

**A COMPARATIVE ANALYSIS
OF THE PSYCHOLOGICAL PROFILE
OF
INSTITUTIONALISED DRUG USING
POPULATION**

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DEPENDENCE AND PSYCHOTROPIC DRUG USE

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ANALISIS PERBANDINGAN PROFIL
PSIKOLOGIKAL PENGHUNI INSTITUSI YANG
MENGUNAKAN DADAH

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Ringkasan Kajian

Kajian-kajian yang dijalankan telah menunjukkan bahawa beberapa ciri-ciri personaliti didapati berada tergabung dengan tingkahlaku penagihan dadah. Tetapi dari kajian-kajian tersebut kita tidak dapat membuat kesimpulan samada ciri-ciri ini adalah akibat daripada penagihan ataupun ciri-ciri yang menyebabkan penagihan.

Salah satu teori yang telah dicadangkan untuk menerangkan penagihan ialah teori personaliti berkurangan. Dalam teori ini seseorang penagih itu dianggap sebagai seorang yang berkurangan dalam beberapa aspek personaliti tertentu, mungkin dari segi kawalan, kematangan dan lain-lain ataupun dianggap mempunyai sikap/personaliti anti-sosial. Dalam keadaan ini penggunaan dadah mungkin dijadikan suatu alat penyesuaian diri.

Kajian ini bertujuan menyiasat ciri-ciri identiti psikologi para penagih dadah. Ciri-ciri yang jadi tumpuan penyelidikan ini ialah kebimbangan (anxiety), neurotisme (neuroticism), ekstraversi (extraversion) dan konsep diri (self-concept).

Sampel Dan Bentuk Kajian

Sebanyak 201 penagih dadah lelaki telah ditemudugai dalam kajian ini. Mereka telah dipilih dari tiga buah institusi, iaitu di sebuah Penjara Negeri, di sebuah Pusat Pemulihan Dadah Kerajaan dan di sebuah Pusat Terapi Komuniti. Pada keseluruhannya, 78% daripada sampel ini belum berkahwin, pekerjaan mereka tidak berkemahiran (11%), separuh berkemahiran (22%) ataupun menganggur (20%).

Ciri-ciri personaliti telah dikaji dengan menggunakan tiga inventori: Taylor Manifest Anxiety Scale (TMAS), Eysenck Personality Inventory (EPI) dan Tennessee Self-Concept Scale (TSC). Inventori-inventori ini telah diterjemahkan ke Bahasa Malaysia. Inventori dalam Bahasa Inggeris juga telah digunakan oleh subjek-subjek yang lebih fasih dalam bahasa itu. Untuk penagih-penagih Cina yang tidak memahami kedua-dua bahasa ini, soalan-soalan telah diterjemahkan secara lisan.

Data-data juga dikumpulkan mengenai corak penggunaan dadah iaitu jenis dadah yang telah digunakan, cara menggunakannya, kekerapan penggunaan dan berapa lama menjadi seorang penagih. Data-data ini telah dianalisisakan untuk menyiasat perhubungan di antara

ciri-ciri personaliti, ciri-ciri persendirian dan persekitaraan dengan ciri-ciri penggunaan dadah.

Hasil Data-Data

Umur (Masukkan Jadual V di sini)

Subjek-subjek daripada semua lingkungan umur telah menunjukkan tahap-tahap kebimbangan yang tinggi. Subjek-subjek yang muda, iaitu dalam lingkungan 20 - 23 tahun dan 16 - 19 tahun telah melaporkan tahap yang pada umumnya adalah 4 point lebih tinggi bila dibandingkan dengan lingkungan umur yang lain. Satu aliran yang sama telah diperhatikan pada ciri-ciri Ekstraversi dan Neurotisme. Kumpulan 20 - 23 tahun telah menunjukkan skor-skor yang tinggi sekali, iaitu 13.3 dan 14.2 masing-masing. Walau bagaimanapun, kumpulan ini telah menunjukkan konsep diri yang paling rendah. Kumpulan ini tidak menunjukkan perbezaan sikap mempertahankan diri (defensiveness) mengikut umur untuk semua lingkungan umur. Keputusan tersebut mencadangkan kemungkinan bahawa pemuda-pemuda yang tidak lama didedahkan kepada penggunaan dadah dan juga tidak lama dikurungkan dalam institusi akan menunjukkan sikap-sikap yang lebih positif dan konsep diri yang lebih tinggi.

Bangsa (Masukkan Jadual VII di sini)

Pada umumnya tidak ada perbezaan mengikut bangsa. Subjek-subjek Melayu dan India telah menunjukkan skor-skor yang hampir sama dalam beberapa ciri-ciri personaliti dan biasanya skor-skor tersebut adalah lebih tinggi bila dibandingkan dengan skor-skor subjek Cina. Skor-skor tertinggi dalam Skel Ekstraversi (13.0) telah didapati oleh subjek-subjek Melayu dan India. Subjek-subjek Cina telah mendapati skor tertinggi (14.0) dalam skel Neurotisme. Ketiga-tiga kumpulan ini telah mendapati skor-skor yang hampir sama untuk skel-skel dalam konsep diri. Pada amnya, mereka telah menunjukkan konsep diri rendah, terutamanya dalam aspek perhubungan dengan keluarga dan aspek moral etika. Oleh sebab ini bolehlah dikatakan bahawa bangsa tidak menjadi suatu pengaruh penting ke atas ciri-ciri personaliti penagih-penagih dadah.

Institusi (Masukkan Jadual A di sini)

Data-data ini menunjukkan suatu aliran tertentu apabila dilihat pada purata skor-skor dari ketiga-tiga buah institusi. Penagih-penagih telah menunjukkan tahap kebimbangan yang tinggi. Ini bermakna bahawa mereka telah mengalami ketegangan, kegelisahan dan

tidak dapat menahan ketekanan. Kumpulan banduan yang bukan penagih juga telah menunjukkan skor yang sama tinggi (31.55). Kesamaan ini membayangkan bahawa ada kemungkinan tahap-tahap yang tinggi ini telah diakibatkan kerana penagihan, tetapi ini tidak mengecualikan persekitaraan institusi-institusi sebagai suatu lagi punca kebimbangan.

Lebih banyak perubahan telah diperhatikan pada skor-skor dari EPI. Subjek-subjek dari Pusat Pemulihan Kerajaan telah menunjukkan skor yang paling rendah dalam skel Neurotisme (12.1) dan skor tertinggi dalam skel Ekstraversi (13.13). Kumpulan penagih ini adalah lebih muda apabila dibandingkan dengan subjek-subjek yang lain. Oleh kerana itu kemungkinan bahawa faktor ini telah mempengaruhi skor-skor tersebut. Pada umumnya skor-skor Ekstraversi adalah rendah. Keputusan ini mungkin dipengaruhi oleh konteks kebudayaan iaitu perasaan-perasaan tidak biasa ditunjukkan.

Dari segi konsep diri, subjek-subjek penagih dari Penjara telah menunjukkan konsep diri yang rendah sekali. Subjek-subjek dari Pusat Pemulihan telah menunjukkan konsep diri yang paling positif. Suatu corak tertentu telah diperhatikan iaitu skor-skor yang rendah sekali telah ditunjukkan dalam skel Keluarga dan skel

Moral Etika. Skor-skor yang lebih tinggi telah didapati dalam skel-skel Sosial, Peribadi dan Fizikal. Apabila membandingkan subjek-subjek penjara yang bukan penagih dengan subjek-subjek penagih didapati bahawa perbezaan adalah jelas sekali dalam skel Keluarga. Nampaknya penagihan telah mengakibatkan masalah-masalah di dalam perhubungan di antara penagih dengan ahli-ahli keluarganya. Perasaan syak wasangka dan kekecewaan di antara mereka telah memburukkan perhubungan ini dan mungkin ini akan terjejas lagi apabila seseorang penagih itu kembali semula kepada penagihan. Penagih-penagih juga telah menunjukkan sikap-sikap negatif dalam dimensi moral-etika. Ini adalah bertentangan dengan pandangan masyarakat bahawa penagih-penagih selalunya suka menentang dan mengabaikan nilai-nilai masyarakat. Sebenarnya penagih-penagih juga merasa kluatir dengan norma-norma dan etika masyarakat. Nampaknya penagih-penagih sendiri bersetuju dengan pandangan negatif masyarakat terhadap diri mereka.

Skel Penggunaan Dadah

Memandangkan eratnya perhubungan di antara penggunaan dadah dan ciri-ciri personaliti, adalah diperhatikan bahawa subjek-subjek yang tidak begitu banyak menggunakan dadah telah mendapati skor-skor yang positif sekali untuk hampir kesemua ciri-ciri. Skor-skor yang

negatif telah diperolehi oleh kumpulan yang dikatakan sebagai pengguna sederhana. Tetapi kumpulan penagih di tahap penggunaan tinggi dan sangat tinggi telah menunjukkan skor-skor yang hampir positif seperti kumpulan pertama. Aliran ini menunjukkan kemungkinan bahawa penagih-penagih setelah lama menggunakan dadah telah dapat menyesuaikan diri kepada corak kehidupan penagihan. Mereka berpuashati dengan keadaan diri mereka, tidak kira samada corak kehidupan mereka positif atau negatif. Pengguna yang ada pada tahap sederhana adalah dalam keadaan yang sangat merungsingkan. Mereka belum memperolehi dengan penuhnya kebolehan penagih untuk menyesuaikan diri, tetapi mereka tidak boleh menolak corak kehidupan itu oleh kerana ketagihan mereka.

Kesimpulan

Penagih-penagih dari ketiga-tiga institusi ini telah menunjukkan suatu profil psikologikal tertentu. Mereka telah menunjukkan tahap kebimbangan yang tinggi, mereka merasa kluatir mengenai perhubungan mereka dengan keluarga dan dengan nilai-nilai moral-etika pada masyarakat. Profil ini seolah-olah menyokong teori bahawa personaliti berkurangan biasanya didapati bergabung dengan penagihan. Walaupun profil negatif telah ditunjukkan oleh subjek-subjek dari penjara

yang bukan penagih; ini membayangkan bahawa data-data ini mungkin dipengaruhi oleh persekitaraan institusi. Corak penyesuaian yang telah didapati pula membayangkan bahawa penagih-penagih berpendapat dadah boleh memainkan peranan yang berfaedah untuk mereka sebagai membantu mereka menyesuaikan diri dan mencari kepuasan. Pendapat ini akan menimbulkan banyak implikasi dalam perancangan pemulihan. Adalah perlu supaya rancangan-rancangan pemulihan menumpukan perhatian kepada aspek-aspek psikologikal tersebut. Tumpuan semasa kepada latihan jasmani dan vokesyenal adalah berfaedah untuk pemulihan kesihatan dan membangunkan keyakinan. Tetapi lebih penting untuk mengadakan program perkembangan psikologikal berdasarkan kepada penemuan-penemuan tersebut. Adalah perlu untuk mengadakan rancangan-rancangan yang mementingkan kesedaran diri dan perkembangan diri, kemahiran komunikasi dan kemahiran menyelesaikan masalah pada diri penagih-penagih. Kemahiran tersebut adalah tambahan kepada pemulihan fizikal. Adalah dicadangkan bahawa perancangan pemulihan di masa hadapan juga mempertimbangkan faktor-faktor umur, jenis personaliti dan jangkamasa didedahkan kepada penggunaan dadah.

CHAPTER 1

Introduction

A "drug" can be defined as any substance which, by its chemical nature, affects the functioning of the living organism. "Drug abuse" then, is the improper use of any drug, whether licit or illicit, and can occur with almost any substance defined as a drug and which has the capacity to produce dependence defined as a drug. Drug abuse usually, though not always, leads to some form of harm for the individual, and the harm can be physical, emotional or psychological, depending upon the drug and the extent to which it is abused.

There has been many theories proposed as to the reasons why a person turns to a chemical or natural substance and uses it in a way contrary to accepted medical practice or social standards. These can be generally classified as belonging to one of two perspectives: socio-economic or psychological.

Socio-economic theories take the stand that poor environment and economic conditions play the major role in encouraging drug abuse. Adverse conditions such as poverty, inadequate education and recreation facilities, unemployment, presence of criminal activity, and poor medical care have been blamed for creating an environment conducive to drug abuse.

While socio-economic theories have empirical support in many research studies, they do not adequately explain why people from middle and upper socio-economic levels become involved with drug abuse, nor why only a certain percentage of those in the lower level groups do.

In recent years, investigators in the field of drug abuse have turned more to the individual abuser. Much research has been conducted to discover whether there is a link between drug abuse behaviour and inherent or acquired personality characteristics.

