CHAPTER I

INTRODUCTION

1.1 Background of Study

Combating drug abuse has become one of the national issues that is highly prioritized by all government authorities including this country, Malaysia. The main reasons are because it not only affected human being, but also can jeopardize socio economy to country. As a result, the Action Council for Combating Drugs (ACCD) which act as a coordination mechanism for the implementation of symptom combating policy drugs at the ministerial, state and district levels had been establish. This implementation coordination machinery involves political commitment, effort and involvement of all agencies related governments at the Federal, State, District, Statutory Bodies and (NGO) levels can be mobilized towards realizing the goal of a Drug Free Malaysia. According to Department of Statistics Malaysia, during 2021, there are about 129,604 cases related to drug offenses caught by PDRM and AADK. Statistic also shows a significant decrease from 2020 which is 146,045 or represent by 11.27% cases related to drug offenses. The figure is quite large, and the challenge is to lower drug offenses year by year. Thus, ACCD become a valuable media to make Malaysia as is controlled by drugs threat.

The main challenge in reducing drug offenses is to prevent addicts from relapse. According to Nor Azizah (2022), the typical number of clients who complete a drug treatment programme is approximately 15,000 clients, and from that number, 5,877 or 65% clients have a relapse issues. Relapse is a term used in the field of substance abuse to describe the process of returning to drug use after a period of abstinence. According

to Azizul et al. (2018), a person's resistance to drug withdrawal disorders has a significant impact on the likelihood of prescription drug abuse (withdrawal symptoms). Drug withdrawal disorder refers to the physical and psychological symptoms that occur when a person suddenly stops taking drugs, especially addictive substances. Depending on the type of sedative used and the duration of addiction, the consequences are analogous to the body becoming frail and experiencing extreme stress. To alleviate the withdrawal symptoms, addicts would continually medicate to calm themselves. After recovering from drug addiction, it is common for a person to develop alcoholism or relapse into drug addiction.

There are a variety of factors that play a role in the struggles that addicts face when they relapse. Internal and external factors, such as negative emotions, social pressure, and interpersonal conflict, are useful in providing basic input to drug counsellors, psychologists, social workers, and policy makers who are currently facing challenges in recovering drug users (Idris et al., 2020c). The lack of ability to exercise self-control is frequently connected with the negative impacts of habits (Abdul Aziz et al., 2021). As a consequence of this, the majority of addicts are unable to exercise self-control when confronted with potentially dangerous situations and end up relapsing into their previous state of addiction as a result. If former addicts who have previously suffered from relapse are able to exercise self-discipline and refrain from placing themselves in high-risk situations, there is an extremely good chance that they will not fall victim to the miracle of sedative habit relapse. Prevention can be done with several factors that can influence the occurrence of relapse, such as internal and external factors. Prevention can be done with several factors that can influence the occurrence of relapse.

Malaysian Prisons Department, which is the last component of the Criminal Justice System, is responsible for the enforcement of sentences that have been handed down by the appropriate authorities. This department is responsible for carrying out the policies established by the government to guarantee that punishments are carried out in an appropriate and fair manner. All detainees who are currently serving their sentences are to be treated in a compassionate manner and provided with security and safe custody by the correctional institutions. Malaysian Prisons Department aims to be a 'Leaders In Corrective Services' carry out the mission `To Produce Productive Citizens Through Effective Rehabilitation, Conducive Environment And Strategic Integration'. Thus, it is expected of this department to offer efficient rehabilitation programmes to all of the offenders, so that upon their release, they will not commit other crimes.

Under supervision of Inmate Management Division (IMD), Human Development Program's (HDP) established adapted from Therapeutic Community-based module. Each inmate is required to participate (HDP) rehabilitation services, which include psycho-education through the HUNT module, psychosocial support through the Therapeutic Community module, religious guidance through Halaqah for Muslims and other religious modules for non-Muslims, and opiate medication management through Methadone Maintenance Therapy (MMT) (Muhamad & Baharudin, 2019). As of the month of October 2022, there were a total of 82,539 inmates in Malaysia's prisons including satellite prison and community program rehabilitation (Bahaudin, 2022). The total exceeded the prisons capacity around 25% which is 66000 inmates. From the total inmates, 63% are related to drugs offender cases (Alhadjri, 2021).

