

CHAPTER I : INTRODUCTION

1.1 Introduction

This chapter includes several subtopics to explain more clearly related to this research study, which is related to the background of the study, statement of the study, research question, objective of the study, the significance of the study, scope of the study, research theoretical, conceptual framework, operational framework, and the conclusion.

1.2 Background of study

Recovery capital (RC) refers to the variety and quantity of both internal and external resources that can be mobilised in order to begin and maintain sobriety from severe alcohol and drug addiction issues. These resources can be drawn from both the individual's own life as well as from the wider community (Granfield et al., 1999; Cloud et al., 2004). Recovery capital is related to the ideas of natural recovery, solution-focused therapy, strengths-based case management, recovery management, resilience, protective factors, toughness, wellness, and global health.

Recovery is defined as "the unique process of each person's conscious, deliberate, dynamic, and relational efforts to enhance their own sense of health and well-being over the course of time" by the Recovery Science Research Collaborative (Ashford et al. 2019). The Betty Ford Institute Consensus Panel (2007) provided further clarity by defining recovery as a multi-year process consisting of three distinct phases:

(a) "early recovery," which they defined as the first year of recovery; (b) "sustained

recovery," which they defined as years one to five of continuous recovery; and (c) "stable recovery," which they defined as years five and beyond. These three phases are as follows: (a) "early recovery," which they defined as the first year of When a person in recovery reaches a stable point, the risk of relapse drops from an estimated 50 to 70 % in early recovery to 15 % once they have reached a point of stability in their recovery (Best.,2019). According to Dennis et al. (2014)'s research, once an individual has been sobered for a period of five years, they are no longer in need of assistance from outside sources. In addition to the amount of time spent sober, there are several other factors that influence the probability of relapsing (Jason et al.,2010; Cano et al.,2017).

Through research into the operationalization and measurement of recovery capital, recovery capital has evolved into a strength-based scientific way to map the growth and change of those in recovery (Best et al.,2016; Jason et al.,2010). Grainfield and Cloud (1999) coined the term recovery capital to refer to the resources that a person has and can use during their recovery journey. Recovery capital was initially perceived to begin at zero and progress upwards to represent greater amounts of capital gained (Cloud et al., 2008). The underlying assumption here is that as a person progresses in their recovery journey, their recovery capital grows, decreasing the likelihood of relapse and promoting ongoing recovery (Kelly et al., 2015).

In Malaysia, most drug addicts' relapse after leaving the rehabilitation center. Ibrahim et al. (2009) stated that the main factor in the occurrence of relapse among *Pusat Pemulihan Penagihan Narkotik* (PUSPEN) addicts is because the addicts themselves have low self-confidence to fend off the temptations, obstacles, and challenges of life to come. This is a typical characteristic of addicts still in early recovery as outlined by Gorski (1992). As reported by NADA, the number of people

who relapsed or re-addicted to drugs in 2022 was 8012 up from 4,184 in 2021. Addiction relapse can be caused by several different things. Low levels of self-control are a common factor in the development of addiction symptoms. Most addicts can't keep themselves away from substances and other substances, so they relapse. Relapse to drug use is preventable, if former addicts can refrain from engaging in the high-risk behaviours (Nazrueel, 2000).

The National Association for Addiction Professionals (NADA) serves as the primary agency introducing many methods to treat addicts in treatment facilities. As an additional resource, non-governmental organisations (NGOs) like PENGASIH and Pondok Inabah, as well as faith-based organisations (FBOs) like Geha Bodhi Care Center and Vineyard Keeper, are available to aid drug addicts participating in treatment and rehabilitation programmes.

Recovery capital (RC) is a concept that has been implemented indirectly in Malaysia's rehabilitation facilities. The form of treatment and support that has been arranged has included all aspects of Recovery Capital, namely from Personal, Family and Social aspects as well as cultural aspects. All rehabilitation treatment agencies have included all factors such as physical wellbeing, mental wellbeing, spiritual wellbeing, family and social support, social value, and relationship to culturally relevant recovery support in the treatment curriculum. However, its effectiveness still cannot be proven because there are still many studies that need to be done, especially among polydrug and non-polydrug. Therefore, this study will focus on recovery capital among polydrug and non-polydrug patients to fully recover.

