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## Self-help group experiences among members recovering from substance use disorder in Kuantan, Malaysia

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### ABSTRACT

This qualitative study aims to explore the factors that motivate people in recovery from substance use disorder in Kuantan to remain in a self-help group. A total of five recovering self-help group members participated in this study. The findings indicated that people in recovery decided to continue their participation in a self-help group in order to obtain support that helps them sustain their recovery. Furthermore, respondents explained that the self-help group empowers them to give back to society. The respondents in this study also emphasized that the presence of a positive group leader is vital in maintaining their motivation to continue their participation in the self-help group.

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Self help; substance abuse; Malaysia; recovery; qualitative; chemical dependence; ethnicity

## Introduction

Current government-mandated interventions neglect to fully support people in Malaysia with substance use disorder, and self-help groups may help fill this service gap (Chan et al., 2016; Khan et al., 2018). Substance abuse is a widespread, intransigent public health problem that often carries lifelong implications for those in recovery. Most adults aged 19 to 39 years old (73.6%) who have been arrested also struggle with substance use disorder (“Some 33,500 convicts in prison”, 2017). The Drug Dependents (Treatment and Rehabilitation) Act 1983 allows the government to remand people who use illicit drugs to a two-year residential compulsory drug detention center (CDDC). These mandated residential centers provide treatment and rehabilitation programs that offer various forms of care, from providing interventions for physical and/or psychological dependency to assisting with community re-integration upon program completion. Despite the government investing nearly \$4 million in improving the overall infrastructure of residential drug detention centers, after-care treatment continues to largely fail participants (Chie et al., 2016). Nearly 90% of people who complete residency at CDDCs relapse within a year of treatment (Khan et al., 2018). Fundamental to

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improving participant outcomes is understanding how to reduce the likelihood of relapse. Self-help groups are an effective tool for reducing the likelihood of relapse and supporting people in recovery (Tracy & Wallace, 2016). However, little is known about the use of self-help groups in Malaysia.

The purpose of this study is to explore self-help group experiences among people in recovery from substance use disorder, specifically in regards to what motivates them to continue to participate in self-help groups. This knowledge is critical because it may provide insight into how to improve distal outcomes among people released from government-run centers.

## Literature review

### *The first twelve-step self-help groups*

The first twelve-step self-help group, known as Alcoholic Anonymous (AA) began in the United States in the 1930s and proliferated during the empowerment and liberation movement in the 1950s (Baldacchino & Rassool, 2006). This community-based group provides a supportive, non-judgmental accountability mechanism to sustain recovery through weekly sessions that are free or low cost and accessible to anyone. Built on a foundation of openness, honesty, and trust, group membership minimizes the social isolation, self-blame, and stigma that those in recovery generally experience within society (Baldacchino & Rassool, 2006; Dekkers et al., 2020). Abstinence and sobriety have been the primary goals of the AA self-help group in addition to other positive emotional outcomes, such as increased self-confidence and treatment retention. Since its founding, AA has been widely known as one of the most utilized self-help groups in the United States; it continues to grow as an established network for people in recovery from addiction to gather and share recovery experiences, strengthening each other's ability to recover (Drebing et al., 2018; Matsuzaka, 2018; Volenik, 2021).

Several studies have been conducted to examine the use of twelve-step groups for people in recovery from alcohol and drugs. The twelve-step group provides a platform for members to share their stories and enhance their sense of belonging while decreasing feelings of isolation, which are often experienced by people in recovery (DeLucia et al., 2015; Dossett, 2013; Lange-Altman et al., 2017). The social relationships formed between participants and sponsors in twelve-step self-help groups that emphasize human connection without feelings of shame and guilt were identified as the most helpful element for initiating abstinence among those in recovery from substance use disorder (Pettersen et al., 2019). In addition, Dossett (2013) reported the importance of belief in a higher power and spiritual components in twelve-step programs, two elements which were identified by members as powerful factors that encouraged them to continue their recovery journeys.

