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Drug and Substance Abuse among Youth:
A rehabilitation centre in Kuala Lumpur

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Abstract

Drug and substance abuse create a social disorder that would destruct the society. This study examines factors leading to drug abuse among youth in a rehab center located in Kuala Lumpur. Out of 61 respondents surveyed, 71% was Malay, 13% was Chinese, and 10% was Indian and majority of them 80% were male. The study found that there were no significant differences in the mean of social environment, income, law enforcement and peer influence scores among the three ethnic groups. The multiple regression analysis revealed that peer influence was a significant factor leading to drug abuse among the youth.

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1. Introduction

   Every country strongly emphasizes the health of their youth. Unfortunately, there has been a considerable increase in the use of drugs, alcohol, and tobacco, specifically among the youth. Drug and substance abuse is one of the major problems affecting the health of adolescence in a nation. It has become a common trend all over the world and as the most crucial social disorder and has invaded the human community. Addiction of drugs among the younger people would cause complete destruction and degradation of that community.

   In the country, despite strict penalties for those caught supplying drugs, problems relating to the drug such as drug abuse seem to be on the rise. Although the percentage of new cases has declined from 72.91 % in 2010 to 64.54 % in 2013, there is an alarming trend of relapse cases from 27.09% in 2010 to 35.46% in 2013. Relapse cases are also dominant by male 7,298 (98.54%) compared to 108 (1.46%) for the female. The number of incidents has dropped from 23,642 (2010) to 19,531 (2011), a further drop to 15,101 (2012) but has significantly increased by 38.3% to 20, 887 in 2013. New cases among male in 2013 are

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12,921 and 560 for the female. In total, the percentage of the male is 96.8 %. Malay consists majority of the country's population contributes a fraction to the problem; that is 77.03 % compared to Chinese 9.97 % and Indian 9.46 % (Malaysia National Anti-Drug Agency, 2014).

Drug addicts among students increases throughout years and it is very worrying to the country because some of these cases lead to death (Gill et al., 2009). The popularity of this stimulant and other synthetic drugs link to a variety of reasons including the globalization of the youth dance drug scene and a highly peer oriented youth culture. Boredom and curiosity also spark their participation in the dance drug scene (Laidler and Joe, 2009).

The death of six people while three were in critical condition during the Future Music Festival Asia (FMFA) 2014 at Bukit Jalil Stadium, were due to an overdose of Methamphetamine (The Star, 2014). The youth perceives ecstasy as a vehicle for transcending the demands of education and work without any perceived negative consequences. Teenagers also reportedly use it as a means for staying awake while studying for examinations (Sinha, 2008).

According to the United States National, Survey on Drug Use and Health, in 2011 about 21.6 million Americans age 11 and above addicted to the drug and thus required professional treatment. However, only 2.3 million were treated at a facility dedicated to addiction, and this could become a serious threat to public health. The statistics and figures convince people to open up discussions about how addictions are diagnosed and treated, and sometimes ignored in the country. Therefore, it is valuable to identify how addictions develop and to address a problem unfolding in their midst (NIDA, 2014).

In Malaysia, although there were studies done on the factors that lead to drug addiction, yet there is still a need for a study to identify the cause of drug addiction among youth. This study identified the significant factors leading to drug abuse. Furthermore, this study also examined the significant difference in the mean of social behavior, income, law enforcement and peer influence among ethnicity.

Standard indicators of the quality of life have multidimensional measurement such as wealth and employment, built environment, physical and mental health, education, recreation and leisure time, as well as social belonging (Derek; 2009, Abdel-Hadi et al., 2010; Garcia-Mira, 2002 as cited in Abdel-Hadi). To enhance the quality of life of individuals, groups or even communities, this research will examine the well-being of individuals in the context of drug and substance abuse that we believe could create social disorder onto the societies.

