



**RESEARCH
REPORT
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29

**A STUDY ON WOMEN
DRUG DEPENDENTS AND CARERS
OF DRUG DEPENDENTS
IN MALAYSIA**

Pusat Penyelidikan Dadah dan Ubat-Ubatan
(Centre for Drug Research)
U.N./W.H.O./I.F.N.G.O. Research and Training Centre
Universiti Sains Malaysia
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MALAYSIA

A STUDY ON WOMEN DRUG DEPENDENTS AND CARERS OF
DRUG DEPENDENTS IN MALAYSIA

V. NAVARATNAM
FOONG KIN
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RESEARCH REPORT SERIES NO. 29

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PREFACE

In most countries of the world, substance misuse has ceased to be seen as a problem affecting a few unfortunate individuals or a miscreant sub-group. The perception now is of a growing international problem which incurs heavy costs for society and the community as well as for individuals personally involved.

Until recently, women were relatively 'invisible' in the research and policy-related activities which followed the new wave of concern over the extent of drug-related problems. Gradually, however, attention turned to women as drug users and it has become clear that women's interests have been ill served by stereotypical images which depict the drug users as male or as an atypical, pathological or deviant female.

Equally important, there is now some recognition of the part played by carers in families where there is a drug problem. At the same time, there is still very little first hand information on the effects of drug use on women's lives or family well-being with which to inform the policy making process or to assist in making decisions on policy options.

Commonwealth Heads of Government at a meeting in Kuala Lumpur in October 1989, expressed their deep concern at the serious threats posed by drug abuse and noted the untapped potential of women and young people which could be mobilised for the fight against drug abuse. In response, the Commonwealth Secretariat identified issues concerning women, the family and drugs as one important aspect of the larger problem for action.

The Secretariat also felt that a 'grass roots' view of the issues, reflecting the perceptions and experiences of women who had been involved personally with drug use, would provide the most fruitful approach to informing policy decisions.

A Regional Workshop on Women, the Family and Drugs was then organised in Kuala Lumpur, Malaysia, in 1990. This workshop was organised by the Commonwealth Secretariat and hosted by the Government of Malaysia. The primary objective of the workshop was to examine the nature and extent of drug abuse, in particular the effect of drug problems on women and the family.

At this workshop, recommendations were formulated by participants for action by governments, regions, international organisations and non-governmental organisations. The participants prepared research proposal on the issue of women, and the family to be carried out in their own countries.

This study is a direct outcome of the workshop and is sponsored by the Commonwealth Secretariat. It is a combined study of women drug dependents both in the community and the institution and carers of drug dependents. It hopes to highlight some of the problems and the needs of these two groups. Considerations should be given to how the existence of a drug problem in any family member affects the functioning of the family as a whole, taking account of women's central family roles as wife, mother, daughter, and how these are affected, both when the woman is the user and when the woman is faced with use by another family member.

This study is divided into two main parts. Part 1 is the Study on Women Drug Dependents and Part 2 is the Study on Carers of Drug Dependents.

RINGKASAN

Pengenalan

Bahagian Satu kajian ini dijalankan bagi memahami dengan lebih mendalam masalah penyalahgunaan dadah di kalangan wanita di Malaysia. Isu-isu yang diberi keutamaan adalah jenis-jenis masalah yang dihadapi oleh wanita-wanita dan keperluan am mereka. Dua kumpulan wanita dipilih untuk kajian ini, 30 wanita dari masyarakat komuniti dan 68 wanita dari institusi (Pusat Serenti bagi wanita).

Bahagian Dua pula adalah kajian di kalangan penjaga-penjaga penagih-penagih dadah. Kajian ini dijalankan untuk memahami masalah-masalah yang dihadapi oleh mereka serta cara-cara mereka meneruskan hidup dengan memikul beban ini. Enam puluh satu penjaga-penjaga penagih dadah diidentifikasi dari negeri Perak Malaysia.

Metodologi

Responden-responden wanita adalah dari masyarakat/komuniti dan institusi, 30 dari komuniti di Pulau Pinang dan 68 dari Pusat Serenti Wanita di Kemumin, Kelantan. Soalselidik digunakan bagi temubual ini tetapi responden-responden juga diberi peluang untuk berbual mengenai latarbelakang keluarga mereka.

Penjaga-penjaga adalah dari negeri Perak, Malaysia. Dua puluh dari mereka adalah bapa, dua puluh dua adalah ibu, empat adalah isteri, dua belas adik-beradik dan tiga adalah datuk/nenek. Soalselidik digunakan oleh sukarelawan-sukarelawan dari Jawatankuasa Bertindak Pergerakan Iubapa Dalam Pencegahan Dadah Perak Darul Ridzuan bagi menjalankan temubual.

Temubual-temubual dijalankan dalam bahasa yang dapat difahami oleh responden-responden.

Data yang berbentuk kuantitatif di kod dan dimasukkan ke dalam komputer. Data dianalisa dengan menggunakan Sistem Analisa Statistik (SAS).

Penemuan-Penemuan

Penemuan-penemuan utama kajian ini diringkaskan di bawah:-

1. Wanita Dalam Masyarakat

- o Kebanyakan dari responden tidak pernah menerima apa-apa pelajaran atau hanya menerima pelajaran di sekolah rendah (66.7%).
- o Responden kebanyakannya bekerja sebagai pelacur (76.7%).
- o Kesemua responden pernah mengguna heroin dan 93.3% pernah mengguna nikotin.
- o Dadah yang digunakan kini adalah heroin (66.7%) dan nikotin (83.3%).
- o Sebab-sebab utama mengguna dadah adalah untuk berseronok (30%) dan juga kerana perasaan ingin tahu (26.7%).
- o Lima puluh peratus dari responden meneruskan penggunaan dadah kerana pengalaman fizikal adalah menyeronokkan.
- o Responden-responden dalam masyarakat memulakan penggunaan dadah dalam peringkat umur 20 - 29 tahun.
- o Sebab-sebab mengapa 33.3% dari responden-responden ini berhenti dari penggunaan dadah adalah kerana mereka hanya mengguna dadah bagi jangkamasa yang pendek (50%), mereka baru dibebaskan dari pusat-pusat rawatan/penjara (40%) dan pendapatan yang berkurangan di kalangan wanita-wanita yang lebih tua yang menanggung tabiat mereka dengan bekerja sebagai pelacur (10%).
- o Lapan puluh peratus responden pernah ditangkap dan 73.3% pernah dipenjarakan.
- o Kebanyakan dari responden ditangkap kerana kesalahan yang bersabit dengan dadah (91.7%).

- o Responden yang pernah ditangkap lebih dari lima kali adalah wanita-wanita yang melacur di jalan-jalanraya dan menggunakan dadah bagi jangkamasa yang lebih lama. Mereka kesemuanya telah bercerai dan tinggal bersama-sama dengan kawan-kawan di bilik-bilik yang disewa atau di kaki lima.
- o Sebahagian besar dari responden-responden dalam masyarakat telah bercerai (50.7%). Mereka yang bujang (13.3%) pernah hidup bersama-sama teman lelaki sekurang-kurang sekali dalam hidup mereka.
- o Masalah-masalah yang dihadapi oleh wanita-wanita ini adalah berhubungkait. Mereka berasal dari strata masyarakat yang miskin, meninggalkan bangku sekolah pada umur yang muda untuk menyara hidup dan mendapat pekerjaan di kelab-kelab malam. Mereka menjadi penagih dadah dan seterusnya menjadi pelacur atau sebaliknya.
- o Responden-responden dalam masyarakat memerlukan kepakaran/latihan bagi pekerjaan yang stabil.
- o Responden-responden ini memerlukan sokongan emosi dan bantuan untuk hidup dalam dunia tanpa dadah.
- o Responden-responden ini juga memerlukan kumpulan sokongan supaya dapat meneruskan hidup tanpa dadah.
- o Kumpulan ini mencadangkan unit ibu dan anak bagi memperbaiki kemudahan rawatan yang terdapat bagi mereka.

2. Wanita Dalam Institusi

- o Kebanyakan (64.7%) dari responden ini telah menerima pelajaran peringkat sekolah rendah atau mereka tidak berpelajaran langsung.
- o Responden-responden ini kebanyakannya telah berkahwin (39.7%).
- o Di antara mereka yang bujang, 62.5% pernah tinggal bersama-sama dengan teman lelaki sekurang-kurangnya sekali dalam hidup mereka.

- o Sebelum memasuki institusi, 57.4% dari responden-responden ini terlibat dalam kerja penuh masa.
- o Sebahagian besar dari responden-responden pernah ditangkap (82.4%) dan 76.5% pernah dipenjarakan.
- o Mereka biasanya ditangkap kerana kesalahan-kesalahan yang bersabit dengan dadah (92.8%).
- o Kebanyakan dari responden-responden pernah menggunakan nikotin (98.5%) dan heroin (97.1%).
- o Sebab-sebab memulakan penggunaan dadah adalah perasaan ingin tahu (42.6%) dan untuk menghilangkan beban masalah psikologi/emosi.
- o Lebih dari 50% dari responden mula merokok pada umur 15 - 19 tahun manakala permulaan penggunaan dadah yang lain adalah pada umur yang lebih tua (20 - 29 tahun).
- o Kebanyakan dari responden (56.7%) yang pernah dirawat menyatakan yang mereka berbuat demikian kerana bosan dengan penagihan mereka.
- o Sebilangan besar dari responden (28.9%) tidak pernah dirawat sebelum ini kerana mereka tidak tahu ke mana mereka boleh pergi.
- o Masalah utama yang dihadapi oleh responden dalam institusi adalah masalah keluarga dan emosi.
- o Responden-responden mengatakan bahawa proses rawatan dan pemulihan gagal memberi kepakaran hidup yang mencukupi serta latihan kepakaran kerjaya.
- o Program rawatan dan pemulihan gagal membina keyakinan responden dan penilaian yang tinggi terhadap diri sendiri.
- o Program rawatan dan pemulihan gagal memberi keyakinan untuk meneruskan hidup dalam dunia sebenar setelah hidup dalam alam pemulihan yang dikawal rapi.

- o Kumpulan ini menonjolkan kepentingan mengadakan kumpulan-kumpulan bantuan sendiri (self-help) dari mana mereka boleh mendapat sokongan.
- o Mereka rasa perlu diadakan kemudahan rawatan yang membenarkan mereka hidup bersama-sama anak-anak mereka.
- o Responden-responden juga menyuarakan keperluan keluarga-keluarga diberi didikan yang sewajarnya sebelum responden-responden keluar dari institusi dan pulang ke pangkuan keluarga.

3. Penjaga-Penjaga Penagih Dadah

- o Lebih dari setengah (50.8%) dari keluarga yang ditemubual mempunyai kurang dari lima adik-beradik.
- o Kebanyakan dari responden telah berkahwin (68.9%).
- o Sebilangan besar dari mereka mempunyai pelajaran setaka menengah rendah (44.3%).
- o Sebahagian besar dari mereka tidak mempunyai pekerjaan (59%).
- o Sebab utama responden menyangi penggunaan dadah dalam keluarga kerana wang dicuri dari rumah (34.4%).
- o Responden-responden menyatakan bahawa kebanyakan dan penagih dadah dalam keluarga (42.6%) memulakan penggunaan dadah semasa remaja (15 - 19 tahun).
- o Sebahagian besar dari responden (44.3%) tidak pasti dadah apa yang diguna oleh penagih dadah dalam keluarga mereka.
- o Sebab utama penggunaan dadah adalah kerana pengaruh rakan-rakan sebaya (44.3%).

- o Majoriti dari penagih dadah (55.7%) masih mengguna dadah.
- o Pengaruh rakan sebaya adalah sebab utama bagi meneruskan penggunaan dadah bagi 73.5% dari penagih-penagih dadah.
- o Responden-responden menyatakan kadar jenayah yang tinggi di kalangan penagih dadah, 86.9% pernah ditangkap dan 75.4% pernah dipenjarakan.
- o Sebilangan dari penagih dadah adalah menganggur (34.4%).
- o Responden-responden menyatakan bahawa mereka mempunyai sikap yang positif terhadap penagih dadah tetapi mereka tidak akan mendapatkan bantuan dari orang yang berpengalaman bagaimana menolong penagih-penagih dadah.
- o Responden-responden juga akan menjalankan langkah-langkah positif untuk mengatasi masalah penagihan dalam keluarga mereka kecuali mendapatkan bantuan dari jiran dan kawan-kawan. Ini disebabkan keluarga segan terhadap masyarakat.
- o Masalah-masalah yang dihadapi adalah terutamanya masalah-masalah emosi dan keluarga.
- o Kira-kira 80% dari responden tidak menerima apa-apa bantuan atau pertolongan bagi mengatasi masalah yang dihadapi.
- o Kira-kira 87% dari penagih-penagih dadah tidak pernah menjalani rawatan di pusat-pusat yang dikendalikan oleh kerajaan. Mereka yang pernah dirawat biasanya menjalankan rawatan di institusi-institusi swasta atau melalui rawatan tradisi.
- o Di antara mereka yang pernah dirawat di pusat-pusat kerajaan, 37.5% mendapati bahawa rawatan tersebut adalah tidak berguna kerana penagih-penagih kembali menagih sebaik sahaja keluar dari pusat. Sebab-sebab lain adalah kerana dadah boleh didapati dari pusat-pusat rawatan dan akhir sekali kerana keluarga belum sedia untuk menerima pengembalian penagih dadah ke pangkuan keluarga.

- o Sambutan yang dingin terhadap pusat-pusat rawatan adalah kerana penjaga-penjaga penagih dadah tidak mahu masyarakat mengetahui tentang masalah penagihan dadah, penjaga-penjaga tidak tahu bagaimana atau di mana mendapatkan rawatan dan juga kerana penjaga-penjaga bimbang mengenai jenis rawatan yang dijalankan di pusat-pusat ini.
- o Penjaga-penjaga menyatakan keperluan mereka bagi mendapatkan satu pusat rawatan yang baik untuk penagih-penagih dalam keluarga mereka.
- o Mereka juga menyatakan pentingnya mengadakan pusat-pusat yang dikendalikan oleh kerajaan di setiap negeri.
- o Untuk mengurangkan kadar penagihan semula di kalangan penagih-penagih, penjaga-penjaga mencadangkan supaya jagaan lanjutan dijalankan di kawasan-kawasan selain dari kampung asal penagih-penagih dadah.
- o Penjaga-penjaga juga menyatakan pentingnya mendidik masyarakat supaya menjadi sebahagian dari kumpulan sokongan untuk mengurangkan masalah-masalah penagihan dadah.
- o Penjaga-penjaga juga memandang peranan keluarga sebagai sumber sokongan yang berterusan untuk merawat dan memulih penagih dadah.

Kesimpulan

Heroin adalah dadah utama yang digunakan. Penggunaan nikotin (merokok) biasanya dimulakan sebelum penggunaan heroin. Penggunaan heroin, yang bermula disebabkan perasaan ingin tahu, untuk berseronok atau sebagai penawar bagi beban psikologi dan emosi, diteruskan untuk menikmati pengalaman fizikal yang menyeronokan dan akhirnya akan membawa kepada pengantungan terhadap dadah. Ini akan menyebabkan penggunaan dadah setiap hari supaya tidak mengalami 'withdrawal symptoms'. Masalah-masalah yang dihadapi oleh wanita-wanita dalam masyarakat dan juga di institusi adalah disebabkan oleh penggunaan dadah dalam hidup mereka. Perhubungan antara pelacuran dan penggunaan dadah adalah ketara terutamanya dalam kehidupan penagih dadah dalam masyarakat.

Jenayah adalah tinggi di kalangan penagih-penagih yang telah menagih bagi jangkamasa yang lama. Dari segi keperluan dan perkhidmatan, wanita-wanita ini menonjolkan masalah-masalah semasa cuba mengatasi/mengurangkan kesan-kesan negatif penyalahgunaan dadah. Penilaian yang lebih mendalam ke atas perkhidmatan-perkhidmatan rawatan dan pemulihan dapat menolong wanita-wanita ini menjalankan hidup yang lebih bernilai.

Penjaga-penjaga penagih-penagih dadah juga mengatasi masalah untuk menyesuaikan diri dengan masalah penyalahgunaan dadah di rumah. Perkhidmatan, sokongan tidak pernah di dengar oleh penjaga-penjaga ini. Sebilangan besar dari mereka tidak tahu ke mana mereka boleh menghantar penagih-penagih bagi memperolehi rawatan. Pada masa yang sama, penjaga-penjaga juga menghadapi masalah-masalah di rumah, dalam diri mereka sendiri dan dalam masyarakat. Penjaga-penjaga perlu diberi sokongan untuk menolong menyekat penagihan dadah kerana keluarga adalah unit sosial yang paling dekat bagi penagih-penagih dadah.

SUMMARY

Introduction

Part One of this study is conducted to further examine the problem of drug dependence among women in Malaysia. The major areas that are given priority are the kinds of problems faced by these women, the kinds of support services required by these women and their general needs. Two groups of women are identified; 30 women from the streets/community and 68 women from the institution (Women's Treatment and Rehabilitation Centre).

Part Two of this study is conducted to examine and understand the problems faced by the carers of drug dependents and their methods of coping and caring for the drug dependents. The various support services to help the drug dependents and the needs of the carers of drug dependents are also looked into. Sixty one carers are identified from the state of Perak, Malaysia.

Methodology

The respondents are from the community and institution, 30 from the community on Penang Island and 68 from the Women's Treatment and Rehabilitation Centre in Kemumin, Kelantan. A semi-structured questionnaire was used, though the respondents were also encouraged to talk freely on their family and marital background. The carers are from the state of Perak, Malaysia. Twenty of the respondents are fathers, twenty two are mothers, four are spouses, twelve are siblings and three are grandparents. A semi-structured questionnaire was used by the volunteers from the Perak Parents' Movement Against Drug Abuse to conduct the interview. The interview with the respondents was conducted in the language or dialect most proficient to them.

Only data where quantifiable were coded and key-punched into the computer. The data was analysed using the Statistical Analysis System (SAS) Package.

FINDINGS

The main findings of the study are summarized below:

1. Women In The Community

- o Majority of the drug dependents have not received any education or only a primary education (66.7%).
- o The drug dependents were mainly employed as prostitutes (76.7%).
- o All the drug dependents have abused heroin and 93.3% have abused nicotine.
- o Current abuse of heroin was 66.7% and nicotine was currently abused by 83.3%.
- o Main reasons for initiation into drug use were to socialise, have fun (30%) and curiosity (26.7%).
- o Fifty percent of the drug dependents continued with drug use because the physical experience was enjoyable.
- o The drug dependents began drug use in the 20 - 29 years age group.
- o The reasons given as to why 33.3% of the drug dependents had given up heroin were that they had been on drugs only for a short duration (50%), they had just been released from the treatment centres/prisons (40%) and decreasing income for the older women who were supporting their income through soliciting (10%).
- o Eighty percent of the drug dependents had been arrested before and 73.3% had been incarcerated.
- o Most of the drug dependents were arrested for drug related offences (91.7%).
- o The drug dependents who have been arrested more than five times were mainly women who were soliciting on the streets and have been on drugs for a longer period of time. They were all divorcees, living mainly with friends in rented rooms or five foot ways.

- o The drug dependents in the community were mainly divorced (56.7%). The 13.3% who were single had lived with a boyfriend at least once in their lives.
- o The problems faced by these women were all interrelated. They come from the poor downtrodden segment of society, leave school early to earn a living and get jobs at pubs/bars. They then become addicted and start prostituting or vice versa.
- o The drug dependents in the community need skill/training for stable jobs.
- o The community drug dependents need emotional support and assistance to help them live in a world without drugs.
- o The drug dependents also need a support group for encouragement to stay away from drugs.
- o The drug dependents suggested a mother and child unit to improve the treatment facility available for them.

2. Women In The Institution

- o Majority (64.7%) of the respondents have received a primary level education or none at all.
- o The respondents are mainly married (39.7%).
- o Among the single women, 62.5% have lived with a boyfriend at one point in her life.
- o Prior to their entry into the institution, 57.4% of the respondents were involved in full time work.
- o A large proportion of the respondents had been arrested before (82.4%) and 76.5% have been incarcerated.
- o They were mainly arrested for drug related offences (92.8%).
- o Most of the respondents have abused nicotine (98.5%) and heroin (97.1%) previously.

3. Carers of Drug Dependents

- o More than half (50.8%) of the families that were interviewed had less than 5 siblings.
- o The respondents were mainly married (68.9%).
- o A higher percentage of them (44.3%) had lower secondary education.
- o The respondents were mainly unemployed (59%).
- o The main reason the respondents suspected drug use in the family was because money was stolen from the home (34.4%).
- o According to the respondents, a large proportion of the drug dependents (42.6%) in their family started drug use during their teenage years (15 - 19 years old).
- o A large proportion of respondents (44.3%) were not sure of what drug was being abused by the drug dependent in their family.
- o The major reason the drug dependents initiated drug use was peer influence (44.3%).
- o Majority of the drug dependents (55.7%) were currently abusing drugs.
- o Peer influence was cited as the major reason for continuing drug use for the majority of the drug dependents (73.5%).
- o The respondents indicated a high crime rate among the drug dependents; 86.9% of them have been arrested before and 75.4% have been incarcerated.
- o A substantial proportion of the drug dependents were unemployed (34.4%).
- o The family indicated having a positive attitude towards the drug dependents except that they would not seek help from experienced people on how to help the drug dependent.

- o The families also took positive actions to help overcome the drug dependency problem in their homes except that they would not seek help from neighbours and friends or encourage the drug dependent to join projects outside the home. This is mainly caused by embarrassment.
- o The problems faced by the families were mainly emotional and family problems.
- o About 80% of the respondents indicated not receiving any help or assistance for the various problems that they faced.
- o About 87% of the drug dependents have not been through treatment in the Government-run centres. They mainly frequented private institutions or traditional healers.
- o Among those who have been treated and rehabilitated at the Government-run centres, 37.5% found the treatment to be not useful at all as the drug dependents went back to drugs as soon as they come out of treatment. The other reasons were that drugs was available in the treatment centres and lastly, the family was not prepared to accept the drug dependent back.
- o The poor response towards the treatment centre was because the carers did not want the society to know of the drug dependency problem, the carers did not know how or where to seek treatment and the carers feared the kind of treatment that was being carried out at these centres.
- o The carers highlighted their need for a good treatment centre for the drug dependents in their family.
- o The carers brought out the need for more Government-run centres in each state.
- o To prevent relapse among the drug dependents, the carers suggested after care supervision in areas other than the drug dependents' hometown.
- o The carers felt the importance of educating society to be part of the support group to help reduce the drug dependency problems.

- o The carers perceived the role of the family as the constant source of support and encouragement to help treat and rehabilitate the drug dependent.

Conclusion

Heroin is the main drug of abuse. Before heroin was first used, nicotine use (cigarette smoking) preceded. Heroin use, mainly started out of curiosity, to socialise and have fun or as a relief from psychological/emotional stress was continued for enjoyable physical experiences and led finally to addiction, necessitating continuous daily use to avoid withdrawal symptoms. The problems that were brought up by women both in the community and the institution revealed the consequences of drug use in their lives. The relationship between prostitution and drug use is apparent especially in the lives of the community drug dependents.

Criminality was high among the drug dependents who have been in the habit for a longer period of time. In terms of needs and services, these women brought out their problems in trying to overcome/reduce the negative effects of drug abuse. Further evaluation on the present treatment and rehabilitation facilities could help these women lead a better life.

