

# Addiction and the Family in Malaysia

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# Outline

- Provide some background on Malaysia and the substance/drug addiction scenario.
- Share on the experience of affected family members.
- Additionally, describe the existing interventions for the AFMs.
- State the related legislations and policies in Malaysia.
- Make some reflections.

# Background (Malaysian context)

- In 2021, Malaysia's population is estimated at 32.7 million as compared to 32.6 million in 2020.
- Out of this, the Bumiputera (Malay & natives) composition is 69.8%, followed by the Chinese (22.4%), the Indians (6.8%) and other ethnicities (1%) (Department of Statistics Malaysia, 2021).
- The Malaysians adhere to the collectivistic culture even though some are becoming more individualistic due to modern influences. Characteristics of the Malaysian people:
  - group-oriented; family relationships can be observed as interdependent - e.g: adult children may not leave home until marriage, preserve one's good name and reputation
  - hierarchical relationship oriented that can be seen - e.g: respect and authority of elders
  - maintaining harmony and stability - e.g: difficult family patterns/interactions may be left unaddressed
  - Religion and spirituality an important aspect that gives meaning and purpose in life – Islam (61.3%), Buddhism (19.8%), Christianity (9.2%), Hinduism (6.3%), folk religion (1.3%), other religion 0.4% and no religion/unknown (1.7%) (Department of Statistics Malaysia, 2010).

## Background (Malay Muslims)

- In the Malaysian Constitution, Article 160(2) 'Malay' is defined as a person who professes the Muslim religion, habitually speaks the Malay language, and conforms to Malay customs.
- Islam influences almost every aspect of the life of the Malays and is central to the Malay identity - uphold Islam as their religion and at the same time maintain their cultural values (Ahmad Munawar, Zakaria, Mohd. Yusof, & Mashitoh, 2012).

# Islamic view on meaning of health and illness

- Meaning of health and illness: It is a blessings from Allah and a trust that should be preserved. Additionally, Allah may test humans through various trials to determine if the afflicted person will be patient, rely upon Allah in times of distress, and view it as opportunity for spiritual growth and purification.
- Healthcare strongly based on preventive measures – personal hygiene, dietary measures (restriction in eating specific ingredients (e.g. pork) and drinking alcohol), avoid addictive habits or over consumption.

# Islamic view about Substances

- '*Khamr*' as mentioned in the Quran or intoxicants – any substance that covers, overcomes, or befogs the mind and the intellect (Mikhalak & Trocki, 2007), decrease the ability to think and feel rationally, negatively impacts decision-making, and lowers inhibitions. Even in small quantity or found in products are also prohibited.
- Therefore, substances such as alcohol, heroine, cannabis, and others are forbidden in Islam, whether consumed in small or large quantities.
- Islamic scholars suggest that a contributing factor that causes one to turn to substances – diminished sense of faith in God and inability to control one's desires, stemming from a sickness of the heart (Ahmed & Amer, 2012).

# Islamic view about family

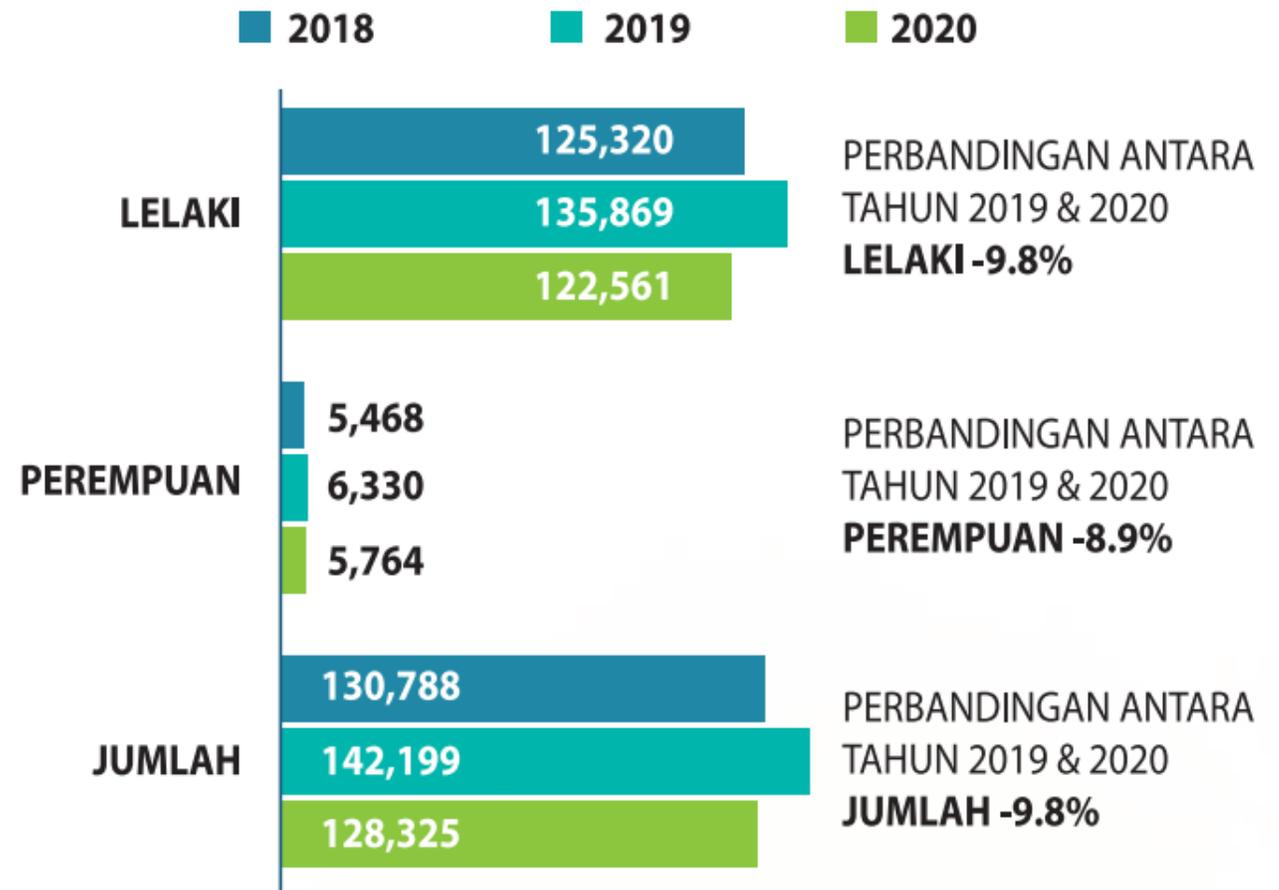
- Family is a divinely inspired and predestined institution. It came into existence with the creation of human beings.
- It can be the source of comfort, pleasure and happiness as well as source of intimidation and pressure.
- Value connectedness, harmony within members, support between members as priority – the self is not often differentiated from the family identity, self-concept and self-esteem will have collective meanings, depending on the family's reputation, approval, and reflections of the family's identity.

