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Correspondence concerning this article should be addressed to Yie-Chu Foo, P.O. Box 857, 98000 Miri, Sarawak, Malaysia | Tel: (+6012) 876 3690 | Email: [yiechu.foo@gmail.com](mailto:yiechu.foo@gmail.com)

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## Family Factors and Peer Influence in Drug Abuse: A Study in Rehabilitation Centre

Yie-Chu Foo (1) \*, Cai-Lian Tam (2), Teck-Heang Lee (3)

1) School of Health and Natural Sciences, Sunway University College, Selangor Darul Ehsan, Malaysia

2) Jeffery Cheah School of Medicine and Health Sciences, Monash University Sunway Campus, Selangor Darul Ehsan, Malaysia

3) School of Business, HELP University, BZ-2, Pusat Bandar Damansara, Kuala Lumpur, Malaysia

*\* Corresponding Author*

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### ABSTRACT

**Background:** Drugs have been around for ages and it comes in many different forms throughout its existence. With changes in the forms of drugs, technology and other environmental dynamics over time, underlying mechanisms causing drug abuse could have evolved too. Therefore, there is a need to relook into the causal factors for people to abuse drugs. To the authors' knowledge, there is little if not no in-depth study (interview) conducted in this topic in Malaysia.

**Aims and Objectives:** Therefore, the authors sought to study in-depth how different factors have affected people's drug abuse in Malaysia. This paper aimed to study the significance of peer influence, family issues, unemployment, curiosity, tension release, and other personal problems in drug abuse at contemporary time.

**Methodology:** The study design of interview and semi-structured questionnaires were used. Seven participants from a rehabilitation centre were recruited and interviewed individually.

**Results:** This study revealed that family factors (such as family economic standing) and peer influence played an important role in an individual's drug abuse habits. Other factors such as curiosity, tension release and betrayal of spouse also contributed to participant's drug abuse. The study also found that a person's drug abuse is usually caused by a combination of several factors instead of just one sole factor.

**Conclusion:** As combinations of causal factors for each individual's drug abuse are different, individualized intervention was proposed for drug abusers to maximize end results.

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**Keywords:** Family factors, peer influence, drug abuse

## Introduction

Drugs have been around for ages and it comes in many different forms throughout its existence. With changes in technology and other environmental dynamics over time, the contributing factors and mentality behind drug abuse have evolved. For instance, advanced communication facilities contributed to easy accessibility of drugs among the youth<sup>1</sup>. Hence, methodology used in curbing drug abuses needs to be upgraded to cope with the ever-changing technology used in drugs peddling.

Drug abuse has been one of the most serious social problems in Malaysia. According to the Federal Narcotics Crimes Investigation 2004, there's an estimated number of 200 to 400 thousands drug users in Malaysia<sup>2</sup>. HIV rate among drug users is high. Currently 76% of all reported cases of HIV is attributed to drug use. Needle sharing among drug users ranked very high<sup>2</sup>. Reviewing a few statistic reports, the current number of drug users is estimated to be 250 thousands and it is predicted to hike till half a million by 2015<sup>3</sup>. With this worrying number, immediate actions should be taken to stop the increase if not decreasing the number of substance abusers.

There is still on-going debate on the nature versus nurture issue on the contributing factors for substance abuse. While it is undeniable that biology plays a significant role in human's substance use,<sup>4</sup> focus will be on the environmental factors which includes family factors and peer influence.

