

CHAPTER III : RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the approach utilized in this study. This chapter describes every aspect of conducting this research, including the research approach and design, location, population and sample, and research instruments. This chapter concludes with a thorough discussion of the data gathering method utilized in sampling processes and the chosen mode of analysis.

3.1 Research Approach and Design

This research uses a correlation survey design and quantitative methodologies. According to Stangor (2011), in contrast to descriptive research, which is designed to provide static pictures, correlational research involved the measurement of two or more relevant variable and an assessment of the relationship between or among variables. The goal of correlation research is to uncover variables that show systematic relationship with each other. Meanwhile, quantitative research described as descriptive research that uses more formal measures of behavior, including questionnaire and systematic observations of behavior, which are designed to be subjected to statistical analysis (Stangor,2011).

3.2 Location Of the Study

Respondents were recruited from a variety of public and private facilities for substance abuse treatment. The chosen facility is a drug rehabilitation treatment center offering care and follow-up services to patients both during and after their time in treatment. This study was carried out in central part of peninsular Malaysia, that involve three states: Kuala Lumpur, Selangor and Putrajaya.

Table 3.1

Statistic Trend Number Of Drug Addicts Detected According To States, 2016 – 2020

STATE	2016	2017	2018	2019	2020
JOHOR	2565	2108	2352	2371	2564
KEDAH	2548	2092	2346	3582	2372
KELANTAN	3233	3700	4153	2998	2271
TERENGGANU	1676	2044	2057	2123	2240
PERAK	2639	1557	1820	2046	1821
PULAU PINANG	5081	3844	2303	2893	1727
SELANGOR	3176	2375	2228	2385	1712
PAHANG	2419	2088	1749	1672	1395
W.P KUALA LUMPUR	1695	1655	1223	1023	1024
SABAH	1044	1047	1200	1374	834
MELAKA	930	613	736	819	829
NEGERI SEMBILAN	1172	1012	1374	1244	812
SARAWAK	534	440	693	852	634
PERLIS	692	654	582	316	281
W.P LABUAN	79	92	72	139	90

Selected state

Adopted from <https://www.adk.gov.my/en/statistic-trend-of-number-of-drug-addicts-detected-according-to-states-2016-2020/>

To select the best states for this research study, a statistical trend of drug addicts in AADK cases per year from 2016 to 2020 was used. The states that displayed a statistically significant decrease in the number of cases from 2016 to 2020 were chosen as the research locations which Selangor and W.P Kuala Lumpur.

3.3 Population And Sampling

Respondents will be screened for eligibility based on the inclusion and exclusion criteria outlined below. For data administration, this study will get approval from informed consent for participation will be obtained from each subject in the study. Respondent's assessments will be conducted using distribute hardcopy form and using an online platform.

The inclusion criteria are:

1. Drug addict whose is drug use is polydrugs and non-polydrugs and opiate
2. Have been abstinence above 3 months.
3. Doing recovery in community setting and in rehab centre more than 6 months.

The exclusive criterion includes those:

1. Exhibiting psychosis symptoms and in need of long-term treatment.
2. Have been abstinence below than 3 months.

3.4 Instrumentations

Self-reported questionnaires were utilized in this study to gather the information needed.

3.6.1 Brief Assessment of Recovery Capital (BARC-10)

The primary outcome was resiliency, which was measured using a condensed version of the 50-item Assessment of Recovery Capital (ARC) called the Brief Assessment of Recovery Capital (BARC-10). The ARC has 10 subscales, each of which measures a different aspect of one's capacity to sustain their recovery from an addiction (Groshkova T et al., 2013).

The study indicated that the brief 10-item measure of recovery capital captured item representation from all 10 original subscales, was invariant across participant geographic locality and gender, had excellent internal consistency ($\alpha=.90$), and concurrent validity with the original measure ($R_{pb}=.90$). As a result, the BARC-10 may be a potentially useful extra tool for researchers and theorists to understand how individuals achieve recovery, and clinicians may find the BARC-10 useful in formulating treatment plans and assigning priorities in ongoing client support. There is added utility in environments where brevity is valued, such as health care systems, electronic health records, and peer-to-peer recovery support services.

The BARC-10 is a validated questionnaire that measures an individual's recovery capital through the use of 10 questions that assess 10 different domains of recovery capital. The scales will be modified to

include a Likert-type scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) in order to strengthen variability (Cronbach $\alpha = .96$).¹⁰ domain that will be measured in BARC-10 as listed below:

1. Substance Use & Sobriety
2. Global Psychological Health
3. Global Physical Health
4. Civic & Community Engagement
5. Coping & life Functioning
6. Meaningful Activities
7. Housing status
8. Risk-Taking Behaviour
9. Recovery Experience
10. Social Support

3.6.2 The Treatment Motivation Scale (TCU-TMS 25) (Malay Version)

Patient motivational screening instruments with adequate psychometric qualities are required for strategic planning and treatment in light of the importance of recognising the function of motivation in drug use treatment. The Treatment Motivation Scale (TMS; Simpson et al., 1993) is the most used instrument for gauging a patient's level of motivation throughout drug rehabilitation. The motivational measures include three subscales: problem awareness, help-seeking, and treatment-readiness. The three stages represented by these scales are: (1) realising there is a problem with substance abuse; (2) wanting assistance in making positive changes; and (3) being prepared to engage in a structured programme of recovery treatment.

