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Counselling Intervention for Tobacco and Methamphetamine Addiction (Dual Users)

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ABSTRACT

Statistics released by the National Anti-Drug Agency showed that drug addiction activities are still vigorous. Therefore, this study was done to look at the effectiveness of counselling intervention, specifically involving dual users' addiction. The subject involved in this case study is a client who is a 30-year-old lady which involved in dual drug use (tobacco and methamphetamine). She is currently under rehabilitation program with *Agensi Anti Dadah Kebangsaan* (AADK) Daerah Kinta. Due to the addiction to smoking and substance, it has affected the client in committing responsibilities as mother to her child. Client also experiences emotional stress in view of her husband often forces her to take methamphetamine. Three individual counselling session are conducted. The counseling process has been handled using the Motivational Interviewing (MI) and Cognitive Behavior Therapy (CBT) approaches. Findings from the intervention session showed that the frequency of smoking was reduced. While the findings on the use of methamphetamine show that the client is determined to quit in the third session, there is no case of relapse. Counseling intervention is effective in helping clients to fight with tobacco and drug addiction. Indirectly, it is also helpful in managing other issues involving mental health of the client.

Contribution/Originality: This study contributes in further strengthening the existing literature. This study used a case study methodology that can be used as a reference for counselor, trainee counselor and students in applying the theory used during counseling sessions. It contributes to the logical analysis of the effectiveness and advantages in using the theory to help the clients. It also conveys the best method on how to apply it to the real-world situations in solving drug abuse case.

1. Introduction

The client is a 30-year-old lady who is under rehabilitation program with AADK Daerah Kinta due to an examination of urine that showed positive methamphetamine (syabu).

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The client is a third child of 5 siblings. The client is married and lives with her husband and baby girl. Her husband forced her to smoke cigarettes (tobacco) and use syabu immediately after smoking to get better satisfaction. These are called "dual users". Clients started getting involved with cigarettes at the age of 23 because of academic stress. Meanwhile, at the age of 25, she was involved with methamphetamine influenced by her peers and boyfriend.

1.2. Background of the Study

The client is a heavy smoker and uses methamphetamine. Due to these substance abuse, the client experiences stress in managing her baby and marriage life. She was found to have poor coping skills and stress management skills. The client has provided good cooperation throughout the session with the counsellor and the desire to reduce cigarette and syabu addiction was also expressed at the beginning of the rapport session.

In the chronology (stated in Figure 1), the client began with smoking (tobacco) at the age of 23. The reasons are because she was influenced by peers and at the same time, she has a stressful life condition and academic pressure with her study in university. She also admitted that she had a high curiosity about trying the substances. Next in 2015 client was in her final year semester and was stressed up with her final examination. During that time, the client was having a high level of stress and pressure situation. At the same time, the client was introduced to methamphetamine by her boyfriend at university. As a result, she cannot perform well in her study and had a lower score in her final exam. She is addicted to tobacco and methamphetamine. In 2017, the client was caught by the Narcotic Department of the Ipoh branch, and the client was sentenced to Tapah Prison with section 38(B) Penjara in condition 2 years. After the client was released from Tapah Prison, she got married to her boyfriend whom she met at university and is still consistently using methamphetamine. Subsequently, from 2019 to 2021, the client underwent a rehabilitation program with AADK Daerah Kinta for 2 years. Thus, this study was done to investigate the effectiveness of counseling intervention, specifically involving dual user's addiction. The issues revealed by client stated in Figure 2.

