

## Characteristics of Parents' Involvement and Interest Towards Drug Prevention Program

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### Abstract

*The growing trend of drug use among young generations, particularly in Malaysia, is leaning toward significant concerns. The characteristics of families often play a role in the use of drugs among adolescents. This research aims to identify the characteristics and demographics of drug-free parents living in a high-risk drug environment, their involvement in drug prevention programs, and their interest in drug prevention programs. This descriptive study was conducted in five selected states in Malaysia. Data was collected through a face-to-face interview questionnaire among 515 drug-free parents living in a high-risk drug environment. The survey data was analyzed using descriptive analysis through frequencies and percentages. Findings revealed that the majority of families living in high-risk drug environments were B40 families, still in their marriages and living with their spouses and children. Meanwhile, less than 10% of the participants were involved in drug prevention programs conducted by various agencies in Malaysia. The majority would like to participate in future drug prevention programs to acquire new drug information, increase knowledge on drug prevention, and promote social responsibility. Nevertheless, some participants expressed their disinterest due to commitment, health conditions, or lack of motivation to get involved. Families need to take a first step in conducting prevention measures to combat drug problems among teenagers. More advocacy programs are needed to ensure that families with young children are equipped with drug prevention information. In addition, the drug prevention program should be accessible and reachable to the families.*

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## INTRODUCTION

Drug abuse is a problem that affects people around the world. Drug usage typically begins during adolescence (Nawi et al., 2021). Its use among adolescents has been demonstrated to be higher than older individuals for most drugs. According to the World Drug Report (WDG, 2022), approximately 13.8 million individuals between the ages of 18 and older are addicted to cannabis-based drugs (45%). In Malaysia, there are around 81,112 youth aged between 19 and 39, and 1941 adolescents aged between 13 to 18 who use drugs (NADA, 2021). The Global Burden of Disease (GBD) study in 2013 found that the adolescent brain undergoes significant changes with significant cognitive and emotional development (Degenhardt et al., 2016). The use of drugs by adolescents has been linked to higher rates of physical and mental illness, as well as decreased overall health and well-being (Schulte & Hser, 2013). The issue of drug abuse among adolescents has gained more attention among parents, friends, communities, and policymakers (Degenhardt et al., 2016). This concern highlights the fact that adolescents are the group of people prone to addiction (Luikinga, Kim & Perry, 2018).

Adolescents are more likely to engage in drug abuse due to several factors. Their involvement in drug abuse came from their curiosity, susceptibility to peer pressure, rebellion against authority, and poor self-worth (Nawi et al., 2021). The other risk factors related to drug abuse among adolescents include peer pressure, poverty, poor parental supervision and relationships, a poor family structure, and access to drugs (Somani & Meghani, 2016). Meanwhile, the protective factors include high self-esteem, religiosity, peer factors, parental monitoring, academic competence, anti-drug policies, and strong neighborhood attachment (Drabble, Trocki & Klinger, 2016; Goliath & Pretorius, 2016; Guerrero et al., 2016; Nawi et al., 2021; Nguyen & Newhill, 2016; Schinke et al., 2016). According to Nawi et al. (2021), risk and protective factors are determined by three domains: individual, family, and community factors. The identified individual factors are high impulsiveness, rebellion, and impaired emotional regulation. Meanwhile, prenatal maternal smoking, poor maternal psychological control, low parental education, negligence, poor supervision, uncontrolled pocket money, and the presence of substance-user family members are the factors identified as family risks (Nawi, 2021). The risk factor for the community is the presence of peers who abuse drugs. The existence of these three factors contributes to the nationwide cycle of drug addiction. Therefore, preventing the situation from becoming worse is important and has become a primary goal to ensure that people can live in safety and harmony.

Since February 19, 1983, Malaysia has declared drugs as its primary enemy. In addition, The National Drug Policy was established in 2004 to address the growing public awareness of the risks associated with drugs. National Anti-Drug Agency, an authorized body in Malaysia that focuses on combating drug issues, has developed various drug prevention modules. Three Drug-Free Educational Institutions have been produced by NADA for students.