### ***The reciprocal nature of self-help groups***

A self-help group is a supportive, educational, typically change-oriented mutual-aid group that addresses a single life problem or condition shared by all members of the group (Dekkers et al., 2020; Matsuzaka, 2018). Self-help groups refer to gatherings of individuals who come together to discuss a common concern that is usually personally stigmatizing and for which they need more support than is provided during conventional treatment (Tracy & Wallace, 2016; Wituk et al., 2003). They provide platforms for group members to socialize, gain emotional support, and form new friendships (Yildiz & Duyan, 2021), as well as to develop cooperation with others (Dossett, 2013). Another benefit of self-help groups is that they provide a safe space that allows group members to learn and experience personal growth (Garte-Wolf, 2011; Topor et al., 2013; Wituk et al., 2003).

Central to the success of self-help groups is the operation of the “helper-therapy principle” that provides each member of a self-help group the opportunity to occupy a dual role of both helper and recipient of help (Best et al., 2016; Wituk et al., 2003). By providing help, one who has felt helpless can improve their sense of self-worth, confidence, and optimism. The reciprocal nature of self-help groups highlights the ability of group members to help themselves while simultaneously helping others and receiving help from them in return (Munn-Giddings & Borkman, 2017). Furthermore, Folgheraiter and Raineri (2017) claimed that an ability to address personal concerns and heal from previous obstructive life experiences creates a sense of liberating power, which allows group members to experience a sense of relatedness and solidarity with both other members and people outside of the group. This eventually transforms the self-help group from a platform into a community activity. Self-help group participation equips its members with skills, provides them with opportunities to collaborate with others, motivates them to contribute, and directs them to initiate community service activities (Drebing et al., 2018; Wituk et al., 2003).

### ***The role of self-help groups in recovery***

Self-help has long been recognized as an effective way to reduce relapse and extend treatment among diverse populations seeking recovery from a range of substance use disorders (Baldacchino & Rassool, 2006; Barrett & Murphy, 2021; Tracy & Wallace, 2016; Wituk et al., 2003). Self-help groups have widely been utilized by people in recovery from substance use disorder who are searching for support in implementing lifestyle changes and discovering opportunities to deal with feelings of fear and ambivalence toward their motivation to sustain drug recovery (Haroosh & Freedman, 2017; Nalpas et al., 2018). Schiff and Bargal (2000) explained that self-help groups provide

three important elements for people in recovery, including: (1) a sense of hope and control; (2) an alternative venue to avoid feeling loneliness; and (3) a platform for emotional disclosure related to the challenges of recovery. In addition, frequent involvement and engagement with peers in self-help groups were likely to increase an individual's ability to maintain sobriety and separate from friends who continue to use drugs (Bassuk et al., 2016; Best et al., 2016;).

The problem-solving focus of self-help groups allows members to share issues that may trigger a relapse while encouraging one another to live in the moment since members' self-identity presents as being in perpetual recovery (Best et al., 2016). As such, self-help groups have been effective in decreasing the likelihood of relapse. In fact, a long-term retrospective study comparing the treatment effectiveness of those who self-selected to participate in self-help groups versus formal treatment found that those who participated in self-help groups were less likely to experience problem drinking and more likely maintain their sobriety (Ashford et al., 2018). s. Furthermore, self-help groups are an effective mechanism for reducing relapse into the future, especially for emerging adults who may have difficulty securing a sober environment (Barrett & Murphy, 2021; Haroosh & Freedman, 2017; Tracy & Wallace, 2016).

### ***Peer support in recovery***

Engaging peers throughout the recovery process has long been recognized as a means to more fully support people in recovery from substance use disorder (Baldacchino & Rassool, 2006; Eddie et al., 2019). Peers generally provide non-clinical, nonprofessional support to those in recovery (Barrett & Murphy, 2021; Kelly, 2017; Tracy & Wallace, 2016). They are typically qualified to assist others after obtaining sobriety following their own with struggles with addiction. Engaging peers in mentoring and support reduces the likelihood of relapse and program attrition; simultaneously, it improves relationships with providers and increases overall satisfaction with the treatment process among those in recovery (Eddie et al., 2019). Eddie et al. (2019) conducted a systematic review of literature across clinical and care settings and found that, despite positive outcomes, they were unable to determine treatment efficacy and/or effectiveness due to the lack of a standardized definition of peer supports, as well as inadequate and occasionally insufficient rigor within the original studies. Nonetheless, employing peer support during recovery is a promising approach for increasing the likelihood that those in recovery will obtain long-term success (Ashford et al., 2018; McGuire et al., 2020; Moos & Moos, 2006). Moreover, use of peer support is an effective means of assisting multiple populations, including emerging adults, women, those diagnosed with a co-occurring mental disorder,

and those who reside in rural areas (McGuire et al., 2020). Consequently, this modality could provide insight into how the government could encourage long-term success among those remanded to residential drug rehabilitation centers.

