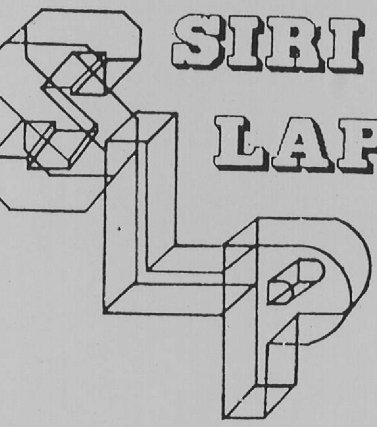

SIRI LAPORAN PENYELIDIKA 21

# Women Involved in Drug Dependence in Malaysia An In-Depth Study

at Penyelidikan Dadah dan Ubat-Ubatan
ntre for Drug Research)
N./W.H.O. Research and Training Centre
versiti Sains Malaysia
00 USM Penang
LAYSIA

# WOMEN INVOLVED IN DRUG DEPENDENCE IN MALAYSIA

## AN IN-DEPTH STUDY

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## RINGKASAN

### PENGENALAN

Kajian ini adalah sambungan kepada satu kajian epidemiologikal yang diterbitkan di dalam laporan bertajuk Women Involved in Drug Dependence In Malaysia - A Preliminary Study 1978- 86 (Foong, K., Navaratnam V. and Wong, P. C. 1987). Berhubungan dengan ini, adalah dirasai bahawa data-data sosio-demografik dan corak penggunaan dadah tidak mencukupi untuk memberi satu fahaman yang mendalam mengenai penyalahgunaan dadah di kalangan kaum wanita. Kajian masa kini dijalankan untuk meneruskan dari mana kajian pertama tamat. Objektif-objektif kajian ini adalah mengkaji dengan lebih mendalam sejarah semulajadi penyalahgunaan dadah di kalangan kaum wanita, kesan-kesan pergantungan dadah dan mengkaji profil-profil psikologikal penagih-penagih wanita. Dalam kajian ini, dari jumlah 48 penagih, 44 wanita ketagihan heroin, 2 orang ketagihan candu dan 2 orang lagi masih menggunakan dadah secara eksperimental.

### METODOLOGI

Responden-responden untuk kajian ini berasal dari penjara dan komuniti di Pulau Pinang. Penagih dan responden bukan penagih dari penjara berjumlah dua puluh lapan (n = 28) dan dua-puluh (n = 20). Penagih dan responden bukan penagih dari komuniti berjumlah dua-puluh (n = 20) dan sebelas (n = 11). Satu soalselidik separuh berstruktur bersama 3 skala psikologikal iaitu Inventori Personaliti Eysenck (EPI), Skala 'Manifest Anxiety' Taylor (TMAS) dan Skala Konsep Kendiri (TSCS) digunakan di dalam kajian ini. Satu "Lie-Scale" yang mempunyai sembilan soalan juga dimasukkan ke dalam skala EPI. Wawancara dengan responden-responden dijalankan dalam bahasa atau loghat yang mereka paling fasih. Bagi skala-skala psikologikal pula, ini dijalankan di dalam Bahasa Inggeris atau Bahasa Malaysia, bergantung kepada kefasihan bahasa responden tersebut. Sampel-sampel air kencing diambil daripada penagih-penagih komuniti dengan tujuan mengenalpasti taraf penggunaan dadah mereka. Taraf penggunaan dadah responden-responden penjara dan responden-responden bukan penagih dari komuniti dikenalpasti dengan membandingkan jawapan yang diberikan oleh mereka dengan jawapan yang diberikan oleh individu-individu yang dikenali oleh mereka ataupun oleh individu-individu yang tahu tentang taraf penggunaan dadah mereka.

Hanya data yang boleh dikuantifikasikan dimasukkan ke dalam komputer. Data ini dianalisa dengan menggunakan "Statistical Analysis System" (SAS). Kaedah statistik chi-square, ujian t dan ujian Wilcoxon digunakan apabila sesuai, untuk mengenalpasti perbezaan-perbezaan yang bermakna di dalam data.



## KEPUTUSAN

Penemuan-penemuan utama kajian ini adalah seperti berikut:-

- Satu peratusan besar di kalangan penagih-penagih pernah menggunakan heroin (95.8%) dan alkohol (64.6%). Secara relatif, satu peratusan yang lebih kecil pernah menggunakan kanabis (37.5%), candu (27.1%), tranquiliser (41.7%), barbiturate (10.4%), mandrax (4.25) dan lain-lain jenis dadah (10.4%). Kesemua penagih-penagih ini pernah merokok.

- Penggunaan masakini bagi rokok (95.8%) dan heroin (81.3%) adalah paling tinggi. Secara relatif, penggunaan masakini bagi alkohol (31.2%), kanabis (10.4%), candu (2.1%), tranquiliser (10.4%), barbiturate (6.2%), mandrax (4.2%) dan lain-lain jenis dadah (4.2%) adalah lebih kecil.

- Kebanyakan dari penagih-penagih wanita (92.7%) terus menggunakan secara harian setelah menggunakan dadah utama mereka buat kali pertama.

- Sebahagian besar dari penagih-penagih wanita tidak mempunyai ahli-ahli keluarga yang menggunakan dadah, tetapi satu peratusan minoriti yang agak besar melaporkan penggunaan dadah di kalangan suami (29.2%) dan ahli-ahli keluarga yang lain (27.1%).

- Rokok (86.7%) merupakan dadah pertama yang digunakan oleh sebahagian besar dari penagih-penagih. Alkohol (40.0%) dan heroin (37.8%) adalah dadah kedua yang paling banyak digunakan. Heroin (29.7%) merupakan dadah ketiga yang paling banyak digunakan, diikuti oleh alkohol (27.0%) dan kanabis (27.0%). Heroin (42.9%) adalah dadah keempat yang paling banyak digunakan. Dadah kelima yang paling banyak digunakan adalah tranquilliser (40.0%). Peraturan penggunaan dadah ini adalah berbeza jika dibandingkan dengan penagih lelaki.

- Rokok (93.5%) sering-kali digunakan bersama opioid. Alkohol (26.1%) dan tranquiliser (26.1%) juga digunakan bersama opioid tetapi tidak secara meluas seperti rokok.

- Rokok (30.2%), alkohol (16.7%), kanabis (50.0%), tranquiliser (75.0%), barbiturate (100.0%), mandrax (100.0%) dan lain-lain jenis dadah (100.0%) digunakan buat kali pertama bersama opioid untuk meningkatkan euforia (high).

- Penggunaan rokok (76.7%), kanabis (66.7%), tranquiliser (58.3%), barbiturate (50.0%) dan lain-lain jenis dadah (66.7%) bersama opioid secara berterusan adalah khasnya untuk meningkatkan euforia (high).

- Keputusan penggunaan dadah disebabkan terutamanya oleh kepenjaraan (81.3%). 60.4% dari penagih-penagih memutuskan penggunaan dadah secara sukarela dan hanya 10.4% daripada mereka pernah mendapati rawatan.

- Hampir 50.0% daripada penagih-penagih yang pernah keputusan penggunaan dadah akibat kepenjaraan atau rawatan kembali kepada dadah dalam jangkamasa kurang dari satu minggu selepas rawatan atau dibebaskan dari penjara.

- Sebab-sebab utama penagih-penagih kembali ke dadah selepas kepenjaraan adalah ingin mendapatkan euforia (25.9%), berjumpa dengan rakan-rakan yang menagih (33.3%) dan tidak dapat melupakan penggunaan dadah (25.9%). Penagih-penagih selepas rawatan melapurkan penemuan dengan rakan-rakan yang menagih (50.0%) dan masalah emosi (75.0%) sebagai sebab-sebab utama mereka kembali ke dadah. Bagi penagih-penagih yang memutuskan penggunaan dadah secara sukarela, tidak dapat menahan keseksaan keputusan dadah (44.8%) dan tidak dapat melupakan penggunaan dadah (24.%) merupakan sebab-sebab utama mereka pulang ke penggunaan dadah.

- Semasa memutuskan penggunaan dadah secara sukarela, 79.3% penagih-penagih tidak menggunakan sebarang perubatan, 17.2% menggunakan candu, 27.6% menggunakan ubat psikotropik, 6.9% menggunakan alkohol dan 13.8% menggunakan lain-lain jenis dadah.

- Latarbelakang keluarga penagih-penagih di dalam kajian ini menunjukkan bahawa mereka mempunyai keluarga yang berpecah-belah dan tidak tenteram (dysfunctional). Latarbelakang keluarga penagih-penagih ini menunjukkan bahawa (i) seringkali ibu bapa tidak ada (secara fisikal atau emotional); (ii) sering terdapat konflik ibu bapa; (iii) terdapat perhubungan yang kurang erat di antara ahli keluarga; (iv) ibu bapa yang tidak menghiraukan tentang anaknya, kekurangan dalam memainkan peranan ibu-bapa; (vi) penagih-penagih semasa kecil digunakan sebagai alat oleh ibu-bapa untuk melepaskan kemarahan mereka dan (vii) terdapat keadaan di mana sipenagih tidak menerima ibu-bapa mereka dan juga rumah ibu-bapa mereka. Corak disciplin berjenis laissez-faire dan orientasi yang kuat terhadap rakan sebaya juga dilapurkan.

- Kesan penggunaan dadah, seperti yang dilapurkan di dalam kajian-kajian kes menunjukkan bahawa, (i) ada penagih-penagih yang berhenti persekolahan pada umur yang awal; (ii) terpaksa meletak jawatan; (iii) mula melacur dan terpaksa meneruskan aktiviti ini untuk membiayai pergantungan dadah; (iv) mengalami perpisahan dari anak mereka dan (v) mempunyai rekod-rekod jenayah.



- Kajian-kajian kes responden bukan penagih menunjukkan bahawa mereka mempunyai satu pendirian yang tidak cenderung kepada penggunaan dadah. Mereka mempunyai struktur keluarga yang tinggi dan tahu akan kesan-kesan buruk penggunaan dadah.

- Skor purata personaliti penagih-penagih menunjukkan bahawa mereka adalah, lebih extravarsi ($p < 0.01$) berbanding dengan responden-responden bukan penagih.

- Kedua-dua kumpulan penagih dan bukan penagih mempunyai skor 'anxiety' dan neurotik yang tinggi tetapi skor penagih adalah lebih rendah daripada skor responden bukan penagih. Walaubagaimanapun, perbezaan ini tidak mencapai tahap yang bermakna.

- Secara keseluruhan, penagih-penagih mempunyai konsep kendiri yang lebih rendah berbanding dengan responden-responden bukan penagih. Tetapi perbezaan ini tidak mencapai tahap bermakna pada paras $p = 0.05$.

- Analisa korelasi bagi penagih-penagih menunjukkan bahawa:- (i) penagih-penagih muda mempunyai pencapaian akademik yang lebih tinggi daripada penagih-penagih yang lebih dewasa (ii) penagih-penagih yang mempunyai pencapaian akademik yang lebih tinggi adalah kurang extravarsi dan mempunyai persepsi moral dan keluarga yang lebih baik. Tambahan lagi, mereka juga mempunyai keupayaan mempertahankan diri sendiri yang lebih baik berbanding dengan mereka yang mempunyai pencapaian akademik yang rendah. (iii) penagih-penagih mempunyai persepsi bahawa maklumbalas yang dijangka dari mereka adalah satu di mana terdapat pengkritikan diri sendiri dan yang menunjukkan aspek neurotik and 'anxiety', (iv) bagi penagih-penagih, ahli-ahli keluarga mereka dan rakan sebaya, merujuk kepada kumpulan yang sama (v) penagih-penagih yang mempunyai konsep kendiri moral, peribadi dan keluarga yang rendah juga berkurangan dalam keupayaan mempertahankan diri sendiri.

- Bagi responden-responden bukan penagih, analisa korelasi menunjukkan bahawa (i) mereka yang mempunyai pencapaian akademik yang lebih tinggi adalah kurang extravarsi dan mempunyai konsep kendiri keluarga yang lebih baik (ii) mereka yang tidak mempunyai persepsi kendiri fisikal dan keluarga yang positif berkebarang-kalian lebih extravarsi dan (iii) mereka yang mempunyai konsep kendiri fisikal dan moral yang kurang baik berkebarangkalian mempunyai kekurangan dalam keupayaan mempertahankan diri sendiri.

## KESIMPULAN

Heroin adalah dadah utama yang digunakan oleh penagih-penagih wanita, dan kerapkali digunakan bersama lain-lain jenis dadah. Dadah jenis bukan nakortik digunakan bersama heroin terutamanya untuk meningkatkan lagi euforia penggunaan heroin. Selain daripada fungsi komplimentari ini, dadah jenis bukan nakortik

juga memainkan fungsi pengganti apabila sipenagih memutuskan penggunaan dadah secara sukarela. Pemutusan penggunaan dadah di kalangan penagih wanita disebabkan terutamanya oleh kepenjaraan. Penggunaan semula selepas pemutusan dadah adalah berekoran dari sesuatu stimulus seperti berjumpa dengan rakan-rakan yang menagih dan kekekacauan emosi. Keputusan kajian ini menunjukkan bahawa proses menjadi ketagih di kalangan kaum wanita adalah singkat. Beberapa faktor dapat dikenali sebagai mempunyai pengaruh kepada penggunaan dadah di kalangan wanita ini. Faktor-faktor tersebut adalah seperti keluarga yang berpecah-belah dan tidak tenteram, penglibatan dalam aktiviti-aktiviti yang salah di sisi undang-undang, penggunaan dadah di kalangan suami dan ahli-ahli keluarga yang lain, struktur hidup yang rendah, pengalaman hidup yang mempunyai kesan yang buruk, orientasi kepada rakan sebaya, pendirian positif terhadap penggunaan dadah dan satu kombinasi extravarsi, anxiety dan neuroticism yang tinggi. Keputusan kajian ini juga mencadangkan bahawa corak penagihan heroin, berasaskan pengaturan penggunaan dadah, adalah berbeza di kalangan penagih lelaki dan wanita, di mana perhubungan di antara penggunaan alkohol dan heroin adalah lebih jelas di kalangan wanita, manakala bagi penagih lelaki pula, perhubungan penggunaan kanabis dan heroin adalah lebih jelas. Tambahan lagi, masa bagi mencapai tahap kronik dalam penggunaan dadah adalah lebih panjang di kalangan wanita berbanding dengan penagih lelaki. Penggunaan dadah di kalangan kaum wanita mungkin berekoran dari perhubungan dengan kaum lelaki, memandangkan bahawa sebilangan besar dari wanita ini sudah pun berkahwin atau pernah berkahwin, dan mempunyai suami yang menggunakan dadah. Kesan-kesan penglibatan dalam dadah termasuk penglibatan dalam pelacuran, mempunyai rekod-rekod jenayah, terpisah daripada anak dan keluarga dan, kehilangan pekerjaan. Profil personaliti penagih-penagih wanita ini menunjukkan bahawa mereka adalah lebih extravarsi daripada wanita bukan penagih. Skor 'anxiety' dan neurotik penagih adalah lebih rendah daripada skor bagi wanita bukan penagih tetapi perbezaan ini tidak mencapai tahap yang bermakna. Walaubagaimanapun, skor 'anxiety' dan neurotik bagi wanita-wanita dalam kedua kumpulan ini adalah tinggi.' Penagih-penagih wanita mempunyai konsep kendiri yang lebih rendah berbanding dengan responden-responden bukan penagih. Tetapi perbezaan ini tidak mencapai tahap bermakna pada paras p = 0.05.




## SUMMARY

### INTRODUCTION

This study is a follow-up of an epidemiological study published in a report entitled Women Involved in Drug Dependence in Malaysia - A Preliminary Study (Foong, Navaratnam and Wong, 1987). It was felt that the socio-demographic and drug use patterns data in the preliminary study would not be sufficient to provide a more in-depth understanding of drug dependence among women. This present study is conducted to continue where the first left off. The present study aims to examine in greater depth the natural history of drug dependence among women, the effects of drug dependence and the psychological profile of female drug dependents. From the total number of 48 addicts in this study, 44 are dependent on heroin, 2 are dependent on opium and another 2 are experimenting with drugs.

### METHODOLOGY

The respondents for this study are from the prison and community on Penang Island. Addicts and non-addicts from the prison numbered twenty-eight (n = 28) and twenty (n = 20) respectively. Addicts and non-addicts from the community numbered twenty (n = 20) and eleven (n = 11) respectively. A semi-structured questionnaire was used together with 3 psychological scales, namely, the Eysenck Personality Inventory (EPI), Taylor Manifest Anxiety Scale (TMAS) and the Tennessee Self-Concept Scale (TSCS). A nine item Lie Scale was also incorporated into the EPI. The interview with the respondents was conducted in the language or dialect most proficient to the respondents. Similarly with the psychological scales, it was administered in either English or Bahasa Malaysia, depending on the language proficiency of the respondents. Urine samples were collected from the drug dependents in the community for purposes of validation of their drug use status. The drug use status of prison respondents and community non-addicts was obtained verbally by checking the response of these groups with people whom they are in contact with or in a position to know.

Only data where quantifiable were coded and key-punched into the computer. The data was analysed using the Statistical Analysis System (SAS) package. The chi-square test, t-test and Wilcoxon test was used whenever appropriate to detect for statistically significant differences in observations.

### RESULTS

The main results of the study are summarized below:-

- A large percentage of addicts have abused heroin (95.8%) and alcohol (64.6%). A relatively smaller percentage have abused cannabis (37.5%), opium (27.1%), tranquillizers (41.7%), barbiturates (10.4%), mandrax (4.2%) and other types of drugs (10.4%). All addicts have abused nicotine.

- Current abuse of nicotine (95.8%) and heroin (81.3%) is highest. A relatively smaller percentage currently abused alcohol (31.2%), cannabis (10.4%), opium (2.1%), tranquillizers (10.4%), barbiturates (6.2%), mandrax (4.2%) and other types of drugs (4.2%).

- Most of the addicts progressed directly to daily use (92.7%) ever since initial use of the primary drug.

- A large majority of the addicts do not have drug using family members, but a large minority reported drug use among spouses (29.2%) and other family members (27.1%).

- Nicotine is the most common 1st drug (86.7%) used by the addicts. Alcohol (40.0%) and heroin (37.8%) is the most common second drug used by the addicts. Heroin (29.7%) is the third most commonly used drug followed closely by alcohol (27.0%) and cannabis (27.0%). Heroin is also the fourth most commonly used drug (42.9%). The fifth drug that is most commonly used by the women are tranquillizers (40.0%). This sequence of drugs used is different from that of male addicts.

- Nicotine (93.5%) is most commonly combined with opioids. Alcohol (26.1%) and tranquillizers (26.1%) are combined with opioids to a relatively smaller extent.

- Nicotine (30.2%), alcohol (16.7%), cannabis (50.0%), tranquillizers (75.0%), barbiturates (100.0%), mandrax (100.0%) and other types of drugs (100.0%) are initially used in combination with opioids to enhance high.

- Continuous combined use of nicotine (76.7%), cannabis (66.7%), tranquillizers (58.3%), barbiturates (50.0%) and other types of drugs (66.7%) with opioids are mainly to enhance high.

- Interruption of drug use is mainly due to incarceration (81.3%). 60.4% of the addicts had their drug use interrupted by voluntary abstinence and only 10.4% have received treatment.

- Almost 50.0% 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 returning to drug use after incarceration were, to gain high (25.9%), meeting addict friends (33.3%) and being unable to get over drug use (25.9%). Relapse after treatment were mainly due to meeting addict friends (50.0%) and emotional problems (75.0%). Return to drug use after voluntary abstinence was mainly due to being unable to overcome the withdrawal distress (44.8%) and to a lesser extent being unable to get over drug use (24.1%).



- During voluntary abstinence, 79.3% of the addicts did not use any form of medication, 17.2% used opium, 27.6% used psychotropics, 6.9% used alcohol and 13.8% used other types of drugs.

- The family background of the addicts in the 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, inadequacy in fulfilling parental roles, scapegoating and rejection of parents and parental home. Laissez-faire form of discipline was practiced by the parents and a strong peer orientation in the individual was also reported.

- As a consequence of drug use some of the women addicts, as described in the selected case studies, stopped schooling at an early age, had to resign from their jobs, entered and had to remain in prostitution to support their dependence, experienced separation from their children and have records of conviction and incarceration.

- Case studies of non-addicts indicated that they have an attitude that do not predispose them towards drug use. They have a high family-life structure and are knowledgeable of the consequences of drug use.

- Mean personality scores show that the addicts are, significantly more extraverted ($p < 0.01$) than the non-addicts.

- Both addicts and non-addicts show high levels of anxiety and neuroticism, but the level of anxiety and neuroticism of addicts is not significantly lower than that of non-addicts.

- Overall, addicts have a lower self-esteem compared to non-addicts but this difference is not significant at $p = 0.05$ level.

- Correlational analyses for addicts indicated that (i) younger addicts are more educated than older addicts, (ii) addicts with more education are less extraverted and defenseless, and have a better perception of their moral and family selves, (iii) the perceived desired response among addicts in one where criticism of self and expressions of neuroticism and anxiety are involved (iv) the addicts regard their family members and friends as one and the same thing and, (v) addicts with a deflated moral, personal and family-self concept are more likely to be defenseless.

- For the non-addicts, correlational analyses indicated that (i) non-addicts with more years of education are less extraverted and have a better family-self concept, (ii) for non-addicts without a positive perception of their physical-self and family-self, there is a more likelihood of expressions of extraverted behaviour and (iii) non-addicts who have a deflated physical, moral and family self-concept are more likely to be defenseless.

## CONCLUSION

Heroin is the main drug of abuse among women addicts, and it is not abused in isolation to other drugs. Non-narcotic drugs are used in combination with heroin primarily to intensify or prolong the effect of heroin. In addition to it's complementary function, it's use also serve a substitutive function when the addict is under voluntary abstinence. Drug use among women addicts is interrupted mainly by incarceration and return to drug use after it's interruption suggests the certain stimulus (e.g. meeting addict friends, and adverse emotional states) triggers the addict's relapse. The results of the study tentatively suggests that the process of becoming addicted among women is rather short. A number of factors can be identified as probably having an influence on the use of drugs of these women, and they are dysfunctional families, involvement in illegal activities, drug use among spouses and other family members, low family life structure, traumatic life experiences, strong peer orientation, favourable attitude towards drug use and possibly a combination of a high degree of extraversion, anxiety and neuroticism. The results of the study also tentatively suggests that the nature of heroin addiction, with respect to sequence of drugs used, is different among men and women, whereby the relationship between alcohol and heroin use is more apparent among the women, and that of marijuana and heroin among the men. In addition, female addicts seem to develop chronicity in heroin addiction at a later stage than male addicts. Furthermore, the use of drugs among women could have been carried out in the context of heterosexual relationships since a substantial portion of these women are married or ever married and reported spouses who use drugs. Some of the consequences of drug use among the women addicts are, involvement in prostitution, having criminal records, separation from family and children, and loss of legal employment. The personality profile of the addicts show that they are significantly more extraverted than the non-addicts but do not have a significantly lower level of anxiety, and neuroticism than the non-addicts. The self concept of the addicts is not significantly lower than that of the non-addicts.



# CHAPTER 1

## 1.1 INTRODUCTION

This study is a follow-up of an epidemiological study published in a report entitled "Women Involved in Drug Dependence in Malaysia - A Preliminary Study, 1978-86," (Foong, K., Navaratnam V. and Wong, P. C. 1987). It was felt that the socio-demographic characteristics and drug use patterns data in the preliminary study would not be sufficient to provide a more in-depth understanding of drug dependence among women. This present study was conducted to continue where the first study left off. Furthermore, since previous studies in Malaysia have focused exclusively on male drug dependents, the present study endeavours to fill this gap in our literature.

## 1.2 OBJECTIVES OF STUDY

The study aims to examine in greater depth:

i. The natural history of drug dependence among women.

ii. The effects of drug dependence.

iii. The psychological profile of female drug dependents.

## 1.3 STUDY DESIGN

The respondents for this study are from the prison and community on Penang Island. Addicts and non-addicts from the prison numbered twenty eight (n = 28) and twenty (n = 20) respectively. Addicts and non-addicts from the community numbered twenty (n = 20) and eleven (n = 11) respectively. A pretest of the questionnaire was carried out. The questionnaire used was in a closed and open ended form and included 3 psychological scales, namely, the Eysenck Personality Inventory (EPI), Taylor Manifest Anxiety Scale (TMAS) and the Tennessee Self Concept Scale (TSCS). Interviews were first conducted with the prison sample, followed by the community sample and in the language or dialect 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. This latter fact was stressed especially among the prison respondents. Feedback was also 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. The psychological scales were administered in 2 languages namely English and Bahasa Malaysia (the local language) depending on

the language proficiency of the respondents. Some respondents were able to complete the scale on their own while others required assistance in reading by the interviewer. Each interview required at least 2 sessions where each session would last between 1 -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.

The respondents from the prison were obtained from a list of women detainees kept by prison officials. All women detainees available were interviewed except those who were on the death row or above 50 years of age. This is because prison regulations discourages contact with detainees who are on the death row and detainees above 50 years of age were felt to be too far removed from the age group of a large majority of drug dependents. Prior to the start of an interview with a prison respondent, checks were made with prison officials as to the drug use status of the respondent.

Confirmation was made by asking the detainees on their drug use status. There was no discrepancy in the response on drug use status given by the prison officials and respondents. Interviews were conducted with the respondents in a separate room without the presence of any prison officials on most occasions. When this was not possible, interviews were conducted as far away from prison officials to ensure that communications were beyond reasonable audible range. Some of the interviews with the prison respondents could not be completed. They were either released, transferred to another prison, unavailable due to their prison work schedule, unable to understand the psychological scales despite assistance in reading by the interviewer or simply refused the interviewer's request because of previous re-interviews.