Therapeutic community (TC) based module had shown significantly effect in reducing and rehabilitee drug abuse around the world. The concept of addiction as a condition that affects the whole person in all of its aspects has been at the core of TC approach to therapy, and the treatment aims to bring about positive change at the most fundamental level of a patient's personal lifestyle and identity (Bunt et al., 2008). This fundamental shift results in favourable psychological, behavioural, and social adaptations, all of which are regarded essential components of successful long-term sobriety and rehabilitation. In addition, a growing understanding of the neurophysiological alterations generated by substance misuse leads to new therapeutic considerations. These new treatment considerations include supportive addiction medicine within the context of TC, which creates a genuinely comprehensive treatment strategy.

The therapeutic procedure that is followed in the TC is primarily determined by two fundamental principles. First, all of the treatment interventions that are aimed at making fundamental changes in lifestyle and identity are embedded in a treatment environment that places an emphasis on the clients' responsibility for their own behaviour and the change process, the behaviour and growth of their fellow clients (also known as "peers"), as well as the psychological and physical safety and comfort of the treatment environment. This method of self-help and peer-help is frequently referred to as the "Community as Method," and it is seen as the defining characteristic of the TC.

The demands of the therapy procedure are extremely structured and transparent. This relates to clients' day-to-day activities, timetables, job duties, and responsibilities, as well as their progression through treatment phases toward successful completion and

"graduation" Applying TC rules and behaviour principles, the community exerts control over client behaviour, particularly early in treatment; however, the demonstration of increasing responsibility in observable behaviours as well as emotional and social maturity is rewarded with greater opportunities for independence and self-determination throughout treatment.

Previous study mostly focussed on the intrinsic and extrinsic factors to predict retention in rehabilitation facility. The study conclude there are strong relationship between circumstances, motivation and readiness to change in shaping individual to become more independent from drug abuse (Kelly & Greene, 2014). Important signs of substance addiction treatment retention include a better level of distress tolerance, lucrative external conditions, more internal drive, and greater treatment readiness (Ali et al., 2017). According to Melnick et al. (2014), admissions to residential therapeutic communities and methadone maintenance programmes are accompanied by higher levels of motivation compared to drug-free outpatient programmes and the referral centre. Admissions to programmes for special populations exhibited much lower levels of motivation, while residential–non-residential distinctions continue. This study will focusing on the relationship between circumstances, motivation and readiness during end of treatment to anticipate addictions abstinence. The finding should be able to help authorities to get new insight in rehabilitation treatment.

1.2 Problem Statement

Addiction recovery can be understood as a potentially protracted process comprising both the commencement of behavioral change and the maintenance of personal betterment over time. Recovery is considered as more than the absence of

symptoms; it also entails responsibility for oneself and others in the community, with a focus on a "voluntary lifestyle marked by sobriety, personal health, and citizenship" (Joe et al., 2014). The successful of rehabilitation treatment mostly depend on how good an individual utilised their coping skills when dealing with high-risks situations (Ibrahim et al., 2012). When dealing with high risk-situation, individual with effective coping response have confidence that they can cope with the situation they facing by, thus reducing the probability of relapse. Conversely, people with ineffective coping skills responses will experience decreased self-efficacy, which, together with the expectation that substance use will have positive effect, can result in an initial lapse. This lapse, in turn, can result in feelings of guilt and failure. The abstinence violation effect, along with positive outcome expectancies, can increase the probability of relapse (Marlatt & Witkiewitz, 2005).

The stages of change are one of the key features of Prochaska and DiClemente's Transtheoretical Model (TTM) of purposeful behaviour change. The fundamental view of the stages of change is that there is a multifaceted process of purposeful behaviour change that extends from the creation of a stable pattern of abuse to the achievement of major persistent change in addictive behaviour. Movement back and forth through the stages symbolises a successive learning process in which the individual continues to perform the activities of various stages in order to acquire a degree of completion that would promote movement toward sustained modification of the addictive behavior (Daley, 2011). If successful sustained change is to occur, the stages of change specify motivational needs by segmenting the change process into particular tasks to be completed and goals to be achieved. Each of the numerous activities encountered on the road to recovery necessitates work, energy, and "motivation" on the part of the addict.

Successful addiction recovery entails completing the responsibilities of each stage in a way that allows for participation in the tasks of the next stage.