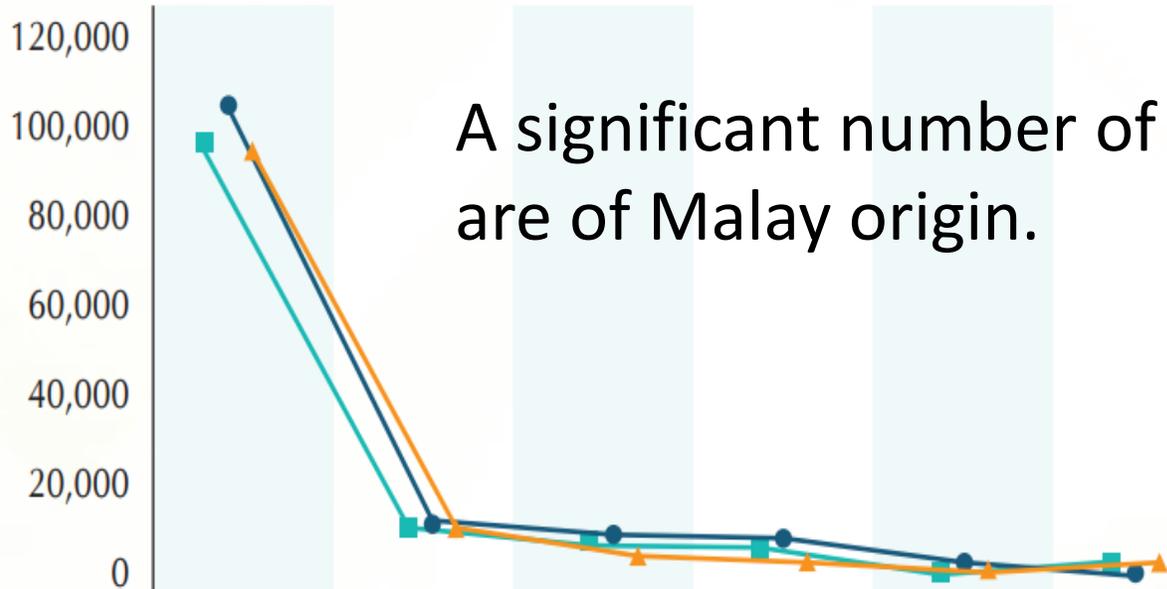
# Addiction in Malaysia

- Drug use in Malaysia began in the early 1970s and at present are still critical and severe due to easy access (geographical closeness to the Golden Triangle).
- In the 2020 report from the National Anti-drug Agency, the reported number of drug addicts is 128,325 individuals in which 71,458 have undergone treatment and rehabilitation. It is estimated that out of 100,000 people there are a total of 394 drug users with a ratio of 1:254.

# Addiction in Malaysia

- In terms of gender, males showed a higher tendency to be involved in substance abuse and dependence (95.5%) than females (4.5%).





A significant number of those involved are of Malay origin.