Some of the family factors causing drug abuse are parents' behavior, relationship between parents and the individual, relationship between the parents, the family atmosphere and , family's economic standing. In Glynn's review<sup>5</sup>, parent's substance abuse habits was the most influential factor in affecting a child's substance abuse. This was explained

using Bandura's social learning theory; modeling the parent's behavior of substance use if the adolescent identified with that parent.<sup>5</sup> If the relationship between a parent and a child is good, the child would have higher probability of abusing the same substance. This is further proven in the study of 657 adolescents that found them modeling father's marijuana use and mother's cigarette's use if the parent-child relationship was relatively moderate or good.<sup>6</sup>

A study<sup>7</sup> among 818, 13- to 17-year-olds revealed both paternal and maternal drinking problems to not predictive of substance use (inclusive of drinking). The study found chaotic and unsupportive family conditions to be strongly predictive instead.<sup>7</sup>

Clark's study investigated the impact of support provided by family members on substance use among 203 adults and it revealed that family's economic support was linked to substance abuse recovery while the duration caregiving was associated with substance use reduction.<sup>8</sup> Parent-child communication and parent-child relationship were also found to be related with teenagers' substance use among 297 African Americans.<sup>9</sup> Specifically, open communication about substance use and good parent-child relationship serve as protective factors to teenagers' substance use.<sup>9</sup> Another study carried out among 97 adolescents found that those from single-parent family tends to have higher likelihood of regular tobacco use and alcohol initiation than those from two-parent family.<sup>10</sup> Adolescents from single-parent family and nonparent family member homes were also demonstrated to be more likely than those from two-parent family to initiate marijuana use.<sup>10</sup> Moreover, a positive link was found between cohabiting extended family and adolescent's tobacco initiation.<sup>10</sup>

Reviewing the aforementioned studies, family conditions indeed affect people's substance initiation and continued use.

Peer's influence has also been frequently studied in relation to substance use. Previous studies found similarity between peers in terms of substance use<sup>11,12</sup> and this similarity has been explained in two ways; socialization and selection process of peers.<sup>11</sup> Peer influence is the outcome of socialization; that is, the peers an individual has influence his or her behavior<sup>12</sup>. According to the social development model that explains the growth of pro-social and anti-social behavior along human's life course, amount of involvement with and reinforcement from individuals who use substance is an influence for a person's increased substance use while the amount of pro-social involvement such as volunteer work is an influence for a person's decreased substance use.<sup>13</sup>

Verkooijen, Vries, and Nielson studied the impact of group identity on the use of tobacco, alcohol, and marijuana among 3,956 adolescents and found that identification with pop, techno, skate/hip-hop, and hippie groups was linked to higher probability of substance use while identification with the quiet, sporty, religious, computer groups was linked to lower probability<sup>14</sup>. Individuals who perceived group members as likely to use substance were more likely to misuse the substance themselves.<sup>14</sup>

Within a sample of 154 Asian American men aged averagely 21.57 years whom within the last 30 days, 27% binged drinking, 18% misused marijuana, 8% used illicit drugs, and 3% misused cocaine. Peer drug use was revealed to be the strongest predictor of substance use.<sup>15</sup> A longitudinal study with 206 males examining the relationship between adolescence and adulthood's peer influence and substance use found adulthood's substance use to be affected by adolescence's

peers, specifically deviant friendship.<sup>12</sup> Hence, peer influence does indeed play a role in affecting a person's substance use.

While research evidence of substance use situation in Malaysia is limited, qualitative data is especially scarce. Though quantitative study is a primary source for establishment of a certain fact, theory, effectiveness of a program, and so forth, qualitative study is crucial in providing more in depth information of a specific issue within a bigger setting.<sup>16</sup> In this paper, the specific issue would be the influence of family and peers while the bigger setting is substance use in Malaysia. In order to have better understanding on family and peer influence in Malaysians' substance use, the method of case study would be used in the current research. The aims of this study would be to find out how family factors such as parents' substance use, disharmony in the household, family economy deprivation and so forth contributed to a person's substance use. This study also aimed to investigate if peers of participants also misuse drugs and how peers influence participants' substance use.

To conclude, problem assessment which consists of procedures and tools was found to be useful in obtaining process information through interview sessions.<sup>17</sup> The general aim of this study is to obtain information on the participant's drug abuse and related problems. This would help to identify contributing factors that associated with drug abuse. Through the collection of baseline data, it would also help the society and practitioner for the proper design of treatment plan.

