

The Relationship between Social Support and Relapse among Former Drug Addict

Hubungan di antara Sokongan Sosial dan Relaps dalam Kalangan Bekas Penagih Dadah

Asbah Razali¹, Fauziah Ani², Siti Nor Azhani Mohd Tohar³

¹University of Malaya, MALAYSIA

²Universiti Tun Hussein Onn Malaysia, MALAYSIA

³Universiti Sains Islam Malaysia, MALAYSIA

DOI: <https://doi.org/10.30880/jstard.2019.01.02.003>

Received 29 September 2019; Accepted 22 November 2019; Available online 17 December 2019

Abstract: This study aims to identify the relationship between the social support and relapse among former drug addicts. This study involves 242 former addicts that completed their treatment and rehabilitation period and utilises two instruments, the *Inventory of Drug-Taking Situations*, (IDTS) by Annis and Martin (1985) and the *Social Provisions Scale* (SPS) by Russell and Cutrona (1984). This study uses descriptive statistical method or frequency to see the percentage for the demographic factor, while the inferential statistical method such as the Pearson correlation were used to test the research question. The Pearson correlation analysis shows a significant relationship between social support and to relapse. The results conclude that the friends and societal could influence the inclination to relapse among former addicts. In summary, social become a source of rationalization for various types of devian behaviour and affecting former drug addicts to decide to relapse.

Keywords: *drug, relapse, social support, friend, society*

Abstrak: Kajian ini bertujuan untuk mengenal pasti hubungan di antara sokongan sosial dengan berulang dalam kalangan bekas penagih dadah. Kajian ini melibatkan seramai 242 orang bekas penagih yang telah menamatkan tempoh rawatan dan pemulihan mereka dengan menggunakan dua instrumen iaitu soal selidik *Inventory of Drug-Taking Situations*, (IDTS) oleh Annis and Martin (1985) dan soal selidik *Social Provisions Scale* (SPS) oleh Russell and Cutrona (1984). Kajian ini menggunakan kaedah atau kekerapan statistik deskriptif untuk melihat peratusan faktor demografi dan tahap sokongan sosial, manakala kaedah statistik inferensi seperti korelasi Pearson digunakan untuk menguji soalan yang berkaitan dengan hubungan di antara pemboleh ubah ini. Analisis korelasi Pearson menunjukkan terdapat hubungan yang signifikan yang negatif di antara sokongan sosial dan berulang mengambil dadah. Hasil kajian menyimpulkan bahawa rakan-rakan dan masyarakat dapat mempengaruhi kecenderungan berulang dalam diri bekas penagih dadah. Ini dapat dibuktikan dengan kajian lepas yang membuktikan bahawa sokongan sosial menjadi sumber rasionalisasi untuk tingkah laku devian dan juga dapat mempengaruhi bekas penagih dadah untuk kembali berulang.

Kata Kunci: dadah, berulang, sokongan sosial, rakan dan masyarakat

1. Introduction

The inclination to relapse is a psychological as well as a behavioural problem. It is linked to the desire of the addict to reuse drugs after the end of the treatment and recovery process (Shafiei, Hoseini, Bibak & Azmal, 2014). According to the report issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2014, more than 50 per cent of drug addicts were identified with the inclination to relapse after they have ended their treatment and rehabilitation. This is because they are at a high risk to relapse, due to the presence of negative reactions and their inability to overcome these reactions (Tomczak, 2010). Although some former drug addicts are able to exercise self-control, others are unable to overcome their desire for drugs. The absence of social support, especially among friends, leads to a higher inclination to relapse. Therefore, they require support, especially from their friends, to function as effective and normal human beings (Flynn, 2005).