- 2020 records that the majority of the Malays are involved at 76.9%, followed by the Chinese (7.7%), Indians (5.9%), Sabah natives (5.4%), Sarawak natives (2.5%) and Others (1.6%).

BANGSA	MELAYU	CINA	INDIA	PRIBUMI SABAH	PRIBUMI SARAWAK	LAIN-LAIN*	JUMLAH
2018	99,535	11,205	8,676	7,419	1,752	2,201	130,788
2019	107,503	11,279	9,218	9,710	3,731	758	142,199
2020	98,652	9,822	7,540	6,970	3,217	2,124	128,325
PERBANDINGAN ANTARA TAHUN 2019 & 2020	-8.2%	-12.9%	-18.2%	-28.2%	-13.8%	180.2%	-9.8%

76.9%      7.7%      5.9%      5.4%      2.5%      1.6%

## Religion as protective factor

- The different ethnic groups in Malaysia subscribe to different attitude and practices towards substances. Out of the three major ethnic groups, the Malays are less likely to consume alcohol compared to the Chinese and Indians as alcohol is strictly prohibited in Islamic law (Abdullah et al., 2020), and countries with a Muslim majority tend to have controlling policies with respect to alcohol.

# Addiction in Malaysia: Types

- The most commonly abused drugs in the country include methamphetamine and amphetamine type stimulants (ATS), heroin, and cannabis.

Drug categories	Year 2020
ATS (methamphetamine (crystalline), methamphetamine (tablet), Ecstasy, amphetamine)	83,698
Opiate (heroin, opium, morfine, codeine)	39,599
Cannabis (cannabis, hashish, marijuana)	3,396
Psychotropic pills (Benzodiazepine, Eramin 5, APO5, Dormicum)	569
Others (ketum, ketamine, cocaine, hallucinogen, inhalant etc.)	1,063
<b>Total</b>	<b>128,325</b>

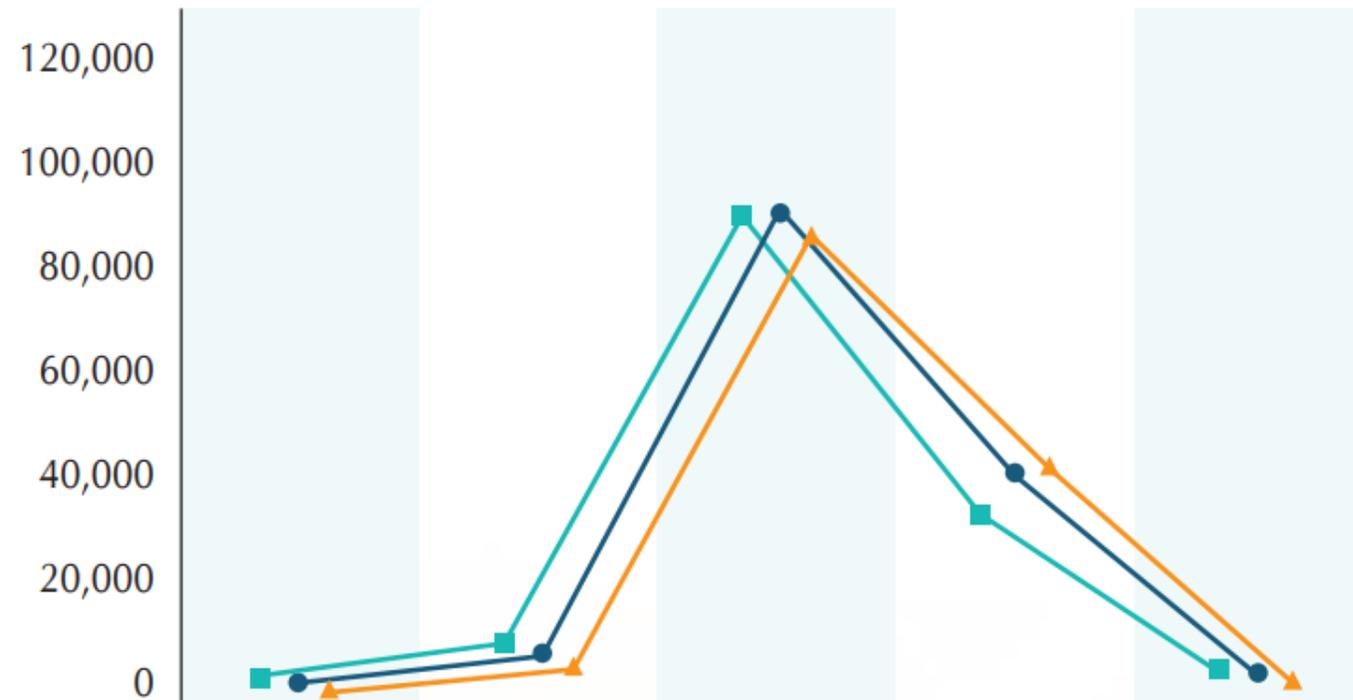
# Addiction in Malaysia: Types

Drug categories	2020
Non-polydrug	121,236
Polydrug	7,089
Total	128,325

- 121,236 Non-polydrug users (94.5%)
- 7,089 Polydrug users (5.5%) – 52.5% used 2 types; 47.5% used 3 types/more
- The changing trend of drug problems from traditional drugs of abuse towards synthetic drugs reveals the need for treatment to move in that direction.

