

Students' Perceptions of Substance Abuse Among Secondary School Students in Malaysia

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ABSTRACT

Substance abuse refers to an act of misuse or excessive use of alcohol, tobacco and illicit drugs. There is no denying that substance abuse is on the increase at both the global and national level in Malaysia. Even though substance abuse is a strictly prohibited behaviour in all Malaysian schools, studies have indicated that this delinquent behaviour often stems from schools. Therefore the main aim of this paper is to present students' perspectives of substance abuse among secondary school students in Malaysia. The data for the study were collected using a questionnaire, checklist and semi-structured interviews which involved 1800 secondary school students from 18 high risk secondary schools from the states of Selangor, Wilayah Persekutuan Kuala Lumpur, Penang, Negeri Sembilan and Melaka. The Risk and Protective Factor Questionnaire (RPFQ) has 13 sub-sections and is an adapted version of the *Communities That Care Youth Survey* which has 14 sub-sections. The findings indicated that the common substance abuse behaviours in schools were smoking, consuming alcohol, using marijuana and glue-sniffing. More than half of the student respondents had 1 to 3 friends who were involved in smoking. Furthermore, findings indicated that a majority of them became involved in these unhealthy activities between the ages of 15 and 17 years and were most likely to be engaged in these activities during

weekends and outside school. Findings also revealed that close to 405 of the students (>30%) felt that their parents did not view glue sniffing, consuming alcohol or smoking as an offence. These findings imply that the increase in the number of substance abusers among secondary school students

ARTICLE INFO

Article history:

Received: 2 February 2014

Accepted: 2 February 2016

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can have an adverse effect on their peers and that as a nation Malaysia needs to embrace the fact that substance abuse can derail the noble aspirations of the country to become a developed economy by 2020. Therefore, it is pertinent that all authorities in schools and community stakeholders such as AADK and Ministry of Education understand the pattern of substance abuse among secondary school students in Malaysia and develop suitable programmes or strategies to curb such behaviours in school.

Keywords: Substance abuse, secondary school, students

INTRODUCTION

Substance abuse refers to the overindulgence in, or dependence on, addictive substances such as drugs and alcohol. It also refers to underage drinking, tobacco, or illicit and/or prescription and over-the-counter medications, (Mersy, 2003; Substance Abuse and Mental Health Services Administration / SAMHSA, 2014). The use and abuse of substances by adolescents have long been matters of great public health concerns as they pose important and difficult problems for the society (SAMHSA, 2003). According to the United Nation Office on Drugs and Crime (2007), involvement of adolescents in substances abuse, globally, is increasing. This is a matter of grave concern as substance abuse causes enormous human suffering in terms of morbidity, mortality and economic loss which in the long run can threaten the very social fabric of almost

all communities. Likewise in Malaysia, the current trend of substance abuse among youths is a major national concern and the Government of Malaysia listed Drug Abuse as the nation's Public Enemy Number 1 in 1983.

Research on substance abuse indicates that the roots of most social ills, including substance abuse among youths, usually begin while they are still attending schools (Hong *et al.*, 2011). As they get older and transcend into the adolescence phase of their lives, these students often move on to experimenting with drugs (Igwe, Igwe, Ojinnaka, Ejiofor, Emechebe & Ibe, 2009). According to Peltzer (2009), the adolescence phase is a very important period because it is the time when people are looking for, experimenting with, and establishing their lifestyle, attitudes, concepts, beliefs, and habits that may have long-term influences on their health. This was also reiterated by Syed, Masud Rana, Shamim, Mills and Bennett, (2002) who highlighted that adolescence is a period of exploration and experimentation in which they learn to know more about themselves and about their lives. Therefore, the transition from childhood to adolescence and on to young adulthood can be difficult, particularly for youths with substance use conditions (SAMHSA, 2014).

There is no denying that in today's modern era, there are many attractions outside the school. According to Mahmood Nazar, Sabitha, Nadiyah and Yahya (2008), popular recreational drugs, free living life style, multiple external influences and easy

access to psychoactive substances are all influences that attract both students and youths alike to substance abuse. Such an environment further increases the chances of adolescents being involved in substance abuse, such as glue sniffing, smoking and drug misuse (Lim, Sumarni, Christopher, Noruiza, Lim & Amal, 2010). According to Mahmood Nazar *et al.* (2008), this trend is also observable in Malaysia as the number of youths involved in substance abuse is on the rise. This was also highlighted in a study conducted by Hong *et al.* (2011) of secondary school students in Sarawak. The findings of their study revealed that the number of liquor and cigarette abuse behaviours were on the increase with one quarter of the secondary students reporting that some of their close friends were involved in these activities. The study revealed that male and Bumiputera students and their close friends from rural schools were involved in these undesirable activities. This paper reports the findings from a survey which explored students' perceptions of the pattern of substance abuse among secondary school students in Malaysia.

