

Exploring the Impact of Father's Smoking Habit to Adolescent's Substance Abuse

Abdul Rashid Abdul Aziz^{1*}, Nor Aishah Mahad²

¹Fakulti Kepimpinan dan Pengurusan, Universiti Sains Islam Malaysia (USIM), 71800, Nilai, Negeri Sembilan, Malaysia.

Email: rashid@usim.edu.my

²Fakulti Kepimpinan dan Pengurusan, Universiti Sains Islam Malaysia (USIM), 71800, Nilai, Negeri Sembilan, Malaysia.

Email: chahlofa@gmail.com

CORRESPONDING AUTHOR (*):

Abdul Rashid Abdul Aziz
(rashid@usim.edu.my)

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ABSTRACT

Adolescents between the ages of 13 until 17 begin to get addicted to drugs after being exposed to smoking habit at a young age. These students are also involved with truancy and low academic achievement. Therefore, this case study was conducted to look at the role of the family head in particular the effect of a father's smoking habits on the adolescent's involvement towards smoking cigarette and drug addiction. The student involved in this case is a Form 5 student referred by the Students Affairs Department due to absenteeism from school and was caught vaping in the school's toilet. The University of Rhode Island of Change Scale (URICA) inventory was used to measure the client's readiness to change and career interest (*Inventori Minat Kerjaya*, IMK) to help client in career planning after leaving the school. The counselor conceptualized the client's case using Reality Therapy. The findings show that the influence of father's smoking habit may increases a son's desire to try cigarettes and in turn is involved in a bigger problem of drug addiction. Therefore, parents need to be a positive role model and act as a protective factor in preventing adolescent from getting involved with smoking and drug addiction.

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. This study provides education and awareness for the youth pertaining to tobacco and drug abuse.

1. Introduction

The issue of drug addiction is not only occurring in Malaysia but has spread around the world for centuries. Drug addiction has become a hot topic of many parties in finding the causes and ways to overcome the increasing drug use. Among the things that are often associated with drug abuse is the habit of smoking. In fact, a study conducted by [AADK](#)

(2017) found that 90 percent of drug addicts are smokers. This involvement between drugs and cigarettes is also experienced by the client when the client starts engaging with cigarettes from an early age and starts taking drugs after no longer enjoying satisfaction while smoking.

Client is a 17-year-old, Malay, Muslim teenager. He is a third of 5 siblings. His mother is a housewife, and his father works as a factory operator. The client started smoking as early as 6 years old as he was influenced by the attitude of his father who is a "chain smoker". He often observed his father's behaviour and the urge to try cigarettes was very high.

1.2. Background of the Study

The client was referred by a discipline teacher after he vaped at the school's toilet. In addition, he also often absents for schooling and as a result he had a low academic achievement record. Throughout his childhood, the client prefers to hang out with older friends including adults. As a young child, he observed his father's smoking behaviour. A very high curiosity in a toddler caused him to try cigarettes and eventually become a smoker at the age of 6. Furthermore, his father's attitude who always smokes in front of his children and throwing cigarette butts everywhere gave clients a chance to try cigarettes. Starting with just smoking cigarette butts, clients developed attitudes as smokers at a very young age where they were supposed to play with toys.

He was amazed and inspired with livelihood of adulthood with culture of smoking cigarette and vape. These negative environments and the father's negative role model conditioned the client exposed to behaviours that are not appropriate for his age including smoking and vaping. Therefore, it is not surprising that he started trying cigarettes as early as 6 years old and the smoking habit continues until the age of 13 years old. At the age of 14, the client began trying marijuana as smoking cigarette is no longer gives satisfaction to him. The habit of wanting to try eventually plunges client into a bigger problem. Client confessed that he had tried various types of drugs including methamphetamine (syabu), Ketamine, Eramin 5 and "mushroom". The client's activities went unnoticed by his family at early stage. His brother does not smoke and often monitors client's movements by checking his school bags. Client's father often came home late at night because of his work. Therefore, the responsibility of taking care of family matters was greatly helped by his brother.