Research in this direction has been aided by a classification of drug addicts as proposed by Ausubel (1958) as described below. He identified three basic categories of opiate addiction. All are concerned with the adjustive value of drug-induced euphoria, that acts as a compensation for or self-medication of, an individual's particular personality disturbance. The difference, according to Ausubel, lies in the personality disturbance and the extent to which the addicting drug alleviates the disturbance.

(i) Primary Addiction

Addicts within this category can be further subdivided into two groups, the inadequate personality and the anxiety and reactive-depression prone personality.

The addict having an inadequate personality has somehow failed to develop and mature in a normal and realistic way. His immaturity, takes the form of passivity, dependence, unreliability and an unwillingness to postpone immediate gratification of his desires. The inadequate personality does not have sufficient self-critical ability to see himself as he really is.

More rarely within the Primary Addiction category are found addicts suffering from anxiety states and reactive depression. These people have very high standards and levels of self-motivation, however, they also suffer from a lack of self-esteem and a sense of personal inadequacy. For this type of personality, euphoria-producing drugs are most valued for their stress-reducing properties, and because they lessen the individual's tendency to criticise himself.

(ii) Symptomatic Addiction

These addicts do not derive an adjustive benefit from the drugs they use. Illicit drug use is merely a symptom and an expression of hostility and aggression towards society. Again, there are relatively few addicts within this group, but they are the ones who lend credence to the negative and criminal image of drug addicts on the whole.

(iii) Reactive Addiction

Drug use may also serve as a method of gaining acceptance into a peer group. This acceptance is necessary to satisfy the need for belonging that is prevalent during this period. Drug use can also effectively sedate feelings of anxiety and insecurity characteristic in adolescents.

Ausubel (1960) points out that reactive drug addiction is usually transitory and limited to the scope of adolescent "try anything" behaviours. He maintains that once the adolescent has had his fling with drugs and realises that drugs will not take him anywhere, he will give them up.

One important aspect of the reactive type of addiction must be noted in relation to Malaysian adolescents, as opposed to American users. While heroin and other opiates are extremely expensive and relatively difficult to obtain in Western countries, the high purity and low price of opiates in Asia pose special dangers to young users. Those who begin using high purity drugs can become quickly and severely physically addicted. This adds to the reactive addiction type user's difficulties in giving up drugs, for he faces a painful withdrawal period and tends to have had his

whole lifestyle and value system influenced by his physical addiction.

Data obtained by researchers would appear to support Ausubel's classifications and is divided into two general areas; that of the psychopathic personality and that of the inadequate personality.

Psychopathic individuals exhibit inherent pathology of the mind. Somehow they fail to internalise norms related to the social conscience, and lack responsible, positive attitudes towards others. Gilbert and Lombardi (1967) studied a group of young male narcotic addicts and found that the male addict was described as undependable, egocentric with a disregard of social norms, lacking persistence, insecure and self-conscious, with trouble forming warm and lasting relationships.

The investigators administered the MMPI (Minnesota Multiphasic Personality Inventory) to both addict and non-addict subjects from the same environment. Those subjects identified as addicts scored very similarly and their responses indicated considerable psychopathology. Subjects classified as non-addicts from the same areas did not exhibit such traits. The researchers concluded that their study, like others in the same vein, indicated that:

"..... it is mainly the individuals unable to adjust adequately even within their subculture who continue drug use to the point of addiction".

The second general classification of drug addicts by personality characteristics includes those essentially "normal" individuals who suffer from having adequate or troubled personalities. Unlike the psychopathic group, where the whole concept of the social conscience is altogether missing, the inadequate personality group fail to live up to their own standards or to others' standards for them, and consequently feel guilt and anxiety over this fact.

The inadequate personality is seen in a person who has not properly learned appropriate responses to conflict situations or disappointments. The inadequate personality appears to over-experience or over-react to emotional states.

The traits of neuroticism and anxiety have been found in significantly higher amounts in drug addicts as opposed to members of other populations. Sutter (1971) found that:-

"Although heroin addicts and prisoners evidenced a number of common personality characteristics, heroin addicts reported more neurotic symptoms than did non-addict prisoners, with more

depression, pessimism, anxiety and concern for bodily ailments".

Employing the Eysenck Personality Inventory and the Institute for Personality and Ability Testing's Anxiety Scale (IPAT), Rosenberg (1964) found that adolescent and young adult addicts received significantly high scores on the neuroticism and anxiety components of the scales. He also found his addicted subjects to be emotionally immature and less able than others to form positive and long lasting relationships with others.

The study of the personality continues to be a fascinating area of research, dealing, as it does, with the changing and unpredictability of human behaviour. While classifications of personality and character types appears well-ordered enough on paper, real human beings are complex and not so easily differentiated into neat categories.

As individuals differ widely on countless variables-heridity, social status, economic level, childhood experiences, value systems, emotional stability, reaction to stress and physiological make-up, to name only a few, so do the reasons that any one person experiments or becomes dependent upon drugs. Probably it is a combination of many factors which lead to drug abuse, and personality characteristics cover just one dimension.

Kalant and Kalant (1971) offer an interesting insight into drug abuse and personality. Given that an individual's immature outlook on life may influence him to use drugs as recreation or escape from problems, there is a further consequence to that person's development. Heavy or chronic drug use resulting in addiction effectively halts the individual's growth and reduces the variety and range of skills he needs to adjust and mature in life. In other words, the drug addict is effectively halted in his development at an immature level.

Indeed, whether drug use arises out of an individual's immature or inadequate personality development or the inadequate personality is caused by drug use at an early age remains a not-easily-answered question. Kalant and Kalant (1971) observe that:-

"Even if heavy drug use is a symptom of an immature or disturbed personality, it may also be an important contributory factor in further retarding the process of emotional maturation".

Personality characteristics and learned methods of coping with stress are intrinsically related to physical, social and cultural environment. Studies conducted with western drug addicts may not obtain results applicable

in many ways to addicts from Malaysia.

Choo, Navaratnam and Ward (1980) conducted a study on non-institutionalised addicts and non-addicts from the same neighbourhood, using three personality inventory measurements. Their results showed differences in the areas of anxiety levels, neurotic tendencies and overall self-concept between addicts and non-addicts.

This study employed the same personality inventories to collect data from drug addicts confined in three different institutions. A non-addict sample was drawn from one of the institutions (prison) for use as a control group. The results were analysed to examine the theory that addicts in general exhibit certain personality traits and additionally to discover if there were differences within the addict population in regards to age, race and institution.

CHAPTER 11 - Study Design and Methodology

1. Design

Three personality measurement instruments, the Eysenck Personality Inventory, the Taylor Manifest Anxiety Scale and the Tennessee Self-Concept Scale, were used to collect data from sample groups of drug addicts confined in three different institutions. A non-drug using sample was drawn from one institution to serve as a control group. In addition to the personality inventories, a set of questions designed to elicit information about specific drug use behaviours was administered to two of the addict groups.

2. Administration

The personality inventories were printed in both English and Bahasa Malaysia and were completed individually by the subjects. The interviews were conducted in small groups of five to ten subjects in order to explain any difficult questions. In the cases of non-English and non-Malay speaking subjects, questions were translated item by item into the appropriate language. For illiterate subjects, questions were read aloud by the interviewers.

3. Description of Instruments

i. The Eysenck Personality Inventory (EPI) - 1964

The EPI was developed to measure two independent dimensions of personality: extraversion-introversion and neuroticism-stability. An individual can score from 0 - 24 on the extraversion component, higher scores indicating greater extraversion, and 0 - 24 on the neuroticism component, higher scores indicating greater neuroticism. A 9 - item "Lie Scale" is incorporated into the test and measures the extent of an individual's desire to "appear good". The possible scores on the lie scale are 0 - 9, higher scores indicating more defensiveness.

A typical extrovert can be described as a person who is: sociable, like parties, has many friends, needs people to talk to, takes chances, craves excitement, and acts impulsively. He is fond of practical jokes, likes change, is carefree, easygoing, optimistic and active. He tends to be aggressive and loses his temper quickly, and he cannot keep his feelings under tight control. He is not always a reliable person.

A typical introvert shows quite opposite characteristics and can be described as: quiet, introspective, fond of books rather than people, reserved, distant,

and cautious. He does not like impulsivity or excitement, takes life seriously, and keeps his feelings under tight control. He seldom behaves aggressively or loses his temper and is a reliable, somewhat pessimistic person who places great value on ethical standards.

A highly neurotic person would exhibit characteristics of emotional over-responsiveness, difficulty in returning to normal states after emotional experiences, being prone to complain of vague somatic upsets and negative emotional feelings, and having general feelings of worry and anxiety.

A more stable person can be described as one who is: usually calm, even-tempered, realistic, able to experience emotions without losing control, interested in people but not overly dependent, and able to take things in stride and learn from his experiences.

Obviously, few people would fit into any of these categories exactly. Most people have a mixture of these characteristics, though a preponderance of related characteristics would influence their general outlook on life and the way they deal with responsibility, stress, social expectations, and other aspects of daily living.

ii. The Taylor Manifest Anxiety Scale (TMAS) - 1953

The TMAS consists of forty questions designed to measure the extent of overt symptoms of anxiety. It is concerned with feelings as opposed to actions, and particularly measures negative emotional responsiveness. A person can score from 0 - 40, higher scores indicating more anxiety present in the individual.

iii. The Tennessee Self-Concept Scale (TSCS) - 1965

The TSCS consists of one hundred questions that can be answered by the individual in one of five from "completely true" to "completely false", with varying degrees of agreement and disagreement in between. This scale measures the individuals' concept of himself in five major categories, these being:

Physical Self

Moral-Ethical Self

Social Self

Personal Self

Family Self

Additionally, a self-criticism scale is incorporated into the inventory to measure defensiveness and capacity for realistic appraisal of shortcomings and faults.

An overall score is obtained from the inventory to give a measure of an individual's general level of self-esteem. Higher scores indicate feelings of self-worth, value as a person, satisfaction with one's actions, and confidence. Lower scores are obtained from people who feel worthless, unhappy, depressed, and anxious, and who have little faith or confidence in themselves.

4. Description of Institutions

i. Prison

The population of Penang Prison contains a majority (over 50%) of people convicted of drug related charges or people who commit crimes for the purpose of obtaining money to buy drugs. Prisoners suspected to be drug addicts are observed either before entering the prison (while in police custody) or during remand (before sentencing). Some go through the physical withdrawal during their time in remand. Symptomatic treatment is given. Most, if not all, addicted prisoners have completed physical withdrawal from drugs before beginning their sentences. Urine tests are carried out on all suspected cases.

The prison program for addicted prisoners consists largely of "Commando Training", emphasising

physical exercise and games. Prisoners having sentences of eight months or longer are often sent to work in one of the workshops on the prison ground. They can learn work skills under the supervision of the prison teachers. The various shops include a cane furniture unit, a tailoring unit, a laundry, a canteen, a welding unit, and a rope making shop. Prisoners having short term sentences may spend their entire time in the "commando" unit.

A new component has been added to the prison program in order to provide specialised attention to the addict population. A group of former prison wardens have received training in counselling skills to augment physical treatment with psychological help, and at present individual and group counselling sessions are also provided.

ii. Bukit Mertajam Drug Rehabilitation Centre

The centre at Bukit Mertajam is government-run initially under the Social Welfare Department and more recently under the Ministry of Home Affairs. All the residents must go through a district social welfare office or a magistrate's court in order to enter the centre. The residents, called "trainees", complete their physical withdrawal period at a government detoxification centre before entering the rehabilitation

centre.

At the centre, trainees are placed under the care of a welfare officer and an assistant. They undergo a two-week period of orientation and are then assigned to one of four 'houses' and to one of the various workshops. Centre teachers provide instruction in welding, cane work, carpentry, handicrafts, and barbering. A recreational therapist provides classes in music and art and organises special activities in drama, musical presentations, and sports tournaments.

Physical training is considered to be quite important at the centre, and regular exercise and marching drills are held. Counselling is provided by a social welfare officer.

With "good behaviour", a trainee can be released after a four month stay at the discretion of the Pengetua (officer-in-charge). Trainees can be kept longer if it is deemed necessary, and can even have their stays extended by an additional six months. Consideration is being given to extending all trainees' stay to a one year period.

[NOTE: This program has been modified since this study and now the average period of residence is one year.]

iii. Pusat Pertolongan At Batu Gajah

The centre is a privately run therapeutic community. It is based on the Therapeutic Community concept used at Day Top Village in New York City, USA.