The respondents from the community were obtained from contact persons who are male addicts or ex-addicts. The snowball technique was also used. Urine samples were collected from the drug dependents in the community after the interview and for purposes of validation of their drug use status. However, not all of the urine samples could be obtained. This was because some of the community addicts could not be contacted to complete the interview. Only one community addict refused to submit her urine sample. A total of 15 urine samples were collected and all showed positive heroin use and negative cannabis use. The community respondents chosen for this study are all employed as prostitutes. This group was chosen because interviews conducted with prison addicts showed that a large number of them were working in the area of vice before they were incarcerated. Reference to the data collected in the preliminary study indicated that a large percentage of addicts were employed in the "others" or "non-specified" work category (29.5%) and might have also been included in the unemployed category (42.6%). The reason that some of these addicts considered themselves unemployed could be because they wanted to avoid further



discomfort which they might be subjected to in admitting employment in vice to the reporting officer. Further checks with the police confirmed that most addicts are found in places of employment involving vice. All these pointed the direction that the study should follow in obtaining a community sample. The non-addict community respondents belong to the same environment as the community addicts and act as a control group. However, no urine samples were collected from the non-addict community respondents for validation of their drug use status. Validation of their drug free status were obtained verbally from the addict community respondents. The community respondents were paid $1.00 for an hours interview and $2.00 for a sample of urine. More problems in obtaining interviews was encountered among the community respondents than among the prison respondents. It was common for the community addict respondents not to turn up for an agreed appointment or to turn many hours later. Some community addicts and non-addicts disappear for long periods of time either due to arrests or trips back to their hometown. At times interviews with community addicts had to be temporarily discontinued when the interviewer observes the onset of withdrawal or when the addict respondent requested that the interview be continued after she have had her "fix" often returning about 2 hours later. Care was also taken not interview the community addict when she is "high" as it was felt that this would severely affect the answers given. For the non-dependent respondent in the community, interruptions occured when they had to attend to their clients or when the proprietor of the premises where they work indicated that the respondent was spending too much time with the interview. Some of the community respondents could not understand the psychological scales despite assistance in reading by the interviewer. Hence for these reasons, not all the interviews with the community respondents could be completed. Interviews were conducted with community respondents at premises different from where they were employed. This was to reduce any possible interruptions. However, this was not always possible among some respondents who felt that having the interview conducted at a different premise would entail losing potential clients. Furthermore, proprietors of the premises were not too happy with the respondents leaving for long periods of time.

The amount of money paid to the community respondents were regarded as insufficient and comparisons were made to larger amounts paid to some of the community respondents by other interviewers and writers. Some of the community respondents also felt that they have the potential to earn more in an hour by waiting for their clients than by participating in the study. This resulted in a general reluctance among the community respondents to grant an interview and a "sit and wait" situation with the hope that the amount paid for an interview will be raised. The problem of acceptance of the interviewer's identity was also encountered. Rumours spread among the community respondents that the interviewers were in fact undercover police officers. These rumours were a big obstacle

in the initial stages of field work and continued to be so from time to time especially when it was issued with threats by some individuals who possess effective indirect physical and/or psychological control over some of the community respondents. Hostilities were also encountered by the interviewers from these "influential" individuals. Interviews were more easily obtained from addicts in the community after the obstacle of identity had been overcome. In this case, the snow-balling technique was particularly useful. However, this technique was less successful among the non-addicts in the community. This was because most of them had to refer to other individuals and obtain their agreement before they were confident of granting an interview. In most cases, requests for interviews were turned down.

## 1.4 DATA COLLECTION

A semi structured questionnaire was developed and pretested for the study. The Eysenck Personality Inventory, Taylor's Manifest Anxiety Scale and Tennessee Self Concept Scale was also used. Data was collected over a period of 6 months from September to November and January to March.

### TYPES OF INFORMATION COLLECTED

The types of information collected included:

a. Socio-demographic characteristics

- Age
- Ethnicity
- Marital Status
- Educational Attainment
- Monthly Income
- Occupation
- Family Background
- Criminal History

b. General Drug Use History

- Types of Drugs Ever Abused
- Types of Drugs Currently Abused
- Duration of Time From Initial to Daily Use of Primary Drug
- Sequence of Drug Use
- Drug Use Among Family Members
- Types of Drugs Used in Combination with Opioids
- Reasons for Initial And Continuous Combined Use With Opioids

c. Personality Profiles of Addicts and Non-Addicts

- Extraversion and Neuroticism
- Anxiety
- Self-Concept



## 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. The Chi-Square test, "t" test and Wilcoxon test was used whenever appropriate to detect for statistically significant differences in observations.

## 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 population sample. Chapter 3 provides the patterns of drug use of the drug dependent respondents. Chapter 4 examines the predisposing factors of drug addiction through selected case studies and the corresponding personality profiles. Chapter 5 presents the psychological assessment of the population samples. The final chapter discusses the major findings of the study and their implications for policy decisions.

# CHAPTER 2

## 2.1 INTRODUCTION

This chapter focuses on the socio-demographic characteristics of the population sample in general and by location. The socio-demographic variables examined are race, monthly income, employment status, educational level, current age and marital status. Location refers to where the population sample was obtained i.e. prison or community. Each socio-demographic variable was compared for addicts and non-addicts in general, and in a specific location using the Chi-square test to determine if any significant differences exist between them.

## 2.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ALL ADDICTS AND NON-ADDICTS

The racial composition of all addicts in the population sample are 39.6% Malays, 35.4% Chinese and 25.0% Indians. For all non-addicts, Malays comprise of 58.1%, Chinese 19.3% and Indians 22.6% (See Table 2.1). Addicts earning less than $500.00 comprise of 41.7% while those earning $500.00 or more than comprise of 58.3%. Among non-addicts, 58.1% earn less than $500.00 while 41.9% earn $500.00 or more a month. (See Table 2.2). A large majority (91.7%) of addicts are employed compared to only 8.3% who are not. Among non-addicts, 77.4% are employed and 22.6% unemployed (See Table 2.3). Addicts who have only received primary education or none at all comprise of 72.9% while those having at least a secondary level education make up 27.1% of the sample. Among non-addicts, 53.3% have only received primary education or none at all and 46.7% at least a secondary level education (See Table 2.4). Among addicts, 41.7% are below 30 years of age and 58.3% above. For non-addicts, 58.1% are below 30 years of age and 41.9% above (See Table 2.5). Most of the addicts (70.8%) are either married or ever married and only 29.2% are single. Similarly for the non-addicts, 83.9% are either married or ever married and 16.1% single (See Table 2.6). Chi-square analysis on socio-demographic variables for addicts and non-addicts did not show any significant difference at the p = 0.05 level. However, the test result for employment status must be interpreted with care.



TABLE 2.1 : DISTRIBUTION OF ALL ADDICTS AND NON-ADDICTS BY RACE

| Race | All Addicts (n = 48) | All Non-Addicts (n = 31) | Total |
|---|---|---|---|
| Malay | 19 (39.6) | 18 (58.1) | 37 (46.8) |
| Chinese | 17 (35.4) | 6 (19.3) | 23 (29.1) |
| Indian | 12 (25.0) | 7 (22.6) | 19 (24.1) |
| Total | 48 (60.8) | 31 (38.2) | 79 (100.0) |

$X^2 = 3.088$; df = 2 ; $p > 0.05$.

TABLE 2.2 : DISTRIBUTION OF ALL ADDICTS AND NON-ADDICTS BY INCOME

| Income | All Addicts (n = 48) | All Non-Addicts (n = 31) | Total |
|---|---|---|---|
| < $500 | 20 (41.7) | 18 (58.1) | 38 (48.1) |
| $500 or more | 28 (58.3) | 13 (41.9) | 41 (51.9) |
| Total | 48 (60.8) | 31 (39.2) | 79 (100.0) |

$X^2 = 2.029$ ; df = 1 ; $p > 0.05$

**TABLE 2.3 : DISTRIBTUION OF ALL ADDICTS AND NON-ADDICTS BY EMPLOYMENT STATUS**

| Employment Status | All Addicts (n = 48) | All Non-Addicts (n = 31) | Total |
|---|---|---|---|
| Employed | 44 (91.7) | 24 (77.4) | 68 (86.1) |
| Unemployed | 4 (8.3) | 7 (22.6) | 11 (13.9) |
| Total | 48 (60.8) | 31 (39.2) | 79 (100.0) |

$X^2 = 3.140^*$ ; df = 1 ; $p > 0.05$

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5.

**TABLE 2.4 : DISTRIBUTION OF ALL ADDICTS AND NON-ADDICTS BY EDUCATIONAL LEVEL**

| Educational Level | All Addicts (n = 48) | All Non-Addicts (n = 31) | Total |
|---|---|---|---|
| Primary and below | 35 (72.9) | 17 (53.3) | 51 (65.4) |
| Secondary and above | 13 (27.1) | 14 (46.7) | 27 (34.6) |
| Total | 48 (61.5) | 31 (38.5) | 78 (100.0) |

$X^2 = 3.128$ ; df = 1 ; $p > 0.05$



TABLE 2.5 : DISTRIBUTION OF ALL ADDICTS AND NON-ADDICTS BY AGE

| Age | All Addicts (n = 48) | All Non-Addicts (n = 31) | Total |
|---|---|---|---|
| < 30 | 20 (41.7) | 18 (58.1) | 38 (48.1) |
| 30 and above | 28 (58.3) | 13 (41.9) | 41 (51.9) |
| Total | 48 (60.8) | 31 (39.2) | 79 (100.0) |

$X^2 = 2.029$ ; df = 1 ; $p > 0.05$

TABLE 2.6 : DISTRIBUTION OF ALL ADDICTS AND NON-ADDICTS BY MARITAL STATUS

| Marital Status | All Addicts (n = 48) | All Non-Addicts (n = 31) | Total |
|---|---|---|---|
| Single | 14 (29.2) | 5 (16.1) | 19 (24.1) |
| Married or ever married | 34 (70.8) | 26 (83.9) | 60 (75.9) |
| Total | 48 (60.8) | 31 (39.2) | 79 (100.0) |

$X^2 = 1.753$ ; df = 1 ; $p > 0.05$

## 2.3 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADDICTS AND NON-ADDICTS IN PRISON

Slightly more than one-half (53.6%) of the addicts are Chinese, 35.7% Malays and 10.7% Indians. For the non-addicts, 50.0% are Malays, 30.0% Chinese and 20.0% Indians (See Table 2.7). Addicts earning a monthly income of less than $500.00 or $500.00 or more are equally distributed. For non-addicts, 80.0% earn less than $500.00 and 20.0% earn $500.00 or more (See Table 2.8). Among the addicts, 85.7% are employed prior to incarceration and 14.3% were unemployed. For the non-addicts, 65.0% are employed prior to incarceration and 35.0% are unemployed (See Table 2.9). A large percentage (78.6%) of the addicts have only received either primary level education or none at all while only 21.4% have received at least a secondary level education. For the non-addicts, 40.0% have only received either primary level education or none at all while 60.0% have received at least a secondary level education (See Table 2.10). The current age of the addicts show that 46.4% are below 30 and 53.6% are aged 30 years and above. For the non-addicts, 55.0% are below 30 and 45.0% are aged 30 years and above (See Table 2.11). One fourth of the addicts are single and three fourths are either married or ever married. For the non-addicts, 20.0% are single and 80.0% either married or ever married (See Table 2.12). Chi-square analysis of socio-demographic variables between prison addicts and non-addicts did not show any significant differences at the p = 0.05 level except in monthly incomes. However, the test result for race, employment status and marital status must be interpreted with care.

TABLE 2.7 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN PRISON BY RACE

| Race | Addicts (n = 28) | Non-Addicts (n = 20) | Total |
|---|---|---|---|
| Malay | 10 (35.7) | 10 (50.0) | 20 (41.7) |
| Chinese | 15 (53.6) | 6 (30.0) | 21 (43.7) |
| Indian | 3 (10.7) | 4 (20.0) | 7 (14.6) |
| Total | 28 (58.3) | 20 (41.7) | 48 (100.0) |

$X^2$ = 2.743 *; df = 2 ; p > 0.05

* The $X^2$ test may not be valid due to 33% of the cells having expected frequency counts less than 5.



TABLE 2.8 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN PRISON BY INCOME

| Income | Addicts (n = 28) | Non-Addicts (n = 20) | Total |
|---|---|---|---|
| < $500 | 14 (50.0) | 16 (80.0) | 30 (62.5) |
| $500 or more | 14 (50.0) | 4 (20.0) | 18 (37.5) |
| Total | 28 (58.3) | 20 (41.7) | 48 (100.0) |

$X^2$ = 4.480 ; df = 1 ; p < 0.05

TABLE 2.9 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN PRISON BY EMPLOYMENT STATUS

| Employment Status | Addicts (n = 28) | Non-Addicts (n = 20) | Total |
|---|---|---|---|
| Employed | 24 (85.7) | 13 (65.0) | 37 (77.1) |
| Unemployed | 4 (14.3) | 7 (35.0) | 11 (22.9) |
| Total | 28 (58.3) | 20 (41.7) | 48 (100.0) |

$X^2$ = 2.834*; df = 1; p > 0.05

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5.

TABLE 2.10 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN PRISON BY EDUCATIONAL LEVEL

| Educational Level | Addicts (n = 28) | Non-Addicts* (n = 19) | Total |
|---|---|---|---|
| Primary and below | 22 (78.6) | 10 (52.6) | 32 (68.1) |
| Secondary and above | 6 (21.4) | 9 (47.4) | 15 (31.9) |
| Total | 28 (59.6) | 19 (40.4) | 47 (100.0) |

$X^2$ = 3.505 ; df = 1 ; p > 0.05

* Information on educational level was not available from one non-addict respondent

TABLE 2.11 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN PRISON BY AGE

| Age | Addicts (n = 28) | Non-Addicts (n = 20) | Total |
|---|---|---|---|
| < 30 | 13 (46.4) | 11 (55.0) | 24 (50.0) |
| 30 and above | 15 (53.6) | 9 (45.0) | 24 (50.0) |
| Total | 28 (58.3) | 20 (41.7) | 48 (100.0) |

$X^2$ = 0.343 ; df = 1 ; p > 0.05



TABLE 2.12 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN PRISON BY MARITAL STATUS

| Marital Status | Addicts (n = 28) | Non-Addicts (n = 20) | Total |
|---|---|---|---|
| Single | 7 (25.0) | 4 (20.0) | 11 (22.9) |
| Married or ever married | 21 (75.0) | 16 (80.0) | 37 (77.1) |
| Total | 28 (58.3) | 20 (41.7) | 48 (100.0) |

$X^2$ = 0.165*; df = 1 ; p > 0.05

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5

## 2.4 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY

Addicts in the community comprise of 45.0% Malays, 10.0% Chinese and 45.0% Indians. Non-Addicts comprise of 72.7% Malays, and 27.3% Indians (See Table 2.13). There are no Chinese respondents among the community non-addicts. Only 30.0% of the addicts earn a monthly income of less than $500.00 while 70.0% earn $500.00 or more. Among the non-addicts, only 18.2% earn less than $500.00 while 81.8% earn $500.00 or more (See Table 2.14). All the addicts and non-addicts are employed (See Table 2.15). Only 35.0% of the addicts have at least a secondary level education while 65.0% have either a primary level of education or none at all. Among non-addicts, 54.6% have only either a primary level education or none at all and 45.4% have at least a secondary level education (See Table 2.16). Among the addicts, 35.0% are aged below 30 and 65.0% are aged 30 years and above. For the non-addicts, 63.6% are aged below 30 and 36.4% are aged 30 years and above (See Table 2.17). A smaller percentage (35.0%) of the addicts are single compared to 65.0% who are married or ever married. Only 9.1% of the non-addicts are single while 90.9% are married or ever married (See Table 2.18). Chi-square analysis of socio-demographic variables between addicts and non-addicts in the community do not show any significant differences. However, the results of this test must be interpreted with care.

TABLE 2.13 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY BY RACE

| Race | Addicts (n = 20) | Non-Addicts (n = 11) | Total |
|---|---|---|---|
| Malay | 9 (45.0) | 8 (72.7) | 17 (54.8) |
| Chinese | 2 (10.0) | - | 2 (6.5) |
| Indian | 9 (45.0) | 3 (27.3) | 12 (38.7) |
| Total | 20 (64.5) | 11 (35.5) | 31 (100.0) |

$X^2 = 2.671^*$ ; df = 2 ; $p > 0.05$

* The $X^2$ test may not be valid due to 50% of the cells having expected frequency counts less than 5

TABLE 2.14 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY BY INCOME

| Income | Addicts (n = 20) | Non-Addicts (n = 11) | Total |
|---|---|---|---|
| < $500 | 6 (30.0) | 2 (18.2) | 8 (25.8) |
| $500 or more | 14 (70.0) | 9 (81.8) | 23 (74.2) |
| Total | 20 (64.5) | 11 (35.5) | 31 (100.0) |

$X^2 = 0.518^*$ ; df = 1 ; $p > 0.05$

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5.



TABLE 2.15 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY BY EMPLOYMENT STATUS

| Employment Status | Addicts (n = 20) | Non-Addicts (n = 11) |
|---|---|---|
| Employed | 20 (100.0) | 11 (100.0) |
| Unemployed | - | - |
| Total | 20 (100.0) | 11 (100.0) |

TABLE 2.16 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY BY EDUCATIONAL LEVEL

| Educational Level | Addicts (n = 20) | Non-Addicts (n = 11) | Total |
|---|---|---|---|
| Primary and below | 13 (65.0) | 6 (54.6) | 19 (61.3) |
| Secondary and above | 7 (35.0) | 5 (45.4) | 12 (38.7) |
| Total | 20 (64.5) | 11 (35.5) | 31 (100.0) |

$X^2 = 0.327^*$ ; df = 1 ; $p > 0.05$

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5.

TABLE 2.17 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY BY AGE

| Age | Addicts (n = 20) | Non-Addicts (n = 11) | Total |
|---|---|---|---|
| < 30 | 7 (35.0) | 7 (63.6) | 14 (45.2) |
| 30 and above | 13 (65.0) | 4 (36.4) | 17 (54.8) |
| Total | 20 (64.5) | 11 (35.5) | 31 (100.0) |

$X^2$ 2.350* ; df = 1 ; p > 0.05

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5.

TABLE 2.18 : DISTRIBUTION OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY BY MARITAL STATUS

| Marital Status | Addicts (n = 20) | Non-Addicts (n = 11) | Total |
|---|---|---|---|
| Single | 7 (35.0) | 1 ( 9.1) | 8 (25.8) |
| Married or ever married | 13 (65.0) | 10 (90.9) | 23 (74.2) |
| Total | 20 (64.5) | 11 (35.5) | 31 (100.0) |

$X^2$ = 2.488*; df = 1 ; p > 0.05

* The $X^2$ test may not be valid due to 25% of the cells having expected frequency counts less than 5.



## 2.5 Criminality of Addicts and Non-Addicts

The percentage of addicts who were ever arrested, ever convicted and ever incarcerated is higher than that of non-addicts (See Table 2.19 and 2.20). For addicts, 85.4% were ever arrested, 62.5% ever convicted and 83.3% ever incarcerated. For non-addicts, 73.3% were ever arrested, 20.0% ever convicted and 66.7% ever incarcerated.

TABLE 2.19 : DISTRIBUTION OF ADDICTS BY CRIMINALITY

| Type of Criminality | Criminality | | Total |
|---|---|---|---|
| | Yes | No | |
| Ever Arrested (n = 48) | 41 (85.4) | 7 (9.6) | 48 (100.0) |
| Ever Convicted (n = 48) | 30 (62.5) | 18 (37.5) | 48 (100.0) |
| Ever Incarcerated (n = 48) | 40 (83.3) | 8 (16.7) | 48 (100.0) |

TABLE 2.20 : DISTRIBUTION OF NON-ADDICTS BY CRIMINALITY*

| Type of Criminality | Criminality | | Total |
|---|---|---|---|
| | Yes | No | |
| Ever Arrested (n = 30) | 22 (73.3) | 8 (26.7) | 30 (100.0) |
| Ever Convicted (n = 30) | 6 (20.0) | 24 (80.0) | 30 (100.0) |
| Ever Incarcerated (n = 30) | 20 (66.7) | 10 (33.3) | 30 (100.0) |

* Information on criminality was not obtained from one non-addict respondent.

## 2.6 REASONS FOR CRIMINALITY AMONG ADDICTS

A large percentage of addicts were ever arrested for drug related offences (67.4%) such as possession of drugs and pushing of drugs (See Table 2.21). To a smaller extent, 11.6% were ever arrested for suspicion of drug use, 7.0% for use of illegal drugs, 2.3% for crimes for monetary gain (for e.g. theft), and 11.6% for other types of crimes such as possession of illegal weapons, "khalwat" (close proximity), underaged prostitution and not in possession of identification card. Among addicts, 71.0% were ever convicted for drug related offences, 3.2% for suspicion of drug use, 6.5% for use of illegal drugs, 3.2% for crimes for monetary gain and 16.1% for other types of crimes. Slightly less than 75.0% of addicts were ever incarcerated for drug related offences, 5.1% for suspicion of drug use, 5.1% for use of illegal drugs, 2.6% for crimes for monetary gain and 12.8% for other types of crimes.

## 2.7 REASONS FOR CRIMINALITY AMONG NON-ADDICTS

A large percentage of non-addicts were ever arrested for drug related offences (65.2%) such as trafficking of drugs (See Table 2.22). Only 13.0% were ever arrested for crimes for monetary gain (for example, theft) and 21.7% for other types of crimes such as underage prostitution and "khalwat" (close proximity). An equal percentage of non-addicts were ever convicted for drug-related offences (33.3%), crimes for monetary gain (33.3%) and other types of crimes (33.3%). Among non-addicts ever incarcerated, 78.9% were for drug related offences, 15.8% for crimes for monetary gain and 5.3% for other types of crimes.



TABLE 2.21 : DISTRIBUTION OF TYPE OF CRIMINALITY BY REASONS FOR CRIMINALITY FOR ADDICTS

| Type of Criminality | Reasons for Criminality | | | | | Total |
|---|---|---|---|---|---|---|
| | Suspicion of drug use | Use of Illegal drugs | Drug Related Offences | Crimes for Monetary Gain | Others | |
| Ever Arrested (n = 43) | 5 (11.6) | 3 (7.0) | 29 (67.4) | 1 (2.3) | 5 (11.6) | 43 * ( 99.9) |
| Ever Convicted (n = 31) | 1 ( 3.2) | 2 (6.5) | 22 (71.0) | 1 (3.2) | 5 (16.1) | 31 (100.0) |
| Ever Incarcerated (n = 39) | 2 ( 5.1) | 2 (5.1) | 29 (74.4) | 1 (2.6) | 5 (12.8) | 39 (100.0) |

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

TABLE 2.22 : DISTRIBUTION OF TYPE OF CRIMINALITY BY REASONS FOR CRIMINALITY FOR NON-ADDICTS

| Type of Criminality | Reasons for Criminality | | | | | Total |
|---|---|---|---|---|---|---|
| | Suspicion of drug use | Use of Illegal drugs | Drug Related Offences | Crimes for Monetary Gain | Others | |
| Ever Arrested (n = 23) | - | - | 15 (65.2) | 3 (13.0) | 5 (21.7) | 23 * ( 99.9) |
| Ever Convicted (n = 6) | - | - | 2 (33.3) | 2 (33.3) | 2 (33.3) | 6 * ( 99.9) |
| Ever Incarcerated (n = 19) | - | - | 15 (78.9) | 3 (15.8) | 1 ( 5.3) | 19 (100.0) |

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

# CHAPTER 3

## 3.1 INTRODUCTION

This chapter focuses on the pattern of drug use of addicts in the population sample. Drug use among addicts are examined by drugs ever abused, drugs currently abused, duration from initial to daily use of primary drug, drug use among family members, drugs combined with opioids, reasons for initial and continuous combined use with opioids, reasons for interruption of drug use, time of return to drug use after incarceration and treatment, reasons for returning to drug use after incarceration, treatment and voluntary abstinence, reasons for treatment and voluntary abstinence and medication used during voluntary abstinence. From the total number of 48 addicts, 44 addicts are dependent on heroin, 2 are dependent on opium and another 2 are experimenting with drugs.

## 3.2 DRUGS EVER ABUSED

All the addicts have ever abused nicotine and 95.8% have ever abused heroin (See Table 3.1). Ever abuse of alcohol (64.6%), cannabis (37.5%), opium (27.1%), tranquillisers (41.7%), barbiturates (10.4%), mandrax (4.2%) and other types of drugs (10.4%) are on a relatively smaller extent.

## 3.3 DRUGS CURRENTLY ABUSED

A large percentage of the addicts currently abused nicotine (95.8%) and heroin (81.3%) (See Table 3.2). Current abuse of alcohol (31.2%), cannabis (10.4%), opium (2.1%), tranquillisers (10.4%), barbiturates (6.2%), mandrax (4.2%) and other types of drugs (4.2%) are on a lesser extent.

## 3.4 DURATION FROM INITIAL TO DAILY USE OF PRIMARY DRUG

A very large percentage (92.7%) of the addicts had begun using drugs daily ever since initial use (See Table 3.3). Only 4.9% of these addicts proceeded to daily use after an initial use period of 4 weeks or more. A smaller percentage of 2.4% proceeded to daily use after an initial use period of 3.9 weeks or less.

## 3.5 DRUG USE AMONG FAMILY MEMBERS

A large majority of the addicts do not have drug using family members (See Table 3.4). A larger percentage of addicts responded positively to drug use among their spouses (29.2%) and other family members (27.1%) than to their father (6.2%), mother (6.2%) and brothers or sisters (2.1%). Use of drugs in this question include alcohol and nicotine.



