



ASSESSING THE RECOVERY LEVELS OF DRUG ADDICTS IN REHABILITATION CENTERS USING DRUG ADDICTION RECOVERY INSTRUMENTS

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Abstract

Drug addiction recovery is a fundamental factor in helping drug users restart normal life and get back into society. It is also a vital stage of drug treatment, as it can be an indication or evidence of whether the procedures used during treatment are suitable for helping addicts with drug problems. This study focuses on identifying the level of recovery of drug addicts undergoing rehabilitation treatment at CCRC Besut quantitatively based on the built DART instrument. The Drug Addiction Recovery Test (DART) consists of four main components: drug dependency, relapse, drug resiliency, and mental strength. Every component has 20 items, so the total number of items in DART is 80. A total of 123 treated addicts in the Cure and Care Rehabilitation Centre (CCRC) in Besut were chosen as survey respondents. Study data was analysed using descriptive analysis for each component. As for the level of recovery, the study showed that 52% of the respondents were fully discharged from the CCRC, 37% could be released as outpatients, 9% of respondents could not be released and needed to be monitored, and 2% could not be released and needed to be given intensive treatment. The study proves that the instrument can be used to measure the recovery level of addicts treated at the CCRC. Additionally, this instrument would be able to help government institutions, especially the CCRC, treat the drug addiction crisis effectively in the future.

Keywords: *Addiction Recovery; Drug Dependency; Drug Possible Relapse; Drug Resiliency; Client Mental Strength*

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INTRODUCTION

Drug recovery is personal and a process of individual change that focuses more on attitudes, values, goals, skills, and roles (De-Micheli & Formigoni, 2000; Anthony, 1993; Wittouck, 2019). Recovery also refers to a new meaning in one's life after successfully overcoming the tragedy of drug addiction (Deegan, 1988; Miller, 2001; Brown et al.,

2021). Being able to cope with addiction means that drug addicts go through a difficult phase, and this can lead to better changes in their lives. Drug addicts often want to stay in recovery by finding a suitable and loved job in the community to continue their lives (Mental Health Advocacy Coalition, 2008). There are three stages of recovery: early recovery, middle recovery, and late recovery (Matokrem, 2007). The Drug Addiction Recovery Instrument is a tool that can be used to measure the level of drug addiction recovery among drug addicts based on the context of the environment in Malaysia.

LITERATURE REVIEW

This study highlights four components, namely drug dependence, relapse, drug resiliency, and mental strength, based on previous research. Drug dependence is closely linked to a psychological component (WHO, 1964). Individuals involved in this situation are always happy and in a comfortable state, enjoying the satisfaction of continuous drug use. Mental state is one of the most affected parts of substance (drug) consumption, while physical state is a very strong factor in the reliance on continuous or repeated drug use. There are two possible explanations for drug dependence, namely physical and psychological dependence (Leventhal et al., 2008). In this study, dependence on drugs was measured by both internal and external factors. For the component of drug relapse, relapses occur because one's inability to explain life and peace without drugs. From a process perspective, an individual will experience addiction as a process that evolves, with relapses being shaped in many ways. Relapses may be interpreted as drug use for a specified period as a return to the basic level of pre-treatment or as a return to the level of drug use that sets the criteria for the quantity or duration of drug use (APA, 1994). Hence, in this study, drug abuse's possible relapse was measured by emotion, self-control, self-efficacy, and self-confidence. Resilience has been defined as the ability to withstand stress. Individuals who persist in their capacity may be called stoic, not weak or invincible (Werner & Smith, 1982). Endurance terminology generally refers to the ability to bounce back or agility from any resistance, pressure, or trauma and to successfully cope with and adapt to difficult situations (Glantz et al., 1999). Resilience is a person's quality in terms of their ability to cope with suffering (Connor & Davidson, 2003). A characteristic of personality that can be categorized as resilience is strength in oneself (Buckingham et al., 2001; Peterson & Seligman, 2004).

