidance from ex-addicts. According to them, it helps them as these ex-addicts act as role models. Whenever they face any difficulties, they seek these ex-addicts for help or advice, or just someone to talk to. They feel that these ex-addicts understand them better.

TABLE 7.3
ABSTINENCE FACTORS

Factors	Frequency (N)	Percentage (%)
Family support	9	90.0
Avoid addicts	5	50.0
Non-addict friends	4	40.0
Self-realization	4	40.0
Having jobs	4	40.0
Determination	3	30.0
Activities to fill time	3	30.0
Religious activities	3	30.0
Guidance from ex-addicts	2	20.0
Responsibility to take care of someone	2	20.0

Note: Percentage exceed 100% due to multiple-reporting

Responsibility to take care of someone close to them i.e. mother plays an important role too. Two of them said that the responsibility to take care of someone make them experience a sense of responsibility and importance which help them to stay away from drugs.

All of them gave more than one factor for their abstinence. It shows that one factor alone cannot help them stay away from drugs. Although family support is cited by most respondents, family support alone is not enough to help them stay away from drugs. They need other factors to support them such as support from non-addicts friends, self-realization, activities to fill time etc. All these factors need to work hand in hand.

7.7 Employment

Table 7.4 shows the employment status of the abstinence cases at the beginning of the follow-up and Table 7.5 at the end of the follow-up.

(a) Types Of Job

At the beginning of the follow-up, 4 out of 10 were unemployed, 2 were service workers and one each was working as a labourer, hawker and fisherman (see Table 7.4).

These rehabilitated addicts are able to get jobs as any other people as long as they are not choosy. They are also able to cope with their jobs just as well as non-addicts. However, according to them, they did not receive any vocational therapy in the drug treatment and rehabilitation programme.

At the end of the follow-up, less of them were unemployed as they have already found employment except 2 who were unemployed throughout the follow-up. One was because he was looking after his sick mother. Another case was unemployed because he was not interested in the job offered but he has activities to keep himself occupied everyday such as recreational activities and spending time with his friends who are not on drugs.

More were working as service workers (N = 4) compared to the beginning of the follow-up, 2 were labourers and another 2 were semi-skilled workers.

(b) Average Monthly Income

Half of them (N = 5) did not have any income at the beginning of the follow-up (4 were unemployed). Two were earning between \$301 and \$500, one was earning \$300 per month, another was earning between \$501 and \$700 and one was earning more than \$700 per month (see Table 7.4).

TABLE 7.4
EMPLOYMENT STATUS AT THE BEGINNING OF FOLLOW-UP
(ABSTINENCE CASES)

Employment	Frequency (N)	Percentage (%)
<u>Types of Job</u>		
Unemployed	4	40.0
Service worker	2	20.0
Labourer	1	10.0
Hawker	1	10.0
Fisherman	1	10.0
Other	1	10.0
<u>Income per month</u>		
0	5	50.0
\$300	1	10.0
\$301 - \$500	2	20.0
\$501 - \$700	1	10.0
Above \$700	1	10.0

At the end of the follow-up, only 2 did not have any income (they were unemployed). Majority (N=6) were earning between \$301 and \$501, one was earning \$300 per month and another was earning between \$501 and \$700 per month (See Table 7.5).

If we compare both tables, we can see that some of those who did not have any income (unemployed) at the beginning of the follow-up managed to find employment and most of them were earning between \$301 and \$500 per month. One case who was earning more than \$700 per month at the beginning of the follow-up was selling fruits but at the end of the follow-up, he had to stop as the fruit season was over. He will resume selling fruits once the fruit season comes again.

7.8 Case Studies Of Selected Abstinence Cases

(a) Chong

Chong is 32 years old and still single. He comes from a family of 9 children. He only studied until Standard 6 and at the age of 13, he moved out to stay with some friends. They were already smoking cannabis at that time.

When he was 18, he moved back to stay with his parents. He moved back because his girlfriend left him and as the result, he was heartbroken. He took it rather badly and seeing his condition, his friends advised him to take the 'pill' to help him. After a while, he heard that heroin is more effective and switched to heroin. He became addicted to heroin and has been on heroin since. He has tried to give up drugs several times and even volunteered to go for detoxification followed by supervision but was not successful. He was imprisoned twice for drug use. Finally, he was caught in a police operation and was sent to the rehabilitation centre. Just a few months before he was discharged, his mother had a stroke. All the other members of the family are married with families of their own. Only Chong, both his parents and his youngest brother are staying together.