Clients are admitted to the program direct from the public and are charged a deposit and monthly fees. Detoxification is carried out on the premises and the Cold Turkey method is used.

Residents move through several stages within the program and progress must be made at one stage in order to be "promoted" to the next stage. A client can also be "demoted" to a lower stage if his behaviour is not satisfactory.

The therapeutic community differs dramatically from the other two institutions in its use of intensive forms of counselling. Individual and group therapy is used, as well as confrontation and therapeutic exercises for the purpose of achieving understanding of an individual's behaviour. Emphasis is placed on interactions amongst the residents themselves and between the residents and staff. In fact, several former addicts who graduated from the program are now working as therapists.

The mental, rather than the physical, aspects of rehabilitation are emphasised at Batu Gajah. Communication and concern for the clients as worthwhile people are of major importance in the program.

Clients attend the program for approximately eighteen months. The first twelve months are spent on the main grounds of the centre. The last six months comprise the Re-entry Phase, when clients move to a halfway house in Ipoh. There, they are assisted with finding jobs and re-adjusting to life in society. They work during the day and return to the halfway house at night.

CHAPTER 111 - Results

1. DESCRIPTION OF POPULATIONS - Demographic Description (Refer to Table 1, II and III in the Appendix)

Prison Sample

Ninety-seven subjects were drawn from the Penang Prison population. All of the subjects had been arrested for and convicted of drug charges, mostly charges of possession of a small amount of heroin, morphine or ganja. Everyone was confirmed to be addicted to drugs.

The majority of prisoners in the total prison population are Chinese and this was reflected in the sample. Racial breakdown consisted of 44% Chinese 38% Malay, 16% Indian and 2% other races. This population was, on the whole, the oldest of the three study populations, having an average age of 28 years. 74% of the sample were single, and this group had the highest percentage of divorced and separated subjects (13%).

Nearly half (46%) of the subjects are unskilled or semi-skilled workers. 22.7% reported earning monthly incomes of \$250 and less, 26.8% reported monthly incomes of \$250 - \$399 and another 38% reported monthly

incomes of \$400 - \$699. This finding would support the fact that these prisoners would have difficulty in earning enough money legally to support a drug habit.

Bukit Mertajam Sample

Fifty-five subjects were studied from the government rehabilitation centre. Of these, roughly 50% were considered voluntary cases (it being their own choice to enter the centre for treatment) and the rest were deemed police cases, who had been sent to the centre in lieu of prison. All of the subjects had been processed through magistrates' courts, whether voluntary or otherwise.

The majority of subjects in this sample were Malay (71%). Chinese comprised 16% and Indians 13%. This was generally the youngest population having an average age of 24 years. This difference could be due to the sentencing procedure whereby magistrates may tend to select out younger drug users to receive treatment rather than subject them to a harsher prison environment.

This sample had a 20% unemployment rate but also showed a high number of cases employed at the skilled, technical and semi-skilled levels (40%). This could be because of there being two distinct groups within the population - a young group who have not yet received employment and a skilled employed group who had been

sent by their companies for rehabilitation.

84% of the subjects in this sample were single and 5% were divorced or separated. Only 9% were married, the lowest percentage of the three groups.

Batu Gajah Sample

Forty-nine subjects came from the therapeutic community at Batu Gajah. 63% were Chinese, 18.4% Malay, 14.3% Indian and 4.1% of other races. The average age of subjects in this sample was 26 years. Of the three populations, this group had the highest percentage of married people (14%) and the second lowest percentage of singles (77%).

Both the largest percentages of lower professional workers (20%) and of unemployed people (24.5%) were found in this sample. Over half of those employed earned \$400 - \$1,500 per month.

43% of these subjects reported their father's occupation as being in the professional category, while 33% reported their father's income as being \$1,000 - \$1,500 and above. This was the highest in the sample and supports the observation that for many of the residents (especially the unemployed), it is their families that the residents continue to support. Those in the programme are

required to pay for their treatment, however the centre does waive this requirement in exceptional cases.

2. Description of Population by Personality Variables

The data obtained from the sample populations were analysed from several perspectives. These include the factors institution, race and age.

i. Personality Variables by Institution

Prison

TMAS - Prisoners on average scored 32.3 out of a possible 40 on the Anxiety Scale. This score was slightly lower than those obtained from the other two institutions but slightly higher than the score obtained from the control group of prison non-addicts. The average scores on personality variables for all groups involved in this comparison are given in Table A. This score is significantly higher than the scores obtained from two groups of non-institutionalised addicts (score = 22.32 and 11.7 respectively). The non-institutionalised groups were studied by Choo, Navaratnam and Ward, 1980, (hereafter abbreviated to C, N & W, 1980) and all reference to these groups was obtained from that study. These scores indicate that the prisoners experienced intense feelings of

anxiety. It is possible that the punitive nature of the environment is responsible for the high level of anxiety.

EPI (Neuroticism, Extraversion and Lie Scales) - Prisoners scored an average of 13.8 out of a possible 24 on the Neuroticism Scale, a middle-ranking score compared to the other two institutions. The prison control group received a score of 15.13. Both these scores indicate the presence of neurotic tendencies. It is not surprising that neuroticism, being an expression of inappropriate responses and maladjustment within the individual, would be found to greater degrees in both addict and non-addict prisoners. This group scored an average of 12.01 out of a possible 24 on the Extraversion Scale, the lowest of the three institutions and almost similar to the score of 12.05 obtained by the control group. However, it is higher than that scored by the two non-institutionalised groups. These scores thus indicate that extraversion is not a prominent feature of these groups.

Lie Scale scores showed an average of 3.68 out of a possible 9. The scores shown by the non-institutionalised non-addicts (4.78) and the control group (5.03) were almost similar but much higher than

the non-institutionalised addict score of 2.82. It appears then that the prison group has a need to 'appear good'. This finding is expected as the prison programme lays major emphasis on good behaviour.

TSCS - This group scored high on the Physical (62.96), Personal (59.48) and Social (60.29) scales but lower on the Moral-ethical (55.10) and Family (57.45) scales. Data from the other two institutions showed a similar trend. The prison group showed the lowest over all five scales. The control group scored slightly higher on all scales, in particular the Family (61.63) scale. However, the non-institutionalised non-addicts group obtained the highest scores overall on the five scales, thus indicating that addicts have a poorer self-concept.

Interestingly, prisoners scored an average of 34.78 on the Self-Criticism Scale, which was the highest of the scores from the three institutions. This score indicates a more realistic capacity for self-criticism than evidenced in the other addict groups and could be a function of the older average age of the prisoners, their presumably greater experiences with the "bad" side of life and perhaps most importantly, their deviances having been labelled and punished by a certain concrete prison term.

Bukit Mertajam

TMAS - Bukit Mertajam residents scored 33.76 out of a possible 40 on the Anxiety Scale, the highest by a slight margin of all three institutions. It is a significantly higher than the non-institutionalised user and non-user groups (C, N & W, 1980) scores, and indicates, like the scores from the prison group, intense feelings of anxiety are experienced by these subjects. The question remains as to whether anxiety is a result of addiction or institutionalisation, however, the wide discrepancy between scores indicates that institutionalisation contributes a large share.

EPI - Neuroticism, Extraversion and Lie Scales. The average score on the Neuroticism Scale was 12 out of a possible 24, the lowest of the scores obtained from the three institutions.

Subjects from this group scored the highest of the three addict groups on the Extraversion Scale - and higher also than the two non-institutionalised groups.

Scores on the Lie Scale came to an average of 5.02 out of a possible 9, the highest of the addict groups. These subjects appear to have the highest

level of defensiveness and the greatest need to "appear good".

TSCS - In contrast to the prison sample, Bukit Mertajam's sample scored the highest of the three institutions on 4 of the 6 scales of the TSCS. These scales were: the Physical, Moral-Ethical, Personal and Family Scales. The scores for these categories were on the average 5 points higher for each category than those of the non-institutionalised user group and 3 points lower than those of the non-institutionalised non-user group. The Social Scale Score is nearly identical to that of the Batu Gajah group and is higher than that of the prison group. The self criticism scale score is higher than the Batu Gajah group and lower than that of the prison group.

The overall self-concept score was the highest by a significant margin of the scores from the three situations, thus indicating that this group had the most positive self-concept. It is possible that the younger age, shorter duration of drug involvement and the generally less social stigma attached to being in a welfare treatment program, all contributed to this phenomena.

Batu Gajah

TMAS - The average score on the Anxiety Scale fell into the middle range of the three institutions' scores, and, like the scores from the other two institutions, was much higher than those obtained from the non-institutionalised user and non-user groups. Like the residents of the Bukit Mertajam Centre and the addict prisoners. Batu Gajah residents appear to experience high levels of anxiety.

EPI - Neuroticism, Extraversion and Lie Scales - Batu Gajah residents scored the highest average score of the three addict groups on the Neuroticism Scale, 14.10 out of a possible 24. This score is much higher than the 8.70 of the non-institutionalised user group and approaches the 15.80 of the non-institutionalised user group, (C, N & W, 1980).

The average score of 12.96 out of 24 on the Extraversion Scale fell in the middle range of scores from the three addict groups and was higher than both the user and non-user groups' scores. The Lie Scale score of 3.2 was the lowest of the scores from the three institutions, indicating that Batu Gajah residents had the least need to 'appear good'.

TSCS - Batu Gajah's residents scored in the middle range on 3 of the 6 scales of the TSCS. These were:

the Moral-Ethical (very slightly lower than the Bukit Mertajam score), the Personal, and the Family (slightly higher than scores from the prison group) scales. The Physical Scale score was the lowest of the three institutions, but only slightly lower than the prison group's score. These scores resulted in an overall self-concept score that fell in the middle range of the scores from the three institutions.

While the Self Criticism Scale score, at 31.69 was the lowest obtained, it still indicates defensiveness. Generally, scores followed the same pattern established by the other institutions and were quite consistent in appearing in the middle range on nearly every variable.

Personality Variables by Race (Refer to Table IV and Graph 1 in the Appendix)

On the whole, differences in scores between the three racial groups are slight. The category 'other race' has so few subjects that is not included in the analysis. Malay and Indian subjects tended to obtain similar scores on several variables and their scores were slightly higher than those of the Chinese subjects.

On the TMAS, all three racial groups scored in the 32 - 36 point range, indicating high feelings of anxiety experienced regardless of the subjects race. Chinese and Indian subjects showed similar scores across institutions. Malay subjects indicated increasing anxiety from prison (31.70) to Bukit Mertajam Rehabilitation Centre (34.30) to Pusat Pertolongan BG: (36.44).

On the Extraversion scale, the Chinese and Indian subjects tended towards similar scores while Malay subjects tended to score slightly higher. On the Neuroticism scale, Chinese subjects scored higher than both Indians and Malays, but all scored much higher than the non-institutionalised non-user group (average score of 13.50 as compared to 8.70, C., N. & W, 1980). The scores of institutionalised users were lower than those of the non-institutionalised users (13.50 to 15.84; C, N, & W, 1980), thus indicating moderate levels of neuroticism.

Malay subjects scored the highest on the Lie Scale, showing an average of 4.44 as compared to the Chinese subjects' score of 3.53 and Indian subjects score of 3.69.

The three racial groups show strikingly similar

results on the sub-categories of the TSCS. (Refer to Graph 1). Highest scores were obtained on the Physical scale, followed by the Personal and Social Scales. Lowest scores fell in the Moral-Ethical and Family Scales. Indian subjects scored the highest on all variables except the Social Scale. Malays scored the next highest on all variables except the Moral-Ethical scale, in which they scored the lowest, and in the Social Scale in which they scored the highest. The Chinese subjects scored the lowest on all variables except the Moral-Ethical scale. Differences within the group was reflected in the overall self-concept scores. Indians scored the highest (305.24), Malays in the middle (301.49) and Chinese the lowest (294.30). The differences are small and indicate that generally those subjects have a poor self-concept, particularly with regard to their family relationships and Moral considerations.

Very little difference was found on the Self-Criticism Scale scores among the racial groups.

Personality Variables by Age (Refer to Table V in the Appendix and Graph 2)

The subjects were broken down into 5 age groups and the scores analysed to determine if age had any

influence on the individual's self-concept. The age groups were: 16 - 19 years old, 20 - 23 years old, 24 - 27 years old, 28 - 31 years old and 32 years and above.

The group 20 - 23 years indicated the highest average score of 35.5 on the Anxiety scale, but this was a score elevated by the Batu Gajah group's unusually high score of 38.5. The youngest subjects, 16 - 19 years, scored an average of 33.7, thus indicating a significantly high level of anxiety.