Moreover, mental strength is the ability of a person's mind to continually work toward an individual's goals or changes in themselves, regardless of the obstacles in their life. Mental strength is a skill that an individual can develop through practice in their life. Every decision made by an individual involves feelings and thoughts that enable the individual to develop mental strength. This study helps the government, under the National Anti-Drugs Agency (NADA) and Private Drug Rehabilitation Centre, develop the instrument and analyse the stage of addiction recovery in drug addicts by assessing addiction recovery based on four components, namely drug dependence, relapse, drug resiliency, and mental strength, based on previous research.

METHODOLOGY

The research method was quantitative on the 123 treated addicts in the Cure and Care Rehabilitation Centre (CCRC) in 2019. Researchers took about a day to complete data collection, and each person needed about 60 minutes to complete the questionnaire. This procedure assisted in the collection of the questionnaire, which was compiled by the end of November 2019. The components were drug dependence, drug possible relapse, drug resiliency, and the client's mental strength.

The four components were measured by a questionnaire to determine the level of drug recovery of residents undergoing rehabilitation treatment at CCRC based on the instruments constructed. The results show that the DART instrument had high Cronbach's alpha values of 0.790 (DDA), 0.873 (DPRA), 0.881 (DRA), and 0.845 (CMSA). This instrument also went through several processes of content validity, such as determining the definition of the content domain, item construction, and subject matter experts who are experts in the area of related study (Rico et al., 2012; Krosnick et al., 2010; Rowley, 2014). The data analysis was descriptive analysis on each variable using SPSS software to measure the recuperation level of drug addicts in rehabilitation centers using a drug addiction recovery instrument.

RESULT AND DISCUSSION

Based on Table 1, 74 study respondents or 61 % indicated no desire to depend on drugs. Next, 41 respondents that is 33% are still low on drug dependence, respondents still have some feeling to re-depend on drugs. A total of 4% of the 5 respondents of the study were in the moderate level proving that the respondents could not forget drugs and still want to depend on drugs. While the lowest percentage of 2 % equivalent to 3 respondents of the study, the level of drug dependence is high, respondents cannot forget the drug completely.

Table 1: Frequency and percentage of respondents towards the drug dependence component

Score	<i>f</i>	%
Not Dependent	74	61
Low	41	33
Medium	5	4
High	3	2
	123	100

Based on Table 2, a total of 76 study respondents, or 62% of the study respondents had no signs of relapse to drugs. Furthermore, 32 respondents of the study that is 26% were still at a low level where respondents were expected to slightly relapse to drugs. A total of 8 % of the 10 respondents of the study were in the moderate stage of relapse to drugs and respondents could not forget drugs and still would return want to relapse to drugs at this stage. While the lowest percentage of 4 % equivalent to 5 respondents in the study, the level of relapse to drugs was high, respondents could not forget the drug completely and would relapse after treatment.

Table 2: Frequency and percentage of respondents against the likely components of drug relapse

Score	<i>f</i>	%
Not Relapse	76	62
Low	32	26
Medium	10	8
High	5	4
	123	100

Based on Table 3, a total of 68 study respondents, or 55 % were good and the respondents had good resilience to drugs. Furthermore, of 42 respondents to the study, 34% were still low in resilience to drugs and explained that respondents had less resilience to drugs. A total of 7% of the 9 respondents of the study were in the moderate level

or had poor resilience and still wanted to return to drugs. While the lowest percentage of 3%, equivalent to 4 respondents in the study, the level of resilience to drugs was high.

Table 3: Frequency and percentage of respondents towards drug resilience component

Score	<i>f</i>	%
Good	68	55
Low	42	34
Medium	9	7
High	4	3
	123	100

Based on Table 4, a total of 61 respondents of the study, or 49% had a good level of mental strength. Next, 40 respondents of the study that is 33% were still low clients and did not have full mental strength and still remembered drugs. A total of 15 % of the 18 respondents of the study were in the moderate level of respondents or had poor mental strength and still wanted to return drugs at this stage. While the lowest percentage of 3 % equivalent to 4 study respondents, had very weak mental strength and would return to drugs after treatment.