According to the National Anti Drug Agency (AADK) statistics, youths aged between 18 and 39 years are the majority group that fall into drug addiction, with 6,011 people, or 66.7% of the total of drug addicts in 2014. This means most youths are at risk of falling into addiction and exposed to the inclination to relapse (Leatherdale & Ahmed, 2010). If this problem is allowed to continue, it would affect millions of people in this country, as it leads to multiple negative implications, such as the rise in social issues, decrease in work productivity, increase in deaths, violence, and mental issues (Sokhadze, Trudeau & Cannon, 2014). This projection is most worrisome, as not only does it affect the human capital that the country depends on, the government also has to incur large expenses for treatment and rehabilitation. If these addicts are left untreated, our country will suffer socially and economically. Therefore, the issues related to the inclination to relapse must be highlighted in order to prevent them from continuing.

Research on the inclination to relapse has been carried out by previous scholars in the West (like Bowen, Chawla dan Marlatt, 2010, Greenfield, Brooks, Gordon, Green, Krop and McHugh, 2007), but the study on the inclination to relapse in Malaysia are still few and inconsistent. Most studies in the West found the inclination to relapse as caused by a number of social environmental factors such as familial, friend, and societal support. The absence of social support makes it difficult for former addicts to socialise within their environment (Fletcher, Bonell & Hargreaves, 2008). Meanwhile, the inclination to relapse along former addicts in Malaysia is also significant based on the social environment factor, which then leads to the increase of repeat addicts every year (Fauziah & Naresh Kumar, 2009; Mahmud Mazlan, Schottenfeld & Chawarski, 2006). This situation indirectly identifies the importance of the individual and the people around him, such as friends and society, in ensuring former addicts are successful in overcoming their addiction.

Bezuidenhout and Joubert (2003) state that adolescents spend more time with their environment, especially with their friends, and less time with their families, and as a result, friends have a stronger influence compared to family members. Friends are said to be able to influence them, and become a rationalisation for various types of deviant behaviours. Friends, therefore, are identified as an important factor in the inclination to relapse. To fill in the gap in research by previous scholars, this study is carried out to ascertain whether there is a link between friend support and the inclination to relapse among former drug addicts. Specifically, this study looks at a number of things: what are the backgrounds of the former addicts? What are the level of inclination to relapse, the level of social support among former drug addicts? Are there have any relationship between social support and the inclination to relapse among former addicts? This study forwards the hypothesis that there is a significant relationship between social support and the inclination to relapse among former addicts.

2. The Concept of Social Support: Previous Study

For this study, social support is a form of support of aid offered to someone by various sources such as friends and society. In other words, someone could be seen as a source of dependence and support for the individual. According to Bezuidenhout and Joubert (2003), in adolescence, an individual spends more time with the environment, especially with friends and less time with their families. This is because friends, as part of the social environment, could influence behaviour and become a rationalisation for deviant behaviours (Akers, 1998; Conger & Simons, 1997). In this regard, society and friends could influence former addicts to return to their drug use (Gouws, 2000).

2.1 Friend Support

Friends serve as a source of reference for values and norms for the internal development of the youth especially acceptance from others to feel valued. Friends could influence them to use drugs and also return to drug use. This is supported by the findings of a previous study by McWhirter, Rasheed, & Crothers, (2000) in his study on 250 former addicts using the Peer Crowd Questionnaire (PCQ). Their findings show that friends are an important source in identifying the main factor that leads to the inclination to relapse, and they have an effect on full recovery. Persuasion by friends to act out negatively leads most youths to fall into wrong behaviour, as friends are closest to the individual, aside from their families. This means the individuals look to their friends for recognition and opportunity to carry out this newly-acquired behaviour, as well as develop their social skills. They then would do anything to be accepted by their peers. Impressionable former addicts, perhaps more inclined to friends with similar problems, would form their own clique and do the same things to fell accepted by the group. In Van Der Westhuizen's (2007) study on 64 drug addicts, utilising the Social Support Questionnaire (SPQ), found that social environment is one

factor that could increase the inclination to relapse after treatment among former addicts. This study also found that 90 per cent of relapsed respondents identify the main factors as boredom, peer pressure, and the enjoyment of drug use.

