



UNIVERSITI PUTRA MALAYSIA

***LIVED EXPERIENCES IN THE COPING AND RECOVERY PROCESS OF
SELECTED DRUG ADDICTS IN PENINSULAR MALAYSIA***

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FEM 2015 20



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DRUG ADDICTS IN PENINSULAR MALAYSIA**

By

NAZIRA BT. HJ SADIRON

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfilment of the Requirements for the Degree of Science**

June 2015

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the degree of Science

LIVED EXPERIENCES IN THE COPING AND RECOVERY PROCESS OF SELECTED DRUG ADDICTS IN PENINSULAR MALAYSIA

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June 2015

Chair: Hanina Halimatusaadiah bt. Hamsan, PhD
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This study qualitatively examines the personal experiences of former drug addicts in order to close a gap in knowledge regarding the process of recovery, what are successful coping strategies, and what characteristics are associated with successful recovery from the point of view of persons in recovery. A descriptive, phenomenological approach was taken to understanding the maintenance stage of recovery. Colaizzi's Strategy was used as a framework for systematically analysing narrative texts obtained through in-depth and semi-structured interviews of six middle aged men from Peninsular Malaysia who had significant life experience with the trials and tribulations associated with remaining drug-free. The computer assisted, qualitative analysis software program ATLAS.ti was used to code, analyse, and make sense of their narratives. Through these texts, analysis of the respondents lived experiences in recovery process led to the identification of three emergent themes. These are (1) Process of Recovery Journey (2) Coping Strategies and (3) Characteristics of the Successful Recovery Person. There are three phases identified in recovery process which reflected as initial phase with experienced of dramatic relief which lead to turning point, self-awareness, self-reflection and inner conflict. Respondents identified these changes occurred in the working phases in the recovery process. These are include: Spiritual awakening, knowledge and skill, rebuilding dignity and self-esteem and building and establishing social support. Respondents describe that this working phase as the most important part in changing an addicted person toward a non-addicted person in the recovery journey. The third phase is maintaining phase. Relationship with 'recovery friends' and by giving back to their families, especially their parents is also one of the importance factors to a maintaining their recovery. Respondent data identified specific coping styles in dealing with relapse risk factors, which are Problem-Focused Strategy, Appraisal-Focused Strategy, and Emotion-Focused Strategy. Characteristics of the successfully recovering substance abuser were found to fall into the following themes (1) the self after 5 years of recovery (2) expectation of success (3) expectation of relapse (4) new changes and (5) obstacles in recovery process. Knowing more about the life experiences found in the recovery process, what are coping strategies among successful substance abusers, and what are their characteristics and attributes has great potential to enhance understanding of substance abuse, reduce relapse rates, and improve the effectiveness of skills development in treatment centres throughout Malaysia.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Sains

**PENGALAMAN KEHIDUPAN MENGENAI GAYA TINDAK DAN PROSES
KEPULIHAN DALAM KALANGAN BEKAS PENAGIH DADAH TERPILIH
DI SEMENANJUNG MALAYSIA**