Table 4: Frequency and percentage of respondents to the client's mental strength component

Score	<i>f</i>	%
Good	61	49
Low	40	33
Medium	18	15
High	4	3
	123	100

Based on Table 5, a total of 64 study respondents, or 52% were respondents completely discharged from CCRC. Subsequently, 45 respondents were released as outpatients, which is 37%. A total of 9% which is equivalent to 11 study respondents could not be released and needed to be given monitoring. While the lowest percentage of 2% equivalent to 3 respondents in the study could not be released and needed to undergo intensive treatment.

Table 5: Level of drug addiction recovery of respondents in CCRC

Elaboration	<i>f</i>	(%)
Freedom	64	52
Outpatient	45	37
Need monitoring	11	9
Need intensive treatment	3	2
	123	100

The four components were built for the Drug Addiction Recovery Test (DART) namely Drug Dependence, Drug Relapse, Drug Resilience, and Mental Strength making an instrument that can be used to measure the level of addiction recovery based on the environmental context in Malaysia. Findings of previous studies prove that the component of drug dependence is related to recovery (Comfort, 2012). Several scientific studies prove the possibility of drug relapse is closely related to recovery is proven through (Allsop et al., 2000; Asbah, 2016). Next

is drug resilience is also related to recovery (Johdi Salleh, 2012). While strength mental is also related to recovery (Butler, 2015). Finally, the goal of the main construction of the conceptual framework of drug addiction recovery will realize this construction of the Drug Addiction Recovery Instrument (DART). Based on the drug dependence component, 74 respondents of the study or 60 % indicated no desire to depend on drugs, and these respondents were given counseling if necessary. Next, 41 respondents that is 33% were still low on drug dependence, respondents still had some feeling to re-dependent on drugs. This total percentage of respondents indicated that respondents needed to be given continuous counseling and support to be free from drug dependence. A total of 4 % of the 5 respondents of the study were at the moderate level proving that the respondents could not forget drugs and still wanted to depend on drugs. Therefore, at this stage, the study respondents needed to be given continuous counseling and rehabilitation treatment to be free from drug dependence. While the lowest percentage of 2 % equivalent to 3 respondents in the study the level of dependence on drugs was high, respondents could not forget the drugs completely and would be dependent on drugs again after treatment (Tibke, 2017; Nestler, 2022).

Next, the possible component of drug relapse proved that a total of 76 study respondents, or 62% were not relapsing to the drug and the study respondents had no signs of relapse to drugs. These respondents were given counselling only, if necessary, compared to other respondents. Furthermore, 32 respondents of the study that is 26% were still at a low level where respondents were expected to slightly relapse to drugs. A total percentage of these respondents needed to be given ongoing counseling and support to not relapse to drugs. A total of 8 % of the 10 respondents of the study were in the moderate stage of relapse to drugs and respondents could not forget drugs and still wanted to relapse to drugs at this stage. Therefore, the respondents of this study should be given counseling and rehabilitation treatment on an ongoing basis to prevent relapse to drugs. While the lowest percentage of 4 % equivalent to 5 respondents in the study the level of relapse to drugs was high, respondents could not forget the drug completely and would relapse to drugs after treatment. At this stage, the client still needed to be given ongoing attention and treatment to be free from relapse to the drug (Clarke et al., 2020; Petrova et al., 2015).