In this case, the client's brother and mother are seen as a protective factor to the client to reduce his dependency on cigarettes and drugs. The client also informed the counsellor that he worked after school hours by working at a burger stall. The income from working part-time has become the risk factor as he has the independency to buy cigarettes and drugs on his own. The client does not feel guilty about using the money because he earns it from his hard work. He thinks he has the freedom to use it for any purpose without having consent from his family. Based on case exploration, the client does not have a clear career direction. He had not enough information about education opportunities after '*Sijil Pelajaran Malaysia*' (SPM) and absolutely has no career planning after leaving school. This situation causes him to have no motivation of going to school. As a consequence, he has focus and often skips classes to smoke in the school toilet. He also often does not attend school and does not care about his academic achievement even though he eventually realizes sit for the SPM examination soon. The client also seems to have given up on academic achievement. His presence at school is just for the sake of attending and purposeless. The client was referred by a disciplinary teacher after he vaped at the school

toilet. On top of that, he also often skipped school and experienced a low academic achievement record. According to the discipline and counselling record, the client was listed in the group of students absent from school but has no record of being involved with drugs. It could be he was often absent from school during random urine tests session took place. Therefore, this case study was conducted to look at the role of the family and the effect of a father's smoking habits on the child's involvement towards cigarette and drug addiction.

2. Literature Review

In this case, Reality Theory was used to explore issues, conceptualise and be a direction for counsellor in helping the client to plan for his future as he is now approaching SPM. Reality therapy specifically focuses on the behaviours perpetrated by the lack of satisfying relationships in a client's world (Corey, 2013). The client facing a bad example in his relationship where his father is a "chain smoker" which influenced him to involve in the addiction. The focus on behaviour is not limited to actions but also thoughts, feelings, and physiology that clients possess as a way of coping with current situations. This is called 'Total Behaviour' which is the combined effort that an individual makes to go from what they want to getting them what they need (Glasser, 1998).

Glasser (1998) also explained about psychological form, where it is divided into four parts:

- a) A sense of belonging. This sense of belonging is for example like a need for friends, family, and love.
- b) Power is a need for self -esteem, being valued and competitive.
- c) Freedom is a desire to make choices and decisions.
- d) Pleasure is a form of need to play, relax, laugh and be happy

All four of these needs will lead to an individual's self-identity. It will be achieved when the individual is accepted by others or society. The most important thing in psychological need is when a person will experience a sense of love and a sense of being appreciated.

According to Glasser (1998), an individual who has no sense of being loved will experience identity failure, personality imbalance, lack of self -confidence and quick despair. In this atmosphere of achieving self-identity there are two critical times in life in childhood between the ages of 2 to 5 years and 5 to 10 years.

In the age group between 2 to 5 years, the process of early socialization occurs such as contact with parents, siblings, and peers. At this stage the child is already beginning to experience feelings of frustration and anxiety. At this stage, children need love, guidance, and acceptance from parents. If this happens then the child will begin to form a permanent identity.

As for this client, he experienced a bad example and lack of guidance from a father figure whereby he did not get a good role model from what a father supposed to do. From an innocent toddler, he observed the smoking habit and tried cigarettes butts which was left unattended by the elder family members. This caused him to be a smoker at a very young age and later developed into drug addiction.

Reality therapy is applied to a wide range of problems including addiction (Honeyman, 1990). In this case, the counsellor assures the client that success belongs to everyone.

Reality Therapy approach was employed, and the client was asked to draw a picture of himself:

- i. If he manages to overcome his addiction to cigarettes and drugs
- ii. If he still cannot leave the habit of addiction

This is to create awareness for him to leave the addiction and ready for a better change. The client had to have a good perception of himself or a success identity because according to [Glasser \(1998\)](#), an individual's identity is determined by ability to satisfy own need to be loved and own need to feel worthwhile. In addition, according to Mohd Muzaffar Shah and Abdul Malek (2005) teenagers in school usually start getting involved with drug abuse between the ages of 13 to 17 years old and these teenagers start getting caught up in drug abuse after being involved in smoking and alcoholism. Starting with cigarette exposure at an early age, then leads to greater addiction, thus influencing them towards drug abuse ([Arsat & Besar, 2011](#)). Besides, students are also often involved with disciplinary problems and disciplinary problems in schools usually perform poorly in academics. Many past studies show that there is a relationship between students' academic performance and non-compliance with school discipline ([Azizi, Halimah & Mohamad Hasan, 2011](#); [Norhayati et al., 2018](#)). At the same time, this puts them in a high-risk situation and become less functional individuals if they are not guided well.