### ***A self-help group in Kuantan, Pahang***

The self-help group for people in recovery from substance use disorder in Kuantan, Pahang was established in 2001 by Mr. K, who is also participant in this study. The group members meet once a week for one to two hours in a meeting room at a nonprofit Community Based Organization (CBO). This particular CBO offers a drop-in center and shelter home for people living with HIV/AIDS, sex workers, and those affected by substance misuse, including children. The weekly meeting is typically held every Saturday morning at 10 a.m. In addition to attending weekly group meetings, members from this self-help group volunteer for the CBO. They are actively involved in providing educational talks related to drug prevention at local schools and colleges.

Mr. K, the founder of this self-help group, was the key informant, and he informed the group members about this study. Those who were interested gave their permission to be included in this study prior to data collection. In addition to Mr. K, four other self-help group members joined this study, including: Mr. M, a senior staff member at the center who had been involved with drugs for 25 years and has been in recovery for almost 8 years; Mr. H who joined the group almost 5 years earlier and has sustained his recovery since joining; Mr. I, who has also been in the group for 5 years; and Mr. Z, who is also a senior staff member at the center and is in the tenth year of his recovery journey.

## **Methodology**

### ***Study design***

This study employed a qualitative focus group approach to explore why people in recovery decided to remain in self-help group. This study answered the following research question: What motivates people in recovery from substance use disorder in Kuantan, Malaysia to remain in a self-help group? The exploratory nature of qualitative methods allowed the researcher to capture participants' thoughts, feelings, beliefs, values, and assumptions in order to gain a deeper understanding of their stories and interpretations (Marshall & Rossman, 2014.).

### ***Study location***

The city of Kuantan in the state of Pahang, Malaysia has one of the largest fisherman communities. Choo (2012) reported that 38% of Kuantan's fishermen injected drugs, and 34% of people who inject drugs were HIV-infected. In

addition, Kuantan was among the first cities in Malaysia to adopt a harm reduction program – a needle syringe exchange aimed at reducing HIV transmission among intravenous drug users (Choo, 2012).

### ***Sampling and sample***

This study used a convenience-purposive sampling technique to recruit participants. This sampling method was deemed appropriate for this study because it sampled participants who were participating in a self-help group and had the ability to provide the required information (Nyumba et al., 2018). The first author, who has over ten years of research and practical experience with people in recovery from substance use disorder, contacted an informant – who is a self-help group leader and one of the study participants – to explain the study and recruit participants. The informant then shared the study with other self-help group members. Prospective participants were informed about the voluntary nature of the study, noting their participation or lack thereof would not affect their self-help group membership. In addition to the group leader, all four self-help group members agreed to participate in this study.

### ***Participant selection criteria***

The participants in this study were people in recovery from substance use disorder who have been self-help group members. The specific selection criteria of respondents were as follows:

- Have been in recovery from substance use disorder for at least two years
- Have been participating in a self-help group for at least two years
- Have a history of being remanded to a government rehabilitation center

Participants were excluded if they:

- Relapsed within a month before the interview

### ***Data collection***

Data was collected via one 120-minute online focus group hosted by the first author. Focus groups were employed because this dynamic stimulates more spontaneous interactions between participants than self-administered surveys (Nyumba et al., 2018). The first author moderated the focus group discussion, ensuring each of the respondents had equal opportunity to share their thoughts and experiences. She also offered them the opportunity to comment on each other's point of view. This technique increased group interaction and topic exploration (Kidd & Parshall, 2000). The first author conducted one

online focus group interview via Skype, which recreated the face-to-face experience while preserving flexibility and the private space between researcher and respondents (Hanna, 2012). Furthermore, a focus group interaction provides a social context for the development of participants' ideas and helps researchers obtain data with greater depth than with individual interviews (Krueger & Casey, 2000). The focus group was conducted during the self-help group's meeting hours. Interview prompts were translated into Malay prior to the session by the first author. Participants used the local language, Malay, during the interview. All interviews were audio-recorded with participants' permission.