The carers faced many problems in trying to cope with the drug dependency problem in their homes. However support services were unheard of by the carers. Most of them did not know where to send the drug dependents for treatment. At the same time they faced problems at home, problems within themselves and problems in the community. This group should be given support to help curb drug addiction as the family is the nearest social unit for the drug dependent.

PART 1

STUDY ON WOMEN DRUG DEPENDENTS

Introduction

Over the period 1978 to 1986, a total of 1272 women addicts were registered with the National Drug Abuse Monitoring System. (Foong et al. 1987). Although they represent an insignificant proportion of the total identified drug abusers, they must not be ignored. The costs of drug abuse by women to both individual and society are complex and far reaching. The majority of women who abuse drugs are of child bearing age and thus their drug dependence will not only affect this generation of adult women but also future generations.

1.1 Review of Previous Studies

Two studies on women drug dependents have earlier been undertaken by the National Drug Research Centre of Universiti Sains Malaysia. These studies were, namely: (a) A preliminary study on woman involved in drug dependency (Foong et al. 1987) and (b) An in-depth study on women involved in drug dependence in Malaysia (Wong et al. 1988). These studies established the socio-demographic and drug use patterns of women drug dependents and examined in great depth the natural history of drug dependence among women, the effects of drug dependence and the psychological profile of female drug dependents. The studies showed that a large (75%) percentage of these addicts have abused heroin. A small proportion (between 11 - 13%) have abused alcohol, cannabis and opium. Tranquilisers, barbiturates, amphetamines and other types of drugs were rarely abused among these women. Most of them progressed directly to daily use, since initial use of the primary drug. Peer influence, pleasure seeking and emotional problems were the most commonly cited reasons for initiating drug use.

Almost half of the addicts who had their drug use interrupted by incarceration or treatment returned to drug use in less than a week. The main reasons for relapsing were to gain high, meeting addict friends and being unable to overcome the psychological craving for drugs.

The family background of the addicts in the indepth study indicated that they come from dysfunctional families. There were parental absence (both physically and emotionally), parental conflicts, little cohesion between family members, parental neglect and rejection by parents.

Section 1

INTRODUCTION ON WOMEN AND DRUG DEPENDENCY

The studies also showed that as a consequence of drug use, some of the women addicts stopped schooling at an early age and had to resign from their jobs. They then entered and had to remain in prostitution to support their dependence. Many of them experienced separation from their children and have records of conviction and incarceration.

These previous studies conducted in Malaysia showed that as a consequence of drug use, some of the women addicts stopped schooling at an early age. Those who had jobs, resigned, and to support themselves had to enter and remain in prostitution. Many of them experienced separation from their children and spouses and have records of conviction and incarceration.

Among these women, there are high incidences of viral hepatitis, venereal diseases, tetanus abscesses, menstrual abnormalities and HIV positive cases. (Eldred et al. 1974). These women are more prone to become AIDS victims because of their needle sharing activities and their promiscuous homo/heterosexual activities (Mondanaro 1990). The problems of addiction unfortunately do not end here. These women deliver infants who are often born addicted. Convulsions and deaths have resulted in infants who have undergone withdrawal. Mothers involved in drug dependence will find it difficult to perform their maternal functions. Relationships with their children and spouses will be affected adversely (Perlmutter 1967; Stern 1966). All these points to the severity of the problem of women involved in drug dependence. The problem is encased in what is commonly called the vicious cycle trap.

1.2 Rationale for This Study

This study aims to further examine the problem of drug dependence among women in Malaysia. The major areas that will be given priority in this study are the kinds of problems faced by these women, and how they can be helped to overcome these problems. This study also aims to understand the kinds of support system that are required by these women, more so if they are mothers. These could include counselling, emotional and financial support and after-care needs for women after they leave the treatment centre.

A systematic and comprehensive study of the seriousness of this problem and the needs of these women will provide relevant information for the planning of suitable treatment and prevention programmes and other services which can respond to the needs of women drug dependents.

1.3 Objectives of Study

The objectives of this study are stated as research questions below:

1. What is the socio demographic profile of these women?
2. What are their marital and employment background?
3. How extensive is their involvement in criminality?
4. What is their pattern of drug use?
5. What are the kinds of problems faced by these women and in what way are these problems associated with their drug use?
6. What are their perception and attitudes toward treatment and aftercare?
7. What are the different services available for them to seek help?
8. What are the needs of the women drug dependents?

4 Research Design

1.4.1 Samples

Two groups were chosen for this study. The first group consisted of women drug dependents who were from the streets in Penang. This group was selected so as to obtain information on their lifestyle, their drug use behaviour and the kind of problems that they face. These respondents (n = 30) were obtained using the snowball technique. Twenty subjects were actively involved in heroin use during the time of investigation. The other ten case have just recently discontinued heroin use a few months prior to this study.

The second group of respondents were women drug dependents who were undergoing treatment in the treatment centre in Kemumin, Kelantan. This centre is the only government-run treatment centre for women in Malaysia.

This group differs from the first group in that these women drug dependents have left the street drug scene (mostly being compelled by law) and were provided treatment and rehabilitation. It is of great interest to the subject of this study to obtain a profile of these women, the types of services they have received and their views and feelings regarding these treatment services.

The respondents were randomly chosen from a list of names of all the women who were being treated at the centre at that point in time. There were about 110 trainees, out of which 64 (58.1%) were randomly chosen and interviewed.

1.4.2 Data Collection

In order to obtain the community cases, the prison, the police and aftercare centres were contacted initially for names of women drug dependents who were released back to the community. Only a handful of them could be traced as many of them had given the authorities false addresses. The women that were contacted then introduced the interviewers to their friends. The interviewers managed to win the confidence of these women through continuous meetings and were taken by the drug dependents themselves to the 'red-light' districts where these women solicit to support their addiction. More contacts were established here.

The interviews were conducted at nearby coffee shops and bars where the women worked as part-time waitresses. Some of the respondents were interviewed at the five foot ways where they solicit. As it was felt that during the period of interview (at least 2 hours) they might lose out on getting customers/clients, they were offered a fee of \$7 - \$15 for their time. Due to the small number of known women drug dependents and the hidden nature of this category of people, the snowball technique was used to locate these study subjects. Names of two women were obtained from the aftercare centre. One was a housewife and the other was a hawker. The rest of respondents were all employed as prostitutes in bars/hotels or at five foot ways.

Interviews at the treatment centres were carried out by the counsellors at the centres. Briefing and training regarding interview procedures was carried out with the counsellors by the researches from the National Drug Research Centre.

Interviews with the community cases were carried out by the research officers and field workers of the National Drug Research Centre. A semi-structured interview guide was used. The interview was conducted in the language or dialect proficient to the respondent. A major portion of each interview was carried out using the free style interview technique where the respondent was urged to talk freely about her background and problems that she faced. Probing and observation techniques were also used.

The respondents at the centre were interviewed using a more structured questionnaire. They were however, encouraged to speak freely about their background, drug addiction career, and the problems that they face.

At the beginning of each interview, each respondent was briefed on the identity of the interviewer, the purpose of the interview, assured of anonymity and confidentiality, and the right not to answer any or all of the questions that were asked. Feedback was also obtained from the respondent with regard to her understanding of the briefing and if there was anything further that she would like to know, for instance, the interviewer's background before the start of the interview proper. This, it was felt would serve to establish the rapport necessary before the start of the interview. Each interview lasted between 1 1/2 - 2 hours. During this time, the interviewer would occasionally inquire if the respondent is experiencing fatigue and hence prefer to continue at some later time. Care was also taken not to interview the community drug dependent when she was "high" as it was felt that this would severely affect the answers given.

When the interviews were carried out at the premises where the women were employed, there were interruptions from addict males who hung around the area and who were friends of these women. Normally these male addicts questioned the interviewers to ensure that their women friends were not getting themselves into trouble. No other serious problems were faced as the male addicts left the place once they were sure of the identity of the interviewers. Interviews were easily obtained from drug dependents in the community after the respondents understood the purpose of the interview. A semi-structured questionnaire was developed and pretested for the study. Data was collected over a period of 6 months from August to November, 1991 and January to February, 1992.

1.4.3 Types of Information Collected

(a) Socio-Demographic Characteristics

- o Age
- o Ethnicity
- o Educational Attainment
- o Marital Status and Background
- o Occupation
- o Criminal History

(b) General Drug Use History

- o Types of Drugs Ever Abused
- o Types of Drugs Currently Abused
- o Frequency of Use
- o Reasons for Initial and Continuous Use

(c) Treatment History and Current Treatment

- o Reasons for not being treated
- o Reasons for seeking treatment
- o Past treatment experiences
- o Duration of abstinence
- o Reasons for relapse

(d) Problems Faced

- o Physical health problems
- o Financial problems
- o Employment problems
- o Parenting role problems
- o Family problems

- o Legal problems
- o Emotional problems
- o Relationship of these problems to drug dependency

(e) Services

- o Kinds of services available
- o Kinds of services that are needed
- o General needs of women drug dependents.

1.4.4 Data Analysis

Only quantifiable information was coded and key punched into the computer. Data was analysed using the Statistical Analysis System (SAS) Package. The chi-square test and "t" test were used whenever appropriate to detect for statistically significant differences in observations. The qualitative information was described.

1.5 Structure of Report

This report is organised into 4 sections. The first section presents the general introduction for the study on women drug dependents, both in the treatment centres and also in the community. Section 2 discusses the socio-demographic characteristics, the problem and needs of women in the community. Section 3 presents the different areas studied on the women drug dependents in the treatment centre. Section 4 presents the major findings from both groups, the interpretation of the data and their implications for policy decisions.

Section 2

STUDY ON WOMEN DRUG DEPENDENTS
FROM THE COMMUNITY

CHAPTER ONE
OVERALL PROFILE OF WOMEN DRUG DEPENDANTS

1.1 Introduction

This chapter focuses on the overall socio-demographic characteristics of the study subjects, their pattern of drug use, as well as their criminal background. The socio-demographic variables examined are race, current age, education level, marital status and employment status.

1.2 Socio-Demographic Characteristics

The racial composition of the study sample is 53.3% Malays, 20% Chinese, 23.3% Indians and 3.3% others (Table 1.1). The respondents are all presently residing in Penang, though some of them originated from different states all over the country. The majority of the respondents were born and bred in Georgetown, Penang (46.7%). The others were from Kedah (23.3%), Butterworth (6.7%), Taiping (6.7%), Kuala Lumpur (6.7%), Ipoh (3.3%), Kelantan (3.3%) and Johor (3.3%). Most of the respondents from the different states (other than Penang) do go back to their hometown to visit their parents, their children or sometimes even to "kick the habit". A few of them never go back to their families either out of embarrassment or because they were not accepted by their families. A major proportion of the sample (83.3%) were below the age of 40 (20 - 39 years old) and 16.6% were above 40 years old (\bar{x} : 33.9, S.D.: 7.336). Respondents who have never received any education or only a primary education make up 66.7% of the sample while those having a secondary education make up 33.3%. The distribution of these women by their marital status shows 13.3% single women, 23.3% married, 10% separated, 46.7% divorced and 6.7% widowed.

The respondents were mainly employed in full time jobs (70%). The rest of them were either employed part time (6.7%), unemployed (20%) or only work when necessary (3.3%). The current employment of the women who were employed were prostitutes (76.7%) and hawkers (3.3%).

1.3 Pattern of Drug Use

The drug-related variables examined include drugs ever abused, drugs currently abused, reasons for initial and continuous use, the source of introduction to drugs, frequency of drug use (in past 30 days prior to interview), age of initiation to drug use and route of use.

1.3.1 Drugs Ever Abused

All the addicts have abused heroin and 93.3% have abused nicotine before (Table 1.2). The abuse of alcohol (36.7%), cannabis (26.7%), opium (10%), morphine (3.3%) and tranquillisers (3.3%) were on a lesser extent. Two subjects have reported the use of benzodiazepines (such as flunitrazepam, alprazolam, etc.)

1.3.2 Drugs Currently Abused

All 30 drug dependents have abused heroin though 10 have mentioned that they had given up heroin use during the time of interview but were however still hooked on nicotine. The other 20 subjects were still actively using heroin. The current cigarette smokers had reduced to 83.3%. Current abuse of other drugs among the active users (n=20) such as alcohol (40.0%), cannabis (15%) and tranquillizers (5.0%) are on a lesser extent.

1.3.3 Reasons for Initial Use

The main reasons for starting drug use were to socialise and have fun (30%) and curiosity (26.7%). The other reasons cited were relief from psychological/emotional stress (20%), treatment of health disorder (13.3%) and other reasons (10%) (Table 1.3).

TABLE 1.1

Distribution of Women Drug Dependents in the Community by Socio-Demographic Characteristics

Characteristics	n	%
(N = 30)		
<u>Race</u>		
Malay	16	53.3
Chinese	6	20.0
Indian	7	23.3
Others	1	3.3
<u>Age</u>		
Below 20	1	3.3
20 - 29	9	30
30 - 39	14	46.7
40 - 49	5	16.7
50 - 59	1	3.3
\bar{X} - 33.9		
S.D. 7.336		
<u>Educational Level</u>		
Never went to school	5	16.7
Primary School	15	50.0
Lower Secondary (Form 1 - 3)	7	23.3
Upper Secondary (Form 4 - 6)	3	10.0
<u>Marital Status</u>		
Single	4	13.3
Married	7	23.3
Separated	3	10.0
Divorced	14	46.7
Widow	2	6.7
<u>Employment Status</u>		
Full Time	21	70
Part Time	2	6.7
Unemployed	6	20.0
Others (e.g. works only when necessary)	1	3.3

TABLE 1.2

Distribution of Women Drug Dependents in The Community
by Drugs Ever Abused

Type of Drugs	Ever Abused		Total
	Yes	No	
Nicotine	28 (93.3)	2 (6.7)	30 (100.0)
Alcohol	11 (36.7)	19 (63.3)	30 (100.0)
Opium	3 (10.0)	27 (90.0)	30 (100.0)
Heroin	30 (100.0)	-	30 (100.0)
Morphine	1 (3.3)	29 (96.7)	30 (100.0)
Tranquillisers	1 (3.3)	29 (96.7)	30 (100.0)
Cannabis	8 (26.7)	22 (73.3)	30 (100.0)
Benzodiazepines	2 (6.7)	28 (93.3)	30 (100.0)

TABLE 1.3

Distribution of Women Drug Dependents in The Community
by Reasons for Initial Drug Use

Reasons for Drug Use	n	%
Curiosity	8	26.7
To socialise and have fun	9	30.0
Relief from psychological/ emotional stress	6	20.0
Treatment of health disorders	4	13.3
Others (to reduce weight and cheated into taking drugs)	3	10.0
Total	30	100.0

1.3.4 Reasons for Continuous Use

Half of the respondents indicated that they continued drug use because the physical experience was enjoyable (Table 1.4). Forty percent indicated that they continued use of drugs so that they could forget their problems. Other reasons given were to gain further acceptance from friends (20%), that they perceived that drug use could be controlled (6.7%), that the drugs were cheap and easily available (6.7%) and to enhance sex (3.3%),

1.3.5 Source of Introduction to Drugs

Majority of the women (83.3%) were introduced to drugs through friends and 16.7% through their spouses.

1.3.6 Frequency of Drug Use (in the past 30 days)

Cigarette smoking was enjoyed four or more times daily by 84% of the respondents who were currently smoking (n=21). The remaining 16% smoked two to three times daily.

Fifty percent of the current drinkers (n=8) consume alcohol two or three times daily. The others reported drinking either less than once weekly (12.5%), once weekly or more (12.5%), once daily (12.5%) or whenever they are given a treat by their clients (12.5%).

Although 20 respondents indicated having used heroin in the past one year, one of the respondents stopped using heroin in the past 30 days after she was incarcerated for two weeks. Of the 19 current heroin abusers, 57.9% used the drug four or more times daily, 36.8% two/three times daily and 5.3% once daily.

Cannabis was abused once weekly or more by all current abusers (n=3). Tranquillisers were abused once weekly or more by the one respondent who used the drug currently.

TABLE 1.4

Distribution of Women Drug Dependents in The Community by Reasons for Continuous Drug Use*

Reasons for Continuous Use	n	%
The physical experience was enjoyable	15	50.0
To gain further acceptance from friends	6	20.0
Helped to forget problems	12	40.0
Found that drug use enhanced sex	1	3.3
Perceived that drug use could be controlled	2	6.7
Drugs were cheap and easily available	2	6.7

* Total percentage exceed 100% due to multiple reporting.

1.3.7 Age of Initiation

The majority (57.1%) of the cigarette smokers started smoking when they were in their twenties. The others (39.3%) started smoking in their teenage years (10-19 years) and 3.6% started smoking before the age of 10.

Only 27.3% of the drinkers (n=11) started alcohol use in their teenage years. A majority of them (72.7%) started drinking in their twenties.

A similar trend was observed with the initiation of heroin use. Most (66.7%) had started when they were in their twenties. A substantial number (26.7%) had initiated heroin use in their teenage years. One of the respondents began heroin use in her thirties and another one, in her forties.

Seventy five percent of the cannabis abusers initiated use when they were teenagers. Twenty five percent initiated use in their twenties.

Age of initiation of opium use was significantly later comparatively i.e. either in their thirties or forties. Tranquilizer use was initiated by the only user respondent in her twenties.

1.3.8 Method of Use

All the heroin abusers indicated a combination of methods in administering heroin. Some of them started with smoking, "chasing the dragon" and then went on to injecting when heroin supply was low. A few respondents started with intravenous drug use but gave up along the way for fear of AIDS. Ninety percent of the heroin abusers administered heroin through "chasing the dragon" method, 73.3% smoked heroin which was stuffed into the cigarettes and 20% injected heroin into their veins.

Cannabis was mainly smoked (87.5%) while one respondent indicated administering cannabis by "chasing the dragon". Opium was consumed orally by 66.7% of the respondents and smoked by 33.3% of the respondents. Morphine was administered through intravenous drug use and benzodiazepines were administered either orally or intravenously.

1.3.9 Profile of Women in the Streets who no longer abuse heroin

This section aims to understand the profile of the women in the streets who have given up heroin. All thirty respondents had abused heroin at one point in their lives, however 10 of them (33.3%) had given up drugs at the time of interview.

Fifty percent of the women (n=10) who have given up drugs were between 20 - 29 years old and the other half were in their thirties. Fifty percent had been on drugs for less than 10 years, forty percent had been on drugs for 10 - 20 years and ten percent for more than 20 years. Those who had been on drugs for less than 10 years gave it up easily when crisis set in and they felt the futility of living on drugs. For those who had been on drugs for 10 - 20 years (40%), all of them who had given up had just been released from treatment centres or prisons. This reason explains why they were not active addicts at the time of interview. An interesting case concerns a woman who had been on drugs for 22 years. The reason why she gave up drugs was because she was advancing in age (39 years old) which meant her income level was reducing as she worked as a prostitute. If she carried on with drugs, she would not be able to survive as she would not have enough to spend on drugs. She also mentioned that as she advances in age, she needs more drugs to attain 'high' when compared to her initial years.

A few observations can be drawn from the experiences of this group of women. The few women who could give up drugs seemed to be able to do so because they have been hooked on it only for a short period of time. If they have been on drugs for a longer duration, they would abstain only if they were incarcerated/institutionalised. The other important reason is the link between the age of the respondent and her occupation. Women who solicit tend to give up drugs in their late age as their income dwindled. Most of these women are not trained for any other jobs. Hence, without income from prostitution, they would be compelled to kick the habit.

1.4 Criminality of Women Drug Dependents in the Community

Eighty percent of the interviewees had been arrested before and 73.3% had been incarcerated. Majority of the respondents were arrested once (41.7%). Twenty five percent

were arrested twice, 12.5% three to five times and 20.8% more than 5 times. A majority were incarcerated once (40.9%). The others were incarcerated either twice (22.7%), three to five times (18.2%) or more than five times (18.2%).

1.5 Reasons for Criminality Among Women Drug Dependents

Most of the respondents (91.7%) were previously arrested for drug-related offences and 8.3% were arrested for other offences (e.g. not in possession of an identity card, close proximity etc.). About an equal percentage of respondents were also incarcerated; 81.8% for drug-related offences and 18.2% for other offences.

1.6 Comparison of Drug Dependents who have never been arrested/incarcerated with those with high records of arrests/incarcerations

Twenty percent (n=6) of the respondents have no records of being arrested/incarcerated. Of the 24 respondents who have been arrested at least once before, 20.8% indicated having been arrested/incarcerated for more than 5 times at the time of interview.

The ages of the "high arrests" group was evenly distributed between the 20 - 29 years age group (40%), 30 - 39 years age group (20%) and 40 - 49 years age group (40%). In the same way, the ages of the "no arrest" group was also evenly distributed (50% in the 20 - 29 years age group, 33.3% in the 30 - 39 years age group and 16.7% in the 40 - 49 years age group).

All the respondents in the "high arrests" group were divorced, while in the "no arrest" group, 33.3% were single, 33.3% were married and 33.3% were divorced.

The majority (66.7%) of the "no arrest" group of respondents had been on drugs for less than 10 years and 33.3% had been on drugs for 10 - 19 years. On the other hand the majority (80%) of the "high arrests" group had been on drugs for 10 - 19 years and 20% for 20 - 29 years.

The "high arrests" group were mainly prostitutes operating on the street (60%), prostitutes operating in cheap hotels (20%) and those who were unemployed (20%). The "no arrest" group consists of unemployed housewives (33.3%), prostitutes operating in cheap hotels (33.3%), hawkers (16.7%) and prostitutes operating on the streets (16.7%).

Fifty percent of the "no arrest" group were off drugs at the time of interview. Majority of them (83.3%) were living with their spouses, families or siblings. Only one respondent was staying at a hotel with a friend. The "high arrest" group of respondents mainly lived in rented rooms with friends or five foot ways (60%). One respondent lived in the hotel and another one respondent stayed at home as she was just released from the treatment centre.

Respondents who have been arrested more than five times were mainly women who were soliciting in the streets and have been on drugs for a longer period of time. These women were all divorcees living mainly with friends in rented rooms or five foot ways. Naturally, these women can be easily picked up in raids compared to the respondents in the "no arrest" group who mainly stayed at home. The 'no arrest' group of women on the other hand, live in a more protected environment. Most of them have been on drugs for a shorter duration. Though they also engage in illegal activities (i.e. prostituting), they were less likely to be targets as they spend lesser time on the streets. Majority of the "high arrests" group spent most of their lives on the street.

CHAPTER TWO FAMILY AND MARITAL BACKGROUND

2.1 Overall Profile

This chapter presents the family and marital background of the women drug dependants in the community. After an overall discussion, 10 case studies will be highlighted for a more indepth understanding of the issues discussed.

The women were mainly divorced (56.7%). The remaining few were either married (23.3%), single (13.3%) or widowed (6.7%). The married women first got married between the ages of 13 - 27 years old (\bar{x} = 20 years old). Out of the 24 women who had married at least once before, 6 (25%) had no children. The others had children who were being looked after by the respondent's mother, relatives or siblings. The 13.3% who were single had lived with a boyfriend at least once in their lives.

Sixty percent of the women lived with addict/non addict friends either in hotels where they solicited or rented rooms nearby the five foot ways where they solicited. The others lived at home (33.3%) with either their mother, siblings or husbands. Another 2 (6.7%) lived on five foot ways or wherever they could lay their heads down at night.