Oleh

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Jun 2015

Pengerusi: Hanina Halimatussaadiah Hamsan, PhD

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Kajian kualitatif ini memberi kefahaman yang mendalam mengenai proses pengekalan dalam kepulihan dengan memfokuskan kepada strategi daya tindak yang dilakukan dan ciri-ciri mereka sebagai bekas penagih dadah yang telah berjaya. Sampel kajian ini adalah berdasarkan kepada data kualitatif yang diambil daripada enam lelaki yang telah berjaya pulih dan menjalani gaya hidup sihat di Semenanjung Malaysia. Tempoh kepulihan responden adalah bermula daripada 5 tahun sehingga 22 tahun. Teknik temu bual – mendalam separa berstruktur menggunakan pendekatan Fenomenologi dan data dianalisis menggunakan Strategi Colaizzi (1978) serta perisian ATLAS.ti sebagai alat pengurusan data. Sesi temubual menggunakan pita telah dirakamkan dengan persetujuan responden. Kajian ini mendapati terdapat tiga fasa yang dikenal pasti dalam proses pemulihan yang diklasifikasi sebagai pengalaman fasa awal iaitu peristiwa dramatik yang menjadi titik perubahan (turning point), kesedaran diri, refleksi dan konflik dalaman. Kemudian pengalaman fasa tindakan dimana responden akan mengalami (1) pembangunan spiritual (2) pencarian pengetahuan dan kemahiran untuk menghentikan tingkah laku ketagihan (3) Pembinaan semula maruah dan harga diri dan (4) mewujudkan sokongan sosial (keluarga, masyarakat, rakan-rakan). Responden menerangkan bahawa fasa tindakan ini adalah sebagai fasa yang paling penting dalam mengubah tingkahlaku penagihan di dalam proses pemulihan. Kejayaan pelaksanaan fasa kedua tadi akan menjamin kepada seterusnya iaitu Fasa Pengekalan.

Kepentingan fasa ini adalah kritikal sama seperti fasa sebelumnya kerana responden dalam fasa ini mesti mempunyai banyak komitmen untuk mengekalkan perjalanan pemulihan. Hubungan dengan 'rakan pemulihan' dan menyumbang semula kepada keluarga mereka, terutama ibu bapa juga merupakan salah satu faktor penting kepada pengekalan status pemulihan mereka. Tema seterusnya, responden berkongsi gaya tindak yang khusus bagi menangani faktor-faktor risiko yang dihadapi yang dikategorikan kepada (1) Strategi Fokus-Masalah, (2) Strategi Fokus-Penilaian dan (3) Strategi Fokus -Emosi. Tema ketiga bagi kajian ini mendapati ciri-ciri bekas penagih dadah berjaya telah dibahagikan kepada (1) ekspektasi diri selepas 5 tahun pemulihan (2) ekspektasi kepada kejayaan (3) ekspektasi terhadap relapse (4) perubahan baru dan (5) halangan-halangan dalam proses pemulihan. Pengalaman kehidupan proses pemulihan dan gaya tindak dalam mengekalkan status pemulihan ini sangat signifikan dalam meningkatkan kefahaman kaunselor mengenai penagihan dadah dan mencegah kadar peningkatan relapse seterusnya mengekalkan pemulihan untuk jangka masa panjang. Justeru, satu modul yang komprehensif yang merangkumi strategi berfokus perlu dibangunkan berdasarkan pengalaman mereka dan dilaksanakan dalam merawat dan memulihkan penagih dadah.



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I certify that a Thesis Examination Committee has met on 15 June 2015 to conduct the final examination of Nazira bt. Hj Sadiron on her thesis entitled Lived Experiences in Coping and Recovery Process of Selected Drug Addicts in Peninsular Malaysia^{iv} in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the degree of Science.

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Declaration by Members of Supervisory Committee

This is to confirm that:

- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) are adhered to.

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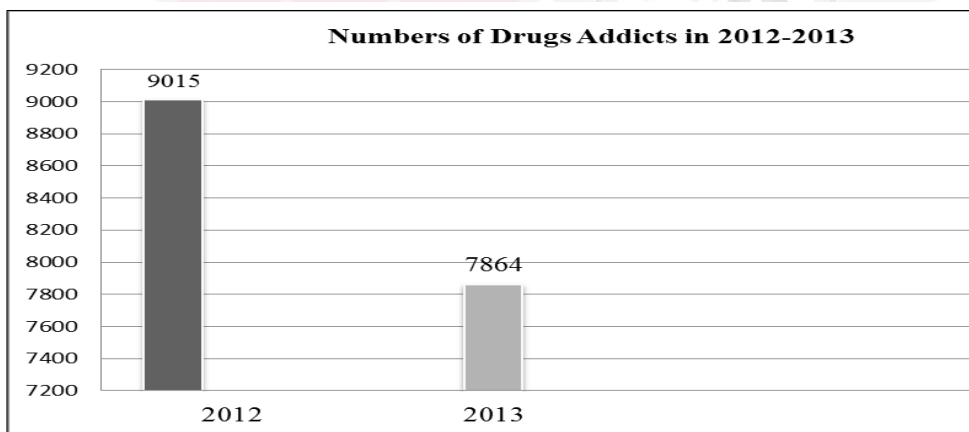
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CHAPTER 1