1.3 Statement of problem

Throughout history, we have seen that the issue of addiction and substance abuse has been recognized as a global problem that brings for a wide range of solutions. The findings of previous studies indicate that an interdisciplinary approach is necessary for both achieving long-term recovery and concentrating on acute stability. The first factor that needs to be taken into consideration is the impact of the patient's surrounding environment, along with the transformations and both the patient's internal and external sources of motivation. Peer support recovery is a transition from a deficit-based model to a strength-based model, as described by Betty Ford (2007). This transition is predicated on the idea that recovery is a process that takes time, with a typical duration of five years and a significantly reduced relapse risk beyond this point and takes place between individuals and communities. The concept of negative recovery capital refers to the conditions and circumstances that make recovery more difficult, such as poor mental health, incarceration, stigma, or discrimination (Ashford et al, 2019; Cloud et al, 2008). In keeping with the chronic nature of addiction, recovery capital can either be steadily built up or completely depleted over the course of an individual's lifetime (Cloud et al, 2008).

Additionally, the Director of the National Institute on Drug Abuse has called for a paradigm shift in the treatment of substance abuse disorder (SUD), which would place an emphasis on the holistic optimization of recovery by providing individualized resources to meet the unique needs of each patient (Volkow ND, 2020). Examples of MAT include the use of buprenorphine or methadone in conjunction with mental health counselling, case management, and recovery support for people with opioid use disorder (OUD) (NIDA, 2018).

Due of this, research on Recovery Capital among drug addicts is currently being conducted in every country. Cloud and Granfield (2008) are credited with developing the notion of recovery capital. This idea emerged from research into what factors, both personal and environmental, have the greatest impact on a recovering addict's likelihood of staying clean. Despite the importance of building up one's recovery capital in the context of substance abuse disorder (SUD) therapy, there have been very few studies on the topic. Higher levels of recovery capital were found to be a predictor of effective treatment completion in a study of patients currently undergoing treatment for substance use disorders (Sanchez J et al., 2020). A different study found that female and male patients in treatment for opiate use disorder (OUD) qualitatively identify distinct recovery-sustaining resources (Neale J et al., 2014). Assessment of Recovery Capital (ARC) is a metric created to evaluate the success of capital recovery efforts (Groshkova et al., 2013).

According to AADK statistics, the use of ATS type drugs was the highest type of drug by 65.2 % in 2020. While the Opiate and Cannabis categories had 30.9 and 2.7 %, respectively. Synthetic drugs will account for most of the drug use in 2019 and 2020. Table 1.1 shows the amount of drug abuse and substances consumed by drug category from 2018 to 2020.

Table 1.1*Number of drug and substance abusers by drug category, 2018-2020.*

Category of substance	2018	2019	2020	Comparison between the years 2019-2020
ATS	84,439	91,684	83,698	-8.7%
OPIOID	41,337	43,578	39,599	-9.1%
CANNABIS	4,327	4,497	3,396	-24.5%
PSYCHOTIC PILL	75	614	569	-7.5%
OTHERS	610	1,826	1,063	-41.8%
TOTAL	130,788	142,199	128,325	-9.8%

Note : ATS : (Methamphetamine, Ecstasy, Amphetamine); Opioid : (Heroin, Morfin, Kodein, Candu); Cannabis : Cannabis, Hashish and Marijuana; Psychotic pill: (benzodiazepine, Eramin 5, APO 5 dan Dormice) ; Other : (cocaine , ketamin, Inhalant etc). *Adopted from <https://www.adk.gov.my/wp-content/uploads/Buku-Maklumat-Dadah-2020.pdf>*

