CHAPTER V :ANALYSIS AND DISCUSSION

5.1 Introduction

This chapter describes the result of the study. It then considers the implication of the finding for the Recovery Capital and Treatment Motivation among Recovering Polydrug and Non Polydrug Users in Malaysia. This chapter is divided into sections: summary of the study, implications, recommendations, and conclusion.

5.1. Summary of the study

This research is to investigate the relationship of Recovery Capital and Treatment Motivation among polydrug users and non-polydrug users. For that purpose, all the research questions were used as a guideline of summary of this study.

5.2.1. Respondent Demographic Profile

According to the demographic table in Chapter 4, the majority of respondents are between the ages of 18 and 39. It is consistent with a global survey in which The World Drug Report predicts that 13.8 million people worldwide, between the ages of 15 and 16, are regular cannabis users. In 2010, the majority of drug users in Malaysia were between the ages of 13 and 39, with those between the ages of 13 and 18 coming in a

close second. According to the Ministry of Health Malaysia's Institute for Public Health report, the 2019 prevalence rates for drug and substance abuse within the previous 30 days and drug use among Malaysians aged 18 and up were 0.5 % and 1.5 %, respectively. Only 0.4 % of those polled had used kratom in the preceding 30 days, while 0.7 % had used cannabis for the first time (NHMS,2019).

According to the study findings, 62.22% respondents used a combination of drugs at the same time, followed by methamphetamine and heroin. This finding is consistent with the findings of Wang et al. (2017), who discovered that mixed drugs containing methamphetamine and heroin have a high percentage. It is a global issue that affects everyone on the planet. Heroin, cocaine, and methamphetamine (MA) are among the illicit drugs with the highest global disease burden (Degenhardt et al., 2013) and are associated with severe public health and social consequences such as mortality, morbidity, and criminality (Hser et al.,2008; UNODC, 2012; Wang et al., 2016). According to another study, the use of licit and illicit substances often begins in schoolchildren during their adolescence. Adolescence is the time when people are most likely to start using multiple drugs, with tobacco and alcohol usually coming first.

5.2.2. What is the most important factor driving the growth recovery capital?

Based on the idea of social capital (Baourdieu et al., 1992), recovery capital refers to an individual's access to and use of the various tools necessary to enter and remain in a state of sobriety following substance abuse (Cloud et. al.,2008). The authors Best et al. (2010) operationalize the concept of recovery by classifying it into three distinct types: individual (including individual skill and capability), social (including relationship and social network), and community (such as availability and accessibility of resources such as jobs and housing). There is a significant role for economic capital (such as finances) within recovery capital (Cloud et al.,2008).

The total score on the BARC-10 was used to calculate the primary recovery capital outcome for this research project. The domain of "Substance Use & Sobriety" is strongly agreed upon by most respondents. This possibility can be anticipated because, based on the research, most ex-addicts understand the importance of abstaining from drugs to be truly successful in recovery. This finding is consistent with the findings of Perlier-Ahmad et al. (2021), who discovered that individuals who had received long-term medication for opioid use disorder and those who were newer to treatment scored higher on the "substance use and sobriety" item in the health dimension and the risk-taking item in the purpose dimension. This is also consistent with the literature demonstrating the efficacy of medication treatment in reducing the effects of physical opioid dependence, such as craving and

withdrawal symptoms, and assisting patients in maintaining abstinence (SAMHSA, 2020).

Overall, recovery capital may be an encouraging alternative treatment target to abstinence since it may enhance resource and support networks, reducing risk even with recurrence of substance use.

5.2.3. The differences of Recovery Capital between Polydrug and non-Polydrug user?

As a result of the survey conducted, the 168 respondents who were categorized as Polydrug Users (M = 50.98, SD = 6.7) compared to the 102 respondents in the non-polydrug user group (M = 49.50, SD = 8.748) did not demonstrate significantly scores between polydrug and non-polydrug groups, t (268) = 1.469, p = 0. 144.Despite Polydrug users attaining higher scores than non-Polydrug users.

This is most likely because these two groups have more common needs when it comes to drug use. As a result, the support system and their needs for recovery will also be the same. A previous study conducted by Kelly et al. (2008) found that cocaine users who engage in polydrug use within club subcultures are not significantly different from their non-polydrug using peers. They are more likely, however, to use drugs to cope with negative emotions and to enhance positive social experiences. In addition, the treatment required by polydrug and non-polydrug users has effects. Most pharmacological drug abuse treatments are hypothesized to affect a single class of abused substances while

behavioral treatments tend to target processes common to many types of substance abuse.