SUBSTANCE ABUSE AMONG ADOLESCENTS IN MALAYSIA

Substance abuse, also known as drug abuse, is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others. According to the Department of Justice Canada (DJC) (2003), several terms

have been used interchangeably in the extant literature to represent problematic substance involvement and include substance use, abuse, dependence, and addiction (Gilvarry, 2000). However, despite this range of terms, only substance abuse and dependence have officially recognized diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994). A substance abuser is characterized as someone who encounters negative social and/or interpersonal consequences as a result of their substance abuse. Substance dependence is viewed as a more extreme diagnosis as an individual must exhibit signs of addiction such as increased tolerance to the substance and/or symptoms of withdrawal once use is terminated (DJC, 2003).

The exact cause of substance abuse is impossible to know because there is not just one direct cause (Nutt, King, Saulsbury & Blakemore, 2007). However, substance abuse and addiction is known to run in families. According to the Mosby's Medical, Nursing and Allied Health Dictionary, (2002) there is a theory that suggests there is a genetic disposition which predisposes certain individuals toward substance abuse. On the other hand, another theory highlights that substance abuse is learned from being around people who subject themselves to substance abuse. Often these individuals begin to copy the same behaviors and substance abuse which might start out as a

habit but that can develop into an addiction and finally manifest itself into a chronic debilitating disease.

The National Institute of Drug Abuse (NIDA) in 2003 reported that some children are already abusing drugs such as tobacco, alcohol and inhalants by the age 12 or 13 years. If drug abuse persists into adolescence, these abusers typically become more involved with marijuana and then advance to other illegal drugs. Nevertheless, drug abuse history can vary according to neighborhood drug availability, demographic groups, and other characteristics of the abuser population (NIDA, 2003). Research conducted by Johnston, O'Malley, and Bachman, (2002) indicated that male teenagers were more inclined towards substance abuse compared to female teenagers. To this Simons, Whitbeck, Conger and Melby (1991) reported that male teenagers were more often frequently mixing with peers who have misconduct behaviors.

In Malaysia, a study by Edwards (2011) reported that among 127 children who were substance abusers in the district of Kuching district, the majority (96%) were males. Approximately 64.6% were former inhalant abusers and the rest were still "active" abusers. They were as young as 10-15 years old (3.1%), and 40.9% were between the ages of 16-20 years. The majority were inhalant abusers for two years, and one had been an inhalant abuser for 20 years (Edwards, 2011). These students involved in substance abuse such as inhalant abuse (rubber cement gum),

often bought their supply from grocery, vehicle repair and hardware shops. Most of these inhalant abusers (79%) carried out their activity in groups as it was more exciting and they could join their friends' "high" experience as well as look out for one another in case of dangerous "high" experiences. It was also more affordable when used in groups. They preferred to engage in inhalant abuse in public places such as back alleys, public gardens and empty buildings and 44% chose to do it at night while another 22% preferred evenings after work or school (Edwards, 2011).

In another report, Mohammad Shahid and Mahmood Nazar (2007) indicated that inhalant abuse has been widespread as glue is easily obtained and is cheap. Furthermore, there is no age restriction in buying glue (Mohammad Shahid & Mahmood Nazar, 2007). Research also indicates that there is an increasing trend in the abuse of glue and alcoholic drinks among youths today (AADK, 2010). Critical drug addicts usually start glue sniffing and taking alcoholic drinks at young ages compared to less critical drug addicts (Chan, Abdul Halim, Gurnam & Nazeera, 2009; AADK, 2010).

In Malaysia, according to the National Health and Morbidity Survey (NHMS) in 2006, the reported prevalence of binge drinking (drinking more than 4 units of alcohol for males and more than 5 units of alcohol for females at one time) among current drinkers was 30.6%. Across age domains, less than half of all current drinkers were binge drinkers, with

the prevalence in each age group ranging from 10 to 50 per cent. Of adolescent drinkers, 24.6 per cent engaged in binge drinking (IPH, 2007; IPH, 2008). Data from hospitals in Malaysia showed that 48% of mental health problems due to psychoactive substance was mainly caused by alcohol. In addition, 0.5 percent of reported road traffic deaths were contributed by those who were driving under the influence of alcohol (Kementerian Kesihatan Malaysia, 2010). In 2005, Wan Rozita *et al.* (2005) studied the prevalence of alcohol drinking (64.9% aged 11-15 years and 35.1% aged 16-20 years) among 8532 students in 54 secondary schools in Kuala Lumpur. The findings revealed that the prevalence was 9.0% (771/8532). The prevalence was higher among male students (59.6%) and higher among Chinese students (91.6%).