INTRODUCTION

1.1 Background

Over 30 years ago in 1983 and continuing unto today, the Malaysian government declared drugs the number one enemy in the country. Through the years, drug addiction has evolved into a critical problem throughout the nation, prompting the government to take immediate measures. The World Health Organization (WHO) defines substance abuse as “the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.” There are a variety of cognitive, behavioural, and physiological outcomes from habitual use of psychotropic drugs. Drug abuse has serious implications for Malaysia’s social system, economy, and society as a whole. These drug issues include drug addiction, drug trafficking, and smuggling. What is the meaning of progress and development enjoyed by Malaysians if society is still exposed to the dangers of drugs classified as moles and if not eradicated? As shown in Figure 1, a statistical reported by NADA (2013) showed that the numbers of drug addicts arrested in all of 2012 and 2013 were 9,015 and 7,864 respectively.



As shown in Figure 2 in 2013, 58.4% were new addicts while 41.6% were relapsed addicts.

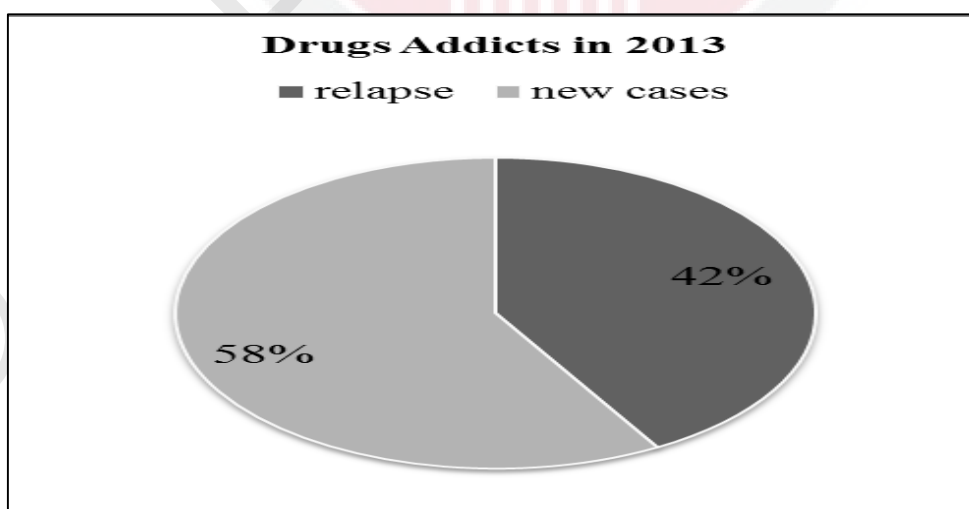


Figure 1 : Relapse And New Addicts Rate 2013

Nevertheless, it is a positive indicator that the total cases of drug addiction in Malaysia showed a decrease of 12.77% in 2013 as compared to the previous year. NADA recorded a decrease of 3,096 relapsing addicts compared to 3,745 people in 2012. In the year 2012, it was recorded that 3,745 cases are of relapse addicts. This is 71% of the 5,270 new drug addicts. These numbers of relapse are high and require a more comprehensive strategy in relapse prevention programs. In addition, the influence of peers is among the main factors affecting addicts involved with drugs in the years 2009 - 2013. Although various awareness campaigns about the dangers of drug addiction, new and relapse cases remain at an alarming rate.