Others also state their relapse is due to depression, stress, family pressure, and failure to receive social support. This shows the factors related to social environment are highly linked to the inclination to relapse. Farjad (2000) in his study on 226 addicts, utilised the Drug Use Questionnaire (DAST) and the Social Support Questionnaire (SSQ), also agreed with previous findings, stating that friends could increase the risk of relapse. In fact, the friends that use drugs lead to recidivism among former addicts. His findings show almost 60% of Iranian citizens under 25 years spend more time with their friends compared to their parents. This study found that friends play an important role in the increase of the relapse post-treatment. This is because friends pressure former addicts to return to drug use. If these friends are also users, they would directly or indirectly influence one another. Meanwhile, a study by Ziaaddini (2005) on 310 addicts, utilising the Prescription Drugs Attitudes Questionnaire (PDAQ) and the College Alcohol Problem Scale (CAPS) found a moderate negative correlation among former addicts in Kerman ($r = 0.323$, $p < 0.01$). His findings show that friend support has a relationship to the inclination to relapse. The higher the factor of friend support, the higher their self-development. It is during adolescence that individuals need support from their environment.

Another study by Ali (2010) explores the friend factor and the inclination to relapse among former addicts in Kerman on 226 former addicts aged between 13 and 20 years in 10 rehabilitation centres. This study utilised the Adolescent Alcohol and Drug Involvement Scale (AADIS) inventory. His study found a significant relationship between the friend factor and the inclination to relapse. This study suggests steps to be taken to avoid the inclination to relapse post-treatment among adolescents. Some researchers then develop strategies to prevent relapse among addicts. Among these steps are former addicts be provided proper protection and prevent them from relapsing. They require continuous treatment to avoid negative reactions. During this period, addicts are susceptible to environmental pressure, thus increasing their inclination to relapse.

According to Osgood and Chambers (2000), most juvenile problems are caused by wrong choice of friends. They are easily influenced by friends, and participate in deviant behaviours with friends. However, friends could also contribute to the rehabilitation process among former addicts. For example, friends that support and participate could help former addicts stay clean. In addition, the involvement of friends in the rehabilitation process could support former addicts to change, as they need support from all sectors to help with the rehabilitation. If they receive environmental support, they could be focused and potentially follow the regulations set by the rehabilitation centre. At this stage, treatment and rehabilitation is seen as barely important, and social environment poses a bigger threat to the rehabilitation process that prevent them from relapsing. Therefore, supportive friends could help former addicts overcome temptations and not relapse.

As stated by previous scholars, friends play an important role to increase the inclination to relapse post-treatment and rehabilitation. Friends seem to have the largest effect on addicts' decision to relapse (Chen, Sheth, Elliott, & Yeager, 2004). For instance, a study by Hughes, Coletti and Neri (1995) are about pregnant women from ethnic minorities in North America. This study looks into factors influencing the inclination to relapse, among them being family and friends. The study found that almost 57% of addicts stop taking drugs during their pregnancy. It also found that they relapsed due to influence from friends. The presence of family members that are addicts also cause women to relapse. What is surprising, the rate of non-relapsed drug addicts are too low among ethnic minorities involved in drug problems. This shows friends play the main role in pushing female former addicts to relapse after the end of pregnancy. However, this study only focuses on ethnic minorities in North America, and ignores the white majority. It is possible there might be a difference between the two ethnicities. In addition, Goodwin (2000) in his study on 121 addicts, utilising the Stimulant Relapse Risk Scale (SRRS) inventory linked to social support, found that friend support is necessary to allow former addicts to feel needed. This finding states that drug-using friends are an important factor in the inclination to relapse, and puts them at a higher risk to relapse. These factors could increase the possibility to become addicted to drugs, and affect their relapse. The decision to reuse may be caused by feeling of failure and guilt. This shows that friends play an important role in increasing the level of recidivism post-treatment.

