

## CHILDHOOD EXPERIENCES CONTRIBUTE TO ADDICTIVE BEHAVIOUR AMONG DRUG ABUSERS IN DRUG TREATMENT AND REHABILITATION CENTRE

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### ABSTRACT

*The trend of drug addiction at young age is rising in Malaysia. This has alarmed the government to take prompt action to curb this issue. Childhood experiences are among the important factors contributing to adult behaviour; in the case of drug addiction, this factor is often neglected. Therefore, this paper aims to explore the importance of childhood experiences in influencing the drug addiction behaviour among the clients of C&CIM Clinic. This study applied qualitative approach by using in-depth interview involving seven (7) participants at three (3) C&CIM clinics –Sungai Besi, Kota Bharu, and Bukit Mertajam who associated childhood experiences with drug abuse behaviour. The findings of this paper revealed that childhood experiences are the main factor that leads to drug abuse among the participants. Among the childhood experiences that contributed to drug addiction are peer influence; family upbringing; influence from adult friends, and individual perception on drugs. The childhood experiences identified had partially contributed to the behaviour of the current clients to free themselves from drug addiction; and were still trapped in the drug problems even after receiving the drug treatment and rehabilitation programme. In conclusion, childhood experiences should not be undermined as these can lead to serious drug addiction and other social problems in dealing with drug addiction issue particularly among the children in Malaysia.*

Keywords: Childhood experiences, drug addiction behaviour, clients of Cure &Care 1Malaysia clinic

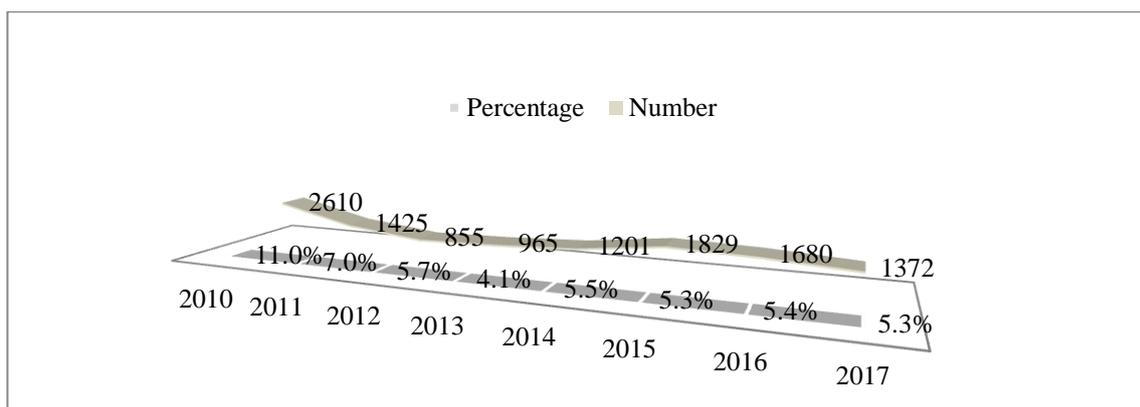
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### Introduction

Childhood stage in life cycle plays the most crucial part for the development and growth of an individual. Everyone has their own childhood experience whether it is pleasant and beautiful or even stressful and adverse depending on the background that everyone comes from. According to Substance Abuse and Mental Health Services Administration (2015), the concept of childhood experience can impact the whole life perspective of the individual in terms of social, emotional and cognitive impairment, adoption of health-risk behaviour, disease, disability and social problems as well as early death. Although childhood experiences are the crucial aspect which influence the rising social issues in Malaysia particularly drug addiction issue, this aspect has been neglected or is less focused on drug treatment and rehabilitation programme.

The landmark study on adverse childhood experiences was first emphasised starting from 1995 to 1997. Then, numerous other studies had adapted the study with a different population and segmentation in many countries such as the United Kingdom and United States as well as Malaysia. The studies on childhood experiences are crucial as according to SAMHSA (2015), the ineffectiveness of treatment and rehabilitation programme might be due to the adverse childhood experiences that had influenced their life perspective (Rothman et al., 2008). Therefore, childhood experiences have contributed to the addictive behaviour of the adult drug abusers which leads to the relapse cases even after they have been treated and involved with drug treatment and rehabilitation programme.