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2. Literature Review

2.1. Peer influence and pressure

Teens use drugs when their friends do so, to fit in with their peers and blend in with the crowd. When they are tired of their computers and video games, this might be a way for them to pass their time. Adults also can be influenced by their family, for example, their spouses can provide a spur to drug use.

A study by Nyambura (2013), on drug and substance abuse among youth in the informal settlements within Nairobi, indicates that 58.8 percent of the youth strongly agreed that they do cause abuse of drugs. The case will be uncontrolled in urban slums settlement when they watch their elders engaging in drugs, and substance like alcohol leads them as well to indulge in drug and substance abuse.

The National Institute on Drug Abuse (2014) in the United States has reported that peers have enormous influence on drug-abusing behavior. The apparent reason of many teens use drugs for the first time is to impress others. Teenagers who have a tendency to seek excitement may be at higher risk of abusing drugs due to the "high" feeling that they achieve from early substance use. Despite negative consequences of the feel-good chemicals from appropriate sources, some teens get a pleasure from the drug that causes them to continue the use of it (Boyd, 2011).

Lian (2013) in her study found that peer influence and curiosity are the top contributory factors to drug abuse. Malaysia drug abuse attributes mostly due to family factors such as parental behavior, family relationships, home atmosphere and economic standing. The tendency of using drugs as a way to manage stress is rising with the increase of drug users among professional groups. As for college and university students, peer and academic pressures are the factors that often get them involved in drugs. Research among teenagers shows that social pressure to be accepted, and to be part of social group prompts them to start trying out drugs.

According to the National Institute of Drug, addictions among young people often develop through a combination of peer pressure and curiosity. A report in the Journal of Addictive Behaviors found that adolescents who had friends who smoked

cigarettes overestimated how much these friends smoked. They neither feel pressure to start smoking nor feel compelled to abstain from smoking. If everyone around them smokes a lot, these teens would feel no pressure to refrain from smoking. They might follow suit and could lead them to drugs addiction. Adults might have this same route to addiction, particularly if their intimate partners use and abuse them (National Institute of Drug, 2014).

Nature's effects on addiction are powerful, but it still relies on an individual's environment, and cultural setting may eventually decide whether a genetic predisposition will lead to drug addiction. Similarly, the addicted individuals who spend time with someone outside the home can be influential.

2.2. Income

Another major factor that could potentially lead to an increased risk for drug and alcohol addiction is earning a low-income at or below the poverty line. People end up in a state of poor for many reasons, but researchers have always found a connection between poverty and drug abuse. Cities with much low-income residents are the most often plagued with drug abuse. Drugs are easy to get on the streets, and young people living in poverty surrounded by drug dealers and drug addicts. The U.S. Census Bureau reported approximately one out of every six Americans lives in poverty. About 3.7 million of them are in need of treatment for drug or alcohol addiction, but less than a quarter get the needed treatment. Many of these people do not know about treatment options, and many do not have a support system to help them to rehab. Drug addiction problem among those living in poverty is a challenging issue, but it is one challenge that many organizations are trying to remedy (Seacliff Recovery Centre, 2013).

According to Jiloha (2009), higher drug abuse in India is observed in lower income groups. Youngsters from the low socio-economic background are more likely to become smokers than the middle-class counterparts. The low-income teenagers tend to use cheap drugs such as inhalants. They got involved with drug abuse at the young age because parents are busy working to provide for the family

2.3. Legal enforcement

Laws and policies are designed to restrict the accessibility and the use of substances. Brand, Saisana, Rynn, Pennoni, and Lowenfels (2007) conducted a comparative study of alcohol control policies in thirty countries located in Europe, Asia, North America, and Australia. They reported that the strength of alcohol control policies, as estimated by the Alcohol Policy Index, varied widely among these countries. The study also revealed a negative association between policy implementation and alcohol consumption. This index provides a device for facilitating international comparisons. It will help policymakers to review and strengthen their existing regulations aiming at reducing the alcohol-related problem and estimate the likely impact of any policy changes.