It is interesting at this point to understand the reasons as to why a large proportion of these women are divorced. Is it their drug taking habits that drove their husbands away or is divorce the reason why these women turned to drugs out of frustration?

Though a number of women indicated that their lives were too caught up with drugs and this reason drove their husbands away, quite a few indicated other reasons which involved the husbands. One of the main reasons the respondents left their husbands was because their husbands intended to take another wife. Out of embarrassment and a sense of injustice, the respondents left their husbands. To fend for themselves they looked for jobs where they could earn enough to keep them going. Due to their very low educational attainment they ended up in jobs at bars or hotels. Prostitution and drug addiction soon followed.

Another outstanding reason for divorce was because the respondents got married to drug dependents unknowingly (most of the time). They ended up being drug dependents themselves. Divorce or separation took place when both were incarcerated or arrested for addiction.

The next interesting point to look into is the family background of the drug dependents. Fifty percent of the respondents came from families where their parents were either divorced/separated or were single parents. Thirty percent of the respondents were given away to be brought up by grandparents, uncles, aunts or other relatives. Even from young, these respondents have not experienced love or care from their own parents. The adopted ones often reacted negatively when they found out that they had been brought up away from their own family.

Four of the respondents (13.3%) had gone through reform schools for three years of their teenage lives. Their growing up years were not easy. Three of them were from adopted families and the fourth grew up with a single parent. Right from the start, these women grew up with rejection. They could have ended up as addicts out of rebellion against society or against the social system that had rejected them. Peer group influence was strong in the lives of these women since they experienced rejection from their families.

More than half (53.3%) of the respondents came from poor socio-economic background. They had to leave school very early or were not educated at all because their families could not afford to send them to school.

The overall profile of these women showed that they come from very depressed background. Their lives were a vicious cycle from their birth, growing up years, marital life to their present life.

The following case studies provide a detailed account of the lives of some of the respondents. The cases were chosen from different family and marital backgrounds so as to represent a wider sample. Some of the cases were forced into addiction by their husbands. Others were influenced by their peer groups. All the names in the case studies are fictitious so as to protect the confidentiality of the respondents.

2.2 Case Studies

Case One

Aishah, who was originally from Malacca is presently unemployed and living in Penang. She was interviewed at her home on the 29th of August 1991.

Aishah, 29 years old has just been released from the Women's Treatment Centre in Kemumin, Kelantan. She was raped when she was 15 and then forced by her parents to marry the man who raped her. She is now divorced and does not have any children.

She started smoking when she was 15 (after the Lower Certificate of Examinations - a major examination in Malaysia). Cigarettes were given to her by her classmate. After she was raped, two boyfriends gave her heroin and showed her how to 'chase the dragon', so as to forget the rape incident. She tried it once but did not continue to use it. She left Malacca where she was living with her parents and moved to Kuala Lumpur. She met a couple at the bus station. They cheated her into working at a massage parlour and she was also forced into prostitution. They provided her with heroin worth \$30 to \$50 a day. She also used cannabis at that time whenever there was no supply of heroin. She was a prisoner to the couple for three years before she escaped. When she needed more 'steam', she used to inject heroin with other booster pills such as Up John (triazolam), Roche 2 -(flunitrasepam) and others. These are benzodiazepines and were commonly used in combination with heroin to enhance the effects or 'high' from heroin. This phenomenon was earlier studied by Navaratnam and Foong (1988). She started the use of opium and morphine when she was 23 years old.

Aishah has been caught by the police seven or eight times for not being in possession of an identity card and for possession of heroin. She was first caught when she was 18 years old and was sent to a reform school for three years.

After being released, she went to work as a waitress cum dancer cum prostitute at a night club. After a few months she was caught for being in possession of drugs and was imprisoned in Kajang, Selangor for 13 months. About three years ago she was caught after her urine tested positive in Butterworth and was sent to the Women's Treatment Centre in Kelantan. She was discharged six months ago and has to undergo aftercare programme for two years. She has to report to the aftercare officer in Penang, every month.

She has not started working ever since her release and is torn between whether to work as a waitress/dancer in a nightclub or to work in a factory.

Aishah's parents have not accepted her and are not in talking terms with her. She only speaks to her youngest brother. She also experiences dizzy spells and headaches. She does not have any friends either and feels lonely and rejected. She is off drugs at this time.

Case Two

Alina from Kuala Lumpur was interviewed at her workplace on the 11th of September, 1991.

Twenty seven year old Alina works as a waitress cum prostitute at a hotel in Penang. She earns \$40 - \$60 a day. She has just come to Penang from Ipoh to look for cheaper and better quality heroin.

Alina comes from a family of nine. Her parents gave her away to their best friend to reduce their burden. She was twelve when her adopted parents told her that she was adopted. She was shocked and decided to go back to her parents. Her parents were in Sg. Siput, Perak at that time. She was easily accepted by her father but not her mother. In frustration she went back to her adopted mother in Kuala Lumpur. Since then, she became notorious. She visited her elder sister in Kuala Lumpur after obtaining the address from her father. Both her sister and husband were addicts. They also push drugs. They got Alina involved in drug peddling.

By then, Alina was already a smoker. She started smoking because of her adopted mother who is also a smoker. She used to steal the cigarettes and try them out. From the time she was in Form One, she used to smoke every day and peddle cannabis at the bus station. She started pushing heroin when she was in Form Two. The heroin was supplied to her by a man who was a friend of her sister. Alina also picked up the habit of 'chasing the dragon'. The constant supply of heroin got her hooked in just a short time. She used to spend \$120 a day on heroin from the money she earned by pushing the drugs. Lately however, she spends about \$15 - \$20 a day and also injects heroin because of financial hardship.

When she was 15, she was arrested by the police after her adopted mother reported about her activities to the police. She was sent to the Reform School in Malacca for three years. A month after she was released, she went back to pushing drugs and also worked at pubs/bars and night clubs around Kuala Lumpur. Since then she has been in and out of prison four times. The last time she was caught, she was sent to the Women's Treatment Centre in Kelantan for 21 months. When she was released, she went back to her parents' home in Perak. Her father had passed away and her mother did not want to accept her. She left her home after three months and worked as a prostitute for six months in Ipoh. It was at this time that she went back to drugs and she started injecting to get immediate effect. When she found out that the drugs that she was using was not satisfactory, she decided to move to Penang. She now injects three times a day.

Two of her sisters and three of her brothers are involved in drug addiction. She also used to boost her drug use with triazolam and flunitrazepam but has stopped using them now.

She has tried to stop drug use on her own through the 'cold turkey' treatment but has failed since drugs are so easily available and also because of peer pressure.

Case 3

Maria from Tunjang, Kedah was interviewed at her workplace on the 27th of January 1992.

Maria is 36 and presently works as a washer women and a part-time prostitute. Since three to four years ago, her income as a waitress/prostitute has dropped because she has advanced in age and also because of her involvement with heroin.

Maria is the fifth child in a family of seven. Her father had four wives. He married and divorced her mother three times and so Maria and her siblings had to be separated from each other and from their parents and lived with relatives. Maria was looked after by an aunt and stayed in a low cost terrace house.

When she was 21, she was pressured by her father to marry a man who worked as a junior clerk at the District Office in Cameron Highlands, a hill resort. Their marriage lasted for

four years. She had two children who are currently being looked after by her aunt. After the divorce, she worked as a waitress cum dancer cum prostitute in three night clubs. She also lived with an addict for three years.

She started smoking and drinking alcohol when she was 25 to socialise with the customers who frequent the night club where she worked. When she was 26, she started smoking heroin and "chasing the dragon". She was also introduced to heroin through the man with whom she was living. She became hooked in just two weeks. In the beginning she used to spend \$30 - \$60 a day depending on her earnings. Her average income per night was \$100 - \$180.

After three years in Kuala Lumpur, she left her boyfriend as she could not afford the high expenditure. She moved to Penang, worked in three night clubs and stayed with another man.

As age was catching up, she could not afford enough heroin to 'chase', so she started injecting heroin to save money. She spent \$15 - \$20 a day. She injected heroin for two years and stopped after the police raided her room. Now she is back to 'chasing the dragon' as she is afraid that through injecting she might contract AIDS. Presently she 'chases' two to three times a day and spends \$10 - \$15 a day.

Since four years ago, she has stopped sending money to her aunt for her children's upbringing. However, she has a good relationship with her aunt and her children. She goes back to her hometown once a year or once in six months to visit them.

Maria received treatment at a private clinic twice as an outpatient. The first time, she was off drugs for six months. She went back to her hometown and worked in a factory, earning seven to eight dollars a day. She came back to Penang for a holiday and met some of her old addict friends. They invited her to join them and she became addicted again. The second time she received treatment from the same clinic but stayed away from drugs only for three months. She could not resist the invitations from her friends. This time she stayed on and continued to work as a prostitute in the hotel.

She tried to give up drugs the third time without any treatment when she went back to her hometown but could only stay away for two months. She ran away from her hometown and came back to Penang for drugs.

Case Four

Thirty nine year old Nona was interviewed at her place of residence on the 10th of September, 1991.

Nona was born and bred in Penang. Her father was a government servant and hence they lived in the government quarters. At the age of 12 she left school and started working at a factory. She married at a very young age and stopped working. After two children, her husband decided to take another wife. Nona was embarrassed and decided to leave her husband, though he was not willing to divorce her. She took her two children to her mother who had moved to Alor Setar after the death of Nona's father. Nona then went to Ipoh to work as a cabaret dancer to support herself. She was introduced to heroin by her colleagues.

The night club was shut down after a while and Nona moved to Penang. At a night club in Penang, she met a man who wanted to marry her. After the birth of their first child, she found out that her second husband actually had another wife. She left him and took her child to her mother. Nona continued working in a night club and also started soliciting to earn about \$30.00 a day for her drugs.

She was caught by the police the first time for not being in possession of an identity card and was jailed for 15 days. The second time, she was caught for addiction and was in prison for four months. When she was released, she came to a realisation that she was growing old and that her need for drugs had increased. She needs to send home \$300 for two of her children who are still schooling. She has since given up drugs but still smokes two packs of cigarettes per day and drinks hard liquor to be able to sleep at night. She works as a waitress in the day time at a restaurant and works at a night club at night.

She relates well with her children and has told them that she is working at a factory. Nona stays alone in a rented room away from friends who can influence her into taking drugs again.

Case Five

Yati, from Alor Setar, Kedah was interviewed on the 15th of January, 1992.

Yati, aged 25 is the eldest daughter in a family of three. Her father was attached to the Agricultural Authority and she grew up in a middle class family. From the time she was young, she never knew or understood what love or acceptance meant because her parents were always quarrelling with each other. They never bothered about the children's food, school or anything at all. Yati used to feel fed up and frustrated with her parents.

She left school when she was 15 as she had no interest in studying. She started working at a pub and picked up smoking from her friends. From smoking, she went on to cannabis and after that, heroin. Her parents were divorced when she was 18 and she has not gone back home since. Yati started working in a pub in Kuala Lumpur for two years (until she was 20) and got married to a man who was a year older than her. Both she and her husband were addicts but they did not tell each other about their addiction until one day when they had financial problems. They realised that each was spending money on drugs. By then she was pregnant with her first child. She delivered her child and divorced her husband. The child is being brought up by her mother-in-law. After the divorce, she came back to Penang and worked at a night club and also solicited at the five foot ways whenever she needed money.

Yati has been in and out of prison five times. Two years ago (1988), she was sent to the Women's Rehabilitation Centre in Kelantan. Her ex-husband is also being rehabilitated presently. After her release from the centre, she went back to her mother in-law's house. Her son has started going to nursery. She also started working at a factory but could only stay there for a month. She started feeling frustrated and disappointed because her mother-in-law said bad things about her to the neighbours and also to her son. She went back to the streets. Presently, Yati spends \$50.00 a day on drugs and stays in a rented room. She has not contacted the Aftercare Centre after her release as she is afraid that she will be caught again if they found out she is back on drugs.

For many years she has been injecting heroin. However of late, she has no more veins left in her hands or her legs. She has no choice but to 'chase'.

The programme at the treatment centre was found to be very good but Yati feels that in her life the temptations of the world is stronger than whatever faith she has. She finds her situation depressing because she hates drugs, yet she cannot live without it.

She has one hope: that her ex-husband, once released from the centre will come back to her so that they can start life anew. If that does not happen, then she will just live a day at a time.

Case Six

Bina was found wandering on the streets when we decided to interview her on the 10th of October, 1991.

Forty seven year old Bina, left her rural hometown at the age of 14 and migrated to Penang with a group of friends. She first started working at a coffee shop because of her young age and joined the night club scene at the age of 19. At the night club she met a man whom she got married to. After a year of marriage, she ran back to her hometown. She claimed that her husband was a very jealous man who never allowed her to be friendly with anyone. He kept a watchful eye on her at all times. Even when she went to the toilet, he stayed outside and waited until she came out.

At home, her mother advised her to go back as she was already married. She came back only to find out that her husband had divorced her. She went back to the night clubs.

Bina's one reason for taking drugs was frustration of being fat. Being fat did not help her as she could not dress and be sexy like the other women around her. First she started smoking ganja but she ended up putting on more weight as she always felt sleepy. Her colleague advised her to try heroin. She started 'chasing the dragon' and lost a lot of weight. Presently she 'chases' three to four times a day and spends a minimum of \$15 a day. She quitted the night club scene and started soliciting in a cheap run down place. Whenever she does not earn enough by soliciting, she gets money by buying drugs for people whereby she is given 'transport money'. Bina has lost count on the number of times she has been arrested and jailed. Everytime she is released, she goes back to the streets. She does not have a house to stay in, she just sleeps on the streets.

Deep down, she wants to kick the habit but how can she when the place she belongs to is the streets? At 47, Bina is thin, small and toothless. Her soliciting charge is ten dollars for half an hour out of which three dollars is paid to the owner of the rundown house. When times are bad, she even accepts three dollars for half an hour of service.

Case Seven

Ros was interviewed at her home on the 21st of January, 1992.

She is 28 years old and lives in a village in Penang. Her parents have both passed away. Her father passed away when she was 16. His death brought about a lot of changes in her life as she was very close to him. Ros started smoking at the age of 14 with her friends, just out of curiosity and to have fun with friends. After the death of her father, she started smoking cannabis. Ros disliked her mother as she always controlled her movements and criticized the kind of friends she had. Three months after smoking cannabis, she started on heroin. She became addicted to it in a week.

Her mother sent her to a reform school for three years. She was 21 when she was released. In a weeks time she was back to heroin as she met one of her former classmates who was an addict. Her mother then sent her to be treated by a traditional healer for ten days. As soon as the treatment was over, her mother married her off as a third wife to a man of her mother's choice. Ros stopped heroin use for four years, though she used to smoke it about once a month for fun. After a misunderstanding with her husband, she was back to injecting heroin for three months. Her husband reported this to the Rehabilitation Centre in Penang and Ros was sent for detoxification at the General Hospital for two weeks. A month after her release, she was hooked again. She attributed this to the strong desire towards drugs and the easy availability of drugs in her area. Three months later, she was arrested by the police while 'chasing the dragon' in her house with another friend. She was charged for possession of heroin and was put in the lock up for four days. Her husband provided the bail for her release. She still takes heroin once a week just for fun. She has divorced her husband due to some serious misunderstanding and started working as a production operator in a factory. She only worked for two weeks as she found her job boring. Presently, she is resting at home with no thought at all towards her future.

Case Eight

Twenty eight year old Jaya was interviewed at her workplace on the 28th of January, 1992.

She works as a prostitute at a hotel in the heart of Georgetown, Penang. She only studied until standard three as her family was poor and she had to allow her brothers to study. Her father was a retired British army personnel, who worked as a labourer to support her family.

At the age of 16, Jaya worked as a dancer in a night club in Kuala Lumpur. She was taken there by her boyfriend. Other than being a dancer, she also started to solicit. She could charge each customer up to \$300.00 per session. She was arrested by the police when she was 17 and was sent to a Reform School for three years.

At 20, she was released from the school. She went back home but had a lot of misunderstanding with her brother who used to bring up old issues of her soliciting days. Jaya left home out of frustration and went back to her old way of living. It was then that she picked up smoking, drinking and drug abuse.

Cigarettes were introduced to her by her friends and bed-mates. She started with just one or two sticks and it soon increased to 20 to 25 sticks. She consumes alcohol only when entertaining her clients or when she wants to have some fun on her own. Her first experience with heroin was 'chasing the dragon' with her roommate who was an addict. It became a habit after she got to know a male addict who was one of her regular customers. She has been on heroin for eight years. During that period, she tried giving up many times as she was losing weight and appetite but she never succeeded.

Jaya was arrested once for heroin possession and jailed for 15 months at the end of 1990. She is trying to give up heroin by consuming more hard liquor. Jaya lives only for herself as her parents are dead and her brothers are leading their own lives.

Case Nine

Nita was interviewed at her home on the 24th of January, 1992.

She is 22 and is the eldest child in a family of three. When she was seven, she started working as a rubber tapper to help the family. Her mum passed away when she was eleven. The family moved to another estate where her father worked as a tapper but she worked at a vegetable farm. She earned \$60 a month. After three months, her family moved to another place

where Nita worked in a rubber mini estate. She fell in love with a man who was an addict but she did not know about his drug taking habits. After her marriage, Nita was forced into prostitution to bring in more money to be given to him. She also used to be beaten up by him if she did not follow his instructions. She left him as she could not stand being abused constantly by him.

Out of curiosity she started 'chasing the dragon' with a boyfriend that she had met while prostituting. In less than a week, she was addicted. She needed \$15.00 daily to buy the drugs that was supplied by her boyfriend. After about 18 months, her father knew about her addiction and took her to a rehabilitation centre, where she was admitted for detoxification for two weeks. Two months after that, her father was murdered when he was involved in a brawl in his drunken state.

Presently she stays with her grandmother, a younger sister and two younger brothers. They are renting two rooms for \$130.00 a month. She has left her boyfriend and has also given up drugs. However, two or three weeks once she consumes hard liquor to forget her urge for drugs. She also smokes seven sticks of cigarettes a day.

Nita works as a prostitute earning \$30 to \$60 a day. Her younger sister works at a factory. One of her younger brothers left for another place to work as a labourer but has not been back for the last one year. The youngest brother who is now 13 is still unemployed. Nita, her brothers and her sister have never been to school. They do not know how to read or write.

Case Ten

Thirty six year old Ani was interviewed on the 10th of September, 1991.

She was originally staying in a village until her father passed away. Her mother and younger sister are still living there. Ani only studied until standard three as her parents could not afford to support her.

Ani got married at 27 with a man of her choice without her knowing that he was an addict. After a few months of marriage, she was influenced to try out heroin as her husband told her

that it would enhance sex. She also started smoking at this time. She faced a lot of difficulties during pregnancy because of drugs. In the end, she delivered a child with withdrawal symptoms and was admitted to the emergency unit.

After a bitter quarrel with her husband, she left him for Penang. Her child was left with her mother. She met a trishaw puller (non-addict) and lived with him.

While she was with her husband, she got her drug supply from him. She 'chased the dragon' three times a day. After a year, she tried giving it up by consuming opium but could only abstain for six months. In Penang she became addicted again as drugs were easily available. She gets her money from her bed-mate (the trishaw puller) for her services, and at times she solicits at nearby hotels. She spends \$10 - \$30 a day depending on how much she earns.

She has tried giving up heroin six times but has failed. The longest period of abstinence was about 10 days while she was in prison for not having an identity card.

Presently she smokes a small packet of cigarettes (seven sticks) and spends five dollars on heroin. She does not face any health problems except sore throat due to her excessive smoking.

Ani does not have a good relationship with her family as her mum and sister hates her drug taking habits. She does not have any feelings for her child, too, as she has not been in touch with her. Presently Ani has also lost her confidence in her friends as she feels that only if she has money, she has friends. She does not go back to her live-in boyfriend often but spends her nights sleeping at five foot ways or unoccupied trishaws.

2.3 Analysis of Case Studies

From the overall profile and the case studies the kind of lives that are led by these women can be briefly understood.

Right from the start, they would have faced some bitter, traumatic experiences especially in their family lives. For example, the case of Aishah who was raped and then forced to

marry the man who raped her; Alina was adopted when she was very young by relatives and then not accepted by her mother when she went back; Maria's father had four wives and illtreated all of them.

Many of them have been through rehabilitation or treatment either at reform schools, prisons or treatment centres. However, they could not stay away from drugs because they had no other place to go except back to the streets, like the case of Yati who ended up back in the streets because her mother-in-law could not accept her; Bina who is back on the streets though she has been in prison numerous times; Jaya whose family could not accept her and forced her to the streets again.

Another important aspect is the education level of these women. Most of them are either uneducated or have been through primary education only. The kind of jobs they can do are only as waitresses, dancers or prostitutes. Ani had to stop her education at standard three and then later married an addict, Jaya had to stop studying to support her family and later began prostituting, Nita started working at the age of seven years old to support her family. Bina could only work at night clubs and ended up an addict out of frustration of being fat.

Peer group influence was strong in the life of Ros who was introduced to drugs through her classmate. Poor family relationship would inadvertently lead these women to their peer group.

Marriage is another aspect that is important to be looked at. Aishah divorced her husband as she was forced to marry the man who raped her. Nona began taking drugs after she left her husband who wanted to take another wife. Yati, Ani and Nita married addicts, unknowingly.

Some of these women come from families where some members are involved with narcotics, alcohol or drug. Alina was introduced to cigarettes through her aunty who used to smoke. She has a sister who is also an addict and she got involved with drugs through her. Another sister and three of her brothers are also addicts. Jaya had a father who consumed alcohol and was eventually killed while in a drunken state.

It can never be said that these women lived easy lives. For most, drugs was seen as the only answer to their physical and emotional problems.

CHAPTER THREE PROBLEMS ENCOUNTERED

This chapter discusses the different kinds of problems faced by the drug dependent women in the community. This chapter also aims to highlight some of the characteristics of women with different problems.

The distribution and the extent of the specific types of problems will also be discussed here.

3.1 Physical Health Problems

Out of the 30 respondents, 30% faced physical health problems. Almost all of these health problems were related to withdrawal symptoms (i.e. bodyache, headache, giddiness). The respondents encountered these problems when they either try to give up drugs or when they cannot get enough drugs due to financial constraints.

Many of the respondents went back to drugs after a period of abstinence because withdrawal symptoms were too difficult to be dealt with. As was brought up by one respondent:

"I went back to drugs as I could not stand the withdrawal symptoms. I don't think I can go through with it again".

The older respondents, especially those who have been on drugs for a shorter period (less than five years) suffer from bodyache, stomachache and headache. These respondents however stayed through with these problems and managed to give up drugs because of family support. The younger respondents (below 30) show the tendency of going back to drugs whenever they face these physical problems. As one respondent quipped: "The effect drugs have on me is just great. Without it I face giddiness, headache and bodyache".

The respondents (22.2%) also indicated losing appetite and growing thinner when they became more dependent on drugs. This problem was faced by women in their late twenties and early thirties. These respondents had been on drugs for less than ten years. Currently they have given up drugs.

The intravenous drug abusers face different health problems. Some move on to intravenous drug use when smoking or "chasing the dragon" takes a longer time for them to gain high. Others give up because there is no area on their body without needle marks. As remarked by a 28 year old respondent who has been on drugs for ten years:

"After injecting heroin into my system for the last ten years, I've got no more veins left in my hands or my feet. I'm back to chasing the dragon".