# Age

- Not only adults are involved in drug abuse, but also children, adolescents, and youth.
- Youth aged 19-39 years is the category most involved in drug abuse activities (65%); followed by adults aged 40 years and above (32.9%); and adolescents aged 13-18 years (2%).
- Factor: influenced by friend (39.5%) and curiosity (21%).



KATEGORI UMUR	KANAK (THN 0-12)	REMAJA (THN 13-18)	BELIA (THN 19-39)	DEWASA (THN 40 ≤)	TIADA MAKLUMAT	JUMLAH
2018 	10	4,918	90,660	34,987	213	130,788
2019 	5	3,289	96,773	41,938	194	142,199
2020 	-	2,556	83,401	42,211	157	128,325
PERBANDINGAN ANTARA TAHUN 2019 & 2020	-100.0%	-22.3%	-13.8%	0.7%	-19.1%	-9.8%

# Socio-economy

Categories	Unemployed	Private worker	Self-employed	Part-timer	Laborer	Not working (e.g. disability)	Government worker	Student	Pensioner	Total
<b>Yr 2020</b>	37,664	29,246	24,264	20,539	14,176	993	724	650	69	<b>128,325</b>

- The socioeconomic background of the people involved are from less fortunate family. Many of the adults who are involved are those unemployed, people working in private agencies, those who are self-employed, those with no permanent jobs, public servants, students, and pensioner.
- Having to work two or three jobs due to unstable financial status may cause them to resort taking drugs to increase their ability to work (Mohd. Amir et al., 2019).

# Addiction in Malaysia - Treatment programs

Category	Name of Organization	Service Centers	Status of service	Fees
Government agency (Ministry of Internal Affairs)	National Anti-drug Agency (NADA)	Cure & Care Clinics (C & C) Cure & Care Vocational Center (CCVC) Cure & Care Rehabilitation Center (CCRC/PUSPEN) Caring Community House (CCH)	Inpatient Outpatient Aftercare	Subsidized
Government agency (Ministry of Health)	Hospitals & Clinics	Methadone clinics (*harm reduction) One-stop-centre for addiction Psychiatric hospital (chronic cases)	Outpatient Inpatient	Minimum fee
Private agency/Non-governmental agency	Various (55 registered with NADA)	Various (continuum of care)	Inpatient Outpatient Aftercare	Depending on the agency

\*holistic approach including therapeutic community, peer support, traditional complementary and alternative medicine, spirituality and religious method, as well as counseling (National Anti-Drug Agency, 2013; Azmi et al, 2016).

# Affected family members experiences

- Significant amount of study can be found in Malaysia referring to the effects drug use has been on the individual user, the etiology behind the addiction, as well as methods of available treatment.
- Still lack of literature in Malaysia that tries to understand AFMs and their experiences.
- As the rate of drug addiction continues to rise and trends begin to change, so also the suffering of the family – includes the extended family members, especially if they live together or live close-by - collectivistic: user usually maintain their connection with their families by either live with their parents or in daily contact with at least one parent (Mohd. Ghazalli et al., 2017; Baharudin et al., 2014).
- The number of AFMs could be more than what is estimated and under-researched (Orford et al., 2007).

## AFMs experiences: Within the family

- Related to the family functioning roles, rules, and boundaries.
- Manipulations, stealing, self-neglect, running away, and threatening behaviors disrupt the everyday living of the family and needing them to adjust - interrupted rituals, roles and routines.
- Conflict at home became the norm due to the person's cycle of altered state of mind during use and withdrawal. Family interactions become dysfunctional as they struggle through daily conflicts.
- Addiction consumes them and becomes the family's main concern, whether deliberate or not, and the negative impact associated with it cannot be ignored.

# AFMs experiences: Within the family

## Physical

- Incidents involving money and possessions, especially when AFM felt pressured to give or lend money, and request are often accompanied by threats or violence; and to the extent of assault or even homicide (Hamsuddin, 2019; Mokhtar, 2020; Zakaraya, 2021).
- Unemployment or job loss caused them to steal or pawn family's belongings and may resort to crime when resources at home are exhausted (Ibrahim, 2020; Suradi, 2021).

## Psychological

- Starting from the discovery of illicit drug use by a loved one until recovery (life-long) leaves significant emotional and psychological impact to most family members (Baharudin et al., 2019).
- Include but not limited to stress, shame, shock, guilt, anger, denial, helplessness, depression, anxiety, sleep difficulties, financial worries, suicidal thoughts, marital discords, losing trust, feel betrayed, and trauma-related symptoms.

## Financial

- Need to replace the role of the addicted member to provide food, pay bills and expenditure for the family.
- As a result, financial burden may occur and cause more strain to the family relationship and negatively impact family's functioning.
- In some cases it becomes impossible for the family to manage the family's economic hardship and difficult to separate these characteristics as part of the disease and not part of the individual whom they love.