On the other hand, Simons-Morton, Pickett, Boyce, Bogt and Vollebergh (2010) compared the effect of law enforcement of few countries on adolescent drug abuse. They found that there was no different between countries which practice strict law to those with sensible regulation enforcement. The United States, which have strict law enforcement against drug and alcohol abuse, tend to record more rates of drug and alcohol abuse among adolescent. They posit that the results were conflicting may be due to the complexity of the matters in substance use and policy.

Centre for Addiction and Mutual Health (2009) suggested that exposure to drug selling or use in the community and perception of high drug use has become a 'norm' in the society. The lack of law enforcement and economic disadvantage are also the risk factors at the community level and thus, need to be carefully considered when working with youth or when to develop new policies

3. Research Methodology

This study focused only on drug addicts in a rehabilitation center in Kuala Lumpur. A total of 100 respondents were chosen through simple random sampling and given three days to complete the questionnaire. However, only 61 were deemed usable as those rejected did not complete their questionnaires, specifically about the primary variables.

The survey consists of two parts of which, the first part identifies the respondents' demographic profile. The second part of the questionnaire examines the potential factors leading to drug abuse such as 'social environment', 'income', 'law enforcement' and 'peer influence' on the respondents. Items to describe, the variables were adopted from a few established sources of the literature and amended to project more towards the Malaysian environment. A five-point Likert scale measurement anchored by 'strongly disagree' (1) to 'strongly agree' (5) was used.

The data was subjected to the reliability test before the researchers proceed to the Kruskal-Wallis test and the multiple regression analysis. The Kruskal-Wallis test is a non-parametric test to compare the differences between the four independent socio-economic factors with the different ethnicity i.e. Malay, Chinese, Indian, and others.

The research model depicted in Figure 1 identifies the factors among the variables that will appropriately lead to drug abuse. Accordingly, the summary of the related hypotheses were also presented.
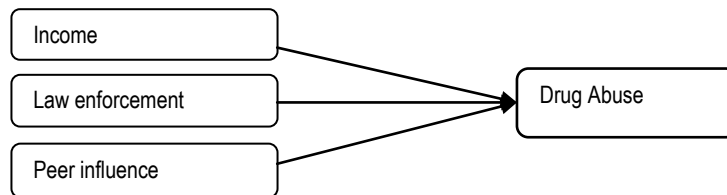

Fig. 1. Proposed research model

A summary of testable hypotheses was developed from the proposed research model as listed below.
▪ Hypothesis 1: There is a significant relationship between income and drug abuse
▪ Hypothesis 2: There is a significant relationship between law enforcement and drug abuse
▪ Hypothesis 3: There is a significant relationship between peer influence and drug abuse.

Reliability test is to assess the internal stability and consistency of the 'goodness' of the instruments employed to measure the concepts, understudy. Thus, it is appropriate to begin with testing the Cronbach's Alpha reliability test for all the four constructs or concepts as shown in Table 2. The values yielding from 0.63 to 0.76 confirmed the internal stability and consistency of the instrument measuring each concept. Although the agreed preferable score is 0.7, a score of 0.6 is somehow acceptable for exploratory research (Hair et al., 1998).

Table 2. Reliability analysis

Variable	Items	Cronbach Alpha
Social environment	5	0.757
Income	5	0.645
Law enforcement	3	0.717
Peer influence	5	0.630

4. Analysis and Findings

4.1. Data analysis

The investigation begins with performing the frequency distribution analysis as according to gender, ethnicity, age and level of education. In testing the significant differences in the mean of social behavior, income, law enforcement and peer influence scores among ethnicity i.e. Malay, Chinese, Indian and others, the Kruskal-Wallis test was employed. The multiple regression analysis was run to determine the significant factors leading to drug abuse.