Another study discovered that the most commonly abused substances, both alone and in combination, were alcohol, cocaine, and marijuana (Kedia et al., 2007). Alcohol and tobacco are commonly used polydrugs in South Asian countries; the Philippines (10.2 %) had the highest prevalence, followed by Thailand (7.4 %) and Malaysia (2.7 %) (Hong et al., 2019). When compared to using a single substance only, polydrug use of alcohol, drug, or tobacco in any combination was associated with a higher risk of morbidity and mortality. Because of this statistic, the population of reformed polydrug and non-polydrug users was chosen as the study's focus. Furthermore, no specific studies on the treatment motivation and recovery capital of polydrug and non-polydrug patients have ever been conducted in Malaysia.

Therefore, given the raise of recovering capital construct in addiction recovery in Malaysia identifying its domains for polydrug and non-polydrug drug user is a vital need. Furthermore, the concept of recovery capital in Malaysia is still in early stage, thus, that is limited and inconclusive evident regarding its concept compared to other recovery model in recovery addiction. Type of drug and issues in poly drug users must

be considered pertaining to the applicability before it is widely integrated in drug treatment program.

1.4 Research Questions

The following research question guide the present research study:

- 1.4.1 What is the most important factor driving the growth recovery capital among drug users?
- 1.4.2 Are there differences of recovery capital between polydrug and non-polydrug users?
- 1.4.3 What are the differences of treatment motivational between polydrug and non-polydrug users?
- 1.4.4 What is the relationship between recovery capital and treatment motivation among polydrug and non-poly-drug uses to stay in recovery.

1.5 Objectives of the study

This study attempts to answer the following objectives:

- 1.5.1 To identify the most important factor driving the growth recovery capital among polydrug and non-polydrug drug users.
- 1.5.2 To determine differences of recovery capital between polydrug and non-polydrug drug users.
- 1.5.3 To determine the differences of motivation process to stay recover between polydrug and non-polydrug drug users.
- 1.5.4 To investigate the relationship between recovery capital and treatment motivation among polydrug and non-polydrug users to stay in recovery.
~~among polydrug and non-polydrug drug users.~~

1.6 The significance of the study

The significance of this study will serve few significance communities and stakeholders as the following: drug treatment providers, the community and addiction counselors.

1.6.1 Significance for treatment provider

"Treatment clients" refer to anyone seeking help for problems stemming from substance abuse, while "treatment providers" can be either an individual or an institution that provides treatment, rehabilitation, or other forms of care to patients. Therefore, recovery capital development should be understood as a dynamic process rather than a static state, and the relationship between recovery capital and other measures of well-being should be viewed as bidirectional (Hennessy,2017). According to the United Kingdom's 2017 Drug Strategy, helping people "achieve and maintain a life free from" drugs requires both treatment and broader assistance. Learning about recovery capital is also beneficial for treatment providers because it highlights the factors that are most important to a patient's long-term sobriety. Using the concept of recovery capital, this approach strengthens and expands access to the many tools necessary to achieve and maintain abstinence from substance abuse (Granfield et al,2001).

1.6.2 Significance for Community

The recovery community stands to gain a lot from this study as well. It will aid the public in obtaining reliable data and aid recovering addicts in maintaining their sobriety before rejoining society. Humphreys and Lembke's (2013) review find that recovery communities are one of three recovery intervention areas with strong empirical support. Recovery communities provide residential care for people in the process of recovery and aid in the growth of recovery resources (along with peer-based recovery support and 12-step mutual aid). While catering to the needs of a clientele that is often overlooked, these communities' priorities broad tenets of reintegration and community engagement such stable work and housing (Polcin DL et al, 2016). (Skogens et al, 2014).

People who have made a long-term commitment to recovery and sobriety make up the communities known as "recovery." Family and friends of persons in recovery are an integral element of the broader community of those overcoming substance use disorders, which includes addiction and recovery specialists (Valentine et al,2007). Besides offering peer-to-peer recovery support services and community education and outreach programmes, these areas should also coordinate recovery-related activities and programmes with the goal of reducing the likelihood of relapse (Valentine et al, 2007).