# AFMs experiences: External/contextual factors

## Family residence

- Residence not conducive due to lack of financial stability.
- Location of the family residence may be in an identified high-risk area and close to the place where supply of the substances is easily accessible (Rosli, 2019).
- May be visited by friends that may provide them with free drug and substances as a start (Ghazali et al., 2018).

## Stigmatization, negative judgments, and discrimination

- Deterioration of social life (Apandi, 2011; Orford et al., 2010; Singh & Azman, 2015) - society thinks that it is an indication of a failure of the family in shaping the individual.
- They may be ignored, blamed, humiliated, underestimated, and eventually leading to emotional problems (Jamir Singh et al., 2019).
- Lack awareness and knowledge - Do not know the resources and procedure related to helping the addict/themselves (Ghazali et al., 2018) vs service providers' attitudes.

- The traumatic experiences associated with addiction felt by a family member is an experience they may never be able to recover from.
- As they try to assist in managing their loved ones' disease, the family themselves may suffer from stress, suicidal thoughts, devastation, abuse, violence, and anger.
- Self-confidence and self-image of the family members would be tarnished because of verbal attacks by the addicted member or as a consequence of what others said or might be thinking.
- This also causes AFMs to isolate themselves socially in order to keep their family secrets from others.

# People Affected

## Parents

- Most literature.
- Shame, guilt, self-blame, and feelings of failure, often feelings are buried, ignored.
- Results in physical illness, emotional and psychological issues.
- Regular verbal disputes and physical confrontations result in a severe lack of trust.
- Protect and assist vs. watch child struggle, keep making mistakes and failing to recover.

## Child

- Literature scare.
- Negative impact, long-lasting and permanent that may influence their lives (Utusan Borneo, 2018).
- Depression, anxiety, eating disorders and suicide attempts.
- Prone to getting involved in the same circumstances (Jamir Singh et al., 2019).

## Siblings

- Less explored.
- Negative impact.
- Lack of attention that they receive from their parents, feeling lost, and neglect.
- May still try to create a sense of connectedness with the addicted person so that they can maintain their relationship with them.

# People Affected

## Partner/spouse

- Not explored in depth (Isaacs et al., 2019).
- Issues such as domestic violence, transmission of infectious diseases, and co-dependency exist.

## Others

- expand to non-immediate extended family members and close friends, neighbours - but no specific study has been found.