Figure 1: Addiction Chronology of the Client

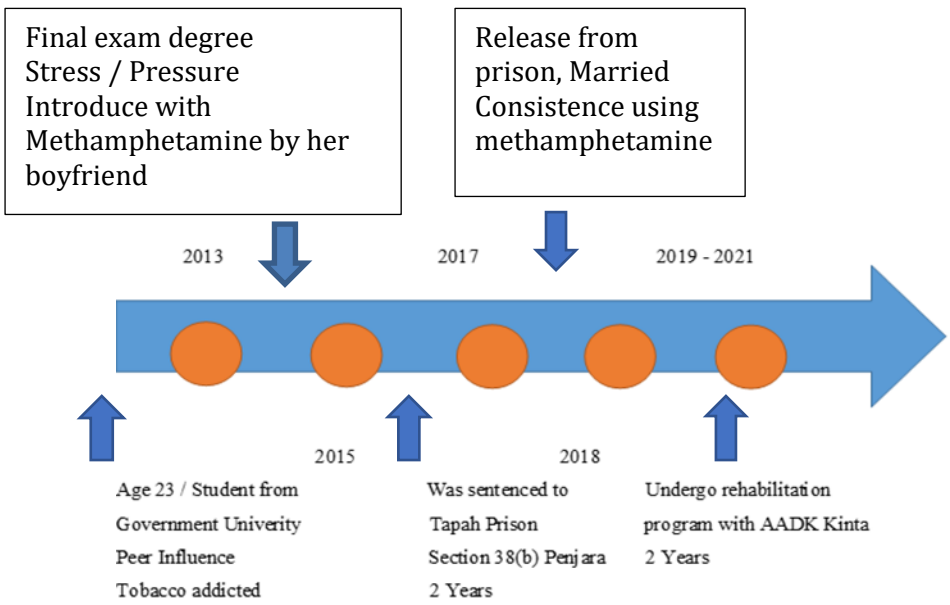

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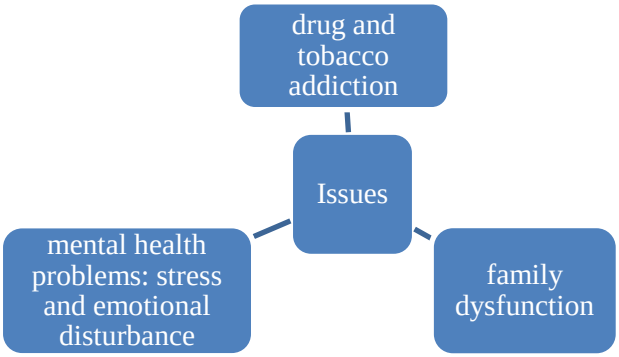
Figure 2: Issues revealed by client



2. Literature Review

Drug addiction is a critical problem being faced by most countries around the world at this moment. This issue is considered a current critical problem where every year there is a very significant increase in cases. According to the World Drug Report (2019), as many as 35 million individuals worldwide suffer from drug abuse and only 1 in 7 of these individuals receive treatment. Additionally, out of 16 million illicit opiate use, approximately 11 million of the population are heroin users (WHO, 2017). In Malaysia, drug addiction has been a major threat to the country since 1983. Every year, Malaysia has to face the problem of increasing drug abuse and the cost invested to address the issue of drug addiction is also very high.

In Malaysia, most drug addicts relapse after leaving the rehabilitation centers. Ibrahim et al. (2009) stated that the main factor in the occurrence of relapses among Drug Rehabilitation Center (*Pusat Pemulihan Dadah*, PUSPEN) addicts is because the addicts themselves have low self-control to fend off the temptations, obstacles, and challenges of life ahead. This is a typical feature of addicts still in the early recovery stage as outlined by Gorski (1992). Therefore, various programs conducted by AADK such as follow -up care approach (aftercare) such as community-based programs, family care programs, 12 steps, and job placement programs for the ongoing rehabilitation of addicts and prevention of relapse. Although various programs have been implemented, the relapse rate is seen to continue to increase and this situation is very worrying.

Indeed, drug addiction has led to a lot of bad implications in addicts' life. One of the implications is family dysfunction. A family is dysfunctional when conflict, neglect, and misbehavior are constant and everlasting (Rashmi, 2018). In families in which parents or caretakers have a problem with addictions, they will experience difficulty in managing the family and children. This situation was faced by this client. Addiction will prevent the individual from keeping a job, fulfilling their parental duties, or being a steady and stable presence in the home. Besides that, drug addiction also contributes to disturbances in mental health status. According to Hoseinifaret al. (2011) stated that drug abuse will provide an unpleasant situation from a physical, mental and social aspect. These unpleasant conditions include body aches, impaired social functioning, anger, depression, anxiety, poor quality of life, and life satisfaction. Ultimately it will affect an individual's behavior, self-confidence, workforce, social relationships, and overall career. These changes will result in a decline in quality of life. In a study done by Rashid Aziz et al. (2021), there are four elements in relapse prevention based on the concept of self-control namely social support, self-motivation, self-regulation, and spiritual reinforcement.

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In this case, Cognitive Behavioral Therapy (CBT) is used to help individuals with substance abuse learn to live well. CBT helps to reduce the symptoms experienced and prevent the occurrence of recurrence. Counselors will help clients change harmful or destructive beliefs and behaviors. Such change refers to thought patterns by changing harmful thought patterns to healthy and positive beliefs. CBT therapy can help clients deal with the responsibilities and stresses of life better. Sysko and Hildebrandt (2009) revealed that CBT is effective in combating substance use disorder. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life (American Psychological Association, 2017).

Besides that, the counselor used the "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to cigarettes and methamphetamine. MI is used by counselors to dig out and strengthen the client's internal motivation as well as more intervention to help and guide the client. The theory used in Motivational Interviewing (MI) is based on basic MI skills (OARS).