TABLE 3.1 : DISTRIBUTION OF ADDICTS BY DRUGS EVER ABUSED

| Type of Drugs | Ever Abused | | Total |
|---|---|---|---|
| | Yes | No | |
| Alcohol | 31 (64.6) | 17 (35.4) | 48 (100.0) |
| Nicotine | 48 (100.0) | - | 48 (100.0) |
| Cannabis | 18 (37.5) | 30 (62.5) | 48 (100.0) |
| Opium | 13 (27.1) | 35 (72.9) | 48 (100.0) |
| Morphine | - | 48 (100.0) | 48 (100.0) |
| Heroin | 46 (95.8) | 2 (4.2) | 48 (100.0) |
| Tranquillisers | 20 (41.7) | 28 (58.3) | 48 (100.0) |
| Barbiturates | 5 (10.4) | 43 (89.6) | 48 (100.0) |
| Mandrax | 2 ( 4.2) | 46 (95.8) | 48 (100.0) |
| Others | 5 (10.4) | 43 (89.6) | 48 (100.0) |

TABLE 3.2 : DISTRIBUTION OF ADDICTS BY DRUGS CURRENTLY ABUSED

| Type of Drugs | Currently Abused | | Total |
|---|---|---|---|
| | Yes | No | |
| Alcohol | 15 (31.2) | 33 (68.8) | 48 (100.0) |
| Nicotine | 46 (95.8) | 2 (4.2) | 48 (100.0) |
| Cannabis | 5 (10.4) | 43 (89.6) | 48 (100.0) |
| Opium | 1 (2.1) | 47 (97.9) | 48 (100.0) |
| Morphine | - | 48 (100.0) | 48 (100.0) |
| Heroin | 39 (81.3) | 9 (18.7) | 48 (100.0) |
| Tranquillisers | 5 (10.4) | 43 (89.6) | 48 (100.0) |
| Barbiturates | 3 (6.2) | 45 (93.8) | 48 (100.0) |
| Mandrax | 2 ( 4.2) | 46 (95.8) | 48 (100.0) |
| Others | 2 ( 4.2) | 46 (95.8) | 48 (100.0) |



TABLE 3.3 : DISTRIBUTION OF ADDICTS BY DURATION FROM INITIAL TO DAILY USE OF PRIMARY DRUG***

| Duration from Initial to Daily Use of Primary Drug | Frequency (n) | Percentage (%) |
|---|---|---|
| 3.9 weeks or less | 1 | 2.4 |
| 4 weeks or more | 2 | 4.9 |
| None or continuous | 38 | 92.7 |
| Total | 41 | 100.0 |

*** Information was not available from 5 respondents, while for 2 other respondents, this question was not applicable since they were experimenting with drugs.

TABLE 3.4 : DISTRIBUTION OF ADDICTS BY DRUG USE AMONG FAMILY MEMBERS

| Family Member | Drug Use | | Total |
|---|---|---|---|
| | Yes | No | |
| Father | 3 (6.2) | 45 (93.8) | 48 (100.0) |
| Mother | 3 (6.2) | 45 (93.8) | 48 (100.0) |
| Brothers/Sisters | 1 (2.1) | 47 (97.9) | 48 (100.0) |
| Spouse | 14 (29.2) | 34 (70.8) | 48 (100.0) |
| Other family members | 13 (27.1) | 25 (72.9) | 48 (100.0) |

## 3.6 SEQUENCE OF DRUGS USED

Table 3.5 show that the 1st. drug used by a large percentage of the addicts is nicotine (86.7%). The 2nd. drug most commonly used is alcohol (40.0%) followed closely by heroin (37.8%). Heroin (29.7%) is the 3rd drug most commonly used, followed closely by alcohol (27.0%) and cannabis (27.0%). The 4th drug most commonly used is heroin (42.8%). The 5th drug most commonly used is tranquilliser (40.0%). Tranquillisers (33.3%) and cannabis (33.3%) are the main 6th drug used by the addicts.

## 3.7 TYPE OF DRUGS COMBINED WITH OPIOIDS

Nicotine (93.5%) is most commonly combined with opioids (See Table 3.6). Alcohol (26.1%) and tranquillisers (26.1%) are combined with opioids to a relatively smaller extent. Only a small percentage of addicts combined cannabis (13.0%), barbiturates (4.3%), mandrax (4.3%) and other types of drugs (6.5%) with opioids.

## 3.8 REASONS FOR INITIAL COMBINED USE WITH OPIOIDS

Nicotine was initially used in combination with opioids mainly as a method of using heroin (37.2%) and to enhance high (30.2%) (See Table 3.7). Alcohol was initially used in combination with opioids mainly because its use was job-related (83.3%). However, alcohol is also used to enhance high (16.7%) and to help reduce the frequency of opioid use (16.7%). Tranquillisers are used mainly to enhance high (75.0%) and to a smaller extent for other reasons (25.0%). Barbiturates, mandrax and other types of drugs are used mainly to enhance high.

## 3.9 REASONS FOR CONTINUOUS COMBINED USE WITH OPIOIDS

Nicotine (n = 43) is most commonly continuously combined with opioids (See Table 3.8). It is continuously combined with opioids mainly to enhance high (76.7%). Alcohol is continuously combined with opioids mainly because it is job-related (41.7%). A relatively smaller percentage of addicts combined alcohol with opioids in order to enhance high (16.7%). Cannabis, tranquillisers, barbiturates and other types of drugs are continuously used in combination with opioids mainly to enhance high.



TABLE 3.5 : DISTRIBUTION OF SEQUENCE OF DRUGS USED BY TYPE OF DRUGS

| Type of Drugs | Sequence of Drugs Used | | | | | |
|---|---|---|---|---|---|---|
| | 1st. Drug (n = 45) | 2nd. Drug (n = 45) | 3rd. Drug (n = 37) | 4th. Drug (n = 21) | 5th. Drug (n = 15) | 6th. Drug (n = 6) |
| Alcohol | 1 (2.2) | 18 (40.0) | 10 (27.0) | - | 1 (6.7) | - |
| Nicotine | 39 (86.7) | 4 (8.9) | 1 (2.7) | - | - | - |
| Cannabis | 2 (4.4) | 4 (8.9) | 10 (27.0) | 2 (9.5) | 1 (6.7) | 2 (33.3) |
| Opium | 1 (2.2) | 2 (4.4) | 1 (2.7) | 2 (9.5) | 3 (20.0) | 1 (16.7) |
| Heroin | 1 (2.2) | 17 (37.8) | 11 (29.7) | 9 (42.9) | 2 (13.3) | 1 (16.7) |
| Tranquillisers | 1 (2.2) | - | 3 (8.1) | 5 (23.8) | 6 (40.0) | 2 (33.3) |
| Barbiturates | - | - | - | - | 1 (6.7) | - |
| Mandrax | - | - | 1 (2.7) | 1 (4.8) | - | - |
| Others | - | - | - | 2 (9.5) | 1 (6.7) | - |
| Total | (99.9)* | (100.0) | (99.9)* | (100.0) | (100.1)* | (100.0) |

TABLE 3.6 : DISTRIBUTION OF ADDICTS BY TYPE OF DRUGS COMBINED WITH OPIOIDS

| Type of Drugs | Combined With Opioids | | Total |
|---|---|---|---|
| | Yes | No | |
| Alcohol | 12 (26.1) | 34 (73.9) | 46 (100.0) |
| Nicotine | 43 (93.5) | 3 ( 6.5) | 46 (100.0) |
| Cannabis | 6 (13.0) | 40 (87.0) | 46 (100.0) |
| Tranquillisers | 12 (26.1) | 34 (73.9) | 46 (100.0) |
| Barbiturates | 2 (4.3) | 44 (95.7) | 46 (100.0) |
| Mandrax | 2 (4.3) | 44 (95.7) | 46 (100.0) |
| Others | 3 (6.5) | 43 (93.5) | 46 (100.0) |



TABLE 3.7 : DISTRIBUTION OF ADDICTS BY TYPE OF DRUGS AND REASONS FOR INITIAL COMBINED USE WITH OPIOIDS

| Reasons for Initial Combined Use With Opioids | Type Of Drugs | | | | | | |
|---|---|---|---|---|---|---|---|
| | Alcohol (n = 12) | Nicotine (n = 43) | Cannabis (n = 6) | Tranquillisers (n = 12) | Barbiturates (n = 2) | Mandrax (n = 2) | Others (n = 3) |
| To Enhance High | 2 (16.7) | 13 (30.2) | 3 (50.0) | 9 (75.0) | 2 (100.0) | 2 (100.0) | 3 (100.0) |
| To Economise On Heroin Use | - | - | - | 1 (8.3) | - | - | 1 (33.3) |
| Job Related | 10 (83.3) | 4 (9.3) | - | - | - | - | - |
| As A Method Of Using Heroin | - | 16 (37.2) | - | - | - | - | - |
| To Gain Acceptance | - | 3 ( 7.0) | 3 (50.0) | - | - | - | - |
| Curiosity | 1 (8.3) | 4 (9.3) | 1 (16.7) | - | - | - | - |
| To Reduce Frequency of Opioid Use | 2 (16.7) | 1 (2.3) | 1 (16.7) | 1 (8.3) | - | - | - |
| Emotional Problems | - | - | - | 1 (8.3) | - | - | - |
| Others | - | 7 (16.3) | - | 3 (25.0) | - | 1 (50.0) | - |

TABLE 3.8 : DISTRIBUTION OF ADDICTS BY TYPE OF DRUGS AND REASONS FOR CONTINOUS COMBINED USE WITH OPIOIDS

| Reasons for Continuous Combined Use With Opioids | Type of Drugs | | | | | | |
|---|---|---|---|---|---|---|---|
| | Alcohol (n = 12) | Nicotine (n = 43) | Cannabis (n = 6) | Tranquillisers (n = 12) | Barbiturates (n = 2) | Mandrax (n = 2) | Others (n = 3) |
| To Enhance High | 2 (16.7) | 33 (76.7) | 4 (66.7) | 7 (58.3) | 1 (50.0) | - | 2 (66.7) |
| Job Related | 5 (41.7) | - | - | - | - | - | - |
| As A Method Of Using Heroin | - | 4 (9.3) | - | - | - | - | - |
| To Gain Acceptance | 1 (8.3) | 1 (2.3) | - | - | - | - | - |
| Curiosity | 1 (8.3) | - | - | - | - | - | - |
| To Reduce Frequency Of Opioid Use | 1 (8.3) | - | 1 (16.7) | - | - | - | - |
| Emotional Problems | - | - | - | 1 (8.3) | - | - | - |
| Others | 1 (8.3) | 5 (11.6) | - | - | - | - | - |



## 3.10 REASONS FOR INTERRUPTION OF DRUG USE

A large percentage of the addicts drug use was interrupted by incarceration (81.3%) (See Table 3.9). Almost 61.0% of the addicts interrupted their drug use through their own volition and only 10.4% of the addicts had their drug use interrupted by treatment.

TABLE 3.9 : DISTRIBUTION OF ADDICTS BY REASONS FOR INTERRUPTION OF DRUG USE

| Reasons for Interruption of Drug use | Interruption of Drug Use | | Total |
|---|---|---|---|
| | Yes | No | |
| Incarceration | 39 (81.3) | 9 (18.7) | 48 (100.0) |
| Treatment | 5 (10.4) | 43 (89.6) | 48 (100.0) |
| Voluntary Abstinence | 29 (60.4) | 19 (39.6) | 48 (100.0) |

## 3.11 TIME OF RETURN TO DRUG USE AFTER INCARCERATION

Almost one half (48.1%) of the addicts who were released after a period of incarceration returned to drug use in less than a week (See Table 3.10). Between 1 - 4 weeks after incarceration, 22.2% of the addicts reported having returned to drug use. Almost 30.0% of addicts reported having returned to drug use after more than 4 weeks of release from incarceration.

## 3.12 REASONS FOR RETURNING TO DRUG USE AFTER INCARCERATION

The addicts who returned to drug use after incarceration cited a number of reasons (See Table 3.11). The reasons most commonly cited are to gain high (25.9%), met addict friends (33.3%) and couldn't get over drug use (25.9%). To a relatively smaller extent, return to drug use after incarceration was due to emotional problems (18.5%), agitation (7.4%), easy availability (18.5%) and feeling lousy without drugs (11.1%).

TABLE 3.10 : DISTRIBUTION OF ADDICTS BY TIME OF RETURN TO DRUG USE AFTER INCARCERATION*

| Time (Weeks) | Frequency (n) | Percentage (%) |
|---|---|---|
| < 1 | 13 | 48.2 |
| 1 - 4 | 6 | 22.2 |
| > 4 | 8 | 29.6 |
| Total | 27 | 100.0 |

* Information was not available from 11 respondents while 1 respondent did not return to drug use after her last incarceration.

TABLE 3.11 : DISTRIBUTION OF ADDICTS BY REASONS FOR RETURNING TO DRUG USE AFTER INCARCERATION*

| Reasons for Returning to Drug Use After Incarceration | Return to Drug Use | | Total |
|---|---|---|---|
| | Yes | No | |
| To Gain High | 7 (25.9) | 20 (74.1) | 27 (100.0) |
| Met Addict Friends | 9 (33.3) | 18 (66.7) | 27 (100.0) |
| Emotional Problems | 5 (18.5) | 22 (81.5) | 27 (100.0) |
| Couldn't Get Over Drug Use | 7 (25.9) | 20 (74.1) | 27 (100.0) |
| Agitated | 2 (7.4) | 25 (92.6) | 27 (100.0) |
| Easy Availability | 5 (18.5) | 22 (81.5) | 27 (100.0) |
| Felt Lousy Without drugs | 3 (11.1) | 24 (88.9) | 27 (100.0) |

* No information was available from 11 respondents.



## 3.13 REASONS FOR SEEKING TREATMENT

The main motivation for the addicts to seek treatment was the advise of the spouse (40.0%) (See Table 3.12). Voluntary need, advice by family members, police arrest, financial reasons and being fed-up with addiction were cited, to a relatively smaller extent, as motivations for seeking treatment.

TABLE 3.12 : DISTRIBUTION OF ADDICTS BY REASONS FOR SEEKING TREATMENT

| Reasons for Seeking Treatment | Treatment | | Total |
|---|---|---|---|
| | Yes | No | |
| Voluntary Need | 1 (20.0) | 4 (80.0) | 5 (100.0) |
| Advised By Family Members | 1 (20.0) | 4 (80.0) | 5 (100.0) |
| Advised By Spouse | 2 (40.0) | 3 (60.0) | 5 (100.0) |
| Fed-up With Addiction | 1 (20.0) | 4 (80.0) | 5 (100.0) |
| Forced By Police Arrests | 1 (20.0) | 4 (80.0) | 5 (100.0) |
| Financial Reasons | 1 (20.0) | 4 (80.0) | 5 (100.0) |

## 3.14 TIME OF RETURN TO DRUG USE AFTER TREATMENT

One-half of the addicts returned to drug use in less than a week after treatment (See Table 3.13). The other half returned to drug use after more than 4 weeks of completion of treatment.

## 3.15 REASONS FOR RETURNING TO DRUG USE AFTER TREATMENT

A large majority of the addicts returned to drug use after treatment because of emotional problems (75.0%) (See Table 3.14). Meeting addict friends accounted for 50.0% of the return to drug use. Being unable to get over drug use (25.0%), easy availability (25.0%) and being forced to use drugs (25.0%) are, to a relatively smaller extent, also responsible for the relapse of these addicts.

TABLE 3.13 : DISTRIBUTION OF ADDICTS BY TIME OF RETURN TO DRUG USE AFTER TREATMENT*

| Time (Weeks) | Frequency (n) | Percentage (%) |
|---|---|---|
| < 1 | 2 | 50.0 |
| 1 - 4 | - | - |
| > 4 | 2 | 50.0 |
| Total | 4 | 100.0 |

* One respondent did not return to drug use after treatment.

TABLE 3.14 : DISTRIBUTION OF ADDICTS BY REASONS FOR RETURNING TO DRUG USE AFTER TREATMENT*

| Reasons for Returning To Drug Use After Treatment | Return To Drug Use | | Total |
|---|---|---|---|
| | Yes | No | |
| Met Addict Friends | 2 (50.0) | 2 (50.0) | 4 (100.0) |
| Emotional Problems | 3 (75.0) | 1 (25.0) | 4 (100.0) |
| Couldn't Get Over Drug Use | 1 (25.0) | 3 (75.0) | 4 (100.0) |
| Easy Availability | 1 (25.0) | 3 (75.0) | 4 (100.0) |
| Forced To Use Drugs | 1 (25.0) | 3 (75.0) | 4 (100.0) |

* One respondent did not return to drug use after treatment



## 3.16 REASONS FOR VOLUNTARY ABSTINENCE

The main motivation for voluntary abstinence among addicts is the advice of spouses or close friends (31.0%) (See Table 3.15). To a relatively smaller extent, being fed-up with addiction (17.2%), advice of family members (17.2%), financial reasons (17.2%) and other reasons (17.2%) also serve as motivations for voluntary abstinence. The high risk involved with addiction (6.9%) and health reasons (6.9%) only serve as motivations for voluntary abstinence for a small percentage of addicts.

TABLE 3.15 : DISTRIBUTION OF ADDICTS BY REASONS FOR VOLUNTARY ABSTINENCE

| Reasons for Voluntary Abstinence | Voluntary Abstinence | | Total |
|---|---|---|---|
| | Yes | No | |
| Fed-up with Addiction | 5 (17.2) | 24 (82.8) | 29 (100.0) |
| High Risk Involved With Addiction | 2 ( 6.9) | 27 (93.1) | 29 (100.0) |
| Advised by Family Members | 5 (17.2) | 24 (82.8) | 29 (100.0) |
| Advised by Spouse/Close Friends | 9 (31.0) | 20 (69.0) | 29 (100.0) |
| Financial Reasons | 5 (17.2) | 24 (82.8) | 29 (100.0) |
| Health Reasons | 2 ( 6.9) | 27 (93.1) | 29 (100.0) |
| Others | 5 (17.2) | 24 (82.8) | 29 (100.0) |

## 3.17 MEDICATION USED DURING VOLUNTARY ABSTINENCE

Addicts under voluntary abstinence mainly ingest psychotropics (27.6%) and take frequent baths (27.6%) to alleviate the withdrawal distress (See Table 3.16). Slightly more than 17.0% ingested opium while 79.3% did not take any form of medication. Other forms of medication was accounted by 13.8% of the addicts and consumption of alcohol by 6.9% of the addicts.

TABLE 3.16 : DISTRIBUTION OF ADDICTS BY MEDICATION USED DURING VOLUNTARY ABSTINENCE

| Medication Used During Voluntary Abstinence | Medication Used | | Total |
|---|---|---|---|
| | Yes | No | |
| None | 23 (79.3) | 6 (20.7) | 29 (100.0) |
| Opium | 5 (17.2) | 24 (82.8) | 29 (100.0) |
| Psychotropics | 8 (27.6) | 21 (72.4) | 29 (100.0) |
| Frequent Baths | 8 (27.6) | 21 (72.4) | 29 (100.0) |
| Alcohol | 2 ( 6.9) | 27 (93.1) | 29 (100.0) |
| Others | 4 (13.8) | 25 (86.2) | 29 (100.0) |

## 3.18 REASONS FOR RETURNING TO DRUG USE AFTER VOLUNTARY ABSTINENCE

A large percentage of addicts returned to drug use after voluntary abstinence because of failure to overcome withdrawal distress (44.8%) (See Table 3.17). To a smaller extent, being unable to get over drug use (24.1%), easy availability (17.2%), having met addict friends (13.8%) and feeling lousy without drugs (10.3%), also accounted for return to drug use after voluntary abstinence. Only a small percentage of addicts returned to drug use after voluntary abstinence to gain high (3.4%), because of emotional problems (6.9%), agitation (3.4%), and to alleviate aches and pains as in medical use (3.4%).



TABLE 3.17 : DISTRIBUTION OF ADDICTS BY REASONS FOR RETURNING TO DRUG USE AFTER VOLUNTARY ABSTINENCE

| Reasons for Returning to Drug Use After Voluntary Abstinence | Return to Drug Use | | Total |
|---|---|---|---|
| | Yes | No | |
| To Gain High | 1 ( 3.4) | 28 (96.0) | 29 (100.0) |
| Met Addict Friends | 4 (13.8) | 25 (86.2) | 29 (100.0) |
| Emotional Problems | 2 ( 6.9) | 27 (93.1) | 29 (100.0) |
| Couldn't Get Over Drug Use | 7 (24.1) | 22 (75.9) | 29 (100.0) |
| Agitated | 1 ( 3.4) | 28 (96.6) | 29 (100.0) |
| Easy Availability | 5 (17.2) | 24 (82.8) | 29 (100.0) |
| Medical Use | 1 ( 3.4) | 28 (96.6) | 29 (100.0) |
| To Overcome Withdrawal Distress | 13 (44.8) | 16 (55.2) | 29 (100.0) |
| Felt Lousy Without drugs | 3 (10.3) | 26 (89.7) | 29 (100.0) |

# CHAPTER 4

## 4.1 INTRODUCTION

This chapter focuses on selected extracts from the interviews conducted in the field with a view to identify factors (especially family and personal) which predispose, encourage or prevent drug use. To appropriately achieve this, comparison of case studies of community women addicts (except that of Helena, Carol and Rita who are prison respondents) and non-addicts are presented. All the women (except Rita) are in activities that involve vice and prostitution. Community women addicts and non-addicts are all working as prostitutes either in the same premises or in different premises but in the same street which is not longer than 100 metres. Due to the physical proximity between the addicts and non-addicts it is unlikely that they do not come into contact with one another. In an environment such as this, it can be said that the community non-addicts are among addicts which form the drug sub-culture. This chapter apart from seeking to identify factors which predispose drug use, also hope to address the next logical question i.e. why did the community non-addicts not take the next logical step?

## 4.2 CASE STUDIES OF SELECTED ADDICTS

### a. ALICE

Alice is currently 30 years of age and single. Her father passed away before she was born and she was given to her aunt to raise. Alice has never spoken to her mother and feels that since her mother gave her away, the mother must not have liked her very much. Alice also feels the same way towards her mother. Alice was generally happy while growing up with her aunt. She was particularly happy over the fact that she could go out as frequently as she liked and no questions would be asked. Her activities would usually be hanging around with her friends or going to parties or discos. Alice left school at 15 after failing her LCE Examinations (a major government examination). At school, she was able to get along well with her teachers and peers. Alice started drug use at 14 when she was still a student. She has been using heroin for the past 15 years, having abstained once due to incarceration. She lost her job as a production operator after being arrested for drug following a report made by her aunt. She resumed heroin use 6 months after incarceration when she befriended a non-addict pusher who later became her boyfriend. Alice's boyfriend supported her heroin use and she later began pushing drugs for him. She stopped pushing drugs when he was arrested for drug trafficking and entered prostitution to support her addiction. She currently shares a room with two other addict prostitutes and they alternate among themselves over the payment of the rent and purchase of heroin - depending on who has the money.



### ANALYSIS OF ALICE'S CASE STUDY

Alice's case study showed that she grew up in an environment where both of her parents were absent. She experienced parental rejection and in turn rejected her parents. Though her aunt undertook the parental role there was little cohesion between them as most of the respondent's shared activities was not with her aunt. Hence it can be expected that few messages of value and inclusion were transmitted. Taking all these and the relatively young age of the respondent into account, it is probable that needs of love and recognition were unfulfilled. Fulfillment of these needs were probably obtained by being very peer-oriented in an indiscrimate way as indicated by her liaison with some drug users. The laissez faire discipline practiced in the home is also likely to have contributed to her peer-orientation. As a consequence of drug use, the respondent stopped schooling at an early age, lost her job, was incarcerated for drug use, pushed drugs and entered prostitution to support her habit, developed mutually beneficial relationships with other addicts and became a full member of the drug sub-culture. Alice's personality profile shows that she is not extraverted and experiences low levels of neuroticism and anxiety (See Fig. 4.1a). In addition, she has a high physical -self and social-self concept but low personal-self concept. She also has a low capacity for self-criticism which may mean that her scores on the TSCS may be artificially elevated.

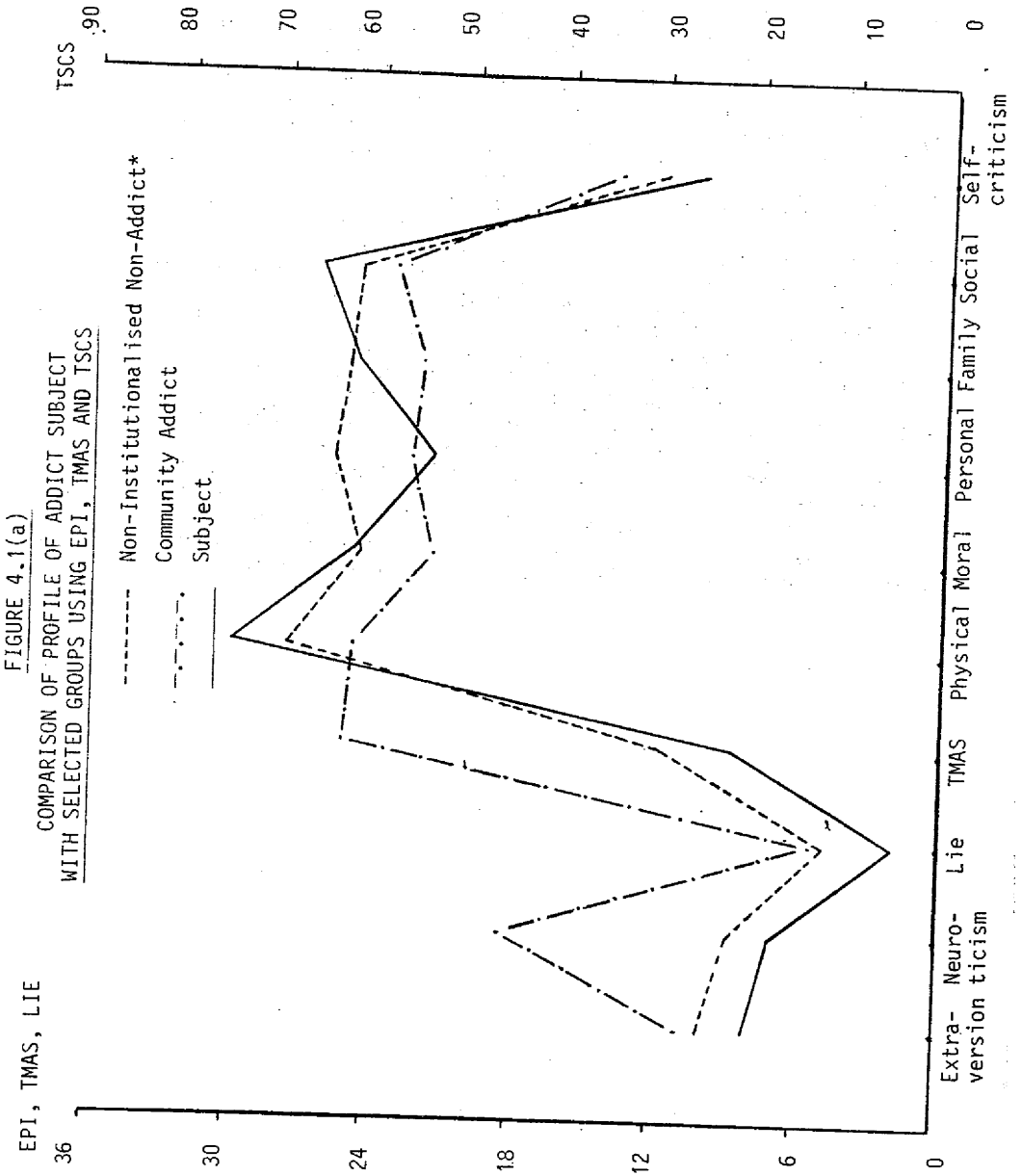



FIGURE 4.1(a)
COMPARISON OF PROFILE OF ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS



**b FRANCES**

Frances is currently 31 years of age and have gone through two broken marriages. Both of her children from her second marriage are staying with her mother-in-law. She has not had any contact with them for a long time. She comes from a family of three children and is the eldest child. She stopped schooling when she was 9 as she had to look after of her father who was suffering from mental and emotional problems. He was subsequently admitted to a mental hospital. Frances claimed that her father's mental health was due to constant thinking of her mother whom he had divorced when she was 7 years old. Frances also believed that her father was charmed and claimed to have witnessed the sea ghost in the form of a sudden strong wind attack her fisherman father when she was 9 years of age. Frances herself was also admitted to a mental institution in her adolescent years. With her mother remarried to another man and her father in a mental hospital, the task of bringing up Frances and her brother and sister was undertaken by her grandmother. Despite not being there most of the time when Frances was growing up, she still remembers her father fondly. Frances feels that her relationship with her mother is only with regard to the fact that her mother is her biological parent. All other bonds have been severed. She feels bitterly towards her mother and is in the opinion that there is no love lost between them. Frances felt that she was made the scapegoat in her family and does not understand why she was treated unfairly by her mother. She felt that of the 3 children in the family, she was singled out for ill-treatment. When asked about her mother she would reply that she does not have one. She regards her grandmother as her real mother. Frances has not kept in touch with her brother and sister and have not seen them for a long time. Frances use of heroin began at the time when her second marriage was on the rocks. She was then working in a bar and recalled paying a friend to purchase the heroin. She had no difficulty in going through the ritual of "chasing", despite being her first use, as she had already "learned" to "chase" by having observed her second husband go through the ritual of preparing the drug. Frances' second husband was a regular user of alcohol, ganja and heroin. Frances is currently in her 7th year of heroin use and working working as a prostitute. She now spends most of her time alone when not working. She does not have any close friends and finds it difficult to trust anyone and to believe in the sincerity of others. Her only wish now is that others leave her alone and do not hurt her. She has no wish to discontinue her drug use.