Subjects in the 24 - 27 years category showed nearly identical scores at each of the three institutions and averaged 31.1. The 28 - 31 years category showed great variance between the different institutions with scores ranging from Batu Gajah's 27.6 to Bukit Mertajam's 38.1 and Prison's 30.1 was closest to the average. This variability could have arisen due to the small number of subjects in this category. A similar variance was observed in the oldest age group. Prison subjects received an average of 35.3 while Batu Gajah subjects averaged at 29. In Bukit Mertajam there was only one subject in this age group, hence it was decided to omit this group in all further analysis.

Across all three institutions, Extraversion scores

showed a decline with increase in age. An exception was group 32 years and above which had high scores but this could have been caused having too small a number of subjects. The 16 - 19 years old in Batu Gajah scored 16, indicated a high level of extraversion. This age group as a whole average at 13.4. The group 20 - 23 years scored similarly, averaging at 13.3. The groups 24 - 27 years and 28 - 31 years showed quite similar scores with the Prison subjects showing consistently lower scores.

On the Neuroticism Scale, the 20 - 23 years category showed the highest average of 14.2. In the group 16 - 19 years, the average score was 13.2, however this average may have been elevated by the unusually high score of 17 shown by the Batu Gajah subjects. The category 24 - 27 years scored 12.6, the lowest of all groups. The category 32 years and above averaged at 15.6. Across all age categories, the Batu Gajah subjects consistently scored high, thus indicating a very high level of neurotic feelings.

On the Lie Scale, subjects at Bukit Mertajam indicated the strongest feelings of defensiveness and the greatest need to appear good', by showing consistently high scores across all age

categories. These scores then resulted in a general upswing of all average scores. The 28 - 31 years group showed the highest average score of 4.2. The 32 years and above group showed the lowest score of 2.4, partly influenced by the unusually low score of 1.2 from the Batu Gajah group. The 16 - 19 years, 20 - 23 years and 24 - 27 years categories all showed quite similar averages of 4, 3.6 and 3.9 respectively.

The average total TSCS scores were distributed in a parabolic pattern. The youngest groups and the oldest groups shared high overall scores, with the lowest score being obtained by the 20 - 23 years category.

The group 16 - 19 years showed the highest overall score of 327.10. When broken down by sub-categories, this group showed the highest scores on the Physical, Social, Moral-Ethical and Personal scales. The lowest average score was obtained on the Family scale. on the whole, the youngest group appears to have significantly more positive feelings and self-concept than any other group. This may indicate that this age category would have better success rates from the other categories.

The categories 20 - 23 years and 24 - 27 years

shared the same general pattern when analysed by sub-categories. (Refer to Graph 2). Higher scores were obtained on the Physical, Social and Personal scales and lower scores on the Moral-Ethical and Family scales. Within the age range 16 - 27 years, the lowest scores were obtained on the Family scale. Older subjects (28 - 32 years and above) indicated the lowest scores on the Moral-Ethical scale. This pattern indicates that the subjects face the greatest difficulties in their relationship with family and social norms.

Overall, the Prison subjects shared the lowest scores. Bukit Mertajam subjects fell in the middle range and Batu Gajah subjects generally scored higher. Thus it appears that the Prison sample has a poor self-concept regardless of age categories.

Self-criticism scores were quite similar across all age categories. The youngest group (16 - 19 years) were the most defensive with a score of 33. Other groups showed at most a 1 point difference, thus indicating that the population as a whole shared high levels of defensiveness.

3. Statistical Analysis of Score - (Refer to Table B)

A pearson product-moment correlation was carried out

to determine if there were any significant relationships between the personality assessment variables. There is a highly significant inter-correlation between the sub-categories of the TSCS. High scores on the Physical Scale correlate positively with the Moral Ethical (0.55), Personal (0.64), Family (0.48) and Social Scale (0.62) scores. This indicates that subjects who have favourable self-perceptions on one dimension tend to have similar perceptions on other dimensions. This is to be expected since the overall TSCS score is obtained by summing up the positive responses on each of the five sub-category scales.

Significant positive correlations were observed between anxiety and the Moral Ethical (0.33) and Family (0.27) Scales. This could be because individuals who view themselves as being satisfied with their practices on these dimensions would be more fearful of changes in their standards.

A correlation of 0.24 was observed between the anxiety and neuroticism dimensions. This is significantly lower than the correlation (0.66) obtained by Choo, Navaratnam and Ward, 1980. The sample population in this study consisted of former drugs users in institutional settings. The differences in correlations could be as a result of this difference in environment. While both institutionalised and non-institutionalised addicts

experience high anxiety and neuroticism they may experience it from different sources and at different levels.

Significant negative correlations were observed between neuroticism and the TSCS subscales of Physical (-0.28) and Personal (-0.27). The more neuroticism present in the individual, the less favourably he conceives of himself on these variables.

Lie Scale scores showed very low levels of significance. Self-Criticism Scale scores were positively correlated with Physical (0.27) and Social (0.27) Scale Scores. Thus, those individuals more capable of realistic self-criticism tend to have greater satisfaction with their physical and social selves.

Generally, correlations between extraversion and other personality variables were nonsignificant. However, the expected trends were present, with negative relationships between extraversion, anxiety and defensiveness and positive relationships between extraversion and TSCS subscales. The nonsignificance of these relationships could be a result of cultural context. In Malaysia, it is rather the exception than the rule that feelings of positive self-concept would be expressed through extraverted behaviour.

T-Tests were carried out between the mean scores obtained from the prison addict and prison non-addict groups. No significant differences were observed, which in itself appears highly significant. Whether addict or not, institutionalisation appears to have very stressful effects upon the individual.

4. The Non-Addict Prisoner Sample

54 non-addict prisoners were used as a control group for this study. All 54 completed the Taylor Manifest Anxiety Scale and the Eysenck Personality Inventory. 41 of the prisoners completed the Tennessee Self Concept Scale as well.

Demographic Data (Refer to Table VI in the appendix)

The racial breakdown of the control group was as follows: Malays 18.5%, Chinese 64.8%, Indian 11.1% and others 5.6%. The average age of the non-addict prisoners was 28 years and 5 months. Only 55.6% were single, as compared to 77.6% of the addict sample. 31.4% were married and 13% were divorced or separated, a higher percentage, in each case, than in the addict population, which showed only 11.4% married and 11% divorced or separated.

On the occupation variable, the largest group (48.2%) was comprised of semi and unskilled worker. This is similar to the prison addict sample, which had a total of 46% in the same category. 29.7% were included in the technical and skilled worker categories, and 11.1% in the lower and higher professional worker range. Unemployment at 3.7% of the sample, was considerably lower than 20.4% recorded for the addict population.

A majority of subjects in the control group (40.7%) reported monthly incomes of \$400 - \$699 per month. Over one quarter (27.8%) reported incomes in the \$700 - \$999, \$1000 - \$1499, or \$1500+ ranges; this was much higher than the 8.3% reported by prison addicts and close to the 24.5% reported by the Batu Gajah sample. Slightly over one quarter reported monthly incomes in the range of \$399 and less.

Personality Inventory Results - Overall
(Refer to Table VII in the Appendix and Graph 3)

TMAS - The non-addict control group, while scoring lower than the addict groups on the anxiety variable, still scored at a higher enough level to indicate significant anxiety. This group scored

nearly three times higher than the sample group of non-institutionalized non-addicts studied by Choo, Navaratnam and Ward (1980).

EPI - Neuroticism - The control group scored higher on the neuroticism variable than the addict groups. Conversely, this group scored in the lower range on the Extraversion variable and received an average score of 12.05, quite close to the prison addicts group's average score of 12.01.

The Lie Scale Score, at 5.03 was the highest of all the groups, though close to the Bukit Mertajam group's average of 5.02. Such an elevated Lie score indicates considerable defensiveness and the desire to "appear good".

TSCS - While the non-addict group scored in the same general range as did the addict groups, the pattern of scores within the sub-categories of the TSCS differed. Like the addict groups, scores were depressed on the Moral Ethical Scale and elevated on the Physical Scale, but unlike the addict groups, Family Scale scores were elevated and were an average of 2 points higher than those received from the addict groups. Personal Scale scores were the lowest of all groups, and Social

Scale scores only slightly higher than those of the prison addicts.

Self Criticism Scale scores, at 30.61, were lower than the addict group's average scores and support the Lie Scale Scores in indicating high degree of defensiveness and an inability to realistically self-criticise behaviour.

The overall self-concept score, at 300.54, was quite similar to the score of 300.30 obtained from the Batu Gajah group. The non-addict prisoner score was nearly 5 points higher than the addict prisoner score of 295.28. On the whole, the score indicates that the prisoners had poor self-concepts, little confidence or faith in themselves, and feelings of personal inadequacy.

Personality Inventory Results - by Racial Group

Wider differences among racial groups appeared in the non-addict prisoner group scores than within the addict groups (Refer to Table VII).

On the anxiety scale, Malay and Indian subjects obtained very high scores of 35.80 and 35.83 respectively. Chinese subjects shared a very low

score of 23.02. These scores are both higher and lower than any of the addict population scores.

On the Extraversion and Neuroticism Scales, Malay and Chinese non-addict and addict subjects appeared to score quite similarly. Indian subjects, however, shared the lowest Extraversion score of 10.83 and the highest Neuroticism score of 16.16.

On the Lie Scale, Malay, Chinese and Indian non-addicts all scored higher on this scale than did their addict counterparts. The Malay non-addict score of 5.90 was the highest of all groups.

On the TSCS, Malay non-addict subjects scored quite similarly to the addict population. Indian subjects indicated a noticeable decline while the Chinese non-addict showed a marked increase. Over all racial groups the Moral-Ethical scale showed the lowest scores, a similar pattern was indicated by the addict group. Scores on the Family Scale however showed a general increase. The most noticeable change was shown by the Chinese non-addict group who scored 63.21 on the Family scale, as compared to a score of 56.34 obtained by the Chinese addict group. On the Personal scale the non-addict

group shared a general decrease in scores. The Malay group scored 56.80, the lowest score of all.

Overall TSCS scores reflected the differences found within the subscales where Chinese addicts scored the lowest, Chinese non-addicts scored the highest on this scale. Indian non-addicts scored lower on all scales, except the Family scale. Thus, this group appeared to have the poorest self-concept. The Malay groups did not show overall differences.

On the Self-criticism scale, Malay and Indian non-addicts scored very low, the lowest scores of all groups. Chinese non-addicts scored similarly to the Chinese addicts in prison.

CHAPTER IV - Patterns of Use

A portion of the subjects in this study were requested to answer an additional set of questions designed to elicit information on their drug using behaviour and personal opinions. The Prison sample was excluded to avoid duplication as a more comprehensive Baseline questionnaire had been previously administered. The responses given by Bukit Mertajam and Batu Gajah subjects was analysed in three parts; drug use history, drug use scale and personal opinions.

1. DRUG USE HISTORY - Questions and Responses (Refer to Tables VIII in the appendix)

1. Who introduced you to drugs?

The majority of respondents (82.5%) answered "Friends" to his question. This is to be expected, in light of several conditions favourable to drug use potential.

First, the age at which most people become involved in drug abuse was in adolescence. During this period of life development, young people are beginning to break away from family ties and are becoming social entities in themselves. Adolescence is a time of forming one's own values, rebelling, to a certain degree,

against authority figures, and in feeling an eagerness to explore the adult world. Physical and emotional changes at this time contribute to the confusion, emotional upheaval, and insecurity many young people face. To be accepted by one's peer group becomes enormously important, and adolescents demonstrate this by following fads in clothes, music, and lifestyles to an extreme degree.

While there are many ways to become parts of a group (by excelling in sports, for example), some groups are by nature exclusively made up of people who meet rigid criteria. Within groups perceived as rebellious, unconventional, and full of forbidden excitement, use of drugs may be the only ticket "in". To quote from Drugs, Society and Personal Choice; by Kalant and Kalant (1969).

"Closely related to the use of drugs for facilitating social interaction is their use as a necessary condition for admission to some social groups.

It provides the feeling of kinship which unites a group of otherwise unrelated or unequal people".

Logically, the drug using peer group provides conditions that a newcomer needs. First, he must have a way to procure the drugs, and second, he needs to be taught how to ingest it. Users of drugs that must be prepared (ganja and the opiates as opposed to pills) tend to have an almost ritualistic approach toward their preparation. A user is not really a full "member" until he can properly prepare his drugs himself. Newcomers must be taught what materials to use, how to get the most effect from a small amount of drugs, how to avoid waste and how to properly enjoy the drug's effects. It would be fair to say that the initiate's responses are heavily modelled on the actions of his peer group. Additionally, the initiate needs the encouragement and moral support of established user to reduce his own apprehensions and fears about trying a new experience.