A total of 68 study respondents or 55% were good and the respondents had good resilience to drugs. This indicates that these respondents were given counselling only, if necessary, compared to other respondents. Furthermore, of 42 respondents to the study, 34 % were still low in resistance to drugs and explained that respondents had less resilience to drugs. This total percentage of respondents needed to be given ongoing counseling and support not to return to drugs. A total of 7 % of the 9 respondents of the study were in the moderate level and had a weak resistance or resilience and still wanted drugs. This study also revealed that respondents should be given counseling and rehabilitative treatment on an ongoing basis to prevent them from returning to drugs. While the lowest percentage of 3 % equivalent to 4 respondents in the study, the level of resilience to drugs is high, respondents still needed to be given continuous attention and treatment to be free from drugs (Ersche et al., 2020; Calpe et al., 2019).

A total of 61 study respondents or 49% had a good level of mental strength and were able to withstand drugs. Respondents could be released at this stage. Next, 40 respondents of the study that is 33% were still low clients and did not have full mental strength and still yearned for drugs. This total percentage of respondents needed to be given ongoing counseling and support to not remember drugs. A total of 15 % of the 18 respondents of the study were in the moderate level having poor mental strength and still want drugs at this stage. Therefore, the respondents of this study should be given counseling and rehabilitation treatment on an ongoing basis to be free from drug dependence. While the lowest percentage of 3 % equivalent to 4 study respondents, had very weak mental strength and would return to drugs after treatment. At this stage respondents still needed to be given ongoing attention and treatment to be drug free. The results of the study found that a total of 64 respondents equivalent to 52% were

completely exempted from CCRC. The study respondents were drug-free and were able to return to the bosom of society as well as lead a normal life. Subsequently, a total of 45 study respondents were discharged as outpatients equivalent to 37%. They can receive treatment as outpatients at Cure & Care Clinics, CCSC, CCH, Baitul Islah, PKI, and Retirement Homes to help drug addicts recover. A total of 8.9%, which is equivalent to 11 study respondents could not be released and needed to be given monitoring. The lowest percentage of 2 %, equivalent to 3 respondents in the study could not be released and needed to undergo intensive treatment (Kuczmarski et al., 2021).

Overall, this study proves that the formation of the conceptual framework is related to the four components. Additionally, it has been developed and named the Drug Addiction Recovery Test (DART) instrument and validated psychometrically. In addition, it has been demonstrated that in practice, this study uses FA to reveal significant items involving components and sub-components of drug addiction recovery. In addition, this is a self-developed tool and is raised through in-depth definitions from past studies by previous researchers in the field of psychology.

CONCLUSION

As previously mentioned, several of the components already discussed are relevant to be predictors of drug addiction recovery. Meanwhile, these aspects can also lead to drug addiction recovery. The study was also to select the accuracy of the factors to measure the level of recovery of drug addiction itself in more depth based on the psychology of internal measurement of human beings as addicts.

This study is also a new study that has not been explored in previous studies involving the restoration of context in Malaysia. Therefore, this study benefits both government and non -non-government agencies and can also be used as a good solution to the problem of drug rehabilitation in Malaysia.

REFERENCES

- Anthony, W. A. (1993). Recovery from mental illness: the guiding vision of the mental health system in the 1990s. *Innovations and Research*, 2, 17-24.
- Allsop, S., Saunders, B., & Philips, M. (2000). The process of relapse in severely dependent male problem drinkers. *Journal of Addiction*, 95, 95-106.
- Asbah, R. (2016). Faktor personal, interpersonal dan kecenderungan berulang dalam kalangan bekas penagih dadah di malaysia. PhD Thesis, Universiti Putra Malaysia.
- Brown, C., Johnstone, M., & Ross, N. (2021). Repositioning social work practice in mental health in Nova Scotia.
- Br Buckingham, M., & Clifton, D. O. (2001). *Now, discover your strengths*. Free Press.