2.2 Social Support

According to Hall, Wasserman and Havasay (1991), one of the factors that lead to the inclination to relapse is due to acceptance by local community or society. Social exclusion and discrimination by society on former addicts contribute to the difficulty in their recovery. Corrigan, Kuwabara, and O'Shaughnessy (2009) in their study found that relapse is higher in the first six months after rehabilitation as former addicts receive no support from their environment. This is also a main problem for former drug addicts, as they feel unaccepted by their society and surroundings. Padaiga, Subata & Vanagas, (2007) opines that negative stigma has an effect on the self-esteem of former addicts to transform, and affects their mental well-being due to facing discrimination. The negative influences of prejudice and discrimination from segments of society hinders the recovery process for former addicts. The general stigma on addicts include negative views that they are untrustworthy, lazy, and idle. This is proven in a study by Laudet, Morgon and White (2006) on 602 drug addicts using the Social Support Questionnaire (SSQ) and the Drug Use Questionnaire (DAST) related to the difficulty addicts face in stopping their drug use. The findings show that the main hindrance to transformation is the negative stigma from society, which lead them to give up on their recovery

process. The negative stigma causes drug addicts to feel ashamed to face society, and take the initiative to isolate themselves from society, thus carrying on with the previous activity.

There are also respondents that continue to use drugs and refuse to continue treatment. This means there is a link between negative stigma and recovery problems among addicts. A study by De Waele and Van Hove (2005) on 1,020 respondents utilising the Social Support Scale (SSS) measuring tool found that a number of respondents in their study report acting according to the stereotypes assigned by society to them. Respondents admit they were unable to defend themselves as society lobs insults at them. They found it difficult to reintegrate into society as they felt a large gap between themselves and said society. The results also found that most respondents state they have a strong desire to start a new life, and some left their hometown and move to a new place for self-reinvention. However, isolation and social stigma meant they were hindered from assimilating into the local community. Next, a study by White, Jordan, Schroeder, Acheson, Georgi, & Sauls, (2004) on the negative effects of societal stigma found that negative stigma leads to a more serious drug addiction problem. This is because the negative stigma from society could influence behaviour and interfere with the recovery process of former addicts. In fact, in today's society, drug problems are linked to a multitude of crimes and violence, as most criminal activities are intertwined with drug abuse. The relationship between crime rates and drug abuse influence societal attitude towards drug addicts. This is seen through societal attitudes, media portrayals, and views on former drug addicts, all negative in nature.

Moos, Finney and Cronkite, (1990) in their study widely discuss the effects of societal support after drug addicts have ended their rehabilitation process through the Alcohol Use Disorder Identification Test (AUDIT) inventory. The findings show that former addicts that face a lack of societal support is often seen as keeping to themselves, and they break off their relationship with their surroundings. In fact, the study also found that 60-80% of respondents state their dependence on the surrounding society to help with the recovery process. However, this study is unable to unravel the question of social support towards the high risk of relapse. Although they receive strong social support, negative stigma by segments of society could not be fully eliminated. Meanwhile, Ackard, Neumark-Sztainer, Story and Perry, (2006) in their study in the United States identified cultural difference in a society influences the potential of relapse among drug addicts. Their study found that 26% of relapsed addicts that took heroin after the end of treatment and rehabilitation are those that faced social pressure from society and their environment. However, it is unclear whether culture influences societies in other countries or not in change. The results also found that sociological and psychological differences influence their motivation to change. This means other factors also play a role in allowing former addicts to remain clean. This study is also limited to British society, and possibly could not be applied to the Malaysian situation. However, the results of this study could be generalised to members of British society, and it should be continued to ensure whether it is similar or different to societies in other countries.

In fact, most previous studies were conducted in the United States, and the findings or results would reflect their cultural backgrounds. This situation could not be applied to the societal culture in this country (Faggiano, 2005). It is possible that the results of this study could differentiate the viewpoints of Western and Malaysian societies. In the context of Malaysian society, where culture is more collective, drug addicts would usually maintain a relationship with their social circle. It has a clear implication on their recovery process as the presence of social support helps with their full recovery. This also means the effects of social support in the cited studies might be different in the cultural context in Malaysia. Societal attitude, which only points the finger at former addicts hinders their recovery process. Society should realise that drug problems could only be solved collectively with help from the overall community.