As it has been mentioned above, all the health problems faced by these women were consequences of their drug use. They either go back to drugs because of these problems during withdrawal or stay away from drugs through support from their loved ones. A few of the respondents live away from their addict friends so as to keep away from drugs. Others turn to the bottle to help them forget their dependence on heroin.

3.2 Financial Problems

Financial problems were faced by 26.7% of the respondents. These women were between 27 to 41 years old. Seventy five percent of them were divorced and had children to be supported by them. Their duration of drug use is between 8 to 26 years (x: 17 years).

A few of the respondents (37.5%) indicated financial hardship and burden because they have just been released from prison and treatment centres. After being in these places, they fear going back to their old jobs of waitressing or soliciting. Hence, all of them were unemployed at the time of interview and were living with their family. One of them feared looking into the future as she has three children and did not know how to bring them up. At the time of interview, she had just been released after eight months of incarceration.

The other respondents faced financial problems due to declining income, increasing drug use and supporting their children.

All of these women were employed as prostitutes at the time of interview. One respondent indicated having spent five to ten dollars on heroin when she first started but her use increased later as she needed more drugs to get 'high'. In about three years, her expenditure rose to \$40 to \$50. She also smokes 15 to 30 sticks of cigarettes.

She said:

"As my drug intake increases, I'm now spending more money on drugs. I have got to work harder"

The respondents in the older age group (35 - 41 years old) discussed on how their income has started declining in the past few years. They used to earn \$50 to \$120 a day but not anymore. Some of them are lucky to get \$20.00 a day. All these women also have children to support. Though the children are being cared for by grandparents or relatives, the respondents have to send home a small sum of money for their upbringing. One of the respondent said, "I am advancing in age and my income through soliciting is decreasing. I need to do something urgently to bring in more money. Another respondent who needs to support three of her children said, "I promised to send money to my children every month but now it seems impossible. There's not enough for me to spend on drugs myself".

All the problems mentioned above are consequences of drug use. The respondents were either unemployed because they had been incarcerated for some drug-related offences or they faced financial difficulties because their income has dwindled but their need for drugs has remained the same or increased. The women try to decrease their drug use but they give up when physical pain sets in. To cope, they either do not send any money to their children or they start peddling drugs and working longer hours to increase their income.

3.3 Employment Problems

In some way related to financial problems were employment problems. These were faced by 33.3% of the respondents.

Problems encountered included difficulties in getting jobs other than at night clubs/bars, no skill/training to obtain any skilled/professional jobs and fluctuating/unstable income.

This problem was faced by women in their mid and late thirties. However, a few women in their late twenties also mentioned this problem as they had just been released from prison/treatment centres and were presently jobless. As was mentioned in the earlier section, these women would not want to go back to the night life scene as they fear being arrested again.

All these women were either uneducated or had primary education. Some of them left home early to look for jobs and started working in coffee houses or bars. Soon after that they move on to prostitution. When drug use began, they looked for jobs that can bring in money daily. They stayed in the prostitution scene until they grew older. Income then started dwindling. That was when the problems started. As was said by one respondent, "It scares me knowing that I'm getting older and soon will not be earning much from prostitution. What will I do?"

Employment problems are associated to drug use to a large extent. These women continue in this line of work (prostitution) because they need money for their daily supply of drugs. On the other hand, they started work at night clubs/coffee houses as they come from poor families and had to fend for themselves. Without education, they ended up in jobs that needed no skill/training. The lure for more money then moves them on to the world's oldest profession.

The women who come out from prisons/treatment centres, most of the time ended up back on the streets. The question still remains on what else they can do? Without skill/training and the need to support their children, they go back to their old jobs. As one respondent remarked: "I was in the rehabilitation centre for 20 months. I came out, lived away for a few months. I had to come back to the streets. Where else can I go? I can't even work anywhere else. To feed myself and my children, it's back to prostitution."

3.4 Parenting Problems

The married women with children (36.7%) indicated facing these problems. Most of the time, the children are being looked after by grandparents, relatives or siblings. A few of these women go back and visit their children every few months. Some have no feelings for their children as they gave them away at birth. As said by one respondent, "I have not much feeling for my child as I gave her away to my mother since her birth".

The older respondents who are currently off drugs, usually stay with their children. The family support has definitely helped these women in their fight against drugs. On the other hand, there are women who come out to the streets to work as prostitutes but return back home everyday and stay with their families. They have children who are grown up. These children are told that their mother is working in the factory.

Some of the respondents fear losing their children who are being looked after by their in-laws. A young mother spoke loudly of her fears, "My child was brought up by my mother-in-law. She told him bad things about me and now he doesn't accept me as his mother".

All the women whose children are being looked after by their families/relatives are divorced from their husbands.

The parenting problems faced by these women could some what be related to their drug use.

Some of them leave their children with their families/relatives out of necessity when their husbands divorce them. These women go out to look for jobs and end up on the streets, hooked on drugs. The cycle continues, whereby they either just send back money every month for their children's upkeep or commute from home daily on the pretence that they are working in factories.

This problem does not affect the parents as much as it affects their children. These children grow up without the love/attention from their mothers and whether they will end up as their mothers, only time will tell.

3.5 Family Problems

Forty percent of the respondents face family problems, such as rejection, neglect, conflicts in the family and lack of family togetherness.

The women who spoke on these problems were mainly those who had a sad family background. They come from single parent families, were given away for adoption and have no contact with their siblings. Some left home early out of poverty and then ended up as addicts. They refuse to go back out of embarrassment.

As said by one woman, "I left home when I was 14. I never want to go back. They would be ashamed of me if they knew I was an addict".

Thirty five percent of these women come from broken homes. These women faced rejection from the time they were young. Peer group influence was strong in the lives of these women as they received acceptance only from their group of friends. As was said by a 25 year old woman who has been on drugs for ten years, "In my family, I never knew what love, care or acceptance meant. When my parents divorced, I left for good."

Five percent of the women left school early to work and educate their siblings. They ended up with wrong company and were arrested and incarcerated. They went back home but were totally rejected. For them, it was back to the streets. This was brought up by a 27 year old single woman, "When I was released from the treatment centre, I went back home. No one even spoke to me other than to belittle or criticize me. In the end, I left".

The family problems faced by the women could have (to an extent) driven them to becoming drug dependents. The women reacted to these problems by leaving their homes for good and seeking company with their peers.

3.6 Legal Problems

Only one respondent (3.3%) faced this problem. All the respondents who have been through treatment in government run centres have to undergo supervision for two years.

The respondents who were interviewed after their release from treatment centres were mainly staying at home with their families and undergoing supervision. The only respondent who is not doing so does not have a family to go back to. She left home when her parents got divorced. She does not know where they are presently.

"After coming out of the rehabilitation centre, I am supposed to report to the after care centre to be under supervision for two years. I haven't done it especially since I'm back on drugs. If I'm ever caught by the police, I'll be penalised for 2 offences - drugs and for not reporting to the aftercare centre".

She went back to her in-laws but found out that her husband is at another treatment centre, and will be released only after a year. Her mother-in-law totally rejected her and she went back to the streets.

3.7 Emotional Problems

Mental depression, anxiety, worry and fear was faced by fifty percent of these women who stopped to think about their future.

They were mainly those who were in their late thirties or forties. These women were mainly helpless because they were still hooked on drugs. All of them were divorced. Twenty percent had no children. They live day to day, as was said by a 41 year old woman, "One day at a time!" "That's my motto. I can never think of the future".

None of them intend to give up drugs though they know that they will also die because of drugs. This thought was brought up by a 38 year old woman, "I've got no one to live for. If I die tomorrow, my body will just be left on the streets".

The respondents' emotional despair is totally associated with their drug use. They know there is no future for them. However, they keep on living on drugs. These are women who have been rejected by their own husbands and families. They have chosen the path where they could find peace. Though the peace is short-lived, they will continue with it, because what else can they do. As one respondent asked, "What does the future hold for me?".

3.8 Conclusion

Various problems were brought up by these women, though all of them were somewhat inter-related.

From the problems that were mentioned, it is clear that the lives of these women were clearly vicious cycles. They come from the poor, downtrodden segment of society. Education is scarce as there is no money for it. They leave home early to look for jobs ending up in bars/pubs. Some of them get addicted and then become prostitutes to earn higher income. Some are lured into prostitution and then get introduced to drugs either through their clients or pimps. Some continue with drugs to dull their feelings while soliciting. These women either get married or remain single with live-in boyfriends. The married

ones, however, end up divorced most of the time. If they have children, they get help from families/relatives to bring them up. Life goes on until they grow older and start earning less. They try to give up drugs, most of the time unsuccessfully and usually die either of starvation, shock or overdose of drugs.

Right from the start, there should be programmes for this group of downtrodden people. Skills and training should be provided if they cannot go to school, even at the village level. Priority however should be given to the children of these women. Care should be taken so that they do not end up as the downtrodden themselves.

CHAPTER 4 SERVICES AND NEEDS OF THE WOMEN IN THE COMMUNITY

This chapter aims to first, identify the different services that are available for these women. The respondents were then also encouraged to state the kind of services that they would need but was either not available or they did not know where to obtain these services.

4.1 Available Services

Only respondents who have been arrested by the police and then sent for rehabilitation, knew about the existence of the treatment and rehabilitation centre for women in Kemumin, Kelantan. There were many of them who asked the field workers where they could be rehabilitated. A few have been through the detoxification programme at the General Hospital in Penang for two weeks after being arrested by police. Only one respondent went through treatment voluntarily at the General Hospital. The most common "treatment" among these women was the cold turkey treatment at the prisons for whatever duration they were incarcerated.

The treatment and rehabilitation services available for these women are:

1. Treatment and Rehabilitation Centre for Women in Kemumin, Kelantan.
2. Detoxification at General Hospitals.
3. Rehabilitation Offices for supervision after treatment.

4.2 Needs of Women Drug Dependents in the Community

At this point in the research, it was felt that it is necessary to understand the needs of the women in the community. These are women who are looked down upon by the society at large. The five foot ways and cheap run down places are their daily habitats. The highest priority in their lives can be understood from this one question that is often on their minds:

"Where will I get my next fix?"

Do they have any hopes, aims or ambition in life? Do they even think about tomorrow? Though their lives are entrapped in drugs and they live either for drugs or because of drugs, deep down they have needs that have never been fulfilled.

4.2.1 Skills/Training for Jobs

As was mentioned in chapter three, 33.3% of the respondents indicated facing employment problems. This problem was faced mainly because they are not educated and they do not have any skills or training. One woman quipped, "Dancing, waitressing, prostituting - what else can we do? We've always done these jobs and without any skill, we'll continue in these jobs, too".

The problem actually begins when these women start to advance in age. Income starts decreasing and they look for other ways of earning money. A 47 year old drug dependant informed, "When we start to age, we move on to washing dishes or peddling drugs in small amounts, as there is nothing else we can do".

All these women started as waitresses and dance hostesses as they lack education and skill. Even if they move to another area, they end up in these jobs as they would not be eligible to work anywhere else.

Even respondents who have been released from treatment centres stay unemployed for a short duration before they hit the streets again. A respondent who has been released from the centre quite recently, remarked,

"If I am given a proper job, I will not go back to the streets again".

4.2.2 Emotional Support and Assistance

Emotional and family problems were faced by a large proportion of the respondents. They come from broken homes and have not understood love or care. Many others were given away for adoption at a very young age.

Quite a few respondents indicated being given "the cold shoulder" treatment when they go back to their families after being in treatment. One respondent remarked, "After rehabilitation, we are left on our own. We are not accepted by anyone. It's back on the streets for us". Another one stated, "If my family accepted me when I went back to them, I would not be on the streets."

A number of respondents (25%) indicated the need for acceptance or understanding from either their families or groups around. As was said by one of the respondents, "I just need a little love and understanding. I'm sure I'll keep away from drugs".

4.2.3 Support Group

The respondents who face family rejection (40%) indicated the need to have a group to encourage and support each other to keep away from drugs. One respondent voiced her thoughts aloud, "It would be good if those of us who want to give up the habit live together with counsellors and voluntary helpers".

The same thought was shared by others who have gone back home after treatment and was chased back onto the streets. One respondent remarked, "If our family can't accept us, then we should have a group on our own where we can belong to".

4.2.4 Children Unit

The fear of leaving their children behind when they go for rehabilitation was brought up by one respondent (3.3%) who currently looks after her child. She does not have family or relatives and she feared the child's future, though she realises her need for rehabilitation. She indicated that she would definitely seek treatment if she could bring her child along or if she knew where she can safely leave her child.

4.3 Conclusion

There are services available for women drug dependents to be treated and rehabilitated. However, the needs that were highlighted indicated more in-depth problems. Treatment and rehabilitation should be planned to move a few steps forward. The future of these women after treatment should be considered. Child units in treatment should also be considered.

For a woman who has no family to accept her or any kind of skill to help her look for jobs, any amount of treatment or rehabilitation is not going to help her.

Hence, it is important to plan policies by considering the needs of this neglected group.

Section 3

STUDY ON WOMEN DRUG DEPENDENTS FROM THE INSTITUTION

CHAPTER 1 OVERALL PROFILE OF WOMEN DRUG DEPENDENTS

Section Three discusses on the women in the treatment centre. This section presents the data that has been collected in both the descriptive form and as statistical analysis.

1.1 Introduction

This chapter focuses on the socio-demographic characteristics of the respondents. The socio-demographic variables examined are race, current age, education level, employment status and marital status.

1.2 Socio-Demographic Characteristics of Institution Cases

The racial composition of the study sample is 50% Malays, 26.5% Chinese, 22.1% Indians and 1.5% other races (Table 1.1). There are 89.7% of the respondents who are below 40 years old and 10.3% who are 40 years and above (\bar{x} : 29.2, S.D: 7.20). Respondents who have received a primary level education or none at all comprise 64.7%, 26.5% received a lower secondary education and 8.8% received upper secondary education. A higher percentage (39.7%) of them are married, 23.5% are single, 5.9% separated, 17.6% divorced and 13.2% are widows. More than half of the respondents (57.4%) had been involved in full time work prior to their entry into the institution. Among the others, 26.5% were involved in part time work, 13.2% were unemployed and 1.5% were housewives and in institutions (prison). The kind of jobs that were carried out by the respondents either as full time or part time employment mainly were as waitresses, prostitutes, masseurs and drug peddlers.

1.3 Criminality of Institution Cases

A total of 82.4% of the institution cases that were interviewed had been arrested before and 76.5% had been convicted (Table 1.2).

1.4 Reasons for Criminality Among Institution Cases

A large number of the institutional cases had been previously arrested for drug-related offences (92.8%) such as trafficking and possession of drugs (Table 1.3). Only 1.8% were arrested for violence and for committing crimes for gain, such as forgery, robbery or theft. Other crimes committed such as 'khalwat' (close proximity) accounted for 3.6%. An equal percentage of these cases were also convicted for the above mentioned crimes.

1.5 Drug Use Pattern

This chapter focuses on the pattern of drug use among the institution cases, prior to their entry into the institution. The indicators examined include drugs ever abused, drugs currently abused (one year prior to entry into the institution), reason for initial use, history of treatment and reasons for seeking treatment.

1.5.1 Drugs Ever Abused

Among the institution cases, 98.5% have abused nicotine before and 97.1% have abused heroin previously (Table 1.4). This is followed by abuse of other drugs such as alcohol (67.6%), cannabis (48.5%), tranquillisers (33.8%), opium (17.6%), morphine (13.2%), amphetamine (1.47%) and other types of drugs (4.4%) on a relatively smaller extent.

1.5.2 Drugs Currently Abused

In the past one year prior to their entry into the treatment centre, a large percentage of the institution cases abused nicotine (98.5%) and heroin (97.1%) (Table 1.5). Abuse of other drugs were on a lesser extent; alcohol (63.2%), cannabis (38.2%), tranquilizers (33.8%), opium (14.7%), morphine (13.2%), amphetamine (1.47%) and other types of drugs (4.4%).

1.5.3 Reasons for Initial Drug Use

The most commonly cited reasons for initial drug use were curiosity (42.6%) and relief from psychological/emotional stress (36.8%) (Table 1.6). Only a smaller proportion cited pleasure seeking (8.8%), religious reasons (2.9%), treatment of health disorder (2.9%) and other reasons (5.9%).

1.5.4 Age of Initiation

More than half of the respondents (50.7%) started smoking cigarettes at the age of 15-19 years, while the initiation into alcohol consumption was in the higher age group of 20-29 years old (54.3%). The initiation into opium and heroin intake was higher in the 20-29 years age group (41.7% and 57.6% respectively) (Table 1.7).

1.5.5 Method of Use

Opium was consumed orally (66.7%) or smoked (33.3%). The common route of use for heroin was 'chasing the dragon' (50%), followed by injecting (28.8%) and smoking (21.2%). Morphine was mainly injected (44.4%), followed by smoking (33.3%) and chasing the dragon (22.2%) (Table 1.8).

1.5.6 Frequency of Use (Past 30 days)

Majority of the respondents (53.7%) indicated smoking cigarettes four or more times daily. Consumption of alcohol was at a lower frequency; majority (32.6%) consumed alcohol less than once weekly. Fifty percent of the opium addicts consume/smoke opium at least once daily. Heroin, morphine and cannabis was used two to three times daily by the majority (68.2%, 44.4% and 34.6% respectively). Tranquilizers were mainly consumed once daily (34.8%) (Table 1.9).

TABLE 1.1

Percentage Distribution of Institution Cases
By Socio-Demographic Characteristics

Characteristics	%	n
<u>Race</u>		
Malay	50	34
Chinese	26.5	18
Indian	22.1	15
Others	1.5	1
<u>Age</u>		
Below 20 years	11.8	8
20 - 29 years	38.2	26
30 - 39 years	39.7	27
40 years and above	10.3	7
\bar{x} , S.D.	\bar{x} : 29.2	S.D. 7.20
<u>Education Level</u>		
Never went to School	11.8	8
Primary School	52.9	36
Lower Secondary (Form 1-Form 3)	26.5	18
Upper Secondary (Form 4-Form 5)	8.8	6
<u>Marital Status</u>		
Single	23.5	16
Married	39.7	27
Separated	5.9	4
Divorced	17.6	12
Widow	13.2	9
<u>Employment Status</u>		
Full Time Work	57.4	39
Part Time Work	26.5	18
Housewife	1.5	1
Institution (Prison)	1.5	1
Unemployed	13.2	9

TABLE 1.2

Distribution of Institution Cases By Criminality

Type of Criminality	Criminality		
	Yes	No	Total
Ever Arrested (n = 68)	56 (82.4)	12 (17.6)	68 (100.0)
Ever Convicted (n = 48)	52 (76.5)	16 (23.5)	68 (100.0)

TABLE 1.3

Distribution of Type of Criminality Committed
Institution Cases

Type of Criminality	Reasons for Criminality				Total
	Drug-Related Offences	Violence	Crime for gain	Others	
Ever Arrested (n = 56)	52 (92.8)	1 (1.8)	1 (1.8)	2 (3.6)	56 (100.0)
Ever Convicted (n = 52)	48 (92.3)	1 (1.9)	1 (1.9)	2 (3.8)	52* (99.9)

* Total percentages does not add up to 100.0 because of rounding of figures.

TABLE 1.4

Distribution of Institution Cases
by Drug Ever Abused

Type of Drugs	Ever Abused		Total
	Yes	No	
Nicotine	67 (98.5)	1 (1.5)	68 (100.0)
Alcohol	46 (67.6)	22 (32.4)	68 (100.0)
Opium	12 (17.6)	56 (82.4)	68 (100.0)
Heroin	66 (97.1)	2 (2.9)	68 (100.0)
Morphine	9 (13.2)	59 (86.8)	68 (100.0)
Tranquillisers	23 (33.8)	45 (66.2)	68 (100.0)
Cannabis	33 (48.5)	35 (51.5)	68 (100.0)
Amphetamime	1 (1.5)	67 (98.5)	68 (100.0)
Others	3 (4.4)	65 (95.6)	68 (100.0)

TABLE 1.5

Distribution of Institution Cases
by Drugs Currently Abused
(1 year prior to entry into the institution)

Type of Drugs	Currently Abused		Total
	Yes	No	
Nicotine	67 (98.5)	1 (1.5)	68 (100.0)
Alcohol	43 (63.2)	25 (36.8)	68 (100.0)
Opium	10 (14.7)	58 (85.3)	68 (100.0)
Heroin	66 (97.1)	2 (2.9)	68 (100.0)
Morphine	9 (13.2)	59 (86.8)	68 (100.0)
Tranquilizers	23 (33.8)	45 (66.2)	68 (100.0)
Cannabis	26 (38.2)	42 (61.8)	68 (100.0)
Amphetamime	1 (1.5)	67 (98.5)	68 (100.0)
Others	3 (4.4)	65 (95.6)	68 (100.0)

TABLE 1.6

Reasons for Initial Drug Use Among Institution Cases

Reasons for Drug Use	n	%
Curiosity	29	42.6
Relief from psychological/emotional stress	25	36.8
Pleasure seeking	6	8.8
Religious reasons	2	2.9
Treatment of health disorders	2	2.9
Others	4	5.9
Total	68	100.0

TABLE 1.7

Age of Initiation into Drug Use Among Institution Cases

Age of Initiation and Drug Type	Cigarettes (n=67)		Alcohol (n=46)		Opium (n=12)		Heroin (n=66)		Morphine (n=9)		Tranqui-lizer (n=23)		Ampheta-mine (n=1)		Cannabis (n=33)		Others (n=3)	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
10 - 19 years	42	62.7	19	41.3	4	33.3	22	33.3	5	55.6	5	21.7	-	-	12	36.4	2	66.7
20 - 29 years	22	32.8	25	54.3	5	41.7	38	57.6	4	44.4	16	69.6	-	-	16	48.5	-	-
30 - 39 years	3	4.5	2	4.3	3	25	6	9.1	-	-	2	8.7	1	100	5	15.2	1	33.3
\bar{x}	18.7		20.8		23.7		22.1		18.9		23.2		34.5		22.4		21.2	
S.D.	5.77		5.66		7.59		6.05		4.97		5.36		0		6.86		9.43	

2.1 Treatment

2.1.1 Number of Times Treatment Was Sought

Out of the total of 68 respondents, 55.9% were in treatment for the first time. The others were undergoing treatment either for the second time (22.1%), the third time (14.7%) or for the fifth or the sixth time (7.4%).

2.1.2 Reasons for Seeking Treatment

Out of the total of 30 cases who had been in treatment before, 56.7% stated that their main reason for seeking treatment was because they were fed up with their addiction. The other reasons cited were that they were forced by family members/spouse (26.7%) and forced by police arrests (16.7%).

2.1.3 Reasons for Not Seeking Treatment Earlier

Thirty eight respondents were in treatment for the first time and the main reason for not seeking treatment earlier was because they did not know where to go to for rehabilitation (28.9%) (Table 1.10). The next major reason was financial hardship (26.3%). A smaller proportion (15.8%) stated that they had not sought treatment because they were afraid of being punished. Others felt that they had only been on drugs for a short duration and hence did not feel the need to be rehabilitated (13.2%).