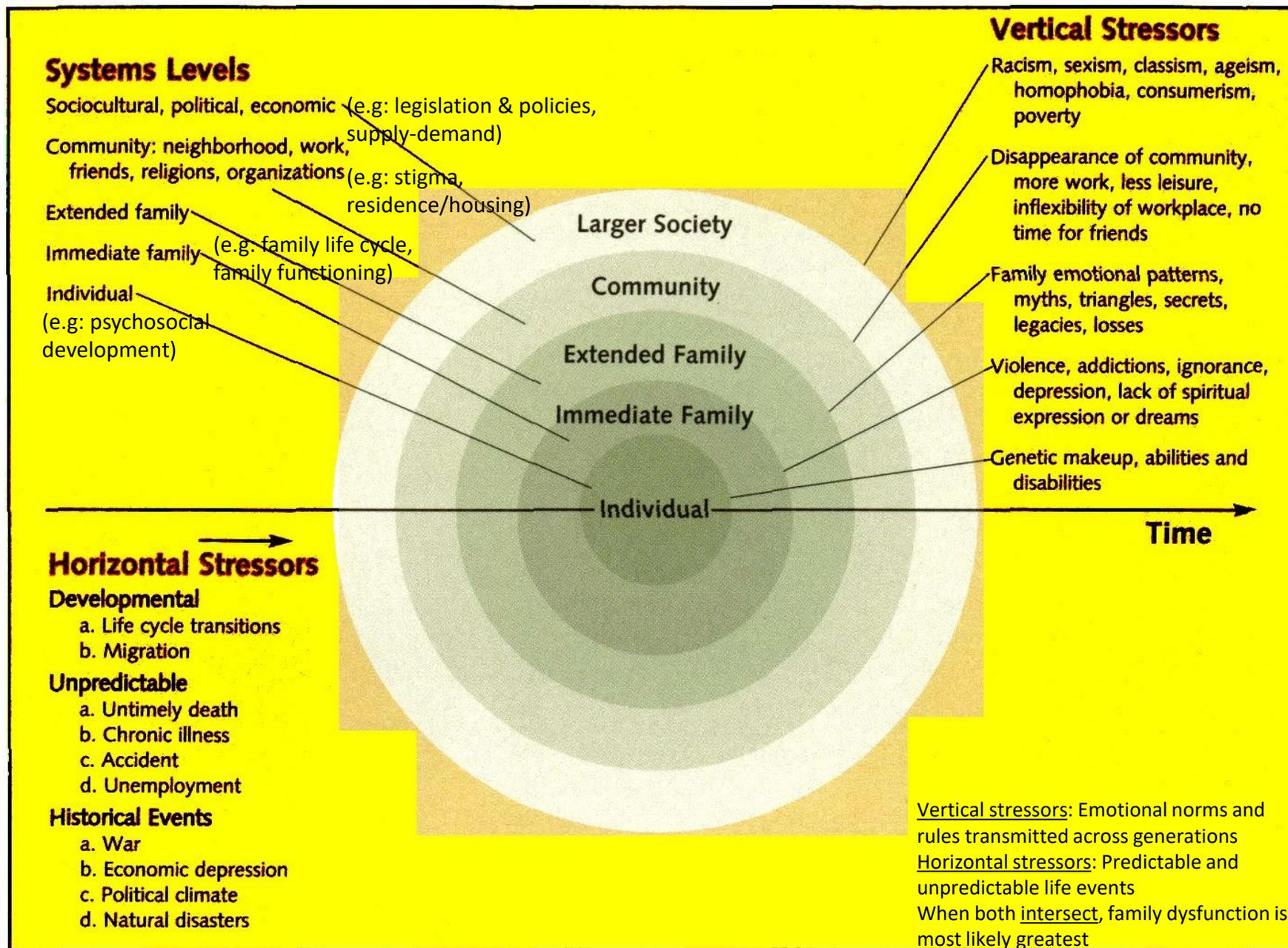


Figure. Carter and McGoldrick's flow of stress through the family. From *The expanded family life cycle: Individual, family, social perspectives* (p. 16), M. Carter & B. McGoldrick, 1999, Boston: Allyn & Bacon. Reprinted with permission.