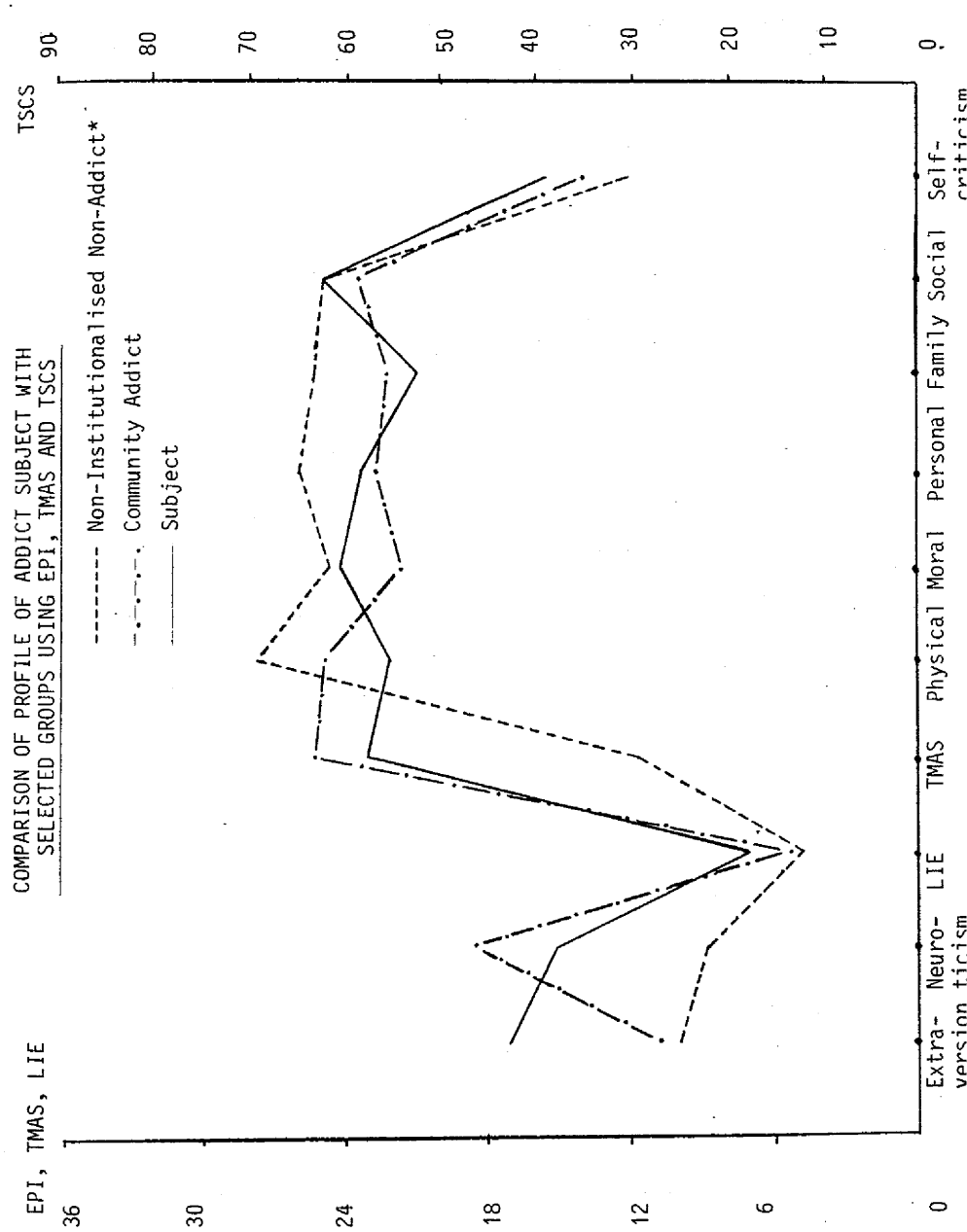
## ANALYSIS OF FRANCES' CASE STUDY

In the case of Frances, she came from a broken home where there was parental absence which resulted from divorce and institutionalisation of her father. The events that led to divorce suggests that both of her parents were unhappy with their marriage and that parental conflicts were common. Hence, it is probable that there was little closeness between the parents. Conflicts between the parents most likely spilled over to involve the respondent since she was much closer to her father than to her mother. The result of this was she became a scapegoat in their marital warfare. She experienced maternal rejection and hostility and in response rejected her mother. Taking all these into account, it is likely that Frances' needs of love, recognition and trust from her mother were unfulfilled. These needs were probably not fully fulfilled by her father who was physically and emotionally absent most of the time due to institutionalisation. At the same time, it is not likely that her grandmother would be able to substitute fully the paternal and maternal role that is vacant. The family pathology, evidence of mental disturbance in the respondent, traumatic experience of marital failure, and easy availability of drugs are probably some of the factors that led to the use of drugs. As a consequence of drug use, she has lost contact with her children and has to continue working as a prostitute. Frances' personality profile shows that she is highly extraverted and neurotic and, experiences a high level of anxiety (See Fig. 4.1b). She has a low overall self-concept. She does not regard her physical appearance or sexuality, moral, personal or family-self favourably except her self in relation to others. She is highly self-critical, which may suggest that she may be lacking in defenses.



FIGURE 4.1(b)

COMPARISON OF PROFILE OF ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS



## c. HELENA

Helena is currently 28 years of age and single. She comes from a family of 4 children. Helena's father passed away when she was 8 years of age. She disliked the idea that her mother was remarrying and did not get along well with her step-father. Helena's step-father is a heavy alcohol drinker and her mother a compulsive gambler. Both her parents were frequently quarrelling over financial matters. She felt that they (i.e. the respondent and her two brothers and only sister) were treated like adopted children. She stopped talking to her step-father when she was 16, after he had attempted to sexually abuse her. She did not tell her mother about this incident but advised her younger sister to be careful. At the same time, her mother did not inquire as to why she had stopped talking to her step-father. To support her education, Helena worked in a bar on weekends. Her working hours were from 7 p.m. to 12.00 midnight. On nights when she did not return home, she slept at a friend's place. She claims that her parents had no knowledge of her weekend job and could not be bothered to know as they do not not object to her doing anything. Helena left her family to follow her boyfriend when she was 18 years of age. It has since been 10 years when she last met her family members. She has not made any attempt to contact them and neither have they. Helena supported herself after leaving home by working as a masseuse cum waitress in a bar. It was here that she befriended a female addict and had her first use of heroin. She has had contact with the police and on both occasions she was convicted and incarcerated for drug use.

### ANALYSIS OF HELENA'S CASE STUDY

Helena experienced parental absence, due to the death of her father, for a certain period of time while growing up. Though she still has her mother and eventually a step-father, emotionally they were absent during her childhood. It is likely that her family was a disharmonious and unhappy unit since there were frequent conflicts between her parents. Owing to the fact that her step-father is a heavy alcohol drinker and her mother a compulsive gambler, there was probably neglect of the children (which prompted the respondent to comment that "they" were treated like adopted children). Neglect of the children could also explain the laissez-faire form of discipline which was practised, in which case served the purposes of the parents. The inadequacy in fulfilling the parental role also took its extreme form when an attempt was made by her step-father to sexually abuse her and subsequently when her mother did not express any concern in the silence between her daughter and husband. Hence, it is likely that a communication gap exist between Helena and her parents. There is also the likelihood that, there was little cohesion within the family unit, few messages of inclusion and value were transmitted and needs of love, trust and recognition were unfulfilled. Eventually she rejected her parents and parental home by leaving them. Helena's drug use began after she entered prostitution. As a consequence of drug use, she is still in prostitution and had been convicted and incarcerated on 2 occasions. The personality profile of Helena shows that she is not extraverted, is highly neurotic, experiences low levels of anxiety and has a low overall self-concept (See Fig. 4.1c). She does not regard her physical appearance or sexuality, personal worth, family worth and self in relation to others favourably.

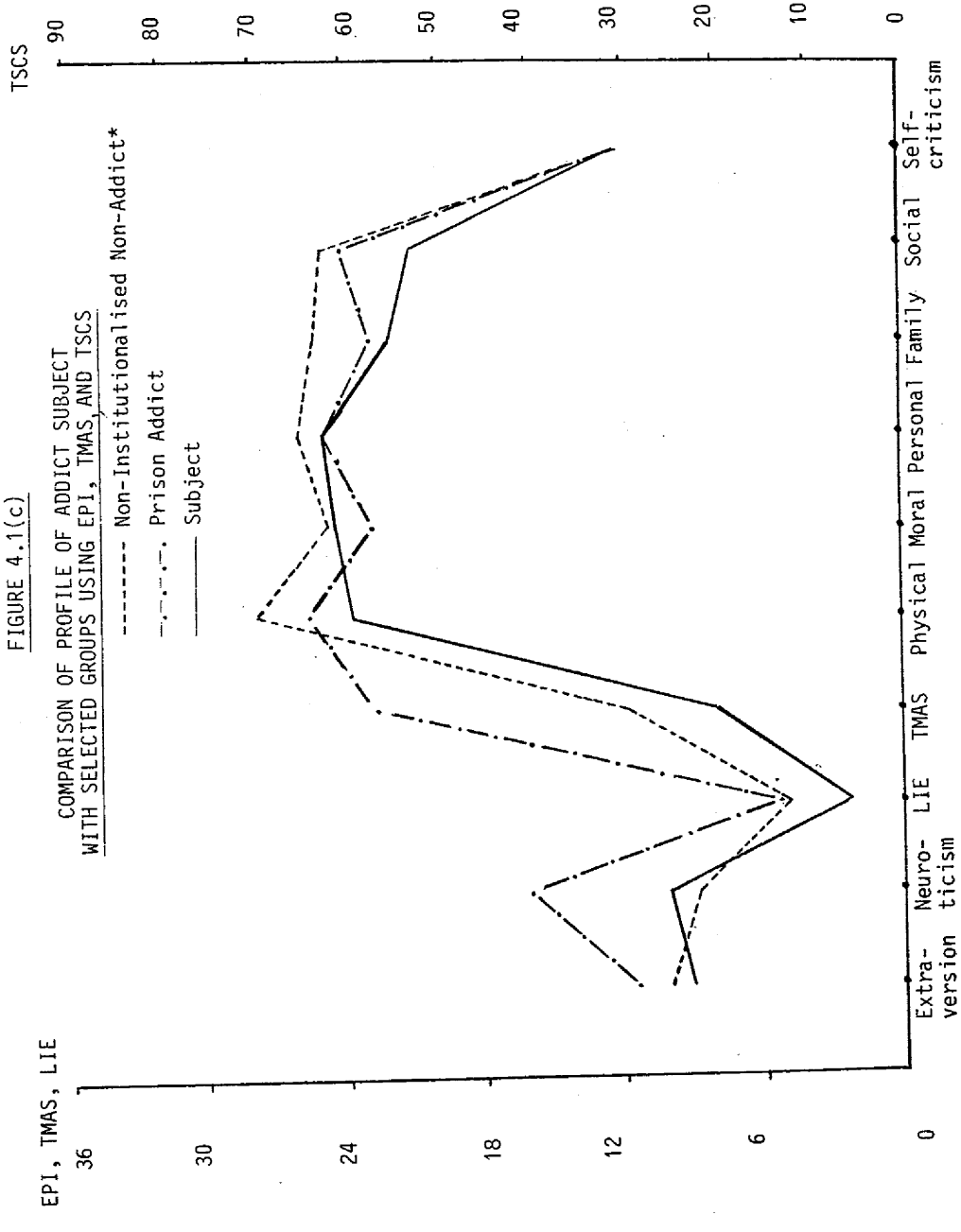



FIGURE 4.1(c)

COMPARISON OF PROFILE OF ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS



## d. CAROL

Carol is currently 29 years of age and single. She is the second eldest child in a family of six children. Carol's father provided little for his family and was seldom home. She was separated from her mother at 9 years of age when her parents divorced due to her father's marital irresponsibility. Living with her father had not been easy as Carol and her sisters and brothers were always the targets for physical and verbal abuse. She felt that the treatment which she received from her father including that of having her education stopped was in response to her mother leaving him. Carol reported that her father tried to sell her when she was 9 years of age. Knowing her father's intentions, she ran away from home. However, when she was brought home by the police she was beaten severely by her father. She stayed with her father for another three years and when she was 12 years of age, she left her father to live with her mother. After staying for 2 years with her mother, she felt that her mother did not care about her. To attract her mother's attention, Carol started mixing with a group (mostly boys) and eventually started using of cigarettes, alcohol, ganja, mandrax pills and heroin with them. Carol's mother sent her to a correction home when she realised that her daughter has been experimenting with drugs. After a 3 year stay at the correction home, Carol was released but did not return home. Instead, she followed a friend whom she had met at the correction home to work in a massage parlour. She did not work at a place for long and moved from town to town. In one of the towns where she worked, she had a relationship and eventually became a mother. However, Carol ended ther relationship with her boyfriend when she found out that he has been unfaithful. She lost custody of her daughter and as a result sank into a depression. She recalls that at that point in her life, she did not care what happened to her. This incident precipitated her second use of heroin which she obtained through a female addict friend. Carol has, on several occasions, voluntarily abstained from heroin use but relapsed each time after seeing some of her working colleagues "chase the dragon", upon meeting friends who are addicts or when she sank into a depression when again disallowed custody of her daughter. Carol has been arrested twice by the police for possession of drugs and she is currently under remand.

### ANALYSIS OF CAROL'S CASE STUDY

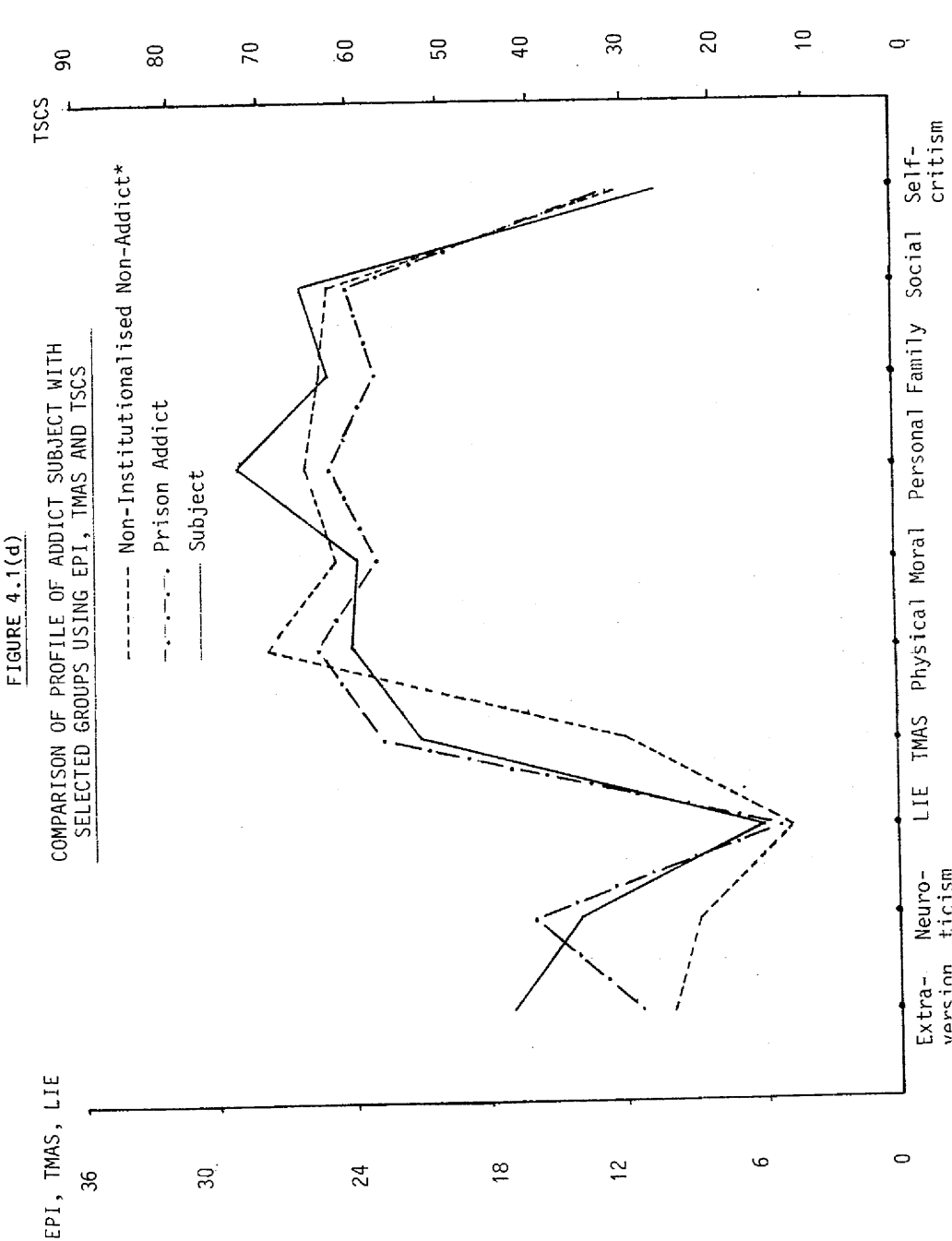
As a child, Carol experienced parental absence as a result of parental divorce and, neglect by the father who was physically and emotionally absent most of the time. It is likely that prior to her parents' divorce, marital conflicts, concerning her father's marital irresponsibility, between her parents were common. The marital warfare between her parents spilled over to involve the respondent which resulted in her being made the scapegoat. As a result, she experienced paternal hostility and

rejection. Hence, it is likely that there was little closeness between Carol and her father. Carol also experienced paternal rejection and hostility in it's extreme form when her father wanted to sell her and when she was severely beaten for running away from home. Carol's initial involvement with drug use suggest that her needs of love, recognition and trust were unfulfilled by her mother. The dissappointment in her mother for not responding to her cries for help drove her to become peer oriented. It is likely that Carol felt that her mother did not understand her, was rejecting her and being hostile when she was sent to the correction home. As a result, Carol rejected her mother by not returning home after her release from the correction home. Carol's continuous use of drugs began after she had started working as a masseuse, where some of her colleagues are addicts. As a consequence of drug use, she is separated from her daughter and in remand for possession of drugs. Carol's personality profile shows that she is extraverted and experiences high levels of neuroticism and anxiety (See Fig. 4.1d). She has a high personal, family and social-self concept. She, however, has low capacity for self-criticism. This probably means that her scores on the TSCS may be artificially elevated.



FIGURE 4.1(d)

COMPARISON OF PROFILE OF ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS



## e. RITA

Rita is currently 27 years of age, married and comes from a family of 5 children. She has three children of her own currently looked after by her mother and mother-in-law. While growing up, Rita had on several occasions tried to discuss her problems with her parents but she feels that they cannot find any common ground. Neither did she discuss her problems with her brothers and sister as she felt closer to her friends in school. Compared to her, she feels that her brothers and sister are closer to her parents. Rita only spoke to her father when she needed money. Rita started heroin use at 17 and at that time she was curious and wanted to experience the pleasure from heroin after having seen her husband smoke the spiked cigarettes. As her heroin use increased, she had to resign from her factory job to avoid detection by the management concerning her addiction. She has had contact with the police on 5 to 6 occasions and on her last contact, she was convicted for drug use and sent to a rehabilitation centre.

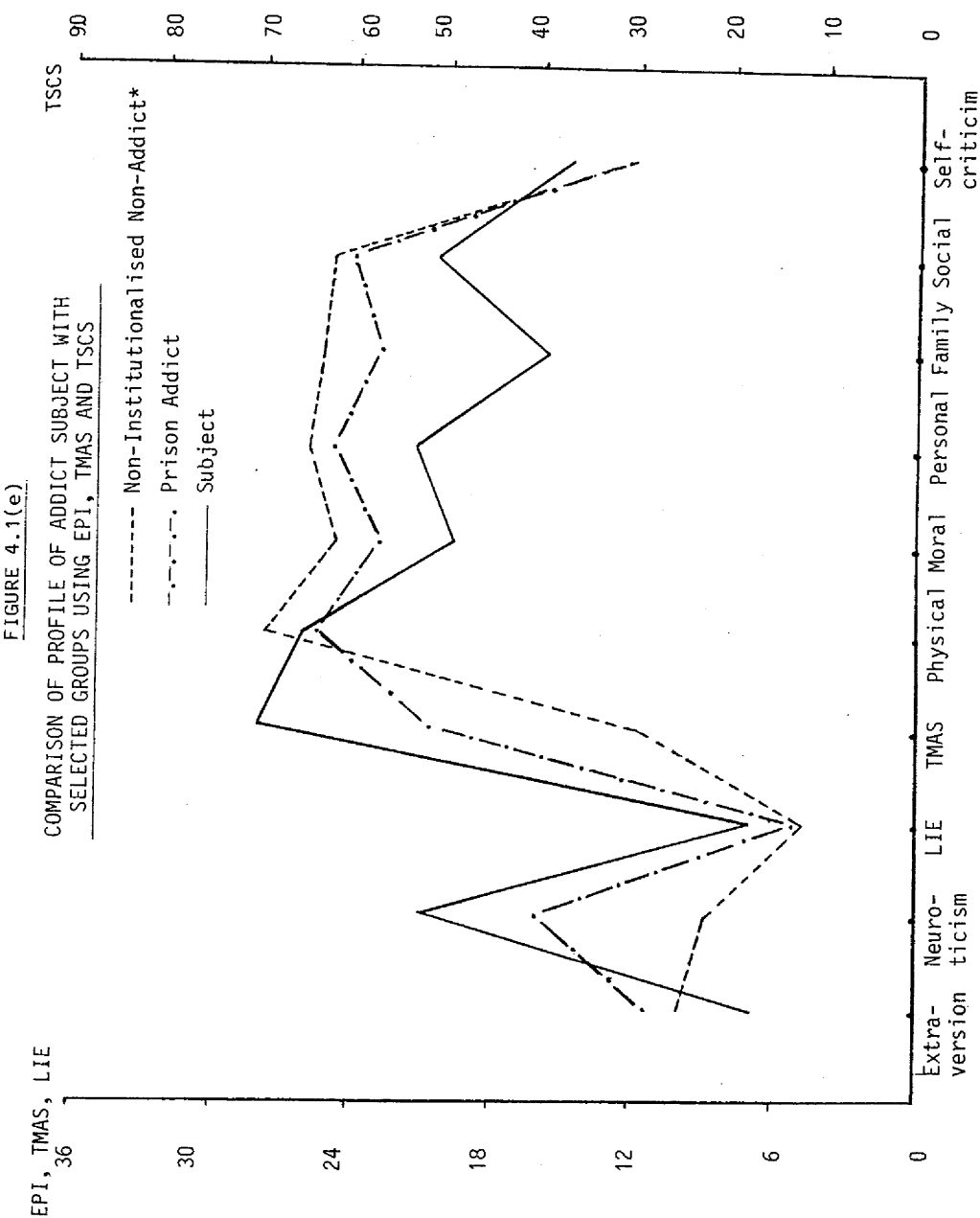
### ANALYSIS OF RITA'S CASE STUDY

Rita's family was intact while she was growing up, in the sense that there was no parental absence either as result of divorce, separation or death. However, it is likely that the relationship between Rita and her parents were emotionally absent due to the communication gap that existed between them. Rita felt more emotionally distant from her parents than her brothers and sister and at the same time was not close to her brothers and sister. Hence taking all these into account, it is likely that Rita felt a sense of isolation from her family members. In these circumstances, it is likely that needs of love, trust and recognition are unfulfilled and few messages of value and inclusion were transmitted. The result of this was a strong peer-orientation where Rita felt closer to her friends than to her family members. Rita's use of heroin was directly influenced by her spouse's dependence. As a consequence of drug use, Rita had to resign from her job, experienced incarceration and was separated from her children. The personality profile of Rita shows that she is not extraverted, experiences a high level of neuroticism and anxiety and has a low overall self-concept. (See Fig. 4.1e) She regards her moral worth, personal worth, family worth and self in relation to others unfavourably. Her self-criticism score indicate is that she is highly self-critical and may be lacking in defenses.