Furthermore, another study conducted by Wang et al., (2017) found that polydrug use has a variety of effects on addicts. Heroin users frequently report using cocaine after heroin to increase euphoria or to reduce withdrawal symptoms experienced during their typical day, or to counteract the physical depressive effect of opiates (Roy et al., 2013). Likely due to the effect received by each use of this polydrug will have the same effect and cause the user to also need the same support from every angle to help them deal with the addiction experienced.

Binkowska et al., (2021) discovered that the memory effects of cannabis users and polydrug cannabis users are the same. However, cannabis in combination with other illegal drugs is likely to cause the most disruption in brain function. As a result, they have the same need to find Recovery capital in recovery. Furthermore, the possibility of the t-test exists because these two groups, if they receive the same treatment in a location that raises their awareness of the need for capital recovery, will receive the same supportive treatment regardless of whether they are polydrug users or non-polydrug users. According to a study on adults in recovery from alcohol or heroin addiction conducted by Best et al. (2011), recovery capital development was viewed as a continuous process in which personal and social recovery capital evolved and supported capital building. Personal and social RC, according to the authors, are important because they are embedded within the community

context, specifically through existing publicly available support, thus supporting the concept of community recovery capital. This clearly demonstrates that the need for recovery capital is the same for people who are in recovery process.

5.2.4. The differences of Treatment Motivation between Polydrug and non-polydrug user?

From the results of the analysis that has been done on the respondents in this study, it shows that there is a significant difference between the polydrug and non-polydrug groups in treatment motivation. The 168 respondents who were categorized as Polydrug Users (M = 100.27, SD = 12.397) compared to the 102 respondents in the non-polydrug user group (M = 103.56, SD = 10.683) demonstrate significantly better scores between polydrug and non-polydrug groups, t (268) = -2.226, p = 0.027. Despite Non-Polydrug users attaining higher scores than Polydrug users.

According to the findings of this project's survey, the relationship between recovery capital and treatment motivation among non-polydrug users is weak. Most of them are likely to only experience short-term effects when using drugs, and it is possible that they believe they can stop using drugs without the assistance of other settings. They are likely to experience less severe side effects than those who take polydrug. Non-polydrug users frequently seek treatment after experiencing long-term effects on themselves even after discontinuing use of the drug.

This expectation is consistent with the findings of a study conducted by Brady et al., (2012), which found that cocaine use in patients who are also alcohol abusers is more likely to result in cocaine-related depression and psychosis than users who do not have alcohol abuse or other comorbid mental disorders such as anxiety. Furthermore, studies have shown that subjects who are dependent on both alcohol and illegal drugs have a higher risk of comorbidity with mental health problems such as anxiety and depression (Saha et al., 2018). Those with two or more dependencies, as well as patients receiving treatment for alcohol combined with a second illegal drug, are more likely to exhibit affective and antisocial personality disorders than those with a single dependency (Conway et al., 2003).

In addition, people who use illicit drugs have been found to have high rates of polydrug use in several treatment and community settings (Ball et al.,1991; Booth et al., 2006; Byqvist, 2006; Darke et al., 1995; Ives & Ghelani, 2006; Leri et al., 2003; Leri et al., 2005). Increased psychopathology (Booth et al., 2006; Medina et al., 2007; Sumnall et.al., 2004); increased risky health behaviours (Patterson et al., 2005); diminished cognitive functioning (Dillon et al., 2003); poorer treatment engagement (John et al., 2001); and increased non-fatal overdoses and drug-related deaths have all been associated with polydrug use (Coffin et al., 2003; Strang et al., 1999).

According to the findings of a study carried out by Carlsen et al., (2020), most opioid users and opioid-dependent individuals cited the treatment system in itself as a primary factor in determining whether or

not they participate in treatment. They expressed a need for psychological treatment, more medical follow-up, and based on the fact that opioid users receive insufficient help and there is a lack of psychological treatment available. Most of them are aware of polydrug use and the effects it has, which causes them to be aware of the necessity of treatment, and their level of motivation to seek treatment is also relatively high. According to the findings of Van et al. (2006), the only patients who would benefit from abstinence are those who are highly motivated, have adequate social support, and reside in stable living situations.

5.2.5. What is the relationship between Recovery Capital and Treatment Motivation among polydrug users and non-polydrug users.

Another test was conducted to answer research question number four. The correlation of Recovery Capital and Treatment Motivation between polydrug and non-polydrug users. The finding shows that the correlation are a weak correlation, r (268) = 0.273, p=0.00 for non-polydrug user group while moderately positively correlated, r (268), = 0.400, p=0.00 for polydrug user group (Dancey et. et al., 2007).