Only a small percentage of respondents (7.2%) answered that a professional drug pusher had introduced them to drug use, and an even smaller number (2.1%) had been introduced by a family member. The peer group, then, appears to have the most influence over an

individual's choice to try drugs or avoid them. Interestingly, many addicts say that established users warned them not to become involved when they were first starting out, but would teach them when they insisted they really wanted to learn.

ii. What was the reason for your first drug use?

Nearly half (48.5%) of the respondents answered that they first took drugs out of curiosity to know just how it felt to be "high". Almost one-third (28%) said it was for the physical enjoyment they thought they could have and 15.5% said that they used drugs to forget problems. It can be concluded from these answers that drug use was seen by these users as being a positive, pleasurable experience and that any risk involved were worth it.

iii. What was the reason you continued to take drugs (after the first time, and before physical addiction)?

27% of the respondents answered that they continued to take drugs because they enjoyed the physical sensation. This is very close to the number (28%) who gave "Physical Enjoyment" as the

reason they first tried drugs. However, nearly half (46.4%) said that they continued to take drugs to forget problems (only 15.5% originally used drugs to forget problems). This could be because of one characteristic peculiar to the opiate drugs - that of providing an almost mindless sense of well-being. It is said to be difficult to describe this sensation, but it approaches feeling completely fulfilled and satisfied. Once a person has experienced such euphoric bliss, all problems of everyday living may come to seem more difficult and troublesome by comparison.

14.4% said they continued to take drugs because they felt they could control the drugs and not become addicted. 10.3% answered that they continued taking because they wanted to gain acceptance by friends. One addict brought up an interesting point regarding "continued use". Since most people have unpleasant and uncomfortable reactions to their first dose of opiate drugs (nausea, sweating, itchiness, dizziness, vomiting), a newcomer is often told that he must continue to try several times with the opiates, until he comes to learn the "Real Experience". By the time

he has experienced the "high", he is well on his way to addiction.

Although the use of tobacco was not included under the category of non-medical drug use, the interviewers noted that almost 100% of all the subjects smoked cigarettes, either constantly, at Batu Gajah or when "cigarette time" came, at Bukit Mertajam. Other studies have established a link between young people's use of tobacco and subsequent experimentation with drugs. For example, Dr. J.R. Block of the Institute for Research and Evaluation in Hampstead, New York, (1974) found that:

Drug users were far more likely to smoke (tobacco) and among those who smoked, drug users smoked more heavily than non-drug users.

Since tobacco is easily available at low cost in Malaysia, it may well be the first type of drug used by young people seeking to appear grown up and "rugged". It is also much easier to smoke ganja or cigarettes with heroin if one has previous experience with smoking tobacco.

iv. What was the first drug you ever used?

In the sample groups, 75% of the subjects listed ganja as the first drug they had tried. Nearly one quarter of the sample 19% listed heroin (using mostly the spiked cigarette method). 4% used barbiturates or tranquilizers (notably Mandrax and Roche 2), 1% used morphine, and 1.0% used opium (by smoking, as opposed to eating).

v. How old were you the first time you tried any drugs? (not including tobacco or alcohol)

The average ages of the subjects at the time of the study were 24.2 years at Bukit Mertajam, and 26 years at Batu Gajah. Subjects reported their initial drug use experiences occurring at very young ages; nearly half (45.3%) at ages between 10 and 16 years. 11.3% reported their first use occurring at age 17 and 13.4% at age 18, bringing the percentage up to 69.9% of the sample having the first used drugs by age 18. Nearly one quarter of the subjects first used drugs between the ages of 19 - 22 years, and only 5.1% between the ages of 23 - 29 years.

These figures emphasise the fact that drug abuse is most likely to begin at the ages of early adolescence, a time when emotional, physical and social development undergoes many changes. This is particularly disturbing in that those who have engaged in one form of drug abuse are more likely to experiment with other more serious forms.

vi. What are the drugs that you have ever used?

From the Drug Use History Form, it was found that a significant proportion of the subjects had abused more than one drug during their drug taking experiences. Obviously, 100% of the sample had abused one drug. But only 20% had remained involved with one drug - 80% had tried 2 drugs, 47% had tried 3, 28% had tried 4 and 9% had tried 5.

When analysed individually, the Drug Use History Forms showed the subjects' inclination to begin their drug abuse with ganja and then proceed to heroin. Once a subject was involved with heroin, use of ganja tended to stop completely - furthermore, other opiates were more likely to be used. Many subjects used barbiturates

and opium, after their initial experience with heroin, only if heroin was not available. This trend could be due to the fact that once a person is addicted to heroin, he must consume some kind of opiate to prevent withdrawal symptoms and ganja will not do so.

Within this sample, 94% responded that they had used heroin at one point or another during their lives. Of these, a majority had become addicted and used heroin as their drug of choice. Only a few had gone on to become addicted to morphine, some as a result of periodic heroin shortages. One unusual case, a 48 year old man had used only morphine for 26 years.

Nearly half (48%) of the sample population had used barbiturates, tranquilizers or amphetamines during their lives, and 78% had used ganja. Nearly one quarter had used opium either by smoking or eating and 17.5% had used morphine. Only 5% of the sample had ever used LSD - this small percentage is probably due to the rarity of hallucinogens in Malaysia.

Racial Differences In Drug Use

The Drug History Form data was analysed by racial groups to determine if there were any differences in drug use patterns among the groups. On the initial drug used, it was found that Malays and Chinese had very similar first-time experiences. 73% and 74% respectively had used ganja as their first drug. Those using heroin as their first drug were Malays 19% and Chinese 20%. Indians showed a higher percentage (82%) of using ganja first and only 9% had begun with heroin. For all three groups, a small percentage (Malays 5%, Chinese 5% and Indians 5%) had begun with pills, and only two subjects (roughly 2% of the sample) had started with morphine and opium.

100% of the Chinese, Indian and "others" subjects had used heroin, compared to 87% of the Malays. Interestingly, however, Malays showed the highest percentage of morphine use (23%), as compared to 13% of the Chinese, no Indians and one of the two subjects in the "other" category. Malays also showed the highest incidence of opium use (32%), as compared with 19% of the Chinese, 18% of the Indians and none in the "others" group.

The Indian group had the highest percentage of pill use (63%), followed by slightly more than half the

Chinese (51%) and only 40% of the Malays. Of the 4 subjects who had tried LSD, one was Chinese, one Malay, one Indian and one "others".

The results were analyzed to determine the extent of multiple-drug use by the subjects. 80% of the total sample population answered that they had tried more than one drug. Within this 80%, it was found that 100% of the subjects in the "other race" category had used more than one drug, 90% of the Indian subjects, 84% of the Chinese subjects and 74% of the Malay subjects.

2. DRUG USE SCALE

A drug use scale was developed by Dr. V. Navaratnam at National Drug Research Centre. Numerical values were assigned to various drugs, methods of ingestion, amount ingested and duration of use based on the pharmacology, pharmacokinetic and pharmacodynamic behaviour of the different drugs. The values assigned were as follows:

<u>Drug Type</u>	<u>Method of Ingestion</u>
ganja (cannabis) - 1	eat or drink - 1
barbiturates - 2	(heroin) spiked cigarette - 3
tranquilizers - 2	pipe - 3
amphetamines - 2	(ganja) cigarette - 2
hallucinogens - 2	chase the dragon - 5
opium - 3	injection - 10
morphine - 5	
heroin - 5	

Amount Ingested

less than once per week	0.5
one-three times per week	1
four-seven times per week (daily)	2
eight-thirteen times per week	3
fourteen-twenty times per week (twice daily)	4
twenty-one - twenty-seven times per week (three times daily)	6
twenty-eight or more times per week (four times daily)	8

Duration

less than one year - 0.13
one year - 0.25
two years - 0.50
three years - 0.75
four years - 1.0
five years - 1.25
six or more years - 1.50

Data was taken from the Drug Use History Form filled out by residents of Bukit Mertajam and Batu Gajah. It was analysed and assigned numerical values according to the scales. For each individual, the following formula was then applied to produce a single number, the Drug Use Score:

Formula was = [Drug + Method + Amount] x Duration

So, for example, a subject reporting daily use of ganja by smoking in a water pipe for three years would receive a score of:

$$[1 \text{ (ganja)} + 3 \text{ (pipe)} + 2 \text{ (Daily)}] \times .75 \text{ (three years)} = 4.5$$

A subject reporting once-weekly use of barbiturates for one year and additionally, twice daily use of heroin using the chase method for one year would receive a score of:

$$[(2 \text{ (barbiturates)} + 1 \text{ (eat)}) 1 \text{ (once weekly)}] \times .25 \text{ (one year)} = 1$$

$$[(5 \text{ (heroin)} + 4 \text{ (chase)} + 4 \text{ (twice daily)})] \times .25 \text{ (one year)} = 3.5$$

In case of multiple drug use, the scores would be added in this case $1 + 3.5 = 4.5$ for the total drug score.

Drug use scores were divided into four groups according to overall amount of drug use. The categories were defined as low use, medium use, high use and very high use. Mean scores were obtained from the personality inventories. Scores were then analysed to determine if any relationship existed between extent of drug use and scores on the personality variables.

A very interesting pattern emerged when the results were graphed (Refer to Graph 4). As was anticipated, those subjects scoring low on Drug Use scored most positively on almost all personality variables. Following the same general patterns as all the addict groups, the highest scores were obtained on the Physical and Personal Scales and the lowest on the Moral Ethical and Family Scales. The total TSCS score was the highest of all groups, the scores on the Anxiety and Neuroticism Scales the lowest and the Self Criticism scores the most positive of all the groups.

Scores from the group classified as "medium" on Drug Use rose sharply on the Anxiety Scale and slightly on the Neuroticism Scale. Scores dropped significantly on all subscales of the TSCS and in fact were the most negative of all groups, as was the resulting overall TSCS score.

Unexpectedly, the subjects classified as scoring in the "high" and "very high" ranges of the Drug Use Scale received scores that were significantly more positive than the medium group on the subscales of the TSCS. Those classified as being in the "high" range had scores on the Family and Social Scales that surpassed even those in the "low" drug use category.

Neuroticism Scale scores were slightly higher than those of the "medium" group. Those classified as "very high" on Drug Use received the highest scores on the Anxiety Scale but this score was a mere 0.9 points higher than that of the "medium" group. Self criticism scale scores were more positive in both the "high" and "very high" groups, as was the overall TSCS score, though not as positive as that of the "low" drug use group.

It can be postulated that a number of factors account for the unexpected trend in scoring patterns among the four groups. It was assumed that the higher the extent of drug use, the lower an individual's self-concept would be. However, it was found that those in the medium range felt the most negatively about themselves on almost all variables.

Low ratings on the Drug Use Scale were obtained by those subjects relatively new to the drug scene, with an

average of only 12 - 18 months duration of drug use. Although some opiate use was recorded, it was exclusively used by the spiked cigarette or "chase the dragon" method, none in this group had used injections. Those in the "low" drug use group, then, were still close to their normal, pre-drug use lifestyles and seem to have a much more optimistic view of themselves.

Those in the "medium" range had both longer durations of drug use and more frequent amounts of drugs ingested. More use of opiates and pills was recorded for this group. It could be that this group had much greater feelings of guilt associated with their status as drug addicts because they still felt that they should follow societal standards. Additionally, it could be that these subjects were still somewhat inexperienced in obtaining their drugs and subject to desperation at times when they could not get their needed dose.

Those in the "high" and "very high" drug use groups appear to have adjusted both their lifestyles and their value systems to their drug use. Within these two groups were found subjects who experimented widely with many drugs and many methods of ingesting drugs. In order to maintain themselves on high and frequent doses, these subjects would have had to develop skills related to getting money, concealing their drug use and eluding law enforcement.

These subjects would have also had to identify with standards not socially acceptable to members of normal society. Positive responses on the subscales of the TSCS indicate satisfaction with an individual's behaviour, whether it be positive or negative. Within their subculture of drug addicts, these subjects probably had the highest status as being "drug experts" and thoroughly versed in all aspects of drug use. Expectations and values held by society would have little appeal for these subjects, since by their lifestyles they had turned so far away from normality.

The implications of such patterns are serious. It seems that a person heavily involved in drug abuse becomes well adjusted to a drug using lifestyle. In these persons, simply treating an addict's physical addiction will do little to affect his psychological self-concept as an addict. If he is merely put through detoxification, given food and exercise and limited vocational training, he comes out of an institution with a "new" body but very much the same "mind".