FIGURE 4.1(e)

COMPARISON OF PROFILE OF ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS



## 4.3 CASE STUDIES OF SELECTED NON-ADDICTS

### a. RUBY

Ruby is currently 26 and comes from a family of 3 children. Ruby grew up with only her mother as the sole parent. She knows very little of her father since her parents were divorced when she was slightly more than a year old. Neither Ruby nor her mother received any schooling. Ruby first worked as a rubber tapper at 12 and continued doing so during her first marriage at 16 years of age. However, she divorced one and a half years later. Her son from this marriage is currently under the care of the father. Ruby remarried at 22 and her second marriage lasted for 3 years. She did not have any children from her second marriage. It was during her second marriage that Ruby entered prostitution. She did so for financial reasons. Ruby has never been arrested and is a non-addict. Ruby got to know about the use of heroin through some of her working colleagues who are also addicts. She has been asked to join in their "chasing the dragon" sessions and has continually refused their offer. She said that she has no interest in experimenting with drug use and does not intend to live the life of an addict where food and clothing are uncertain and debts are high. To avoid falling into the trap (of drug use), she moved out of the room she was sharing with an addict-prostitute. Ruby's personality profile shows that she is not extraverted and experiences high levels of neuroticism and anxiety (See Fig. 4.2a). She has a high moral, personal and social self concept but a low capacity for self-criticism. This probably means that her scores on the TSCS may be artificially elevated.



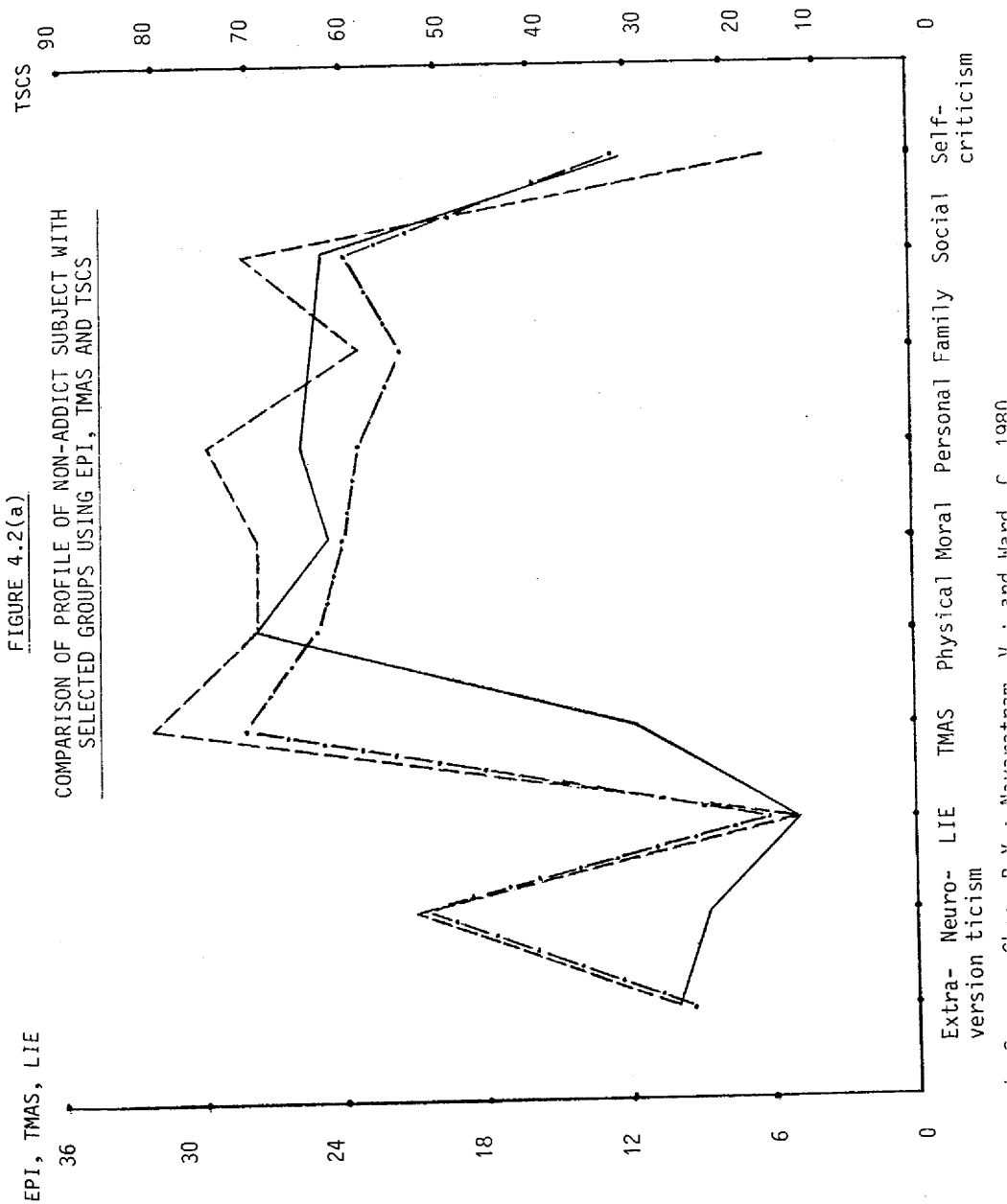



FIGURE 4.2(a)
COMPARISON OF PROFILE OF NON-ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS

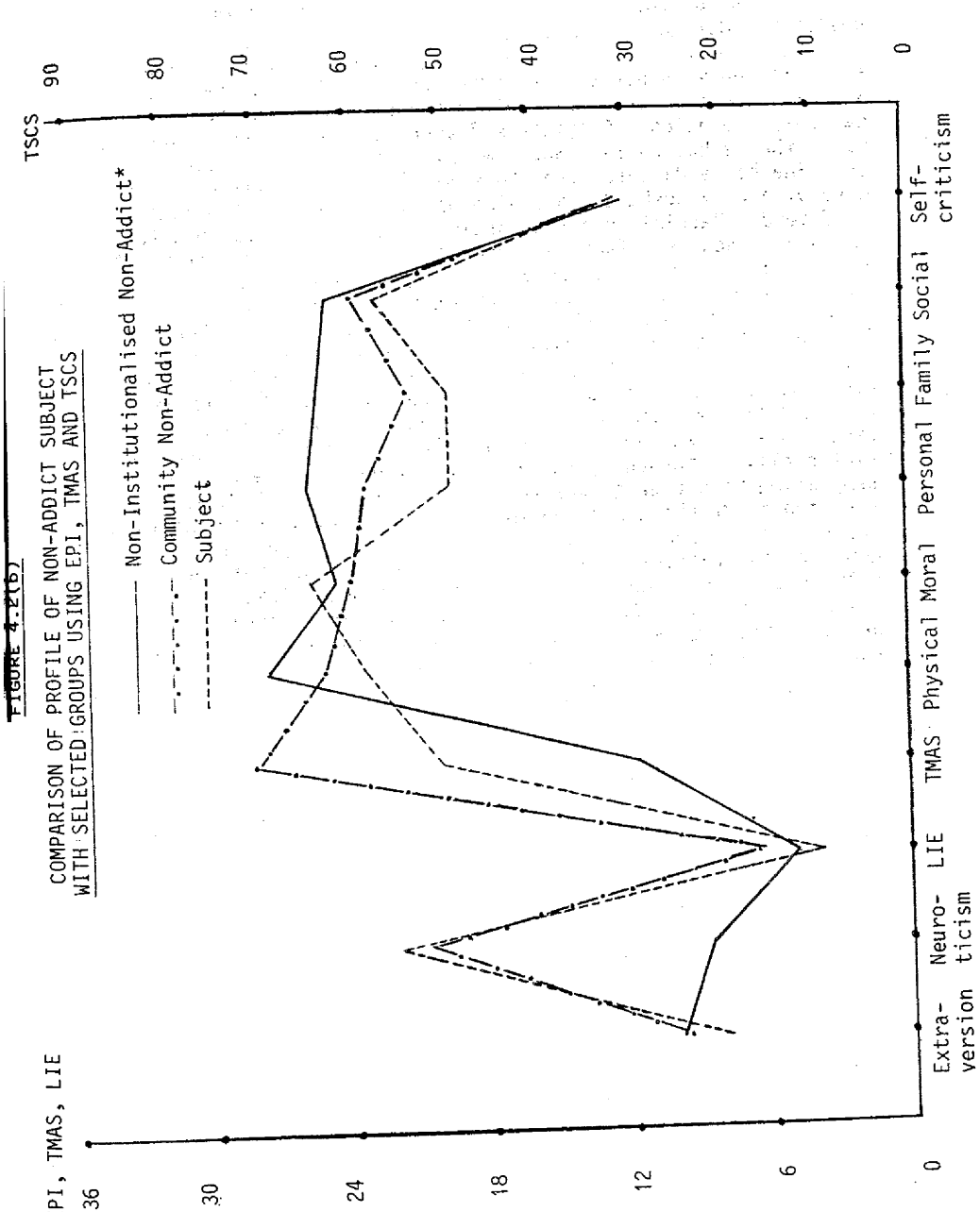
b. SALLY

Sally is currently 27 and comes from a family of 6 children. She grew up with both parents until the age of 14, when her parents divorced. She is currently living with her mother whom she felt closer to. Sally's father is a retired army officer and her mother a housewife. Sally is educated till Form 3. She married at 17 and divorced at 22. Sally has 2 children from her marriage. One child currently age 7 is under her care while the other age 9 is under the care of her ex-husband. Sally started working after her divorce. She has held various jobs such as police constable, factory worker and security guard before working as a prostitute at the age of 24. She entered prostitution through her sister-in-law who was a prostitute and whom she was living with at that time. While working as a prostitute, she befriended a customer whom she later followed to help in his fishing business. As the business floundered, she was forced by him to enter prostitution. Sally's current income varies between $50 - $60 a day. She has never been arrested and is a non-addict. She believes that one's future will be dark if one is addicted to drugs. She has never attempted drug use and has no intention to. Sally's personality profile shows that she is not extraverted, experiences high levels of neuroticism and anxiety (See Fig. 4.2b). She has low personal, family and social self concept.



FIGURE 4.2(b)

COMPARISON OF PROFILE OF NON-ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS




* Source: Choo, P.Y.; Navaratnam, V.; and Ward, C. 1980.

## c. PATRICIA

Patricia is currently 27 and comes from a family of 12 children. Her mother passed away when she was 11 and her father 2 years after that. Part of Patricia's growing up years was spent living with her brother after the death of her parents. She also spent 2 years in a reform school, where she received her only education. Patricia's father was locomotive driver and her mother a housewife. She married at 16 and divorced at 19. She has a daughter from this marriage, currently under the care of her ex-husband. She also has a son with her current boyfriend. Patricia started working at 16, first, as an estate labourer, then as a factory worker and finally as prostitute at the age of 19. She was forced into prostitution by her boyfriend who needed the money to support his heroin dependence. She currently earns around $70.00 a day. Patricia is a non-addict and has never been arrested. She said that though her boyfriend is an addict, this did not influence her to use drugs because she is not interested and secondly, she has responsibilities towards her son and does not want him to experience any suffering. She said that at times when she was emotionally disturbed by the attitude of her boyfriend, the temptation to use drugs was there. In times like this, she resorted to drinking and smoking. She does not like to mix with her colleagues who are addicts and her close friends are non-addicts. Patricia's personality profile shows that she is extraverted and experiences high levels of neuroticism and anxiety (See Fig. 4.2c). She has a low physical, moral, personal and family self-concept. She is highly self-critical and this may mean that she may be lacking in defenses.



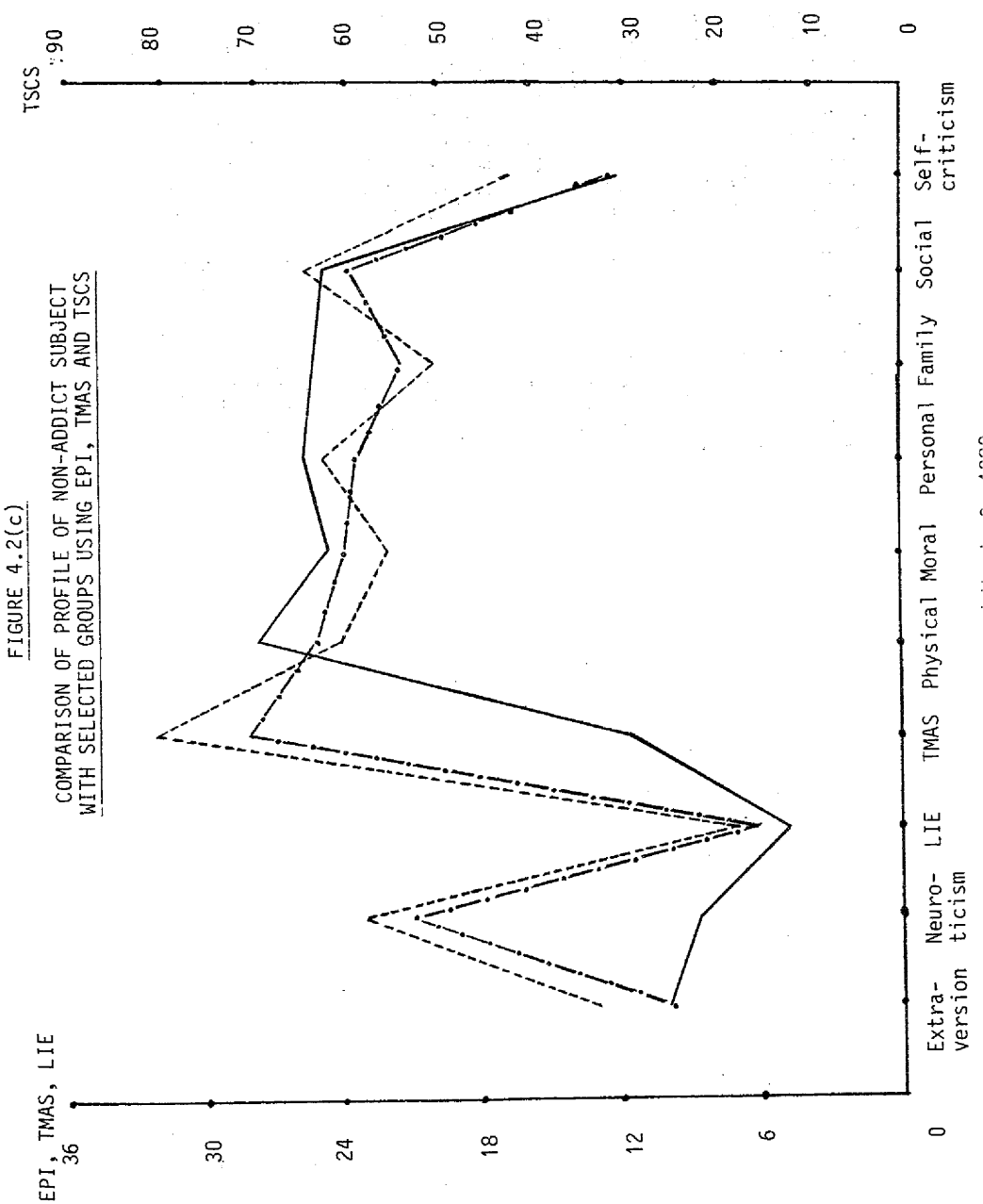



FIGURE 4.2(c)
COMPARISON OF PROFILE OF NON-ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS

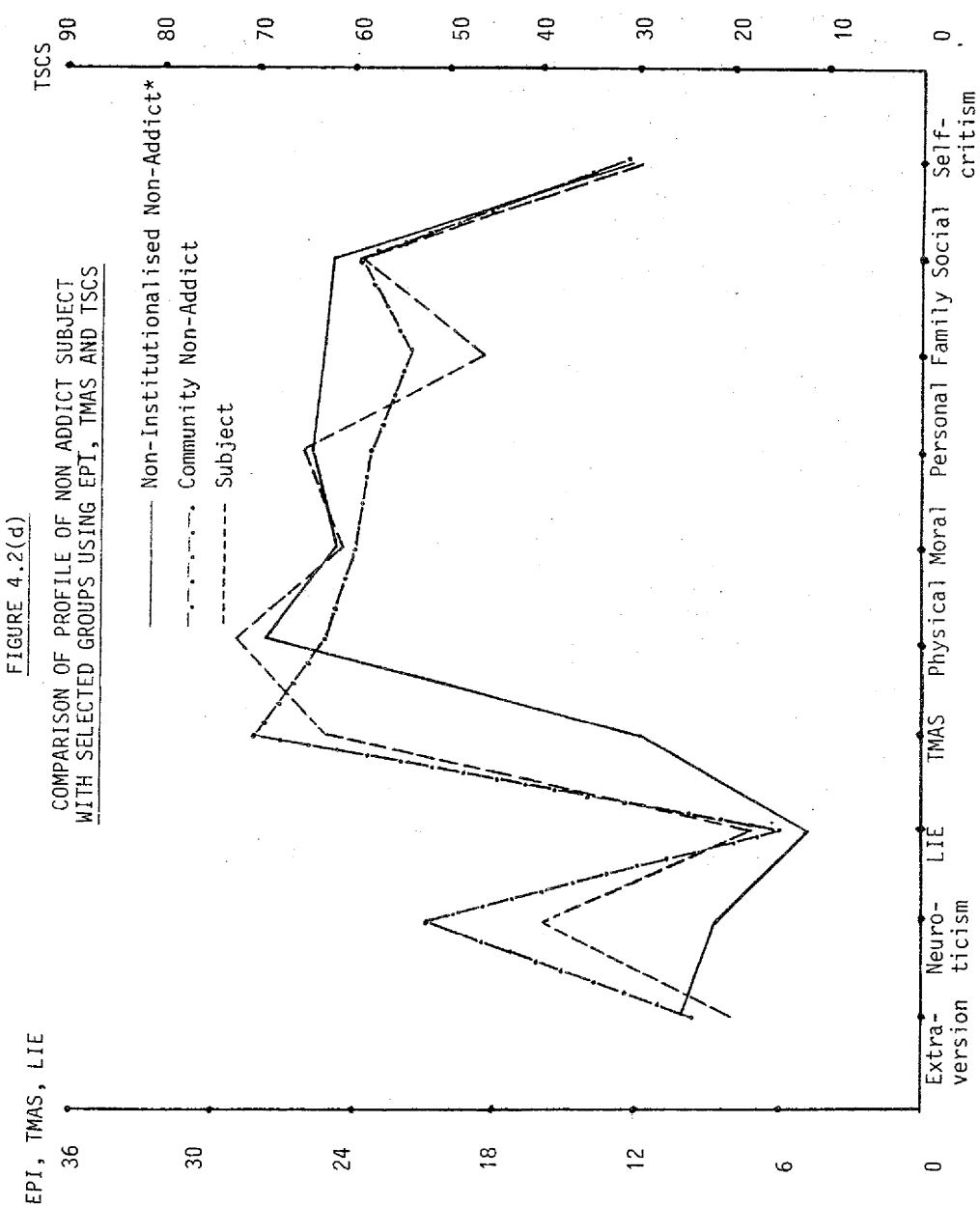
d. **NORA**

Nora is currently 29 years of age. She grew up with both her step-parents and is the only child in the family. Nora's step-parents were farmers. Nora studied till Form 3 and stopped schooling after she failed her examinations. She got married after that at 14 but divorced at 17. However, she remarried her ex-husband after 1 year and the marriage was again dissolved after 11 years. Nora has a daughter from this marriage currently staying with her grandmother. Nora first worked as an oyster collector, then as a night club dancer and after her second divorce, as a prostitute. She was forced into prostitution by her boyfriend. However, she is currently in prostitution on her own free will. Nora was arrested once for "khalwat" (close proximity) and charged in a"syariah"court. She is a non-addict. She says that she has no interest to experiment with drug use for fear of addiction. Addiction means suffering not only for her alone but also for her daughter whom she is now supporting financially. Nor's personality profile shows that she is not extraverted and, experiences high levels of neuroticism and anxiety (See Fig. 4.2d). She has a low family-self concept.



FIGURE 4.2(d)

COMPARISON OF PROFILE OF NON ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS



e. JUNIE

Junie is currently aged 40. She comes from a family of 3 children. Junie's father passed away when she was very young and hence she does not know him. She said that when her mother remarried, her mother only cared about the children of her step-father. While growing-up, she had little contact with her mother and step-father, as she was raised by her grandmother. Junie studied till Form 3 and got married immediately after completing her schooling at the age of 15. The marriage lasted twelve years and she had 2 children from this marriage. Junie remarried at 33 but the marriage lasted only 3 years. She has a child from this marriage. She said that she requested for a divorce when she found out that her second husband was addicted to drugs. All the three children from her two marriages are under the custody of her first ex-husband. Junies sends money regularly to her first husband for the children's upkeep and visits them on weekends. Junie started working after her first divorce and has held numerous jobs such as tailoring assistant, servant, night-club dancer and finally as a prostitute. She entered prostitution on the persuasion of her boyfriend and continued to do so for financial reasons - to earn enough money to support her children and to save up some capital to start a business of her own. Junie has strong feelings against drug use. She said that it was difficult for her to earn some money and to do so, she has to give her body to men. It would be better to give her money to her children and to save some for her business than to spend it on drugs. She has personally witnessed the effects of addiction on her second husband where every single cent was spent on drugs. Junie considers drugs as poison, bad for the health and subjects the user to constant harassment by the police. Junie has never been arrested by the police. Junie's personality profile shows that she is not extraverted and, experiences levels of neuroticism and anxiety (See Fig. 4.2e). She has a low moral, personal, family and social self concept. Her self-criticism scores are also low and this may mean that her personality scores on the TSCS may be lower than is observed.



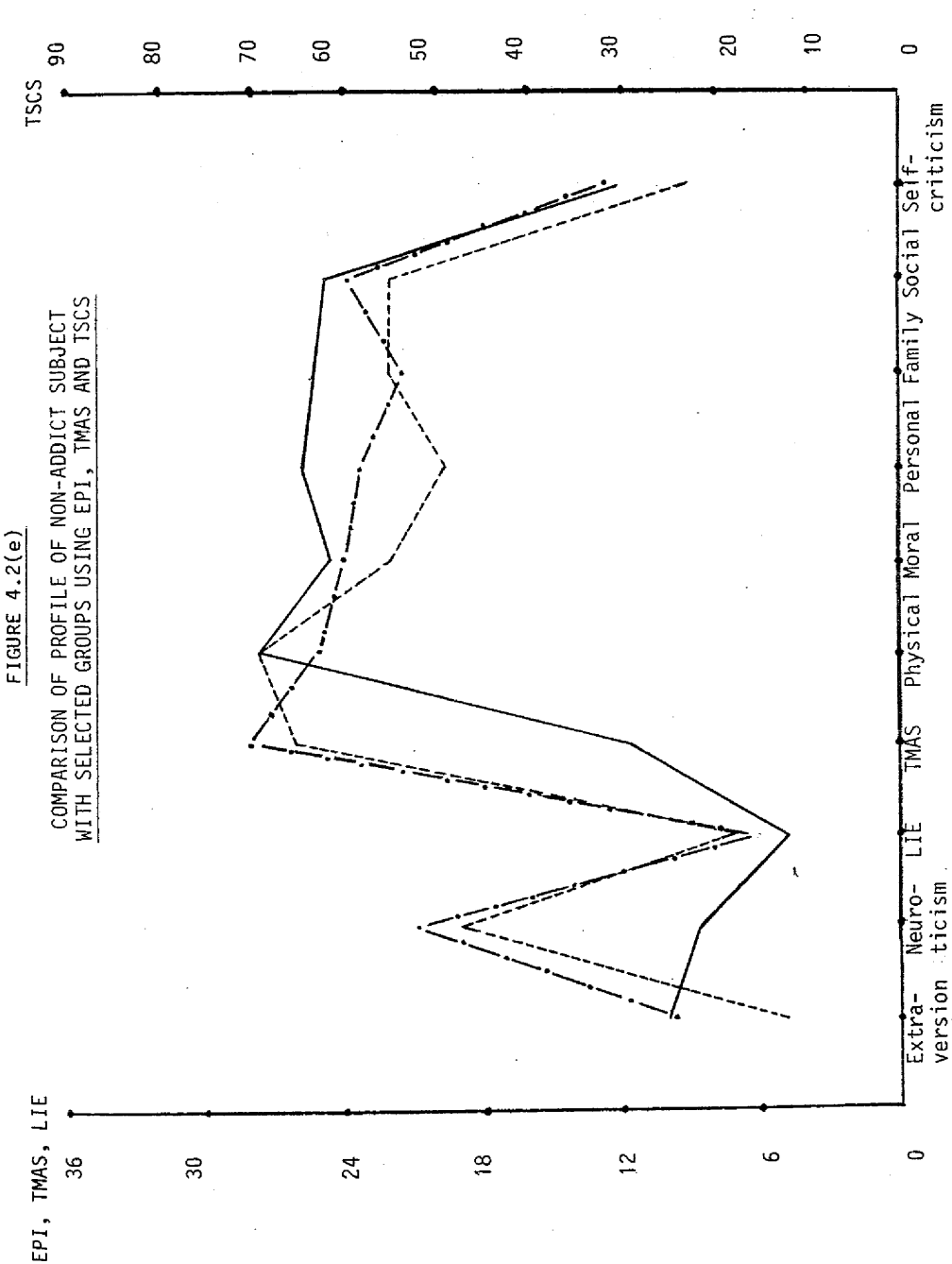



FIGURE 4.2(e)

COMPARISON OF PROFILE OF NON-ADDICT SUBJECT WITH SELECTED GROUPS USING EPI, TMAS AND TSCS

* Source: Choo, P.Y., Mavaratnam, V. and Ward, C. 1980

## 4.4 ANALYSIS OF CASE STUDIES OF SELECTED NON-ADDICTS

The most salient feature of the case studies of these non-addicts is an attitude which do not predispose them to drug use. The non-addicts know the consequences of drug use and hence avoid using it. It is also possible that the high family-life structure of some of these non-addicts discourage drug use. The personality profiles of the non-addicts indicate that they have a low self-concept and, experience high levels of neuroticism and anxiety. They are also not extraverted.