## **Methodology**

### ***Study Design***

This is a qualitative multiple case study where seven participants were interviewed. It was

also a retrospective study as participants were required to recall their family situations, their peers and substance use experience. The independent variables were family and peer influence while the dependent variable was substance use (defined as admission into the rehabilitation centre).

### ***Participants***

The participants were seven clients from a Christian-based rehabilitation centre for female drug addicts and ex-prisoners in Malaysia. The age of the participants was 23, 24, 25, 33, 35, 50, and 53 years respectively. See Table 1 and 2 for further details.

### ***Procedures***

Approval was first obtained from the coordinator of the centre. The participants were then interviewed individually in a separate room so that they would not feel uncomfortable to reveal their past experiences in front of many people. The participants were briefed on the study and then assured that they could withdraw from the study at any point of time if they wish to. The interviewer consequently read and explained the consent letter in the language the participants understood (English, Malay or Mandarin). They were then asked if they had any enquiries before signing the consent letter.

The participants were first asked about their family background and personal details. The interviewer then proceeded to bring out the topic of participants' history of substance use and the reasons contributing to drug abuse. Participants were given a list to choose from for the reasons (i.e., peer influence, family issue/conflict, unemployment, curiosity, tension release, personal problems, and others). They would then be asked to describe

in details how the chosen reasons affect them. They were also asked about their relationship with family members and peers before admission into the centre using scales (see Materials section for details of the scales). A drawn rating scale using the three main languages (English, Malay, and Chinese) were demonstrated so the participants mentioned the number or just point on the demonstrated scale in order to indicate their responses. Three sessions of interview were given to each participant. The interviews were all conducted in the afternoon, the earliest started at 12.15pm and the latest started at 3.42pm. The durations taken for each interview ranged from 40 to 60 minutes.

An administrative staff who was also the case worker in the rehabilitation centre was also being interviewed in depth regards to each of the participants using the same checklist. This was to cross-check the responses (from participant and from the staff) and hence increase the reliability of the information obtained. In addition, the adopted therapy from the center and other related coping skills has also being explored. This would raise the awareness among the community to play an important role in reducing the relapse rate.

### ***Materials***

Several researches have delineated the relationship between family and peer factors and drug abuse. The scales used in the current study were adopted based on several sources.<sup>18,19,20</sup> There were 20 questions regarding participants' relationship with parents and 10 questions regarding participants' peers. Higher score (min: 20 and 10; max: 80 and 40 respectively) indicates problematic relationship with parents and peers showing problematic behaviors respectively.

Base on the above literature review, the following research questions were formulated:

Research Question 1: Would peer influence be the significant factor in drug abuse among participants from the rehabilitation centre?

Research Question 2: Would family issues be the significant factor in drug abuse among participants from the rehabilitation centre?

Research Question 3: Would personal problems (such as unemployment, curiosity and tension release) be the significant factor in drug abuse among participants from the rehabilitation centre?

## Results

Using participant-family 20-questions, score yielded for each individual was 35, 71, 26, 26, 34, 44, and 53. Score yielded for peers behavior checklist was 24, 25, 17, 20, 19, 27, and 19 respectively. Statistical analyses have shown that the mean is 41.29 and 21.57 while the standard deviation is 16.27 and 3.74 respectively. Summing the two ( $41.29 + 16.27$ ;  $21.57 + 3.74$ ), 57.56 and 25.31 was yielded as the cut-off score of clinical respectively. See Table 3. Scores of above 57.56 and 25.31 were to be coded as clinical while scores below 57.56 and 25.31 will be coded as normal. A participant was coded as clinical in terms of relationship with family while another one coded as clinical for having negative peer influence.

While asked specifically reason contributing to participants' drug abuse, 4 mentioned peer influence and curiosity respectively, 2 mentioned family issues and tension release respectively, while 1 mentioned personal problem. See Table 4. The staff of the centre gave similar results. See Table 5.