Figure 1.0: Trend of children involvement in drug addiction from 2010 until 2017



Source: Statistic released by National Anti-Drugs Agency (2019) on drug addicts by age (13-19 years old) whilst detected

By referring to Figure 1.0, the percentage shown is based on the total number of drug addicts detected by National Anti-Drugs Agency per year (National Anti-Drugs Agency, 2017, 2019). In Malaysia, the rising trend of children involvement in the drug addiction is shown in 2010 as the highest percentage and the highest number of individuals involved within 8 years (2010 to 2017). However, with the initiatives and transformation that the government has implemented in the country; the number of children who were involved with drug addiction has decreased to a significant number and percentage which is from 11 percent (2610) in 2010 to 4.1 percent (855) in 2013. Then, the trend of children detected as drug addicts show steadiness in terms of percentage which is within 5.3 to 5.5 percent in the year 2014 until 2017.

Nevertheless, the portion of the percentage based on total number of drugs addicts detected represents the number of children detected as drug addicts is becoming higher starting 2014 until 2017. This indicates the rising involvement of the children as drug addicts have alarmed the government that the children have contributed to the new scenario of drug addiction phenomenon in Malaysia. Therefore, this paper highlights childhood experiences among drug abusers in the drug treatment and rehabilitation centre. Particularly on the factors which contribute to the involvement of children in drug addiction, as well as the childhood experiences influence the addictive behaviour to avoid drug relapse and obtain long-term recovery. There is lack of study which focused on the client who voluntarily involved with drug treatment and rehabilitation programme in Malaysia context (Baba et al., 2018). Hence, this paper will be discussed in-depth on the childhood experiences which lead to the initiation of drug addiction and how it is partially contribute to the behaviour of the current clients to free themselves from drug addiction; and were still trapped in the drug problems even after receiving the drug treatment and rehabilitation programme. The discussion of this paper focused on the childhood experience issues, factors which lead to drug addiction and how it has influenced the effectiveness of drug treatment and rehabilitation programme

## Literature Review

Drug abuse and drug addiction are longstanding issues not only to the country but also to the drug addicts themselves; towards their family and society. This is a dark spot in their live although they have recovered for a certain period of time or they are still trapped in the drug addiction problems. The drug abuse and addiction will impact the whole life of the individuals. This shows that the adversity of drug addiction issues. While there are many aspects in drug addiction studies, this paper highlights childhood experiences which contribute to endless drug addiction issues. Childhood experiences such as trauma can be categorised in the forms of physical, sexual, emotional abuse as well as physical and emotional neglect (Ahmad, 2018; Anda, Butchart, Felitti, & Brown, 2010; Bernstein et al., 2003).

Specifically, the childhood experiences resulted from multiple social dimension which comprise of abuse, neglect, growing up as domestic violence witnesses, members' abuse of drugs or alcohol, stress, members have mental illness and criminal behaviour, forced marriage, witnessing violence, exposure to bullying, other forms of peer-to-peer violence as well as siblings' physical and emotional violence (Anda et al., 2010). The crucial dimension that is mostly associated with childhood experience trauma focuses more on abuse and neglect issues. The experience of being abused comprises of the action from contact or conduct (sexual), assaults which cause the risk of or injury (physical), assaults on a child's wellbeing (emotional) involving a child younger than 18 years of age and an adult or older person while neglect has been defined as the failure of caretakers to provide basic physical and emotional needs (Bernstein et al., 2003).

Each of the childhood traumas contribute to the emotional dysregulation, interpersonal problems, and a negative sense of self among the patients in drug treatment centres (Mergler et al., 2018). Furthermore, a study from Ahmad and Mazlan (2014) on youth in detention school under the administration of Malaysian Prison Department in Peninsular Malaysia indicates that childhood trauma becomes one of the risk factors for youth involvement in substance abuse. Despite that, Cheah and Choo (2016) mentioned that, childhood experiences due to abuse and neglect are among the important factor on the involvement of individuals in substance abuse, delinquency, and mental health outcome, particularly in Malaysian context. The childhood experiences particularly with unpleasant memory such as abuse and neglect are a risk factor for problematic substance use including drug addiction in later years which can influence the adults' addictive behaviour (Meshesha et al., 2019). The addictive

behaviour such as drug relapse may be related to individuals who experienced distress in social setting which triggered them to depend on drugs as coping mechanism to escape from the reality of life (Meshesha et al., 2019).