# CHAPTER 5

## 5.1 INTRODUCTION

This chapter focuses on the mean personality scores of addicts and non-addicts. The personality dimensions measured are extraversion and neuroticism, using the Eysenck Personality Inventory (EPI), anxiety using the Taylor's Manifest Anxiety Scale (TMAS) and self-esteem using the Tennessee Self-Concept Scale (TSCS). A nine item Lie-Scale is incorporated into the EPI. The t-test is used when the n of each comparison group is greater than 20. Otherwise, the Wilcoxon test is used. Correlational analyses for all addicts and non-addicts, and addicts and non-addicts in the prison and community are also presented.

## 5.2 COMPARISON OF MEAN PERSONALITY SCORES OF ALL ADDICTS AND NON-ADDICTS

The mean personality scores of addicts and non-addicts are significantly different in terms of extraversion ($p < 0.01$) and moral-self ($p < 0.01$) (See Table 5.1). There is no significant difference in the total self-concept between addicts and non-addicts but significant differences are observed in the self-identity ($p < 0.05$) and self satisfaction ($p < 0.05$) categories. Mean self-criticism scores of addicts are significantly higher than non-addicts ($p < 0.05$).

## 5.3 COMPARISON OF MEAN PERSONALITY SCORES OF ADDICTS IN THE PRISON AND COMMUNITY

There are no significant differences between the mean personality scores of addicts in prison and in the community (See table 5.2).

## 5.4 COMPARISON OF MEAN PERSONALITY SCORES OF NON-ADDICTS IN THE PRISON AND COMMUNITY

Community non-addicts have significantly higher levels of neuroticism ($p < 0.01$) and significantly lower family-self concept ($p < 0.01$) than prison non-addicts. Lying is significantly higher ($p < 0.05$) among community non-addicts than prison non-addicts (See Table 5.3).

## 5.5 COMPARISON OF MEAN PERSONALITY SCORES OF ADDICTS AND NON-ADDICTS IN PRISON

Prison addicts are significantly more extraverted ($p < 0.01$) than the prison non-addicts (See Table 5.4). Mean scores of moral and family-self for prison addicts are significantly lower ($p < 0.05$) than that obtained by prison non-addicts. The total self-concept of prison non-addicts as a group is better than that of prison addicts. This difference, however, is not statistically significant at the 0.05 level.

TABLE 5.1 : MEAN SCORES AND STANDARD DEVIATIONS FOR ALL ADDICTS AND NON-ADDICTS ON EACH PERSONALITY ITEM***

| Personality Items | Addicts | | Non-Addicts | | d.f. | t |
|---|---|---|---|---|---|---|
| | x | S.D. | x | S.D. | | |
| Extraversion | 11.143 | 3.582 | 8.600 | 2.549 | 58 | 3.0388* |
| Neuroticism | 17.171 | 3.929 | 18.800 | 2.843 | 58 | -1.7664 |
| Lie | 5.428 | 1.763 | 5.400 | 1.118 | 58 | 0.0716 |
| Anxiety | 23.886 | 6.910 | 25.440 | 5.401 | 58 | -0.9377 |
| Physical | 62.485 | 8.460 | 62.200 | 6.564 | 56 | 0.1394 |
| Moral | 55.091 | 8.225 | 61.880 | 5.652 | 56 | -3.5390* |
| Personal | 58.757 | 8.639 | 61.360 | 8.688 | 56 | -1.1334 |
| Family | 55.939 | 9.172 | 60.320 | 8.415 | 56 | -1.8657 |
| Social | 58.939 | 7.874 | 59.640 | 4.471 | 56 | -0.3984 |
| Self-Criticism | 33.303 | 6.217 | 29.440 | 6.494 | 56 | 2.2989** |
| Identity | 99.000 | 14.506 | 106.760 | 12.156 | 56 | -2.1600** |
| Self-Satisfaction | 90.848 | 10.759 | 95.920 | 7.404 | 56 | -2.0202** |
| Behaviour | 101.364 | 13.854 | 102.720 | 13.164 | 56 | -0.8772 |
| Total | 291.212 | 30.436 | 305.400 | 24.881 | 56 | -1.8982 |

* Significant at the 0.01 level

** Significant at the 0.05 level

*** The TSC Scales were not completed by 2 respondents



TABLE 5.2 : MEAN SCORES AND STANDARD DEVIATIONS FOR ADDICTS IN THE PRISON AND COMMUNITY ON EACH PERSONALITY ITEM***

| Personality Items | Prison Addicts | | | Community Addicts | | | P |
|---|---|---|---|---|---|---|---|
| | x | S.D. | n | x | S.D. | n | |
| Extraversion | 11.412 | 3.743 | 17 | 10.889 | 3.513 | 18 | 0.6309 |
| Neuroticism | 16.000 | 3.446 | 17 | 18.278 | 4.127 | 18 | 0.0588 |
| Lie | 5.353 | 1.934 | 17 | 5.500 | 1.618 | 18 | 0.8138 |
| Anxiety | 22.529 | 6.587 | 17 | 25.167 | 7.148 | 18 | 0.1495 |
| Physical | 63.286 | 6.207 | 14 | 61.895 | 9.927 | 19 | 0.7154 |
| Moral | 56.786 | 7.159 | 14 | 53.842 | 8.908 | 19 | 0.2657 |
| Personal | 61.857 | 7.523 | 14 | 56.474 | 8.878 | 19 | 0.1040 |
| Family | 56.786 | 8.816 | 14 | 55.316 | 9.615 | 19 | 0.6093 |
| Social | 59.857 | 5.187 | 14 | 58.263 | 9.468 | 19 | 0.9417 |
| Self-Criticism | 31.000 | 6.139 | 14 | 35.000 | 5.859 | 19 | 0.0859 |
| Identity | 101.786 | 12.589 | 14 | 96.947 | 15.786 | 19 | 0.4330 |
| Self-Satisfaction | 92.786 | 7.444 | 14 | 89.421 | 12.677 | 19 | 0.5844 |
| Behaviour | 104.000 | 9.356 | 14 | 99.421 | 16.389 | 19 | 0.2431 |
| Total | 298.572 | 23.986 | 14 | 285.789 | 34.032 | 19 | 0.3720 |

*** The TSC Scales were not completed by 3 prison addicts and the EPI and TMAS by 1 community addict.

TABLE 5.3 : MEAN SCORES AND STANDARD DEVIATIONS FOR NON-ADDICTS IN THE PRISON AND COMMUNITY ON EACH PERSONALITY ITEM

| Personality Items | Prison Non-Addicts | | | Community Non-Addicts | | | P |
|---|---|---|---|---|---|---|---|
| | x | S.D. | n | x | S.D. | n | |
| Extraversion | 8.118 | 2.315 | 17 | 9.625 | 2.875 | 8 | 0.1649 |
| Neuroticism | 17.823 | 2.506 | 17 | 20.875 | 2.475 | 8 | 0.0098* |
| Lie | 5.059 | 0.966 | 17 | 6.125 | 1.256 | 8 | 0.0296** |
| Anxiety | 24.176 | 5.411 | 17 | 28.125 | 4.581 | 8 | 0.0904 |
| Physical | 61.941 | 6.476 | 17 | 62.780 | 7.166 | 8 | 0.7249 |
| Moral | 62.823 | 5.929 | 17 | 59.875 | 4.734 | 8 | 0.1286 |
| Personal | 62.765 | 7.886 | 17 | 58.375 | 10.084 | 8 | 0.4133 |
| Family | 63.353 | 7.648 | 17 | 53.875 | 6.266 | 8 | 0.0042* |
| Social | 59.765 | 3.326 | 17 | 59.375 | 6.567 | 8 | 0.9067 |
| Self-Criticism | 28.588 | 4.402 | 17 | 31.250 | 9.736 | 8 | 0.3962 |
| Identity | 108.941 | 10.656 | 17 | 102.125 | 14.525 | 8 | 0.2805 |
| Self-Satisfaction | 97.118 | 7.407 | 17 | 93.375 | 7.190 | 8 | 0.2195 |
| Behaviour | 104.588 | 11.527 | 17 | 98.750 | 16.246 | 8 | 0.1795 |
| Total | 310.647 | 24.323 | 17 | 294.250 | 23.693 | 8 | 0.0707 |

* Significant at the 0.01 level

** Significant at the 0.05 level



TABLE 5.4 : MEAN SCORES AND STANDARD DEVIATIONS FOR ADDICTS AND NON-ADDICTS IN THE PRISON ON EACH PERSONALITY ITEM***

| Personality Items | Prison Addicts | | | Prison Non-Addicts | | | P |
|---|---|---|---|---|---|---|---|
| | x | S.D. | n | x | S.D. | n | |
| Extraversion | 11.412 | 3.743 | 17 | 8.118 | 2.315 | 17 | 0.0066* |
| Neuroticism | 16.000 | 3.446 | 17 | 17.823 | 2.506 | 17 | 0.1179 |
| Lie | 5.353 | 1.934 | 17 | 5.059 | 0.966 | 17 | 0.5034 |
| Anxiety | 22.529 | 6.587 | 17 | 24.176 | 5.411 | 17 | 0.4577 |
| Physical | 63.286 | 6.207 | 14 | 61.941 | 6.476 | 17 | 0.8420 |
| Moral | 56.783 | 7.159 | 14 | 62.823 | 5.929 | 17 | 0.0160** |
| Personal | 61.857 | 7.523 | 14 | 62.765 | 7.886 | 17 | 0.8266 |
| Family | 56.786 | 8.816 | 14 | 63.353 | 7.648 | 17 | 0.0190** |
| Social | 59.857 | 5.187 | 14 | 59.765 | 3.326 | 17 | 0.6754 |
| Self-Criticism | 31.000 | 6.139 | 14 | 28.588 | 4.402 | 17 | 0.3588 |
| Identity | 101.786 | 12.589 | 14 | 108.941 | 10.656 | 17 | 0.1211 |
| Self-Satisfaction | 92.786 | 7.444 | 14 | 97.118 | 7.407 | 17 | 0.0946 |
| Behaviour | 104.000 | 9.356 | 14 | 104.588 | 11.527 | 17 | 0.5644 |
| Total | 298.572 | 23.986 | 14 | 310.647 | 24.323 | 17 | 0.0706 |

* Significant at the 0.01 level

** Significant at the 0.05 level

*** The TSC Scales were not completed by 3 prison addicts

## 5.6 COMPARISON OF MEAN PERSONALITY SCORES OF ADDICTS AND NON-ADDICTS IN THE COMMUNITY

There are no significant differences in the mean personality scores of addicts and non-addicts in the community (See Table 5.5).

TABLE 5.5 : MEAN SCORES AND STANDARD DEVIATIONS FOR ADDICTS AND NON-ADDICTS IN THE COMMUNITY ON EACH PERSONALITY ITEM***

| Personality Items | Community Addicts | | | Community Non-Addicts | | | p |
|---|---|---|---|---|---|---|---|
| | x | S.D. | n | x | S.D. | n | |
| Extraversion | 10.889 | 3.513 | 18 | 9.625 | 2.875 | 8 | 0.4152 |
| Neuroticism | 18.278 | 4.127 | 18 | 20.875 | 2.475 | 8 | 0.1170 |
| Lie | 5.500 | 1.618 | 18 | 6.125 | 1.126 | 8 | 0.3745 |
| Anxiety | 25.167 | 7.148 | 18 | 28.125 | 4.581 | 8 | 0.3428 |
| Physical | 61.895 | 9.927 | 19 | 62.750 | 7.166 | 8 | 0.8523 |
| Moral | 53.842 | 8.908 | 19 | 59.875 | 4.734 | 8 | 0.0705 |
| Personal | 56.474 | 8.878 | 19 | 58.375 | 10.084 | 8 | 0.9575 |
| Family | 55.316 | 9.615 | 19 | 53.875 | 6.267 | 8 | 0.5214 |
| Social | 58.263 | 9.468 | 19 | 59.375 | 6.567 | 8 | 0.8941 |
| Self-Criticism | 35.000 | 5.859 | 19 | 31.250 | 9.936 | 8 | 0.3384 |
| Identity | 96.947 | 15.785 | 19 | 102.125 | 14.525 | 8 | 0.5060 |
| Self-Satisfaction | 89.421 | 12.677 | 19 | 93.375 | 7.190 | 8 | 0.5059 |
| Behaviour | 99.421 | 16.389 | 19 | 98.750 | 16.246 | 8 | 0.9576 |
| Total | 285.789 | 34.032 | 19 | 294.250 | 23.693 | 8 | 0.7298 |

*** The EPI and TMAS was not completed by 1 community addict.



## 5.7 COMPARISON OF MEAN PERSONALITY SCORES FOR ALL ADDICTS AND NON-ADDICTS WITH PRIMARY AND BELOW OR SECONDARY AND ABOVE EDUCATION LEVEL

The mean personality scores of addicts and non-addicts with a primary and below education level are significantly different in terms of extraversion ($p < 0.05$), moral-self ($p < 0.01$) and self-criticism ($p < 0.05$) (See Table 5.6). However, the mean personality scores between addicts and non-addicts with at least a secondary and above education level do not show any significant statistical differences (See Table 5.7). Within group comparison for addicts (See Table 5.8) show significant statistical differences on extraversion ($p < 0.01$), family self ($p < 0.05$), and self-criticism ($p < 0.01$). Within group comparison for non-addicts (See Table 5.9) show significant statistical differences on extraversion ($p < 0.01$) and physical-self ($p < 0.01$).

## 5.8 COMPARISON OF MEAN PERSONALITY SCORES FOR ALL ADDICTS AND NON-ADDICTS AGED BELOW 30 YEARS OR 30 YEARS AND ABOVE.

Between group comparison of addicts and non-addicts aged below 30 show significant differences in moral-self ($p < 0.01$) and self-satisfaction ($p < 0.05$) (See Table 5.10). For addicts and non-addicts aged 30 years and above significant differences were observed on identity ($p < 0.05$)(See Table 5.11). Within group comparisons for addicts (See Table 5.12) and non-addicts (See Table 5.13) do not show any significant differences.

TABLE 5.6 : MEAN SCORES AND PROBABILITY FOR ALL ADDICTS AND NON-ADDICTS WITH PRIMARY AND BELOW EDUCATION LEVEL ON EACH PERSONALITY ITEM***

| Personality Items | Addicts x | Addicts n | Non-Addicts x | Non-Addicts n | P |
|---|---|---|---|---|---|
| Extraversion | 12.59 | 22 | 10.25 | 12 | 0.0210** |
| Neuroticism | 17.50 | 22 | 19.25 | 12 | 0.1921 |
| Lie | 5.77 | 22 | 5.58 | 12 | 0.6444 |
| Anxiety | 22.59 | 22 | 25.42 | 12 | 0.8706 |
| Physical | 61.10 | 20 | 58.33 | 12 | 0.6345 |
| Moral | 52.70 | 20 | 62.33 | 12 | 0.0030* |
| Personal | 57.70 | 20 | 59.83 | 12 | 0.6261 |
| Family | 53.50 | 20 | 57.67 | 12 | 0.1786 |
| Social | 58.50 | 20 | 60.50 | 12 | 0.6820 |
| Self-criticism | 35.85 | 20 | 30.33 | 12 | 0.0424** |
| Identity | 95.95 | 20 | 101.17 | 12 | 0.4243 |
| Self-satisfaction | 88.40 | 20 | 92.83 | 12 | 0.3596 |
| Behaviour | 99.15 | 20 | 104.67 | 12 | 0.2272 |
| Total | 283.50 | 20 | 298.67 | 12 | 0.1148 |

* Significant at the 0.01 level

** Significant at the 0.05 level

*** The TSC Scales were not completed by 2 addict respondents.



TABLE 5.7 : MEAN SCORES AND PROBABILITY FOR ALL ADDICTS AND NON-ADDICTS WITH SECONDARY AND ABOVE EDUCATION LEVEL ON EACH PERSONALITY ITEM

| Personality Items | Addicts x | Addicts n | Non-Addicts x | Non-Addicts n | P |
|---|---|---|---|---|---|
| Extraversion | 8.69 | 13 | 7.08 | 13 | 0.1227 |
| Neuroticism | 16.62 | 13 | 18.38 | 13 | 0.4860 |
| Lie | 4.85 | 13 | 5.23 | 13 | 0.7147 |
| Anxiety | 21.00 | 13 | 25.38 | 13 | 0.1647 |
| Physical | 64.62 | 13 | 65.77 | 13 | 0.7369 |
| Moral | 58.77 | 13 | 61.46 | 13 | 0.2470 |
| Personal | 60.38 | 13 | 62.77 | 13 | 0.5542 |
| Family | 59.69 | 13 | 62.77 | 13 | 0.1895 |
| Social | 59.62 | 13 | 58.85 | 13 | 0.7187 |
| Self-criticism | 29.38 | 13 | 28.62 | 13 | 0.7576 |
| Identity | 103.69 | 13 | 111.92 | 13 | 0.0951 |
| Self-satisfaction | 94.62 | 13 | 98.77 | 13 | 0.0942 |
| Behaviour | 104.77 | 13 | 100.92 | 13 | 0.6804 |
| Total | 303.08 | 13 | 311.61 | 13 | 0.3045 |

TABLE 5.8 : MEAN SCORES AND PROBABILITY FOR ALL ADDICTS WITH PRIMARY AND BELOW OR SECONDARY AND ABOVE EDUCATION LEVELS ON EACH PERSONALITY ITEM***

| Personality Items | Primary and Below | | Secondary and Above | | P |
|---|---|---|---|---|---|
| | x | n | x | n | |
| Extraversion | 12.59 | 22 | 8.69 | 13 | 0.0008# |
| Neuroticism | 17.50 | 22 | 16.62 | 13 | 0.7317 |
| Lie | 5.77 | 22 | 4.85 | 13 | 0.2039 |
| Anxiety | 25.59 | 22 | 21.00 | 13 | 0.0747 |
| Physical | 61.10 | 20 | 64.62 | 13 | 0.2306 |
| Moral | 52.70 | 20 | 58.77 | 13 | 0.0650 |
| Personal | 57.70 | 20 | 60.38 | 13 | 0.3653 |
| Family | 53.50 | 20 | 59.69 | 13 | 0.0387** |
| Social | 58.50 | 20 | 59.62 | 13 | 0.8679 |
| Self-criticism | 35.85 | 20 | 29.38 | 13 | 0.0033* |
| Identity | 95.95 | 20 | 103.69 | 13 | 0.0969 |
| Self-satisfaction | 88.40 | 20 | 94.62 | 13 | 0.2307 |
| Behaviour | 99.15 | 20 | 104.77 | 13 | 0.3859 |
| Total | 283.50 | 20 | 303.08 | 13 | 0.0530 |

\# Significant at 0.001 level

* Significant at 0.01 level

** Significant at 0.05 level

*** The TSC Scales were not completed by 2 addict respondents with a primary and below education level.



TABLE 5.9 : MEAN SCORES AND PROBABILITY FOR ALL NON-ADDICTS WITH PRIMARY AND BELOW OR SECONDARY AND ABOVE EDUCATION LEVELS ON EACH PERSONALITY ITEM

| Personality Items | Primary and Below | | Secondary and Above | | P |
|---|---|---|---|---|---|
| | x | n | x | n | |
| Extraversion | 10.25 | 12 | 7.08 | 13 | 0.0014* |
| Neuroticism | 19.25 | 12 | 18.38 | 13 | 0.3805 |
| Lie | 5.58 | 12 | 5.23 | 13 | 0.5347 |
| Anxiety | 25.42 | 12 | 25.38 | 13 | 0.6044 |
| Physical | 58.33 | 12 | 65.77 | 13 | 0.0044* |
| Moral | 62.33 | 12 | 61.46 | 13 | 0.6042 |
| Personal | 59.83 | 12 | 62.77 | 13 | 0.4289 |
| Family | 57.67 | 12 | 62.77 | 13 | 0.0911 |
| Social | 60.50 | 12 | 58.85 | 13 | 0.2740 |
| Self-criticism | 30.33 | 12 | 28.62 | 13 | 0.7638 |
| Identity | 101.17 | 12 | 111.92 | 13 | 0.0294 |
| Self-Satisfaction | 92.83 | 12 | 98.77 | 13 | 0.0716 |
| Behaviour | 104.67 | 12 | 100.92 | 13 | 0.4456 |
| Total | 298.67 | 12 | 311.61 | 13 | 0.2419 |

* Significant at the 0.01 level

TABLE 5.10 : MEAN SCORES AND PROBABILITY FOR ALL ADDICTS AND NON-ADDICTS AGED BELOW 30 ON EACH PERSONALITY ITEM***

| Personality Items | Addicts x | Addicts n | Non-Addicts x | Non-Addicts n | P |
|---|---|---|---|---|---|
| Extraversion | 11.20 | 15 | 8.50 | 16 | 0.0648 |
| Neuroticism | 17.53 | 15 | 18.88 | 16 | 0.3210 |
| Lie | 5.20 | 15 | 5.19 | 16 | 0.8080 |
| Anxiety | 23.67 | 15 | 25.69 | 16 | 0.4390 |
| Physical | 63.88 | 16 | 62.69 | 16 | 0.8353 |
| Moral | 53.56 | 16 | 61.88 | 16 | 0.0041* |
| Personal | 58.69 | 16 | 62.44 | 16 | 0.4501 |
| Family | 55.19 | 16 | 58.88 | 16 | 0.2497 |
| Social | 59.06 | 16 | 60.06 | 16 | 1.0000 |
| Self-criticism | 33.50 | 16 | 29.38 | 16 | 0.1737 |
| Identity | 102.38 | 16 | 106.13 | 16 | 0.4173 |
| Self-Satisfaction | 89.31 | 16 | 96.63 | 16 | 0.0127** |
| Behaviour | 98.69 | 16 | 103.19 | 16 | 0.3458 |
| Total | 290.38 | 16 | 305.95 | 16 | 0.1089 |

* Significant at the 0.01 level

** Significant at the 0.05 level

*** The EPI and TMAS was not completed by 1 addict respondent aged below 30



TABLE 5.11 : MEAN SCORES AND PROBABILITY FOR ALL ADDICTS AND NON-ADDICTS AGED 30 AND ABOVE ON EACH PERSONALITY ITEM***

| Personality Items | Addicts x | Addicts n | Non-Addicts x | Non-Addicts n | P |
|---|---|---|---|---|---|
| Extraversion | 11.10 | 20 | 8.78 | 9 | 0.0540 |
| Neuroticism | 16.90 | 20 | 18.67 | 9 | 0.2971 |
| Lie | 5.60 | 20 | 5.78 | 9 | 0.8472 |
| Anxiety | 24.05 | 20 | 24.89 | 9 | 0.7220 |
| Physical | 61.18 | 17 | 61.33 | 9 | 1.0000 |
| Moral | 56.53 | 17 | 61.89 | 9 | 0.0792 |
| Personal | 58.82 | 17 | 59.44 | 9 | 0.9568 |
| Family | 56.65 | 17 | 62.89 | 9 | 0.0741 |
| Social | 58.82 | 17 | 58.89 | 9 | 0.7456 |
| Self-criticism | 33.12 | 17 | 29.56 | 9 | 0.0836 |
| Identity | 95.82 | 17 | 107.89 | 9 | 0.0377** |
| Self-Satisfaction | 92.29 | 17 | 94.67 | 9 | 0.9569 |
| Behaviour | 103.88 | 17 | 101.89 | 9 | 0.9355 |
| Total | 291.99 | 17 | 304.45 | 9 | 0.3185 |

** Significant at the 0.05 level

*** The TSC Scales were not completed by 3 addict respondents aged 30 and above.

TABLE 5.12 : MEAN SCORES AND PROBABILITY FOR ALL ADDICTS AGED BELOW 30 OR 30 YEARS AND ABOVE ON EACH PERSONALITY ITEM***

| Personality Items | Below 30 x | Below 30 n | 30 years and above x | 30 years and above n | P |
|---|---|---|---|---|---|
| Extraversion | 11.20 | 15 | 11.10 | 20 | 0.8803 |
| Neuroticism | 17.53 | 15 | 16.90 | 20 | 0.7632 |
| Lie | 5.20 | 15 | 5.60 | 20 | 0.5983 |
| Anxiety | 23.07 | 15 | 24.05 | 20 | 0.7128 |
| Physical | 63.88 | 16 | 61.18 | 17 | 0.4382 |
| Moral | 53.56 | 16 | 56.53 | 17 | 0.2790 |
| Personal | 58.69 | 16 | 58.82 | 17 | 0.8994 |
| Family | 55.19 | 16 | 56.65 | 17 | 0.8005 |
| Social | 59.06 | 16 | 58.82 | 17 | 0.6645 |
| Self-criticism | 33.50 | 16 | 33.12 | 17 | 0.9280 |
| Identity | 102.38 | 16 | 95.82 | 17 | 0.1880 |
| Self-Satisfaction | 89.31 | 16 | 92.29 | 17 | 0.1943 |
| Behaviour | 98.69 | 16 | 103.88 | 17 | 0.3391 |
| Total | 290.38 | 16 | 291.99 | 17 | 0.8008 |

*** The EPI and TMAS was not completed by 1 addict respondent aged below 30, and the TSC Scales by 3 addict respondents aged 30 years and above



TABLE 5.13 : MEAN SCORES AND PROBABILITY FOR ALL NON-ADDICTS AGED BELOW 30 OR 30 YEARS AND ABOVE ON EACH PERSONALITY ITEM

| Personality Items | Below 30 x | Below 30 n | 30 years and above x | 30 years and above n | P |
|---|---|---|---|---|---|
| Extraversion | 8.50 | 16 | 8.78 | 9 | 0.6459 |
| Neuroticism | 18.88 | 16 | 18.67 | 9 | 1.0000 |
| Lie | 5.19 | 16 | 5.78 | 9 | 0.2174 |
| Anxiety | 25.69 | 16 | 24.89 | 9 | 0.9322 |
| Physical | 62.69 | 16 | 61.33 | 9 | 0.4762 |
| Moral | 61.88 | 16 | 61.89 | 9 | 0.9096 |
| Personal | 62.44 | 16 | 59.44 | 9 | 0.2934 |
| Family | 58.88 | 16 | 62.89 | 9 | 0.3792 |
| Social | 60.06 | 16 | 58.89 | 9 | 1.0000 |
| Self-criticism | 29.38 | 16 | 29.56 | 9 | 0.8422 |
| Identity | 106.13 | 16 | 107.89 | 9 | 1.0000 |
| Self-satisfaction | 96.63 | 16 | 94.67 | 9 | 0.4775 |
| Behaviour | 103.19 | 16 | 101.89 | 9 | 0.7986 |
| Total | 305.95 | 16 | 304.45 | 9 | 0.7988 |

## 5.9 CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR ALL ADDICTS

Age is significantly negatively correlated to number of years of education (r = -0.454) (See Table 5.14). This means that younger addicts are more educated than older addicts. The number of years of education is significantly negatively correlated to extraversion (r = -0.470), self-criticism (r = -0.398) and significantly positively correlated to moral (r = 0.438) and family (r = 0.377) self. This means that addicts with more number of years of education are less extraverted and defenseless, and have a better perception of their moral and family selves.