After Chong was discharged from the rehabilitation centre, he looks after his mother. He tried to get a job which starts work only on the afternoon as he has to take care of his mother but has not been successful. Later, he went to work in the hotel for just 2 days but his mother fell down and he got a scolding from his father for not taking care of her. So, he had to stop work. Later he got a job in a factory nearby and he was trying to arrange for a relative to come and look after his mother but it did not work out. Now he plans to open a stall and sell at the night market. This way he can look after his mother during the day time and in the evening his father can take over. The only problem is he does not have capital. He has asked for assistance but has been told to wait. Chong said, "I shall be patient and take things slowly. I shall not rush into things so that I won't feel frustrated if things don't turn out right."

TABLE 7.5
EMPLOYMENT STATUS AT THE END OF FOLLOW-UP
(ABSTINENCE CASES)

Employment	Frequency (N)	Percentage (%)
<u>Types of Job</u>		
Service worker	4	40.0
Unemployed	2	20.0
Labourer	2	20.0
Semi-skilled worker	2	20.0
<u>Income per month</u>		
0	2	20.0
\$300	1	10.0
\$301 - \$500	6	60.0
\$501 - \$700	1	10.0

Other than taking care of his mother, he also does the house chores such as cooking and cleaning the house. One day, he was seen chopping some branches of a tree and burning the leaves. He does not go out much and mix with the people in the neighbourhood as there are many drug addicts around. His father is afraid that if he meets them, he may mix with them and as a result, start using drugs again. If he goes out to the neighbourhood, it is only for a short while. His father is also rather angry with the law enforcement for not doing anything about the large number of addicts in that area.

Since Chong was discharged from the rehabilitation centre until the end of the follow-up, he had not taken any drugs. He is thankful that he was sent to the rehabilitation centre. If not, he will still be on drugs. He has also achieved self-realization that he needs to give up drugs. He also has an ex-addict friend who gives him guidance and advice.

"I feel that I am mentally strong enough to cope. Sometimes, when I have any problem or need someone to talk to, I will go to this friend who is an ex-addict," he said.

Sometimes, during the weekend, he goes to town just to walk around or watch a movie. Chong reports to the aftercare office whenever he can. However, it is not as frequently as required because of transport problem. There is no bus service from his place to the aftercare office and he does not have his own transport. Sometimes he borrows his neighbour's bicycle or motorbike.

(b) Manan

Manan is 36 years old and still not married. He started smoking heroin when he was 22 as the result of friends' influence. There were many drug addicts in the area he was staying.

After some time, he wanted to give up drugs and went to Singapore to work, hoping that he can kick the habit there. However, he still managed to get the supply of drugs from Johor and therefore, he failed to give up drugs. After 5 years, he returned to Penang and was arrested by the police and put under supervision. However, while still undergoing supervision, he was arrested again for drug use and was sent to the rehabilitation centre.

Manan has an elder brother who is presently in the rehabilitation centre. He also used drugs because of friends' influence in their neighbourhood.

Since Manan was discharged from the rehabilitation centre, he was unemployed for about 3 weeks before he got a temporary job as a security guard doing the night shift. He did not quite like the job as it was temporary and he had to do the night shift. He wanted to get a better and more secure job. He has been applying to the factories but it was not easy because of his age. Finally he managed to get a job as a storekeeper in a factory.

Manan also has a very supportive family. After he was discharged, they arranged for him to stay with his grandmother as they are afraid that if he goes back to the old environment, he may go back to drugs. The family members treat him well and often advise him. They also take him to the temple so that he can get some spiritual guidance. After several months, when his family see that he is stable, they start to arrange a marriage for him so that he can settle down. Manan does not object to it. During his free time, he reads the newspaper or listen to music. He likes Rod Stewart's songs and have some cassettes which he bought from Singapore. He also likes to watch English shows on the TV. Now that he is working in the factory, he does not have much free time as sometimes he has to do overtime. "I go to work early in the morning and only come back late in the evening. By the time I take my bath and have dinner, it is already quite late. I don't have the time and am also too tired to think about drugs," said Manan.

According to his grandmother, Manan is a very good person. He does not go out and mix with anybody as he has no friends in that area. Every month, after he gets his pay, he will give part of it to his grandmother. Sometimes, he buys food/snacks back for his grandmother. He only goes out during his off days. He will visit his mother first before he goes to town. Sometimes he goes to town just to walk around or watch a movie.

Manan is also a very responsible person. As he is not entitled to any leave yet, he takes no pay leave so that he can go and report to the aftercare office. However, he cannot report as frequently as required because he cannot take no pay leave too frequent and also because he does not get any pay. Manan has been off drugs since he was discharged and all the family members believe that he is fine. This is also confirmed by the aftercare officer.

(c) Samy

Samy is a 36 year old bachelor. He comes from a family of 5 children. He has 3 elder brothers and one younger sister. Both his parents have passed away and he is staying with his elder brother who is married with a family of his own.