The childhood experiences for individuals who grow up with difficult conditions; such as deficiency of resources such as love, attention, physical need, and other emotional needs are at significantly higher risk than others in developing serious drug problems. For instance, in Canada teenagers who had childhood experiences such as lack of parents' supervision and emotional support, poverty, social skill discrepancy, academic problems, and parental substance abuse may disrupt the corrective process or recovery from substance abuse problems (Wekerle et al., 2009). Furthermore, the study among Chinese adolescents revealed that childhood maltreatment such as physical and sexual abuse associated with the increase risk of drugs abuse during their lifetime (Guo et al., 2018). On the other hand, the study from Alm (2017) shows that in the context of Swedish life, the socioeconomic background during childhood conditions did not influence the recovery of the individuals who had drug addictive behaviour.

The risk factors which affect the childhood experiences among the drug abusers are different as each of the individual has different background in terms of culture, socio economy, and country status whether it is a developed or developing country (Anda et al., 2010). The childhood experience on trauma shows the association with addictive behaviour due to emotional and psychological impact such as low self-esteem and self-belief which lead to the dependency on the substance or drug as a way to cope with negative emotion (Garami et al., 2018). However, a study from Ismail et al., (2017) argued that, in Malaysian context, social environment factor such as peer influence is the main factor which contributes to the drug addiction behaviour as compared with individual (Tunggak, Ngadi, & Naim, 2015) and family factors. Hence, this study highlights the factors which derive from childhood experiences through in-depth approach; on the factors contributing to the addictive behaviour among the adults in drug treatment and rehabilitation centre in Cure & Care 1Malaysia clinic

## Methodology

This study has employed a qualitative approach by conducting in-depth interview with seven (7) participants from Cure & Care 1Malaysia Clinic Sungai Besi, Kota Bharu, and Bukit Mertajam. The following centre were selected in this study as they are among the pioneer centre which involved with health and voluntary approach in drug treatment and rehabilitation programme in Malaysia (National Anti-Drugs Agency, 2012). The participants were selected by using purposive and snowball sampling technique based on the criteria of the study. The criteria of participants of this study were the clients who were in the process of receiving drug treatment and rehabilitation programme, have experienced relapse behavior and willing to share their childhood experience particularly on the factors contributing to drug addiction. A semi-structure interview and informed consent form were developed, and the instruments were validated by experts on drug issues in Malaysia as well as approved by the Research Ethics Committee of Universiti Teknologi MARA (UiTM).

The data were analysed by adopting thematic analysis and steps introduced by Braun and Clarke (2006) which consist of six steps; (1) familiar with data – read and understand the transcription of the data (2) generate initial codes – write the codes of the data transcriptions by highlighting the quotations (3) search for themes – group the codes based on themes which represent the data (4) review themes – review the consistency and grouping of the themes with codes and context of the study (5) refine themes – recheck and review again the themes and subthemes emerged in the analysis and (6) write up – write up and present the themes and subthemes in the study. The data management was assisted with NVivo software version 12 as a tool to systematically manage the data.

## Findings

Table 1.0 on demographic profiles of participants shows that there are seven (7) participants who were selected to participate in this study. Most of the participants came from Cure & Care 1Malaysia Clinic Kota Bharu (5 participants), one from Cure & Care 1Malaysia Clinic Bukit Mertajam, and one from Cure & Care 1Malaysia Clinic Sungai Besi. All the participants were males and two participants at the age of teenage, four (4) of them were youth, and one (1) participant was adult. The category of age was according to the National Anti-Drugs Agency (National Anti-Drugs Agency, 2017), which consists of teenage (13 to 18 years old), youth (19 to 39 years old), and adult (40 years old and above). Most of the participants were single; one (1) of them was married and a divorcee.

All the participants were assigned with pseudo-names. From the profiles of the participants above, three (3) of the participants were the last-born children in the family and two (2) of them were only male children in the family, while one participant was a middle-born child which was the eighth out of twelve siblings. The participants had disclosed that they had involved with drug abuse which led to drug addiction since their teenage age. However, according to the Child Act 2001, a person whose age is under 18 years old is defined as a child. Thus, the range of age is categorized as children. Hence, the participants had shared their childhood experiences which contributed to the addictive behaviour that they had to deal even after being drug addicts for at least five (5) years and maximum 15 years.