O – *Open-ended questions:* How are you today? How long have you been smoking cigarettes and syabu?

A – Affirmation: Counselors carefully listen to positive values, the client's willingness to change, and the group members 'attempts to change through recognition of newly created client statement into a positive (reference) such as 'I think I am useless for anything so…... I will keep smoking and using methamphetamine." Next the counselor needs to answer"even if you still smoke cigarettes and use methamphetamine, you are willing to meet me at this session to share your concerns".

R –Reflective listening: Counselors use the method of expressing understanding and avoiding assessment by simple reflection and double-sided reflection. This aims to understand the client's perceptions, ideas, feelings, and in-depth discussions in the session. Therefore, the counselor gives feedback using change talk.

S – Summary: A process to summarize some of the ideas that have been discussed and the feelings expressed by the client. Therefore, the counselor focuses on the ambivalent doubts of the client and states "change talk" for the client. This aims to create a deep understanding and self-awareness of the client in the process of helping, guidance, and solution to the issue.

In addition, Kavanagh et al. (2004) reported that a total of three hours' motivational interviewing resulted in significantly better outcomes during a pilot study of 25 in-patients who have a history of drug and substance use disorder with early psychosis. Meanwhile, Cognitive–behavioral therapy (CBT) is effective for problems associated with alcohol (Shand et al., 2003), cannabis (Copeland et al., 2001), and amphetamine use (Baker & Dawe, 2005), for improving psychotic symptomatology (Haddock et al., 2003) and in related service contexts (Graham et al., 2004).

2.1. Islamic Perspective

Islam advocates avoiding harmful things. Based on the fatwa from the Islamic scholars, using drugs and cigarettes is illegal and should be avoided altogether. Therefore, based on this client's case, the importance of practicing high religious values in oneself can help to prevent her from using drugs and smoking at the same time. Support from close people

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is also needed for the client to successfully recover from the addiction to the prohibited substance. The client can also practice some form of activities that can increase worship towards Allah. Besides that, she can attend religious lectures to strengthen the bulls of faith from being stuck to the brink of destruction. This needs to be improved because the client is a mother and her role as a mother cannot be performed well if the client still does not stop smoking and taking drugs.

Based on this case study, clients are seen to be unable to control her from being addicted to tobacco and substance. This situation leads to disturbance in her emotions, feelings of stress and in turn, leads to depression. A strong relationship with God will help one from being too dependent on the substance to the point of consuming oneself. The spiritual decline is an issue and challenge of counseling in Malaysia (Mohd Tajudin & Rohany, 2014). For those who are Muslims, this spiritual decline is believed to be the leading cause of psychological poverty and poverty of faith. Psychological poverty in this context refers to individuals who face psychological problems such as depression, low morale, have a negative outlook, and are less motivated. While poverty of faith in this context means individuals who have less appreciation and practice of religion (Nor Ezdianie & Mohd Tajudin, 2017). If the elements such as feelings, soul, and lust are disturbed, then it will in turn affect a person's behavior and actions (Abdul Aziz et al., 2020).

3. Methodology

This is a qualitative study using interviews sessions as a study design. The client was chosen based on the referral that was being made to the counseling unit in one of the AADK in Perak. This case study was based on individual counseling interventions which were done periodically for 3 sessions. Questionnaires and psychometric tests related to smoking habits and addictions were used in data and information gathering to cater to the issues. Counselors have used the application by psychometric tools namely The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1) and Stage of Change (SOC). Besides that, the counselor applied Cognitive Behavioral Therapy (CBT) with (mindfulness techniques) which helps the client with her treatment plan.

The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) was developed under the auspices of the World Health Organization (WHO) (2010) by an international group of addiction researchers and clinicians in response to the overwhelming public health burden associated with psychoactive substance use worldwide. It is used to determine a risk score for each substance which is used to start a discussion (brief intervention) with clients about their substance use. The score obtained for each substance falls into a 'lower', 'moderate' or 'high' risk category which determines the most appropriate intervention for that level of use ('no treatment', 'brief intervention' or 'referral to specialist assessment and treatment' respectively).

The "stages of change" or "transtheoretical" model is a process by which individuals learn how to overcome addiction (Elizabeth, 2019). It can be applied to a range of other behaviors in which the individuals are willing to change, however having difficulty doing so. It is the most well-recognized model for its success in treating people with addictions. It consists of 6 stages which include the pre-contemplation stage, contemplation, preparation, action, maintenance, and relapse stage.