- a. Program Intelek Asuhan Rohani (Intellectual Spiritual Nurturing Program) (PINTAR) aged between 10 and 12 years
- b. Sayangi Hidup Elak Derita Selamanya (or Love Life Avoid Suffering Forever) (SHIELDS) aged between 13 and 18 years
- c. Tomorrow Leaders within the institution or higher education communities

NADA organized Drug-Free Family to raise awareness about drugs and health among families. It also intends to educate families on increasing protective factors and reducing

risk factors in families. Moreover, intervention skills such as parenting, stress management, communication, and financial management are provided to family members identified as at risk of drug abuse (NADA, 2023 drug-free family). NADA suggested the Lebih Baik Cegah (Prevention is Better) and Pencegahan Bermula Dari Rumah (Prevention Starts from Home) campaigns to prevent drug issues among family members. Hence, this research attempts to determine the characteristics of drug-free parents living in high-risk drug environments and their involvement in drug prevention programs.

## METHODS

### Research Design

A survey was quantitatively carried out in five selected states in Malaysia to identify the characteristics and demographics of drug-free parents living in a high-risk drug environment, their involvement in drug prevention programs, and their interest in drug prevention programs. The specific information collected included demographic characteristics (gender, age, race, marital status, area, level of education, and types of respondent's career), as well as parental involvement in drug prevention programs. The drug prevention programs were identified from Pelan Tindakan Dasar Dadah Negara (or Action Plan National Drug Policy) (2017 – 2020) (PPDN, 2020). Table 1 displays the details of the program organized by various agencies in Malaysia. Seven prevention programs were identified to be organized by the National Anti-Drug Agency (NADA), the Malaysian Ministry of Education (MoE), the Ministry of Youth and Sports (MYS), the National Population and Family Development Board (LPPKN), the Department of Information, Department of National Unity and National Integration, and Non-Governmental Organizations (NGOs).

Table 1: Prevention programs listed in Action Plan National Drug Policy

Num.	Program	Activity
1.	Focused Drug Prevention Program (National Anti-Drug Agency)	Drug-Free Workplace Drug-Free Community Drug-Free Educational Institutions Anti-Drugs Squad Public Awareness and Anti-Drug program
2.	Prevention and Intervention Education Program (Ministry of Education Malaysia)	Waja Diri, INTAN and IMAN
3.	Youth Prevention Program (Ministry of Youth & Sport Malaysia)	The More You Use, The Less You Live Program (campaign, concert, outreach, seminar and follow-up session)
4.	Parenting Seminar (The National Population and Family Development Board)	Prevention education and parenting skills program
5.	Prevention and Intervention Education Program (Department of Information)	1Malaysia Community Info Sepakat
6.	Prevention Education Program with the Department of National Unity and Integration	Sayangi Komuniti (Love Community) Voluntary Patrol

		Scheme+Omnipresence (NADA) Training & Development of Officers Training for Unity Kindergarten teachers
7.	Prevention Education Program with NGOs	Youth, Adolescent, Workplace, Community Prevention Education

### Participants

The purposive sampling technique was used to choose drug-free families living in high drug environments, have children aged between 13 and 17 and none of the family members involved in any substance abuse cases. A total of 515 responses were collected through a face-to-face interview. Participants were estimated to complete the questionnaire within 30 to 45 minutes.

### Instruments

The survey assessed socioeconomic demographic information (14 items) and involvement in drug prevention programs (8 items). The survey questionnaire used in this study was divided into two sections. The first section included a socioeconomic demographic, including gender, age, race, marital status, area of current residents, type of settlers, level of education, respondents' career, household income category, number of households, age of households, and characteristic of the children (number of children, number of children in primary school, number of children in secondary school, number of working children, number of children with disabilities, number of household members). The second section involved the parents' involvement in drug prevention programs organized by various agencies, including the National Anti-Drug Agency, Ministry of Education, Ministry of Youth and Sport, the National Population and Family Development Board (LPPKN), Department of Information (Ministry of Communications and Multimedia), Department of National Unity and National Integration (Ministry of National Unity) and Non-Government Organisation (NGOs), parents' interest towards drug prevention program and reasons for involvement. Each question regarding parent involvement was rated on a nominal scale in such a way that scores were given for 'Yes' for parents involved in drug prevention programs and 'No' for parents who were never involved in any drug prevention programs. Further questions for parents' interest in drug prevention programs were rated 'Yes' for seeking new information to increase knowledge about drug prevention, availability, and social responsibility, whereas 'No' was assigned due to commitment, health condition and no reasons.