## Discussion

### *Family Issues and Peer Influence*

The aim of this research is to study the role of family and peers played in an individual's drug abuse. According to Glynn's review,<sup>5</sup> parents' use of substance is the most influential factor affecting a person's substance use. However, this is not shown in this study. None of the participants had a parent who took drugs. However, this must be reviewed with caution as the participants were from a rehabilitation centre. There could be many drugs abusing parent-offspring out there that have yet to be persuaded into changing the bad habit. It takes more efforts to persuade two persons than a person into a rehabilitation centre for a change.

Family economic stability has been shown to play a crucial role in affecting a person's drug use. 3 out of the 7 participants mentioned that reasons of drug abuse were related to family poverty. The first participant was forced to act as the breadwinner of the family while she was still a child. She never had the chance to receive education as a result of poverty. She mixed with the wrong peer groups while trying to earn money to reduce family burden. With limited knowledge, she couldn't differentiate good or bad hence ended up abusing and trafficking drugs to obtain quick money. The second participant was also forced to bring back money from outside. Again, she mixed with wrong company while trying to earn quick money, hence involving herself in drug abuse. The seventh participant also came from a poor family. She received no education and had limited social interaction because since young, she was required to work for the family as a pig farmer. She claimed to take drugs to release stress.

According to the 20-questions questionnaire, only one participant was coded as clinical in her relationship with family. It was the second

participant who mentioned there was no trust in the family. The first participant claimed family issue/conflict to be her drug abuse contributor was not coded as clinical because she rated the items according to her biological parents instead of the stepfather whom played a major role in the family's conflict.

Four participants stated peer influence to be one of the factors causing their drug abuse. Their peers influenced them by suggesting and persuading them into trying out the substance, and then provided them with the source until participants learnt the way to get the source themselves. Some try out drugs in many different ways in a group too. They reinforced each other's negative behavior. In fact, both positive reinforcement (e.g., acceptance into the group) and negative reinforcement (e.g., withdrawal or scorn) could occur here. Again, using the questionnaire, only one was coded as clinical in peer influence.

This study's result is consistent with the meta-analysis<sup>21</sup> that concluded peer use of drugs to be more influential than parent influences in affecting a person's substance use. It also fits in the assumption that relationship with parents serve as a protective layer for offspring to be distant from substance while peers directly influence individuals' behavior into substance abuse.<sup>22</sup> This is logical as a child has a distant or awful relationship with family especially parents, he or she would turn to peers for comfort and reassurance. In order to obtain approval and further acceptance from peers, without proper guidance from a trusted adult, the individual has high probability to follow whatever required by the peers even if it is illegitimate or unreasonable.

### ***Other Significant Factors***

Other reasons mentioned include curiosity, tension release, and personal problems. Curiosity played a part when participants

wondered and wanted to experience what it would be like to take drugs and was not aware of the addictive power and negative impact it could bring. Releasing tension was also one of the reasons for some to take drugs for them to get away from reality, gaining temporary escape from life stresses. Personal problems were like betrayal of husband and personal financial problem. Among all these listed factors, peer influence and curiosity were the most prevalent. Therefore, future research could focus on these two factors to find out the mechanism and consequently the interventions and precautions accordingly.

### ***Cognitive-behavioral therapy***

The administrative staff who was also the case worker in the centre mentioned that CBT was the primary approach in treating addiction of drug users in the centre. Cognitive approach generally focuses on changing the thoughts and behavioral approach would consider thoughts to be behavior and incorporate the cognitive theory into their practical treatment. Such CBT was found to be effective. The therapist would direct activity and reinforce goal-oriented behaviors among their clients. For example, they would ask questions and act as the participant-observer. The administrative staff further explained that CBT in the centre is properly designed to help the client to cope with different levels of stress.