Samy started heroin use when he was 18 and has been on heroin until he was caught by the police and sent to the rehabilitation centre. Before that, he has never gone for any treatment. He started drug use out of curiosity and also for pleasure.

Samy was selling fruits before he went to the rehabilitation centre and after he was discharged, he went back selling fruits. He had some savings in the bank and therefore had no difficulty in setting up a small stall by the roadside near the market place. His only problem is to get a proper place and license to sell. After several months, he had to stop selling fruits as the fruit season is over. He will continue to sell fruits when the fruit season comes again as the income is quite good although the work is hard. He has to wake up early in the morning and only finishes late in the evening. He feels happy selling fruits as he is his own boss. "The most important thing on my mind right now is to work and save money so that I can open my own shop one day," he said.

Now he is working as a lorry attendant at the construction site. This is only temporary as he will resume selling fruits once the season starts again. The people he mixes with now are mostly other fruit sellers. He is very careful whom he mixes with. He does not mix with his old addict friends anymore. "During my free time, I go to the gym to do some weight lifting to keep myself fit and healthy and to keep my mind away from drugs," said Samy. He looks quite tough and fit. Samy has not used any drugs since he was discharged from the rehabilitation centre. He has decided that he has had enough of drugs after using it for more than 16 years. He wants to be free from drugs now and lead a healthy good life. He avoids drugs and people who are on drugs. His brother and family are very supportive. They have confidence that he will be able to stay off drugs. He also concentrates on his work. He starts work about 6 a.m. and only finishes about 8 p.m.. Therefore, he does not have time to think about drugs. Sometimes, when he feels tired after a day's work, he goes for a beer with his friends just to relax himself. He also helps the family to sell plants during his free time.

Initially Samy reported to the aftercare office several times but later stopped. He said that he is off drugs and does not see why he needs to report as there was no activity or whatever for him. Samy feels that the most important is his own will power to give up drugs, determination and confidence.

7.9 Analysis Of Case Studies

Those who abstained had various types of support to help them stay abstinence. It is not one factor alone but a combination of various factors. The main factors according to them that have helped them are family support and understanding, self-realization that they need to give up drugs and determination to abstain. They are also mentally stronger compared to those who relapsed. Having proper jobs and activities to fill their time including having some goals and responsibility also played an important role.

All the three case studies have good family support which they find has helped them quite a lot. Their family did not scold or nag them but showed them their support and understanding. Both Manan and Samy have proper jobs and enjoy what they are doing. During their free time, they have activities or hobbies to fill their time. Manan likes listening to music and watching English movies while Samy likes body-building. Samy also has a goal to save money so that he can open his own shop one day. Chong was unemployed but he has the responsibility to look after his mother who is suffering from a stroke. He also has strict control from his father and guidance from an ex-addict. He has determination to stay away from drugs.

All the three of them are in their 30s. Chong is 32 while both Manan and Samy are 36. Perhaps age and maturity plays an important role in abstinence and recovery.

It is difficult to stay whether aftercare plays a role in the abstinence of these cases. Chong could not report as frequently as required for aftercare. According to him he has difficulty getting to the aftercare office. He has to take two buses in order to reach there. Sometimes he borrows the neighbour's motorbike or bicycle but it is not very convenient. Manan also could not report to the aftercare office as often as required as he is working. However, he is a rather responsible person and sometimes he takes leave to go to the aftercare office. Samy initially reported for aftercare a few times but later stopped completely as he felt that it did not do any good and also he has no time.

CHAPTER 8

DISCUSSION AND CONCLUSION

8.1 Introduction

The main objective of this study is to understand better what happened to the addicts after they were discharged from the rehabilitation centres. The most important thing is to understand why they relapsed, and for those who abstained, how they managed to do so. We hope that from the result of this study, a better relapse prevention strategy can be developed to help prevent relapse before it happens. We also hope that by understanding how these addicts managed to abstain, it can be used as a guidance for the others and also to help them maintain abstinence.

8.2 Posttreatment

We find that after treatment, some of the addicts just disappear and cannot be traced at all. They are the ones that we failed to do a follow-up on. Among the 56 cases that we managed to contact and interview, 14 (25%) did not complete the follow-up (drop-out), 22 (39.2%) were re-addicted (relapse), 10 (17.9%) slipped (partial relapse) and 10 (17.9%) managed to abstain. We have discussed all these groups separately in the earlier chapters.

(a) Drop-out

Those who dropped-out were back on drugs. Several of them were incarcerated and majority cannot be contacted due to drug use. Therefore, we can say that drug use has caused them to drop-out (whether directly or indirectly).

At the last point of contact, several of them were not working. According to a few of them, they were weak from drug use and therefore could not work. Their return to heroin use was rather immediate after treatment. More than half returned to heroin use within four weeks because of mixing back with friends who are addicts. Other reasons are boredom, emotional pressure, craving, to forget problem, for pleasure and easy availability of drugs.