The profiles of the study sample were analyzed using descriptive statistics. Frequencies and percentages were discussed. No inferential statistics were performed due to the descriptive nature of the study, while tables were used to present the data as appropriate. The data obtained from the questionnaire were processed using SPSS 27.0.

## RESULTS

### Demographic characteristics

A total of 515 participants were involved in this study. Table 2 summarizes the participants' characteristics. The majority of the heads of households were males (86%) and aged between 41 and 59 years (75.5%). Most participants were still married (85.6%), and 12.6 percent were single mothers. Rural areas have a population of 51.8% of participants living in village-type houses (62.2%). Most of them had completed secondary education (74.6%).

Table 2. Characteristics of the participants (n = 515)

Demographic Profiles	Frequency (n)	Percentage (%)
Gender		
Male	443	86
Female	72	14
Age		
<40	67	13.0
41-59	389	75.5
> 60	59	11.5
Race		
Malay	416	80.8
Chinese	3	0.6
Indian	8	1.6
Bumiputera	88	17.1
Marital status		
Married	441	85.6
Single father	9	1.7
Single Mother	65	12.6
Area		
Urban	267	51.8
Rural	248	48.2
Type of settlers		
Traditional village	324	62.9
Flats	8	1.6
Terrace	49	9.5
PPRT (low-cost flats)	128	24.9
Apartment	6	1.2
Level of education		
No formal education	12	2.3
Primary School	60	11.7
Secondary School	384	74.6
Certificate/Diploma	42	8.2
Bachelor/Master and above	17	3.3

Table 3 illustrates that 84.7% of the participants were in the B40 household income group (the bottom 40% of the household income classification in Malaysia). The majority of the participants were involved in semi-skilled careers (62.1%).

Table 3. Household information

Demographic Profiles	Frequency (n)	Percentage (%)
Types of respondent's career		
Skilled	50	9.7
Semi-skilled	320	62.1
Low-skilled	145	28.2
Household income category		
B40 (<RM 4850/USD 1155)	436	84.7
M40 (RM 4850/USD 1155-RM 10,970/USD 2612)	69	13.5
T20 (>RM 10,970/USD 2612)	10	2.0
Number of households		
1 to 3 people	60	11.7
4 to 6 people	322	62.5
7 to 10 people	130	25.2
11 people	3	0.6
Age of households		
6 years and below	152	5.5
7 to 12 years	403	14.5
13 to 17 years	738	26.6
18 to 30 years	893	32.2
31 to 40 years	243	8.8
41 to 50 years	225	8.1
51 to 60 years	99	3.6
61 to 65 years	10	0.4
66 years and above	13	0.5

Based on Table 4, the majority of the participants have 4 to 6 children (55.5%). Almost half (45.4%) of them do not have any children attending primary school. All participants have children studying in secondary school. In addition, 99% of them have between 1 and 3 children, while the rest have 4 to 6 children studying in secondary school. There were only 3 participants (0.65) who have working children. The majority (56.3%) do not have children who are employed. Finally, 2.3% of participants have children with disabilities.

Table 4. Children's profile of the participants.