The statistics of school students' involvement in substance abuse continue to increase globally and this situation is becoming more serious every year. Similarly, the situation in Malaysia also shows a worrying trend where drug abuse cases keep rising ([Chie et al., 2015](#)). Problems are also spreading among students, where 557 cases of students' involvement in this symptom have been reported by the National Anti-Drug Agency (AADK, 2016). According to [Tan \(2011\)](#) teenagers in school usually start getting involved with drug abuse between the ages of 13 to 17 years old and these teenagers start getting caught up in drug abuse after being involved in smoking and alcoholism. Starting with cigarette exposure at an early age, then leads to greater addiction, thus influencing them towards drug abuse. In addition, students are also often involved with disciplinary problems and students with disciplinary problems in schools usually perform poorly in academics. Many past studies show that there is a relationship between students' academic performance and non-compliance with school discipline ([Azizi, Halimah & Mohamad Hasan, 2011](#); [Norhayati et al., 2018](#)). At the same time, this puts them in a high-risk situation and become less functional individuals if they are not guided well.

Statistical data from AADK until May 2019 shows that most school students at risk of being detected are in drug-risk areas ([National Anti-Drug Agency, 2020](#)). AADK has detected a total of 178 areas throughout Malaysia, identified as high-risk areas involved with drugs. AADK also revealed that 1,017 (42%) of the 2,408 secondary schools in Malaysia have been identified as drug-at-risk schools. In total, a total of 913,576 (41%) of the 2,188,525 secondary school students from all over Malaysia were identified as having taken drugs or tested positive for urine ([National Anti-Drug Agency, 2020](#)). Most of those involved are form four and five students. The [National Anti-Drugs Agency \(NADA, 2021\)](#) investigation also made a shocking discovery when a child as young as 10 was found to be involved in drug addiction symptoms. Furthermore, [Chan et al. \(2009\)](#) reported that students' involvement in drugs usually began while they were still in secondary school between the ages of 13 to 17 years old. AADK acknowledges that cannabis is a precursor to people including adolescents taking other drugs that have delusional effects and more powerful substances such as heroin, morphine and subsequently stimulants such as ecstasy, shabu and horse pills. The rise of young addicts is serious, but the trend of moving

away from conventional drugs like glue, marijuana, heroin to synthetic types like shabu, ecstasy, horse pills and new psychoactive substances (NPS) is alarming ([National Anti-Drug Agency, 2020](#)).

3. Methodology

From the case conceptualization, it is proven that the client has a problem with drugs and cigarette addiction. Due to the influence of cigarettes that has been exposed since his childhood, client found it very difficult to quit the habit drastically. In addition, the client is accustomed to the smoking habit seen from his father and the adult around him along his childhood journey. It is almost impossible for him to quit smoking unless to reduce the habit gradually through time.

When he is in school, he does not have a clear career direction. He had a lack of information regarding education opportunities after SPM and absolutely has no planning after leaving school. This situation causes him to have no motivation to go to school, lack focus and often skips classes to smoke in the school toilet. He also often does not attend school and does not care about his academic achievement even though he will sit for the SPM examination soon. The client also seems to have given up on academic achievement and his presence in school is just for the sake of attending with no purpose. Treatment plan for the client aiming to change the client's smoking habit and drug addiction. Besides that, the client needs to identify career areas that suit his personality and counsellor plan to provide information on post-SPM education, especially skill areas that are more suited to the client's academic ability.

Three counselling sessions were carried out. The client provided good cooperation and showed openness to be helped. The activities include building rapport, problem exploration and alternative selection and termination of counselling sessions. The URICA inventory was used in the session to identify the client's willingness to change his smoking habit. The URICA is a tool used to measure the level of readiness of clients undergoing rehabilitation programs. The URICA was provided to clients at pre and post rehabilitation programs. The client scored 7.42 which shows that the level of change of the client is at the level of Pre-Contemplation. At this stage, a client (pre contemplator) is characterized as an unaware or denies the billing problem faced, or even if they admit it, they will not think seriously about making changes ([Connors et al., 2001](#)); and have no desire to change their behaviour in the near future, usually within six months ([Prochaska & DiClemente, 1983](#)), they tend to denial and resistant, defensive, uncompromising or passive in treatment, avoiding measures- steps towards change consciously or not, lack of awareness of the problem, feeling compelled by others to change and often receiving pressure from others to seek treatment and no longer wanting to think about change due to discouragement. At this stage, the client is not ready to make changes and need strong support from counsellors, family members and even the community. Client was encouraged to view his potential from another angle.

In the second session, the client was guided to identify risk factors and protective factors in order to understand more on his addiction and discuss his recovery plan. In this case, the client acknowledged having his non-smoking brother and mother as his protective factors. The strong and positive family bonds in monitoring the client's activities and peers have helped provide better changes in him. Besides, the client needs to be more careful with some risk factors that might hinder his positive changes. The main risk factors are the curiosity of trying various types of drugs, ineffective father role, and

affiliations with peers displaying deviant behaviours, low academic achievement as well as the money earned from working after school that gives the client the ability to buy cigarettes and drugs.