Table 1.0: Demographic profiles of participants

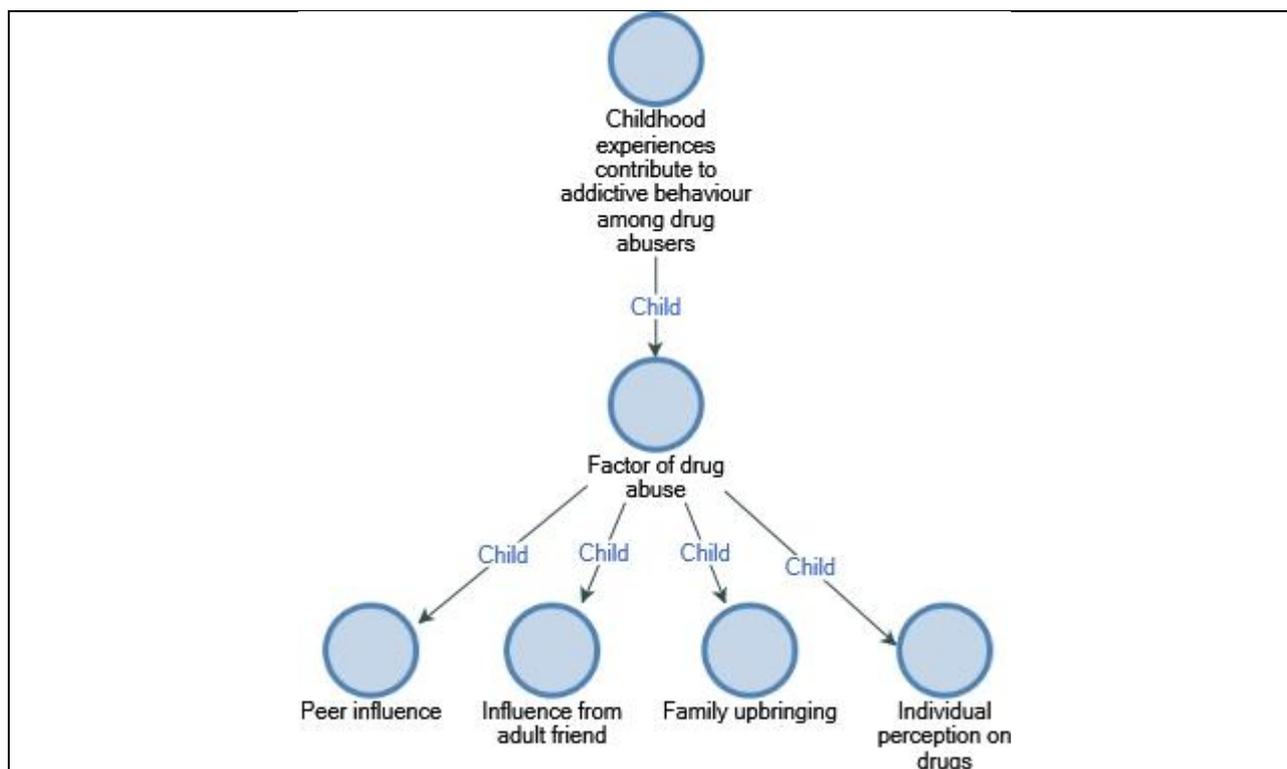
Participants' Pseudo name	Ismail	Ishak	Yakob	Yusof	Musa	Ibrahim	Ilyas
Gender	Male	Male	Male	Male	Male	Male	Male
Age	22	34	21	16	18	55	33
Marital status	Single	Single	Single	Single	Single	Married	Divorcee

Birth Order	Last born (11/11)	Last born	Only child	Last born	Middle born (8/12)	Only male child	-
Age started drug abuse	14	15	13	12	13	15	15
Working sector	Plantation	Family business	Labour	-	Labour	Service	Service
Duration of receiving drug treatment at C&C1M Clinic (no. of times and month)	First 8	First 9	Twice 16 + <sup>1</sup> 9	-	Twice 4 + 9	First 7	First 5
Cure & Care 1Malaysia Clinic	Kota Bharu	Kota Bharu	Kota Bharu	Kota Bharu	Kota Bharu	Sungai Besi	Bukit Mertajam