(b) Relapse

All those who relapsed returned to daily heroin use. Majority of them started with occasional alcohol and / or cannabis use before they returned to heroin. Our study shows that relapse happened rather rapidly after treatment as some of them were already using

heroin daily during the first month of follow-up. In the study conducted by Maddux and Desmond (1981), it was found that 70% of 1,653 treatment and correctional interactions over a mean period of 20 years were followed by less than one month of abstinence. For those who relapsed, we find that most slips quickly accelerated into a "fall", a full blown active re-addiction.

Those who relapsed can be divided into 2 groups. One group went back to heroin use within 4 weeks after discharge and the other group returned to heroin later - more than 2 months after treatment and majority more than 3 months after treatment. Majority of them were using heroin 2 - 3 times daily towards the end of the follow-up.

The main reasons identified by the subjects for their relapse are mixing with friends who are addicts, boredom, craving for drugs and emotional pressure. All of them cited more than one reason and most of the reasons are interrelated.

Majority of those who relapsed work to support their habit. Only a few were unemployed because of their drug use. Most of them were not involved in criminal activities except a few who were involved in some minor thefts such as taking things from their house.

(c) Slips

Those who took cannabis and/or heroin after treatment but were not re-addicted (not continuous or not daily use) were considered to have slipped or partial relapse.

Among the ten cases who slipped, six of them have already consumed alcohol during the first month of follow-up. This is probably due to the fact that most of them (not only those who slipped, but the general population) do not consider alcohol as a drug and therefore, not addictive. Majority of them consider alcohol drinking as something very common and as a form of enjoyment and relaxation. Most of them drink with their friends during weekends to enjoy themselves and to ease their boredom.

Those who took cannabis only took it once or a few times during the follow-up. They used cannabis out of friends' invitation and boredom.

Majority of them have used heroin during the follow-up. They have either used it once, twice or several times. Two were using heroin daily during one of the months but managed to abstain after seeking treatment / detoxification. Several of them only started heroin use towards the end of the follow-up.

The factors that caused them to slip are mainly boredom, friends' invitation and craving.

The factors that helped them not to relapse fully are because they still have some motivation to stay off drugs and some support such as family support, they realized that they need to stop drug use, mixing with non-addicts, avoid addicts, having activities to fill their time and having a job. Most of those who slipped were employed throughout the follow-up.

(d) Abstinence

Those whom we consider to have abstained are those who did not use cannabis or heroin or any other hard drugs at all posttreatment with the exception of cigarette smoking and occasional alcohol use. Our analysis does not consider cigarette smoking and occasional alcohol use as relapse.

What we are interested to know is why and how they manage to stay away from drugs posttreatment while the others could not, so that we can use their examples to help the others.

It is not one factor alone but a combination of various factors which help them to abstain. The factors that have helped them to stay away from drugs are strong family support, avoiding addicts or the temptation of drugs, mixing with non-addicts, self-realization that they need to stop drug use, having jobs, determination, activities to fill time, spiritual guidance, guidance from ex-addicts and shouldering some responsibility. They also have better hold of themselves, they are mentally stronger compared to the others and therefore, able to resist temptations better compared to the rest.

8.3 Pattern Of Drug Use Posttreatment

We have discussed in separate groups the patterns of post-treatment drug use in the previous chapters. Now we shall discuss briefly the drug pattern by bringing all the groups together / compare the groups to get a clearer picture.

All of those who dropped-out, relapsed and slipped returned to cigarette smoking rather immediately. The pattern is also similar for the abstinence group except two who managed to abstain from cigarette smoking too.

About half of the respondents consumed alcohol posttreatment and the biggest proportion (N = 13 or 44.8%) comes from the group that relapsed, followed by the group that slipped (N = 8 or 27.6%) (See Table 8.1). The group that dropped-out and the group that they had dropped-out, the information on them is not that complete. From Table 8.1, we can see that abstained showed the same percentages at 13.8%. However, the group that dropped-out would probably have shown a higher proportion had they completed the follow-up but since regardless of whether they relapsed, slipped etc., majority started posttreatment

TABLE 8.1
DISTRIBUTION OF RESPONDENTS BY TIME UNTIL
POSTTREATMENT ALCOHOL USE

Time until alcohol use (length of time after discharge)	Drug use status posttreatment				Total N
	Drop-out N	Relapse N	Slip N	Abstain N	
1 week	1	6	1	2	10
2 - 4 weeks	1	4	4	2	11
5 - 8 weeks	1	1	1	0	3
9 - 12 weeks	0	2	0	0	2
13 - 16 weeks	1	0	0	0	1
17 or more weeks	0	0	2	0	2
Total	4 (13.8)	13 (44.8)	8 (27.6)	4 (13.8)	29 (100.0)

Note: The figures in brackets refer to percentages.