There are variety of rehabilitation modality which aims to tackle down addiction issues such as long-term residential drug-free, outpatient drug free and methadone maintenance treatment programs. For the most part, the three primary modalities used in rehabilitation therapy have comparable results (e.g., decreased drug and antisocial behaviour usage). However, the clientele for each modality is distinct, especially in terms of the intensity of drug abuse and related issues (Melnick et al., 2014). To better evaluate the relative efficacy and cost-effectiveness of the major drug treatment modalities, it is necessary to shed light on other client profile aspects such as motivation and readiness. The effective of rehabilitation module can be determined if the number of relapse cases can be reduce and this issues always being dispute for rehabilitation center (Azizul et al., 2018). The efficiency of drug recovery programs is perpetually contested and frequently in the public glare due to their high annual cost. The frequency of relapse instances among addicts is a measure of the program's efficacy since, if the problem of relapse is not resolved, it is not inconceivable that the nation would confront an even more severe drug usage problem (Muhamad & Baharudin, 2019).

Combination of circumstances, motivation and readiness (CMR) are strong predictor to anticipate engagement, retention during rehabilitation treatment (Ali et al., 2017). Motivation is thought to be a fundamental and important factor in figuring out how people will act and perform in the future. Motivation is seen as a reason why people do things, and it is also a key part of treating and recovering from substance use disorder (SUD) (Kelly & Greene, 2014). Successful outcomes from prison-based TCs are most

strongly correlated with participation in post-release TC treatment programmes (Melnick et al., 2014). Because of the correlation between post-release aftercare participation and positive treatment outcomes, it is crucial to examine the factors that influence individuals' decisions to stay engaged in this type of programme which is in this context CMR level (Caputo, 2018).

There is a dearth of information available on CMR score after the end of treatment, despite the fact that CMR has a high degree of predictive validity in behavior modification. This is as a result of the fact that the majority of earlier studies concentrated on CMR at the initial treatment intake in order to forecast patients' participation and continuation in treatment. Because they have been in therapy for several months or years, it is reasonable to expect that the CMR scores of inmates who are drawing close to the date of their release will be significantly higher than those of their first intake. It's possible that knowing your CMR score could help authorities indirectly analyses and reconstruct treatment modules that have already been developed and utilized.

Because lack of data, the relationship between circumstances, motivation and readiness during end of treatment cannot been establish. For comparison, it has been further documented that motivation and readiness for treatment play a role in the entry into community-based treatment centers (Melnick et al., 2014). Studies conducted with samples of people who did not participate in treatment, for instance, have discovered a lower level of motivation among drug addicts who did not participate in treatment as compared to clients on a treatment center waiting list (Kelly & Greene, 2014). Another

study that included homeless women found that CMRS scores accurately predicted enrollment into a women's transitional care programed (Erickson et al., 1996).

After completing rehabilitation, it is common for drug abusers to experience a relapse. The study found that 93.6% of drug addicts had a high chance of relapsing, ranging from a moderate level (84.7% of participants) to a high level (8.8% of participants) (Ibrahim et al., 2012). According to Azizul et al. (2018), seventy-five percent of the adolescents who were researched belonged to a high-risk position of relapse. This high-risk situation is for those who encounter interpersonal conflict, societal pressure, and emotional instability. Despite the fact that numerous programs have been put into place, it has been observed that the rate of relapse is continuing to climb, which is a very concerning condition. As a result, the objective of this study is to determine whether or not the CMR score can serve as an early signal of an addict's progress toward recovery.

1.3 Purpose of study

The goal of this study is to find out the level of CMR and DASES among inmates who incarcerate because of drug abuse case related. CMR score indicate level of motivation and readiness to treatment thus later will interpret as the level of change according to TTM model. The score will help researchers figure out how motivated the inmate is right now and how ready he or she is to make changes after going through rehabilitation programs. Finding out what the outside and inside factors are important if you want your rehabilitation treatment to have a big impact and consistently reduce relapse (Azizul et al., 2018). CMR score also help in predict treatment retention and engagement.

Next, as inmates continue with their rehabilitation program, self-efficacy will examine as one of the treatment output. It is expected that, self-efficacy will grower from time to time as each of inmates undergoing the process of learn, unlearn and relearn to makes sure they can get abstinence from drugs. Therapeutics Community is key module in HDP as it will determine and influence inmates' emotion, cognitive and behavior.