3. PERSONAL OPINIONS: Questions and Responses (Refer to Table IX in the appendix)

1. How many times (not including this time) have you received treatment for drug addiction?

In answering this question, the subjects were asked to count all the times

they had received treatment from an outside source for their addiction. Included in this category were bomoh and sinseh (traditional Malay and Chinese medicine men) treatment, previous stays at private or government rehabilitation centres, any medical treatments prescribed by doctors and treatments conducted by family or friends while at home.

For 32% of the subjects, the present stay at the rehabilitation centre was their first attempt at getting treatment for addiction. Nearly 30% had received treatment once previously. 11.0% twice and 7.0% three times prior to their present stay. 14.0% had from 4 - 8 previous periods of treatment and 6% had 9 or more - some of these subjects responding that they "couldn't count the times - there had been too many".

From these responses, it can be seen that nearly 70% of the subjects in this sample group had undergone at least one attempt at rehabilitation 40% had two or more experiences with treatment. Obviously, these experiences had not resulted in a permanent cure.

The questions of receiving treatment must be carefully considered. It is difficult to accurately estimate how many subjects voluntarily enter treatment facilities and how many are forced, either by level means or by heavy family pressure. In the case of the government centre at Bukit Mertajam, it is estimated that about half of the residents are sent by magistrates' courts in lieu of a prison sentence and the other half come via the social welfare system. However, those who come, "voluntarily" may be bowing to family pressure as much as following their own desire to give up drugs.

In the private centre, while there are a very few cases referred and supported by the Social Welfare Department, the same question of "voluntary admission" arises. The treatment must be paid for, unlike the government centre. Since most addicts have trouble supporting their own habit, let alone paying for treatment, their families must be the ones who are the final decision-makers in regard to the individual's admission. In some cases, admission to the centre represents the addict's "last chance" as far as his family is concerned.

ii. What are your chances of giving up drugs?

Nearly three quarters of the subjects (72.2%) answered that they were confident that they could give up drugs permanently, once they were released. Whether this reflects a genuine feeling of being cured or an apprehension what the answers would be put in their personal files is difficult to determine. The interviewers stressed the confidentiality of the forms; however, many of the subjects remained wary of appearing "negative".

9.3% of the subjects answered that though they might use drugs again, they felt that they would not become re-addicted. Only 2.1% answered that they would most probably become re-addicted. One wrote, "I'm honest. As long as I stay here, no problem. As soon as I go back to my kampong, there's the "fit" and there's my friends. What else can I do but join back?" (Note: "fit" is a slang term for heroin).

16.4% answered that they didn't know for sure. For many of the subjects, there seemed to be a genuine desire to give up drugs on

one hand and a fear that "once an addict always an addict" on the other. The real difficulty in giving up drugs is not faced inside a detoxification or rehabilitation centre, but out in the real world where drugs are available on street corners and in 5-foot ways.

iii. What do you plan to do to keep yourself away from drugs?

The general trend in the subjects' answers to this question involved avoiding the old lifestyle and companions and turning to new. The majority (36.1%) answered that they would find new friends and healthy activities to replace those connected with drug use. 20% answered that they would "go outstation", whether it was to another town or another country (many mentioned Singapore as a good place to go to avoid temptation). 16.5% said that a "new or good" job would help them stay away from drugs. Many subjects combined these two answers, saying that they would go and work outstation at new jobs or seek transfers to another town while keeping their old job. This was especially true of those who had been

sent by their companies for rehabilitation.

Only 9.3% of the subjects answered that "self-control" would keep them away from drugs. A very small number cited following the teachings of religion as a way to "clean". 3.1% felt that they could use substitute drugs, such as alcohol, in order to stay away from the harder drugs.

8.2% mentioned that getting married or mixing more with girls would help them. Keeping in mind that most of the subjects in this sample were young and single makes this response seem fairly valid. Also, since opiate addiction significantly reduces the sexual drive, being off drugs may have reminded them of interests that many subjects had forgotten.

6.2% of the subjects either didn't know what they would do or listed answers that were classified as "other", such as "enjoy life", work as a "counselor" and "finish my education".

iv. What is the best help you could get from other people?

A large number of subjects (61.9%) said that they wanted some form of psychological support, such as encouragement, trust, advice and love from their families. 15.5% said that they needed physical support of some kind, the most frequently mentioned being help with a job.

19.6% answered that no one else could really help - that it was up to themselves to stay drug free. A small number said that others could help by offering healthy activities such as sports, as alternatives to drug use.

Many of the subjects said that they faced great difficulties once they were outside of the rehabilitation centres because of their past records. Families found it very hard to trust former addicts and the general attitude of the community was one of suspicion. Added to that were problems of old friends who were still involved with drug use asking the former addict to join them "just once more". Faced with continuing suspicion, many

"rehabilitated" addicts would "try just a little bit" and soon become re-addicted, confirming their families' worst fears and their own very shaky self images.

v. What is the best part of the program for you?

In analyzing the answer to this question, it was fairly easy to distinguish which answers were from the therapeutic community and which were from the government centre. The BM subjects answered that the best parts of their program were work (16.5%), exercise (13.4%), craft and recreation (6.2%), food (5.8%), religious classes (4.1%), and simply being confined away from drugs (4.1%). 6.0% answered that there was nothing good about the program.

For the Bukit Mertajam residents, the emphasis on physical exercise and games appears to be highly rewarding. The residents (and the families who come to visit) can see dramatic changes in their bodies, from thin and bony to strong and well-fed.

The Batu Gajah subjects cited various therapeutic methods as being most helpful

to them in their rehabilitation. 21.6% answered that the therapy in general was the best, and others stressed the "love, care and concern" (6.2%) self-awareness (3.3%) re-entry phase (4.3%) and (6.2%) answered that the whole program was helpful. (2.1%) answered that they didn't know.

vi. What should the Government do with drug addicts,

Nearly 50% of the answers to this question had to do with the rehabilitation of addicts. Residents of Pusat Pertolongan were more likely to recommend long term therapeutic community treatment while Bukit Mertajam residents mentioned improvements of the government centres. Many of the subjects stressed the idea that drug addicts need treatment, not punishment.

Other answers along the lines of treatment had to do with the government providing physical assistance to rehabilitated addicts (11.3%) and psychological assistance (7.3%). Types of assistance included help with jobs, financial aid for addicts' families, vocational training,

improved aftercare and family counselling, and the provision of halfway houses.

14.4% of the subjects felt that the government should do more in the way of drug education. Some suggested using ex-addicts to present seminars in schools, and the use of factual information instead of "scare tactic" anti-drug propaganda.

About 10% of the answers had to do with a punitive approach to the drug problem. Included in this category were answers dealing with the prevention of drugs entering Malaysia, cleaning up corruption among officials, providing severe penalties to traffickers and sending addicts to prison. These subjects seemed to put the onus of control onto the government and did not themselves feel capable of resisting drugs if they were available.

7.2% answered that they didn't know what the government should do with addicts.

CHAPTER V - Discussion

The results of this study support the theories that an important relationship exists between personality characteristics and drug abuse behaviour. It is difficult to determine whether these characteristics are inherent, having a casual connection with drug abuse, or acquired as a result of drug abuse. However, definite personality traits can be identified in individuals involved in drug abuse to the point of physical addiction.

The general profile emerging from the results shows the drug addict having certain psychological characteristics when not physically involved in drug abuse. High levels of anxiety are present, strong neurotic tendencies that suggest the addict responds inappropriately to stress and difficulties, and high degrees of defensiveness. This combination of characteristics in itself suggests a personality not well equipped to handle normal frustrations, and unwilling to take responsibility for actions. The large amount of defensiveness combined with high anxiety would further encourage an unstable personality to feel justified to abuse drugs.

The general pattern of responses on the various categories of the self-concept scale offers some insights into the drug addicts' perception of their own functioning.

There is almost a mirror image in the way society sees drug addicts as useless, untrustworthy, weak-willed and irresponsible and the way addicts conceive of themselves.

Lowest scores on the moral-ethical and family categories indicate that addicts face their greatest difficulties in relationships with family and society. There is an element of hopelessness in the face of so many addicts failing to kick their habits, resorting to dangerous activities to get money for drugs, and the experiences many have had in losing the trust, faith and love of their families and friends. As a result of alienation from the family and society, the drug addict had only other addicts to identify with. His peer group becomes the most important source of social contact as well as serving the need for drug connections. However, even this social contact is subject to problems as many addicts, if desperate enough, steal even from their friends.

The general profile presented above matches at several points the results presented by Choo, Navaratnam and Ward (1980). The similarities observed lend credence to the view that it is possible to distinguish a psychological profile of drug addicts. This is especially so as the two samples taken from vastly different environments, yet show similar trends.

While it is possible to construct a general profile from responses to the psychological inventories, other factors besides drug addiction may affect this profile. A discussion of score analysis by the factors of institutions, race and age group follows.

Analysis by Institution

It was found that, overall, prisoners consistently scored at more negative levels than the other groups. These results are not surprising, given the general attitude of society towards prison inmates as being adviant and undesirable people. The prisoners themselves appear to agree, and have the lowest concept of the three groups of their own self worth. The scores indicate considerable difficulty with family relationships, little regard for legal and moral standards, a sense of personal inadequacy, and a lack of positive interaction even within their own peer groups.

Scores obtained from the residents of the Bukit Mertajam centre indicate anxiety levels similar to those experienced by prisoners. However, scores on the Neurotic scale were much lower and scores on the Extraversion scale much higher on the average than those obtained from the other two institutions. This is possibly due to the generally younger ages of Bukit Mertajam residents

and emphasises the value these subjects place on their interactions with peer group members.

The overall self-concept score of this group being significantly higher than those of the other groups may also be due to younger ages of the subjects as well as presumably shorter length of time involved with drugs. These subjects feel more positively about themselves physically, are closer to their families, adhere more to societal standards, and have more feelings of self-worth than the other subjects. For many in this group, the Bukit Mertajam centre represents their first contact with a legal or social welfare institutions, and though they may be labelled as addicts, they are not "branded" as criminals, as prisoner etc.

Like the other subjects, Batu Gajah residents evidenced high levels of anxiety. In addition subjects from this institution scored very high on the Neuroticism Scale, the highest of the three institutions. The EPI Manual notes that those scoring high on the Neuroticism Scale tend to have many somatic complaints. This was independently observed by a Batu Gajah staff member who mentioned that stomach aches, gastric trouble, headaches and vague body pains were frequently given as excuses not to join Centre activities.

Subjects from Batu Gajah scored similarly in some ways to prison subjects and in other ways to Bukit Mertajam subjects. For many families, the Batu Gajah centre represents the last chance for their addicted child. Low Family Scale scores indicate that family relationships are quite strained, but the very fact that the families are supporting subjects in the program shows strong concern.

Low Physical Scale scores may reflect the centre's concern on mental rather than physical activities. Support for this idea comes from interviewer observation that many of the residents chainsmoked cigarettes and that some were noticeably overweight, something that was not observed at either that of the other two institutions. Slight elevation of the Social Scale scores could be due in part to the social interaction inherent in Batu Gajah's program.

Analysis By Race

Possibly the most significant aspect of the analysis of personality scores by racial groups is that differences were very slight. It appears that the factor of drug abuse itself causes similarity in results rather than the factor of race.

All three races scored in the same general ranges

on the Anxiety, Extraversion, Neuroticism and Lie Scales. Similar patterns were found in scores on the subscales of the TSCS as well.

Highest scores were obtained on the Physical Scale by all three races. This could be due to their having gone through physical detoxification from drugs and their experiencing a dramatic change in their bodies. Indeed, once their appetites return and they become involved in physical exercise, especially at the prison and at Bukit Mertajam they become obviously heavier and healthier looking. Not surprisingly, Physical Scale scores are an average of 6 points higher than those of the group of non-institutionalised (and therefore actively using drugs) addicts studied by Choo, Navaratnam and Ward (1980).

Elevation of scores on the Personal and Social Scales by all three racial groups indicates that the subjects felt relatively more positive about themselves in regards to their own personalities and their interaction with peer group members. Higher scores on the Social Scale especially emphasise the ideas that the peer group is of major importance to the subjects, and that within their own subculture, they feel adequate.

All three racial groups scored the lowest on the

Moral-Ethical and Family Scales. This could be expected in view of the subjects' status as drug addicts, and reflects their considerable difficulty in accepting personal responsibility for their actions.