TABLE 8.2
DISTRIBUTION OF RESPONDENTS BY FREQUENCY OF
POSTTREATMENT ALCOHOL USE

Frequency of use	Status of drug use posttreatment				Total
	Drop-out	Relapse	Slip	Abstain	
	N	N	N	N	N
Less than once weekly	0	4	4	4	12
Once or more weekly	4	5	4	0	13
Once daily	0	3	0	0	3
Twice to thrice daily	0	1	0	0	1
Total	4 (13.8)	13 (44.8)	8 (27.6)	4 (13.8)	29 (100.0)

Note: The figures in brackets refer to percentages.

alcohol use within a few days and a month after they were discharged. Majority also, regardless of which group they are under, were drinking alcohol either less than once weekly or once or more weekly (See Table 8.2).

Half of those who used cannabis come from the group who relapsed, 28.6% from the group who slipped and 21.4% from the group who dropped-out (See Table 8.3). As mentioned earlier, the percentage for the dropped-out group may have been higher but the information on them is not that complete because they dropped-out. The time until post-treatment cannabis use is rather spread-out among all the groups. However, several of those who relapsed used cannabis within one week after discharge. Half of them were using cannabis less than once daily and they come from the group that slipped and the group that relapsed only. Another big proportion were using cannabis once weekly and they belonged to the drop-out and relapse group (See Table 8.4).

A total of 44 cases out of the 56 cases followed-up have used heroin posttreatment. However, it does not mean that all these 44 cases relapsed. As we can see from Table 8.4, 50% of those who used heroin posttreatment comes from the relapse group, 31.8% from the drop-out group and 18.2% from the group who slipped. If we assume all those who dropped-out relapsed, the relapse rate is 64.3%. However, we must also take into consideration those who slipped. Some of them who slipped may relapse and some may manage to abstain later.

A big proportion (31.8%) of those who took heroin post-treatment only took it 13-16 weeks after they were discharged and majority came from the group who relapsed. Another proportion (20.5%) only took heroin 17 or more weeks (more than 4 months) posttreatment. A big proportion (34.1%) started posttreatment heroin use within 4 weeks after they were discharged but they were from the group that dropped-out and the group that relapsed only. It appears that those who slipped only started heroin use towards the later half of the follow-up period (See Table 8.5).

Majority (79.5%) of those who took heroin posttreatment were using it twice to thrice daily (See Table 8.6) and most of them were from the relapse and drop-out groups.

TABLE 8.3
DISTRIBUTION OF RESPONDENTS BY TIME UNTIL
POSTTREATMENT CANNABIS USE

Time until cannabis use (length of time after discharge)	Status of drug use posttreatment			Total N
	Drop-out	Relapse	Slip	
	N	N	N	N
1 week	1	3	1	5
2 - 4 weeks	1	1	0	2
5 - 8 weeks	0	1	0	1
9 - 12 weeks	0	1	1	2
13 - 16 week	1	1	1	3
17 or more weeks	0	0	1	1
Total	3 (21.4)	7 (50.0)	4 (28.6)	14 (100.0)

Note: The figures in brackets refer to percentages.

TABLE 8.4
DISTRIBUTION OF RESPONDENTS BY FREQUENCY
POSTTREATMENT CANNABIS USE

Frequency of use	Status of drug use posttreatment			Total N
	Drop-out	Relapse	Slip	
	N	N	N	N
Less than once weekly	0	3	4	7
Once weekly	3	3	0	6
Once daily	0	1	0	1
Total	3 (21.4)	7 (50.0)	4 (28.6)	14 (100.0)

Note: The figures in brackets refer to percentages.

TABLE 8.5

DISTRIBUTION OF RESPONDENTS BY TIME UNTIL
POSTTREATMENT HEROIN USE

Time until heroin use (length of time after discharge)	Status of drug use posttreatment			Total N
	Drop-out	Relapse	Slip	
Once day or less	1	0	0	1
2 days - 1 week	3	3	0	6
2 - 4 weeks	4	4	0	8
5 - 8 weeks	1	0	0	1
9 - 12 weeks	1	3	1	5
13 - 16 weeks	4	8	2	14
17 or more weeks	0	4	5	9
Total	14 (31.8)	22 (50.0)	8 (18.2)	44 (100.0)

Note: The figures in brackets refer to percentages.