TABLE 1.8

Method of Use By Drug Type Among Institution Cases

Method of Use and Drug Type	Cigarettes (n=67)	Alcohol (n=46)	Opium (n=12)	Heroin (n=66)	Morphine (n=9)	Tranqui-lizer (n=23)	Ampheta-mine (n=1)	Cannabis (n=33)	Others (n=3)			
	n	%	n	%	n	%	n	%	n	%		
Eat/Drink		46	100	8	66.7		23	100	1	100	3	100
Smoke	67	100		4	33.3						33	100
Inject				19	28.8	4	44.4					
Chasing the dragon				33	50	2	22.2					

2.2 Summary on Drug Use Among the Institution Respondents

The major drug of abuse of these women were heroin and nicotine. Curiosity and relief from psychological/emotional stress seem to be the important reasons for initiation into drugs. Other than cigarettes, majority of the drugs were smoked, injected or consumed initially by women in the 20-29 years age group. Cigarette smoking was mainly initiated in the 15-19 years age group, which means most women graduated to stronger drugs after starting cigarette smoking. Cigarettes were also smoked more frequently compared to the intake of other drugs.

The treatment history shows that serious attention should be paid to reduce the number of relapse cases. Priority should be given in educating the public on where to go when they need help. More services should also be catered for this group of people.

TABLE 1.2
Frequency of Use in the Last 30 Days by Drug Type
Among Institution Cases

Frequency of Use Last 30 days and Drug Type	Cigarettes (n=67)		Alcohol (n=43)		Opium (n=10)		Heroin (n=66)		Morphine (n=9)		Tranqui- lizer (n=23)		Ampheta- mine (n=1)		Cannabis (n=26)		Others (n=3)	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Less than once weekly	1	1.5	14	32.6	1	10	1	1.5	1	11.1	7	30.4	1	100				
Once weekly or more	3	4.5	8	18.6			1	1.5			4	17.4			6	23.1		
Once daily	3	4.5	10	23.3	5	50	5	7.6	1	11.1	8	34.8			7	26.9	3	100
Two/three times daily	19	28.4	8	18.6	3	30	45	68.2	4	44.4	3	13.0			9	34.6		
Four times or more daily	36	53.7	2	4.7			14	21.2	3	33.3	1	4.3						
Don't know	5	7.5	1	2.3	1	10									4	15.4		

TABLE 1.10

Distribution of Institution Cases by Reason
For Not Seeking Treatment*

Reasons for Not Seeking Treatment	n	%
Financial Reasons	10	26.3
Short duration of involvement	5	13.2
Afraid of being punished	6	15.8
Didn't feel the need to be rehabilitated	6	15.8
Didn't know where to go for rehabilitation	11	28.9
Total	38	100.0

* This question was only asked to the respondents who were in the institution for the first time (n = 38).

CHAPTER 2
MARITAL AND FAMILY BACKGROUND

2.1 Marital Background

A free style interview was conducted to understand in depth, the kind of marital life that was led by the respondents. The information obtained included the number of marriages the respondents have gone through, number of children from each marriage, occupation and age of their spouses, whether the children are studying or working and who is responsible in looking after the children for the duration the mother is at the treatment centre.

From table 2.1, it can be noted that out of the 68 respondents interviewed, 52 (or 76.5%) have been through marriage at least once. Out of a total of 16 single women, 62.5%, though not legally married, have lived with a man at one point in their lifetime.

It was observed that most of these women come from homes where their parents are either divorced or are too busy to care for them. A number of them have been given away to relatives, uncles or aunties and have been illtreated by these people. To many, marriage was thought to be a way out of their dreary and miserable life. Unfortunately, it proved to be otherwise. There are cases of women who marry at the tender age of 14 because they thought they have fallen in love. They gave birth to three children by the age of 19 and then realised that they were bored with life. These women left their husband and children to seek some other 'new pleasure' in life and ended up as drug dependents. There are cases of women marrying drug dependents, sometimes unknowingly and they themselves become dependents either because they are influenced by their husbands or they are forced to solicit to get money for their husbands' addiction and in frustration ended up using the drugs themselves.

The ten case studies highlighted below illustrate the family and marital status background of some of these women.

Case I

Mina from Seremban was interviewed on the 30th of October, 1991.

Thirty year old, Mina is the fifth child in a family of eight. Her father owned a few rubber and coconut plantations. They had an easy life until the father passed away when she was eleven. There was a tussle between the eldest brother and her mother over the father's wealth. The mother left the house with her and the other brothers and sisters. Life became more difficult. Mina had to work as a maid and also help her mother at home. She left school at Standard Two as she had no interest in studying. At 18, she got married to a man of her choice. He was a lorry driver. He was on alcoholic and an irresponsible man. She gave birth to a girl but when the girl was one and a half years old, her husband took her away and sold her to some one in Keluang, Johor. Mina has not seen her child since. Her son was born a few years later but died a week after delivery due to neglect. Her husband started taking drugs after that and she followed out of frustration. She then left her husband in 1981. From 1981 to 1991, she lived with three different men who were all addicts. These men illtreated her and used to beat her up. They also forced her to solicit and earn money to support their addiction. Mina was picked up by the police from the area she was prostituting. When she was first admitted to the centre, she was often depressed and mentally unsound. She even tried to commit suicide. She is better now and is following the treatment. She does not have any family or friends to go back to and does not know what the future holds for her.

Case 2

Maimun, one of the youngest respondent, was interviewed on the 24th of October, 1991.

Sixteen year old Maimun, hails from Negeri Sembilan. Her parents gave her away to a foster family when she was very young. She was brought up with three foster sisters and brothers. She was treated very well and later found out that she was an adopted child when she was 12 years old.

Maimun used to help her foster mother sell food at a stall nearby her home. Without her foster mother's knowledge, she used to steal some money whenever she could. She used this money to buy alcohol out of curiosity which was borne from watching alcohol advertisements on television. There were days when Maimun used to turn up drunk in class. Though she was given warning, she continued to do it until she was expelled from school.

She then followed her aunty to Singapore. She befriended a guy and got married to him. She was just 14 and he 26. After the birth of her first child, her husband started to act indifferently and irresponsibly. She found out then that her husband was responsible for smuggling girls into Singapore illegally to work as prostitutes. She left her husband and came back to her foster parents. She was introduced to drugs by a customer at her foster mother's food stall. She took drugs out of frustration and disappointment in her young age. She was caught two months later. Her child who is more than a year old is in the care of her foster mother. She looks forward in going back to her daughter and to bring her up with love and care.

Case 3

Thirty two year old Rina was interviewed on the 18th of October, 1991.

Rina was brought up in a village in Johor. She is the eldest in the family. Her parents were divorced when she was two months old. Her mother brought her up with no help at all from her father. After the divorce, her mother married four times and had five children with different husbands. Rina has never been to school as she had to look after her step brothers and sisters. When she was 14, she ran away from home many times because of hatred towards her step fathers. The step fathers had illtreated her mother and then left her in the lurch. Because of her indiscipline, she was put into a juvenile school for three and a half years. She got married (she was then about 18) to a man as a second wife. She had two children, a girl who died after a few days, and a boy. She had lots of problems with the first wife and also with her husband as he was an addict. She got divorced. She left her children with her husband. By then, she was already an addict. After seven years, she married a dockyard worker who was an addict and a pusher. She too used to help him push drugs. She was arrested while pushing drugs. Her child with this husband is being looked after by her mother. While she was at the centre, she got news that her second husband passed away due to an overdose of drugs.

Case 4

Tina, a 23 year old respondent was interviewed on the 23rd of October, 1991.

Tina hails from Johor. She is the fourth child in a family of 14. Her father was a rickshaw puller. She studied until Standard six as her family could not afford to send her for further studies. She started working to support her family as soon as she left school. At the age of 14 she got married to a man of her choice. She did not know at that time that he was unemployed and an addict. She gave birth to a son who is presently being looked after by her mother.

Her marital life was filled with misery and arguments. Her husband forced her to get money to support his addiction. One day, out of anger because she refused to help him, he injected heroin into her body while she was asleep. She then became addicted and needed drugs to keep on going. To support her habit, she started working in a restaurant and was caught by the police while she was having her 'fix'. Her husband is presently in jail.

Case 5

Linda was interviewed on the 29th of October, 1991.

She is 33 and was brought up in Kedah, by her grandmother as her father was a police officer and was usually transferred from one place to the other. Her father retired when she was six years old and she went back to stay with her parents. She stopped studying after standard six as she was not interested in studies.

Linda ran away from home when she was 14 as she was fed up with looking after her brothers and sisters. She stayed with a friend and worked in a coffee house, earning \$150.00 a month. She met a guy and got married to him. He was an office boy and also an addict but Linda did not know it. She found out about his involvement in drugs when she was pregnant with the first child. Her marital life was a disaster. He never cared for her or her children. This went on for nine years and by then she had three children. Linda decided to leave her husband and gave her children to her mother. She took up drugs out of depression and frustration. She left Kedah and went to Penang to support her habit. She worked as a waitress and a prostitute and was later picked up by the police. She does not have any relationship with her husband. She misses her children and would like to go back to them.

Case 6

Thirty two year old Susy was interviewed on the 20th of October, 1991.

She is from Johor. Her mother passed away when she was two. She stayed at a Welfare Home for a year until her father remarried. She studied until form three and after that worked as a servant. She was forced into marriage by her father when she was 20. Her husband was a lorry driver and an addict. Marital life was miserable and after her child was born, she got divorced from her husband. She went to Kuala Lumpur where she met a guy at the Railway Station. He got her a job at a sawmill and she stayed with him. She worked there for two months. The guy then advised her to work at another place where she could earn \$100 - \$200 a day. She did not know at that time that he wanted her to work as a prostitute. Susy was forced into it as he kept her son as the hostage. She had to give him all the money she earned. To numb her feelings in her job as a prostitute, she started smoking, drinking and taking drugs. Eight months later, she reported the matter to the police and managed to run away with her son. Susy met another guy who was an addict and a pusher. He took her to his home where he was staying with his mother. With him, she had two children. All the three children are being looked after by her boyfriend's mother. Her boyfriend supported her drug habits but sometimes she still solicited to get more money. She was caught in one of the hotels while having a "fix".

She hopes to go back to her family in Johor with her children once she is out of the centre.

Case 7

Jane, 30 years old, was interviewed at the centre on the 19th of October, 1991.

She is the seventh child in a family of eight. She studied until form three and then stopped because she was too lazy to go to school. She felt bored living at home and so she ran away and started working at a pub. Jane was caught while working there as she was underage. She was put in a reform school for two years.

After being released from the reform school, she went back to working at night clubs and bars. She picked up smoking, drinking and drug taking. She was arrested by the police about nine years later and was sent to the Women's Treatment and

Rehabilitation Centre in Kelantan. When her term was over, she ran back to her old friends in Johor and started taking drugs again. She was arrested again by the police a few months later and sent back to the Treatment and Rehabilitation Centre in Kelantan, for the second time.

Jane was married at the age of 17 to a 19 year old man. She divorced him after a few months of marriage. Her reasons for going back to drugs after her release from the centre the first time was because of boredom. Her family, she felt restricted her movements. In order to get away from them, she ran back to her friends who thought along the same line with her. Her friends are the only people she could relate to.

Jane will be released back to the community after about a year or two. Where will she go this time? Will she be able to stay with her family or will she go back to her friends? Only time will tell what the future is going to hold for Jane.

Case 8

Twenty nine years old Anne was interviewed on the 20th of October, 1991.

She is the youngest child in a family of 12. When she was 15, her mother passed away and a year after that, her father passed away. Anne then stayed with one of her married sisters. She stopped studying and started roaming around town, making friends with all the "bad hats" in town. Her sister could not give much attention to Anne as she had her own family.

At 17, out of curiosity, she started smoking heroin. Her friends showed her how to do it. At this stage in her life, Anne needed attention and love. She could not get them from her parents as they were dead and her sister did not have the time. Her friends were the only people she could relate to and she felt accepted smoking heroin with them.

She was arrested the first time and was in prison for eight months. When she was released she did not know where to go. She went back to drugs to release her out of her depression. Within a year, she was arrested again by the police and this time, she was sent to the Women's Treatment Centre in Kemumin.

It is clear that Anne does not have anyone to show her the love, care and concern that she needs. Drugs was her only answer for release from her frustrated and depressed life.

Case 9

Mimi who is 23 was interviewed on the 23rd of October 1991.

She is the only child of her parents but has 10 other half brothers and sisters (same father, different mother and vice versa). Her parents were divorced when she was very young. Mimi was brought up by her grandmother until the age of 14 when her mother decided to bring her up. At 15, she left school as she was looking for fun and excitement. By then, she was independent and disobedient.

She got married at the age of 22 to a man whose family owned a restaurant. He was an addict and soon she became an addict, too. Within a year, the police raided the restaurant and both husband and wife were arrested. They were both sent for treatment and rehabilitation. She to Kelantan and he to Bukit Mertajam.

Mimi explained that her mother was a waitress at the night club before she met her father. Many of her uncles (her father's brothers) are addicts. She has been exposed to cigarettes, alcohol and drugs at a very young age. She always had the urge and the desire to try these substances and had her chance after her marriage.

Her main problem was that she came from a broken family and had not experienced love/acceptance from her parents. Mimi hopes that her husband will be rehabilitated and they both can start life anew.

Case 10

June 34, was interviewed on the 22nd of October, 1991.

She is the sixth child in a family of eight. Her parents never bothered about her as they had so many children to take care of. June was brought up by her grandmother. She had to give up studying when she was in standard five as her

grandmother was very poor. June helped her grandmother by selling cakes and doing a lot of hard work. At 14, June got married to a man of her choice. She didn't know that he was an addict until she had four children. When she found out, she gave her children to her mother-in-law and ran away to Kuala Lumpur.

June started working at a night club and started drinking and taking drugs. She found that drugs helped her forget her depression of leaving her husband. She was arrested by the police for being in possession of drugs the first time. After her release, she was back on the streets and started a relationship with a man. She had a child with him. Soon out of boredom she left him and gave her child away to someone.

June then met another man and lived with him. Both of them were on drugs. She continued with her activities until she was arrested again. This time she was sent to the Treatment and Rehabilitation Centre in Kelantan. June is currently being treated for mental disorder.

2.2 Analysis of Case Studies

The analysis of all the ten cases that were highlighted show similarities in many areas. All the names in the case studies are fictitious so as to protect the confidentiality of the respondents.

On the whole, the educational level of all the respondents were low. They were either too poor to continue with their studies, like in the case of Tina, or were not interested in their studies, like the case of Linda.

Most of the respondents married very early in their lives. Quite a number of them married alcoholics or addicts unknowingly. Mina married an alcoholic when she was 18, Maimun was 14 when she got married to a pimp. Rina got married as a second wife at 18 to an addict and after a divorce got married again to another addict.

The family background of quite a number of addicts is one of the reasons for their addiction. Anne was the youngest child in a family of 12. The death of her parents left her to fend for herself as her sisters had families of their own. Mimi's

parents were divorced when she was very young. Her uncles were involved with drugs too. June's parents never bothered about her as there were eight of them in the family. These women's search for acceptance, love and care brought them to a world where every pain could be relieved by the use of drugs. Jane never bothered about her family and the only people she related to were her friends, who were all addicts.

CHAPTER THREE
PROBLEMS FACED BY INSTITUTION CASES

3.1 Introduction

In this chapter, the main focus of discussion is on the kinds of problems faced by the respondents. Some of these problems were faced prior to their entry into the institution and some are current problems. The problems were also cross tabulated with other variables such as age, marital status and education level to identify the relationship between the problems faced and these variables.

The difficulties, and sometimes devastating effects of drug misuse on the individual herself and the family are described below.

3.2 Physical Health Problems

Among the 68 cases interviewed in the centre, 28.8% face health problems such as venereal diseases, asthma, psychological problems and stress. These problems are associated with their drug use and is felt mainly during withdrawal periods. This was stated by one of the women with asthmatic problems, "My worst fears are withdrawal symptoms - I feel all weak and easily tired".

Many of the respondents were prostitutes before entering the institution. They also complained of facing health problems which are related with involvement in these jobs. As was brought up by one woman, "I now have venereal disease due to my involvement in prostitution activities".

Majority of the widows (62.5%) face psychological problems. This could be due to loneliness and the length of time they have been on drugs. One widow stated, "Many a times I feel as if I am going bonkers. There seems to be no solution at all. My past somehow doesn't give me any hope for my future".

3.3 Financial Hardships

Twenty six of the respondents (39.4%) face financial hardships as they come from poor families or were married to addicts. Thus, money was needed for daily expenditure and also drugs.

Divorced women especially faced this problem (56.3%). Their husbands cannot be relied on to provide for the children. As was stated by one woman, "I had a husband but he couldn't be relied on to provide food for my children and me. In the end, even with my addiction, I had to go out and work or my children would have starved to death".

On the other hand, women married to addicts or who were living with addict boyfriends had their share of this problem. One respondent who was married to an addict stated, "I had to support my addiction problem and also his - in the end, I had to sell my body. How else will I earn enough?"

Half of the widows too faced this problem (50%). This could be due to having to support themselves and (at times) even their children, alone. One widow remarked, "It is alright in the centre, as everything that you need is provided for you but I am afraid about what will happen to me when I leave the centre? I don't even own a single dollar to keep me going".

Most of the financial problems are associated with the women's drug use behaviour. They mainly faced problems in balancing their income and supporting their families and their habit.

3.4 Employment Problems

The fear of not having good and reliable jobs or not being able to stay at a job for long was faced by 34.8% of the institution cases. The kind of jobs that they can be involved in was limited. Due to their educational level and the lack of skill/training, they have no choice but to be involved in a few types of jobs that did not require qualifications. This was stated by one of the women, "Where could we get jobs? It was either prostitution or face withdrawal symptoms and let your children go hungry".

Women married to addicts were usually forced to bring back money everyday. Hence they needed to be involved in daily paid jobs, such as prostitution. A woman who decided to be a domestic help instead remarked, "I couldn't stay at a job for long. He, the man I was living with, would force me to steal from the house I was working in, so that he could buy drugs".

What is the future of these women when they leave the institution? The questions that would naturally be on their minds were highlighted by one respondent, "When we leave, where will we go for jobs? Would there be anyone willing to trust us ex-addicts?"

Probably this explains why 44.2% of the respondents have been in treatment more than once. As was stated by one of the respondents who is in treatment for the third time, "I felt frustrated when I couldn't get a job. In the end, I was back on the streets. They (addicts) are the only friends you have. No one else accepts you".

The employment problems are faced by women who try to give up their lives in the slums for a better life. Some of the women end up addicts after being exposed to the atmosphere in bars/pubs or hotels. Some of them move on to these kind of jobs when money is needed daily for their survival.

3.5 Parenting Role Problems (as a mother)

The mothers (54.5%) face problems trying to balance their lives between bringing up their children and giving in to their addiction. Problems that were faced include children being looked after by others and the mothers never seeing their children again. The majority of all the three groups of mothers face parenting role problems (the married ones 70.4%, divorced 62.5% and widows 75%).

The married women and the widows mainly face these problems because the children still have a relationship with them. For the divorcees, on the other-hand, many of them have given their children away to their in-laws or relatives. However, a large number regretted their actions and would want their children back.

Some of the the married women expressed fear after having to leave their children with relatives. One woman remarked, "I had to leave my children with an aunt when I entered the centre. When I go back, I don't know if she'll give them back to me". Another woman said, "My main worry now is whether I'll see my children again. My in-laws took all of them when I was caught by the police. Now after two years, I don't know whether I'll ever be able to see them again".

Regret for not caring for their children was apparent in a number of the respondents. They often paid more attention to getting their fix than caring for their children. According to one woman, "When I was off drugs, my main responsibility was the children but when I'm on drugs, I never paid any attention to them".

The women also expressed relief at being able to relate to their children once more. In their own words, "Before we entered the treatment centre, we were embarrassed if our children knew about our addiction problem. Now that we are treated, we feel ready to face them".

3.6 Family Problems

A major proportion of the respondents (78.8%) faced family problems. Some came from broken homes or homes where parents were drunkards or addicts. Some got married to lovers of their own choice (mainly addicts) and lost all contact with their families.

Women from problem homes got addicted as a way out of all their problems. Said one woman, "I ran away from home because my parents were both drunks. There was no peace at home. To find peace, I got hooked on drugs".

There were also women who left home for a better life with their lovers/boyfriends. Most of the time, they lived to regret it. One woman said, "My family forced me to make a choice - them or my lover. I chose my lover. Now I regret it. I have lost both of them" (women whose lover died of overdose while she was in the centre).

Many families close their doors to their "wayward" children. This action just serves to drive the drug dependents back on the streets. This is a common experience to many. As one woman remarked, "While at the centre, I started contacting my family. I regretted my past but they refuse to forgive me or to accept me back as their child. I don't know where to go when I leave the centre".

Family problems were faced by respondents both before and after being addicted. Broken/strained family relationships could have driven them to drugs. Alternately, they could have made a wrong choice and not being accepted by the family would just drive them back to the streets.

3.7 Emotional Problems

Emotional problems were faced by 66.7% of the respondents. They were faced with anxiety, frustration, fear and depression, either for the past or the future.

The future mainly worries women who do not know where they would go to when they are out from the institution. One woman said, "Deep down within me there's a fear of the unknown. When I leave, will I end up on the streets? Will there be someone who will accept me?"

Women who do not have a place to go to or a family to accept them fear ending up in the streets again. One woman in treatment for the second time stated, "I can't seem to sleep at night thinking that I'll be out in four months. Will I be able to survive outside on my own or will I end up with drugs again".

Suicidal tendencies are apparent in the older women who want to give up the habit when income drops but are unable to stand the withdrawal symptoms. Said one woman who has attempted suicide three times, "The only solution I feel is to kill myself. I'm of no use. Nobody wants me. I'm just a burden to society" (Being given psychiatric treatment).

3.8 Summary

The major problems faced by these respondents were family and emotional problems. Both are related to whether the respondents have a place to go to once they are out from the institution or whether there are people out there to care for them. Women whose families have written them off naturally fear for the future. With no place to go to and no one to accept them, they could end up in the streets the next day after release.

These are just a few of the comments which revealed the many ways in which substance misuse had disrupted the drug dependents' life. Physical health problems, financial hardships, employment problems, disruption in the family and emotional and psychological problems were common experiences.

Some of the problems mentioned (i.e. physical, financial hardships) were faced by respondents after their involvement with drugs. On the other hand, family and emotional problems were at times faced even before their involvement with drugs, though the problems become more apparent after their drug use.

Drug use leading to abuse arose from a variety of needs and problems related to the individual's personality, family and social context.

Ways of solving these problems should be looked into so as to reduce these problems wherever possible.

CHAPTER FOUR SERVICES

4.1 Introduction

At present women drug dependents who need treatment and rehabilitation services can obtain them from:

- i. The Women's Treatment and Rehabilitation Centre in Kemumin, Kelantan.
- ii. Detoxification Units in General Hospitals.
- iii. Rehabilitation Offices in each state.

Though voluntary treatment is encouraged, most of the cases referred to these places are through police arrests.

None of the respondents indicated having received any help at all from any agency or institution prior to entry into treatment. The only kind of help or assistance mentioned was advise from parents and family members.

A few respondents mentioned having heard of the women treatment centre in Kemumin, Kelantan but never knew how to get there.

All the respondents were sent to the treatment centre by court order.

4.2 Rehabilitation and Aftercare

A major proportion of the respondents (75.6%) felt that the available treatment and rehabilitation did not prepare them adequately for coping with life without drugs. Furthermore there was no supportive aftercare services to prevent relapse.

A few of the difficulties are conveyed below:

- (a) Failure to provide adequate life skills and occupational skills training.