New drug addicts and relapsed addicts are not the only issue. As shown in Figure 3, the total number of drug addicts who attend drug treatment and recovery at the facilities provided by the NADA has also increased. In 2013 a total of 4,495 drug addicts have successfully completed treatment and rehabilitation under the Drug Dependents (Treatment and Rehabilitation) Act 1983 at CCRC. Meanwhile, total of 1500 drug addicts have volunteered in the same year to receive treatment in 1Malaysia Cure and Care Clinic. For follow-up treatment, 176,929 people have received treatment, medicine and rehabilitation as non - residents in CCSCs nationwide in 2013. From 2010 until December 2013 there was a total of 510,041 people. These statistics show that there is awareness of those involved with drugs to seek treatment and return to normal life.

As such, the National Anti-Drug Agency (NADA) or in Bahasa Malaysia known as Agensi Antidadah Kebangsaan (AADK) established and assigned to tackle the issues arising from drug abuse. NADA aims to create a community and a nation free from drug problems by planning, coordinating, and directing measures to overcome this serious issue. Through the NADA, the Malaysian government was able to focus efforts on assisting drug abusers through developing their capacity to evaluate their risk factors and develop coping skills to minimize relapse potential and improve quality of life. By 2013 there were 18 rehabilitation centres run by the National Anti-Drug Agency that focused on care of drug addicts arrested under section 6 (1) of Drug Dependent (Treatment and Rehabilitation) Act 1983. There are also a total of twelve centres called '1Malaysia Cure and Care Clinics' that provide treatment and rehabilitation of drug addicts who come voluntarily. Besides that, the National Anti-Drugs Agency also provides aftercare services for drug addicts in the community through fifty-eight Cure and Care Service Centres (National Anti-Drug Agency Statistics, 2013). Despite all of this, the issue of drug addiction remains at an impasse.

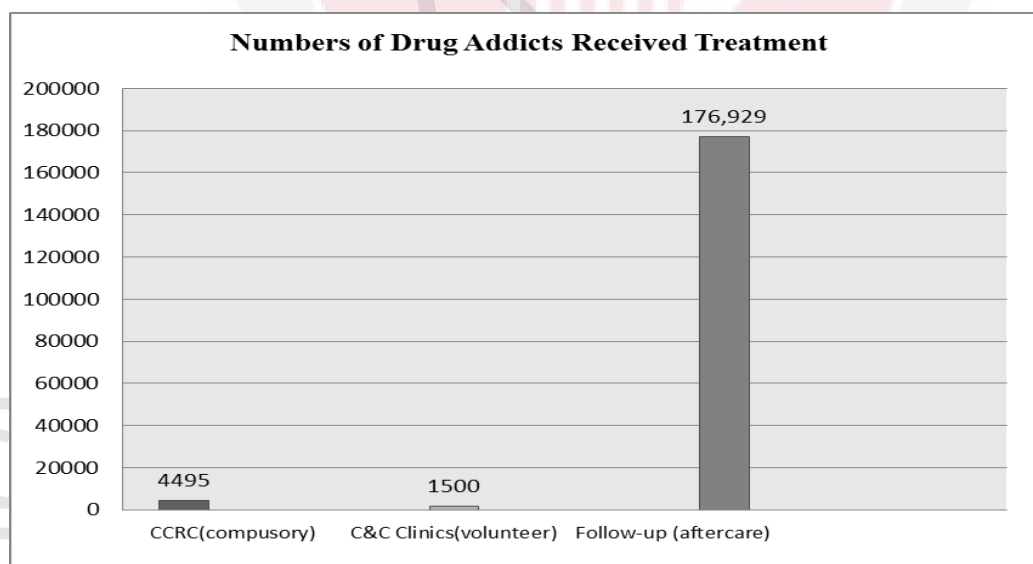


Figure 2 : Numbers of Drug Addicts Received Treatment

Relapse cases are understood in terms of social-cognitive and behavioural theories that frame relapse in terms of how events unfold over time and through a process or series of transitions (Marlatt & Gordon, 2001). The accepted understanding in rehabilitation studies is that the number of drug addicts should