TABLE 8.6

DISTRIBUTION OF RESPONDENTS BY FREQUENCY OF
POSTTREATMENT HEROIN USE

Frequency of use	Status of drug use posttreatment			Total N
	Drop-out	Relapse	Slip	
Once to a few times daily	0	0	6	6
Once or more daily	1	0	0	0
Once daily	1	1	0	2
Twice to thrice daily	11	21	2	34
No information	1	0	0	2
Total	14 (31.8)	22 (50.0)	8 (18.2)	44 (100.0)

Note: The figures in brackets refer to percentages.

8.4 Comparison Of Socio-Demographic Profile

8.4.1 Age

The respondents in this study are relatively older (21% were 30-34 year old, 32% were 35-39 years old) compared to the other studies conducted earlier by the Centre (K. Foong and V. Navaratnam, 1987; V. Navaratnam and Foong Kin, 1988).

Table 8.7 shows a comparison of the respondents' drug use status posttreatment and age. Majority of those who dropped-out and abstained were 30-39 years old (See Table 8.7). Those who relapsed were younger on the average with nine of them who were less than 30 years of age. Although the number of cases is rather small to be conclusive, findings tend to suggest that age could have played an important role in the ability to abstain from drug use.

8.4.2 Marital Status

All of those who managed to abstain were single and all except one who dropped-out were single. Majority of those who relapsed were also single except two who were married and one was divorced. The group who slipped were more varied. Half of them were single, three were divorced or separated and two were married (See Table 8.8).

Marital status did not seem to be of significance as we had anticipated.

8.4.3 Education Level

As presented in Table 8.9, education level is not associated with status of drug use posttreatment. Majority of them from all the four groups either had had primary education or lower secondary education.

8.5 Factors Associated With Return To Drug Use

From Table 8.10, regardless of whether they dropped-out or relapsed, the main reasons stated for their return to drug use were: meeting with addict friends, to ease boredom, craving, emotional pressure and to forget problem. For the group that slipped, the pattern is slightly different. Their reasons were: to ease boredom, craving, for pleasure and to forget problem.

The above reasons were given by the respondents. From our analysis and observations, we can conclude that several factors are associated with their return to drug use.

TABLE 8.7
DISTRIBUTION OF RESPONDENTS BY STATUS OF DRUG USE
POSTTREATMENT AND AGE

Age	Status of drug use posttreatment				Total N
	Drop-out N	Relapse N	Slip N	Abstinence N	
< 30	4	9	3	2	18
30 - 39	8	11	4	7	30
≥ 40	2	2	3	1	8
Total	14	22	10	10	56

TABLE 8.8

DISTRIBUTION OF RESPONDENTS BY STATUS OF DRUG USE POSTTREATMENT AND MARITAL STATUS

Marital Status	Status of drug use posttreatment				Total
	Drop-out	Relapse	Slip	Abstinence	
	N	N	N	N	N
Single	13	19	5	10	47
Married	0	2	2	0	4
Divorced / Separated	1	1	3	0	5
Total	14	22	10	10	56

TABLE 8.9

DISTRIBUTION OF RESPONDENTS BY STATUS OF DRUG USE POSTTREATMENT AND LEVEL OF EDUCATION ATTAINMENT

Education Level	Status of drug posttreatment				Total
	Drop-out	Relapse	Slip	Abstinence	
	N	N	N	N	N
No education	0	1	0	0	1
Standard 1 - 6	7	8	5	7	27
Form 1 - 3	5	12	3	3	23
Form 4 - 5	1	1	2	0	1
Form 6	1	0	0	0	1
Total	14	22	10	10	56

TABLE 8.10

DISTRIBUTION OF RESPONDENTS BY STATUS OF DRUG USE POSTTREATMENT AND FACTORS ASSOCIATED WITH THEIR RETURN TO DRUG USE

Reasons for use	Drug use status posttreatment		
	Drop-out	Relapse	Slip
	N	N	N
Met addict friends	10	13	3
To ease boredom	6	11	6
Craving	4	9	5
Emotional pressure	5	8	1
To forget problems	4	4	4
For pleasure	2	3	5
Lack of family understanding	1	2	0
Easy availability	2	0	0
Lack of acceptance from society	0	2	0
To enhance sex performance	0	2	0

Note: The reasons above reflected multiple-reporting.

1. Personal Vulnerability Or The Person's Inability To Cope

Although the respondents were physically drug free, they were still vulnerable when they returned to the 'real world' where they had to face life's problem or reality, high risk situations etc. They were not taught how to cope with these situations when they left the rehabilitation centre and they themselves felt that they were not strong enough to cope with emotional pressure on their own.

Majority of them are sensitive, emotionally uncertain, in need of love and affection, they are also lonely and insecure. They find that drugs help them by providing them with relief, support, confidence and comfort. They are rather vulnerable to criticism, have little self-confidence and are unable to cope with pressure.