4.2. Findings

Out of 61 sets of questionnaires, a majority of the respondents 80 percent were male and 71 percent comprised of Malay, whereas the Chinese and Indian were only 13 percent and 10 percent respectively. Among these respondents, more than half

were age between 16 to 25 years old, and one-third were between 26 to 35 years old. Regarding their level of education, the secondary school stated the highest 46 percent. However, those with Diploma and Bachelor degree were among of them as well. Half of the respondents' father has a high education with at least a Bachelor degree compared to the mother who is more than one-third only obtained education level up to secondary school. Table 3 illustrates the summary of the demographic data.

Table 3. Frequency distribution of respondents' demographic profile

Sample profile		Frequency	Percent (%)
Gender	Male	49	80.3
	Female	12	19.7
Ethnicity	Malay	43	70.5
	Chinese	8	13.1
	Indian	6	9.8
	Others	4	6.6
Religion	Muslim	50	82.0
	Buddhist	6	9.8
	Hindu	2	3.4
	Christian	3	4.9
Age	16-25	34	55.7
	26-35	21	34.5
	36-45	6	9.8
Education	Secondary	28	45.9
	Diploma/Pre-U	19	31.1
	Bachelor	14	23.0
Highest Education Obtained by Father	Secondary	17	27.9
	Diploma/Pre-U	10	16.4
	Bachelor & above	34	55.7
Highest Education Obtained by Mother	Secondary	28	45.9
	Diploma/Pre-U	11	18.0
	Bachelor & above	22	36.1
Total		61	100

There is a common perception that individuals who involved with drugs are very out-going, socialize person, and enjoy being with friends. They will be more vulnerable if they feel the urge to be able to blend into the group would then see their peers easily influence them to compare to those who do not socialize. The problem will be rampant if they choose to spend time with their friends as a way to escape from any family crisis. The majority of those aged between 16 to 25 years old will have such behavior if compared to age 26 to 45 years old as shown in Table 4.

Table 4. Social environment among age group

	Age Group (years old)		
	16-25	26-35	36-45
I take drugs to escape from worries	55.6	36.1	8.3
I take drugs to build self-confidence	56.1	34.1	9.8
I take drugs to have fun with friends	53.5	34.9	11.6
I take drugs to be recognized	57.9	36.8	5.3
I take drugs to get into social group	65.0	30.0	5.0

Further analysis as described in Table 5 about different ethnicity with regards to their socio-economic factor, the Kruskal-Wallis test reveals that there was no statistically significant difference in each variable between the different ethnicity. It means there was no evidence of the differences between the different races. In other words, it can be interpreted that the respondents whether they are Malay, Chinese or Indian, they portray a collective agreement on items describing the social environment, income, law enforcement and peer influence.

Table 5. Differences by ethnicity on each variable based on Kruskal-Wallis H test

Variables	Chi-Square	sig-value
Social environment	6.699	0.082
Income	6.320	0.097
Law enforcement	7.519	0.057
Peer influence	1.866	0.601

Campaigns on drugs awareness have been widely carried out by the government in schools and universities throughout the nation, but, unfortunately, the number of drug addicts is still increasing. All respondents knew there were some different types of drugs such as Cannabis, Amphetamine, Cocaine, Ecstasy, Hallucinogen, and Heroine. 41 percent of them knew more than three kinds of these drugs and 20 percent knew only one type of drugs. 95 percent were aware of the danger of drug abuse, and 72 percent were aware of the variety of campaigns organized by the government. However, 53 percent believed this awareness and knowledge about the danger of drugs did not help to prevent them from taking the drugs. More than one-third of them took ecstasy followed by Cannabis, Amphetamine, Cocaine, and hallucinogen. Table 6 summarizes the results.