significantly decrease as a result of successful treatment in rehabilitation centers. However, NADA reports indicate that there were 8 drug addict relapses every 24 hours in Malaysia. The percentage of relapse among drug addicts continues to increase even though the National Antidrug Agency has extended treatment and rehabilitation services and developed the service. However, contrary to this accepted understanding, 90% of heroin addicts experience relapse within six months of being released from a treatment center (Mohamad Hussain and Mustafa, 2001). Furthermore, 40% of the addicts crave heroin after only a month of abstinence. Research reports show that most drug addicts are unable to maintain drug-free lifestyle after being discharged from a rehabilitation treatment program. The phenomenon of relapse in drug addiction is critical and requires a comprehensive solution of all parties. Clearly, at all stages of drug addiction and recovery, further interventions are needed and should especially target emerging and risk stages.

If we examine the number of drug addicts who come for treatment, there must significant numbers of successfully rehabilitated drug addicts living free of drugs. However NADA reported the number of successful ex- drug addicts is small. NADA also does not provide a definition of the notion of recovery in drug addiction specifically. Apart from the social, environmental and psychological causes that lead a person to become a drug addict or to relapse, this factor also is a catalyst for those involved to repent. Therefore, to find a solution to the issue of relapse and the effectiveness of treatment programmes, a study on the success stories of ex-addicts in maintaining their recovery status from their perspective will helps to unravel this problem.

1.2 Statement of Problem

Undoubtly, overcoming drug addiction is an uphill task and requires a lot of strong determination. To date, it remains unclear on what is an effective method for drug abusers to find long-term abstinence because many of them tend to deviate from healthy lifestyles and return back to addiction. To find a formula to solve the problem of drug abuse in Malaysia does not seem as easy as some people may have imagined. Most researchers claimed that recovery goes beyond, and is more complex than, a sustained freedom from compulsion to use (Best, 2011). However, no doubt there are individuals who have managed to recover and overcome their relapse. This is something that really needs to be studied and known if the increasing rates of abuse are to be curtailed and Malaysians struggling with personal and social costs of addiction are to contribute to society and family once again.

Based on the statistics and reports issued by NADA, the issue of drug addiction and relapse seems to have no end. Most previous studies only focused on relapse risk factors, psychosocial effects, and drug addict personality and lifestyle based on data obtained from drug addicts in a rehabilitation center (Ibrahimi, 2009). Based on the recommendation made by Malaysian Online Thesis, of a total of 77 surveys conducted from 1985 until 2013, none of the studies address the success of ex-drug addicts who remain clean. It seems so obvious that to improve recovery statistics, studies of recovered addicts is desperately needed. There is not much known, in fact, about the long term process of recovery despite the expectation and common belief that overcoming alcohol and heroin addiction is possible (Best, 2011).

Research in the field of recovery is increasing, but what is meant by “recovery” has not achieved a standard definition to guide research (Laudet, 2007) or how ex-addicts manage their recovery and stay abstinent. This is a problem for several reasons:

Firstly, recovery is the creation of new person with a new identity (Mackintosh & Knight, 2012) adopting positive formation practices such as a healthy social network, personal relationships, with an increase in self awareness (Ripley & Stephens, 2011). Research on how drug abusers in recovery understand their journey of recovery and proactively develop a healthy lifestyle that minimizes risk of relapse is lacking in Malaysia. Despite having large numbers of relapse cases, there are also ex-addicts who do not relapse even after 5 years. Nevertheless, there are less than 50 individuals who fall into this category. Hence, this study focused on these individuals who have recovered.