Without the necessary coping skills, the client will experience decrease in their self-efficacy, feeling unable to cope with their situation. This in turn will increase the probability of relapse. The participants strongly adhered to the twelve-step program principles in their daily routine in the centre. The twelve-step program is a spiritually focused program outlining 12 steps for healing from different kinds of addiction.<sup>23</sup>

### ***Strengths***

The strength of this study is that it provides a detailed description of the reasons contributing to drug use. Specifically, “peer influence” could mean different things to different individuals. An individual’s peer influence might be in the form of persuasion into abusing drugs while another’s is in the form of experimenting with substance in a group.

### ***Limitations***

There are several drawbacks in this study that needs to be taken into consideration when reviewing the findings. The participants were all from a rehabilitation centre; therefore, it is not representative of all drug abusers in the country. Secondly, the sample size is rather small.

### ***Implications and Future Research***

Family issues and peer influence indeed play a part in individuals’ drug abuse. Though the responses from the participants and staff could be different, they were always linked and related. For instance, participant 3 mentioned boredom which triggered her curiosity to try out substance while staff mentioned personal problem that she was forced to go for abortion. In fact, both responses were true. The participant was forced to go for abortion that led to insomnia. Not able to resume to normalcy after the abortion, the participant got bored hence started experimenting with sleeping pills. Consumption of sleeping pills in big quantity and not in accordance with doctor’s prescription contributed to her addiction. Hence, both personal problem and curiosity were contributing factors for this participant.

There would not be only one factor contributing to a person’s drug abuse. Other than the aforementioned case, other cases also showed combination of contributing factors. Both the first and second participants were forced to work in the realistic society before they’re mature enough. They were influenced by friends to start abusing drugs. Here, the contributors to their drug use included both family issue and peer influence.

Utilizing the findings of current research, rehabilitation centre could look into each and every substance abuser before implementing a rigid plan for everyone. Rehabilitation plan should be prepared to suit each individual’s requirement. Participant 1 who came from a poor family without any education, for instance, would need a rehabilitation plan that focuses on education. The goal for her would be to differentiate the good I from the bad and to learn some living skills so that she can earn money without involving self in illegal job. In short, the need for individualized rehabilitation plan should be emphasized. This is validated by the principles of drug addiction treatment by the National Institute on Drug Abuse, which emphasizes the importance of matching interventions for ex-drug users to return to normal functional life.<sup>24</sup>

Future research could study in depth (e.g., longitudinal study) on the mechanisms in which a person ends up abusing drug and the necessary procedures in setting up individualized rehabilitation plan. Next, outcomes of individualized rehabilitation plan for substance abusers should be studied. This process might need to be repeated for times before any positive outcomes of such could be persuasive for related parties to invest in for the benefits of the future.

## **Conclusion**

The current research shows that family factors especially family economic standing, and peer influence play a role in an individual's substance use. In addition, curiosity, tension release and other personal problems also contribute to a person substance use in different ways. This study also shows that a person's substance use is usually caused by a combination of factors instead of just one sole factor. Therefore, related parties could put in efforts to investigate cases based on the combinations of contributing factors and then plan an individualized plan according to needs to maximize the positive end results.

**Conflict of Interest:** None to declare.

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**Table 1: Participants' Background**

Case	Educational Background	Father's Occupation	Mother's Occupation	Previous Occupation	Marital Status
1	Never gone to school	Driver (biological father)	Maid	Assisted mother while mother was still working	Single
2	Primary	Business man	Housewife	Guest relation officer	Divorced
3	Upper secondary	Retired teacher, currently	Retired teacher	Waitress	Single

		businessman			
4	Lower secondary	Passed away when she was two	Housewife	Beautician	Single
5	Upper secondary	Wholesaler/dealer	Housewife	Marketing executive	Single
6	Lower secondary	Hawker	Hawker	Accounting clerk	Divorced
7	Never gone to school	Farmer	Lawnman/cleaner	Farmer	Divorced