The study conducted by Parlier-Ahmad et al., (2021) also provides an overview of the relationship between recovery capital and treatment motivation in recovery. They found that recovery capital was high for patients who were receiving treatment. This probability may occur since most of the respondents who followed the treatment had a high recovery capital before starting the treatment. The findings suggest that people with higher levels of recovery capital are more likely to seek out and

engage with treatment than those with lower levels of recovery capital (Panlilio et al., 2019; Wen et al., 2017). The outpatient Medication Opioid Used Disorder (MOUD) treatment setting, as opposed to more intensive substance use disorder treatment, is often a good ft for people who already have a substantial amount of recovery capital (White et al.,2008).

The items in the health recovery dimension that dealt with substance abuse and sobriety received some of the highest possible scores out of all the dimensions. This is in line with the research that shows that methadone and buprenorphine are effective in helping people stay abstinent from opioids by mitigating withdrawal and craving symptoms. [Citation needed] (SAMHSA, 2020). Cooper et al. (2018) demonstrate that having a supportive social network and a sense of belonging in the community contribute to improved treatment and recovery outcomes. This highlights the significance of recovery capital in the context of the study's emphasis on the effect of treatment motivation.

Individuals who were completely abstinent reported significantly higher levels of personal recovery capital, social recovery capital and fewer symptoms of anxiety, depression, and physical health symptoms (Best et al.,2015). In other words, those who were abstinent reported significantly better strength and significantly lower pathologies across all the major indicators for seeking treatment. Individual in recovery and individuals in treatment about the relative importance of either; both are equally importance and not mutually exclusive. Treatment can initiate behavior change, whereas recovery can help to sustain it. The higher health and well-being of individuals in recovery, many of whom may

have been in treatment themselves, provides hope that improvements can and do occur. Supportive social network and recovery group participation are two key mechanisms through which recovery capital and the treatment motivation can be made to get the quality of life. Treatment can be effective addressing problematic substances and initiating recovery, but treatment alone does not necessarily guarantee sustained behavior change. There are additional factors beyond treatment that enable individuals to sustain their recovery in the long term.

5.3. Implication

There are several limitations to this study. First, the cross-sectional design and small sample size of the present study limited our ability to evaluate recovery capital trajectories throughout treatment and differentiate between existing recovery capital at treatment entry and recovery capital obtained during treatment.

Previous researchers demonstrate the relationship between Recovery Capital and Treatment Motivation in the recovery of drug addicts. Some of these drug addicts have limited access to additional multimodal treatment services (e.g., medical care, mental health counselling, case management) that are commonly available with opioid-based outpatient treatment centers, according to one of the research projects, and they also discovered that some dimensions of recovery capital, such as psychological health and community, require further improvement. This is due to the prevalence of psychiatric comorbidities, including an increased risk of overdose, among those suffering from opioid use disorder (Becker et al., 2019). When used, however, adjunctive personalized psychosocial interventions can improve treatment outcomes

(Stillwell et al., 2019). Furthermore, having a positive social network and a sense of belonging to a community improves treatment and recovery outcomes.

5.4. Contribution of the study

This study supports the theories of Recovery Capital and Treatment Motivation, particularly in terms of drug addicts' proclivity to maintain recovery and motivation in treatment. Several findings in this study offer an alternative viewpoint to the general consensus. Most people believe that all drug abuse is the same, and that there is no distinction between polydrug and non-polydrug use.

Furthermore, this study can provide evidence that every person who is involved in drugs requires treatment. And, to determine the best treatment for each drug addiction, authorities must consider the necessary requirements for each type of drug used. Recovery Capital is one of the ways that authorities can identify the most critical needs for each drug abuse patient for them to remain recovered and motivated to complete treatment.

5.5. Limitation of the study

Overall, the objectives of this study were achieved. However, this study faced limitations in terms of item and type of instrument, the number of respondentsrespondents, scope, and others. Therefore, the researcher summarizes the research limitations that the researcher faces as follows:

First, the items explored in the demographics are comprehensive enough. However, to enrich data such as religion, ethnic background, race, ethnicity, income,

average spending on drug is not explored. This may have significant implications for the variables studied if the data is collected.

Secondly, in the context of instrument selection. Researchers attempted to select evidence-based and practice-based instruments. However, other instruments may need to be used as a comparison so that the data collected can be much more reliable. Instruments may also be used as a comparison but can be used step-by-step for screening, diagnosis, diagnosis, and monitoring of care and evaluation (Beidas, et al., 2015).

Lastly, in the context of sample selection. Researchers have tried to meet the required standards following the statistical analysis to be used and following the desired statistical power. However, a larger sample may be needed to increase the strength of the data. However, a larger sample may be needed to increase the strength of the data, as suggested by Lemeshow et al. (1990) and Krejcie and Morgan (1970) for an unknown population.