3.1 Measuring Tool and Scoring

3.1.2 Instruments of Social Support

Social support includes friend, and societal support, measured with the Social Provisions Scale (SPS). The SPS was designed by Russell and Cutrona (1987) using the five-point Likert Scale, with 1= strongly agree 2= agree 3= not sure 4= disagree 5= strongly disagree. The total score for each item shows the level of support from friends and society. An example of the items used for this social support instrument are as such:-

1. " Friends/ Society have never reprimanded me when I did something wrong "
2. " Friends/ Society are always there to help me when I really need them "

As stated by Russell and Cutrona (1987), the higher the score, the higher the level of social support. The reliability of the SPS is high, with .753 for friend support and .771 for societal support. This means this questionnaire is suitable for use in this study.

4. Research Findings

4.1 Respondents Profile

A total of 242 former addicts in eight CCRCs participated in this study, and the respondents shows that the majority of former addicts in this study are between the ages of 16-5 years. Results also found the majority of former addicts are Malays. For marital status, 111 respondents (45.9 percent) are unmarried, which is a majority of the group. Meanwhile, for education level, results found 96 respondents (39.7%) have a Lower Secondary Assessment (PMR) certificate. This shows most respondents dropped out of school at a young age. In the context of employment status, 73 respondents (30.2%) are unemployed. This could be due to the low education level.

Table 4.1 - Background of Respondents

Background	Frequency	Percentage
Age		
16-25 years	134	55.3
26-39 years	103	42.6
39 years and above	1	0.4
Ethnicity		
Malay	202	83.4
Indian	21	8.7
Chinese	19	7.9
Marital Status		
Unmarried	111	45.9
Married	106	43.8
Widowed (Divorced)	25	10.3
Education Level		
No school	19	7.9
Primary School	33	13.9
PMR	96	39.7
SPM	76	31.4
Employment Status		
Part-time	41	16.9
Student	5	2.0
Full-time employment	51	21.2
Self-employed	72	29.8
Unemployed	73	30.2

4.2 Relationship between the Inclination to Relapse and Social Support

A correlation test is also used to determine whether there is a significant relationship between the inclination to relapse and social support. Results found a negative relationship between the three aspects of social support and the inclination to relapse.

Table 4.3: Relationship between the Inclination to Relapse and Social Support

Variable	Y	X ¹	X ²
Y (Relapse)	1		
X¹ Friends Support	-.722**	1	
X² Societal Support	-.590**	.519	1

5 Discussion

5.1 The Relationship between the Inclination to Relapse and Friend Support

This study shows there is a negative significant relationship between friend support and the inclination to relapse. The strength of the relationship recorded is at a high level ($r = -.722$, $p < .05$). This negative link indicates that the lower the level of support among friends, the higher the inclination to relapse. To summarise, this result shows that the factor of friend support has been identified to have a link to the inclination to relapse. This finding is strengthened by the results of Mahmood et al., (1999) that the strong pull by old drug-using friends is the main source of recidivism among former addicts. Their study found that 50% of the addicts said their old friends have influenced them to relapse post-treatment and rehabilitation. This explains that friends are the main influence to the decision to relapse among former addicts. In addition, a study by Conger and Simons, (1997) found that friends were responsible for influencing former addicts to reuse drugs. This is because friends have a huge effect on their behaviour, and a source of rationalisation for their deviant behaviours. In fact, most former addicts see their friends as more understanding of their predicaments, and this compatibility push the former addicts to relapse. Friends, obviously, are closest to the individuals after their families.