### ***Data analysis procedure***

The focus group interview was videotaped after receiving participants' permission and subsequently transcribed from Malay into English by the first author, who is native Malay and speaks fluent English. Data was analyzed using thematic analysis by assigning preliminary labels to organize themes within the text. Common themes that were identified summarized segments of the respondents' narratives. Coding and re-coding identified common themes and sub-themes related to the decision to remain in a self-help group. Member checking was conducted via e-mail. Study findings, preliminary conclusions, and the video recording were emailed to participants, allowing them to provide commentary and offer additional insights. Participants offered no additional comments or revisions.

### ***Ethical considerations***

The University's Institutional Review Board approved this study.

### ***Rigor***

In this qualitative online focus group study, four methodological rigor techniques were employed to achieve trustworthiness. First, the focus group was video recorded. This allowed the first author the ability to replay the recording and provide proper attribution during translation and transcription. The recording also helped the researchers identify issues that may affect data analysis, including dominating and/or passive members and group agreement that resulted from coercion or self-censoring; it also detected any significant nonverbal, dynamic behaviors. In addition, the recording provided respondents with the ability to conduct a more thorough member checking, clarifying and/or confirming tentative findings (Kidd & Parshall, 2000). Second, the first author, who also acted as a moderator, wrote a memo that contains thoughts, reflections, and observations regarding group consensus during the online



focus group as suggested by Krueger and Casey (2000) for further analysis. Third, peer review was implemented; the first author discussed the memos with the second author immediately after the focus group was carried out in order to determine reliability and reduce possible bias that resulted from the use of one coder (first author). Fourth, member checking was used to validate the findings and to clarify any misunderstandings to maintain the credibility of findings.

### **Background and demographics of participants**

All five respondents (100%) were Malay and male. The participants' ages ranged from 30 to 60 years old, with an average age of 50.2 years. Most (80%) of the participants shared that their primary drug of choice was heroin, followed by morphine (20%). The men have been in recovery for an average of 11.4 years. Each of the respondents has been remanded to the residential rehabilitation center at least once, with an average of 6.6 times. All of them have been participants in the self-help group for an average of 7.6 years.

### **Findings**

The following three themes emerged from the data: (a) "this group helps me sustain my recovery"; (b) "this group empowers me to give back to society"; and (c) "this group has a leader who gives me hope."

#### ***Theme 1: "this group gives me support to sustain my recovery"***

A common theme that emerged was that remaining in the self-help group provided respondents with social and emotional support that strengthened their ability to sustain their own recovery. All respondents stressed the importance of receiving emotional support and relevant resources from other group members; those who experienced familial conflict were especially fundamental to their recovery journey. Mr. M shared that:

While I was using [drugs], I was always absent from my family. I have no relationship with my son, he did not know me because I was in and out of the rehab center. When I recovered, my son was not interested in reconnecting with me. But, some of the group members experienced the same thing, and they shared with me things that they did to reconnect with their family members, like, giving their kids time and space for them to earn their trust. I am grateful because these things finally helped me reconnect with my son.

Participation in weekly self-help group meetings also provided respondents with a safe space to share their challenges and triumphs during recovery without feeling judged. Several participants shared the ways that other

members of the self-help group supported them when they disclosed how they have been discriminated against because of their history of drug abuse. A few of the respondents disclosed the struggles they had with obtaining a job. Some noted they were falsely accused of continued drug abuse even though they have been in recovery for many years. Being accused of something that they were no longer doing, specifically using drugs, decreased some participants' motivation to continue their recovery journey. Notably, the opportunity to share these experiences with other group members, as Mr. I aptly stated as "walking in the same shoes," validated their feelings and inspired them to sustain their recovery.

A few respondents also explained that they feel motivated to remain in the self-help group in order to continue learning strategies for maintaining recovery from peers who have similar experiences. These participants shared that, during the weekly group meetings, each member would share stories and tips related to resisting the temptation of using drugs, as described by Mr. I:

With this group, I get the strength and knowledge I need to face some of my friends who are still using drugs. When I am with this group, it teaches me what I should and should not do. I do not need to be scared because we always share with each other how to face society. I can maintain my recovery because of this group.