Besides that, smoking has also become a public health concern as it affects not only smokers but also passive non smokers (PROSTAR, 2007). It is rather distressing to note that in Malaysia, the percentage of smokers aged 15 years and above has increased and statistics reveal that the percentage of smokers above the age of 15 years has risen from 21% in 1985 to 31% in 2000 (PROSTAR, 2007). In a nationwide study conducted by Chan *et al.* (2009) in eight of the states in Peninsular Malaysia, the number of primary school students involved in smoking in schools was reported to have also increased in a sample of 3486 students from a total of 31 students in 2006 to 94 students in 2008.

Furthermore, the Malaysia Global Youth Tobacco Survey (GYTS) conducted in 2003, found that almost one third (32.6%) of students between the ages of 13–15 years have never smoked cigarettes, and 19.9% are current cigarette smokers. Slightly more than 50% of those who have never smoked were exposed to second-hand smoke in their homes (GYTS, 2003). In another study of the prevalence of smoking among male youth, Raihan and Azmawati (2013) revealed that the prevalence of smoking was 46.6% which was comparable with findings from two other studies of the prevalence among male youths in Malaysia which was 46.7% (Redhwan, Sami, Thekra, Robert & Karim, 2011) and 41.2% (Tawima, 2011) within the same age groups. In a study of 210 Malay adolescents (mean age 17 years), Maher, Ahmad, Balsam, Nawwar and Azizi (2014) found that the prevalence of smoking was 8.6% and that the students started smoking when they were 13 to 16 years old.

In terms of drug abuse, reports disclose that illicit drugs that are often abused by drug addicts in Malaysia are usually heroin, morphine and cannabis (Usman, 2005). Even though drugs can be used for various kinds of purposes, overdose of drugs can cause health related problems such as AIDS and HIV (Rokiah Ismail, 2010) and in severe abuse behaviours it can lead to crime and offences such as robbing, prostitution and murder in an attempt to obtain drugs (Usman, 2005). Drug addiction occurs for a variety of reasons. According to AADK (2010), one of the main reasons why many

addicts get drawn into the web of drugs is because of peer influence (44.83%). This is followed by curiosity (19.38%) and pleasure (14.85%). It is also saddening to note that AADK reports (2010) disclose that a majority of these drug addicts are youths and many started taking drugs when they were still attending secondary school. This has also been corroborated by researchers such as Igwe *et al.* (2009) who pointed out that a majority of drug addicts identified are usually youths or adolescents who got trapped into the habit while they were still in secondary schools. Statistics reported by the National Anti-Drugs Agency of Malaysia (AADK, 2010), indicated that the number of drug addicts among adolescents between the ages of 13-24 years has increased. Comparison of data over the two year period between 2009 and 2010 found that the number of adolescent drug addicts has increased dramatically. A total number of 8,163 young adolescent drug addicts were detected during the year 2010 compared to 3,352 people in 2009 (AADK, 2009: AADK, 2010). Hence, it is quite clear that early substance abuse in Malaysia includes drugs such as tobacco, alcohol, inhalants, marijuana, and psychotherapeutic drugs. Research has also established that a majority of drug addicts are usually youths or adolescents who started their habit while they were still in secondary schools. Therefore, it is important to investigate substance abuse among secondary school students in Malaysia through students' perspective.

RESEARCH DESIGN AND INSTRUMENTATION

This paper reports findings from a section of a larger study which investigated substance abuse among secondary school students in Malaysia. The national scale study used a mixed methods approach and employed the use of multiple research instruments such as student questionnaires, semi-structured interviews, a test and observation checklists. However, for the purpose of this paper, only students' perception of substance abuse among secondary school students in Malaysia was discussed.

The Student Survey Questionnaire (SSQ) was formulated based on selected items from the Risk and Protective Factor Questionnaire (RPFQ) for Grades 6-12 (RPFQ). The RPFQ has 13 sub-sections and is an adapted version of the *Communities that Care Youth Survey* which has 14 sub-sections. Approximately 30 students from the entire sample were interviewed as a follow-up to further investigate their qualitative responses relating to substance abuse.