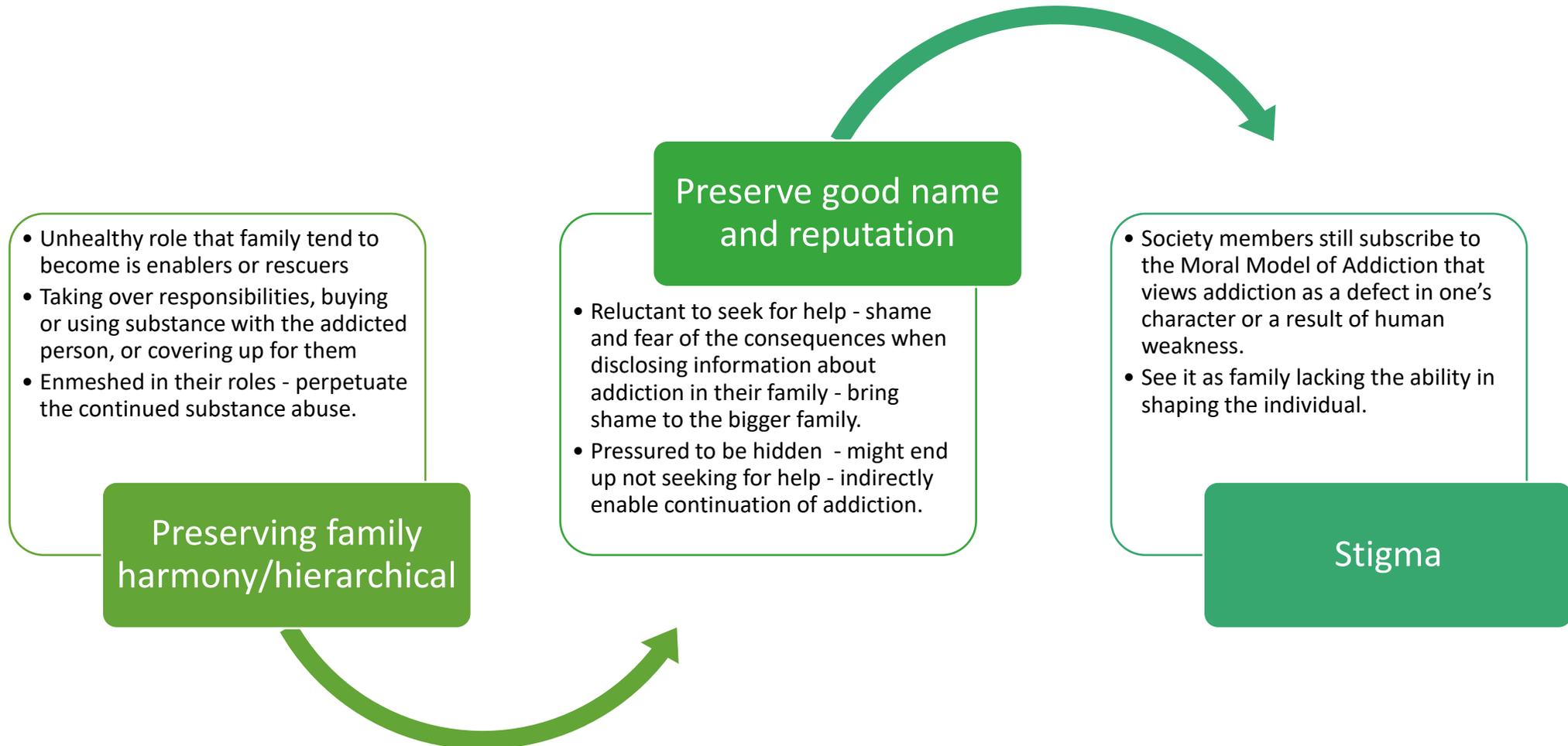
## Affected family members - coping

- Living in a family with emotional roller-coaster on a daily basis due to addiction makes it crucial for family members to find effective coping strategies.
- Sometimes they feel like giving up halfway when cannot see any changes or lack of seriousness in recovery (Mohd. Ghazalli et al., 2018).
- But just as the person with addiction needs to find healthy ways to cope with his disease, the AFMs need to do so as well (Denning, 2010).
- Previous studies have shown that the coping strategies utilized by the families affected by substance use is one of the important factors that may impact treatment outcome for the substance abuser (Copello et al., 2002; Hall, 2008; Hawaii, 2000).

# Affected family members - coping

- Previous studies had highlighted two types of coping – problem-focused coping and emotion-focused coping (Baharudin et al., 2017; Ghazali et al., 2018). Problem-focused coping requires the family member to plan ahead for stressful events, actively coping and confronting the stressful event directly, while emotion-focused coping involves efforts to reduce or manage the stress associated with the event (Orford & Dalton, 2005).
- Jamir Singh et al., (2019) found six types of coping strategies that affected family members use - assertive, supportive, inactive, emotional, and controlling coping strategies. Findings show not only family members utilize coping strategies to deal with addicted member in their family, but they also attain support from extended family members and friends; as well as relying on God through religious and spirituality practices (religious coping). Social support was also obtained from counselors at the rehabilitation agency to assist them in understanding the issue better.

# Affected family members – cultural challenges



# 5 Types of Existing Interventions for AFMs

\*existing interventions are mainly on the individual addict and not their family members

## Family visits

- Aims at providing support for the person in recovery rather than the family itself.
- Regularly offered at residential inpatient treatment particularly at prisons, Cure and Care Centers (C&C), and private centers.
- Most of the time, individuals in recovery are allowed visits from their families during appointed times, usually during weekends. Some centers also encourage family gatherings especially during special celebrations. At times, also given permission to leave the center for a few days or weeks to join their families at home (Mohd. Ghazalli et al., 2017).

## Family support groups

- Aims as peer support to bring families together to reduce stigma and enable participants to expand their social network because they have become socially isolated due to the situation (McFarlane, 2002).
- Provided by the National Anti-Drug Agency for family members (Mohamed et al., 2009). Can also be found in private treatment centers. A recent effort - online family support group using Facebook (Jalal et al., 2020).
- Al-Anon Family Groups and Alateen – no information.

## 5 Types of Existing Interventions for AFMs

### Family psychoeducational programs

- One of the evidence-based practice - core elements include support, recent information about the problem, its presumed etiology, treatment options, skill-building, and provide relevant techniques on management of symptoms (Lucksted et al., 2013)
- Can be found in most private rehabilitation centers - usually in the form of groups, whether mass or small groups; monthly or 4 times a year. Provided at schools occasionally.

### Specific family therapy/counseling

- Rarely provided at treatment and rehabilitation centers but can be found at hospitals and counseling/mental health clinics or private treatment agencies - by request or referral (training issue).
- Can opt for individual, couple, or family therapy when they face mental health issues relating to stress and strain of dealing with addiction.

## 5 Types of Existing Interventions for AFMs

### Crisis helplines/psychosocial support

- Provide immediate crisis assistance especially in cases relating to abuse, neglect, and domestic violence which are quite frequently reported by affected family members, provide psychological support to the family as their issues are being listened to with empathy, and give information and referrals to those needing resources are among other services given (Gilat & Shahar, 2007).
- Cater all types of crisis issues in general and only one specifically for addiction issues provided by the National Anti-Drug Agency namely Telehello AADK which operates from 8am to 10pm everyday (National Anti-Drug Agency, 2021).

# Limitations/Setbacks (Intervention)

Research on family-based treatment modality in Malaysia has also been scarce.

AFMs attitude on help-seeking - Seeking counseling, admitting problems, or revealing family secrets are closely related to stigma (Moral model) & concept of saving face from shame.