Some of the men said they are learning about "practicing good self-care which includes maintaining a healthy and balanced diet." Mr. H also noted the importance of "exercising effective communication, where he learns how to carefully listen to others while simultaneously sharing his concerns and feelings." Mr. K said that it was important to ensure he was "forgetting the past and creating a new path." He added that this new path provided him with the strength he needed to continue his recovery journey.

A few participants added that they did not have opportunity to learn these skills while at rehabilitation centers. Mr. H said:

For almost 25 years, I just kept entering the prisons and rehabilitation centers. But this group gives me a place to ground me because of the level of closeness that we have with each other.

Eventually, the support they received and provided resulted in them fostering stronger bonds with one another. Respondents also noted that group participation promoted the sense of belonging and encouragement they needed to maintain their recovery. Notably, feelings of similarity and togetherness among group members enhanced their group cohesiveness. Mr. said:

The relationship, the closeness, and the bonding that we have are very important for us. Basically, we are in this journey [recovery] together. We need to support each other and each group member realizes that. We can do it, but we can't do it alone.

**Theme 2: “this group empowers me to give back to society”**

A few respondents stated that their desire to give back and engage in drug abuse prevention motivated them to remain in the self-help group. Several participants shared that they wanted to help the youth and young adults in their community avoid addiction while other respondents noted that they felt compelled to provide some sort of reciprocity after their recovery. Participation in the self-help group gave them the opportunity to engage in this work. Two participants shared that their self-help group facilitated presentations for students within secondary and collegiate settings, designed to educate burgeoning youth about the pitfalls of addiction. These participants later added that the reciprocal nature of the self-help group not only provides them with a platform to help others but also chance to help them to sustain their own recovery. To this end, Mr. Z said:

Before this, I was always in and out of rehab. I asked myself, “why?” Joining this group made me feel alive. We provide [free] drug education and prevention services to the community. This is not about money. Money can’t guarantee my ability to sustain [my] recovery. This is about giving back without expecting anything.

Many respondents also shared that the stigma they experienced due to their drug addiction caused them to be more empathetic. In fact, many noted that they more readily helped other marginalized populations, including people living with HIV and intravenous drug users who are especially ostracized. Participants were able to identify with the societal stigma and internal shame that these populations experience because of the way they have been treated by their community. Learning to navigate their own feelings and rely upon other members of the self-help group empowered them to encourage others to pursue recovery. Mr. I said:

By joining this group, it helps me fulfill my wish to contribute to society. Since I am a recovering user, it’s time for me to pay back society. We are here not just to enjoy, but also to work hard to help others and ourselves. That is what I like about this group. I feel that this group helps me realize my own potential.

**Theme 3: “this group has a leader who gives me hope”**

An overwhelming majority of the participants shared that the qualities of their group leader, including a passion for helping others and effective communication, promoted a sense of solidarity within the group, which resulted in a shared desire to remain connected to the group. Mr. M shared that he felt safe enough to discuss his problems with the group leader who, instead of giving orders, provided guidance. Some members noted that their group leader’s positive attitude and role modeling encouraged their own personal growth, as described by Mr. H

I am stronger today because I have support from him [group leader]. He teaches me how to make the right decisions to make sure I can keep my recovery in check. When I first joined this group three years ago, he always reminded me to connect with him and the rest of group members, especially if I started to feel an urge to use drugs. And that worked because they will remind me to stay on the [recovery] path.

The group leader, Mr. K then expressed his appreciation toward the group members' recognition of his mission and added:

As a leader, I really wanted to see all group members able to sustain their recovery, to become role model for other recovering drug users, and to become social activists who can advocate for other marginalized groups, including people living with HIV. I realize that each of the members has their own capabilities and spirit to help their friends, and this group can guide them with that. However, I do believe that if they relapse, they need to know that we are here to help them. The most important thing is to have discipline and strong motivation to handle their recovery.

Importantly, many participants also reported that their group leader's mission was to support those who desired to stop using drugs. Sharing a mission with the group leader is vital to keeping them motivated to continue their participation in the self-help group as Mr. I stated confidently:

We are strong today because we have support from our leader who is willing to share his experiences, and he makes our group become stronger. He is always with us, even though he has multiple tasks to do. He will join the group meetings even though he is busy. His willingness to share, to care, and his concern are the most valuable things for us, things that make us strong.