1.6.3 Significance for Addiction counselor

Counselors might use a recovery capital matrix to figure out how to best aid their clients. The effectiveness of Motivational Interviewing Case Management (MICM) and whether it varies with levels of recovery capital was studied by Withbrodt et al. (2019). Patients who had already amassed a substantial amount of recovery capital benefited the most with MICM as opposed to the conventional treatment. It is believed that those with access to recovery money will be able to foresee the resources that will be required to maintain and potentially increase future motivation.

The mean Addiction Recovery Checklist (ARC) ratings of individuals in treatment for opiate use disorder increased from 37 at enrolment to 43 about three months later, as reported by Lynch et al. (2021), (The scale ranges from 0-50). Although change metrics have the potential to play an important role in predicting retention and guiding recovery care planning and activities that assist completion and the transition back into the community, they have not yet been documented for residents of recovery housing. Despite the obvious connection, however, this is not the case.

1.7 Scope of the study

The respondents of the study are former drug addicts who use polydrug and non-polydrug and heroin. Respondents who have completed the rehabilitation program at regional AADK centers and are still under supervision (OKP) as well as those receiving treatment at Non-Governmental Organization (NGO) centers will be included in the sampling frame. The chosen responses all have a history free of drugs going all the way back more than six months, and the list was provided by the rehabilitation center in concern. Respondents will be individuals aged 19 to 60 years old and older since, according to data provided by AADK, this age range has the largest data in drug abuse from 2016 to 2020. Respondents will be selected randomly.

1.8 Research theoretical

For this study, recovery capital refers to the factors that contribute to the overall wellbeing of the polydrug and non-polydrug drug user to support their long-term recovery. The Brief Assessment of Recovery Capital (BARC-10) is a construct central to the treatment and recovery field for substance use disorders (Vilsaint et al. 2017). A 10-item measure was developed to operationalize the brief assessment of recovery capital. The BARC-10 is a strength-based measure that is completed through self-report to assess the level of broader personal, social, physical, and professional resources in an individual's environment that are used to initiate and sustain recovery, including structural supports such as a recovery-supportive living space and community relationships (Vilsaint et al., 2017).

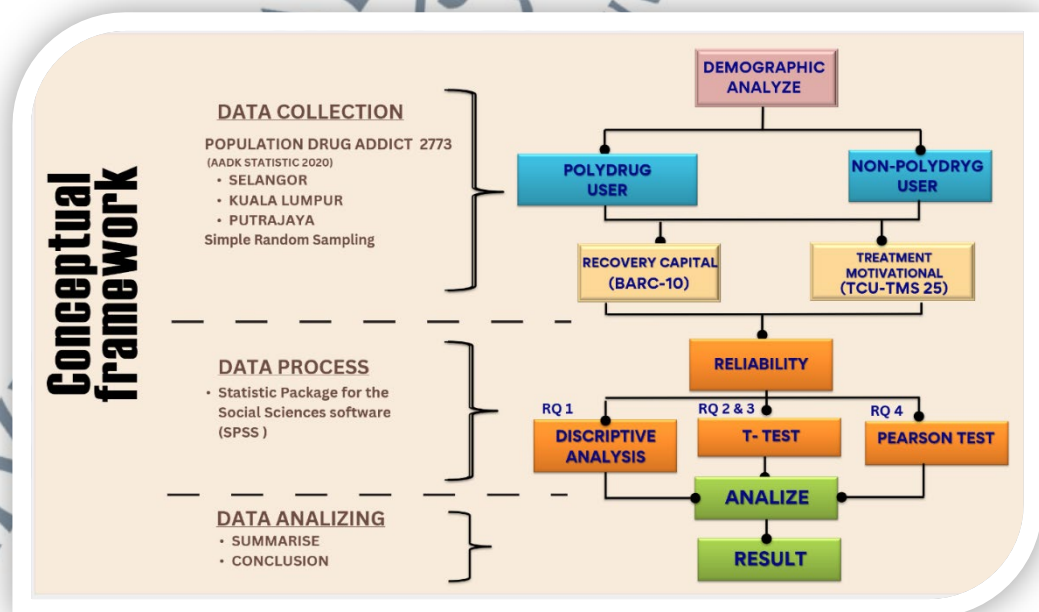
Based on previous research demonstrating the Malay version of TMS's positive psychometric properties, it is possible that this screening instrument can be used to assess patients' motivation, readiness, and perception of drug treatment across a wide