Secondly, relapse is common among drug addicts because there is no research that could prove the most effective method for recovering drug addicts. In Malaysia, addicts who receive treatment and rehabilitation in rehabilitation centers are often relapse because the same module used for them while they have repeatedly receive treatment using the module. The results of this study will identify the coping strategies that applied by recovering drug addicts seen to be helping to construct a comprehensive relapse prevention module that should be able to target those drug addicts that have

relapsed many times. Furthermore, current research and writing about addiction recovery focusses on empirical variables from the point of view of the researcher, not the patient. This approach does not provide insight to how the person in recovery makes sense of their journey nor how this understanding leads to self-regulation behaviors (Banonis, 1989). Previous studies in Malaysia did not focus on the successfully recovered person as their subject matter and used a quantitative data approach that ignored individual subjectivity.

Third, recovery capital and motivation is a key concept in the discussion of recovery and relapse. Defined as the "breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe alcohol or drug problems. Recovery capital includes personal, family, and cultural assets" (Giridharadas, 2011). Previous studies found that motivation for recovery have found that negative personal experiences (Biernacki, 1986; Best, Ghufuran, Day, Ray, & Loaring, 2008; Cloud & Granfield, 2001; Klingemann, 1991), and feelings of "hitting rock bottom" (Biernacki, 1986), a state of despair where living could not be tolerated (Blomqvist, 1999), or a point beyond which people were not prepared to go (McIntosh & McKeganey, 2000) are the factors that motivates them to make a changes. How can negative feelings be their motivation? How do we identify the turning point for them to maintain recovery? Understanding the experiences and processes experienced by former drug addicts through in-depth qualitative studies can provide data in a rich and detailed. The use of descriptive phenomenology as a method of this study, rather than quantitatively oriented surveys, will help us more understand the perspectives of the people involved (Greene, 1997; Holloway, 1997; Kruger, 1988; Kvale, 1996; Maypole & Davies, 2001; Robinson & Reed, 1998), or who were involved, with recovery from addiction (Groenewald, 2004).

Finally, the description of ex-drug addicts who managed to recover is emphasized in this study. This enables me to construct a description of the experience of recovering from addiction and explain through analysis the sense-making and experiences of persons who are recovering. In this qualitative study, phenomenological interviews were adopted to understand the experience of successfully recovered drug addicts during their recovering process, how they do the recovery, and what are characteristics and profiles of successful ex-addicts. Determining the underlying themes of the experience could prove to be beneficial. Through analysis of the interviews, a thematic structure of the experience was exposed.

1.3 Research Question

In an overall view, this study was carried out to answer the following three questions:

1. What are the experiences of a drug abuser who successfully recovered?
2. What are the coping strategies adopted by successfully recovered drug addicts and how do they maintain their recovery status?
3. What is the successful individual's characteristics which enabled their recovery?

1.4 Research Objective

Overall, this study was carried to achieve the following three research objective:

1. To discover the experience in the process of recovery among successfully recovered drug abusers;
2. To explore the coping strategies they used in the process of recovery that sustain them in recovery;
3. To generate characteristic profiles among drug abusers who successfully recovered.

1.5 Research Paradigm and Theoretical Perspective

In inductive research, meaning and generalizations are developed based on the natural aggregation of the data itself. This is the opposite of deductive research whereby the researcher starts with a specific theory in mind and tests the data through hypotheses in order to test the correctness or "fit" of the theory to the data. Sometimes the inductively developed theory from the data may be analyzed relatively late in the research process in order to evaluate its explanatory force relative to other theories (Creswell,

1994, pp. 94-95). Georgie (1985) highlights the widely held proposition that having a theoretical approach, regardless of type, is “essential” to the research process and the growth of knowledge within disciplines. Mansor (2010) goes further to say that the researcher’s role and theoretical perspective is to explain why “research paradigm” is given primacy. In this phenomenological study, I adopted a Trans theoretical Model Behaviour of Change the as a basic for me to understand the recovery process all about.