- Butler, A. (2015). Shooters of color are called 'terrorists' and 'thugs. why are white shooters called 'mentally ill'? the Washington Post. Retrieved Jun 18, 2015, from <https://www.washingtonpost.com/posteverything/wp/callthecharl>.
- Calpe-López, C., García-Pardo, M. P., & Aguilar, M. A. (2019). Cannabidiol treatment might promote resilience to cocaine and methamphetamine use disorders: a review of possible mechanisms. *Molecules*, *24*(14), 2583.
- Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CDRISC). *Depression and Anxiety*, *18*, 76–82.
- Comfort, A. J. (2012). Recovery From Drug Dependence: Experience of Service Users in a Christian Faith-based Agency. University of Edinburgh.
- Clarke, P. B., Lewis, T. F., Myers, J. E., Henson, R. A., & Hill, B. (2020). Wellness, emotion regulation, and relapse during substance use disorder treatment. *Journal of Counseling & Development*, *98*(1), 17-28.
- Ersche, K. D., Meng, C., Ziauddeen, H., Stochl, J., Williams, G. B., Bullmore, E. T., & Robbins, T. W. (2020). Brain networks underlying vulnerability and resilience to drug addiction. *Proceedings of the National Academy of Sciences*, *117*(26), 15253-15261.
- Jason, L. A., Guerrero, M., Salomon-Amend, M., Stevens, E., Light, J. M., & Stoolmiller, M. (2021). Context matters: Home-level but not individual-level recovery social capital predicts residents' relapse. *American Journal of Community Psychology*, *67*(3-4), 392-404.
- Johdi Salleh, M. (2012). Permasalahan Penagihan Dadah: Tinjauan di Pusat Serenti Selangor. University Malaysia of Terengganu: International Seminar on Community Development (SAPKO).
- Krosnick, J. A., & Presser S. (2010). Question and Questionnaire Design.4.
- Kuczmarski, M. F., Orsega-Smith, E., Mode, N. A., Rawal, R., Evans, M. K., & Zonderman, A. B. (2021). Healthy behaviors associated with changes in mental and physical strength in urban African American and White adults. *Nutrients*, *13*(6), 1824.
- Leventhal, A.M., Kahler, C.W., Ray, L.A., Stone, K., Young, D., Chelminski, I., & Zimmerman, M. (2008). Anhedonia and Amotivation in Psychiatric Outpatients with Fully Remitted Stimulant Use Disorder. *American Journal on Addictions*, *17*, 218–22.
- Matokrem, L. (2007). Intervensi dan Peranan Kaunselor untuk Menjana Kepulihan Klien Sepanjang Hayat. *Jurnal Antidadah Malaysia*, *1*, Jun 2007.
- Mental Health Advocacy Coalition. (2008). Destination: Recovery. Auckland: Mental Health Foundation of New Zealand.
- Miller, A. F. (2001). Substance Abuse Treatment for Women with Children. *Corrections Today*, *61*, 88-92.

- Nestler, E. J. (2022). Cellular basis of memory for addiction. *Dialogues in clinical neuroscience*.
- Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. American Psychological Association; Oxford University Press.
- Petrova, H. A., Zavarzina, O. O., Kytianova, I. P., & Kozyakov, R. V. (2015). Social and personal factors of stable remission for people with drug addictions. *Psychology in Russia*, 8(4), 126.
- Rico, E. D., Dios, H. C., Ruch, W. (2012). Content validity evidence in test development: An applied perspective. *International journal of clinical and health psychology*, 12(3), 449-460.
- Rowley, J. (2014). Designing and using research questionnaires. *Management Research Review*, 37(3), 308-330.
- Tibke, P. (2017). Drug dependence treatment in China: A policy analysis. *International Drug Policy Consortium Publication*.
- Werner, E., & Smith, R. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Bannister, and Cox.
- WHO. (1964). Scientific Group on the Evaluation of Dependence Producing Drugs Wld Hlth Org. techn. Rep. Ser., 287.
- Wittouck, C., & Vander Beken, T. (2019). Recovery, resistance, and the role of procedural justice in working alliances with mentally ill offenders: a critical review. *Addiction Research & Theory*, 27(1), 16-28.