range of clinical settings, such as hospitals, methadone clinics, private practices, mental health centers, and drug rehabilitation facilities (Mat Min et al. 2019). As a result, this tool was chosen for its additional psychometric properties in this study. The instrument measures the respondent's problem awareness, willingness to seek help, and treatment readiness across three dimensions. These measures correspond to the three phases of the recovery process: admitting one has a drug abuse problem, wanting help in making positive changes, and being ready to engage in a structured program of treatment. More specifically, these scales are based on the four stages of the Transtheoretical Model (Prochaska et al., 1992) and reflect sequential phases of the recovery process (Carey et al., 1999).

1.9 Conceptual Framework

Figure 1.1

The Conceptual Framework



1.10 Operational definitions

1.10.1 Recovery Capital

Recovery capital (RC) is the depth and breadth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe alcohol and other drug abuse (AOC), as defined by Grainfield & Cloud (1999). Conceptually, recovery capital is linked to ideas like natural recovery, solution-focused therapy, strengths-based case management, recovery management, resilience and protective factors, and the concept of hardiness, wellness, and global health (White & Cloud, 2008). Addictions specialists can have an impact on three distinct forms of recovery capital: individual resources, family and social networks, and the larger community.

As a result, recovery capital is a potential antidote for issues that have long plagued attempts at sobriety. These issues include a lack of drive to change AOD use, emotional distress, pressure to use within intimate and social relationships, interpersonal conflict, and other situations that pose risks for relapse. Recovery capital is a potential remedy for these issues.

1.10.2 Polydrug user and non-polydrug user

Polydrug or polysubstance use among people is a public health concern that practitioners and policymakers must address. Polydrug use is defined as the concurrent or simultaneous use of more than one non-prescribed licit or illicit psychoactive substance (Smith et al.,2011; Connor et al.,2014). Licit

psychoactive substance includes alcohol and cigarette, while psychoactive substance include marijuana, cocaine, heroin, lysergic diethylamide (LSD) and amphetamines (Kassa et al., 2014).

The definition of a drug user described in the Dangerous Drugs Act of 1952 states that a person is guilty of committing a crime if they consume, administer to themselves, or permit another person to consume a controlled dangerous substance that is listed in Part III and IV of the First Schedule. In addition, it is illegal for a person to permit another person to consume a controlled dangerous substance. A person is a methamphetamine user if they are someone who consumes drugs that fall into the category of methamphetamines.

According to AADK statistics from 2021, most drug injection offenses involve polydrug and non-polydrug users, totaling 79,816 people. Therefore, for the purposes of this study, a former polydrug and non-polydrug user was chosen as a patient to be studied, and the selected respondents were recovering addicts who had completed rehabilitation and were now pursuing their recovery in the community. This includes recovering addicts whose primary substance of abuse is polydrug and non-polydrug.

1.11 Conclusion

This study will assist in identifying the recovery capital and motivational treatment for former polydrug and non-polydrug addicts in Malaysia, particularly the Klang Valley. Therefore, it can be used to quantify the resources available to individuals, as well as their intervention and support requirements. BARC-10 provides a model for mapping and measuring the positive changes in personal and social capital that can be applied in both clinical and research settings and will enable the quantification of what White and Cloud (2008) contend is the strongest predictor of long-term substance dependence recovery. Examining individual recovery capital alongside symptom profiles and environmental factors will shed light on how recovery capital and motivation influence type and level of treatment placement, as well as predict response to specific levels of care based on post-intervention recovery outcome.