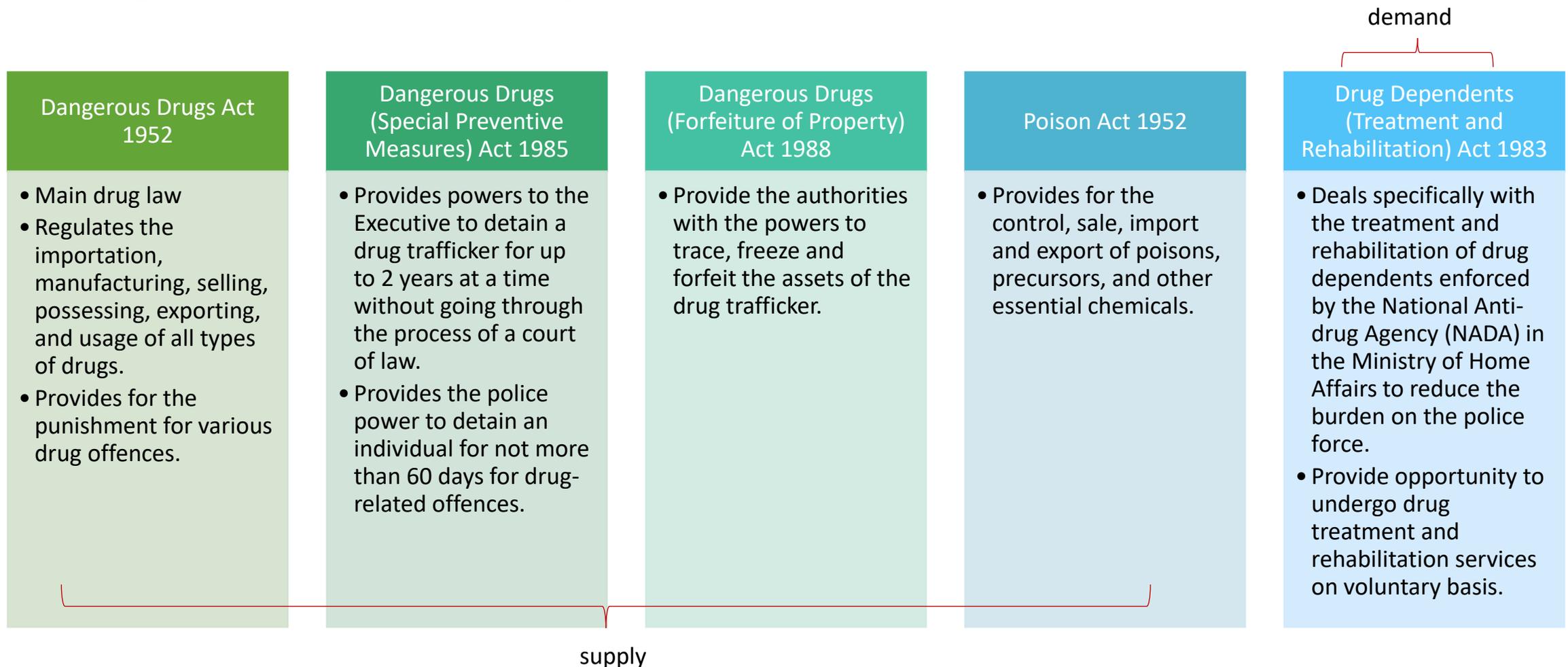
Lack of awareness and knowledge – AFMs not even know the existence of such intervention nor fully understand or acknowledge how they are affected or of their role in the addiction and in supporting recovery.

AFMs motivation or readiness to participate - involves time and energy - not easy especially for lower- or middle-class background (Ibrahim et al., 2020) and setting up suitable time in getting them together, especially when working with the whole family (Baharudin et al., 2016).

Financial cost - the need for some incentive in terms of logistics and monetary be provided for the AFMs to get access (Zakaria et al., 2020).

Lack of training - providers/counselors delivering the service.

# Drug Laws in Malaysia



# Relevant Policies in Malaysia

## Drug Policies

- **National Drug Policy 2017** - an extensive policy that incorporates both demand and supply reduction approaches and underlines the following 5 thrusts of action:
  - Preventive Education;
  - Treatment and Rehabilitation;
  - Law Enforcement;
  - Harm Reduction; and
  - International Cooperation
- e.g: Thrust 2 – 2.4.5 service and treatment and rehabilitation are targeted at individuals or groups as follows... co-dependents or individuals affected by the addicts' behavior including mother, father, partner, child, family members, friend, and employer.

## Family Policies

- **National Family Policy** – a policy for prioritizing family perspectives in all socio-economic development efforts to ensure a quality generation. Goal: to develop prosperous, healthy and resilient families to ensure social stability. 8 principles; e.g:
  - Principle 1: family has its own inherent strengths, responsible for the continuity of the next generation.
  - Principle 3: various family structures resulted in different needs.
  - Principle 5; knowledge and information as the basis for family wellness.
  - Principle 7: family members have basic rights and protection to guarantee self-dignity

# Reflections

- Policy change – suggest for mandatory inclusion of family into treatment.
- Training for organizations/agencies (treatment and rehabilitation centers/hospitals/schools) to be more family-focused – awareness; knowledge, attitude, skills.
- Utilization of technology to deliver services (tele-health) and education/training.
- Awareness campaigns – for family mental health plus AFMs-focused needs.
- Outreach clinics – agencies going to the identified at-risk/high-risk areas (mobile); setting-up service at mosques/other religious places of worship for easy access, reduction of stigma, community involvement.
- Islamic perspective: Prevention rather than treatment focus – strengthening the family (functioning, values, religion).

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