Analysis By Age

The variable of age appears to be important in relationship to an individual's self-concept, yet the relationship is not a linear one. If it was, we would expect to see scores becoming either more positive or more negative with age. However, the scores fall in a rather erratic pattern, and appear to be influenced by institution as well as age group.

The most striking results were seen in the scores from the the 16 - 19 year old group and the 20 - 23 year old group. The first group scored in the most positive ranges on all variables, while the second group scored in the most negative ranges. Why should there be such a large difference between groups that are close in age?

It was noted earlier that many younger drug abusers may be categorised as belonging to the Reactive Addiction type. Drug use, for this group, is done as a thrill or as a way of belonging to the peer group, serving the same kind of purpose as following music and fashion fads. Drug use

can almost be viewed as a phase that young people "grow out" of as they mature.

However, when the drugs of choice are of the opiate group, "getting in" is a lot easier than "getting out". Many heroin addicts admit that they had no idea of how serious physical addiction really was as none began experimenting with the express purpose of becoming an addict.

The very youngest addicts, with their shorter history of drug involvement and lesser extent of involvement with the legal aspects of drug use, may retain a higher degree of optimism and more positive self-concept than those who have experienced the harsher realities of life as an addict.

Subjects in the 20 - 23 year old group scored the highest on the Anxiety and Neuroticism Scales and the lowest on all components of the TSCS. Recalling that, within the sample, nearly 70% had had their first experience with illicit drug use at or before age 18, we can postulate that by age 20 - 23, many were already heavily involved and were physically as well as psychologically drug dependent. Perhaps it was only after being involved for one or more years that they realised what a difficult situation they had entered and

their self-concepts suffered badly as a result of their inability to get out.

There is a general trend towards more positive scores by the 24 - 27 and the 28 - 31 year old groups on the TSCS variables. However, a slight rise is seen on the Anxiety and Neuroticism components as well. This may be because the older addicts have stabilised somewhat in their addict lifestyle and have become "seasoned" to an extent where they reflected acceptance as members of the addict subculture.

Irrespective of whether or not these older addicts began their use as those in the Reactive Addiction category, they can be seen as now belonging to the Primary Addiction type. It must be reminded that both inadequate personality types and those suffering from anxiety and depression are included in the Primary Addiction category. It could be that these older addicts have adjusted to their problems in life with drugs, and further that drug abuse has prevented them from developing better methods of dealing with problems and feelings of anxiety. Having resigned themselves to being addicts, they may cling to that identity, no matter how negative it appears to the rest of society.

In the oldest group of addicts, those aged 32 years

and above, the scores again show a trend towards the negative. While they are not so extremely negative as those of the 20 - 23 year old group, the oldest subjects appear to feel more neurotic, anxious, isolated from their families, and personally inadequate than subjects aged 24 - 31 years. However, there seems to be less defensiveness among the oldest addicts and a more positive physical self-concept.

It could be that the oldest addicts in the sample experience more negative feelings about themselves because of their failure to achieve normal goals. At an age when most of their non-addict peers have married, started families, and become settled in their jobs and the community, the oldest addicts are obviously failures. Presumably, they have had longer durations of drug use, more attempts at giving up drugs, and more negative contact with the law. Their lifestyles, by necessity, would have evolved to a point of being centered almost exclusively around drug use. When he does enter any form of treatment, the older addict must deal with his own feelings of hopelessness as to whether he could ever really change.

Addicts And Non-Addicts

The researchers encountered some difficulty in obtaining

a non-addict prisoner sample due to the very high percentage of prisoners who had been involved with drugs at some point in their lives. The control group came from prisoners who had not used drugs. They had mostly be charged with "white collar" crimes such as corruption, criminal breach of trust, and embezzlement. Other charges included burglary, theft and illegal possession of firearms. Prisoners charged with violent crimes were not included in this sample.

Among the prisoner groups, non-addicts scored more positively than addicts. They showed overall a more positive self-concept. However, the non-addicts scored more negatively than addicts from the other two institutions. Non-addict prisoners, then, felt worse about themselves as prisoners than did addicts undergoing rehabilitation at the other institutions.

A comparison of the non-addict prisoners and the non-institutionalised non-addicts studied by Choo, Navaratnam & Ward (1980) indicates that the prisoners are very much more anxious and neurotic. Both groups showed a high level of defensiveness. The non-institutionalised group showed more positive self-regard with very positive scores on the Family and Moral-Ethical Scales. These results indicate that institutionalisation has a significant effect on the prison non-addicts and it can be inferred, on the prison addicts too.

It is important to examine the effect of imprisonment and other forms of institutionalisation on the addicts. Within the prison, residents are dealt with en masse instead of individually. They are a part of a large population, subject to rules that govern every hour of their day, referred to by numbers instead of names, and they have little opportunity for positive activity and self-growth.

This creates a paradox in that regimentalised negative treatment tends to reinforce the negative self-concept that addicts already have. Instead of becoming better people and learning from their experiences in prison, addicts and non-addicts alike may actually become worse in terms of negative feelings about themselves. This paradox could account for the high recidivism rate found in the prisons, and could even indirectly encourage a return to drug abuse for those arrested for drug crimes.

Limitations Of Study

There are several factors which must be taken into account when considering the data obtained by this study. The first involves using personality inventories that were developed and tested on Western populations. Some of the questions had to be phrased differently than the original version in order to apply them to the Malaysian

subject. There were also the problems usually encountered in translating from one language to another in that some meanings may have been slightly different. Every effort was made to standardise the language and implied meaning.

An associated problem was the lack of Malaysian norms to be used in the interpretation of the scores. The only norms available were American and it is questionable as to how culturally relevant they are. Since psychological studies on Malaysian population were scanty, our limited pre-test data was used to establish local norms.

The second factor is the difficulty experienced in identifying a suitable control group against which to compare the addicts. In this study it was attempted to match prison addicts against prison non-addicts. This match controlled for criminality and institutionalisation for only the prison population. In lieu of a control group that was institutionalised, non-addict and non-criminal, comparisons were made with results from a previous study (Choo, Navaratnam & Ward, 1980) with a non-institutionalised addict and non-addict populations.

Thirdly, despite assurances by the interviewers that all responses would be held confidential, many

of the subjects obtained high scores on the defensiveness components of the scales. This indicates that they feared to appear 'bad' and tried to give better pictures of themselves. The subjects also tended to blame their problems more on their drug use than on any personality problems they had, so they tried to appear more positive since they were physically drug free.

Another factor has to do with the context in which the inventories were administered. Subjects were drawn from institutional settings and actually had little choice in deciding whether or not they wanted to participate. They may have feared to refuse when asked because of anticipated negative consequences of "not cooperating". Also being in the institution itself may have artificially elevated scores on the Anxiety and Neuroticism scales.

Even with these limitations, the results of this study strongly support the theories associating personality characteristics and drug abuse behaviour. The results also show some important differences in feelings experienced by subjects of different age groups and institutions.

Conclusion

The results of this study can be seen as an important contribution to a better understanding of the addict

as an individual. A more complete picture of the value systems and tendencies of those involved in drug abuse can better prepare those who work with addicts. Education and training is desperately needed for those involved in this field.

The results also have serious implications for treatment of drug addicts within the current institutional settings. While physical training and a return to normal bodily health are important, the psychological aspects of rehabilitation must be given greater consideration. It can be seen from the results that institutionalisation by itself is not sufficient to guarantee the complete cure of drug addicts. Programs that encourage self awareness and growth, and that teach problem solving and communication skills are needed to augment the physical aspects of rehabilitation.

The relationship observed between duration of drug use and personality variables indicates the need for flexibility in planning rehabilitation programs. It is observed that the newest drug users and the more experienced users report the more positive self-concepts. Hence there is a need to match treatment to addict profiles. Light users may merely require an opportunity for a second chance equipped with new coping skills, moderate users may require more intensive psychotherapy while heavy

users may justifiably show great resistance to normal programs of rehabilitation.

Given the responses that many addicts made on the Drug Use History component of the inventories, it appears that drug education for younger people is much needed. While many of the subjects had heard that "drugs are bad", they had no objective information about the effects or dangers of various drugs. They also had no idea about the processes of physical addiction and withdrawal even though they had experienced both. Perhaps a comprehensive drug education program could be considered for use in secondary schools as well as in the institutions.

Finally, the results of this study lend considerable weight to the proposition that poor self-concept and drug abuse occur, in many cases, together. The emphasis on addicts as bad people only reinforces negative feelings that addicts have. This emphasis must shift and efforts be directed towards raising the self-concepts of addicts to a more positive level. This will reduce the great need to turn to drugs to eliminate problems. This kind of effort must be made not only by the institutions charged with treating drug addicts, but by the families, employers, religious groups, and by the community itself.

Drug addiction is a problem that directly or indirectly affects everyone. Only by a united effort will the problem be solved.

Table I
Sample Populations

Prison Addicts	Bukit Mertajam Residents	Batu Gajah Residents	Total Addict Sample	Prison Non-Addicts (Control Group)
97 Subjects	55 subjects	49 subjects	201 subjects	54 subjects

TABLE II
Demographic Data

	Prison	Bukit Mertajam	Batu Gajah	Total
<u>RACE (%)</u>				
Chinese	44.3	16.4	63.3	41.3
Indian	15.5	12.7	14.3	14.4
Malay	38.1	70.9	18.4	42.3
Others	2.1	0.0	4.1	2.0
<u>AGE (%)</u>				
16-19	1.0	7.2	4.0	3.4
20-23	12.4	38.1	28.5	23.3
24-27	35.0	34.5	28.5	33.3
28-31	32.9	18.1	30.6	28.3
32	18.5	1.8	8.1	11.4
<u>MARITAL STATUS (%)</u>				
Married	11.3	9.1	14.3	11.4
Single	74.2	83.6	77.6	77.6
Divorced/Separated	13.4	5.4	8.2	11.0
No. of Subjects	(97) 48.3	(55) 27.4	(49) 24.4	(201) 100

Note: All subjects are male

TABLE III
Occupation and Income of Subjects & Fathers

	Prison	Bukit Mertajam	Batu Gajah	Total
<u>SUBJECT'S OCCUPATION (%)</u>				
Lower Professional	6.2	9.1	20.4	10.4
Technical	1.0	12.7	6.1	5.5
Skilled	18.6	10.9	2.0	12.4
Semi-Skilled	30.9	16.4	12.2	22.4
Unskilled	15.5	7.3	6.1	10.9
Unemployed	18.6	20.0	24.5	20.4
No Information	9.2	23.6	28.7	18.0
<u>SUBJECT INCOME (%)</u>				
\$1,500 and above	2.1	7.3	4.1	4.0
\$1,000 - \$1,499	1.0	0.0	6.1	2.0
\$ 700 - \$ 999	5.2	12.7	14.3	9.5
\$ 400 - \$ 699	38.1	38.2	30.6	36.3
\$ 250 - \$ 399	26.8	27.3	16.3	24.4
\$ 249 and less	22.7	7.3	18.4	17.4
No Information	4.1	7.2	10.2	6.4
<u>FATHER'S OCCUPATION (%)</u>				
Higher Professional	1.0	0.0	4.1	1.5
Lower Professional	21.6	23.6	38.8	26.4
Technical	2.1	0.0	0.0	1.0
Skilled	11.3	7.3	6.1	9.0
Semi-Skilled	17.5	14.5	16.3	16.4
Unskilled	5.2	3.6	0.0	3.5
Unemployed	19.6	12.7	10.2	15.4
Others	3.1	20.0	18.4	11.4
No Information	18.6	18.3	6.1	15.4
<u>FATHER'S INCOME (%)</u>				
\$1,500 and above	5.2	10.9	14.3	9.0
\$1,000 - \$1,499	13.4	10.9	18.4	13.9
\$ 700 - \$ 999	8.2	7.3	8.2	8.0
\$ 400 - \$ 699	26.8	30.9	30.6	28.9
\$ 250 - \$ 399	8.2	18.2	8.2	10.9
\$ 249 and less	7.2	3.6	2.0	5.0
No Information	31.0	18.2	18.3	24.3

TABLE IV
Average Scores on Personality Variables by Age and Institution

Personality Variables & Races	Prison	Bukit Mertajam	Gajah	Total
<u>TMAS</u>				
Malay	31.70	34.30	36.44	33.40
Chinese	32.56	32.11	32.26	32.39
Indian	33.07	32.86	33.86	33.21
Others	29.50		33.00	31.25
<u>EXTRAVERSION</u>				
Malay	13.32	12.79	13.11	13.06
Chinese	11.05	14.89	12.77	12.11
Indian	11.60	12.71	14.00	12.45
Others	11.50		11.50	11.50
<u>NEUROTICISM</u>				
Malay	14.29	11.44	14.78	13.04
Chinese	14.19	13.22	14.13	14.06
Indian	12.60	14.71	12.14	13.00
Others	9.00		17.50	13.25
<u>LIE</u>				
Malay	4.24	4.95	3.00	4.44
Chinese	3.30	5.44	3.29	3.53
Indian	3.33	4.86	3.29	3.69
Others	4.00		2.50	3.25
<u>TSCS TOTAL</u>				
Malay	291.89	305.77	322.44	301.49
Chinese	293.26	308.00	291.77	294.30
Indian	299.40	315.43	307.57	305.24
Others	372.00		307.50	339.75
<u>PHYSICAL</u>				
Malay	62.16	64.33	67.11	63.68
Chinese	61.91	69.11	59.87	61.93
Indian	66.33	66.43	65.71	66.21
Others	75.50		61.50	68.50

(contd.)