## Discussion

Self-help groups play an important role in maintaining recovery among those who struggle with substance use disorder. Our study explored the experiences of those in recovery in a self-help group in Malaysia. We discovered three themes: (a) "this group gives me support to sustain my recovery"; (b) "this group empowers me to give back to society"; and (c) "this group has a leader who gives me hope." People in recovery from substance use disorder explained that an ongoing and reliable source of support, as demonstrated by this group, is a critical element for those in recovery. Results from the respondents reveal that their continued participation in the self-help group provided them with the opportunity to share emotional support and gain it from other group members who "walk in the same shoes" – that is, those who are also in recovery from substance abuse. Continuous support and a sense of safety are two important elements that help sustain recovery and prevent relapse among those with a history of drug use (Best et al., 2016; Haroosh & Freedman, 2017;

Von Greiff & Skogens, 2021). Consequently, participation in self-help groups aligns with the collectivistic culture in Malaysia that emphasizes social embeddedness and conformity (Hofstede, 1991).

As described by Barrett and Murphy (2021), Eddie et al. (2019), and Nalpas et al. (2018), the use of peers has been identified as an effective strategy to sustain recovery among those seeking recovery from substance use disorder because it provides a supportive, non-judgmental accountability mechanism. Respondents reported that they received emotional support from other group members and learned important life skills from them, such as how to rebuild a trustful relationship with family members and ways to handle stigma and discrimination from society (Baldacchino & Rassool, 2006; Giannelli et al., 2019). The formation of relationships with other group members creates a safe space and sense of competence, which is conducive to sobriety (Barrett & Murphy, 2021; Dekkers et al., 2020; Garte-Wolf, 2011; Haroosh & Freedman, 2017). Thus, it intrinsically motivates participants to maintain their recovery.

In addition, the themes reveal how participating in a self-help group strengthened participant recovery and provided respondents with a sense of empowerment to contribute to society. Respondents were motivated to give back to society without expecting monetary reward. Giving back also imbued a sense of competence and achievement through active involvement with group and community development programs, including participating in drug prevention education in high schools and providing assistance to other marginalized populations such as women and children living with HIV/AIDS. Ultimately, the opportunity to give back as part of a self-help group equipped participants with a sense of self-efficacy, leading them to a more positive life. Similar to what Drebing et al. (2018) and Wituk et al. (2003) described, the majority of participants agreed that participating in a self-help group instilled in them a sense of social responsibility, encouraging them to advocate for the rights of other marginalized populations.

In addition to providing participants with a sense of empowerment, participation in self-help groups provides people in recovery from substance use disorder a sense of connectedness and belonging, especially when supported by a group leader who is committed to achieving the group's mission. The self-help group leader was the founder of the group and has the longest recovery period. These two characteristics are the most common among self-help group leaders (Vederhus et al., 2020). Participants noted that two of the assumed roles of the group leader are to model recovery and to preserve the group's cohesiveness. In this self-help group, the leader served as a role model that carries the group's vision, providing support and the opportunity for others to sustain recovery. As described by Topor et al. (2013), a good self-help group is able to motivate members to make informed decisions when dealing with life challenges and barriers.

In conclusion, this study found that people in recovery from substance use disorder are motivated to continue participating in the self-help group because of the meaningful goal of the group, which is to provide support to others who are in recovery. Sharing and exchanging recovery stories with other group members fulfills the need for relatedness (Dekkers et al., 2020; Garte-Wolf, 2011; McGuire et al., 2020; Tracy & Wallace, 2016). While participating in self-help groups, members have the opportunity to contribute to society and other marginalized populations, and this provides them with a sense of competence and autonomy.

### **Limitations**

There are some limitations that must be taken into account in regards to the interpretation of the results. Findings from this qualitative study may not be generalizable to everyone in Malaysia in recovery from substance use disorder or those in another geographical locations. The sample size is small and all of the participants are men, which limits conclusions that may be drawn from the study. In addition, respondents did not have comorbidities, so the results may not represent the range of people in recovery from substance use disorder who may have additional vulnerabilities, including homelessness, medical conditions, and/or a parole order that limits travel.