Recovery from addiction is a long process, requiring sacrifice and high motivation. This change process needs to be equipped with such a solid foundation of knowledge, skills and support from significant others. Various definitions of recovery given by the reviewer as healing by themselves, the creative choices, changes in lifestyle, change the way of thinking and it also enables a thorough recovery (Banonis, 1989, Mackintosh & Knight, 2012a). The process of recovery is a lifetime. Without doubt, there are many addicts who died as addicts, but there are also those who become successful men in their lives. Indeed, the change is the choice to change itself and this choice will prevail if it is committed with the changes made. As a addiction counsellor, to be an effective therapist and facilitator in the recovering process must understand and appreciate the recovering person’s perspective and the meanings they assign to their experience.

The theoretical perspective of this study is based upon Prochaska and Di Clemente’s (1983) Transtheoretical Model Of Behaviour Change (TTM). The focus was on expanding knowledge about the phenomenon of relapse. A further objective of TTM was understanding personal motivation in addiction treatment as the basis to understand the process of change, stages of change, and self-efficacy in changing of addiction behaviour to recovery behaviour. The Transtheoretical Model of Behaviour Change is a popular theory used to describe how the individual recovery changes their addiction behaviour (Lenio, 2010). This model suggests that the process of recovery from drug dependence is characterised by several stages: 1) Pre- contemplation, where the individual can see no reason to change, 2) Contemplation, where the individual has recognised that there may be some benefits to changing their drug taking behaviour but may feel they are not ready to start the change process, 3) Preparation, where the person takes steps towards starting to change, 4) Action where the person starts the process of change, for example, and 5) Maintenance, where the person tries to maintain the changes they have made (Migneault, Adams, & Read, 2005). This theoretical model was adopted to understand the individuals who maintained change for 6 or more months. Therefore, the recovery person was choosen in this study was abstinent for 5 years or more to get more rich and rigorous life-experience stories. Another dimension of this theory addresses processes of change and shed light on the qualitative aspects of change and focus on what individuals do while undergoing behavioral change (Migneault et al., 2005). From this dimension, experiential and behavioral categories of change are made clear. These experiential processes are categorized as “consciousness raising, dramatic relief, environmental re-evaluation, social liberation, and self-re-evaluation” (ibid.) Behavioral processes include “stimulus control, counter-conditioning, helping relationships, reinforcement management, and self-liberation” (ibid.) The Transtheoretical Model Of Behaviour Change construct of self-efficacy is described as the “situation-specific confidence that an individual can cope with high-risk situations and not relapse back to the problem behaviour” (see Fallon & Hausenblas, 2004; Patten et al., 2000; Prochaska & Velicer, 1997; Velicer et al., 1998).

Given its appropriateness to revealing the perspectives of addicts in recovery, this research undertook a qualitative approach to understanding the change process, how they cope with challenges through stages of change, and how they developed strong characteristics and confidence along their journey back from addiction. Six men who were abstinent for at least five years shared their experiences, what influenced them, what their motivations were, and, of greatest relevance to this study, what they considered their identity to be as they struggled to free themselves of addiction.

1.6 Research Significance

The impact of substance abuse on quality of life and human resource cost remains a significant concern in Malaysia. Substance abuse affects the psychological, social, and physiological status of an individual. What is particularly alarming is the involvement of young people is growing every year. There was a total of 470 adolescents arrested for drugs reported in 2012 and 2013 (NADA Annual Report, 2013). The involvement of young people should be taken seriously because they are young people who are the hope and future of the nation. In addition to social issues such as rising rates of crime committed by drug addicts, the government is also spending millions of dollars to finance the cost of treatment and rehabilitation of drug addicts. In fact, as reported in Innovation Report 2011 by National Anti-Drugs

Agency, cost for each client/inmates in treatment and rehabilitation centres for 2010 was about RM8,495.06 per year, which includes the cost of supplies and services (intervention programs, medical and daily needs of inmates). In fact, the government spent RM 1,623,965.68 for one centre alone per year. Undoubtedly, the government bears the high cost of managing drug treatment and rehabilitation centres, but the cost is rising at an unsustainable rate each year because of the increasing number of new addicts detected and given treatment and rehabilitation.