This study only focused on high risk schools from five different states in the central region and north region of Peninsular Malaysia namely Wilayah Persekutuan Kuala Lumpur, Selangor, Negeri Sembilan, Melaka, and Pulau Pinang. High-risk schools in this study refer to schools which have high occurrences of disciplinary cases. This is based on the list provided by the Ministry of Education which categorised them as such. After the schools have been chosen, cluster sampling was used to select the respondents in this

study. A total of 1800 students from the 18 high risk schools were selected from five different states identified in the study. As for the interviews, three Form Two students and three Form Four students were selected from each selected state to shed some light on the substance abuse among the students in the secondary schools in Malaysia.

In this study, data were based on peers' perceptions of substance abuse, not on the perceptions of the offenders themselves. Data collected from peers were considered more valid because respondents were of the same age as their peers and due to the close relationship between them, the respondents were able to provide relevant information regarding location and time when students were involved in substance abuse. Using peers to report substance abuse is considered much more reliable because substance abusers will not report their own misbehaviours because substance abuse is not only prohibited in schools but also shunned by society (Barman-Adhikari, 2015). Hence, the main purpose of the study was to investigate peers' perceptions of substance abuse among the secondary school students in Malaysia because there is a high level of accuracy in youth's perceptions of their peers' behaviour (Barman-Adhikari, 2015).

DATA ANALYSIS

In this study, quantitative data obtained from questionnaires and a checklist were analysed using descriptive statistics of frequency and percent. Additionally, the qualitative data collected from the open-

ended questions and the interview questions were analysed according to themes and triangulated with the quantitative data collected through questionnaires and a checklist. When analyzing the interviews, student respondents were first coded SR = Student Respondent. The five states involved in this study were coded as follows: Kuala Lumpur = KL, Pulau Pinang = PP, Selangor = S, Negri Sembilan = NS, Melaka = M. Schools were also divided into two categories; Urban = U, Rural = R. Therefore, Respondent SR(PP-U) referred to a student respondent from an urban school in Pulau Pinang.

FINDINGS

Misconduct behaviours of students in substance abuse

This study examined respondents' perceptions of peers who were involved in substance abuse. The findings presented in Table 1 illustrate that close to 51.28% of the respondents indicated that their peers were involved in smoking (1 person=7.6%, 2 person=8.3%, 3 person=35.3%). With regards to consuming alcohol, the involvement of students' peers was still small as 15.4% of the respondents highlighted that their friends were involved in drinking alcohol (1 person=4.6%, 2 person=3.4%, 3 person=7.4%). A similar pattern was also identified in the abuse of Marijuana, a majority of the student respondents (92.6%) responded that none of their peers were involved and the involvement of their peers in using Marijuana was not significant (1 person=2.1%, 2 person=2.1, 3 person=3.2%).

TABLE 1
Respondents' Perceptions of Peer Involvement in Substance Abuse

Item	Extent of Occurrence in Frequency (Percentage)			
	1 person	2 persons	3 persons	None
Smoking	136(7.6%)	149(8.3%)	630(35.3%)	872(48.8%)
Consuming alcohol	82(4.6%)	62(3.4%)	13w3(7.4%)	1521(84.6)
Using Marijuana	38(2.1%)	37(2.1%)	57(3.2%)	1668(92.6%)

Interviews conducted with 30 students from five different states corroborated most of the quantitative findings. A large majority of the student respondents (>80%) from the urban schools in Penang and Selangor knew what substance abuse was and could identify some common drugs such as cannabis, marijuana and ecstasy pills. These 12 students from Penang and Selangor admitted that some of their friends were involved in minor offences such as smoking. According to two student respondents (SR7(PP-U) and SR8(PP-U), from an urban school in Penang, smoking was the main substance abuse offence committed by their peers. However, respondent SR7 (PP-U) stressed that smoking and the number of misconduct behaviours reported were still under control in his school.

In contrast, the opposite responses were received from a number of students from the rural schools. Only a small number of students (<5) could identify a few types of drugs but most of them knew that smoking was an offence in schools. They also had limited knowledge of the misconduct behaviours of substance abuse occurring in their schools. For instance, a Form 2 respondent SR3(NS-R) from a rural school in Negeri Sembilan highlighted that he and

his friends were not aware of the types of drugs and the level of seriousness of substance abuse behaviours in his school. He also stressed that substance abuse may be prevalent among some of the students but his school teachers never talked about it. Generally, the interview findings indicated that students in the urban area have better exposure to substance abuse prevention than students in the rural area.