Table 6. Awareness and knowledge about drugs

	Frequency	Percent (%)
Knowledge about types of drugs		
1 type	12	19.7
2 types	14	23.0
3 types	10	16.4
More than three types	25	41.0
Awareness of the danger of drug abuse		
Yes	58	95.1
No	3	4.9
Awareness of campaign of drug abuse		
Yes	44	72.1
No	17	27.9
Information on drug abuse will prevent them from taking drugs		
Yes	29	47.5
No	32	52.5
Types of drugs taken		
Cannabis	14	23.0
Amphetamine	11	18.0
Cocaine	6	9.8
Ecstasy	27	44.3
Hallucinogen	4	6.6

There are various reasons why these respondents took drugs and the four reasons as given in Table 7. Nearly 51 percent of them stated that 'influence by friends' caused them to take drugs, and none reported that financial difficulties as one of the reasons. No doubt that 'curiosity' was the second main reason since age factor could play a role as well. Only about 15 percent of them believed 'family problems' caused them to take drugs.

Table 7. Reasons for taking drugs

	Frequency	Percent (%)
Family problems	9	14.8
Financial difficulties	0	0.0
Influenced by friends	31	50.8
Curiosity	21	34.4

We decided to run multiple regression analysis to test empirically to prove whether 'peer influence' is the key factor that led to drug abuse among these respondents. The results in Table 8 disclosed the p-values of each factor leading to drug abuse showed that peer influence has a p-value that is less than 0.05 implying it is statistically significant at 5% level of significance. Therefore, peer influence was a factor that led to drug abuse among these respondents. The result is consistent with studies by Lian (2013), Clayton and Lacy (1982) and Kandel (1980). The remaining two factors were not significant. Income factor that discloses insignificant result was in tandem with Table 7 of which respondents stated financial difficulties were not the primary reason for them to take drugs.

Table 8.The result of multiple regression analysis

Variables	*t*-value	*p*-value
Income	-1.37	0.254
Law enforcement	0.095	0.427
Peer influence	0.410	0.001

Notes: Overall model F=4.806; p<0.01; R^2=0.202; Adjusted R^2=0.16

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5. Conclusion

This study identified the factors leading to drug abuse among the drug addicts in a rehabilitation center in Kuala Lumpur. The variables such as social environment, income, law enforcement and peer influence could be the potential factors leading to drug abuse among three main races namely Malay, Chinese and Indian. The results found that there was no significant difference in the mean of each factor between the races. It seems that all races portray similar views in the factors leading to drug abuse. Most of the respondents agreed on 'influence by friends' or 'peer influence' caused them to take drugs. Thus, the multiple regression analysis was conducted, and it shows that 'peer influence' is the key factor that led these youth to take drugs. It also has a positive relationship with drug abuse meaning that the more their peers influence them to use drugs, the more likely they will take drugs.

Although the government has carried out various campaigns on awareness of drug abuse and these respondents are well-aware about the danger of drugs, they still could not prevent themselves from taking them. A consistent campaign begins with educating those young pupils at primary school level highlighting the danger of drug and its consequences. Schools, educators, parents, non-governmental agencies and the society as a whole must also play a vital role in preventing this problem. Furthermore, drug addicts could be infected by HIV AIDS and thus have a negative impact on their families' well-being.

Peer education can be one of the most empowering methods to address social issues like drug prevention, youth health, crime, and violence among young people. Therefore, schools can adopt the peer education as an approach to change at the individual level by attempting to modify a persons' knowledge, attitude, beliefs or behaviors towards a better quality of life of the youth (UNAIDS, 1999). Thus, healthy norms, beliefs and activities of the peer group or community can be imbued within the target group. It is our responsibility to build our nation's future generations to achieve and sustain a better quality of life.

Drugs and substance abuse will affect the quality of life of the people in a country if the government does not tackle the cause of the problem. For future research, it is suggested to increase the sample size based on the rehabilitation centers in the country. Researchers may consider variables such as genetics, environment, trauma, mental illness and personality in their studies. As

Abdel-Hadi (2012) and Mostafa (2012) iterated, quality of life may be measured using different indicators, but the role of researchers conducted studies should aim towards enhancing a nation's quality of life.

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