In addition, *Inventori Minat Kerjaya* (IMK) also was conducted in the session to assist client in providing awareness of careers that are appropriate to the client's interests. The result revealed that the client has R-S-A personality which indicates that the client has a dominant personality in Realistic, Social and Artistic aspects. He also informed that he is fond of career in the technical field and is interested in doing engineering courses. Career options and the action plan to achieve the career goals were also discussed in the session. The factors that encourage client's motivation to attend school and focus on his study were identified. Here are the activities during the 3 sessions.

4. Finding

4.1. Session 1: Building Rapport

The first session emphasized on building rapport between the counsellor and client. It also provides the opportunity for the counsellor to explore the history of the client's drug addiction. Counsellor administered the URICA to identify his willingness to change his smoking habit. The URICA is a tool used to measure the level of readiness of clients undergoing rehabilitation programs, University of Rhode Island Change Assessment (URICA) testing tools was provided to clients at pre and post rehabilitation programs. According to [Opsal et al. \(2019\)](#), drug addicts can present at a varying level of readiness to change. [Prochaska and DiClemente \(1983\)](#) proposed one interesting and promising model in explaining how an addict changes which was named as Transtheoretical Model of Behaviour Change. The URICA scale is used to measure the level of client change and assist in formulating client treatment plans. The implementation period takes 10 to 15 minutes. Stage of Change (SOC) is used to measure the level of readiness for change in addictive behaviour through the assessment made based on the four stages of change namely pre-contemplation, contemplation, action and maintenance stage.

After the analysis was completed, the client received a score of 7.42 which shows that the level of change of the client is at the level of Pre-Contemplation. At this stage, a client (pre contemplator) is characterized as an unconscious person or denies the problem faced, or even if they admit it, they will not think seriously about making changes ([Connors et al., 2001](#)); and have no desire to change their behaviour in the near future, usually within six months ([Prochaska & DiClemente, 1983](#)), they tend to denial and resistant, defensive, uncompromising or passive in treatment, avoiding measures- steps towards change consciously or not, lack of awareness of the problem, feeling compelled by others to change and often receiving pressure from others to seek treatment and no longer wanting to think about change due to discouragement. Clients will seek guidance from counsellors to plan their future. At this stage, the client is remaining not ready to make changes and needs strong support from counsellors, family members and even the community.

From the result, the counsellor concluded that he was not ready to quit smoking and the counsellor decided to help him view his potential from another angle. Furthermore, the counsellor also noticed the client's weaknesses in career planning after leaving the school. Therefore, the counsellor's next step was to help the client identify career areas that suit his personality, provide information on post-SPM education and skill sets that are more

suited to the client's academic and vocational ability. The second session was scheduled a week later.

According to [Muhd Mansur \(1993\)](#), the basic goal of reality therapy is to help individuals achieve autonomous power to reach a stage of maturity that allows a person to free himself from environmental support and replace it with internal strength. The counsellor used reality therapy techniques to shape new behaviours in client's self in order to help him to achieve goals in his life. In applying the reality therapy in the counselling session, the counsellor includes the listed elements below:

- i. Be a model or example: In this technique the counsellor plays the role of an educator who teaches the client in a more effective way to meet the client's needs based on reality. This action allows the client to face reality and be aware of his or her unrealistic behaviour.
- ii. Humour: I tried not to be too formal and serious with the intention that the client can accept my presence as his counsellor and hoping that the process of helping will be easier.
- iii. 3 Confrontation: This technique enables client to revise his plan and provide a response to the client thinking about himself realistically.
- iv. Counsellors can help him in making plans and feel free to choose the alternatives they prefer. The plan should be in the form of 'how' and 'when' the client will do it and made positively.

In the first session, the client was helped to define and clarify his wants (W). He told counsellor that he wanted to have a promising career after he leaves school. As he loves his mother so much, he wanted to make his mother happy and proud of him. He defined a good career and the ability to give back to his family is a quality world for him. According to Reality Theory, his most important basic need at this time is survival.