To further triangulate these findings, data was also obtained via checklists. Table 2 shows the misconduct behaviours of substance abuse recorded in 20 high risk schools in 2011. This was prevalent across both genders. In 2011, there were 103 cases of boys and 22 cases of girls. For drug abuse problems such as drug trafficking, bringing drugs to school, and abusing drugs in school, the situation in the schools surveyed was under control as no cases were recorded. However, there were misconduct behaviours of smoking (Males=13%; Females=.1%), bringing/breathing inhalants (Males=.5%; Females=.1%) and drinking alcohol (Males=1%; Females=0%). Even though the percentage of student involvement in substance abuse was small, this is a rather worrying trend and needs to be addressed.

TABLE 2
Average Substance Abuse Behaviours in Secondary Schools in 2011

Substance Abuse Behaviours	Male (n=103)		Female (n=22)	
	Mean (%)	SD	Mean (%)	SD
Caught smoking/Bring cigarette	13	24.5	.1	.3
Breathe/bring inhalant	.5	.9	.1	.5
Caught drinking/bring alcohol	1	4.5	.0	.0
Caught bringing drug to school	.0	.0	.0	.0
Caught drug trafficking in school	.0	.0	.0	.0
Drug abuse in school	.0	.0	.0	.0

Note: The means were calculated by using checklist from 20 high risk schools.

Age when first invited to engage in substance abuse

The findings presented in Table 3 highlight the age of student respondents when they were first invited to be involved in substance abuse. The assumption made here is the fact that peers are often more aware of their friends' age due to their close relationship. The data analysis revealed that the first invitation came as early as when they were below 12 years old. Results show that smoking was equally serious for the three age groups (< 12 years old = 26.8%, 12-14 years old = 35.9% and 15-17 years old = 37.3%). Comparatively, smoking, alcohol consumption, marijuana usage and glue sniffing were more serious for the two older age groups (12-14 and 15-17 years old) than the younger age group of <12 years old. The 15-17 years old group had the highest occurrence of smoking (37.3%), consuming alcohol (53.4%) and taking marijuana (44.1%). However, glue-sniffing was much more prevalent among the 12-14 years old age group when compared to the other two different age groups.

Data obtained from the 30 interview sessions corroborated the above findings.

A majority of the respondents (>80%) highlighted that many of their friends who smoked started either when they were in primary school (<12 years old) or when they were in lower secondary school (12-14 years old/15-17 years old). According to respondent SR2(S-R), a Form 2 student from a rural school in Selangor, a few of his friends were involved in substance abuse – mainly smoking when they were in lower secondary school. He also added, substance abuse happened because they were influenced by their friends. Overall, the 30 students interviewed also stressed that their peers became involved in smoking due to the following three main reasons: curiosity, peer influence and to release tension. They highlighted that they did not know if their friends took serious hard drugs but a few hinted that they suspected some upper secondary students may be taking hard drugs. This finding was corroborated with quantitative data reported in Table 3 that 44.1% of students were using marijuana at the age of 15-17 years and they may turn to hard drugs when moved up to upper secondary school.

TABLE 3
Age when Students were first invited to engage in such activities

Item	Occurrence in percentages		
	< 12 years old	12-14 years old	15-17 years old
Smoking (n = 549)	26.8	35.9	37.3
Consuming alcohol (n = 146)	15.1	31.5	53.4
Using Marijuana (n = 59)	18.6	37.3	44.1
Glue-sniffing (n = 91)	22.0	39.6	38.4

Locality for the engagement of substance abuse activities

The data in Table 4 displays the respondents' choice of location for substance abuse if invited to do so. Here again data was collected based on the assumption that more often than not peers know about the location where substance abuse was carried out due to the close relationship between them. For this section, four locations of "own house", "school", "friend's place" and "others" were examined. Findings revealed that a majority of the respondents said that if they were invited to take part in some of the listed

substance abuse activities they would rather do it somewhere else (73-83.5%) rather than at home (3-7.1%), in school (3-7.3%) or at their friend's place (10-12.5%). With the exception of smoking and consuming alcohol, close to 80% of the students chose "Others" for using marijuana, cocaine, drinking toddy and taking ecstasy pills. Data obtained from the open-ended questions further revealed that these "other places" referred to vacant and abandoned houses, shopping complexes, cyber cafes, bushes, abandoned premises, graveyards, public toilets, jungle or any quiet places that seldom have visitors.