Significant positive correlation exists between neuroticism and anxiety (r = 0.740). Lying is significantly positively correlated to neuroticism (r = 0.540), anxiety (r = 0.574) and self-criticism (r = 0.398). This probably means that the perceived desired response is one where criticism of self and expressions of neuroticism and anxiety are involved. Anxiety is significantly negatively correlated to family-self (r = -0.373) and significantly positively correlated self-criticism (r = 0.432). Addicts with a deflated family-self experience high levels of anxiety. Criticism of self among addicts is directed towards their internal emotionality. Personal-self is significantly positively correlated to moral (r = 0.602) and family (r = 0.550) self. The addict's sense of personal worth is significantly affected by her feelings of being a a "good" or "bad" person and her perception of self in reference to her closest and most immediate circle of associates. Family-self is significantly positively correlated to physical (r = 0.361), moral (r = 0.432) and social (r = 0.608) self. This probably means that the addict's perception of self in reference to her closest and most immediate circle of associates is significantly affected by her perception of her ability to interact well with others. "Others" in this context could mean other addicts and hence "others" and "family" may refer to the same group. The relationship between family and physical-self, and moral-self is much weaker. Social-self is significantly positively related to physical (r = 0.407) and personal (r = 0.381) self. This means that the addict's perception of her ability to interact well with others is significantly affected by her perception of her physical appearance or sexuality and to a weaker extent her feelings of adequacy as a person. Self-criticism is significantly negatively correlated to moral (r = -0.417), personal (r = -0.473) and to a weaker extent family (r = -0.367) self. This probably means that addicts who have a deflated moral, personal and family self-concept are more likely to be defenseless.



TABLE 5.14 : CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR ALL ADDICTS

| Age, Years of Educ. and Personality Items | Age | Years of Educ. | Extra-version | Neuro-ticism | Lie | Anxiety | Physical | Moral | Personal | Family | Social | Self-Criticism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1.000 | | | | | | | | | | | |
| Years of Educ. | -0.454* | 1.000 | | | | | | | | | | |
| Extraversion | -0.040 | -0.470* | 1.000 | | | | | | | | | |
| Neuroticism | -0.062 | 0.057 | 0.080 | 1.000 | | | | | | | | |
| Lie | 0.165 | -0.146 | 0.168 | 0.540# | 1.000 | | | | | | | |
| Anxiety | 0.086 | -0.212 | 0.053 | 0.740# | 0.574# | 1.000 | | | | | | |
| Physical | -0.180 | 0.299 | -0.215 | -0.010 | -0.164 | -0.060 | 1.000 | | | | | |
| Moral | 0.283 | 0.438** | -0.065 | -0.210 | -0.101 | -0.334 | 0.175 | 1.000 | | | | |
| Personal | 0.145 | 0.297 | -0.087 | -0.142 | -0.137 | -0.238 | 0.284 | 0.602# | 1.000 | | | |
| Family | 0.128 | 0.377** | -0.189 | -0.233 | -0.289 | -0.373** | 0.361** | 0.432** | 0.550# | 1.000 | | |
| Social | 0.033 | 0.096 | -0.099 | -0.107 | -0.100 | -0.217 | 0.407** | 0.100 | 0.381** | 0.608# | 1.000 | |
| Self-criticism | -0.034 | -0.398** | 0.264 | 0*533* | 0.398** | 0.432** | -0.096 | -0.417** | -0.473* | -0.367** | -0.177 | 1.000 |

\# Significant at the 0.001 level

* Significant at the 0.01 level

** Significant at the 0.05 level

## 5.10 CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR PRISON ADDICTS

Age is significantly negatively correlated to number of years of education (r = -0.597). (See Table 5.15). This means that younger prison addicts are more educated than older prison addicts. Age is also significantly negatively correlated to physical-self (r = -0.543). This means that older prison addicts have a poorer physical-self concept compared to younger prison addicts. Significant positive correlation exists between anxiety and neuroticism (r = 0.790). Addicts with a high level of anxiety also experience high levels of neuroticism. Lying is significantly positively correlated to neuroticism (r = 0.609) and anxiety (r = 0.656). The perceived desired response among prison addicts is one where expressions of neuroticism and anxiety are involved. Anxiety is significantly negatively correlated to moral-self (r = -0.614). This probably means that prison addicts with a deflated sense of moral worth experience high levels of anxiety. Personal-self is significantly positively correlated to moral-self (r = 0.692). Addicts with a positive sense of moral worth also have a positive sense of personal worth. Family-self is significantly positively correlated to social-self (r =0.593). This probably means that the addict's perception of self in reference to her closest and most immediate circle of associates is significantly affected by her perception of her ability to interact well with others. "Others" in this context could mean other addicts and hence "others" and "family" may refer to the same group.
Self-criticism is significantly negatively correlated to personal-self (r = -0.563). This probably means that addicts with a deflated personal-self concept are more likely to be defenseless.



TABLE 5.15 : CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR PRISON ADDICTS

| Age, Years of Educ. and Personality Items | Age | Years of Educ. | Extra-version | Neuro-ticism | Lie | Anxiety | Physical | Moral | Personal | Family | Social | Self-Criticism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1.000 | | | | | | | | | | | |
| Years of Educ. | -0.597# | 1.000 | | | | | | | | | | |
| Extraversion | 0.013 | -0.363 | 1.000 | | | | | | | | | |
| Neuroticism | 0.045 | 0.200 | -0.237 | 1.000 | | | | | | | | |
| Lie | 0.134 | -0.007 | 0.004 | 0.609* | 1.000 | | | | | | | |
| Anxiety | 0.220 | -0.294 | -0.177 | 0.790# | 0.656* | 1.000 | | | | | | |
| Physical | -0.543** | 0.307 | -0.183 | 0.500 | 0.097 | 0.351 | 1.000 | | | | | |
| Moral | 0.154 | 0.408 | -0.028 | -0.180 | -0.177 | -0.614** | -0.172 | 1.000 | | | | |
| Personal | 0.140 | 0.181 | 0.171 | -0.149 | 0.101 | -0.351 | 0.083 | 0.692* | 1.000 | | | |
| Family | -0.253 | 0.298 | 0.192 | 0.023 | -0.237 | -0.220 | 0.409 | 0.488 | 0.487 | 1.000 | | |
| Social | -0.223 | -0.079 | 0.397 | 0.323 | 0.289 | 0.303 | 0.228 | 0.003 | 0.220 | 0.593** | 1.000 | |
| Self-criticism | 0.318 | -0.204 | -0.172 | 0.412 | 0.311 | 0.509 | -0.008 | -0.390 | -0.563** | -0.338 | 0.084 | 1.000 |

\# Significant at the 0.001 level

* Significant at the 0.01 level

** Significant at the 0.05 level

## 5.11 CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR COMMUNITY ADDICTS

For this group of addicts, age is not significantly correlated to the number of years of education or to any of the personality items (See Table 5.16). The number of years of education is significantly negatively correlated to extraversion (r = -0.602) and significantly positively correlated to moral-self (r = 0.472). This means that community addicts with more education are less extraverted and have a better perception of their moral-self.

Extraversion is significantly negatively correlated to family-self (r = -0.518). A deflated family-self concept is common among extraverted community addicts. Neuroticism is positively correlated to anxiety (r = 0.686). Addicts with a high level of anxiety also experience high levels of neuroticism. Self-criticism is significantly positively correlated to extraversion (r = 0.752) and neuroticism (r = 0.550). Criticism of self among addicts is directed to their extraverted behaviour and their level of emotionality. Lying is significantly postively correlated to neuroticism (r = 0.515), anxiety (r = 0.506) and self-criticism (r = 0.476). This probably means that the perceived desired response among the community addicts is one where criticism of self and expressions of neuroticism and anxiety are involved.

Personal-self is significantly positively correlated to moral (r = 0.531) and family (r = 0.594) self. The addict's sense of personal worth is significantly affected by her feelings of being a "good" or "bad" person and her perception of self in reference to her closest and most immediate circle of associates. Family-self is significantly positively correlated to social-self (r = 0.631). This probably means that the addict's perception of self in reference to her closest and most immediate circle of associates is significantly affected by her perception of her ability to interact well with others. "Others" in this context could mean other addicts and hence "others" and "family" may refer to the same group.



TABLE 5.16 : CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR COMMUNITY ADDICTS

| Age, Years of Educ. and Personality Items | Age | Years of Educ. | Extra-version | Neuro-ticism | Lie | Anxiety | Physical | Moral | Personal | Family | Social | Self-Criticism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1.000 | | | | | | | | | | | |
| Years of Educ, | 0.306 | 1.000 | | | | | | | | | | |
| Extraversion | -0.093 | -0.602* | 1.000 | | | | | | | | | |
| Neuroticism | -0.219 | -0.110 | 0.396 | 1.000 | | | | | | | | |
| Lie | 0.202 | -0.347 | 0.373 | 0.515** | 1.000 | | | | | | | |
| Anxiety | -0.081 | -0.161 | 0.296 | 0.686* | 0.506** | 1.000 | | | | | | |
| Physical | -0.048 | 0.314 | -0.270 | -0.148 | -0.303 | -0.194 | 1.000 | | | | | |
| Moral | 0.427 | 0.472** | -0.121 | -0.168 | -0.038 | -0.156 | 0.283 | 1.000 | | | | |
| Personal | 0.295 | 0.392 | -0.358 | 0.005 | -0.288 | -0.084 | 0.348 | 0.531** | 1.000 | | | |
| Family | 0.341 | 0.443 | -0.518** | -0.340 | -0.322 | -0.445 | 0.343 | 0.394 | 0.594* | 1.000 | | |
| Social | 0.140 | 0.183 | -0.358 | -0.208 | -0.272 | -0.380 | 0.445 | 0.111 | 0.489 | 0.631* | 1.000 | |
| Self-criticism | -0.366 | -0.591* | 0.752# | 0.550** | 0.476** | 0.325 | -0.108 | -0.388 | -0.321 | -0.380 | -0.261 | 1.000 |

\# Significant at the 0.001 level

* Significant at the 0.01 level

** Significant at the 0.05 level

## 5.12 CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR ALL NON-ADDICTS

For non-addicts, age is not significantly correlated to the number of years of education or to any of the personality items (See Table 5.17). The number of years of education is significantly negatively correlated to extraversion (r = -0.554) and significantly positively correlated to family-self (r = 0.469). This means that non-addicts with more years of education are less extraverted and have a better family-self concept.

Significant positive correlation exists between neuroticism and anxiety (r = 0.531). This means that non-addicts with a high level of anxiety also experience a high level of neuroticism. A significant positive correlation was observed between neuroticism and extraversion (r = 0.575). Extraversion is significantly negatively correlated to physical (r = -0.595) and family (r = -0.452) self and significantly positively correlated to self-criticism (r = 0.552). This probably means that for non-addicts without a positive perception of their physical appearance or sexuality and worth as a family member, there is a more likelihood of expressions of extraverted behaviour. Also, criticism of self among non-addicts is directed to their extraverted behaviour. Personal-self is significantly positively correlated to moral (r = 0.615) and family (r = 0.492) self. The non-addict's sense of personal wroth is strongly affected by her feelings of being a "good" or "bad" person and her feelings of adequacy, worth and value as a family member. Physical-self is significantly positively correlated to personal-self (r = 0.476). The non-addicts perception of her sexuality is related to her feelings of adequacy as a person or woman. Moral-self is significantly positively correlated to family-self (r = 0.483). The non-addicts' sense of moral worth is significantly affected by her feelings of adequacy, worth and value as a family member. Social-self is significantly positively correlated to moral-ethical self (r = 0.399). This probably means that the non-addict's perception of her self in relation to others is affected significantly by her perception of her moral worth. Self-criticism is significantly negatively correlated to physical (r = -0.422), moral (r = -0.438) and family (r = -0.397) self. This probably means that non-addicts who have a deflated physical, moral and family self-concept are more likely to be defenseless.



TABLE 5.17 : CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR ALL NON-ADDICTS

| Age, Years of Educ. and Personality Item | Age | Years of Educ. | Extra-version | Neuro-ticism | Lie | Anxiety | Physical | Moral | Personal | Family | Social | Self-Criticism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1.000 | | | | | | | | | | | |
| Years of Educ. | -0.043 | 1.000 | | | | | | | | | | |
| Extraversion | 0.179 | -0.554* | 1.000 | | | | | | | | | |
| Neuroticism | 0.008 | -0.359 | 0.575* | 1.000 | | | | | | | | |
| Lie | 0.147 | -0.318 | 0.029 | 0.039 | 1.000 | | | | | | | |
| Anxiety | -0.038 | -0.250 | 0.274 | 0.531* | 0.226 | 1.000 | | | | | | |
| Physical | -0.271 | 0.392 | -0.595* | -0.243 | 0.119 | 0.120 | 1.000 | | | | | |
| Moral | -0.100 | -0.004 | -0.275 | -0.253 | -0.032 | -0.328 | 0.311 | 1.000 | | | | |
| Personal | -0.306 | 0.269 | -0.140 | -0.241 | -0.037 | -0.200 | 0.476** | 0.615* | 1.000 | | | |
| Family | 0.118 | 0.469** | -0.452** | -0.253 | -0.244 | -0.206 | 0.362 | 0.483** | 0.492** | 1.000 | | |
| Social | -0.282 | -0.194 | -0.017 | -0.255 | 0.113 | -0.066 | 0.369 | 0.399** | 0.515* | 0.002 | 1.000 | |
| Self-criticism | 0.026 | -0.026 | 0.552* | 0.249 | 0.181 | 0.278 | -0.422** | -0.438** | -0.297 | -0.397** | -0.212 | 1.000 |

* Significant at the 0.01 level

** Significant at the 0.05 level

## 5.13 CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR PRISON NON-ADDICTS

Significant negative correlation exists between extraversion and physical self (r = -0.733)(See Table 5.18). Prison non-addicts who do not regard their appearance or sexuality positively are likely to be more extraverted. Lying is significantly positively correlated to social-self (r = 0.646). This probably means that how the non-addicts regard herself in relation others is dependent on her ability to follow what is perceived as desired behaviour. Others in this context would mean fellow inmates and following of orders of prison officials is seen as desired behaviour. Personal-self is significantly positively correlated to moral (r = 0.667) and family (r = 0.722) self. The non-addict's sense of personal worth is significantly related to her feelings of being a "good" or "bad" person and her feelings of adequacy, worth and value as a family member. Family-self is significantly positively correlated to physical (r = 0.735) and moral (r = 0.555) self. The non-addict's feelings of adequacy, worth and value as a family member is significantly related to having a positive perception of her sexuality and to her feelings of being a "good" or "bad" person. Self-criticism is significantly negatively correlated to physical (r = -0.498) and personal (r = -0.514) self. This probably means that non-addicts with a deflated physical and personal-self concept are more likely to be defenseless.



TABLE 5.18 : CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR PRISON NON-ADDICTS

| Age, Years of Educ. and Personality Items | Age | Years of Educ. | Extra-version | Neuro-ticism | Lie | Anxiety | Physical | Moral | Personal | Family | Social | Self-Criticism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1.000 | | | | | | | | | | | |
| Years of Educ. | -0.074 | 1.000 | | | | | | | | | | |
| Extraversion | 0.467 | -0.464 | 1.000 | | | | | | | | | |
| Neuroticism | -0.054 | -0.107 | 0.456 | 1.000 | | | | | | | | |
| Lie | -0.068 | -0.292 | -0.199 | -0.253 | 1.000 | | | | | | | |
| Anxiety | -0.094 | 0.081 | -0.041 | 0.428 | -0.049 | 1.000 | | | | | | |
| Physical | -0.289 | 0.426 | -0.733# | -0.070 | 0.120 | 0.243 | 1.000 | | | | | |
| Moral | 0.055 | -0.048 | -0.312 | -0.183 | 0.438 | -0.313 | 0.385 | 1.000 | | | | |
| Personal | -0.098 | 0.429 | -0.368 | -0.081 | 0.223 | -0.353 | 0.452 | 0.667* | 1.000 | | | |
| Family | 0.054 | 0.600** | -0.479 | -0.036 | -0.028 | -0.097 | 0.735# | 0.555** | 0.722 | 1.000 | | |
| Social | 0.041 | -0.372 | -0.304 | -0.463 | 0.646* | -0.264 | 0.243 | 0.429 | 0.114 | 0.018 | 1.000 | |
| Self-criticism | 0.259 | 0.002 | 0.440 | 0.021 | 0.050 | 0.349 | -0.498** | -0.410 | -0.514** | -0.387 | 0.425 | 1.000 |

\# Significant at the 0.001 level

* Significant at the 0.01 level

** Significant at the 0.05 level

## 5.14 CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR COMMUNITY NON-ADDICTS

Age is significantly negatively related to social-self (r = -0.726) (See Table 5.19). This means older community non-addicts have a poorer perception of their self in relation to others. The number of years of education is significantly negatively correlated to anxiety (r = -0.781). This means that community non-addicts with little education experience high levels of anxiety. Extraversion is significantly positively related to anxiety (r = 0.720). This probably means that high levels of anxiety are found among extraverted community non-addicts.

Neuroticism is significantly negatively correlated to physical-self (r = -0.840). This probably means that the community non-addict experiences high levels of emotionality when in doubt of her physical appearance and sexuality. Lying is significantly negatively correlated to moral-ethical self (r = -0.747). This probably means that in the effort to appear good, community non-addicts suppressed true feelings of moral worth. Social-self is significantly positively related to personal-self (r = 0.912). This probably means that the community non-addict's perception of self in relation to others is significantly affected by her sense of personal worth and feelings of adequacy as a person.



TABLE 5.19 : CORRELATIONS OF AGE, YEARS OF EDUCATION AND PERSONALITY ITEMS FOR COMMUNITY NON-ADDICTS

| Age, Years of Educ. and Personality Items | Age | Years of Educ. | Extra-version | Neuro-ticism | Lie | Anxiety | Physical | Moral | Personal | Family | Social | Self-Criticism |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 1.000 | | | | | | | | | | | |
| Years of Educ. | 0.005 | 1.000 | | | | | | | | | | |
| Extraversion | -0.452 | -0.606 | 1.000 | | | | | | | | | |
| Neuroticism | -0.040 | -0.603 | 0.655 | 1.000 | | | | | | | | |
| Lie | 0.506 | -0.131 | 0.016 | -0.250 | 1.000 | | | | | | | |
| Anxiety | -0.034 | -0.781** | 0.720** | 0.468 | 0.384 | 1.000 | | | | | | |
| Physical | -0.260 | 0.418 | -0.483 | -0.840* | 0.075 | -0.225 | 1.000 | | | | | |
| Moral | -0.488 | -0.142 | -0.025 | -0.062 | -0.747** | -0.104 | 0.222 | 1.000 | | | | |
| Personal | -0.677 | -0.101 | 0.340 | -0.255 | -0.130 | 0.345 | 0.596 | 0.465 | 1.000 | | | |
| Family | 0.659 | -0.049 | -0.154 | 0.211 | 0.063 | 0.224 | -0.192 | -0.020 | -0.132 | 1.000 | | |
| Social | -0.726** | -0.068 | 0.273 | -0.085 | -0.336 | 0.221 | 0.539 | 0.461 | 0.912* | -0.089 | 1.000 | |
| Self-criticism | -0.273 | 0.051 | 0.642 | 0.369 | 0.166 | 0.140 | -0.443 | -0.532 | -0.077 | -0.409 | -0.095 | 1.000 |

* Significant at the 0.01 level

** Significant at the 0.05 level

# CHAPTER 6

# DISCUSSION

## 6.1 INTRODUCTION: SOCIO-DEMOGRAPHIC PROFILE AND PATTERNS OF DRUG USE OF WOMEN ADDICTS IN MALAYSIA (1978-86)

The preliminary study carried out by Foong, Navaratnam and Wong (1987) reported that a majority of 62.6% of reported women addicts in Malaysia are aged below 30. Only 34.4% are single while 65.6% are married or ever married. A large percentage of these addicts have only received at the most a primary level education (71.9%). Most of the women addicts are unemployed (42.6%), employed as labourers (12.1%) or in an unspecified work category (29.5%) and these were predominant when compared to other occupations. Three-fourths of the women addicts earn $600.00 or less monthly. Slightly less than one quarter (24.4%) were ever arrested, 16.3% ever convicted and 14.5% ever incarcerated. Possession of drugs (80.9%) and pushing of drugs (13.3%) are the two criminal offences most commonly committed by the women addicts. Non-drug related offences accounted for only 5.8% of all offences committed by the women addicts.

Heroin is the most commonly abused drug (75.8%). Cigarette smoking is also a usual habit (40.9%). The use of other drugs are significantly less compared to heroin use. Excluding the use of nicotine, most of the women addicts (89.8%) are single drug users. Only 10.2% are users of 2 or more drugs at the time of contact. Pressure of the law (41.9%), for the well-being of the family (25.4%) and personal reasons (22.8%) are more frequently quoted as the reasons for discontinuing drug use.

## 6.2 EVALUATION OF THE METHODOLOGY AND DATA COLLECTION INSTRUMENTS USED IN THE STUDY

Interviews were conducted with the respondents. This method for example, provides some understanding of the addict's 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 interactions, 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 some of the prison respondents were not obtained under the preferred conditions. Some of these interviews were conducted not in a room separate from that occupied by other custodial representatives. However care was taken to ensure that communications were beyond reasonable audible range of the custodial representives. Interviews conducted in the same room with custodial representatives present were however few. The control groups used in this study, namely the prison non-addicts



and community non-addicts, served as reference groups for the prison addicts and community addicts. These control groups consisting of women involved in deviant behaviour was considered an appropriate comparative group for the study of drug dependence among women which is also considered another form of deviant behaviour. Hence normal populations were not employed as controls. The employment of deviant women as controls placed obstacles in the progress of the study (discussed in Section 1.2). In relation to this, only a small number of community non-addict respondents were willing to participate in the study. This requires that statistical results such as the Chi-Square test on socio-demographic variables between community addicts and non-addicts be interpreted with caution. Similarly, it can also be said that some of the observed non-significant differences between addicts and non-addicts on the personality items, could be due to the small size of these groups. The size of the addict sample (n = 48) and non-addict sample (n = 31) is small and hence the examination of the patterns of drug use, and personality items was carried out in the spirit of discovery and exploration. Hence these results are not to be taken categorically, and the conclusions therefrom are necessarily indicative of trend and must be viewed with appropriate caution.

Urinalysis was used to confirm drug use among the community addict respondents but did not extend to the community non-addict respondents. The rationale for this was based on the assumption that the addict respondents would be less truthful than the non-addict respondents in the current use of drugs. This assumption proved to be totally false since urinalysis conducted from the urine samples of 15 addicts were positive for morphine. Urinalysis was not extended to the non-addicts, however, to be certain, checks were made with other sources to confirm the drug use status of the non-addict respondents. No discrepencies were found.

The snow-ball technique that was used to a greater degree among the community addicts than the non-addicts would inevitably produce a degree of sample bias as it only allowed the inclusion of those respondents accessible to the drug using sample. It could possibly have excluded certain sub-categories of addicted individuals who were not 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. Another factor that has to be taken into consideration is the context in which some of the interviews and inventories were administered. Subjects drawn from institutional settings may actually have little choice in deciding whether or not they wanted to particpate 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.

It must also be kept in mind that the personality inventories used were developed and originally tested on Western populations. Some of the questions had to be phrased differently from the original versions in order to apply them to the Malaysian respondents. There were also problems usually encountered in translating from one language to another in that some meanings may have been slightly different. However, every effort was made to standardise the language and implied meaning and validate these inventories through comparable controlled validation studies.

The EPI and TMAS only provides for a "yes-no" and "true-false" response. This limits the response that some of the respondents want to give, such as "sometimes", and in such instances were required to give closed responses. Thus these responses may not have been an exact description of themselves. A number of items in the personality inventories were also open to varied interpretations by the subjects so that there could be some degree of subjectivity in responding. For instance, in responding to the question in the EPI, "Do you worry about health?", the respondent might reflect upon her friend's health and in comparison, the frequency of her concern is negligible. On the other hand, she might compare the degree of her concern during the most recent period with a more distant one and thus answer accordingly.

Some of the items in the inventories lack an obvious meaning to the respondents. For instance, questions like "Can you usually let yourself go and enjoy yourself a lot at a gay party?", and "Can you easily get some life into a rather dull party?". For the drug addicts, their preoccupation with drug related activities excludes other interests. Some statements in the TSCS like "I do poorly sports and games" also lacked direct relevance to some of the respondents.



## 6.3 DISCUSSION OF RESULTS OF STUDY

The racial distribution of addicts in this study is different from that obtained in the preliminary study by Foong, Navaratnam and Wong (1987) (See Table 6.1). In the present study, Chinese addicts accounted for only 35.4%, Malay 39.6% and Indian addicts 25.0%. Considering the mobility of these respondents, they are compared to addicts reported in Penang and in states around Penang in the preliminary study. The difference in the racial distribution is due largely to the unwillingness of the Chinese addicts in the community to participate in the study.

TABLE 6.1 : DISTRIBUTION OF REPORTED WOMEN ADDICTS BY STATE OF IDENTIFICATION AND RACE*

| State Of Identification | Race | | | Total |
|---|---|---|---|---|
| | Malay | Chinese | Indian | |
| Perlis | 9 (1.6) | 2 (0.4) | 1 (0.2) | 12 (2.2) |
| Kedah | 17 (3.1) | 23 (4.2) | 4 (1.6) | 49 (8.9) |
| Penang | 61 (11.1) | 100 (18.2) | 55 (10.0) | 216 (39.4) |
| Perak | 55 (10.0) | 163 (29.7) | 53 (9.7) | 271 (49.4) |
| | 142 (25.9) | 288 (52.5) | 118 (21.5) | 548 (100.0) |

* Adapted from Women Involved in Drug Dependence In Malaysia - A Preliminary Study. Foong, K.; Navaratnam, V.; and Wong, P.C.; pp. 46, 1987.