Number of children	Total of children		Number of children in primary school		Number of children in secondary school		Number of working children		Number of children who are not working		Number of children with disabilities	
	n	%	n	%	n	%	n	%	n	%	N	%
None	-	-	234	45.4	-	-	276	53.6	290	56.3	503	97.7
1 to 3	171	33.2	280	54.4	509	98.8	201	39.0	209	40.6	12	2.3
4 to 6	286	55.5	1	0.2	6	1.2	35	6.8	15	2.9	-	-
7 to 10	57	11.1	-	-	-	-	3	0.6	1	0.2	-	-
11 and above	1	0.2	-	-	-	-	-	-	-	-	-	-
Total	515	100	515	100	515	100	515	100	515	100	515	100

## Participants' involvement in drug prevention programs

Table 5 shows the involvement of participants in drug prevention programs by agencies. Significant differences in involvement indicated that the majority of participants were never involved in the various programs conducted by the agencies. The highest involvement was in the program conducted by the National Anti-Drug Agency. The National Population and Family Development Board's Parenting Seminar had a participant involvement rate of 1.9%, which was the second highest level. The Voluntary Patrol Scheme (NADA) (1.2%) was another program with a high level of involvement among participants. The least participation was shown by the Prevention and Intervention Education Program (Ministry of Education Malaysia) and the Youth Prevention Program (Ministry of Youth & Sport Malaysia), each with a participation rate of 0.2%.

Table 5. Participants' involvement in drug prevention program in Malaysia

Program	Involvement (Yes)	Percentage (%)	Involvement (No)	Percentage (%)
Focused Drug Prevention Program (National Anti-Drug Agency)	47	9.1	468	90.9
Prevention and Intervention Education Program (Ministry of Education Malaysia)	1	0.2	514	99.8
Youth Prevention Program (Ministry of Youth & Sport Malaysia)	1	0.2	514	99.8
Parenting Seminar (The National Population and Family Development Board)	10	1.9	505	98.1
Prevention and Intervention Education Program (Department of Information)	2	0.4	513	99.6
Prevention Education Program with the Department of National Unity and Integration	7	1.4	508	98.6
Prevention Education Program with NGOs	4	0.8	511	99.2

### Participants' interest in drug prevention programs

Table 6 presents the participants' interest in drug prevention programs in the future and their motivations for involvement or non-participation to identify the reasons behind why they are interested in being involved in future drug prevention programs. According to the table, providing new information regarding the drug (34.2%), enhancing knowledge about drug prevention programs (29.1%), availability (4.08%) and social responsibility (1.9%) contribute to their interests. The number of people who expressed disinterest in participating in future drug prevention programs was 30.7%. The drug prevention program is not popular among people due to commitment (22.3%), health conditions (4.5%), or no reason at all (3.9%).

Table 6. Interest in Drug Prevention Programs

Interest	Total (N=515)	Percentage (%)
Yes	357	69.3
New information regarding the drug.	176	34.2
Increase knowledge about drug prevention.	150	29.1
Availability	21	4.08
Social Responsibility	10	1.90
No	158	30.7
Commitment	115	22.3
Health condition	23	4.5
No reasons	20	3.9
Total	515	100.0

## DISCUSSION

This study investigated the characteristics of drug-free parents who live in high-risk drug environments and their involvement in drug prevention programs. Findings demonstrated that most of the respondents were Malays (80.8%), had secondary-level education (74.6%), and were B40 families (84.7%). This finding aligns with the study conducted by Zakaria et al. (2020) on the level of participation in drug education prevention programs among the B40 families. The T20, M40, and B40 are used to describe income groups in Malaysia (MEF, 2023). B40 encompasses the bottom 40% of income earners. Four factors were investigated in the Zakaria et al.'s (2020) study, which impacted B40 families' participation in the program. The four factors were family acceptance towards ex-drug abusers, readiness to participate in the program, as well as logistic and incentive access. The study revealed that B40 families have a moderate level of participation in drug prevention programs. The study found that the program lacked logistic support and incentives, which contributed to the low level of participation. Hence, it can be said that the involvement of B40 families in drug education programs is primarily motivated by these two factors. The assumption is that logistic support helps B40 families travel to the programs, while incentives may compensate for the time they allocate to attend the programs. Although attending drug education programs is important, as the bottom 40% of income earners, it would be more beneficial if logistical support and incentives are provided during the programs.