**Table 2: Participants' Substance History**

Substance	Period of abuse (age)
Participant 1	
Cigarette	9 – admission
Alcohol	11 – admission
Heroin	11/ 12 – admission
Ganja	11/ 12 – admission
Syabu	45/46 – admission
Participant 2	
Ecstasy	19
Psychoactive pills	19 – 23
Beer	20 – 23
Ketamine	20 – 23
Cannabis	21 (half year)
Syabu	22 (half year)
Participant 3	
Ecstasy	25 – 30
Ketamine	25 (only tried few times)
Benzodiazepine	25 – 30
Ganja	25 (only tried few times)
Sleeping pills	27 – 33
Participant 4	
Ecstasy	14 – 20
Erimin (benzodiazepine)	15 – 19
Syabu	18
Ganja	18 – 19
Marijuana	19 (tried once)
Ketamine	19 – admission
Cocaine	22 (tried twice)
Participant 5	
Pills	13 – 14 (festive season, party)

Stronger pills	15 – admission
Marijuana	15 – 18
Heroin	17 – admission (addicted)
Syabu	46
Participant 6	
Pills	16 – 20
Ecstasy	16 – 20
Ketamine	20 – admission (addicted)
Participant 7	
Cigarette	4
Marijuana	25
Morphine	28 – 29 (addicted)
Syabu	29

*Note.* admission = admission into the current rehabilitation centre

**Table 3: Descriptive Data of Scales**

Variable	Mean	SD	Cut-off Score
Relationship with Family	41.29	16.27	57.56
Peer Influence	21.57	3.74	25.31

**Table 4: Brief Descriptions of Drug abuse (Participants' Perspectives)**

Case	Reason(s)	Specification(s)
1	Family issue/ conflict	-Had a stepfather who beat her mother when there was insufficient money. Mother tried to committed suicide.. Participant persuaded mother to promise not to commit suicide again while she herself promised to bring back some money as a child of the family.
2	Peer influence, Family issue/ conflict	-Friends commented that it was nice to take drugs. -There was no trust in the biological family. Participant didn't feel like she belonged in the family.
3	Curiosity	-Too bored, hence trying out drugs for curiosity to see what would happen.
4	Peer influence, Curiosity, Tension release, Personal problems	-Experimented with drugs together in a group. -Curious how it was like to take drugs. -Tension release of life stressors. -Experienced boy-girl relationship problems, betrayal of friends, and financial problem.
5	Peer influence, Curiosity	-Peers encouragement. -Had a younger brother who took drugs and commented that the family wouldn't understand him because they

		never took drugs. Participants took drug in order to find out why the brother kept relapsing.
6	Peer influence, Curiosity	-Peers encouraged taking drugs. -Curious how it was like to take drugs.
7	Tension release	-Participant was always alone, claimed that wouldn't need to think after drugs usage. Assumed drugs usage as a form of tension release.

**Table 5: Brief Descriptions of Drug abuse (Staff's Perspectives)**

Case	Reason(s)	Specification(s)
1	Family issue/ conflict	-Family poverty caused participant to earn income for family as a child. In the process, participant mixed with wrong company and hence started trafficking and abusing drugs.
2	Family issue/ conflict	-Participant had a dysfunctional family where the parents only wanted the participant to bring home money. They didn't care if she earned the money legally or illegally. Besides, her ex-husband betrayed her.
3	Personal problems	-Parents wanted participant to go for abortion. This caused her to have insomnia and rely on sleeping pills. Later, she misused the pills.
4	Peer influence	- Peers encouragement.
5	Peer influence, Family issue/ conflict Curiosity	-Mixed with wrong company. -Failed marriage. -Wanted to try out.
6	Curiosity	- Curious how it was like to take drugs.
7	Peer influence, Family issue/ conflict	-Peers encouragement. -Participant always got scolded by her brother. She was forced to marry a man not of her choice.