Limiting the addicts of this study to only one reporting agency, namely the prisons, could have resulted in the difference in the distribution of addicts in terms of age, marital status and occupation when compared to that in the preliminary study. Addicts in this study are relatively older than addicts in the preliminary study (where 62.6% are below 30, 37.4% are 30 years and above); the percentage who are married or ever married is 70.8% compared to 65.6% in the preliminary study and the percentage of unemployed addicts is only 8.3% compared to 42.6% in the preliminary study. The additional factor of inherent bias towards the older age group (i.e. 30 years and above) among the addict respondents in this study also contributed to differences in age groups. As a result of differences in the percentage of employed/unemployed addicts, differences are also observed in the monthly incomes of addicts in this study compared to that in the preliminary study. In the present study, 58.3% earn a monthly income of $500.00 or more whereas in the preliminary study, only 25.0% earn more than $600.00 a month. The educational attainment of addicts in this study is similar to that in the preliminary study.

Criminality of addicts in this study is higher than that of addicts in the preliminary study. In the present study, 85.4% were ever arrested, 62.5% ever convicted and 83.3% ever incarcerated. In the preliminary study, only 24.4% were ever arrested, 16.3% ever convicted and 14.5% ever incarcerated. The differences in criminality is probably due to limiting the respondents to only one reporting agency, namely the prisons, and probably to the high level of contact with law enforcement agencies among the respondents in this study. The criminality of addicts in this study is higher than that of non-addicts and the reasons for arrests are also different. This could be because of the higher actual illegal involvement of the addicts, the greater visibility of the addicts or both. At the same time, the lower criminality of the non-addicts could be due to their lower visibility. In a study by Climent et.al. (1974), it was found that non-addict prisoners are more likely to have a lifelong pattern of antisocial behaviour compared to addict prisoners.

The relationship between parental drug use and the use of drugs by the offspring is described in 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 adolescents who were drug abusers. Foster (1984-85) found that parents' marijuana use corresponded to adolescents' marijuana use ($r = 0.255$) and illegal drug use ($r = 0.218$). This finding was further supported by a study by Johnson, Shontz and Locke (1984) in which associations were found between parents' and adolescents' (i) alcohol use ($r = 0.2490$, $p < 0.009$), (ii)



use of other drugs ($r = 0.3259$, $p < 0.000$) and, (iii) between parents' use of marijuana and adolescents use of other illegal drugs ($r = 0.4610$, $p < 0.000$). Parental attitudes (perceived or real) towards drug use have also been found to have an influence on drug use by the adolescents. In a study by Kandel (1982), and Kandel, Kessler and Marguiles (1978), it was found that parents attitudes and actual use of illicit drugs have a subsequent influence on the use of drugs by the adolescents. Similarly, McDermott (1984) found that adolescents who perceived their parents as having permissive views about drug use were significantly more likely to use drugs than those who perceived their parents as having nonpermissive views. In addition, perceived parental attitudes was considered as a more important determinant of adolescent drug use than was actual parental drug use behaviour. Harburg, Davis and Caplan (1982) further described that the perception of the parents' drug use behaviour by the adolescents' tend to lead to an imitation of this behaviour by the adolescents, particularly that of the same sex parent. However, when the parental drug use behaviour was perceived as extreme, either abstaining or heavy, the imitations dropped off. The type and quality of relationship between the parent and the offspring have also been described to be related to drug use by the offspring. Friedman (1985), found that strict parental control, inconsistent limit-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 conflicted 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 a low degree of supportive interaction with parents was associated with drug abuse by the adolescents. These studies indicate that actual parental drug use and parental attitudes towards drug use have 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. As noted by Fisher et al. (1987), the offsprings knowledge of their parents' current or past drug use is transmitted to their children. However, this 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.

In our study, only 6.2% of the father, 6.2% of the mother and 2.1% of the brothers/sisters of the addicts used drugs (including nicotine and alcohol). The low percentage of parental and sibling drug use suggests that factors other than the actual parental and sibling use of drugs maybe related to the respondents drug use. Taking into consideration also the fact that since drug use includes nicotine and alcohol, the

percentage of parental and sibling use of illegal drugs may be much smaller or non-existent. The data in Table 3.4 shows that the spouse (29.2%) and other family members (27.1%) were the most prominent drug using family members of these addicts. Unfortunately, the exact nature of the influence of the spouse and other family members on the respondents' drug use is unknown at this stage and this needs further investigation. However, it could be and, 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.

The type of drugs ever abused and currently abused (See Table 3.1 and Table 3.2) suggests that cannabis is not a popular drug among the women addicts. An examination of the sequence of drugs used (See Table 3.5) suggests that cannabis only appeared to be the third dominant drug but it's position is also overshadowed by that of alcohol and heroin. The low popularity of cannabis among the women addicts could be due to the early progression to daily heroin use among these women, whereby early heroin use either delays or phases out the use of cannabis. In this study, nicotine is the dominant first drug, alcohol and heroin the dominant second drug, heroin, alcohol and cannabis the dominant third drug, heroin the dominant fourth drug and benzodiazepines, the dominant fifth drug. As a comparison, among male addicts nicotine ranks as the first drug, alcohol and cannabis as the dominant second drug, cannabis as the dominant third drug, heroin as the dominant fourth drug and benzodiazepines as the dominant fifth drug (Navaratnam and Foong, 1988). This comparison based on the relative position of the respective drugs in the sequence of drugs used, suggests that the relationship between alcohol and heroin use appears to be more apparent among these female addicts, and for the males, the relationship between cannabis and heroin use appears to be more apparent. At the same time, the data also suggests that the addition of benzodiazepines to the list of drugs already used by the addicts occurred at an earlier time among the male addicts as compared to the female addicts, after the use of heroin. This could be due to the differences in the chronicity of heroin addiction among male and female addicts. In the study by Navaratanam and Foong (1988), it was suggested that the use of benzodiazepines with heroin indicates chronicity in addiction whereby benzodiazepines are used together with heroin to reach a certain level of euphoria not obtainable by the use of heroin alone. Alternatively, in the absence of the use of benzodiazepines, more heroin would be needed to reach the same level of euphoria. Hence in our study, the later use of benzodiazepines among females suggests that, female addicts reach the stage of chronic heroin addiction later than male addicts.



The women addicts in this study mainly combined nicotine (93.5%) with the use of heroin. A smaller percentage of them also combined alcohol (26.1%) and benzodiazepines (26.1%) with heroin. However among the males addicts, apart from nicotine (95.6%), a large percentage of them have also combined alcohol (38.6%) and benzodiazepines (79.9%) with heroin (Navaratnam and Foong, 1988) (See Table 6.2). This suggests that the combined use of alcohol and benzodiazepines with heroin is more extensive among the male addicts. Furthermore, as shown in Table 6.3, the reasons for combined use of alcohol, nicotine, cannabis, methaqualone, LSD and benzodiazepines with heroin among males addicts was mainly to enhance high. Among female addicts, only 16.7% used alcohol to enhance high, 79.7% nicotine, 66.7% cannabis, and 58.3% used benzodiazepines to enhance high. The extent and reasons for combined use of drugs with heroin among male and female addicts suggests that in the treatment of male and female addiction, the possibility of multiple addictions may have to be looked into.

TABLE 6.2 : DISTRIBUTION OF ADDICTS BY TYPE OF DRUGS COMBINED WITH OPIOIDS*

| Type of Drug | Combined With Opioids | | Total |
|---|---|---|---|
| | Yes | No | |
| Alcohol | 96 (38.6) | 153 (61.4) | 249 (100.0) |
| Nicotine | 238 (95.6) | 11 ( 4.4) | 249 (100.0) |
| Cannabis | 86 (34.5) | 163 (65.5) | 249 (100.0) |
| Benzodiazepines | 199 (79.9) | 50 (20.1) | 249 (100.0) |
| Mandrax | 5 ( 2.0) | 244 (95.0) | 249 (100.0) |
| LSD | 1 ( 0.4) | 248 (99.6) | 249 (100.0) |

* Adapted from "Natural History of Heroin Addiction and Adjunctive Drug Use". Navaratnam, V; and Foong, K; pp. 79, 1988.

TABLE 6.3 : DISTRIBUTION OF ADDICTS BY TYPES OF DRUGS AND REASONS FOR COMBINED USE WITH HEROIN*

| Reasons for Combined Use | Types of Drugs | | | | | |
|---|---|---|---|---|---|---|
| | Alcohol (n=96) | Nicotine (n=238) | Cannabis (n=86) | Metha qualone (n=5) | LSD (n=1) | Benzo diazepines (n=199) |
| To Enhance High | 71 (74.0) | 231 (97.1) | 72 (83.7) | 4 (80.0) | 1 (100.0) | 175 (87.9) |
| To Diminish Symptoms of Withdrawal | 9 ( 9.4) | 5 ( 2.1) | 2 ( 2.3) | - | - | 16 ( 8.0) |
| Sleep Disturbance | 1 ( 1.0) | - | - | 1 (20.0) | - | 18 ( 9.0) |
| To Enchance On Heroin Use | - | - | 1 ( 1.2) | - | - | 5 ( 2.5) |
| Somatic Symptoms | - | - | - | - | - | 1 ( 0.5) |
| Depression | 7 ( 7.3) | 2 ( 0.8) | 3 ( 3.5) | 1 (20.0) | - | 26 (13.1) |
| To Gain Acceptance | 39 (40.6) | 5 ( 2.1) | 27 (31.4) | - | - | 15 ( 7.5) |
| Curiosity | 1 ( 1.0) | - | 2 ( 2.3) | - | - | 1 ( 0.5) |
| To Enhance Sexual Relationship | - | - | 1 ( 1.2) | - | - | - |
| To Gain Appetite | - | - | 2 ( 2.3) | - | - | - |
| To Create Self-Confidence | - | - | - | 1 (20.0) | - | - |

* Adapted from "Natural History of Heroin Addiction and Adjunctive Drug use", Navaratnam, V; and Foong, K; pp. 81-82, 1988.



Interruption of drug use among women addicts were mainly due to incarceration (81.3%) and to a lesser extent voluntary abstinence (60.4%). Only a small percentage had their drug use interrupted by treatment (10.4%). Among male addicts, 89.0% had their drug use interrupted by incarceration, 85.0% by voluntary abstinence and 45.0% by treatment (Navaratnam and Foong, 1988) (See Table 6.4).

TABLE 6.4 : DISTRIBUTION OF ADDICTS BY REASONS FOR INTERRUPTION OF DRUG USE*

| Reasons For Interruption of Drug use | Interruption Of Drug Use | | Total |
|---|---|---|---|
| | Yes | No | |
| Incarceration | 24 (89.0) | 3 (11.0) | 27 (100.0) |
| Treatment | 12 (45.0) | 15 (55.0) | 27 (100.0) |
| Voluntary Abstinence | 23 (85.0) | 4 (15.0) | 27 (100.0) |

* Adapted from "Natural History of Heroin Addiction And Adjunctive Drug use". Navaratnam, V; and Foong,K; pp. 29-31, 1988.

The comparatively lower percentage of women addicts who received treatment suggests that this area will have to be studied further to understand the reasons behind it. The higher percentage of male addicts who voluntarily abstained suggests that male addicts are more inclined to voluntarily abstain from drug use than female addicts. Majority of the addicts in this study who had their drug use interrupted by incarceration and treatment returned to drug use shortly after this interruption. And the main reasons given for the relapse were, meeting addict friends, to gain high, could not get over drug use and emotional problems. The short time of relapse and the reasons for it suggests that studies into the rehabilitative value of incarceration and the present method of treatment may be needed. Among the women who have received treatment and who have voluntarily abstained, the spouse or close friends appear to be the main reason behind the disruption of drug use. This suggests that the spouse or close friends of the addict may have a significant role to play in her rehabilitation, or at least in her attempt to do so.

The analyses of the case studies suggests that these female addicts in their adolescence grew up in troubled homes where the parents were often physically and emotionally absent, that they experienced parental rejection, hostility and parental neglect. The families of these addicts also indicate that there was little cohesion among the family members and that parental conflicts were common. In short, the case studies suggests that the women addicts come from dysfunctional families.

Family factors have been described as having an influence in the use of drugs among family members (Jurich, Polson, Jurich and Bates, 1985). In a study, it was revealed that a sense of isolation exists between the drug abuser and his or her family (Kolb et al. 1972). In addition, pressures that affect the drug user was found mainly to stem from marital conflicts between the adolescent's mother and father (Kolb et al. 1972; Tec, 1974; Cannon, 1976). Many of the fathers' of drug abusers were found to have psychological problems and are irresponsible in their marital relationships (Timms et al. 1973). At the same time, the mothers' of drug abusers are often very unhappy in a marriage they had entered into relunctantly (Hirsch, 1961). In this conflict situation between the parents, the children are often used as tools to score points in their marital warfare (Westman, 1970; Bahnson, 1977). Subsequently drug abusers are often forced to grow up in homes where one or both parents were absent most of the time, either as a result of divorce, death or separation (Hartman, 1969; Brauchet et al. 1973; Bratter. 1975). In the single parent family of the drug abuser, it was found that father absence is particularly detrimental to the male children and adolescents who became drug abusers (Fort, 1969; Bell and Chambers, 1970). However, many drug abusers found that even if their fathers were physically present, they were often emotionally absent (Chein et al. 1964). In both cases the process of identification with the father is broken down (Serednesky, 1974), which leaves the drug user without a male model, an acute sense of loss and, separation anxiety (Robins et al. 1962; Tec, 1974; Reilly, 1975). 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 (Craig 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). The drug users perceived that there is little closeness between themselves and their parents (Kaplan and Meyerowitz 1970; Streit and Olivier, 1971; Tolone and Dermott, 1975; Barnes, 1977), that there is little support among its family members (Jensen, 1972; Cooper and Olsen, 1977), and that their families' exhibit a lack of love (Miller, 1974; Cannon, 1976). Such conditions were found to produce a family with little cohesion, and in which few messages of value and inclusion were transmitted to family members (Sedlin, 1972; Chein et al. 1964; Cannon, 1976).



Furthermore, under such conditions, the drug user's needs of recognition, love and trust are unfulfilled by his or her family members (Pittman and Gordon, 1958; Alexander and Dibb, 1977). As a result of unstable interpersonal relationships, role learning becomes difficult, leading to social maladjustment and instability (Park, 1962; Barnes, 1977). The family subsequently loses its'salience for the user and this produces a vacuum in the user's life (Tec, 1974). Fulfillment is subsequently obtained from friends and the user becomes very peer-oriented (Kandel, 1975; Dembo et al. 1976; Kandel et al. 1976). In many cases, the lack of family closeness may result not only in a lack of affection between the parent and the drug user, but also in parental rejection and hostility (Remner, 1962; Streit et al. 1974; Alexander and Dibb, 1977; Barnes, 1977). In response to this, many drug users also reject their parents and their parental home (McCord and McCord, 1962; Bahnson, 1972; Krug and Henry, 1974). The atmosphere of lack of closeness and mutual rejection was further exacerbated by the inadequacy of parental role performance (Sedlin. 1972; Robins et al. 1962). The parents of drug abusers are often found to be immature (Sedlin, 1972) and unable to adapt to changing situations (Pittman and Gordon, 1958), thus providing a poor social context for learning social skills. The ability to communicate effectively between the drug users and their families was found to be lacking (Bron, 1975; Sorosiak et al. 1976). Drug users felt that their parents did not understand them and therefore the blocked communication (Streit et al. 1974; Hamburg et al. 1975). On the other hand, the parents of drug users were found to cover-up their parental failures by means of denial and thus did not press for communication with their offspring in order to avoid hearing anything negative (Reilly, 1975; Cannon, 1976). This situation creates a major parent-child communciation gap in which double messages are frequent (Cannon, 1976) and cries for help are seldom heard (Reilly, 1975). This lack of communication has been found to give the adolescent little chance to learn decision-making and coping skills (Cannon, 1976). The lack of coping skills have been found to result in the families of drug users and abusers having a larger number of discipline problems than non-users (Jensen, 1972; Lewis, 1972). Furthermore, discipline was found to be inconsistently applied in the drug abuser's family (Chein et al. 1964; Hartman, 1969; Wittenborn, 1970). The type of discipline that is applied probably alternates between the laissez faire and authoritarian form of discipline. In relation to this, a direct correlation was found between drug abuse and laissez faire discipline (Fort, 1969; Wolk and Diskind, 1961; Wittenborn, 1970; Schultz and Wilson, 1973) and, authoritarian discipline (Purdue Public Opinion Panel, 1969; Haagen, 1970; Cross and Davis, 1973; Miller, 1974; Serednesky, 1974).

The case studies also shed some light on the relationship between prostitution and drug use. This relationship as indicated in some of the case studies suggests that it is not

just a straight forward relationship where prostitution leads to drug use or that drug use leads to prostitution. A more dynamic type of relationship may exists where the life structure, the attitude of the individual towards drug use and the aspirations of the individual may be involved. James (1976) in a study on addict-prostitutes, addicts, and prostitutes concluded that there is no causative 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. Similarly, d'Orban (1973) in a follow-up study of female narcotic addicts, did not find evidence of a link between prostitution and narcotic addiction.

The results of the personality tests are compared between and within the groups under study and though comparison to local norms would have been desirable, this was not possible. Also, the personality test conducted on the addicts in this study does not indicate whether the current degree of extraversion, neuroticism and anxiety, and the self-concept level is a cause or consequence of drug use. Hundleby (1986) has however identified extraversion, ability to reason in spatial distribution, lack of acculturation and independence as major predictors of drug use. An item analysis of the Eysenck Personality Questionnaire (EPQ) by Gosop and Eysenck (1980) showed that almost half of the 32 EPQ items that discriminated most powerfully between the drug dependent and normal groups were drawn from the Neuroticism scale and of these items, the majority dealt with feelings of anxiety and depression. Comparing the Extraversion scores of convicted drug-dependent males, Gossop and Kristjanssen (1977) found that the extraversion scores of those with convictions for crimes of violence are highest, while the mean extraversion score of those with non-drug, non-violent convictions is slightly lower and that of the drug offenders is lowest. In the same study, the extraversion score of the addicts were found to be significantly lower than the norms while the psychotism, neuroticism and criminality scores were significantly higher. In a study on rural adolescence, Blau et. al. (1988) identified low self-esteem, high levels of depression and anxiety as predispositions to drug use. Kennedy, Konstantareas and Homatidis (1987) found that poly drug abusers are significantly higher on emotionality, depression and aggression than subjects in the contrast and control groups, suggesting that these characteristics developed after a period of extensive drug use. Friedman et. al. (1987), on the other hand, concluded from a longitudinal study, that having psychiatric symptoms (psychopathology) contributes to the tendency to use drugs, and using drugs adds to the tendency to have psychiatric symptoms.

The personality tests in this study show that the addicts as a group are significantly more extraverted ($p < 0.01$) than the non-addicts. However, no significant difference in extraversion



was observed between community addicts and non-addicts. Community addicts and non-addicts have identical personality profiles whereby self-esteem is low, neuroticism and anxiety high, and the community addicts are not significantly more extraverted than the community non-addicts. This similarity in the personality profiles, suggests that this area of testing needs to be replicated using larger samples to see if these similarities are in fact "true" and not due to a small size. If these similarities are in fact "true", then it would suggest that other factors may play a significant role in determining whether a person in close proximity to narcotics would become addicted or not. When the level of education was kept constant, significant difference in extraversion between addicts and non-addicts is observed only among those with a primary or below education level only. Similarly for the addict and non-addict group respectively, respondents with lower education levels are significantly more extraverted than those with higher education levels. The results suggests that the number of years of education is inversely related to the degree of extraversion. The correlational matrix for addicts (See Table 5.14) and non-addicts (See Table 5.17) show that $r = -0.470$ ($p < 0.01$) and $r = -0.554$ ($p < 0.01$) respectively. The scores on the Tennessee Self-Concept Scale show that the addicts are lower in self-esteem compared to non-addicts and are more dissatisfied with their moral, personal, family and social selves. They are also more self-critical. However, these results were not statistically significant.

There are no significant differences among addicts and non-addicts on the degree of neuroticism and anxiety in this study population. This finding could be due to the choice of sample whereby both addicts and non-addicts belong to deviant groups. Eysenck and Eysenck (1970), reported that anti-social conduct, particularly of a crime nature would be found more frequently in people whose personality placed them in the high extraversion and high neuroticism quadrant. This lack of significant differences among addicts and non-addicts could also be due to the significant positive correlation between neuroticism and anxiety ($r = 0.740$, $p < 0.001$, for addicts ; $r = 0.531$, $p < 0.01$ for non-addicts), which at the same time also suggest that Eysencks neuroticism and Taylors anxiety may refer to the same aspects of personality. As suggested by Hoghughi and Forrest (1970), high neuroticism scores may be in part attributed to the subjects' greater anxiety brought about by removal from home, uncertainty and apprehension about what is to happen to them next.

Extraversion and neuroticism is expected to decrease with age (Eysenck and Eysenck, 1969). However, in this study within group comparison of extraversion and neuroticism by age did not reach statistical significance for both addicts and non-addicts.

This could probably be due to the clustering of ages among the addicts and non-addicts respectively. Controlling the age, comparison of extraversion and neuroticism scores of addicts and non-addicts aged below 30 and 30 years and above respectively, did not show any significant differences.

Among the addicts, lying is significantly positively correlated to neuroticism ($r = 0.540$, $p < 0.001$). This could probably mean that at least part of the neurotic component of the personality of these addicts could be exaggerated. The implication of this finding in the treatment of drug addicts is that, knowing that the neurotic component of the personality will receive some attention in the treatment process, they might deliberately exaggerate this aspect of the personality for attention seeking purposes. Hence in the treatment of addicts who score high on neuroticism, this aspect of the personality should not be over emphasised. Similarly, lying is significantly positively correlated to anxiety ($r = 0.574$, $p < 0.001$) and self-criticism ($r = 0.398$, $p < 0.01$). This could mean that emotionality and defenselessness among these addicts could be exaggerated. The significant positive correlation between family-self and social-self ($r = 0.608$, $p < 0.001$) among the addicts' suggests that friends and family may be perceived as being one and the same thing. This implies that the treatment of these addicts may have to take this aspect into consideration.



## 6.4 CONCLUSION

Heroin is the main drug of abuse among women addicts studied, and it is not abused in isolation to other drugs. Non-narcotic drugs are used in combination with heroin primarily to intensify or prolong the effect of heroin. In addition to it's complementary function, it's use also serve a substitutive function when the addict is under voluntary abstinence. Drug use among women addicts is interrupted mainly by incarceration and return to drug use after it's interruption suggests the certain stimulus (e.g. meeting addict friends, and adverse emotional states) triggers the addict's relapse. The results of the study tentatively suggests that the process of becoming addicted among women is rather short. A number of factors can be identified as probably having an influence on the use of drugs by these women, and these include dysfunctional families, involvement in illegal activities, drug use among spouses and other family members, low family life structure, traumatic life experiences, strong peer orientation, favourable attitude towards drug use and possibly a combination of a high degree of extraversion, anxiety and neuroticism. The results of the study also tentatively suggests that the nature of heroin addiction, with respect to sequence of drugs used, is different among men and women, whereby the relationship between alcohol and heroin use is more apparent among the women, and that of marijuana and heroin among the men. Furthermore, the use of drugs among women could have been carried out in the context of heterosexual relationships since a substantial portion of these women are married or previously married and reported spouses who use drugs. Some of the consequences of drug use among the women addicts are, involvement in prostitution, having criminal records, separation from family and children, and loss of legal employment. The personality profile of the addicts show that they are significantly more extraverted than the non-addicts but do not have a significantly lower level of anxiety, and neuroticism than the non-addicts. The self concept of the addicts is not significantly lower than that of the non-addicts.

## 6.5 RECOMMENDATIONS

The results of the study show that 72.9% of the women addicts have received at the most only a primary level of education. In the preliminary study by Foong, Navaratnam and Wong (1987), 71.9% of the women addicts attained at the most only a primary level education, however the trend in the educational attainment shows that an increasing proportion of more educated women are involved in drug addiction over the years. Hence it is strongly suggests that drug education programmes be introduced formally in the early and subsequent 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. The personality profiles of addicts and non-addicts show that addicts are more extraverted than non-addicts, addicts have a lower self esteem than non-addicts and addicts experience a high level of anxiety and neuroticism. Hence the training in psycho-social skills should aim at helping the individual to deal with the environment in a more critical and analytical way, to be less dependent on the surrounding environment for structure and support and to improve the self-esteem of the individual.

(b) Parents. This is because the family background of these women addicts show inadequacy of parental role performance, communication gap between parent and child and unsatisfactory family relationship. In respect to this, provision must also be made for parents who are unwilling or unable to particpate in the parent skill training programmes. To overcome this, such programmes could be included 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, 80.7% concern drugs. However only 10.4% of these women addicts have received treatment, and only one addict who received treatment was forced by police arrests. 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. The results of the study also show that about 50.0% of the addicts who received treatment or were incarcerated, returned to drug use in less than a week. In view of this, studies in to the rehabilitative value of imprisonment and the present method of treatment may be needed. Prolonged institutional treatment for women who have families and/or children in their care, may have negative consequences on the individual and familiy. 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 addicts in this study is high and, the trend indicates increasing criminality and involvement in other types of crimes among women addicts (Foong, Navaratnam and Wong, 1987). 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.

The results of the study show that the addicts come from dysfunctional families, that they have low self-esteem and experience high levels of anxiety and neuroticism. Hence treatment programmes should take these factors into consideration. For instance, treatment programmes should not involve the addicts immediately into group confrontation or group encounter experience due to the high level of manifest anxiety experienced by the addicts. A gradual approach would be more appropriate.

Almost 60.0% of the addict respondents in this study are obtained from the prisons. This resulted in differences in the socio-demographic characteristics and reported criminality when compared to women addicts reported by all agencies such as the police, hospitals, welfare ministry and the prisons. Hence it is suggested that further in-depth studies be conducted as a continuation of the present study involving women addicts contacted by agencies such as the police, hospital and welfare ministry. The inclusion of other agencies will provide a better in-depth understanding of women involved in drug dependence. Further studies are also needed concerning women involved in deviant behaviour in general, alcoholism, the role of hetero-sexual relationships in the addiction process of women, the role of women in society, and women afflicted with mental disorders. These studies may help arrive at a more comprehensive understanding of addiction among women.

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