The TMS is a widely used and accepted instrument with some localised variants. The Malay translation of the Treatment Motivation Scale (TMS) is a consistent and effective tool for evaluating treatment motivation in a Malaysia population. Treatment motivation has been shown to significantly correlate with treatment commitment and retention, and to be a key aspect in the substance abuser's preparedness for treatment and treatment effectiveness (Cahill et al., 2003). Treatment motivation, or one's openness to and readiness for alteration, might shift at different times and in different contexts (Bulut & Bozkurt, 2019). Dillon et al. (2016) and Wild et al. (2016) discovered that clients with poor internal drive at the outset of admission may drop out early; client users who demand high intrinsic motivation are fantastic for use with high cognitive commitment. Internal motivation, external motivation, help-seeking, and treatment-confidence are the four dimensions of motivation measured by this tool (Cahill et al., 2003; Millere et al., 2014).

The TMS Malay version was tested by professionals for content validity using the original English scale. The %age of experts who agree with the TMQ questionnaire is significant, exceeding 80%. These findings suggest that the TMS questionnaire is appropriate and suitable in this study's context. Each question on the TMS was scored on a 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree), with the score for each scale calculated as the sum of the applicable items. High subscale scores indicated a higher level in each scale.

3.5 Data Collection and Procedure

3.6.1 Procedure of Data collection

Collecting data was begun by getting ethical clearance from USIM's Board of Ethics since the research nature involves the human respondents as respondents. After getting approval from USIM's Board of Ethics, the researcher then contacted the potential data collection centres and proceeded with the procedures needed for that process.

This questionnaire has 4 section which is Section Informed Consent, Section A, Section B and Section C. For first section is for informed consent that act as an agreement the participant and the researcher to be part of the research study. The respondents have voluntarily participated in the research and their data remain confidential and solely used for research purpose only.

Meanwhile, Section A is a demographic section in which respondents will answer a about their essential background include age, gender, ethnicity, race, educational attainment, marital status, length of recovery, employment and the medical problem that they face. Section B is for Brief Assessment of Recovery Capital questionnaire containing 10 questions. Lastly is Section C which is The Treatment Motivation Scale (TCU-TMS 25) (Malay Version) questionnaire. This section has three sub-section which are brief statement, Scale of Need For Help and Treatment Readiness Scale. The survey will be conducted with hardcopy form and also online form and respondents are required to answer every single section in this questionnaire. The estimated time to complete the questionnaire is between 25-30 minutes.

3.6.2 Data analysis

The data obtained will be done correlation analysis between recovery capital and also the type of drug taken by each respondent. The analysis obtained will give an overview of the recovery factors that greatly affect each respondent. A comparison for the two respondents will be made to identify the recovery capital for methamphetamine compared to heroin.

Secondly, the TCU-TMS 25 questionnaire will be calculated and compared to the level of motivation of each respondent in relation to their motivation in asking for help and treatment. A comparison of the two types of substance users will also be done. Finally, the correlation between the two data will be done to clearly describe to answer the objective of this study. Table 2 shows the types of analysis according to the research question, as presented below:

Table 3.2

Types of analysis according to the research question

Research Question	Analysis
1. What is the most important factor driving the growth recovery capital?	Descriptive analysis
2. Are there differences of recovery capital between Polydrug and Non Polydrug users?	T-test analysis
3. What are the differences of Treatment Motivation between Polydrug and Non Polydrug users.?	T-test analysis
4. What relationship between Recovery Capital and Motivation to stay recover among Polydrug and non-polydrug user?	Pearson correlation analysis

3.7 Conclusion

This chapter begins with an introduction then describes the research design employed in this study. This research is quantitative research in which a set of hardcopy and online questionnaires form containing several parts was used as the primary tool for data collection. Population and sample study was divided into two categories which are doing recovery in community setting and in rehab center more than 6 months. The respondent who is doing recovery in community setting refers to those receiving the opportunity to get into society and be able to live a normal life without drugs while the respondent in rehab center who is doing their treatment more than 6 months. The research locations are in Selangor, Malaysia and were achieved using a face-to-face survey form and an online survey. The data collected are then analyzed using SPSS, and the results are discussed in the next chapter.