A few of the vocational programmes at the Centre does not take into consideration the future occupation of the trainees. A respondent remarked, "Some of us here are trained in weaving* and batik printing*. When I go back to my hometown in Johor, where can I work with this training?" (*Weaving and batik printing are economic activities in Kelantan and a few other states in the east coast only).

- (b) Building up of confidence and self esteem are not given priority in rehabilitation programmes.

The respondents mainly sensed a feeling of worthlessness. They are not highly educated and had not been given any opportunity for training. One respondent stated, "It is due to the fact that a lot of us started using drugs at the age of 15 and so we have no skills or qualifications. We have nothing to say that we are worthy".

Another reason for the lack of confidence in these respondents is their family background. Many of them come from broken homes/dysfunctional families. As was said by one of the respondents, "Many of us come from broken homes. We have no confidence in starting families of our own. We really need help in this area".

Lack of religious knowledge and practices was also indicated as a problem by a few respondents. In the words of a respondent, "Most of us come from homes where no religion is practised. We are exposed to religion here but we feel we need more. Much more emphasis should be given to religion".

The respondents also felt the necessity of being counselled. They commented on not getting enough counselling. According to one respondent, "We do not spend much time getting counselled. More emphasis is placed on getting the job for the day done".

- (c) Bridging the transition between a protected rehabilitation environment and the problems of the real world was not always successfully accomplished.

Though the trainees at the centre are encouraged to renew their ties with their families, there are times when the family is just not ready to receive them. Thus, the return to old friendships and environments become dangerous alternatives.

4.3 Needs of Women In the Institution

4.3.1 Self-Help Groups

Respondents (55.3%) indicated the importance of belonging to a group from which they can draw support. They felt that they would no longer feel alone with their problems as others in the group would also have had similar experiences and would understand how they felt.

4.3.2 Counselling

Counselling was felt to be important by many of the respondents (60.2%) and they felt that more counselling services were needed outside where they could go to when they were released from the centre.

4.3.3 Inclusion of children in treatment facilities

More than half of the respondents (57.8%) felt that there should be facilities to permit them to remain with their children if they wished to do so. In Chapter 3, we have quoted women's comments about their fears of losing their children when they get back home after their two year stay at the centre. This problem should seriously be looked into.

4.3.4 Family Units

It was felt by 61.2% of the respondents that families should be educated/trained by the rehabilitation officers or counsellors on the necessary coping skills before the trainees return home. This could help reduce criticisms or unfavourable relationship between the trainees and their families.

4.4 Summary

None of the respondents had any contact with any helping agencies prior to their entry into the treatment centre. However, they gave examples of appropriate forms of services and approaches which could be useful. Self-help groups were one of the few examples. Counselling was seen as an important aid. Family units and mother and baby units were also favoured as an extension to the existing treatment facilities.

Section 4

GENERAL DISCUSSION AND CONCLUSION

4.1 Introduction

The main objective of this study was to further examine the problem of drug dependence among the women in Malaysia. Emphasis was placed on understanding the kind of problems faced by these women, the kind of services available and the needs of these women.

Two groups of women were chosen for this study to better understand the needs of the women in the streets and also those in the institutions.

4.2 Evaluation of the Methodology and Data Collection Instruments Used in the Study

In-depth case interviews were conducted with all the respondents, though a semi-structured questionnaire was used for the respondents from the institution. This method provides a better understanding of the respondent's background and her perception of her family as shown in the case studies. However, it must also be admitted that this method may inhibit a clear and objective appraisal of the actual family interaction, since the reality of family life may be subjected to distortion by any single family member. Responses from significant parental figures were not included due to time constraints.

Information from the respondents in the institution was not obtained under the preferred conditions. Respondents from the institution may actually have little choice in deciding whether or not they wanted to participate even though it was stressed that they can refuse to participate without any negative consequences. They may have feared to refuse when asked because of anticipated negative consequences of "not co-operating" despite assurances. The interviews in the institution were carried out by the counsellors and there could be problems due to this. The respondents might not express their opinions honestly, especially in the areas on needs and services. However, the responses from the respondents on what was lacking in their training at the institutions were obtained by the staff from the National Drug Research Centre, Universiti Sains Malaysia, during their visits to this centre.

The snowball technique that was used to a great degree among the community cases would inevitably produce a degree of sample bias as it only allowed the inclusion of those respondents who were known to the drug user contacts of the researchers. Hence, the results obtained in this study could be characteristic not of all drug users but simply, of a particular sub-group of drug users.

4.3 Description of the Sample

The racial distribution of drug dependents in this study is different from that obtained in the preliminary study by Foong et al. (1987). In that study, the women addicts were found to be mainly Chinese (52.5%), followed by Malays (25.9%) and closely by Indians (25.9%).

In the present study, the community respondents are largely Malays (53.3%), 20% Chinese, 23.3% Indians and 3.3% other races. The institutional respondents also showed a similar distribution, 50% Malays, 26.5% Chinese, 22.1% Indians and 1.5% other races.

The difference in the racial distribution for the community drug dependents is due largely to the unwillingness of the Chinese addicts in the community to participate in the study. The Treatment Centre, however, serves a much wider area with different ethnic percentages (i.e. less Chinese and more Malays).

This finding however is in consonance with the previous study by Wong, et al. (1988), which showed the racial distribution of women drug dependents to be 39.6% Malays, 35.4% Chinese and 25% Indians. As was found in the similar study, the community respondents were mainly above 30 years of age (66.7%). The institution respondents were evenly distributed (50% below 30 years of age and 50% above 30 years of age). The percentage of women who are married or have been married previously is 86.7% for the community respondents and 76.4% for the institution respondents, compared to 70.8% in the earlier study. More than half of the community respondents (56.7%) were either divorced/separated, compared to 23.5% of the institution respondents. There were more unemployed respondents in this study compared to the earlier study (20% of the community respondents and 13.2% of the institution respondents compared to only 8.3% in the earlier study). The educational attainment of the respondents in this study is similar to the earlier study. Most of the respondents were either uneducated or only had a primary education.

Criminality of the drug dependents in this study is as high as that in the indepth study (1988). In the present study 80% of the community cases have been arrested before and 73.3% have been incarcerated. Among the institution cases, 82.4% have been arrested before and 76.5% have been incarcerated.

4.4 Possible Predisposing Factors to Drug Abuse

Over the years, many factors have been looked at to explain the antecedents of drug abuse behaviour. The more common factors are dysfunctional families, drug use among spouses and other family members, traumatic life experiences, strong peer orientation and social environment.

The type and quality of relationship between the parent and the offspring have been described to be related to drug use by the offspring. Friedman (1983) found that strict parental control, inconsistent family setting, family dysfunction, lack of closeness between family members and high amounts of disagreement between parents is associated with high substance abuse by their adolescents. A study by Greenwald and Luetgert (1971) found that there was significantly more drug use by students who had neutral or conflict relationships with their parents. Similarly, Pandina and Schuele (1985) found that higher substance abuse in families is associated with lower perceived parental love and greater parental control. Tudor, Peterson and Elifson (1980), found that negative parental relationships and low degree of supportive interaction with parents was associated with drug abuse by the adolescents.

The relationship between parental drug use and the use of drugs by the offspring is described in the review of literature by Halebsley (1987). In the review, it was reported that in a study by Gorsuch and Butler (1976), parents' use of marijuana increased the likelihood that their adolescents would also use these substances. In another study, Fauzy, Coombs and Gerber (1983) found that 78% of the parents that used marijuana had children who became drug abusers in their adolescence. These studies indicate that actual parental drug use has an influence on the use of drugs by the offspring. In addition, the type and quality of relationship between the parents and the offspring was also found to be related to drug use in the offspring. However, the relationship between parental drug use and drug use by the offspring is a complex one, differing with respect to the sex of the offspring and type of drugs.

Our study on the women in the community showed that 50% of the respondents came from families where their parents were either divorced/separated or were single parents. Thirty percent of the respondents were given away to be brought up by grandparents, uncles, aunts or relatives. Four of the respondents (13.3%) had gone through reform schools for three years. More than half (53.3%) of the respondents came from poor socio-economic background. This is consistent to the earlier findings that family setting, family dysfunction and conflict relationships are found to have significant relationship to drug use by the family members.

The general family background of the institution cases also showed similar characteristics. Most of the respondents came from homes where their parents were divorced or were too busy to care for them. Many were also given away for adoption since birth and had been ill-treated by their adopted parents.

A few respondents from both the community and the institution indicated use of drugs among their spouses and other family members. It could be as suggested by Eldred and Washington (1975, 1976), that typically only women began to use heroin within a relationship with a person of the opposite sex.

Another interesting area to be looked at is the marital background of the addicts. Among the community cases, 56.7% were either divorced/separated. Among the institution cases, 23.5% were either divorced/separated. It was apparent from the case studies that marriage was seen as the fulfillment for the vacuum that existed in the user's life due to instable family. Sadly, however, marriage to many of the respondents created more problems. They got married very early in life and since they were immature and unable to adapt to changing situations they ended up divorced after a number of years. Many, in their search for a male model (their fathers were either separated or dead), ended up marrying men who were addicts/drunks. A similar scenario has been reported by Sedlin (1972) and Pittman and Gordon (1958).

4.5 Drug Abuse Behaviour

Heroin is the main drug of abuse among the women that were interviewed in this study. Before heroin was first used by the drug dependents, nicotine use (cigarette smoking) preceded. The use of other drugs, such as alcohol, opium and tranquilizers were during the same period when heroin use started.

The main reasons for the first use of heroin given by the cases on the street was to socialise/have fun (30%), followed closely by curiosity (26.7%). The women in the institution cited curiosity as the main reason for initiation into drug use (42.6%), followed by relief from psychological/emotional problems (36.8%). This finding was inconsistent to the earlier finding by Foong et al. (1987). In that study, the most commonly cited reasons for initial drug use were peer influence and pleasure.

Once started, the respondents indicated that the enjoyable physical experience was the reason for continuing heroin use, leading to continuous daily use and to addiction. Another reason for continuous daily use was that the drugs helped the respondents to forget their problems.

It is very apparent that heroin use, initiated, mainly out of curiosity or to socialise and have fun, was continued for enjoyable physical experiences. This finally led to addiction, which necessitated continuous daily use to avoid withdrawal symptoms. Traditionally, the purported "positive" effects of intoxication (mood elevation, rush, high, euphoria) were primary explanations for repeated intake of drugs. Though initially the drug dependents face pleasant feelings as their anxiety and depression diminish, chronic intoxication often lead to high anxiety and depression.

4.6 Consequences of Drug Use

The problems that were brought up by women both in the community and in the institution revealed the consequences of drug use in their lives. Though family and emotional problems were most of the time also indicated as reasons why they started drug use, more often than not, these problems were also consequences of the respondents' drug use.

The relationship between prostitution and drug use is apparent especially among the community cases. This relationship is dynamic and involves the attitude of the individual towards drug use and the aspirations of the individual. James (1976) in a study on addict-prostitutes, addicts and prostitutes concluded that there is no clear link between addiction and prostitution, but both addiction and prostitution are potential steps towards the other because of the viability of prostitution as a support system and the emotional pressures and proximity to narcotics in prostitution. Another view that was presented by sociologists was that prostitutes who were forced into prostitution out of financial hardships or to support their husband/boyfriend, often resorted to drug use to numb their feelings while "performing the act".

Criminality was higher among women who have been addicts for a longer period of time. The comparison between drug dependents who have never been arrested with those who had high records of arrests showed that the "high arrests group" had been on drugs for a longer period of time, were mainly living with friends and supporting their habits through prostitution.

Respondents with children, both in the institutions and in the community have parenting role problems. The main problem in this area is mainly separation from their children. For the women in the institution, separation from their children was inevitable. For the duration they stayed in the institutions, their children have to be looked after by the respondents' parents, in-laws, siblings or relatives. The women in the street on the other hand face separation from their children mainly because of their occupation as prostitutes.

Health problems faced by the respondents were mainly related to their drug use. Venereal diseases, body ache and asthma were health problems that were faced by the women either because of their involvement in prostitution or due to withdrawal symptoms.

Most of the respondents also indicated financial problems due to their ability only to work as prostitutes or bar waitresses. This is also related to their low educational attainment. Financial problems increased with the increase of drug use. This phenomenon was obvious especially in the community respondents who indicated financial hardship when income decreased due to age advancement.

4.7 Services

The available treatment and rehabilitation services for women drug dependents are:

- i) The Women's Treatment and Rehabilitation Centre in Kemumin, Kelantan;
- ii) Detoxification Units in General Hospitals;
- iii) Rehabilitation Offices in each state.

Only women who had been arrested and sent for rehabilitation from the community knew about the existence of the treatment centres. The most common "treatment" among the women was the cold turkey treatment at the prisons for whatever duration they were incarcerated.

The women in the institution on the other hand indicated problems that they face at the treatment centres. A major proportion (75.6%) indicated not being prepared enough for coping with life without drugs. Among the problems faced were no supportive aftercare services to prevent relapse, failure to provide adequate life skills and occupational skills training, limitations in rehabilitation programmes especially in building up of confidence and self esteem, lack of religious knowledge and time constraints for counselling programmes. Another major problem was the failure of the programmes to help respondents to bridge the transition between a protected rehabilitation environment and the problems of the real world.

4.8 Needs of Women Drug Dependents

While the needs of the women in the community were mainly related to their day to day living, the institution women's needs were related to whatever they felt was lacking in their treatment and rehabilitation programme.

The women in the community lacked skill/training for any kind of jobs. The only jobs they can be involved in are jobs that do not require any skill. Their employment and financial problems are linked to their inability to get stable and legal jobs. One of these women's main needs is to obtain skill/training of any kind that will enable them to seek for better employment.

Emotional support and assistance to get on in a world without drugs is very important for these women. Many of them are only accepted by their fellow addicts. They have been turned away from their homes and have no place they can call their own. For these women, treatment and rehabilitation is of no use if they have to end up in the streets after each treatment. A support group to encourage and keep each other away from drugs is seen as important by this group of women. They can also draw emotional support from the group to which they belong. The women from the institution also brought up the importance of having a self-help group from which they can draw support after the duration in the treatment centre.

Another need that should be looked into is the possibility of having mother and child treatment units. Drug dependent mothers in the community indicated fear of leaving their children behind to go for treatment and rehabilitation. In the same way, drug dependent mothers in the institution faced parenting problems, not knowing whether they will see their children again once they are released from the treatment centre.

The women in the institution looked at counselling as an important aid from which they could draw support once they were released from the treatment centre. They brought up the need to have counselling services to which they could go to whenever they needed to be counselled.

Other than mother and child treatment units, the women in the institution brought up the importance of training/educating their families on how to cope with the drug dependents before they return home. This, they felt, could help the relationship between the families and themselves.

Basically, the needs of these women were to overcome/reduce the negative effects of drug abuse. Some form of support to help them in their attempt to reduce drug addiction could save them from spending the rest of their lives on drugs.

4.9 Conclusion

The problem of drug addiction among the women is still not given enough attention. Though the number involved is small, the consequences of drug addiction is deep and far reaching. The problem faced by these women not only involve themselves but also the future generations. As such, priority should be placed in working out primary prevention programmes and policies for women who are potentially at risk.

Heroin is the main drug of abuse among women addicts studied, and it is not abused in isolation to other drugs. A number of factors can be identified as probably having an influence on the use of the drugs by these women. The factors include, dysfunctional families, involvement in illegal activities, drug use among spouses and other family members, low family life structure, traumatic life experiences and strong peer orientation. The use of drugs among women, as suggested by this study, is carried out in the context of heterosexual relationships since a substantial portion of these women are married or previously married and report spouses who use drugs.

Some of the consequences of drug use among women addicts are involvement in prostitution, involvement in criminal activities, separation from family and children and loss of legal employment.

5.0 Recommendation

The results of the study show that 66.7% of the community respondents and 64.7% of the institution respondents have received a primary level of education or no education at all. The earlier study by Wong, et al. (1988) showed that 72.9% of the women addicts had received a primary level of education. The trend in the educational attainment suggests that drug education programmes be introduced formally in the early years of education. The drug education programmes, apart from disseminating information on drugs and their effects which are appropriate to the time perspective of the individual, should also include:-

- (a) Training in psycho-social skills. This training should aim at helping the individual to deal with the environment in a more critical and analytical way and to improve the self-esteem of the individual.
- (b) Parents. The family background of these women addicts show inadequacy of parental role performance and unsatisfactory family relationship. For parents who are unable to participate in the parent skill training programmes, provision should be made to include these programmes in the mass media.

In Malaysia, an individual admitted for treatment may fall under three categories, namely:-

- (i) Being first suspected for drug dependence and subsequently upon confirmation of dependence being ordered by the Court to undergo treatment;
- (ii) Being convicted for an offence under the Dangerous Drugs Ordinance and subsequently ordered by the court to undergo treatment and;
- (iii) On a voluntary basis.

The results of the study show that of all the convictions of these women addicts, 91.7% concerned drugs. However only 18.2% of these women have received treatment at the Women's Treatment and Rehabilitation Centre. The discrepancy between these figures suggests that further studies have to be conducted on the treatment services available to women addicts, and also their treatment needs.

This study also showed that 22.1% of the women in the institution were going through treatment for the second time, 14.7% for the third time and 1.5% for the fifth and sixth time. In view of this, studies should be planned to reevaluate the present method of treatment. Prolonged institutional treatment for women who have families and/or children in their care, may have negative consequences on the individual and family. Unless family support facilities are incorporated in institutional programmes, day care treatment facilities with rigorous testing procedures may be more appropriate for this population.

The criminality of drug dependent women in this study is high. Hence, it strongly suggests that in the treatment of women addicts, attention should also be given to modifying social deviant behaviours particularly those associated with illegal activities.

Further evaluation on the present treatment and rehabilitation facilities available for women drug dependents may help this group of women to lead a better quality life.

PART 2

STUDY ON CARERS OF DRUG DEPENDENTS

CHAPTER 1
GENERAL INTRODUCTION AND METHODOLOGY

1.1 Introduction

The study on the carers of drug dependents is a relatively new study to be undertaken in the field of drug dependence in Malaysia. Previous studies on families of drug dependents have examined the relationship between the drug dependents and their families. These studies also investigated if the family background has any influence on initiation of drug abuse by any member of the family. Family factors were found to have an influence on the use of drugs among family members (Jurich et al. 1985). It was found that many male adolescents who were raised in single parent homes turned to drug use as a means of coping with stress (Craid and Brown, 1975; Tolone and Dermott, 1975). Most of the families of drug abusers are disharmonious, unhappy and undirected (Blum et al. 1970; Bahnson, 1972). Fulfilment for the children of these families is subsequently obtained from friends and the user becomes very peer-oriented (Kandel, 1975, Dembo et al. 1976; Kandel et al. 1978). This study, however, aims to find out the problems faced by the carers of drug dependents and their methods of coping while caring for drug dependents. The role of the family/carers in helping drug dependents especially in the areas of providing support services will also be looked into. Findings from the study could serve to educate the carers on the drug dependency problems and the role they can play in treatment and prevention of relapse.

1.2 Objectives of The Study

The objectives of this study are stated in the reesearch questions below:

- (i) What are the socio-demographic characteristics of the carers of the drug dependents?
- (ii) What are the characteristics of the drug dependents?
- (iii) How does the family respond/their attitudes to the drug dependency problem?
- (iv) What kind of actions are undertaken by the family to cope with the drug dependency problem?

- (v) What are the problems faced by the family in coping with the drug dependency problem?
- (vi) What kind of services are available or needed to help cope with this problem?

1.3 Study Design

The respondents for this study are selected families living in the state of Perak. A total of 61 respondents were interviewed; fathers (n=20), mothers (n=22), wives (n=4), sisters (n=7), brothers (n=5) and others (grandparents) (n=3). A semi structured questionnaire was used. The interview was carried out by five volunteers from the Perak Parents' Movement Against Drug Abuse. This voluntary organisation is formed by parents and other concerned individuals to carry out programmes and various activities to curb drug addiction in the state.

Officers from the National Drug Research Centre, Universiti Sains Malaysia, conducted a two day training session with the volunteer field workers. During the two days, the questionnaire was studied and trial field interviews were carried out before the volunteers came back to discuss their problems on the field. Data collection was conducted from October, 1991 to January, 1992. Interviews were conducted in the language or dialect most proficient to the respondents.

At the beginning of each interview, the respondent was briefed on the identity of the interviewer, the purpose of the interview, assured of anonymity and confidentiality and the right not to answer any or all of the questions that were asked. The respondent was also informed that he/she could ask anything further that he/she wanted to know before the start of the interview proper. This, it was felt, would serve to establish the rapport necessary before the start of the interview.

The respondents were obtained through contacts of the volunteers. Some of them were obtained through school records of students who were tested positive for drug use. The snowball technique was also used to seek families of drug dependants.

1.4 Data Collection

A semi-structured questionnaire was developed and pretested for the study.

Types of Information Collected

The types of information collected included:

- (a) Background of the respondent:
 - o Relationship with drug dependent
 - o Age
 - o Marital status
 - o Structure of the family
 - o Ethnicity
 - o Educational attainment
 - o Occupation
- (b) Background of the drug dependent:
 - o Duration of drug use
 - o Age of onset
 - o Primary drug of use
 - o Reasons for initiation
 - o Treatment history
 - o Reason for abstinence/continuing drug use
 - o Criminality
- (c) Family's Response to the Drug Dependence Problem:
 - o Family's approach
 - o Actions taken by the family
 - o Problems faced by the family
- (d) Services Available
 - o Kind of services available
 - o Kind of services needed

- o Role of family
- o Areas of involvement for family

1.5 Data Analysis

Only information where quantifiable were coded and key-punched into the computer. Data was analysed using the Statistical Analysis System (SAS) Package whenever appropriate.

1.6 Structure of Report

This report is organised into six chapters. The first Chapter presents the introduction, objectives of the study and the study design.

Chapter 2 provides the socio-demographic characteristics of the respondents. Chapter 3 provides the characteristics of the drug dependents.

Chapter 4 discusses the family's response and approach towards the drug dependency problem. Chapter 5 presents the kind of services available and the role of the family in the area of drug dependency. The final chapter discusses the major findings of this study and their implications for policy decisions.

CHAPTER TWO CHARACTERISTICS OF THE RESPONDENTS

2.1 Introduction

This chapter presents the socio-demographic characteristics of the respondents in this study. These characteristics include ethnicity, marital status, education level, occupation and family structure of the respondents. This chapter will also highlight eight case studies for a better understanding of the problems faced by the family/burden carers.

2.2 Relationship of the respondent to the drug dependent

Out of the 61 respondents that were interviewed in the state of Perak, 32.8% were fathers of drug dependents, 36.1% were mothers, 6.6% wives, 11.5% sisters, 8.2% brothers and 4.9% were grandparents of drug dependents (Table 1).

2.3 Ethnicity

A major proportion of the respondents were Malays (42.6%), followed by Chinese (34.4%) and Indians (23%) (Table 1).

2.4 Marital Status

The respondents were mainly married (68.9%). The rest were either single (16.4%), separated (3.3%), divorced (4.9%) or widowed (6.6%) (Table 1).

2.5 Education Level

Eighteen percent of the respondents never had any education, 32.8% had primary education, 44.3% had lower secondary education, 3.3% upper secondary education and 1.6% were graduates (Table 1).

2.6 Occupation

The respondents who were employed at the time of the interview as odd job workers (3.3%), labourers (9.8%), running their own businesses (19.7%) and professionals (8.2%). The others were not employed (59%).