Besides, two participants from Cure & Care 1Malaysia Clinic Kota Bharu had received the drug treatment and rehabilitation programme for the second time after experiencing drug relapse. In term of socio-economic background, the demographic profiles show that all the participants were from middle- and lower-income families which were involved with plantation, service, labour, and family business. Similar attributes of the participants were in term of birth order whereby three (3) participants were last born and two (2) participants were only child one (1) participant was middle born of eight siblings. Next, six (6) participants had started to abuse drugs during lower secondary school (below 15) and one of the participants had started to abuse drugs during primary school which was at the age of 12 years old. All the participants were not enjoying their life as a child and they had lost the real childhood experience that a normal child should have.

The findings revealed that, childhood experiences are the main factor that leads to drug abuse among the participants. Among the childhood experiences that contribute to drug addiction are peer influence; family upbringing; influence from adult friends, and individual perception on drugs as showed in Figure 2.0.

Figure 2.0 Childhood experiences contribute to addictive behavior among drug abusers



<sup>1</sup> 16 months is the duration of receiving drug treatment and rehabilitation programme for the first time and + 9 months is the duration of current drug treatment and rehabilitation programme at similar centre.

**Factor of drug abuse during childhood: Peer influence**

The main factor that contributes to the addictive behaviour among the participants is peer influence. Four (4) participants revealed that they were exposed to drugs by their peers during their primary and secondary school periods. For example, Musa, an 18 years old boy had started to know about drugs since he was in primary school as he learnt it from his friends, he witnessed the act of drugs abuse and that had triggered his curiosity as a child and finally led to drug abuse. This is similar with other participants such as the 34-year old Ishak. Peer influence had impacted his life as he initially just wanted to help his friend but ended up becoming a part of the group who had abused drugs. The participants highlighted that:

[...] during Form 3 or Form 4, because of friends I started to know drugs, at first I just wanted to help them because they are poor after some time I had followed them (involved with drugs) [...] (Ishak, 34 years old)

[...] I have been a drug addict for 8 years already, since I was in form 2 because of friends [...] friends nowadays are mostly like that (involved with drugs abuse) (Ismail, 22 years old)

During primary school I befriended with drug addict friends [...] I knew drugs when I was still a child, *I knew it from my friends* [...] every day I saw them abuse drugs [...] it triggered my curiosity as a child at that time [...] after some time I started to try abusing drugs (Musa, 18 years old)

I have many friends, but to befriend with them again after I have involved with drug addiction I feel ashamed and I'm afraid they won't trust me anymore (Yakob, 21 years old)

Peers are one of the most important influences in every childhood experience. The strong bond of "friendship" builds the trust within the participants during his childhood thus they become easily influenced by their drug addict peers. Besides, sense of curiosity, lack of knowledge on the dangers of drugs, and visualisation or witnessing the act of taking drugs had triggered them to try abusing drugs. This shows that, peers have become one of the dependency factors which support the positive and negative influence on the participants. For instance, Yakob, 21 years old, mentioned that, to stay recovered from drug addiction, he needed "friendship" from individual. He believed that, peer trust can support his recovery by enhancing his confidence and abstinence from drug addiction.

I have many friends, but to befriend with them again after I have involved with drug addiction I feel ashamed and I'm afraid that they won't trust me anymore (Yakob, 21 years old)

**Factor of drug abuse during childhood: Influence from adult friends**

Based on childhood experiences of the participants, the second factor which contributes to the drug addiction is the influence from adult friends. This is based on the preference of the participants to rely on adult friends. Musa, 18 years old and Yusof, 16 years old, preferred to have friends who were older than him. This has exposed that the participants with more chances to abuse drugs and also learn how to cover their drug abuse activities from family and teachers. Musa chose to follow his adult friends due to the sense of security that he felt when he followed the same actions as his adult friends. Besides, witnessing and visualisation of the drug abuse act triggered his interest to abuse drugs without knowing the negative effects of drugs to his life. They mentioned that:

[...] at the age of 12 years old, I saw my friends abuse drugs, then I wanted to try it too [...] my friends were older than me [...] I saw my adult friends at the school doing that [...] I was new there, so I followed my friends [...] I was interested after I saw them abuse drugs [...] at that time, I was still in Form 1 [...] my action of abusing drugs was hidden properly and during Form 3 my addiction became worse [...] actually I started to know drugs during Standard 6 [...] (Musa, 18 years old)

[...] I looked for drugs with my own [...] at the age of 12 years old I saw my friends abuse drugs, then I wanted to try it too [...] my friends were older than me (Yusof, 16 years old)

**Factor of drug abuse during childhood: Family upbringing**

The third factor revealed that family upbringing has played a crucial impact in the childhood experiences of the participants; one (1) of the participants shared his childhood experience as he grew up with his grandmother and was too pampered. As a result, he was lazy to work after finishing school. Moreover, Ishak, 34 years old also shared similar experience as he was still reliant on his brother's care and being pampered with money but not work responsibility. This has affected the dependency of the participants even though they have turn into adults.

[...] I started to abuse drug at my younger age [...] I grew up with my grandma [...] then I transferred to my parents' house [...] while living with my grandma I was lazy to work [...] then started to abuse drugs (Ibrahim, 55 years old)

[...] my brother owns a restaurant in University of Science Malaysia (USM) [...] so as the boss's younger brother, I can come late at work and my brother pampers me [...] I am handling my brother staff [...] I also don't have money problems [...] (Ishak, 34 years old)

Meanwhile, for Musa, 18 years old, being in a large family with eight siblings he felt that he was less valued by his family as he preferred to live alone as he was uncomfortable with his family. This makes him reliant on his peers as support system compared to his own family. During the interview, he also mentioned that, he loves his mother and his father was fierce, his elder brothers' liked to control him and he can only listen to his younger brother.

I don't really care about my family [...] because I prefer to live alone [...] I like it more [...] because I have many siblings and I feel uncomfortable [...] I prefer to be alone (Musa, 18 years old)

#### **Factor of drug abuse during childhood: Individual perception on drugs**

Individual perception during childhood particularly on drugs plays important role which contributes to the involvement of the participants with drug addictive behavior even after they have received drug treatment and rehabilitation programme many times from various settings throughout their lives. Among the perception on drugs revealed by participants, drugs abuse was regarded as the best coping mechanism for them to release from the relapse triggered such as boredom, stress, and loneliness.

Besides, at a young age, they did not even know the danger of drugs. The participants also mentioned that the curiosity to try abusing drugs during his childhood due to the influence from family members which is the act of drug abuse undertaken by his siblings. After abusing drugs, the perception created in their mind whereby abuse drug will not give impact to their life and it was "nothing" as their friends were also similar. Then, that perception led to drug dependency particularly at the teenage age as they just wanted to enjoy their life and they can control the drug urge. These childhood experiences were shared by Yakob, 21 years old; Musa, 18 years old; Ibrahim, 55 years old, and Ilyas, 33 years old as below:

[...] because when I started to feel bored I will be stressed, so I will abuse drugs, because I want a company to talk and to make my stress disappear (Yakob, 21 years old)

I don't know the dangers of drugs [...] only today I know the dangers of drugs abuse (Musa, 18 years old)  
[...] curious to know [...] I want to try the drugs [...] that time my siblings also had abused drugs such as heroin, ice [...] (Ibrahim, 55 years old)

[...] I have started to abuse drugs a long time ago and it was just nothing (doesn't give effect) [...] my friends were using it and if I joined them too it was nothing [...] I don't depend on the drugs even if there is no drug I am fine [...] my drug abuse is still in control [...] but at the teenage age the curiosity arose [...] then I abused drugs to enjoy life at teenage age (Ilyas, 33 years old)

#### **Discussion**

Childhood experiences such as peer influence; influence of adult friends; family upbringing, and individual perception on drugs identified had partially contributed to the behaviour of the current clients to free themselves from drug addiction in the centre. All the factors are interrelated to each other and even redundant to each other. How they are interrelated and redundant to each other are due to the complexity of the drug addiction issues itself. Predominantly, the issues have been experienced during the childhood of the individuals who were involved with drug addiction. Indeed, all the factors are resulted from the trauma of abuse and neglect by the parents, caretaker, and all the related parties who are significant in the life of the individuals who were involved in drug addiction. However, childhood experiences aspect is rarely specifically highlighted in the issue of drug addiction in Malaysia. Mostly the studies only focus on the childhood experience of sexual abuse among children (Cheah & Choo, 2016) and the knowledge on the childhood experiences on drug abuse is scarce in Malaysian context (Ahmad & Mazlan, 2014). The significant of childhood experience for adult life in dealing with drug treatment and rehabilitation issues are it is crucial as one of the element which become the central or roots to understand more on the drug abuse behavior of the individuals (Alm, 2017).