2. Boredom

Boredom has been noticed as an important force that pushes them along the road to addiction. They are bored because they do not know how to fill their free time. They have been on drugs for many years and suddenly when they are faced with life without drugs, they find that they do not know how to spend their time. Furthermore, when they were in the rehabilitation centre, they had routine activities to follow. When they are released, they have nothing to guide them, no planning, no goals etc. They just drift aimlessly. Some of them find their job boring, undemanding or unrewarding. Although it has long been established that there is a link between boredom and the search for risk and excitement provided by drugs, boredom has been underestimated as a driving force.

3. High Risk Environment And Easy Availability Of Drugs

As soon as they are released, they return to their old surroundings which are high risk. The forces and pressures which lead them into drug addiction have not changed and neither have their responses to the world. Therefore, they pick up their old habits again - not through any continuing physical need but through social circumstances. At the end of each 'successful' treatment programme, they are released back into the same circumstances and social surroundings as they were in before. They go back to the environment where they meet a lot of old friends who are also addicts and they are also faced with the environment where drug is easily available. As a result, it is not surprising that they pick up their old habits again.

According to Coleman (1987), "Something like four out of every five heroin addicts start using drugs again within 12 months of successfully finishing a withdrawal programme. They don't start using heroin again because their physical addiction has remained intolerable and irresistible, but because their problems and their surrounding haven't changed and so the solutions they choose don't change."

4. Stress / Pressure

We respond to pressure in different ways. It is not so much the pressure or the stress that causes drug use but the way each individual responds to it. Addicts feel easily stressed-up when faced with a small amount of stress and they resort to drugs. Hence, it is because of their inability to cope with these stresses or pressures which caused the problem. Stress, depression, anxiety and other emotional states are related to relapse. Cummings et al. (1980) found that negative emotional states account for 30% of all relapses. Mermelstein, Cohen, and Lichtenstein (1983) found that 43% of relapses occur under stress.

5. Lack Of Support From People Close To Them

Lack of support from people close to them such as family and friends also contributed to their return to drug use. Addicts are vulnerable when faced with situations which they are unable to cope with. They need support, understanding and guidance from people close to them such as family, friend, counsellor etc. But usually they find that their families cannot understand them. They know that their families care for them but they cannot tolerate their nagging and distrust. This affects them a lot as they are very sensitive and vulnerable at this stage. Families often lack knowledge on drug addiction and how to cope with their family members who are addicted.

Support from family and friends is one of the few variables that is associated with success in the addiction area (Moos and Finney 1983, Marlatt and Gordon 1985, and Cummings et al. 1980).

6. Lack Of Motivation And Commitment

Very little work has been done on motivation and commitment but we must not overlook the importance of this area. Most of our subjects went into treatment by force (either by the law or by their family) and they rarely seem to have a desire persistent enough to overcome their heroin dependence. Initially being aware of the aversive consequences, they are resolved to quit. After some time, these aversive outcomes may no longer be so salient, and coping with life without drugs often requires considerable adjustment, so that the balance shifts towards drug use again. Some of them are not prepared to change at all and are just waiting for the moment when they can be out. As a result, treatment and rehabilitation efforts on them are wasted. Methods may be available for increasing motivation, to improve a person's "readiness" for change (Marlatt & Gordon, 1985; Prochaska & DiClemente, 1984).

7. No Direction In Life

As an addict, they do not have any purpose in life. Their only purpose is obtaining and using the drugs. They are not very interested in anything else. Therefore, after treatment, they go back to the same place, still without any purpose in life. They are not taught to think about their future, how to set goals and how to plan. So they go back to their old environment, not knowing what to do and not realizing that they need to change or to them, to change is too difficult, so they better stick to their old ways. So, they will hang around for a while without drugs. Some will go back to their old jobs, not realizing that it is their work environment that contributed to their drug use in the first place. After a while of drifting aimlessly, they begin to feel the pull of drugs. For a while they try to resist but after sometime they feel that it is easier to give in rather than to resist.

8.6 **Conclusion**

From our study, we can conclude that relapse not only occurs frequently after treatment, but it also occurs rather rapidly. Within six months, 39% of those followed up have relapsed, 25% have dropped-out and 18% have slipped. If we assume all those who dropped-out have relapsed, then the relapse rate is about 64%. However, we do not know for sure if all who dropped-out relapsed although we know that most of them relapsed from the information we obtained from their family, friends etc. Some of them may have managed to stay clean but we do not have information on them since they dropped-out. Those who slipped also need to be taken into consideration. Some of them may make it, that is the slip may not become a relapse. However, we are not able to determine this at the end of the follow-up. Ideally, we would have wanted to follow them for a longer period (perhaps 12 months) but due to several constraints on our part, we have managed only a six-month follow-up. We do realise that a six-month follow-up period is rather short and hope that a longer follow-up can be carried out for future studies.