Various family characteristics could affect parents' involvement in children's activities. A study conducted by Marti et al. (2018) discovered that parental involvement increases with higher socioeconomic status. Unemployed parents, for example, were more engaged,



while families with less education attended fewer sessions of their children's activities (Dawson-McClure et al., 2015). In another study, no differences were observed in parent participation by parental education level (Mendez, 2010). Some prevention programs have been found to have a lower attendance rate when it comes to single parenthood (Reyno & McGrath, 2006; Baker et al., 2011). Cohen (1995) conducted a survey to evaluate the quality of relationships between parents and children, which found that students whose parents did not complete the survey reported negative aspects. They were reported to use tobacco, have friends who use substances, have less supervision by parents, and have low academic grades.

Family has a significant influence on the use of substances among adolescents and youth (Shek, 2020; Du et al., 2015; Zamani, 2014). The importance of family factors in educating children's behavior cannot be overstated as they spend more time with their families than their schools. Moreover, family is the initial educational institution before school (Tozer et al., 2015). The importance of family in causing and preventing problem behaviors among children has been constantly emphasized (Israelashvili, 2019). However, involving families in drug prevention programs is challenging. This present study demonstrated low participation among parents, especially fathers, in drug prevention programs conducted in Malaysia from 2017-2022. A study conducted by Collins (2003) provided empirical evidence that fathers who were more involved with their children showed lower levels of addiction severity than fathers who were less involved. Patrick et al. (2014) also emphasized the significance of mother guidance and attitude in preventing adolescent drug abuse. Therefore, the involvement of various parties, especially parents, is crucial in protecting children against high-risk substances.

Parents who act as a protective factor can help prevent drug use among children (Nawi et al., 2021). The presence of strong family bonds is also a protective factor that has been demonstrated to decrease adolescent risk-taking (Parker & Benson, 2004). The engagement between parents and children provides great quality and bonding, which then become protective factors towards combating drug issues among children. Therefore, the success of prevention programs is ultimately determined by the commitment of families. Being involved in their children's activities, such as school activities, health care, sports, and recreation, among others, can show a family's commitment to their children's development. However, the increase in demand for parents' time and attention, coupled with marriage issues, health issues, and financial issues, have resulted in parents spending less time with their children. The present study indicated that 22% of participants are not prepared to participate in any drug prevention programs due to their commitment. Regrettably, some participants were seen as disinterested in attending drug prevention programs in the future (almost 4.0%), which is alarming as poor family relationships and poor parent-child relationships contribute to the risk factors for drug use among teenagers. However, it is not surprising as previous studies confirmed that it is very difficult for families to get involved and remain involved in prevention programs (St. Pierre & Kaltreider, 1997; St. Pierre, Mark, Kaltreider, & Aikin, 1997).

Moreover, adolescent substance use is also affected by the quality of parental-adolescent relationships. Studies have found a connection between heavier substance use and a lower quality of parent-child relationships (Ackard et al. 2006; Ledoux et al. 2002; Ryan, Jorm, & Lubman 2010). When parental relations are not satisfactory, adolescents may perceive their parents as being insensitive, unresponsive, hostile, rejecting, unappreciated, or unsupportive (Seiffge-Krenke, Overbeek, & Vermulst 2010, 161). Negative experiences for adolescents can lead to negative emotions or maladaptive coping strategies, including substance use (Goossens et al. 2012; McNally et al. 2003). The present findings suggested that parents are not actively engaged in drug prevention programs, which may indicate a lack of parental support in preventing their children from using drugs. Romm and Metzger (2018) observed a positive correlation between parental psychological control and substance use among adolescents with unhealthy psychological conditions.

On the other hand, adolescents with good parent-child relationships develop close bonds and maintain good communication with their parents. Furthermore, it can prevent adolescent problem behaviors, such as substance use (Kuntsche, van der Vorst, & Engels, 2009).