Personality Variables & Races	Prison	Bukit Mertajam	Batu Gajah	Total
<u>MORAL ETHICAL</u>				
Malay	52.76	57.92	61.11	56.01
Chinese	56.21	56.44	56.87	56.48
Indian	56.13	59.86	58.43	57.59
Others	67.00		58.00	62.50
<u>PERSONAL</u>				
Malay	58.65	62.77	68.44	61.58
Chinese	59.02	63.44	58.52	59.31
Indian	60.26	63.86	63.14	61.83
Others	79.00		62.00	70.50
<u>FAMILY</u>				
Malay	57.78	59.62	62.11	59.08
Chinese	56.49	58.11	55.61	56.34
Indian	57.27	62.86	60.43	59.38
Others	73.50		59.00	66.25
<u>SOCIAL</u>				
Malay	60.54	61.13	63.67	61.14
Chinese	59.63	60.89	60.90	60.24
Indian	59.40	62.43	59.86	60.24
Others	77.00		67.00	72.00
<u>SELF CRITICISM</u>				
Malay	35.27	31.77	31.56	33.27
Chinese	34.51	32.89	31.84	33.34
Indian	34.47	33.57	31.43	33.52
Others	34.00		31.00	32.50

TABLE V

Average Scores on Personality Variables by Age Group

AGE GROUPS	TMAS	EXTRA	NEURO	LIE	PHYS	SOCIAL	ME	FAM	PERS	SC
<u>PRISON</u>										
16-19	35	10	11	4.0	72	68	62	57	71	31
20-23	35.2	13.1	14.7	3.5	60	58.4	54.1	54.6	58.4	33.9
24-27	31.3	11.9	13.8	3.1	61.3	58.3	55.7	58	34.4	34.8
28-31	30.1	11.5	12.5	4.3	64.9	63.5	54.7	61.6	62	34.8
32	35.3	12.2	15.7	3.6	62.1	59	54.7	55	57	36.1
<u>BG</u>										
16-19	30	16	17	2.5	67.5	68	65	63	71	39
20-23	38.5	13.6	16	2.4	57.6	58.6	55.9	55.2	59.9	31
24-27	31.6	12.7	13.1	3.7	64.5	60	58.2	54.9	61	32.6
28-31	27.6	12.6	14.4	4	60	66	56.4	60	60.4	33
32	29	13.5	15.5	1.2	66	64.7	59.2	62.5	32.	
<u>BM</u>										
16-19	36.2	14.2	11.7	5.7	69.5	61.7	59.7	58.2	68.2	30
20-23	33	13.2	12.1	5	63.7	61.5	57.3	60.1	62.3	33
24-27	31.6	12.5	11	5	66.1	61.5	57.5	59.5	63.1	30
28-31	38.1	13.1	14.4	4.4	65.4	61.2	59.1	60	63	32
32	34	16	12	7	69	57	57	61	53	37

(contd.)

AGE GROUPS	TMAS	EXTRA	NEURO	LIE	PHYS	SOCIAL	ME	FAM	PERS	SC
Averages of Total Population by Age										
16-19	33.7	13.4	13.2	4	69.6	65.9	62.2	59.4	70	33
20-23	35.5	13.3	14.2	3.6	60.4	59.5	55.7	56.6	60.2	32.6
24-27	31.1	12.3	12.6	3.9	63.9	59.9	57.1	56.7	60.7	32.3
28-31	31.9	12.4	13.7	4.2	63.7	63.5	56.7	60.5	61.8	33.2
32	32.7	13.9	14.3	3.9	65.7	60.2	56.5	58.4	57.5	35

Table VIDemographic Data of Prison Non-Addicts (Control Group)

RACE	MALAY	CHINESE	INDIAN	OTHERS	
Marital Status	18.5	64.8	11.1	5.6	
	Single	Married	Separated/ Divorced		
Subject Occupation	55.6	31.4	13.0		
	Higher Professional	Lower Professional	Technical	Skilled	Semi Skilled
	3.7	7.4	1.9	27.8	27.8
	Unskilled	Others	Unemployed		
	20.4	7.4	3.6		
Subject Income	\$1,500+	1000-1499	700-999	400-699	250-399
	3.7	11.1	13.0	40.7	14.8
	250 and less				
	16.7				

(contd.)

 What is the best or most helpful part of the Pusat program?

Work program	16.5	Whole program helpful	6.2
Exercise	13.4	Therapy	21.6
Crafts/Recreation	6.2	Love, care and concern	6.2
Food	5.8	Re-entry phase	4.3
Being away from drugs	4.1	Self-growth	3.3
Religious lessons	4.1	Don't know	2.2
Nothing helpful	6.1		

 What should the government do with drug addicts?

Send them for rehabilitation/improve the Pusats build more pusats	49.5
Provide drug education to schools and the public	14.4
Give physical assistance to addicts (i.e. job training, help finding jobs)	11.3
Give psychological assistance to addicts (i.e. follow-up counseling, family counseling)	7.3
Prevent drugs from coming into the country	6.2
Send addicts to prison/give heavy penalties for drug trafficking/for drug trafficking/kill the addicts	4.1
Don't know	7.2

Table VII
Average Scores by Racial Groups of Institutionalize
Addicts and Non-Addicts

	Total Malay Addicts	Total Chinese Addicts	Total Indian Addicts	Prison Malay Non-Addicts	Prison Chinese Non-Addicts	Prison Indian Non-Addicts	Total Prison Non-Addicts
Tl.5							
TMAS	33.40	32.39	33.21	35.80	23.02	35.83	31.55
EXTRA	13.06	12.11	12.45	13.40	11.94	10.83	12.05
NEURO	13.04	14.06	13.00	14.70	14.54	16.16	15.13
LIE	4.44	3.53	3.69	5.90	5.05	4.16	5.03
PHYS	63.68	61.93	66.21	64.90	63.69	63.60	64.06
ME	56.01	56.48	57.59	57.00	54.52	55.60	55.70
PERS	61.58	59.31	61.83	56.80	59.00	60.40	58.73
FAM	59.08	56.34	49.28	60.70	63.21	61.00	61.63
SOC	61.14	60.24	60.24	61.50	63.08	56.60	60.39
SC	33.27	33.34	33.52	28.10	34.13	29.60	30.61
TSCS	301.49	294.30	305.24	300.90	303.52	297.20	300.54

Table VIII

Drug Use History

Who introduced you to drug use?	
Friend	82.5
Pusher	7.2
Family member	2.1
Other person	3.1
Don't know	5.1
What was the reason for your first drug use?	
Curiosity	48.5
For enjoyment	27.8
For relief of psychological stress	15.5
Other reasons	3.0
Don't know	5.2
What was your reason for continuing drug use?	
To forget problems	46.4
For enjoyment	26.8
Felt you could control the drug use and not get addicted	14.4
To be accepted by friends	10.3
Others	2.0

Drug Use History

(contd.)

What was the first drug you ever used?					
RACE	CANJA	HEROIN	PILLS	MORPHINE	OPIUM
Malay	74	.19	5	2	
Chinese	73	20	5		2
Indian	82	9	9		
Others	100				
Total Pop.	75	19	4	1	1

How old were you the first time you took any drugs?

10-14 years old	14.4	20 years old	7.2
15 years old	17.5	21 years old	5.2
16 years old	13.4	22 years old	4.1
17 years old	11.3	23-24 years old	4.1
18 years old	13.4	25-29 years old	1.0
19 years old	7.2		

(contd.)

	GANJA	HEROIN	PILLS	MORPHINE	OPTIUM	LSD	MULTI- DRUG
Malay	76	87	40	23	32	4	74
Chinese	78	100	51	13	19	2	84
Indian	82	100	63	0	18	9	90
Others	100	100	100	50	0	50	100
Total Pop.	78	94	48	17.5	24.7	5	80
How many different types of drugs have you used?							
1 drug	2 drugs	3 drugs	4 drugs	5 drugs	6 drugs		
100%	80%	47%	28%	9%	6%		

Table IX
Personal Opinions

How many times in treatment?	What are you changes of giving up drugs?
0	Sure you can give up
1	Maybe will use but not get re-addicted
2-3	Will probably become re-addicted
4-8	Don't know
9-20	
	What do you plan to do to help yourself avoid drugs?
	Make new friends/get involved with healthy activities (i.e. sports, social clubs)
	Go out-station/avoid old friends and former haunts
	Get a new/better job
	Use self-control
	Find a girlfriend/get married
	Use alternate drugs (i.e. alcohol, ganja)
	Get more involved with religion
	Others
	Don't know
	What is the best help that other people could give you?
	Psychological support (i.e. advice, encouragement)
	Physical support (i.e. financial aid, help with jobs)
	Only you can help yourself
	Don't know

Table A

Average Scores on Personality Variables by Institution

	Prison Addicts	BM	BG	Prison Non-Addicts	*Non-Institutionalized Addicts	Non-Institutionalized Non-Addicts
TMAS	32.2	33.7	33.2	31.55	22.32	11.7
NEUROTIC	13.8	12.1	14.1	15.13	15.84	8.7
EXTRAVERSION	12.01	13.13	12.96	12.05	11.4	10.03
LIE	3.68	5.02	3.2	5.03	2.82	4.78
PHYSICAL	62.96	65.58	62.10	64.06	57.66	69.05
MORAL ETHICAL	55.10	57.92	57.91	55.70	55.68	61.53
PERSONAL	59.48	63.01	61.14	58.73	55.68	64.32
FAMILY	57.45	59.78	57.63	61.63	55.76	63.0
SOCIAL	60.29	61.25	61.51	60.39	60.88	62.0
SELF CRITICISM	34.78	32.18	31.69	30.61	34.66	30.5
TSCS TOTAL SCORE	295.28	307.35	300.30	300.54	285.66	319.90

Note: Figures for non-institutionalized Addicts and non-addicts were obtained from the 1980 study by Choo, Navaratnam and Ward.

Table B
Correlation Coefficients Between Personality Scores

CORRELATIONS BETWEEN TMAS, EPI & SCORES	TMAS Anxiety	EPI Neuroticism	EPI Extraversion	EPI Lie	TSCS Physical	TSCS Moral- Ethical	TSCS Personal	TSCS Family	TSCS Social	TSCS Self-Critici
TMAS Anxiety	1.0	0.24	-0.02	-0.07	0.12	0.33	0.19	0.27	0.05	0.12
EPI (Neuroticism)	0.24	1.0	0.	-0.28	-0.28	-0.19	-0.27	-0.14	-0.20	0.19
EPI (Extraversion)	-0.03	0.11	1.0	-0.03	0.08	-0.01	0.07	0.08	0.19	0.13
EPI (Lie)	-0.07	-0.28	-0.03	1.0	0.18	0.12	0.19	0.23	0.11	-0.12
TSCS (Physical)	0.12	-0.28	0.08	0.18	1.0	0.55*	0.64	0.48	0.62	0.27
TSCS (Moral-Ethical)	0.33	-0.19	-0.01	0.12	0.55	1.0	0.62	0.50	0.51	0.07
TSCS (Personal)	0.19	-0.27	0.07	0.19	0.64	0.62	1.0	0.61	0.66	0.05
TSCS (Family)	0.27	-0.14	0.08	0.23	0.48	0.50	0.61	1.0	0.55	0.12
TSCS (Social)	0.05	-0.20	0.20	0.11	0.62	0.51	0.66	0.55	1.0	0.27
TSCS (Self-criticism)	0.12	0.19	0.13	-0.12	0.27	0.07	0.05	0.12	0.27	1.0
Age	0.006	0.10	-0.09	-0.06	0.07	-0.05	-0.05	0.06	0.05	0.13

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