TABLE 4
Locality for the engagement of substance abuse activities

Item	Extent of Occurrence Frequency (%)			
	Own House	School	Friend's Place	Others
Smoking	101(7.1)	104(7.3)	172(12.0)	1055(73.7)
Consuming alcohol	66(4.9)	45(3.3)	168(12.5)	1065(79.2)
Using Marijuana	42(3.2)	39(3.0)	150(11.5)	1074(82.2)
Using Cocaine	38(3.0)	40(3.1)	132(10.3)	1074(83.5)
Drinking toddy	47(3.6)	42(3.2)	160(12.3)	1054(80.8)
Taking Ecstasy pills	57(4.4)	42(3.3)	128(10.0)	1053(82.1)

It was also interesting to note that interview respondents were rather divided in their opinion based on religion and ethnicity.

A few of the urban school respondents from the Chinese community did not view smoking and consuming alcohol as an

offence. One of the respondents, SR4(PP-U) highlighted the fact that he knew a student who smoked and was a gang member to stay safe. His father was involved in some business and thus protection was needed for the whole family. This student highlighted that it depended very much on the situation. This was what he had to say:

“I know my friend and his family is under serious stress and pressure. To stay safe he must belong to a gang which will look out for him and his family. He is a smart student but I pity him – I know he smokes and maybe even drinks and takes pills. It is his and his family lifestyle but . . . he is my friend and I know he is a good person.”

On the other hand, a respondent, SR6(S-U) from an urban school in Selangor where Malays are a majority highlighted that “students should have freedom’ and should be allowed to make their own decisions. He said according to Muslims, drinking alcohol is very bad but felt that smoking is ‘okay’. Hence, the findings indicated that to some extent students’ religion, ethnicity and home environment do influence students’ perceptions of substance abuse.

When students engage in substance abuse

This aspect was explored in the study and the findings obtained are shown in Table 5. The options given for these were “before school”, “during school”, “after school” and on “weekends”. For smoking, most of the students stated that they will do it after school (43.1%) or on weekends (41.1%). A similar pattern was also identified for other behaviours like consuming alcohol, using Marijuana, glue sniffing, using cocaine, drinking toddy, and taking ecstasy pills. Most of the respondents agreed that they would rather do it during the weekends (41-70.4%) or after school (25-43%).

The above findings were also corroborated during the interview sessions. Students also agreed that a majority of the students (>80%) committed offences during weekends. They also agreed that those who wanted to skip school usually did it before school in the morning. The 30 respondents interviewed also claimed that their peers who were addicted to smoking usually smoked before or after school. Only a few ‘die-hard’ smokers would opt to smoke during school hours.

TABLE 5
When students engage in substance abuse

Item	Extent of Occurrence in Frequency (Percentage)			
	Before School	During School	After School	Weekend
Smoking	117(8.3%)	104(7.4%)	607(43.1%)	579(41.1%)
Consuming alcohol	30(2.3%)	32(2.4%)	329(24.9%)	928(70.4%)
Using Marijuana	29(2.3%)	60(4.7%)	331(26%)	853(67%)
Glue-sniffing	32(2.5%)	51(4%)	38(30.1%)	800(63.2%)
Using Cocaine	30(2.4%)	44(3.5%)	321(25.4%)	867(68.6%)
Drinking toddy	40(3.1%)	40(3.1%)	342(26.8%)	854(66.9%)
Taking Ecstasy pills	48(3.8%)	42(3.3%)	334(26.5%)	836(66.2%)

Students' perception towards peer involvement in substance abuse

The data shown in Table 6 reveals the frequency and percentage of activities that were considered an offence when viewed through the eyes of the student respondents. The responses were based on four categories of perception: "absolutely agree", "agree", "disagree" and "totally disagree". The result showed that more than half of the student respondents absolutely agreed and agreed

that smoking (54.8%), consuming alcohol (55.1%), using Marijuana (53.7%) and glue sniffing (52.9%) were an offence, however, more than 30% of student respondents totally disagreed that smoking, consuming alcohol, using marijuana and glue-sniffing were an offence. The results indicate more awareness programmes are required to raise the level of awareness of students of substance abuse from a moderate level to a high level.

TABLE 6
Students' reaction towards peer involvement in substance abuse

Item	Extent of Agreement Frequency (Percentage)			
	Absolutely Agree	Agree	Disagree	Totally Disagree
Smoking	703(38.9)	288(15.9)	262(14.5)	555(30.7)
Consuming alcohol	823(45.6)	172(9.5)	164(9.1)	647(35.8)
Using Marijuana	835(45.6)	132(7.3)	134(7.4)	699(38.8)
Glue-sniffing	803(44.7)	148(8.2)	141(7.8)	706(39.3)

Student perceptions of parents' reaction to substance abuse among students

Table 7 illustrates students' perceptions of their parents or caretakers' reaction to substance abuse activities that would be considered as an offence. Respondents were required to respond to a 4-point Likert scale with the following options: "absolutely agree", "agree", "disagree"

and lastly "totally disagree". More than half of the student respondents perceived that their parents would consider smoking (59.8%), consuming alcohol (58.4%), using Marijuana (58%) and glue sniffing (57.5%) as an offence. The statistics also showed that over 30% of the parents do not consider substance abuse as an offence. This is an issue of concern and needs to be addressed.