Lastly, the study also wants to find out if there is a link between motivation, readiness and self-efficacy among inmates. For example, an addict who is going through a rehabilitation programme may have a lot of motivation and self-esteem and do well because the environment has already been set up. In other words, the protective and risk factors can be controlled. As soon as they reintegrate with society after getting out of jail, if they don't have a better sense of who they are or how good they are at what they do, they are likely to go back to prison (Abdul Aziz et al., 2021). So, the focus of this study was on motivation, readiness and self-efficacy during rehabilitation programme. This is because most of the research have proofing TC program able to help individual who involve in drug abuse recreate new insight and makes changes but how these psychological construct were less given attention.

1.4 Research Questions

1. What was the level of circumstances, motivation and readiness according to CMR scales among inmates in prison?
2. What was the level of self-efficacy according to DASESS scales among inmates in prison?

3. What was the relationship between CMR (motivation) and DASES (self-efficacy) among inmates in prison?
4. What was the relationship between CMR subscales and the DASES scale among inmates at the prison?

1.5 Research Objectives

The research study was focus on several aspects below:

1. To determine the level of circumstances, motivation and readiness according to CMR scales among inmates in prison.
2. To determine the level of self-efficacy according to DASESS scales among inmates in prison.
3. To identify the relationship between CMR (motivation) and DASES (self-efficacy) among inmates in prison.
4. To identify the relationship between CMR subscales and the DASES scales among inmates in prison.

1.6 Significance of study

Circumstances, motivation and readiness are validate indicators which contribute to changing behavior. Although substance abuse treatment has been shown to be effective in reducing relapse and recidivism rates, identify and understanding extrinsic and intrinsic factors will increase the probability individual becomes abstinence from drugs (Hiller et al., 2002). According to Opsal et al. (2019), they are

differences readiness of changes between voluntary and involuntary client who receiving treatment. At the time of admission, the patients who were involuntarily admitted had considerably lower levels of motivation to change compared to the patients who were voluntarily admitted (39 percent versus 59 percent). The vast majority of patients who were admitted either involuntarily or voluntarily were already in the most advanced stage (preparation) of preparedness to seek care when they were admitted, and they remained in this condition until they were discharged. By knowing CMR score at the end of treatment may create new perspective toward rehabilitation programs.

According to TTM Model, relapse is natural process can happen at any stages. Motivation can up and down depending on situation individual are facing and how they react with that circumstances. Individual with high self-efficacy and having an outstanding of self-concept will having more effective coping skills in react with high-risk situations compare to others (Abdul Aziz et al., 2021: Caputo, 2018). Thus, there are possibilities during end of treatment, an individual tend to show low level of motivation, which later contribute to relapse. When integrate within society, the risk and protective factors cannot be controlled anymore unlike in rehabilitation center. So, CMR will help rehabilitator authorities to make suggestions to individual to make initiative in freeing from drugs. For example, prison department do not have any authorities to follow up addicts soon after they completed the sentences. So, initial advice and prevention mechanism may establish in helping inmates maintaining their level of changes before they are going back to society. Motivation level may drop as soon as they leave prison if they are not fully realized importance to achieve ideal-self

compare to maintain their real-self ideology. Knowing the motivation level during the end of treatment may increase the rate of abstinence and also reduce relapse.

This study adds literature in relate motivation and readiness toward self-efficacy during rehabilitation treatment. This study measured both intrinsic and extrinsic motivation among inmates during rehabilitation treatment. External influences to enter or remain in treatment, internal influences to leave treatment, internal recognition of the need to change and also acknowledge individuals to get treatment were the factors measured in this study. The result produced not only to anticipated individual's retention but also treatment engagement and treatment output. One of the anticipated result is their level of self-efficacy. As the treatment continuously running, it is expected their level of self-efficacy increasing proportionally.

1.7 Limitations of the research

In this study there several limitations to be noted. The data taken only can be generalized for population in Negeri Sembilan's prison, in this case Jelebu prison only and did not encompass others prison community or others rehabilitation center. Differences in demography, treatment modality may influence the success rate of addicts' recovery since they tend to exhibit different engagement and retention when undergo treatment (Melnick et al., 2014). Long-term residential programs serve higher motivations in making changes compare to methadone maintenance therapy and outpatient drug-free. Clients who are voluntary get medical seeking show higher readiness to change compare to involuntary clients to (Opsal et al., 2019). Future study should take sample from several of treatment modalities in order to make generalization

for bigger population. This is because each modalities serve different clients and approach.