As he is leaving the school soon, he realizes that he does not have much time to change himself especially his smoking habit. Therefore, the client strives to reduce smoking and struggle for his SPM (D). He has to attend school and not to skip class. If possible, he knew that he has to withdraw from his circle of friends. The client also seek advice from counsellor about his plans after school. Whether he should continue working at the burger stall or further his studies. As a counsellor who holds to Reality Theory, I am more directive and suggested him to further his studies for a more secure career future. If the client chooses to continue studying, he needs to achieve the minimum qualifications in order to easily get an offer to study later. The client assesses his ability (E) whether to continue working or continue studying. We also discussed about lists of programs and colleges which he can consider after leaving the school (P). Nevertheless, we still comply to the minimum requirement for each course. Reality therapy is intended to help clients identify their needs and guide them through making plans and setting goals to achieve their quality world.

4.2. Session 2: Problem Exploration

In the second session, the client was guided to identify risk factor and protective factors to increase client's awareness on his addiction. Both and client and counsellor discussed his recovery plan. In this case, the client acknowledged as having his non-smoking brother and mother as his protective factors are great assets for his recovery. The strong and

positive family bonds in monitoring the client's activities and peers have helped provide better changes on him. Besides, the client needs to be more careful with some risk factors that might hinder his positive changes. The main risk factors include the curiosity of trying various types of drugs, ineffective father role, affiliations with peers displaying deviant behaviours, low academic achievement as well as the money earned from working after school that gives the client the independency to buy cigarettes and drugs.

For this session, the focus was to help the client to identify his career goals. This is very important since the client is currently at Form 5, and he is remaining uncertain of his future plan after leaving the school. For this purpose, the counsellor used IMK. IMK is an inventory conducted to assist clients in providing awareness of careers that are appropriate to the client's interests. Individuals may choose a career that matches their personality traits and interests. The analysis conducted produce six codes of personality that are nurtured within the client's upbringing which include Realistic (R), Investigative (I), Artistic (A), Social (S), Enterprising (E) and Conventional (C).

Career selection is based on the expression of individual personality in addition to the suitability of the work environment. A person's interests are born of his personality and individuals from the same type of occupation have similarities in terms of his personality pattern. Coherence between personality and environment will improve job performance, achievement, stability, and job satisfaction. When this inventory was tested on the client, the score was R-S-A indicated that the client has a strongest personality in Realistic, followed by Social and Artistic aspects. People who are classified as having a Realistic personality type tend to be independent and practical. Often, they are referred to as *doers*. Realistic personality types tend to be interested in and attracted to jobs and work environments that reflect these qualities as well. Social personality traits describe the client as a friendly person and likes to hang out with many friends. While the Artistic trait describes the client as someone who values art and shows discomfort with high-structured, routine, or repetitive work, complicated, idealistic, open, riding-up, inconsistent, impulsive, expressive, and sensitive (Maslow, 1943). In the discussion, the client admitted having those personality traits dominant in him. He also informed that he is fond of career in the technical field and is interested in doing engineering. As for the following session, both the counsellor and client decided to focus on the career options and the action plan to achieve the career goals.

4.3. Session 3: Alternative Selection and Termination of Counselling Sessions

This session was to focus on the present and his future plans after leaving school. The counsellor helped him to identify his drive and motivation to attend school and focus on his study since he has only a few months left before his SPM examination. According to Glasser (1998), client has to make specific plans and smart goals (William Glasser Institute, 2010). Therefore, the client is encouraged to make an action plan:

- a) Start small – remember that every journey of 1,000 miles started with one step
- b) Set SMART (Small/specific, measurable, achievable/actionable, realistic, and time-oriented).

Based on Reality Theory, a counsellor is expected to provide a safe and respectful environment for the client, acts as a “reality guide” for the client, pointing him towards the behaviour that is not helping him to achieve his goals and identifying the kinds of choices that are available for him. The counsellor helped the client to focus on what he can do and steer him away from focusing on his past (William Glasser Institute, 2010).

In this case, the counsellor assures the client that success belongs to everyone. The Reality Therapy approach where clients are asked to draw a picture of himself:

- i. if he manages to overcome his addiction to cigarettes and drugs
- ii. if he still cannot leave the habit of addiction

This is to create awareness for him to leave the addiction and ready for a better change. The client has to have a good perception of him or a success identity because according to [Glasser \(1998\)](#), your identity is determined by your ability to satisfy your need to be loved and your need to feel worthwhile. Before the end of the session, the counsellor gave encouragement and hope to the client to keep working and opportunities are always open to anyone who is willing to work hard. The client needs to harness the attention and love of family as a recovery capital for him to change. With a few months before SPM, the client needs to try to achieve the minimum requirement so that the opportunity to further their studies in the desired field becomes easier.