TABLE 7
Student respondents' perceptions of their parents' or caretakers' attitude to substance offence

Item	Extent of Agreement Frequency (Percentage)			
	Absolutely Agree	Agree	Disagree	Totally Disagree
Smoking	854(47.8)	215(12)	165(9.2)	554(31)
Consuming alcohol	912(51.2)	128(7.2)	146(8.2)	595(33.4)
Using Marijuana	927(52.0)	107(6.0)	114(6.4)	633(35.5)
Glue-sniffing	916(51.9)	99(5.6)	98(5.6)	651(36.9)

Similar to the statistical data reported, the interview sessions revealed that the majority of the respondents stressed that their parents would disapprove of negative activities such as smoking, taking hard drugs and drinks. Almost all the respondents (28 out of 30) stressed that their parents would be upset if they found out that they had become involved in negative activities. A few respondents, however, admitted that their parents were very busy and did not have the time to check or monitor them.

DISCUSSION

Findings from the quantitative and qualitative data clearly indicate that the common substance abuse cases in schools were smoking, consuming alcohol, using marijuana and glue sniffing. The qualitative findings revealed that more than half of the students (57.7%) knew of 1 to 3 of their peers who engaged in smoking activities while a small percentage indicated that they knew of 1 to 3 peers involved with other substance abuse such as alcohol consumption (14.2%) and marijuana (6.7%). Although the percentage for the two latter substance abuse is low, the figure shown for smoking is rather alarming as research studies have indicated that adolescents involved in misdemeanours including smoking are more likely to progress to worse types of substance abuse such as experimenting with drugs as they grow older (Igwe *et al.*, 2009; Chan *et al.*, 2009; Hong *et al.*, 2011).

In addition to that, the high percentage of smokers among adolescents is feared to have an adverse effect on their peers. This

is due to the fact that peer and community factors have been identified as among the major factors contributing to substance abuse within this age group (Steen, 2010; Thornstein, 2010). Based on research on juvenile delinquency and other adolescent problem behaviours, the risk factors can be classified into five main domains which include the community, school, family, peer group and within individuals (Hawkins, 1992). This is corroborated by Steen (2010), who found that adolescents who were exposed to friends, family and community who either smoke or do not regard smoking as an offence, were more prone to get involved in the act themselves.

Even though the interview data in this study revealed that most of the respondents consider the substance abuse situation in their schools as under control, they have reiterated that the matter needs to be monitored and curbed to prevent it from becoming wide spread. This call from the students should be taken seriously since findings from this study have revealed that a little over 35% of the student respondents (aged from as young as 12 to 16 years), admitted to having been invited to smoke by their already smoking peers. Although this figure may not seem overly alarming it is perhaps important to note that the adolescence phase is when students begin to explore and experiment to learn more about themselves (Syed, Masum Rana, Shamim, Mills & Bennet, 2002). Therefore, it is imperative not to underestimate the call made by the students to monitor and curb the situation in schools to decrease

the chances of adolescents being involved in substance abuse, such as glue sniffing, smoking and drug misuse (Lim, Sumarni, Christopher, Noruiza, Lim & Amal, 2010; Hong *et al.*, 2011).

The findings in this study also revealed that most of the substance abuse activities were more likely to occur after school or during weekends in places such as vacant and abandoned houses, graveyards, public toilets, jungle or quiet places that seldom have visitors, in comparison to their homes, school and their friend's place. Nevertheless, even though the qualitative data revealed the students' concern over the widespread abuse of substance, the quantitative data showed otherwise with more than 30% of the respondents perceiving all the above mentioned misdemeanours as not being an offence. This finding is particularly alarming because it implies that there is a lack of awareness among students regarding the dangers of such misdemeanours. The general acceptance of such misdemeanours may further encourage them to engage in such activities as they do not think that there is anything wrong (Hong *et al.*, 2011). Research has shown that the roots of most social ills begin at school and it starts with misdemeanours. Igwe *et al.* (2009) found that as students get older, they move on to experimenting with drugs and committing more serious crimes such as robbing and even rape.