Thus, interventions that recognize the strength of the parent-child relationship are needed, as well as the strengthening of family functioning through improved interpersonal, parenting, and monitoring skills. Enhancing interpersonal, parenting, and monitoring skills within the familial context is essential for strengthening family functioning. Hawkins and Erickson's (2015) study emphasized the significance of strong interpersonal skills as a base for healthy family relationships. Plus, the importance of positive parenting practices, which include warmth, consistent discipline, and being involved in children's lives, is highlighted in studies by Jones and Prinz (2005) in promoting a secure family structure. The findings suggested that the prevention of adolescent substance use in youth programs should involve parents and educate them on positive parenting strategies. Positive parenting strategies suggested include behavioral control practices and building good parent-child relationships (Shek et al., 2020). Effective family-based interventions have been reviewed, and it has been found that parent training has positive effects on improving parent-child relationships, including communication and behavioral control (Kuntsche & Kuntsche, 2016). These findings are consistent with those found in previous research (Cambron et al., 2018; McCann et al., 2016; Ryan, Jorm, & Lubman, 2010), suggesting that parents' behavioral control and good relationships with their children are key in preventing and reducing adolescent problem behaviors such as misuse of substances. These parental strategies may be effective in preventing adolescents from being exposed to deviant peers, which can be a significant protective factor against developing substance use problems (Leung, Toumbourou, & Hemphill, 2014). Therefore, families must participate in drug prevention programs to acquire drug prevention strategies and parenting skills.

Parental involvement in drug prevention programs has emerged as a critical factor in mitigating the risks of substance abuse among adolescents. Recent studies underscore the multifaceted impact of parental engagement on preventing drug use among youth. According to a comprehensive review by Miller-Heyl et al. (2020), parental involvement, encompassing communication, monitoring, and active participation in prevention programs, significantly contributed to positive outcomes. The study emphasizes the need for tailored interventions that empower parents with the knowledge and skills to effectively communicate with their children about the risks of substance abuse. In another study conducted by Robertson et al. (2021), the importance of parental monitoring in drug prevention was reinforced through a meta-analysis. The study highlighted that consistent parental monitoring, including awareness of the child's activities, peer associations, and whereabouts, serves as a protective factor against substance use. Parents who actively engage in monitoring and set clear expectations would create an environment that deters adolescents from experimenting with drugs. The meta-analysis underscored the need for ongoing efforts to educate parents on effective monitoring strategies within the context of evolving youth behaviors and societal changes.

Moreover, cultural sensitivity in parental involvement programs has gained prominence in the latest research. A study by Gomez and Gonzales (2022) explored the impact of cultural factors on parental engagement in drug prevention initiatives. It later emphasized the importance of recognizing and addressing cultural nuances to enhance the relevance and effectiveness of prevention efforts. Tailoring interventions to align with diverse cultural backgrounds ensures that parents from various communities feel included and empowered to participate actively in drug prevention programs. Culturally sensitive approaches not only bridge potential gaps in understanding but also foster a sense of community ownership and collaboration in the fight against adolescent substance abuse.

## CONCLUSIONS

Prevention is better than cure, and the most effective prevention starts at home. Therefore, parents need to act before their children become involved in drug abuse. As NADA is promoting the 'Prevention Starts from Home' campaign, preventing drug use can be achieved by parents showing good examples by not using tobacco, alcohol, or illegal drugs. The parent could make more effort to acquire more knowledge about drugs. Assistance is available from different agencies for families to obtain more information, knowledge, and skills regarding drug prevention strategies. More advocacy programs are needed to ensure that families with young children are equipped with drug prevention information. Moreover, parents should convey their disapproval of drug use to their children. Parenting skills are also great for enhancing strong families with loving and good parent-child relationships. On the other hand, drug prevention programs should be accessible to all parents across the nation. The content and delivery of drug prevention programs should be appealing and add value to increase participation among parents. Apart from that, working families should have the drug prevention program introduced during their working hours to avoid having to attend it during weekends. Weekends are a time for the family to spend time together with their children. Besides, the drug prevention program should encompass all aspects of family, school, and community. All parties should improve the content and delivery of family-based drug prevention programs and increase family awareness of risk and protective factors to prevent drug abuse among adolescents.

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