Most prior research on drug addiction was quantitatively focussed due to the difficulty in obtaining qualitative data from a population that experienced traumatic events (e.g., drug addicts). As a number of methods applied to obtain qualitative data (i.e., in-depth interviews) involve socializing with the respondents to understand them to a much deeper extend. Therefore, qualitative studies on drug addiction would be more appealing to researchers because they involve questions designed to explore the essence of a respondent's lived experience. Typically, qualitative studies provide better understanding of the phenomenon explored (Gonzalez, 2010).

In general, this research is significant as it enriches understanding of substance abuse and how recovered addicts are battling with skills in maintaining their recovery and preventing a relapse. As a National Anti-Drug Officer, I believe that helping drug addicts through the healing process requires me to understand what the recovering person is experiencing. This would be all the more important for caring helpers who have no prior experience with individuals recovering from addiction.

At the same time, the scope of these research findings will assist the service providers such as the National Antidrug Agency, counsellors, psychologists and social workers who are involved in the treatment and rehabilitation of drug addiction in shaping and improving the relapse prevention programs. This research will also contribute to the field of social psychology, specifically focusing on addiction of substance abuse behaviour. Subsequently, the findings from this research could also be used as a basis to develop treatment modules which focus on preventing and coping strategies for drug addiction treatment and rehabilitation.

1.6 Definitions of Terminology

The following are definitions of key terms that will be used throughout the study:

Addiction

Addiction. Addiction is regarded as "a disease that is characterized by three C's: compulsion, loss of control, and continued use in spite of negative consequences" (Smith & Seymour, 2004, Dickie & Valley, 2011). This study operationalize an addiction as tolerance, withdrawal, and craving. Drug addicts will face an intense suffering that results from discontinuation of drug use; and by the person's willingness to sacrifice all (to the point of self-destructiveness) for drug taking.

Relapse

Several authors have described relapse as "complex, dynamic, and unpredictable" (Buhringer, 2000; Donovan, 1996; Marlatt, 1996). This study operationalize a relapse as he recurrence of using drugs after he/she has gone into remission or recovery. As a chronic disease, addiction is subject to periods of relapse. During the recovery process a drug addicts become exposed to certain triggers and other risk factors that increase a risk of returning to drug addiction.

Recovery

Recovery involves "a process of identity reconstruction; people reconstructing self-identity as they move from being substance-dependent to being substance-free (Hughes, 2007). This study operationalize a recovery as a voluntarily maintained lifestyle includes characterized by sobriety, personal health, financial stability, and living in healthy lifestyle.

Motivation

Motivation includes "individual attributes, individual characteristics, situational conditions, or environmental context that inhibits, reduces, or buffers the probability of drug use or abuse or a

transition in level of involvement in drugs” (Clayton,1992). Operationally, motivation is based on respondent’s response on the question of successful factors that lead them towards recovery.

Coping Styles

These are a “response aimed at diminishing the physical, emotional and psychological burden that is linked to stressful life events and daily hassles” (Valtonen, 2005). This study operationalize a coping styles as taking steps to maintain the recovery status by drawing action strategies, thinking about what steps to take and how best to prevent from relapse,getting moral support, accepting the reality of a stressful situation; and using alternative activities to cope with situation were led them relapse.

1.7 Summary

The objectives of this qualitative phenomenological study were summarized as follows: (1) to gain an understanding of the lived experience of abstinent substance abusers who have recovered for at least five years; (2) to provide better understanding based on the self-reported experience on drug addiction, treatment and rehabilitation especially in the helping process. The in-depth interviews and detailed analysis of descriptive data carried out using Colliazi’s strategy which provided an opportunity to discover insights about the experience and nature of the real experience of recovery person. Therefore the comprehensive module which includes specific coping strategies could be developed based on their experience and implemented in drug treatment and rehabilitation in Malaysia.

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