This situation also means they need friends to provide acknowledgement and support, and then provide the opportunity to practise new behaviour and develop the necessary social skills for future interaction, and allow them to be accepted among friends. With this in mind, they then would do anything to be accepted in this clique. Impressionable former addicts would be comfortable among friends in similar situations, and form their own clique. They then would be more susceptible to negative influences. When friends form a negative group, they would do the same acts in order to feel accepted. This situation is in line with the views of Van Der Westhuizen (2007) that found social environment as one factor that could increase the inclination to relapse. A study on 45 former addicts found that 90% of respondents state that the main factor for their relapse was peer pressure from drug-using friends that show the fun in drug use. In fact, these drug-using friends also lead to relapse among former addicts. If these friends were also drug-users, they would influence one another., proving that individuals with drug-using friends would be more inclined to become addicts themselves. In summary, most respondents in this study state they receive support from their friends at a low level to help them escape the influence of drugs.

5.2 The Relationship between the Inclination to Relapse and Societal Support

The results show a negative and significant relationship between societal support and the inclination to relapse. The relationship strength obtained is at a moderate level ($r = -.590$, $p < .05$). This negative correlation indicates that the lower the societal support, the higher the inclination to relapse. The results found that respondents state they receive a moderate level of support from society surrounding them. This situation shows a picture that most members of society do not provide proper support and space for former addicts to start a new life. This is possibly because most members of society are unconvinced with the ability of former addicts to remain fully clean, They hold the view that former addicts could never quit their addiction, and would remain addicts for the rest of their lives.

The results of this study is also seen to support the findings of Mahmood et al., (1999), which found that around 30% of relapsed former addicts state that a lack of support from society drove them back to drug addiction. According to Mahmood et al., (1999), in reality former addicts tried to resist, but discouraging external factors led them to give up and relapse. This is because society has a view that most addicts bring with them social ills and cause trouble for their environment. Therefore, the addicts are boycotted by their society. Furthermore, negative stigma, prejudice, and discrimination by members of society has a chronic social effect on the daily lives of former addicts (Kilian, Matschinger, & Angermeyer, 2001). This situation hinders the recovery process of former addicts. They would use the negative stigma excuse to justify their decision to relapse as they are already discriminated against by their environment. Therefore, without the support from society, it is difficult for former addicts to return as functioning normal members of their respective society. Thus, the lack of societal support leads to a lack of development in skills to build a positive social growth network for these addicts. They are unable to associate with their environment and lack interaction skills. This proves societal support is one of the factors that lead to a higher inclination to relapse. This is because former addicts deprived of societal support are usually seen as loners and would break off relationships with those around them. They require dependence to their surrounding society in order to aid in the recovery process.

6. Conclusion

The main idea, based on the results, is that society must change their negative perception and preconceived ideas on former addicts. Societal stigma is quick to punish, and former addicts find difficulty in returning to the straight and narrow. This then leads to the increase in relapse. If societal views remain stagnant, to reject efforts of those former addicts seeking to remain clean, then efforts by the government to rehabilitate them become null and void. This not only leads to relapse, but an increase in the number of repeat addicts in time.