Most of the addicts relapsed to regular drug use because they did not know how to cope with problems. They did not know how to cope with high risk situations or how to prevent relapse. They were mentally not strong enough to face the temptations of drugs. Most of those who relapsed also did not understand the difference between a lapse and a relapse. Therefore, when they slipped or have lapses, they thought that they have relapsed and did not attempt to do anything to prevent the lapses from becoming a relapse. As a result, a relapse actually had rapidly set in. They were also exposed to high risk situations immediately after they came out from the rehabilitation centre. They were exposed to the environment where drugs were easily available and met a lot of addict-friends. Furthermore, most of them began to feel bored a few days after they were discharged from the rehabilitation centre. They find that they have too much free time and do not know what to do with it. This feeling of boredom, together with meeting their addict friends made it difficult for them to stay away from drugs. Other factors that

caused them to go back to drugs were negative emotional states such as depression, pressure, frustration and lack of confidence, lack of support from family and society, lack of motivation or commitment to give up drugs and no goals in life. Three antecedent of lapses are negative emotional states, interpersonal conflicts, and social pressures (Cummings, Gordon & Marlatt, 1980).

Most of those who abstained have good relationship with their family, they feel that their family provide them with the support they need such as moral support and understanding. They realize the danger of meeting addict friends and try to avoid them and avoid going to places where they can rendezvous. They also realize the importance of staying clean and have the determination to stay off drugs. They also have jobs and activities to fill their time. To some of them, religious activities seem to play an important role. We can say that one factor alone does not maintain abstinence but a combination of several factors.

Shiffman (1989) suggested that resistance promoting factors or protective factors should have the greatest influence when temptation is great. Protective factors include family, friends, job, leisure activities, accommodation, and access to treatment services. Protective factors can reduce the number of risks. For example, having friends who do not use drugs will lead to fewer risk situations than where friends are users. Work or leisure activities may act as distracters so that thoughts about drugs are less likely to arise or are less likely to be dwelt upon. Ex-addicts who are successful at maintaining abstinence make changes such that they are not regularly exposed to situations which put them at high risk. For example, the subject mixes with non-users who do not expose the subject to drugs or drug-related behaviours and whose beliefs and values support abstinence.

8.7 Recommendation

By understanding what causes addicts to go back to drugs helps us to deal with the problem better.

First of all, the whole treatment and rehabilitation programme needs to be reviewed. Since the rehabilitated addicts return to drugs because he cannot cope, this shows that the coping element is lacking in the programme. This coping element needs to be incorporated into the treatment and rehabilitation programme to teach addicts how to cope once they are released including relapse prevention. They need to be taught how to recognise the early sign of a possible relapse episode and how to cope with denial and shame in case of lapse or relapse. Most of them would deny that they have slipped or lapsed until they are in the late stage of relapse. Relapse prevention should be incorporated systematically throughout the rehabilitation programme. Family needs to be educated about addiction, rehabilitation, relapse prevention and how to handle these

addicts. Most of the families we talked to just did not know what to do. Aftercare officers and family members must know how to intervene quickly and get them to safety.

We must also realize that to give up drugs, first an addict must be motivated to give up his addiction. Therefore, one of the first things that has to be done if a programme is to be successful is getting the addicts properly motivated. He must recognise his problem and sincerely wants to be free of it.

If an addict is helped to kick his drug habit and then thrown back into his old environment, then the chances are very high that he will start using drugs again. He will mix with the same people, collect the same bad habits and probably find himself being pressured by the same pusher or even harassed by the same police officers. All these will make a successful rehabilitation programme impossible. Therefore, before they are released back into society, plans need to be worked out with the rehabilitated addicts and also their family. If the environment they will be going back to is too risky, it may be wise to consider changing the environment such as moving to a relative's place. Also, if going back to the same old job will be too risky, they should plan to change their job. Plans need to be worked out beforehand and not wait until they are back into society. If there is no planning, they may find that once they are back in society, they have no direction in life and do not know what to do with their life or how to fill their time. They need to be taught how to plan so that they have goals to achieve. Since the environment cannot be changed completely, these rehabilitated addicts must be taught how to handle the high risk environment and the easy availability of substances. One of the reasons why they go back to drugs according to them, is the easy availability of drugs. This problem must be dealt with seriously.

Joining self-help group can help them to cope better. Taking part in the group activities can help them to fill their time and also help to deal with the problems of boredom. Recreational activities are also important. All these will make their life more meaningful. Senior recovering addicts can provide them with guidance and assistance and also act as role models. These role models will be a motivation to them in the sense that, "if they can make it, so can I".

Finally, everybody needs to work together to make rehabilitation programmes successful and curb drug addiction.

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