5. Discussion

Based on client studies, several interventions have been used by counsellors to address smoking addiction. The interventions applied are University of Rhode Island Change Assessment (URICA) testing tools to measure the extent of client readiness to change smoking habits, Career Interest Inventory to see client career potential and reality theory using SMART techniques to measure client goal attainability. Meanwhile, counsellor also stated the long-term adverse effects that will be faced if measures to quit smoking are not implemented. Several studies have stated that smoking has side effects that are harmful to health. [Timothy, Joseph and Thomas \(1997\)](#) described four cases of male adolescents aged fifteen to eighteen years being treated with a tricyclic for attention-deficit disorder. United Nations agency manifested transient psychological feature changes, delirium, and arrhythmia once smoking marijuana. A study conducted on a group of Dutch students gave awareness to the respondents to know the bad consequences of smoking cigarettes. In addition, the financial cost invested is also emphasized to show the loss of money that occurs unknowingly ([Vijgen, Van Baal, Hoogenveen, De Wit & Feenstra, 2008](#)).

In addition, studies using the Islamic approach were also used to look at changes in smoking habits for hard-core smokers. Somali Muslim male immigrants in Minnesota have a higher smoking rate, estimated at 44%, as compared to the adult smoking rate in the United States (14%) ([Pratt et al., 2020](#)). Thus, a study was conducted on respondents to control high levels of smoking. The method of using the delivery of the service message in the form of the harmful effects of smoking from a health point of view was adapted to the message in the form of religion. Giving this message is done throughout the month of Ramadan to promote the smoking prevention campaign. The results of the study found that there was a decrease in smoking activity during the month of Ramadan without the application of any intervention on the respondents ([Pratt et al., 2020](#)).

The results of the intervention conducted on the client found that the client was ready to change and ready to quit the smoking habit. The application of reality theory has made the client have a good perception of himself. This helps the client to change and set goals to get good results in the SPM exam to be taken. A family support system is also needed to keep clients in a healthy environment to change consistently. Therefore, the client needs to believe that the addiction problem he is experiencing is not impossible to overcome. He also needs to focus on the "protective factors" that is his brother and mother

who are always there to provide support and attention to the client. Due to the COVID-19 pandemic, the sessions with the client were limited. The client had to be referred to the school counsellors. The most important factor that led the client to substance abuse is the negative role portrayed by his father. The smoking habit of father's client was caught on at an early age and this led the client to other more serious substances. His father also failed to provide necessary education and supervision to the client. The role of the father greatly influenced on client. For improvement of this case, recommendation for Depression and Anxiety Stress Scale (DASS) test as this would have given more information on his depression, anxiety, and stress level so that could help him better in coping skills. Lack of motivation and guidance also contributed to client's disinterest in lessons and not having a clear career path after finishing school. Good guidance can help client could have turn out to be a better person than what he is now and probably could have unlearned his habit and dependency on drugs.

Based on the client's case study, it was found that the family institution is weak in educate children to become competent teenagers and have high self-esteem. Poor child attitudes and discipline have contributed to the problem of moral deterioration. Therefore, the importance of Islamic religious education is applied in family institutions. Consistent religious education emphasized in the family can produce children who have a strong faith and form a high and strong identity. This in turn shapes the child's stance to be strong and they can think analytically not to do things that harm themselves. Cigarette and drug addiction is a common social problem among adolescents. If the application of religious elements can be applied well, social problems will not occur and even this approach can educate children to take better care of themselves from committing evil. In addition, Islam also advocates that at the age of adolescence, parents should be friends to children. This coincides with the psychological development of the child who is growing up and going through the maturity phase. This phase is an important phase as adolescents begin to seek self – identity and go through the process of maturation (puberty). Therefore, the importance of the presence of parents in guiding children to solve all the problems faced in this phase and become close friends in providing religious education. For example, explaining illegal things that cannot be done and cultivating a strong faith in the child. Therefore, adequate attention should be given so that the child is not influenced by the negative elements around them.

6. Conclusion

The study conducted can provide guidance to parents, counsellors, the education system, the ministry of education, government agencies and non-governmental organizations to help adolescents recover from smoking addiction. This is important as the youth is the hope of the country in helping the development of the country in the future. The younger generation should be educated responsibly in preparation for their service to the family, religion, and country. Awareness of the dangers of smoking needs to be increased so that the level of awareness among adolescents about smoking can control them from taking up smoking and easily influenced by surrounding factors and the influence of peers or family members themselves.

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Conflict of Interest

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