References

- [1] Ackard, D., Neumark-Sztainer, D., Story, M., & Perry, C. (2006). Parent-child connectedness and behavioural and emotional health among adolescents. *American Journal of Preventive Medicine*, 30 (1), 59-66.
- [2] Agensi Antidadah Kebangsaan. (2009). Laman Web Statistik Penyalahgunaan Dadah.<http://www.adk.gov.my/utama.html>. Diperolehi pada 20 Februari 2014.
- [3] Akers, R. L. (1998). *Social Learning and Social Structure: A General Theory of Crime and Deviance*. North-eastern University Press.
- [4] Ali, R. (2010). Taking risks by examining our practice: Encouragement to address the couple relation. *Clinical Child Psychology and Psychiatry*, 15 (2), 147 – 150
- [5] Annis, H.M. & Martin, G. (1985). *Inventory of Drug-Taking Situations*. Toronto: Addiction Research Foundation.
- [6] Bezuidenhout, C., & Joubert, S. (2003). *Child and youth misbehaviour in South Africa. Aholistic view*. Pretoria: Van Schalik Publishers.
- [7] Bowen, S., Chawla, N., & Marlatt, G. A. (2010). *Mindfulness-based relapse prevention for addictive behaviours: A clinician's guide*. New York, NY: Guilford.
- [8] Chen, K., Sheth, A. J., Elliott, D. K., & Yeager, A. (2004). Prevalence and correlates of past-year substance use, abuse, and dependents in a suburban community sample of high-school students. *Addictive Behaviours*, 29, 413-423.
- [9] Conger, R. D., & Simons, S. L. (1997). Life-course contingencies in the development of adolescent antisocial behaviour: A matching law approach. In T. P. Thornberry (Ed.). *Development theories of crime and delinquency: Advances in criminological theory*. New Brunswick, N.J.Transaction.
- [10] Corrigan, P.W., Kuwabara, S.A., & O' Shaughnessy, J. (2009) The public stigma of mental illness and drug addiction: Findings from a stratified random sample. *Journal of Social Work*, 9(2), 139-147.
- [11] De Waele I, & Van Hove G. (2005) Modern times: An ethnographic study on the quality of life of people with a high support need in a Flemish residential facility. *Disability and Society*, 20 (6), 625-639.
- [12] Faggiano, F. (2005). School-Based Prevention for Illicit Drugs' Use. *Cochrane Database Systematic Review*, 18(2),34-41.
- [13] Farjad, M. (2000). *Addiction*. Tehran: Badr.
- [14] Fauziah, Ibrahim & Naresh Kumar. (2009). Factors Effecting Drug Relapse in Malaysia: An Empirical Evidence. *Asian Social Science*,5,129-133.
- [15] Fletcher, A., Bonell, C., & Hargreaves, A. (2008). How might social influence young people's drug use? Development of theory from qualitative case-study research. *Journal of Adolescent Health*, 45, 126-132.
- [16] Flynn, F. J. (2005). Having an open mind: The impact of openness to experience on interracial attitudes and impression formation. *Journal of Personality and Social Psychology*, 88, 816-826.
- [17] Flynn, P. M., Joe, G. W., Broome, K. M., Simpson, D. D., & Brown, B. S. (2003). Recovery from opioid addiction in DATOS. *Journal of Substance Abuse Treatment*, 25(3),177-186.
- [18] Goodwin, D. W. (2000). *Alcoholism: the facts* (3rd ed.). Oxford: Oxford University Press.
- [19] Gouws, E., Kruger, N., & Burger, S. (2000). *The adolescent* (2th ed.). Sandown: Heineman publishers.
- [20] Greenfield, S., Hufford, M., Vagge, L., Muenz, L., Costello, M., & Weiss, R. (2000). The relationship of self-efficacy expectancies to relapse among alcohol dependent men and women: A prospective study. *Journal of Studies on Alcohol*, 61, 345-351.
- [21] Greenfield, S.F., Brooks, A.J., Gordon, S.M., Green, C.A., Krop, F., & McHugh, R.K. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence*.86(1):121.
- [22] Hall, S.M., Wasserman, D.A. & Havasay, B.L. (1991). Relapse Prevention. In R.W. Pickens, C.G. Leukefeld & S.R. Schuster. *Improving Drug Abuse Treatment*. Rockville, MD: NIDA.
- [23] Hughes, P.H., Coletti, S.D., & Neri, R.L. (1995). Retaining cocaine-abusing women in a therapeutic community: The effect of a child live-in program. *American Journal of Public Health*, 85, 1149-1152.
- [24] National Institute on Drug Abuse (NIDA) Research Monograph Series 168 (NIH Publication No. 97-4177, pp. 196-219). Rockville, MD: National Institute of Health.
- [25] Kilian, R., Matschinger, H., & Angermeyer, M.C. (2001). The impact of chronic illness on subjective quality of life: A comparison between general population and hospital in patients with somatic and psychiatric diseases. *Clinical Psychology and Psychotherapy*, 8, 206-213.
- [26] Laudet, A., Morgon, K., & White, W. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drug use. *Alcohol Treatment Quarterly*, 24, 33-74.
- [27] Leatherdale S.T., & Ahmed R. (2010). Alcohol, marijuana, and tobacco use among Canadian youth: do we need more multi-substance prevention programming? *The Journal of Primary Prevention*,31, 99-108.
- [28] Mahmood, Nazar. M. (2006). *Mencegah, Merawat & Memulihkan Penagihan Dadah. Beberapa Pendekatan Amalan di Malaysia*. Utusan Publication & Distribution Sdn Bhd.
- [29] Mahmood Nazar Mohamed. (2002). *Penagihan Dadah & Perlakuan Jenayah: Pengaruh Faktor Psikososial dan Institusi*. Jurnal psikologi Malaysia. Julai 2002. Bil.16: ISSN 0127-8029.