### **Social work practice implications**

The findings from this study have several implications for future research and practice. The self-help group was found to be effective in sustaining long-term recovery and empowering those in recovery. As a result, social workers and substance use treatment service providers may be able to foster positive relationships and partnerships through self-help groups. Findings from this study suggest that participation in a self-help group provides a comprehensive and holistic after-care approach for people in recovery from substance use disorder that includes a safe and emotionally supportive environment. In Malaysia, the government spent approximately RM4 million per year to fund the improvement of residential compulsory drug detention center infrastructure. However, among those who completed the mandated treatment at drug detention centers, relapse rates within a year continue to be high. Khan et al. (2018) estimated that 90% of former drug users who were detained at drug rehabilitation centers relapsed within the first year after being discharged. Self-help groups can be implemented as after-care treatment without any fees at any local community center (Kelly, 2017). This could reduce the annual cost of funding addiction treatment services.

The principles of self-help groups are consistent with social work practices that focus on strength-based recognition of clients' experiences and empowering others (Association for the Advancement of Social Work with Groups,

Inc, 2013). The act of sharing and listening to client stories during self-help group meetings is an example of how conversation and dialogue create change (Wituk et al., 2003). Social workers have a responsibility to encourage the development of self-help groups by assisting those who are motivated to establish self-help groups in reaching out to others with similar interests.

### **Social work research implications**

This qualitative research presents several possibilities for future research. Quantitative research can be conducted to explore associations between participation in self-help groups and variables including length of relapse, employability rates, and number of drug arrests; other variables can also be used to measure changes in quality of life and overall well-being. Future research should also examine the utilization of self-help groups by recovering individuals with dual diagnosis, specifically substance use disorder and a psychiatric diagnosis. Further study related to group leader characteristics might offer insight into leadership skills shared by self-help group leaders. Additional research could examine elements of self-help group participation among people in recovery from substance use disorder, including the impact of self-help group participation of different phases of recovery that people experience.

### **Conclusion**

This research seeks to explore the factors that motivate people in recovery from substance use disorder to continue participating in self-help groups. This knowledge is critical, particularly since it may provide insight into how to improve distal outcomes among people released from drug detention centers established by the government. Evidence from our study suggests that people decide to remain in self-help groups because they provide ongoing support and a platform for people in recovery from substance use disorder to reflect on their journey to recovery. Self-help group members experience a sense of relatedness with other group members and solidarity with people outside of the group, which eventually transforms the self-help group platform into a way for members to give back to the community. The findings of this study also provide a more in-depth view of how self-help group leaders can positively impact the overall quality of life of group members and influence their decisions to continue involvement in self-help groups. Furthermore, self-help groups can support the psychological needs of people in recovery, assisting them in achieving improved well-being and autonomous regulation for sustaining their recovery and becoming productive members of society.

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## References

- Ashford, R. D., Curtis, B., & Brown, A. M. (2018). Peer-delivered harm reduction and recovery support services: Initial evaluation from a hybrid recovery community drop-in center and syringe exchange program. *Harm Reduction Journal*, 15(1), 1–9. <https://doi.org/10.1186/s12954-018-0258-2>
- Association for the Advancement of Social Work with Groups, Inc. (2013). Standards for social work practice with groups, second edition. *Social Work with Groups*, 36(2–3), 270–282. <https://doi.org/10.1080/01609513.2012.759504>
- Baldacchino, A., & Rassool, G. H. (2006). The self-help movement in the addiction field revisited. *Journal of Addictions Nursing*, 17(1), 47–52. <https://doi.org/10.1080/10884600500505836>
- Barrett, A. K., & Murphy, M. M. (2021). Feeling supported in addiction recovery: Comparing face-to-face and videoconferencing 12-step meetings. *Western Journal of Communication*, 85(1), 123–146. <https://doi.org/10.1080/10570314.2020.1786598>
- Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1–9, 0740-5472. [https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(16\)00016-7/fulltext](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(16)00016-7/fulltext)
- Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, 24(2), 111–123. <https://doi.org/10.3109/16066359.2015.1075980>
- Chan, Y. F., Sidhu, G. K., Lim, P. C., & Wee, E. H. (2016). Students' perceptions of substance abuse among secondary school students in Malaysia. *Pertanika Journal of Social Sciences & Humanities*, 24(2), 555–572.
- Chie, Q. T., Tam, C. L., Bonn, G., Dang, H. M., & Khairuddin, R. (2016). Substance abuse, relapse, and treatment program evaluation in Malaysia: Perspective of rehab patients and staff using the mixed method approach. *Frontiers in Psychiatry*, 7, 90. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4881619/>
- Choo, M. K. (2012, January 1). *Strengthening epidemic intelligence in Malaysia: Fishermen in Kuantan*. Centre of Excellence for Research in AIDS. <https://documents1.worldbank.org/curated/pt/492271468050059977/pdf/NonAsciiFileName0.pdf>