These findings are also congruent with another study conducted by Steen (2010) which found variables, namely

adolescents' attitude (perception of risk and immorality of use), easy access to substances and neighbourhood (consisting of the community and locations) as having significant influences on substance abuse. Steen (2010) revealed that adolescents surrounded by a high level of neighbourhood and parental approval of substance abuse have a greater likelihood of being involved in different types of substance abuse. Nevertheless, the adolescents' perception of the immorality of substance use was found to be strongly related to the use of that substance. This striking similarity with the findings of the current study should be enough to alert relevant parties into promoting better awareness not only of the harmful effects of substance abuse but also of the immorality of substance abuse and its legal repercussions.

LIMITATIONS AND IMPLICATIONS FOR RESEARCH

This study is constrained by limitations stemming from the design and sample. First, the use of peers to provide feedback may give rise to issues concerning the validity and reliability of the responses. It is difficult to gauge the extent to which the students know about the involvement of their peers in substance abuse and to what extent they are willing to reveal the truth. Nevertheless it cannot be denied that getting perspectives of peers is beneficial as they are often the closest confidantes that teenagers usually turn to and with whom they share their secrets (Barman-Adhikari, 2015).

Secondly, the use of a cross-sectional survey design also limits the accuracy of data because the snapshot data is only able to reflect the scenario at one point of time. Furthermore, the use of a cross-sectional survey design limits the interpretation of the variables and prevents statements of causality of the risk and protective factors with the misconduct behaviours of substance abuse.

Additionally, the sample was limited to students from 5 different states in Peninsular Malaysia. Because the survey was administered in at risk public secondary schools, the results cannot be generalized outside of that state or to other types of schools in Malaysia. Generalizing the results to other secondary school students and adolescents in Malaysia may also be inappropriate due to the presence of missing data. If the data are missing in a systematic way, this error will be more problematic. For example, if secondary school students are more likely to skip an item regarding substance use because they are fearful of revealing their peers' substance use, then greater portions of data will be missing for schools with higher levels of substance use.

This paper has only presented the findings from the perspectives of students and has not considered the perspectives of teachers, parents and the community at large. Hence the findings here may have only scratched the tip of the iceberg and lurking below may be more disturbing facts and figures as to the true picture of substance abuse among secondary school students in Malaysia.

The remaining limitations are based on the measures chosen for the study. The variables, especially in the student survey questionnaire, comprised broad categories of nominal scales and ordinal scales. Some of the secondary school students coded as having used may have used the substance only once. Others coded as having used may be regular or heavy users. Further analysis with more narrowly defined variables that focus on substance abuse may be valuable to the substance abuse prevention and treatment field.

Future research should build upon these findings while minimizing the limitations associated with them. In particular, the success of the access variable warrants additional examination. This variable is an imprecise representation of the elements found in substance abuse prevention theory. Future studies that integrate more precise measures of access can help extend our understanding of substance use and prevention in schools. Further development of this line of inquiry can help more clearly identify the impact of micro-level and macro-level characteristics and further refine the theories that explain substance abuse and prevention and create more effective policies and programs.

CONCLUSION

Despite the limitations articulated above, there is no denying that the findings of this study have further revealed that even though a majority of secondary school students in Malaysia are not involved in substance abuse, there are a significant number who

are slowly beginning to experiment with drugs and other substances. The findings also highlighted the types of substance abuse in which students engaged, the age at which they start engaging in substance abuse and the most likely places where these activities take place. Another important finding which is perhaps more alarming is the fact that 30% to 40% of the students' feel that their parents do not perceive smoking, consuming alcohol and glue sniffing as an offence.

Therefore, we as a nation have to acknowledge that substance abuse is prevalent and on the rise among secondary schools students in Malaysia. Henceforth we have to embrace the fact that if substance abuse among the youths is on the rise, it can impede the nation's aspirations to achieve its' vision to become a successful country in terms of economy, social, politics and education by the year 2020 (Vision 2020, 1998). In fact, substance abuse is one of the most dreaded social ills that not only affects the lives of those involved but if not successfully curbed can lead to the nation's downfall. Therefore, organizations such as the National Anti-Drug Agency, Royal Malaysian Police Force (PDRM), Parents-Teachers Association and Drug Prevention Association (PEMADAM) are persistent in their efforts to curb this problem from getting worse in the future.

ACKNOWLEDGEMENTS

This paper was part of a research project funded by the National Anti-Drugs Agency, Malaysia and Research Management Institute, Universiti Teknologi MARA.

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