- [30] McWhirter, E. H., Rasheed, S., & Crothers, M. (2000). The effects of high school career education on social-cognitive variables. *Journal of Counselling Psychology*, 47, 330-341.
- [31] Moos, R. H., Finney, J. W., & Cronkite, R. C. (1990). *Alcoholism treatment: Context, process, and outcome*. New York: Oxford University Press.
- [32] National Institutes on Drug Abuse NIDA. (2005). *Monitoring the Future: Overview of Key Findings, 2004* (National Institutes of Health, U.S. Department of Health and Human Services, NIH Publication No. 05-5726).
- [33] National Institute on Drug Abuse (NIDA, 2008). *Research Monograph Series 168* (NIH Publication No. 97-4177, pp. 413-417). Rockville, MD: National Institute of Health.
- [34] Osgood, D. W., & Chambers, J. M. (2000). Social disorganization outside the metropolis: An analysis of rural youth violence. *Criminology*, 38, 81-115.
- [35] Padaiga, Z., Subata, E., & Vanagas, G. (2007). Outpatient methadone maintenance treatment program Quality of Life and health of opioid-dependent persons in Lithuania. *Medicina (Kaunas)*, 43, 235-241.
- [36] Russell, D. & Cutrona, C. E., (1987). The social provision scale: A multidimensional measure of perceived social support. In W.H. Jones & D. Perlman (Eds.), *Advances in personal relationships*. Greenwich, Conn.: JAI Press.
- [37] Shafiei E, Hoseini A.F, Bibak A, & Azmal M. (2014). High risk situations predicting relapse in self-referred addicts to province substance abuse treatment centres. *International Journal High Risk Behaviour Addiction*, 3(2),163-181.
- [38] Sokhadze, T. M., Trudeau, D. L., & Cannon, R. L. (2014). Treating addiction disorders. In D. S. Cantor, & J. R. Evans (Eds.), *Clinical neurotherapy: Application of techniques for treatment* (pp. 265-299). Philadelphia, PA: Elsevier.
- [39] Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). National Recovery Month helps reduce stigma. Substance Abuse and Mental Health Services Administration. Retrieved June 17, 2009 from <http://www.hazelden.org/web/public/ade20909.page>.
- [40] Tomczak, V. M. (2010). The impact of emotional intelligence on substance abuse and delinquency in a college sample: The comparison of emotional intelligence traits versus abilities. Retrieved from ProQuest. (UMI 3422981).
- [41] Van Der Westhuizen, M.A., (2007), *Relapsing after treatment: Exploring the experiences of chemically addicted adolescents*, unpublished MA dissertation, Department of Social work, University of South Africa.
- [42] White, A. M., Jordan, J. D., Schroeder, K. M., Acheson, S. K., Georgi, B. D., & Sauls, G. (2004). Predictors of relapse during treatment and treatment completion among marijuana-dependent adolescents in an intensive outpatient substance abuse program. *Substance Abuse*, 25, 53-59.
- [43] Ziaaddini, H. (2005). *The household survey of drug abuse in Kerman*. Kerman Medical Sciences University, Kerman, Iran.