First session and the client was in silence first and begins to tell her problems after she felt comfortable. So, the treatment plan and actions based on case conceptualization are

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to enhance the client's ability to self-assess her behavior and make decisions about the behavior that needs to be changed. Clients look clean and tidy. In this session, the counselor used the "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to cigarettes and methamphetamine. MI is used by counselors to dig out and strengthen the client's internal motivation as well as more intervention to help and guide the client.

4. Result and Discussion

First Session:

This is the client's first session; the counselor starts using the Person-Centered Theory (PCC) approach for the counselor to obtain information as well as build rapport relationships with the client to establish therapeutic Cooperation throughout the session. Based on Othman Mohamed, 2005 stated in the PCC approach, the characteristics of treatment during the interaction of the counseling process are very important because that is the source of bond that can bring clients and counselors closer. After that counselor apply Cognitive Behavioral Therapy (CBT) with (mindfulness technique) which helps the client with her treatment plan. At 1st session, psychometric tools apply The Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST v3.1) and Stages of Change (SOC) both showing high score, ASSIST v3.1with tobacco shows 34 and amphetamine 36 whereas SOC shows 10.14 in a stage of contemplation.

In this first session, entertaining skills and listening skills are important in this PCC approach so that counseling interactions are more effective and help in reducing client anxiety in stating the key issues discussed together. Therefore, the counselor will use the Theory of "Motivational Interviewing" (MI) for the next session to explore the issue of the use of cigarettes and methamphetamine.

First session and the client was in silence first and begins to tell her problems after she felt comfortable. So the treatment plan and actions based on case conceptualization is to enhance the client's ability to self-assess his behavior and make decisions about the behavior that needs to be changed. Clients look clean and tidy.

Second Session

In this session, the counselor used the "Motivational Interviewing" (MI) approach as an intervention and counseling treatment to reduce the client's addiction to cigarettes and methamphetamine. MI is used by counselors to dig out and strengthen the client's internal motivation as well as more intervention to help and guide the client.

Third Session

The theory used in Motivational Interviewing (MI). MI is used based on the “Stage of Change” (SOC) test to see the level of change in client attitudes and behaviors. MI is used to help the client from pre-contemplation to the next level. The client gets a score of 10.14 which is at the level of "contemplation" In the second stage, the client realizes that her behavior is problematic but still ambivalent about making any changes. The client may have a desire to change and may even have considered changing her behavior. The client showed her determination to change soon. An appropriate MI strategy that can be used is

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to explain the client's own goals and strategies for change. Discuss the plan: change and treatment: scaling question: from 1-10, 1 do not determine, 10 very determine- he said 7). During this session, clients are seen to be more open about sharing issues with counselors. Clients are also seen to be more positive to reduce one cigarette in a day. Clients are aware of the effects of cigarette addiction and are a danger to the physical and mental health of the client as it can cause long-term dependence if not prevented early. Therefore, long-term goals can help prevent clients from getting caught up in drug addiction in the future through means of evolution through MI i.e. counselors try to help clients change external motivation to internal motivation. The technique used is DARN-CAT as below:

Desire - I want to reduce the number of cigarettes & syabu I consume in a day.

Ability - I can reduce cigarette & syabu addiction with a high self-concept.

Reasons - I need to reduce the number of cigarettes & syabu I consume in a day because it can lead to high dependence.

Need - I need and must reduce cigarette & syabu addiction for my health.

Commitment - Alhamdulillah, I have been able to withstand smoking for a day and managed to reduce one cigarette in a day.

Activation - Tomorrow I will start quitting smoking.

Taking Steps - the client begins her commitment.

MI is used subsequently during the third session to help the client from pre-contemplation to the next level. The client gets a score of 10.14 which is at the level of "contemplation". In the second stage, the client realizes that her behavior is problematic but still ambivalent about making any changes. The client may have a desire to change and may even have considered changing her behavior. The client showed her determination to change soon. An appropriate MI strategy that can be used is to explain the client's own goals and strategies for change. Discuss the plan: change and treatment: scaling question: from 1-10, 1 do not determine, 10 very determine- she said 7).

4.1. Stages in the Counselling Process

There are eight stages in the counseling process (Brammer, 1993) that involve this case study. The stages are listed as below:

4.1.1. Preparation and Admission

At this stage, what needs to be ensured is that a session is done by building confidence and trust in the client to avoid resistance (rejection) in the client to express or share issues. At this stage, what the counselor needs to do is to welcome the client sincerely and show enthusiasm or willingness to help in ensuring the client is comfortable with the questions asked. For example, the counselor invites the client in and invites him to sit down (welcomes the client).