2.7 Family Structure

2.7.1 Family Size

More than half (50.8%) of the families that were interviewed had less than 5 siblings. This was followed closely by 42.6% who had 5 - 9 siblings. A smaller proportion had either no siblings (4.9%) or 10 - 14 siblings (1.6%) (Table 2).

2.7.2 Education Level Of The Siblings

The major proportion of the siblings had lower secondary education (37.5%), 28.3% had upper secondary education, 26.7% primary education, 5.9% college/university education and 1.6% had no education (Table 2).

2.7.3 Occupation

Majority of the siblings were students (26.7%). The siblings who were employed were in business (19.1%), semi skilled jobs (17.1%), labourers (9.2%), professionals (3.6%), service sectors (3.2%), odd jobs (2.8%) and army/police personnel (2.4%) (Table 2).

2.8 Case Studies

The case studies presented below are taken from the viewpoints of parents, spouses, siblings and grandparents. The purpose of these case studies is to highlight the different background of the drug dependents and the carers. The respondents also highlighted the different problems that they face in coping with the drug dependency problem. The names in all the case studies are fictitious to protect the confidentiality of the respondents.

TABLE 2.1

Distribution of Respondents By Socio-Demographic Characteristics

	n	%
1. <u>Relationship of Respondent to Drug Dependent</u>		
Fathers	20	32.8
Mothers	22	36.1
Wives	4	6.6
Sisters	7	11.5
Brothers	5	8.2
Others	3	4.9
2. <u>Ethnicity</u>		
Malay	26	42.6
Chinese	21	34.4
Indian	14	23.0
3. <u>Marital Status</u>		
Single	10	16.4
Married	42	68.9
Separated	2	3.3
Divorced	3	4.9
Widowed	4	6.6
4. <u>Educational Level</u>		
Never been to school	11	18.0
Primary school	20	32.8
Lower secondary	27	44.3
Upper secondary	2	3.3
College/University	1	1.6
5. <u>Occupation</u>		
Odd job	2	3.3
Labourers	6	9.8
Business	12	19.7
Professionals	5	8.2
Unemployed/Retired/ Housewives	36	59.0

TABLE 2.2

Distribution of Siblings by Socio-Demographic Characteristics

	n	%
1. Family Size		
No siblings	3	4.9
Less than 5 siblings	31	50.8
5 - 9 siblings	26	42.6
10 - 14 siblings	1	1.6
2. Education Level (n=251)		
No education	4	1.6
Primary school	67	26.7
Lower secondary	94	37.5
Upper secondary	71	28.3
College/University	15	5.9
3. Occupation (n=251)		
Student	67	26.7
Business	48	19.1
Semi skilled	43	17.1
Labourers	23	9.2
Professionals	9	3.6
Service sector	8	3.2
Odd jobs	7	2.8
Army/Police	6	2.4
Unemployed/Housewives/ Retired	40	15.9

Case One

Awang and Jah, parents of Rizal, were interviewed at their home on the 31st of October, 1991.

Fifty nine year old Awang and his 51 year old wife, Jah, have twelve children, eight males and four females. Five of them are still schooling. The eldest of them all is Rizal who is 34 years old. Rizal studied until Form Five after which he started looking for a job.

Rizal decided to go to Kuala Lumpur to get a job. As Awang and Jah heard no news from him, they assumed that he was working in Kuala Lumpur. Later on Awang found out from close friends that Rizal is only doing odd jobs and had even got hooked on drugs. Awang left for Kuala Lumpur and brought his son back to his village.

Rizal, by then had a girlfriend who cared for him. Two weeks before marriage, Rizal started his continuous trips to seek treatment. His loved ones took him to the Malay traditional healers, the native healers and also urged him to stay with friends living elsewhere. The longest period of abstinence was five to six months. After marriage, his wife continued taking him for treatment. Rizal's wife also takes him to Batu Gajah hospital whenever she feels that Rizal looks "different". Though he is currently off drugs, Awang is not sure for how long.

However since three weeks ago (before the interview) Rizal and his wife have been missing. The shop where he runs his business, has also been closed.

In the process of treating and caring for Rizal, Awang and Jah, with tears in their eyes revealed that they had neglected the other children, especially Rizal's 29 year old brother who is retarded. The parents also indicated problems in trying to juggle their money between treatment and in giving their best to the other children. They also sought advice and help from the village police on how to enter government run centres, but to no avail. Other than sympathies, no one could help them.

Awang and Jah live in constant worry. Whenever Rizal is back late, they wonder if he's been arrested or if he's taking drugs somewhere. Since he has been missing for the last three weeks, Awang and Jah have not been able to sleep at night wondering what has happened to him.

Case Two

Meng Kin who is the father of Beng was interviewed on the 22nd of October, 1991, at his home. He is sixty. He and his wife have been married for the past 35 years. They live in the suburbs of Ipoh town in Perak. They have six children, all of whom have completed their studies. The eldest son is 34, currently working as a labourer. Their two daughters are both married and are housewives. The younger two sons are labourers and the youngest son is currently unemployed.

Youngest son, Beng was working as a labourer after leaving school at Standard Six. He was very close with his friends and preferred their company. He seldom came back home. About two years ago, the parents realised that he had been growing thinner and refused to go work. He spent the whole day sleeping.

The parents decided to take him for treatment when they found white powder in his room. They took Beng to the Chinese Temple to obtain medication. He was on treatment for a month. However, he only abstained for three months. His friends invited him out and he became hooked again. Currently, he only comes home when he feels like it. Most of the time he stays with his friends.

The other brothers always criticize and look down on Beng as he does not work or contribute any money to the family.

The parents have given up hope on him. As Meng Kin is not working anymore, he cannot afford to send his son for any treatment. He just hopes that Beng will realise his mistakes and start leading a good life.

Case Three

Fifty six year old Veloo, the father of Babu, was interviewed on the 14th of January, 1992. He is a father to seven children, four males and three females. They all live in the suburbs of Ipoh. All his children dropped out of school after their Form 3. Three of his children (two females and one male) work in the factory. The younger three (one female and two males) are unemployed. His second son, Babu, 28 years old, does whatever available job. He was employed as an office boy after his Form Three. Through friends, he got involved with drugs. He was fired from his job and that was when the family found out about his drug use.

Veloo and his wife sent Babu for treatment 4 times - twice at the private rehabilitation centre in Batu Gajah and twice at the Tanjong Rambutan Rehabilitation Centre. He was in treatment for a year each time he entered the Rehabilitation Centres. He abstained for one year after his first treatment, two years after his second treatment and a year after his third and fourth treatment. However, his friends influenced him back to drugs.

He presently stays at home. However the home scene is very tense. Veloo's wife is presently undergoing mental depression. She's worried about her son and his habit. She is also worried that no one will come forward to marry her three daughters, aged 30, 24 and 22 respectively. This thought is currently driving her off her mind.

Financially, it has been very difficult for Veloo to manage. His employed children only work in the factory. Veloo does whatever odd jobs that are available. To send his son to the private rehabilitation centres, he spent \$15,000 which he borrowed from relatives and friends. At the community level too, Veloo's family is looked down upon, especially since the drug dependent steals valuables from the neighbours.

Veloo doesn't know what else can be done to help his son. He just hopes that the government helps the families of addicts and provide them with some form of support.

Case Four

Mina, the wife of Mano, was interviewed on the 11th of January, 1992, at her home.

She has been married for 16 years. Both she and her husband have seven children, four males and three females. They live in Ipoh town. The older three children have dropped out of school at the age of twelve (after standard six). They are presently working as domestic helpers and shop assistants. The younger four are still studying.

Three years ago, Mina's husband Mano, lost his job because the company was cutting down cost. She noticed that Mano slept during the day time, refused to go out to look for a job, became a chain smoker and an alcoholic and started having mood swings. Mina realised that he was on drugs when she saw Mano putting some material into the cigarette before smoking. She attributed his loss of job and peer influence as reasons for him turning to drugs.

Since then, Mina has tried unsuccessfully to get Mano to seek treatment. Until the time of interview, Mano had not sought any treatment. Life has really changed for Mina. Before, she was just a housewife, but Mano's habit has changed everything. Now she goes house to house washing clothes. If she doesn't give Mano enough money to buy drugs, he abuses and beats her. Even the children are not spared.

"I don't feel like sleeping and have no appetite to eat, too", said Mina. She constantly regrets having married Mano. There is no peace at all in the house. Mano is either quarelling or abusing her physically.

Mina has only one hope - that Mano will seek treatment and start life anew. Until that happens she will just pray and suffer in silence.

Case Five

Sara whose husband was a drug dependent, currently lives alone in a small house in the outskirts of Ipoh. She was interviewed on the 21st of October, 1991.

She is 42 years old and is currently a widow. Her husband just passed away a fortnight before this interview took place. She had been married for 20 years and has three children, two daughters and a son. All three of them only have primary education. Their father's drug taking habits kept them from being able to pursue their education. He had been on drugs for 18 years.

Ever since the problem started, Sara took over the role of the male in the house. She only had primary education and the only job she ever had was as a labourer at a government office. She discovered her husband's habit six years after he had been on drugs. She noticed that he had been losing weight and started being abusive towards her. She doesn't know why he had first initiated drug use.

Sara did not know where or how to seek for treatment. She didn't have the capability or the ability to do so. Her parents in-law never bothered about her husband.

The unstable family life and the tension at home drove all her children to work so as to fend for themselves. These children came from a dysfunctional family, where they could only relate to one parent. Even then, the mother was always working, trying to make ends meet financially. Without much education, the boys started working as labourers. The girl on the other hand started soliciting so as to earn as much money as she could. One of the boys, probably out of frustration and rejection, is currently on drugs.

Sara was a constant victim of abuse. Whenever there was not enough money or when she tried to advise her husband, he abused her physically. Her husband's death was a relief to her. Now she only hopes that her children will come back to her and they can start living as a family again.

Case Six

Liza, Ali's eldest sister, was at home when she was interviewed on the 2nd of November, 1991.

She is the eldest daughter in a family of six. She is unmarried and lives with her mother, three younger brothers and two younger sisters. Two younger brothers and a sister are studying, while the older three have all dropped out after their Form Three. Liza and her third sister help their mother by selling home made cakes. Their only problem is their 20 year old brother, Ali, who is an addict.

Ali has been on drugs for the past three years. The family found out about it 2 years ago when Ali started being quiet, had no appetite to eat and started losing weight. Liza attributed Ali's drug use to his freedom since five years ago after the death of their father. Their mother could not stop him from being a part of the bad company in school. His association with this group of friends kept him away from his studies until he failed his major examination.

Liza's family tried sending Ali for traditional treatment and to see the Malay traditional healer. The period for treatment was two to three months and the period of abstinence two to four months. Ali had no willpower to carry on and had strong peer influence.

Ali presently lives at home and creates problems with their mother whenever he needs money to buy drugs. The other siblings and their mother worry about his future. Liza hopes that Ali will realise his problem and start staying off drugs soon.

Case Seven

Chen, the older brother of Hui, was interviewed after his working hours on the 21st of January, 1992.

It had been a difficult life for Chen, his three brothers and his sister when both their parents passed away ten years ago. Their father passed away in an accident and their mother followed six months later out of depression. The children all moved to their grandmother's house. Two of Chen's older brothers have migrated overseas to look for better prospects. After his Form Three examination, Chen started working as an office boy. He is presently 24 years old. His younger sister is selling tickets at a Cinema while his youngest brother, Hui (20 years old) works part time as a labourer. They live in a rural area in the outskirts of Ipoh town.

Hui was the spoilt son. As he was only ten when their parents passed away, the grandmother gave in to all his whims and fancies. Two years ago, he followed his friends' to work at a sawmill in another state. Through his friends' influence, he became hooked on drugs. Chen found out about this when he realised that his brother always hid in his room when the sun was out, he disliked taking baths, sometimes he feels really cold, he shivers and his eyes were always red.

Chen's grandmother got the addict grandson to start taking traditional medicine. He was on this treatment for a month. After that he refused to carry on with the treatment as he could not stand withdrawal. Presently he still takes heroin together with his friends.

His grandmother is really upset with the addict grandson. Chen and his sister try to give their addict brother support and love, so that he will realise his problem and give up drugs.

Case Eight

Both Grandma and Grandpa Ting, grandparents of John, related their experiences during the interview with them on the 14th of November, 1991.

Grandma and Grandpa Ting have been looking after their grandson, John ever since he was six. Presently John is 19 years old. John's parents were divorced when John was six and they both other partners remarried. None of them could accept John and so in the end, he was left with his grandparents.

John dropped out of school after his Form Three examinations. Two years ago, Grandma realised that John had lost his appetite, always kept late nights, demanded for money and slept during the day time. She also found a spoon in a container hidden away in John's cupboard. John confessed that he started taking drugs due to peer group pressure. Grandma also feels that John is presently trying to find out his identity especially since he does not have parents to relate to. Though his grandparents really love him, nothing can take the place of his parents' love.

Grandma started treating him by giving him Chinese traditional medication. John took the medication for a month and abstained from drug use for the following two months. After that, John could not continue with the treatment as he could not handle withdrawal symptoms.

Both Grandma and Grandpa constantly worry about their grandson. They bring him up with financial help from John's father. However sometimes Grandma borrows from friends if John's demand for money increases. The grandparents continue to show him love and care with the hope that he will give up drugs soon.

2.9 Analysis of Case Studies

The case studies highlighted the plight of the respondents. Most of them have given up hope in treating the drug dependents. However, none of them have given up on the drug dependent. They continue to show love and understanding in spite of all the problems that they face.

Parents face problems in trying to juggle their time between the drug dependent and the other children, like in the case of Awang and Jah who need to care for a retarded son. Money is another problem - how much to spend for treatment and whether it's worthwhile to do so, seem a constant worry to many. Like the case of Meng Kin who cannot afford to send his son for treatment.

The tension and restlessness at home is another major problem in all these families. Veloo's wife is undergoing mental depression. Sara used to live in constant fear of her husband and Mina lives each day in regret.

A dysfunctional family background forced John into addiction though he has caring, loving grandparents. The future of Sara's children worries her constantly as the children had a rough upbringing.

These cases that are highlighted are just a few. In reality, the problems might be faced by a large proportion of society. Policies to look into the problems of carers and their needs must be given priority.

CHAPTER 3 CHARACTERISTICS OF THE DRUG DEPENDENTS FROM THE RESPONDENT'S POINT OF VIEW

3.1 Introduction

This chapter deals with the respondent's views on the background of the drug dependent, the reasons for their initiation into drugs, how the respondent discovered the drug dependent's habit and the treatment and criminal history of the drug dependent.

3.2 Discovery of Drug Dependent's Habit

The respondents reported that one of the main reasons they suspected drug use in the family was because money was stolen from the home (34.4%). A few respondents (mainly mothers) (31.1%) noticed physical changes in their sons. A number of respondents (26.2%) knew of their son's/sibling's/husband's drug use only after the police informed them. A minority of the respondents (8.2%) knew of their son's/sibling's/husband's drug use after seeing needles, syringes or white powder in their bedrooms.

3.3 Age of Initiation to Drug Use

Majority of the drug dependents (42.6%) started drug use during their teenage years (15 - 19 years old). About 30% of them started drug use in the 20 - 24 years age group. Two of them started drug use before 15 years old while the remaining few started drug use after the age of 25 (Table 3.1).

3.4 Major Drug Used

A larger proportion of the respondents (44.3%) were not sure of what drug was being abused by the drug dependent in their family. The others reported the major drug of abuse by the drug dependent as heroin (27.9%), cannabis (19.7%) and morphine (8.2%) (Table 3.1).

3.5 Reasons for Initiation into Drugs

The major reason for initiation of the drug dependents into drug as seen by the respondents was peer influence (44.3%). This was followed by family problems (21.3%), curiosity (11.5%), pleasure seeking (9.8%) and family upbringing (9.8%) (Table 3.1).

3.6 Treatment

Out of the 61 drug dependents, 37 (60.7%) have been through treatment before. The other 24 cited reasons such as the drug dependent is too independent (16.4%), financial reasons (9.8%), family not knowing where to seek help (9.8%) and other reasons (33.3%) for not seeking treatment before.

3.6.1 Current Condition of Drug Dependent

The respondents indicated that the majority of the drug dependents in their families were currently abusing drugs (55.7%). There was no information about 13.1% of the drug dependents as the respondents have not been in contact with them. The remaining 31.1% were abstinent.

The reasons for abstinence were varied; 36.8% were in treatment at various treatment centres, 26.3% had realised the problem they were creating to their loved ones and had given up drugs, 26.3% had gotten married and the responsibility of having a wife and children motivated them to give up drugs, the remaining 10.5% had given up drug use after advise from loved ones.

The drug dependents who were still active cited peer group influence as the major reason for being on drugs (73.5%). The other reasons were that they were not able to withstand withdrawal (11.8%), they were not able to handle their daily affairs without drugs (11.8%) and they considered drug taking to be a normal thing (2.9%).

3.7 Location of Drugg Dependent

About half of the drug dependents were currently at home (49.2%). The rest of them were in institutions (either treatment centres or colleges/universities) (11.5%), at friend's place or at no regular place (32.8%), or there was no information of their whereabouts (6.6%).

3.8 Criminality

3.8.1 Arrests

The respondents indicated that 86.9% of the drug dependents were arrested at least once before. The reasons for the arrests varied from drug-related offences (45.3%), crimes for gain (7.5%) and other crimes (i.e. close proximity) (3.8%). Some of the respondents (43.4%) were not sure what crimes were committed by the drug dependents (Table 3.2).

3.8.2 Incarcerated

The respondents indicated that 75.4% (n = 46) of the drug dependents have been incarcerated for different offences; 43.5% for drug-related offences, 8.7% for crimes for gain and 4.3% for other crimes. The other respondents (43.5%) were not sure why the drug dependents were incarcerated (Table 3.2).

3.9 Occupation

A higher proportion of the drug dependents were unemployed (34.4%). The employed ones were either in business (11.5%), labourers (9.8%), in the armed forces (3.3%), contract/part-time jobs (8.2%), in services (6.6%) or in institutions (either treatment or colleges/universities) (13.1%). There was no information on the occupations of a few of the drug dependents (13.1%).

3.10 Summary

It can be noticed in this chapter that the family members of drug dependents did not know fully about the drug dependent's involvement in drugs and other information concerning his drug use.

It is important that more programmes be geared towards informing the public on how to watch out for anti-social behaviour among the members of the community or their loved ones. The family is the nearest social unit to the drug dependent and they would be the best people to uplift and help the drug dependents from the dreary life that they lead.

TABLE 3.1

Distribution of Drug Dependents by Drug Use Characteristics

	n	%
<u>1. Age of Initiation</u>		
Below 10 years	1	1.6
10 - 14 years	1	1.6
15 - 19 years	26	42.6
20 - 24 years	18	29.5
25 - 29 years	7	11.5
30 - 34 years	3	4.9
35 - 39 years	2	3.3
40 - 44 years	2	3.3
45 - 49 years	-	-
50 - 54 years	1	1.6
<u>2. Major Drug Use</u>		
Heroin	17	27.9
Cannabis	12	19.7
Morphine	5	8.2
Not sure/don't know	27	44.3
<u>3. Reason for Initiation to Drug Use</u>		
Peer influence	27	44.3
Family problems	13	21.3
Curiosity	7	11.5
Pleasure seeking	6	9.8
Family upbringing	6	9.8
Not sure/don't know	2	3.3

TABLE 3.2

Distribution of Type of Criminality Committed by The Drug Dependents

	n	%
<u>1. Arrested Before (n=53)</u>		
Drug-related offences	24	45.3
Crimes for gain	4	7.5
Other crimes	2	3.8
Not sure/Don't know	23	43.4
<u>2. Incarcerated Before (n=46)</u>		
Drug-related offences	20	43.5
Crimes for gain	4	8.7
Other crimes	2	4.3
Not sure/Don't know	20	43.5

CHAPTER 4
RESPONSES AND ACTIONS TAKEN BY THE FAMILY AND THE
PROBLEMS THEY FACE

4.1 Introduction

This chapter deals with the family's response towards the drug dependency problem, the family's actions to overcome the problem and the kind of problems faced by the family.

4.2 Family's Response

All the responses are recorded in Table 4.1.

4.2.1 Analysis of Responses

From Table 4.1, it can be seen that about half of the respondents (50.8%) indicated that they would seek the help of a professional if a member of their family is known to be dependent on drugs.

It is obvious that to approach the child as innocent until proven guilty was practised by the majority of the respondents (73.8%).

A high proportion (72.1%), felt the necessity to make the child confess.

To gather information about the drug dependent's drug use from his friends, family friends and/or his employer/school is considered a positive step because the family is trying to take some steps to curb the habit. However, this step was not practised by the majority of the respondents, mainly out of embarrassment of others knowing about the drug dependency problem in the family.

Finding out what is wrong in the dependent's social relationship, his school or his family was practised by 45.9% of the respondents and was not accepted by an equal proportion. This could be due to the family not being bothered or the family might feel that what is more

important is the future and not what was wrong in the past that had triggered off his drug dependency. Finding out the reasons contributing to the drug dependent's drug use and being patient with the drug dependent were practised by the majority of the respondents.

It was surprising to note that a positive response such as seeking help from people with relevant experience was only practised by 31.1% of the respondents. This could be due to a number of factors:

- (1) The family never sought help out of embarrassment;
- (2) The family did not know where to seek help;
- (3) It is a problem faced by the family - the family has to look out for their own solution.

Very few respondents practised the suggestions in the negative responses. Overall, a majority of the carers indicated that they acted positively after having discovered the drug dependence problem in the family member. They were supportive and tried in various ways (as described below) to seek help to remedy the situation.

4.3 Actions Taken By The Family

The actions taken by the family can be divided to positive and negative actions.

The response towards these actions are recorded in Table 4.2.

4.3.1 Analysis of actions taken by the family

Only 6.6% indicated that they would deprive the drug dependent from food so as to help him overcome his addiction. A higher proportion (57.4%) however responded that they would threaten his source of supply as a positive step to overcome the drug dependent's habit.

A large proportion (63.9%) indicated that they would not "put down" or attack his "friends".

Majority of the respondents responded positively to spending more time with the drug dependent, helping him to find other things more worthwhile to do and to convince him that there are other things better than the one he is following.

A large percentage (82%) indicated that they would not get the drug dependent out of the home land as this action might not solve anything. More than half of the respondents (59%) felt the necessity to educate themselves about drugs.

Not many of the respondents (24.6) were interested in joining anti-drug movements organised by voluntary or government agencies. This could be due to either the time factor or the respondents could not see anything positive in participating in these activities.

Strict control on the drug dependent's financial support was considered a positive action because he could give up drugs if money was hard to come by. This action was responded to positively by the majority of the respondents (75.4%).

The respondents did not react very positively towards encouraging the drug dependents to join self-development projects or seeking help from neighbours, relatives, family friends and community leaders. This could be due to the lack of information on where these support could be obtained from. Another reason could be the importance of wanting to keep the drug dependency problem in the family as a secret so that no one outside will look down upon the family.

A large proportion of the respondents (82%) felt the importance of demonstrating by their own example how to enjoy life without any help from any behaviour-altering substance.

Majority of the respondents (80.3%) indicated that they would not sacrifice the addict for the sake of the family even when the situation gets to be very unberable. A high percentage (68.9%) responded that they will not just sit back and do nothing.