Childhood trauma such as neglect and abuse has influenced the addictive behavior of the individuals at the later age (Bernstein et al., 2003; Guo et al., 2018). Moreover, the attributes of the individual such as the birth order also relate to the addictive behaviour of the individuals who were involved with drug addiction (Horner et al., 2012). Most of the participants in this study were last born children who were associated with the pressure of being too protected by others or too much control throughout the life had triggered the participants to maladaptive coping strategies (Mukagi, 2010) which lead to drug addiction. Peers and adult friends were among the main factors leading to drug addiction in this paper as well as other findings (Ibrahim & Kumar, 2009; Ibrahim et al., 2017; Ruslan, 2009; Tam & Foo, 2013). This factor also contributed to the relapse behavior among the participants who have received the drug treatment and rehabilitation. The participants rely on peers to start drug abuse as well as influenced them to relapse. Therefore, relapse cases among the adult in drug treatment centre has potential to be associated as one of the mechanism to manage the trauma's long term effects (Quinn et al., 2016). Nevertheless, this paper only can associate the adult behaviour based on the important factors which contributed to the drug addiction based on childhood experiences.

Besides, peers and adults play crucial roles in the participants' life, as their childhood experiences show that they preferred to have friends who were older than them. The participants felt a sense of security by following their adult friends and depending on peers' trust to support their recovery by enhancing their confidence and abstinence from drug addiction. This indicates that, the role of parents or caretaker has been played by peers who can make the participants felt the trust and security. Furthermore, discussing on the influence of the family roles in the participants' childhood experiences, the role of family as guidance and protector of the children has been undermined and neglected as one of the participants felt he was less valued by his family as he preferred to live alone as he felt uncomfortable with his own family. However, too much love will lead to pamper such as in

terms of responsibility and money which can destroy the confidence and independency of the individuals. Therefore, this indicates that childhood experience trauma particularly in neglect issues might underpin all the factors identified in this paper. This also demonstrated that, peer or buddies are among the crucial elements in supporting the recovery as well as influence relapse behavior among the adult client in the drug treatment centre.

Subsequently, the individual perception on drugs was also formed during childhood experiences such as “drug abuse is nothing as long as the action was not exposed to anybody and they can control the usage of drugs”. The findings were similar to the study conducted by Ismail and Mohamed (2007) which revealed that, peers felt that there was no harm in involving with drug and substance abuse that was introduced by his peers. This shows the indication that drug abuse is a trend that will bring joy to the abusers without thinking about the long-term impact of their action. This was destructive trend that already existed among our children since a long time ago. We cannot also dismiss the fact that with the use of technology, this trend might become worse for future generations

## Conclusion

In conclusion, childhood experiences should not be undermined as these can lead to serious drug addiction and other social problems in dealing with drug addiction issue particularly among the children in Malaysia. This paper argues that, it is crucial to explore childhood experiences which lead to the addictive behavior of the individual in depth. There are real reasons for the factors that were identified as push and pull factors towards the involvement in drug addiction. However, there is a limitation in this finding as it was unable to be generalised to all individuals who were involved with drugs addicts and it is suggested for future researches to explore more on this issue. Future study also, should study in-depth on the relationship of childhood experience on drug abuse behaviour among the clients or drug addict in the drug treatment centre. Nevertheless, childhood experiences are the crucial dimension which will reveal the true factors which contributed to the drug addiction in Malaysia. Nevertheless, this effort should be highlighted by the National Anti-Drugs Agency to assist them in designing and implementing effective drug treatment and rehabilitation programme for present generation –who are still trapped in drug problems even after receiving drug treatment and rehabilitation programme. This can also be considered as proactive and predictive action that the government should take in order to solve drug abuse and addiction in Malaysia

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