To make the study more accurate and valid, follow up study should be conducted. In prison perspective, data should be collected at least 3 years. Relapse in prison is considered whenever inmate enter prison within 3 years after being release. Because of limited time, resources the present study only conducted in the limited time. Future study may considered the length of data taken in order to get a clear picture in relapse among inmates.

1.8 Operational Definition

1.8.1 Circumstances

Conceptual Definition

Circumstances refer to external motivation or external pressure for an individual to seek treatment. Losses, referring to actual occurrences, and fears, referring to the prospect of a future negative event, are among these causes. These events include the removal of social supports, such as family, employment, children, etc., and more personal threats, such as imprisonment, assault, and health risks, among others. Examples include, "My family would not allow me to live at home" and "Without a doubt, I would go to jail."

Operational Definition

According to CMR scale, circumstances was measured by 5-point Likert scale on which the individual rates each item on a scale from *Strongly* ***Disagree*** to ***Strongly Agree.*** In this study, circumstances consists of 6 items which later on divided into two which is 3 items for Circumstances 1 (external influences to enter or remain in treatment) and 3 item for Circumstances 2 (external influences to leave treatment) respectively. Items no 4, 5, 6 in Circumstances are reverse scoring. Higher score in Circumstances indicates that individual have higher external pressure or intrinsic motivation which drive change to get into rehabilitation centre.

1.8.2 Motivation

Conceptual Definition

This refers to the individual's inner motivations for personal change, which may be neutral (such as accepting drug use and other adjustment issues as serious; feelings of guilt, self-hatred, or despair; and fatigue with drug use and the drug related lifestyle) or positive (such as a desire to forge a new way of life; a belief that one can be successful and experience the good things in life; or a desire for personal growth, to be a better person, parent, or other significant other).

Operational Definition

Motivation in CMR scale was proposed by De Leon et al. (1994) derived from 5 items aims to measure desire to quit drugs. 5-point Likert scale on which the individual rates each item on a scale from ***Strongly Disagree*** to ***Strongly Agree*** will added and highest score reflects individual have greater inclination to stop drug-use.

1.8.3 Readiness to treatment

Conceptual definition

In comparison to other options, this refers to the person's perceived need for any treatment that will help with personal change. People may want to change, but they may need to understand that changing requires getting help. They may favour non-treatment options, such as self-change to take charge and handle problems on their own, or alternative options, like seeking assistance. In this study, readiness will focusing on how individual judge themselves to get treatment and believe on treatment may help them recover from addiction.

Operational definition

There are 7 items in CMR scale amplitude for readiness to treatment. The items reflect on how an individual accept of the need for treatment as a means of quitting drugs. Higher score in 5- point Likert scale indicates the individual having higher level of confidence in getting treatment for their drug addiction.

1.8.4 Self-efficacy

Conceptual Definition

Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment. In this context, self-efficacy was reflecting on how respondents react to the situation which possible trigger drug use. The test results can help in assessing

whether an individual is ready for drug treatment and in determining the right mode of treatment.

Operational Definition

DASES scale derived from 16 items and measured by 7-point Likert scale ranging from **Certainly Yes to Certainly No.** High scores on the DASES indicate that individuals have more confidence in their ability to abstain from drugs. Conversely, low scores indicate that they do not believe they can resist the temptation to use drugs.

1.8.5 Relapse

Conceptual Definition

A relapse happens when a person stops maintaining their goal of reducing or avoiding use of alcohol or other drugs and returns to their previous levels of use. In prison department, relapse can be define the addicts enter the prison within 3 years after being released.

Operational Definition

Higher score in DASES indicate an individual having higher self-efficacy and predict sobriety. The result mainly contribute to higher score in CMR which predict the treatment retention and engagement. Thus, higher score in CMR and DASES reflect low rate of relapse in addicts.

1.9 Conclusion

Motivation and readiness are crucial in controlling a person's cognitive, emotions and behaviour. Individuals with high motivation and readiness tend to have higher self-efficacy contradicts with others. This study focuses on the relationship

between motivations, and readiness against self-efficacy among inmates which already in rehabilitation treatment, specifically the therapeutic community module.