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4.1.2. Explanation

This stage is important in initiating a relationship. At this stage, the counselor must necessarily explore and get a clear initial picture of the questions as well as the problems faced by the client. This level is also important in determining the counseling goals needed by the client. The counselor needs to explain to the client why the client needs help, but it should be done carefully by not describing as if the client is in trouble. Exploration in this session requires the wise counselor to prompt, question, and encourage the client to recount his or her problems. For example, the counselor has asked the background and purpose of the client coming.

4.1.3. Structuring

At this stage, the counselor, as well as the client, will determine whether the counseling session should be continued or not. This is because, at this stage, the counselor must assess himself whether his client can be helped or not through the skills possessed by the counselor. Similarly, for the client, it must determine whether the counselor is still trusted to help him solve the client's problems and at the same time willing to accept all the conditions imposed by the counselor. For example, counselors state the ethics of confidentiality, limitations, periods, and roles of counselors and clients.

4.1.4. Relationships

Through this level of relationship, the main goal of the counseling session is to strengthen the relationship between the counselor and his client to be more committed. At this stage, the strength of the relationship between the counselor and the client must be close to pursuing the goals of the session can be continued. Through this commitment and intimacy, a good relationship will exist between the counselor and the client through the confidence and sense of security felt by the client during the counseling session. At this level of relationship, then the things that need to be taken into account by the counselor to provide comfort to the client is to ensure and build a conducive environment, provide space between counselor and client, ensure the appearance of counselors so that clients are more confident with him and counselors need to show a sense of empathy. For example, saying hello and discussing issues that can build relationships.

4.1.5. Exploration

At this stage, counselors need to be more active and assertive. At this stage, the counselor should have known about themselves and the problems experienced by the client and know how to help the client to overcome the problems. It takes the form of either planning, problem-solving, or conflict between individuals. At this stage, two main questions need to be clarified, namely, a) what behavioral changes the client needs to make to achieve the set goals and b) what are the strategies for interventions that can help the client achieve those goals. Intervention means that the counselor is formally involved in devising actions and techniques to help the client.

Among the factors that the counselor needs to do to the client are such as maintaining and improving the relationship, overcoming the feelings in the counselor and the client that interfere to achieve the goals that have been set, encouraging the client to explore his problems and feelings further, for the client's self-awareness to be broader, encourage the client to further explain his or her goals, gather all the facts necessary to contribute to the

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resolution of the issues given by the client, decide whether to continue or end the relationship, teach the skills needed to achieve the client's goals, initiate homework activities for the client to move him or her toward his or her goals.

4.1.7. Consolidation

The level of reinforcement is a level where the client needs to explain thoroughly related to the feelings as well as determine the choices that can be taken by the client as a result of the entire content of the discussion that took place with the counselor. At this stage of consolidation, it revolves around exploration and planning, identifying feelings, devising alternative actions, and even applying new skills. For that, the client needs to be directly involved and act actively and as much as possible after a choice is made, it is accepted and manifested in accordance with the processes that have been mutually agreed upon between the counselor and the client.

4.1.8. Planning

At this stage, it is a stage to set or reach a final decision on the specific plan or action that needs to be done. At this stage, the counselor must help the client as much as possible to plan the strategies that the clients deem necessary action to be taken, including the steps to implement the strategy. This stage is a stage to clarify the goals and adapt them to the framework of action to be taken.

4.1.9. Termination

Termination is an action in which the counseling session has been felt to have achieved its goal. At this stage as well, it is a stage to decide on the issues brought by the client. Usually, the termination of a session is done with the agreement of both parties, namely the counselor and the client. There are several ways termination can be done, however, whatever the method, counselors need to think and find or develop their techniques according to the suitability of the case experienced. At this stage of termination, the client's results or achievements will be formulated. If there are still goals in the session that have not been achieved, then the causes and reasons need to be identified. Termination can occur if the counselor finds that the client does not want to cooperate and does not want to make changes or at the client's request.

5. Conclusion

The client has stress and pressure issues on campus while she is studying. Clients still commit to smoking and using methamphetamine and after 3 sessions, there was encouraging progress on the new client's positive behavior change. Findings from the intervention session showed that the frequency of smoking was reduced. While the findings on the use of methamphetamine showed that the client is determined to quit because, in the third session, there is no case of relapse. This shows that the treatment by counseling intervention done for 3 months has a positive effect in overcoming smoking & substance addiction, the session with the client is still ongoing because due to covid issue there is trouble in meeting up the client regularly, the client also agrees to continue the session and have a therapeutic alliance and working together with the counselor.

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Conflict of Interest

The authors did not have any conflicts of interest throughout the course of the study.

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