TABLE 4.1

Distribution of Family's Response Towards the Drug Dependency Problem

Response	Yes		No		Don't Know	
	n	%	n	%	n	%
1. Seek the help of a professional therapist, psychologist, psychiatrist, physician or counsellor	31	50.8	26	42.6	4	6.6
2. Approach the child as, innocent until proven guilty	45	73.8	14	23.0	2	3.3
3. Ask him to confess	44	72.1	13	21.3	4	6.6
4. Gather information about his drug use from his friends	36	59.0	23	37.7	2	3.3
5. Gather information about his drug use through family friends	25	41.0	30	49.2	6	9.8

Cont. TABLE 4.1

Response	Yes		No		Don't Know	
	n	%	n	%	n	%
6. Gather information about his drug use from school personnel like form teacher, counsellor or his employer	13	21.3	40	65.6	8	13.1
7. Find out what is wrong in his social relationship, his school or his family	28	45.9	28	45.9	5	8.2
8. Find out the reason contributing to his drug use	42	68.9	15	24.6	4	6.6
9. Be very patient with him since there is no quick cure for drug dependence	55	90.2	5	8.2	1	1.6
10. Seek outside help-somebody else with relevant experience like friends, ex-addicts or other parents	19	31.1	36	59.0	6	9.8

Cont. TABLE 4.1

Response	Yes		No		Don't Know	
	n	%	n	%	n	%
11. Let him have the world of his own	19	31.1	34	55.7	8	13.1
12. Break the family relationships between him and me	3	4.9	50	82.0	8	13.1
13. Do nothing, too busy	8	13.1	42	68.9	11	18.0
14. Do nothing, don't know what to do	18	29.5	34	55.7	9	14.8
15. Do nothing, too worried and nervous to cope with this	11	18.0	41	67.2	9	14.8

TABLE 4.2

Distribution of Family's Actions Towards The Drug
Dependency Problem

Action	Yes		No		Don't Know	
	n	%	n	%	n	%
1. Deprive him from food	4	6.6	48	78.7	9	14.8
2. Threaten his source of supply	35	57.4	18	29.5	8	13.1
3. "Put down" or attack his friend	13	21.3	39	63.9	9	14.8
4. Spend more time with him	41	67.2	13	21.3	7	11.5
5. Help him to find other things more worthwhile to do	41	67.2	20	32.8	-	-
6. Convince him that there are other things better than the one he is following	55	90.2	5	8.2	1	1.6

Cont. TABLE 4.2

Action	Yes		No		Don't Know	
	n	%	n	%	n	%
7. Get him out of the home land, away from his brothers and sisters	2	3.3	50	82.0	9	14.8
8. Educate myself about drugs	25	41.0	36	59.0	-	-
9. Join in anti-drug movements organised by voluntary or government agencies	15	24.6	42	68.9	4	6.6
10. Strict control on his financial support	46	75.4	11	18.0	4	6.6
11. Encourage the boy/girl to join self-development projects	21	34.4	33	54.1	7	11.5
12. Seek the help from neighbours relatives family friends and community leaders	27	44.3	31	50.8	3	4.9

Cont. TABLE 4.2

Action	Yes		No		Don't Know	
	n	%	n	%	n	%
13. Demonstrate by own example how to enjoy life without help from any behaviour-altering substance	50	82.0	10	16.4	1	1.6
14. Sacrifice the addict for sake of the family when the situation gets very bad/unbearable	4	6.6	49	80.3	8	13.1
15. Do nothing, nothing can help	11	18.0	42	68.9	8	13.1

4.4 Problems faced by the family

The burden is placed on the family when one of it's members becomes a drug dependent. The family is often considered the reason behind the drug dependent's addiction. The family is also often expected to take positive measures to overcome the drug dependency problem. More often than not, the families are not given a chance to voice out the various difficulties they go through in caring for the drug dependents. This section aims to look into the various problems that are faced by the family to cope with the drug dependency problem in their homes. In their own words, they have explained their pain and their fears.

4.4.1 Health/Physical Problems

The fathers (n = 20) of the drug dependents were mainly aged between 60 - 69 years old (45%). The others were between 50 - 59 years old (35%) and 40 - 49 years old (20%) (\bar{X} : 56.05, S.D., 7.08). The mothers (n = 22) were mainly between 50 - 59 years old (40.9%). The others were 40 - 49 years old (27.3%), 60 - 69 years old (27.3%) and 30 - 39 years old (4.5%). (\bar{X} : 53.31, S.D., 8.19).

More than half of them face health problems (59.5%). In their old age, the drug dependency problem is an extra burden for them to bear. The common problems were insomnia, losing appetite, falling ill frequently, high blood pressure, heart attacks and asthma. One parent remarked, "I have no sleep at night and no appetite. My son's addiction problem has really changed my life".

Similar problems were faced by spouses (75%). One wife remarked having stress and heartache ever since discovering about her husband's addiction.

Among the siblings, the physical problems that were brought up were what their parents had gone through because of the drug dependent. One of the sisters stated, "My mother was so upset about my brother's addiction that she gave up hope and died".

Grandparents (33.3%) indicated having no appetite after discovering their grandsons' dependency problem.

4.4.2 Financial Problems

More than half of the parents faced financial problems (54.8%). Their main problems were not having enough money to send their sons for treatment and needing money to visit their sons in treatment centres. One father remarked, "Financially, it's a very tight budget for us. Visiting our son in hospital and seeking traditional and modern treatment for him seem to be the only way we spend our money these days".

Another parent indicated having to sell off his property to raise money; "The only property I had (my house), I sold, just to be able to pay for traditional and modern treatment for my son".

For the wives, 50% of them had to change their roles as housewives to earning members of the family. As one wife stated, "There just wasn't enough money to support his (my husband's) addiction, send him for treatment and feed the children. In the end, I looked for a job and am now washing clothes in people's homes".

For majority of the siblings (66.7%), they needed money for treatment, and hence had to borrow money both for treatment and to support the drug dependent's addiction. One brother stated, "We had no choice but to borrow from friends and relatives. Between us there was just enough for our daily food. We needed extra money to be able to send our brother for treatment".

The grandparents (66.7%) faced financial difficulties due to higher expenditure especially in supporting the drug dependent's habit.

4.4.3 Legal Problems

Among the parents, 11.9% indicated having problems in trying to get lawyers, in paying for the lawyers, in understanding release terms from prisons and having no cooperation from the police.

As one parent stated, "When I found out about my son's addiction, I reported to the police. They didn't take any action. When he started stealing, I reported to the police again. They then arrested him".

Similar legal problems were reported by the spouses (25%) and siblings (16.7%). One of the spouses commented, "I just don't know where to go to seek advice on my husband's arrest and release". One of the brothers of a drug dependent voiced out a problem that was faced also by the other respondents, i.e. financial burden due to legal problems. He remarked, "To pay my brother's bail and then to engage a lawyer was a great financial burden".

4.4.4 Family Problems

Fifty percent of the parents indicated having various family problems due to the drug dependency problem in their home. The main problems were quarrels and tension in the home, other children being neglected and violence in the homes if the drug dependent's wishes were not fulfilled.

A mother who has six children other than the drug dependent indicated, "I find it so hard to divide my time. I spend so much time visiting my son in jails and treatment centres that I've just neglected my other children".

Some of the mothers indicated having problems with their spouses after the discovery of the drug dependent in the family. One mother said, "There is no peace in the family after discovering about my son's addiction. Each day, my husband accuses me of not knowing how to bring up my children".

For the wives of drug dependents, the family problems they face are even worse. Violence, wife battering and quarrels in the home is a common, everyday issue. One wife remarked, "When there is no money at home, my husband beats me and hits my head against the wall. If I try to advise him, it's even worse. There are days I can't even go to work because of the swelling on my face and my body".

Another problem faced by the spouses is having no time to care for the children especially since they (the mothers) have to work to support the family. One mother said, "My husband is an addict and my son is following his footsteps. My daughter left home as she could not stand the tension at home and is now soliciting to earn extra income".

For the siblings, 41.7% of them face problems of tension-packed homes and quarrels between themselves. For the grandparents, 66.7% faced similar problems. There are quarrels at home whenever they try to advise their grandsons.

4.4.5 Emotional Problems

Emotional problems were faced by the majority of the parents (83.3%). Worry, fear about tomorrow, regret and blaming themselves over the problem were the common problems they face. A father spoke of his greatest fear, "I need to see my son every minute of the day. If I don't, I get all worked up and upset"

Mothers worry about their daughters who are not married. This was brought up by a parent, "My wife is mentally disturbed. It breaks her heart looking at our daughters. No one is coming forward to marry them because their brother is an addict".

Spouses (75%) worry about the future of their families and their children. Many of them express regret on having married the drug dependent. As was said by one woman, "It is really frustrating because there is only one question in my mind - why did I marry him?"

Seventy five percent of the siblings and all the grandparents worry about the future of the drug dependent. They fear for his safety and whether he will still be alive the next day.

4.4.6 Community Problems

The problems that were faced in the community were quite common among the four groups of burden carers. Neighbours either do not bother, avoid or look down on the respondents and the families.

A father remarked on how he was criticized at his workplace after his colleagues found out about his son's addiction, "If I had my way, I will not go back to my workplace. I can't take the stinging remarks any more".

Another major problem is that the drug dependent is accused of all crimes in the village/housing area, although at times he is innocent. This was brought up by one mother, "I feel upset because if anyone loses anything in this village, the culprit is always my son, though he had not done it".

Spouses face problems of being looked down upon. Neighbours stop talking to them and even stop their children from mingling with the drug dependent's children. One wife remarked, "My neighbour doesn't allow her children to play with mine anymore".

4.4.7 Other Problems

Other than the problems mentioned above, a small proportion of the parents (7.1%) mentioned that their relatives keep away from them after knowing about the drug dependency problem. Another serious problem was brought up by a father whose sons are all unemployed, "Ever since it has been known that one of my sons is an addict, none of my other children have been able to get any jobs around here".

4.5 Conclusion

The respondents indicated facing different problems due to the drug dependency problem in their home. The more common were emotional and family problems.

Of particular concern was the effect of drug addiction on children from families with one drug dependent member (either parents or one of the siblings). Children suffered emotionally by being caught up in an atmosphere of tension, anxiety and sometimes violence. They shared the family's isolation and feelings of shame surrounding the drug problem. They were deprived of the care and love of both parents in their lives. Their problems and suffering were often overlooked by parents who were pre-occupied with withdrawal or trying to control the drug misuser or looking after the drug dependent sibling. These problems relating to drug dependency affect the functions of the parents in dealing with family life.

CHAPTER 5 SERVICES FOR CARERS OF DRUG DEPENDENTS

Attempts to understand and help a drug using child also presented dilemmas which affected family dynamics. The parents were not sure how to accommodate manipulation and blackmail. They were not sure how to provide support and expect the user to accept responsibility for his own actions. The parents indicated needing help in this area to be able to deal with the drug dependency problem.

5.1 Introduction

This chapter focuses on the services that are available for carers/families of drug dependents. The role of the family members in dealing with the drug dependents will also be discussed here.

Currently treatment is available for drug dependents in Rehabilitation Centres. The carers/families of drug dependents however do not receive much services. Parent movements exist in some but not all states. Many a time the burdens faced by the carers/families are just kept within themselves as they feel that there is no one they can share their problems with.

The survey on the facilities for this group revealed a very sad state of affairs.

5.2 Services

About 80% of the respondents indicated not receiving any help or assistance for the various problems that they faced. The remaining few (19.7%) indicated that they mainly received help from friends, relatives and neighbours. Carers whose children are in the universities/colleges received advice from the counsellors. A few carers (10.2%) received cooperation from the police by keeping a watch on the activities of the drug dependents.

It can be observed from these findings that help/assistance was only received from people around who cared. Other than the police, no help was obtained from statutory bodies/organisations/associations.

5.3 Treatment Facilities

Most of the respondents (86.9%) indicated that the drug dependent in their family had never been through treatment (in the Government-run Centres) before. Of the 13.1% (n = 8) who

had been through treatment before (in the Government-run Centres), 25% of the respondents found the treatment very useful, 37.5% found it useful and another 37.5% found the treatment to be not useful at all.

The reasons given for the treatment not being useful were:

- (i) The drug dependent took drugs again once he came out of treatment;
- (ii) Drugs were available in the treatment centres;
- (iii) The family was not prepared to accept the drug dependent back, hence the treatment given to him was of no help.

The interviewers cited numerous reasons why most of the respondents never sent the drug dependent in the family for treatment/rehabilitation in Government run Centres.

The attitude of the people around and society in general is a major problem faced by almost all the respondents. One of the fathers remarked that, "Society will look down on us if they knew about the drug dependent in the family". Another father who has three unmarried daughters stated, "I will never let anyone know about my son's dependence on drugs. I have daughters who are not married. No one will come forward to marry them if this news leak out".

The same reasons were cited for sending the drug dependents for either private or traditional treatment. According to a father who had spent a fortune on treatment, "I would never send my son to the treatment/rehabilitation centres because my family would be looked down upon. I have sent him twice for traditional treatment so that no one will know about it".

Another main reason is not knowing how or where to seek for treatment. A parent from a rural village stated, "I know of the existence of treatment centres. But where or how to get there, I don't know".

Another parent shared the same view, "People around me keep on asking me to send my son to the centre, but I don't know how. In the end, I sent him for treatment to the traditional healer".

The kind of treatment that is being carried out at these centres was also feared by many. A sibling respondent stated, "My mother will not hear about sending my brother for treatment at the centres. She thinks that her son will be interrogated, punished and treated in a cruel manner. She compares it to the prison".

Some parents refuse to send their children for treatment for fear of being left alone especially if the drug dependent is the only child in the family or the only one left at home. Said one parent, "The drug dependent is the only one at home with me. If I send him to the Centre, I will be left alone. All my other children are married and have families of their own. I will protect him (the drug dependent) as long as I can".

5.4 Needs of the Family

The parents were more vocal in voicing out their needs to cope with a drug dependent in their family. The spouses indicated a few of their needs. Most of the siblings did not indicate much of their needs, probably out of ignorance. The grandparents did not state much, probably out of ignorance or hopelessness.

5.4.1 Treatment

The parents stated the need for good treatment at Treatment and Rehabilitation Centres. They felt that the drug dependents need to be dealt with psychologically and with love. The drug dependents should not be treated as criminals.

The parents also indicated the need for more Government-run Centres in each state. They viewed seriously the problem of obtaining drug supply at treatment centres. If this problem is not solved, no matter how long the dependent is in the centre, he will still come out an addict.

The siblings mentioned the need to send the dependent for after-care supervision to areas other than his hometown. This could prevent the drug dependent from being influenced back to drugs by his peer group.

5.4.2 Society

All the four groups of burden carers (parents, spouses, siblings and grandparents) did mention some sort of problem when dealing with the community. They voiced out the strong need to educate the public so that they will not look down on the addicts or their families. They should be encouraged to play an important part in helping drug dependents give up their habits.

5.4.3 Employment

The spouses mentioned the problem of seeking employment especially when their drug dependent husbands stopped going to work. The wives need to bring up the children and employment is the most crucial factor at that point. The spouses indicated the need to have some agency/organisation where they can go to seek help in this area.

5.4.4 General

The general needs of the burden carers were:

- (i) Anti-drug programmes in schools and the community.
- (ii) Counselling in schools, colleges and universities.
- (iii) Financial help for affected families.

5.5 Role of The Family

The four groups of burden carers stated what they perceived the role of the family to be that of coping with drug dependency.

- o The family should work together with the treatment centre in treating and rehabilitating the drug dependent.
- o The family should be a constant source of support and encouragement.
- o The family should show love, concern and acceptance towards the drug dependent.
- o The family should help send the drug dependent for rehabilitation.

5.6 Conclusion

In this chapter, the main highlights were on the kinds of services available, the kinds of services needed and the role of the family.

A major part of the chapter highlighted the reasons why treatment in government centres was not given high priority by burden carers.

It is clear from the discussion in the earlier parts that this area should be looked into very seriously. There is a major problem if the main service available for drug dependents were not being utilised to its fullest. Priority should be given by the different authorities to look into this aspect seriously.

CHAPTER 6 DISCUSSION AND RECOMMENDATIONS

6.1 Evaluation of the Methodology and Data Collection Instruments Used In The Study

As was mentioned in the first chapter, this study is a relatively new study to be undertaken in the field of drug dependence. The aim was to obtain an understanding from the perspective of burden carers about the problems that they face, their approach in dealing with the drug dependency problem and their needs to help them cope with this problem.

Interviews were conducted with the respondents using a semi-structured questionnaire. The respondents were urged to speak freely to permit a better understanding of the issue. This method served to provide the respondents' views and perceptions on the problems that they face. This helped to provide a clear and objective appraisal of the various issues from the burden carers' point of view. Responses from the drug dependents were not included due to time constraints. Another shortcoming of the study was the unwillingness of the respondents to be reinterviewed/ followed-up for this study. According to some of the interviewers from the Perak Parents Movement Against Drug Abuse, they had to give their word to the respondents that they will not go back to the respondents' homes for further investigations or interviews. This reaction did not permit the interviewers to return to the respondents for a more in-depth case study after the general interview had been conducted.

The sample was not equally distributed. There were more parents who were interviewed (32.8% fathers and 36.1% mothers) compared to spouses (6.6%). Siblings made up 19.7% (11.5% sisters and 8.2% brothers) and 4.9% were grandparents.

6.2 Profile of the Respondents and the Drug Dependents

This study on burden carers was carried out on fathers (32.8%), mothers (36.1%), wives (6.6%), sisters (11.5%), brothers (8.2%) and grandparents (4.9%) of drug dependents. Majority of the cases were Malays (42.6%), followed by 34.4% Chinese and 23% Indians. They were mainly married (68.9%) and a high proportion of them (44.3%) had lower secondary education. They were mostly unemployed (59%).

The family structure of more than half of the respondents showed a small number of siblings (less than 5). Most of them (26.7%) were still schooling.

The respondents indicated that drug use among majority (42.6%) of the drug dependents in their family started during their teenage years (15-19 years old). Most of the respondents (44.3%) were not sure of what drug was being abused by the drug dependents in their families. However, the respondents indicated that peer influence was the major reason for initiation into drugs by a majority of the drug dependents (44.3%). Majority of the drug dependents (55.7%) were abusing drugs at the time of interview. A few respondents indicated that the few drug dependents that had abstained from drugs had done so because they had realised the problems they were creating to their loved ones. Some had gotten married and hence gave up drugs due to responsibility and a few gave up drugs after advice from their loved ones. Only 60.7% of the drug dependents have been through any kind of treatment before. The respondents cited reasons such as drug dependent is too independent, financial hardship and family not knowing where to seek help to explain why the drug dependents under their care had not undergone treatment.

Criminality among the drug dependents was very high, 86.9% had been arrested before and 75.4% had been incarcerated. Their main crimes were drug related offences (45.3%). The drug dependents were mainly unemployed (34.4%).

6.3 Family's Attitude and Practices with Regards to Drug Dependency Problem

Though the overall responses of the family and their actions were positive, there were a few responses that should be highlighted here.

It was clear from the analysis of the responses that the family would take positive measures to help their child/ sibling/spouse give up drugs as long as these measures do not mean seeking help from anyone outside the family unit. Very few respondents indicated seeking help from people with relevant experience or even being part of voluntary organisations to help them cope with the problem or give them support to overcome the problem.

The respondents did not react positively towards seeking help from people around them, mainly as they fear the stigmatisation once their problem is known by the community.

In summary, a lot more needs to be done at the community level so as to understand the drug dependency problem and to create some form of support service. Lack of understanding and support merely enhances the problems already faced by the families.

6.4 Problems Faced by the Family

All the problems that were brought up by the respondents were related to the drug abuse in the family.

Physical health problems were faced by the parents, spouses, siblings and grandparents because of the drug dependency problem in their family. Most of the time, it is out of frustration that they succumbed to the health problems.

Insomnia, lack of appetite, stress and heartache came about when the families worry about their problem, not knowing how they can overcome them.

Financial hardship faced by all the respondents is directly related to the drug dependent in the family. Financial problems set in when the families decide to send the drug dependent for treatment at private institutions or to traditional healers. Even if the drug dependent is undergoing treatment at the government-run centres, money is needed by the families to go and visit the drug dependent at these centres. Related to this is the legal problems that are faced by the respondents. Getting lawyers to defend the drug dependent's case in court and paying the bail for his release from the jail increases the financial burden for the families.

All the family problems that were mentioned were related to the drug misuse in the family. The atmosphere at home was tension-packed especially when parents blame themselves and are torn between supporting the drug dependent's habit or allowing him to resort to violence or theft to support his habit. Spouses undergo physical and mental abuse from drug dependent husbands.

Emotional problems arise in homes with drug dependents. Worry, fear and anxiety are common feelings in these homes, especially as the carers wonder what other new problems would arise in their homes. Would the drug dependent be alive the next day or would he be arrested for some offence?

Community problems were faced by all the burden carers. The drug dependent and their families were looked down upon. The community does not offer support but creates more problems for the drug dependent and their families especially by false accusations.

Families of drug dependents also face problems in looking for jobs. People shun them expecting the others in the family to also behave like the drug dependent.

6.5 Services

The respondents indicated receiving support from friends and people around who cared. There was no other place they knew of where they could go to for advice or counselling.

A large proportion of those who had sent the drug dependent in their family for treatment (37.5%) found the treatment and rehabilitation in the government-run rehabilitation centres not useful for the drug dependent. The major disappointment was the almost immediate relapse of the drug dependents after their release from the treatment centres. The other problems that should be looked into is the availability of drugs in the treatment centres and the lack of acceptance by the family, out of ignorance on how to cope with the drug dependent.

Of greater concern is the number of drug dependents who have never been in treatment before at government-run centres (86.7%). The reasons cited were fear of society finding out about their problem, ignorance on where or how to seek for treatment and fear on the kind of treatment carried out in the treatment centres.

6.6 Needs of The Burden Carers

The respondents felt that importance should be given to provide adequate rehabilitation facilities for those who became addicted. The rehabilitation facilities should offer the opportunity to acquire useful occupational and life skills, to build self-confidence and self-esteem. The individuals should be helped to establish strong support networks on leaving the rehabilitation. Rehabilitation programmes which were not linked to a strong follow-up service were not looked upon favourably.

Educating society not to look down on the drug dependents and their families is another area of concern to this group of respondents.

Employment agencies to help families if the bread winner of the family becomes an addict is important to help the family support themselves financially.

The respondents also brought up the importance of primary prevention to stop the harmful use of drugs. They also felt the importance of having better information on the services that are provided by various organisations so that there could be better support from the various sources of help.

6.7 Recommendations

The problems of addiction to drugs would require actions at a number of levels:

(a) Primary Prevention

- Public Information Campaigns
Informing the public of the dangers and problems of drug use.
- Education in School
School visits by volunteers should be encouraged to demonstrate the effects of drug use.

(b) Secondary Prevention

Early intervention by the families once the individuals began to misuse drugs is very crucial.

It was necessary to change society's attitudes towards drug misusers and reduce the shame felt by the drug dependents and their families if they were to be encouraged to admit to the problem and come forward for help.

The results of the study showed that of all the convictions of the drug dependents, 45.3% concerned drugs. However, only 13.1% had ever been sent for treatment to government-run centres. The discrepancy between these figures suggests that further studies have to be conducted on the treatment services available to drug dependents. After treatment, the drug dependents returned to drug use within a short period of time. In view of this, studies into the rehabilitative value and method of treatment may be needed.

Counselling centres and family units where families with drug dependents could go to for advise and to seek support should be established in each state.

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