- Dekkers, A., Vos, S., & Vanderplassen, W. (2020). "Personal recovery depends on NA unity": An exploratory study on recovery-supportive elements in Narcotics Anonymous Flanders. *Substance Abuse Treatment, Prevention, and Policy*, 15(1), 1–10. <https://doi.org/10.1186/s13011-020-00296-0>
- DeLucia, C., Bergman, B. G., Formoso, D., & Weinberg, L. B. (2015). Recovery in Narcotics Anonymous from the perspectives of long-term members: A qualitative study. *Journal of Groups in Addiction & Recovery*, 10(1), 3–22. <https://doi.org/10.1080/1556035X.2014.969064>
- Dossett, W. (2013). Addiction, spirituality and 12-step programmes. *International Social Work*, 56(3), 369–383. <https://doi.org/10.1177/0020872813475689>
- Drebing, C. E., Reilly, E., Henze, K. T., Kelly, M., Russo, A., Smolinsky, J., Gorman, J., & Penk, W. E. (2018). Using peer support groups to enhance community integration of veterans in transition. *Psychological Services*, 15(2), 135–145. <https://doi.org/10.1037/ser0000178>
- Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C., & Kelly, J. F. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology*, 10, 1–12. <https://asset-pdf.scinapse.io/prod/2950110255/2950110255.pdf>
- Folgheraiter, F., & Raineri, M. L. (2017). The principles and key ideas of relational social work. *Relational Social Work*, 1(1), 12–18. doi:10.14605/RSW111602.
- Garte-Wolf, S. I. (2011). Narrative therapy group work for chemically dependent clients with HIV/AIDS. *Social Work with Groups*, 34(3–4), 330–338. <https://doi.org/10.1080/01609513.2011.558821>
- Giannelli, E., Gold, C., Bieleninik, L., Ghetti, C., & Gelo, O. C. G. (2019). Dialectical behaviour therapy and 12-step programmes for substance use disorder: A systematic review and meta-analysis. *Counselling and Psychotherapy Research*, 19(3), 274–285. <https://doi.org/10.1002/capr.12228>
- Hanna, P. (2012). Using internet technologies (such as Skype) as a research medium: A research note. *Qualitative Research*, 12(2), 239–242. <https://doi.org/10.1177/1468794111426607>
- Haroosh, E., & Freedman, S. (2017). Posttraumatic growth and recovery from addiction. *European Journal of Psychotraumatology*, 8(1), 1369832. <https://doi.org/10.1080/20008198.2017.1369832>
- Hofstede, G. (1991). *Cultures and organizations: Software of the mind*. McGraw-Hill.
- Kelly, J. F. (2017). Are societies paying unnecessarily for an otherwise free lunch? Final musings on the research on Alcoholics Anonymous and its mechanisms of behavior change. *Addiction*, 112(6), 943–945. <https://doi.org/10.1111/add.13809>
- Khan, F., Krishnan, A., Ghani, M. A., Wickersham, J. A., Fu, J. J., Lim, S. H., Dhaliwal, S. K., Kamarulzaman, A., & Altice, F. L. (2018). Assessment of an innovative voluntary substance abuse treatment program designed to replace compulsory drug detention centers in Malaysia. *Substance Use & Misuse*, 53(2), 249–259. <https://doi.org/10.1080/10826084.2016.1267217>
- Kidd, P. S., & Parshall, M. B. (2000). Getting the focus and the group: Enhancing analytical rigor in focus group research. *Qualitative Health Research*, 10(3), 293–308. <https://doi.org/10.1177/104973200129118453>
- Krueger, R., & Casey, M. (2000). *Focus groups: A practical guide for applied research* (3rd ed.). Sage.
- Lange-Altman, T., Bergandi, T., Borders, K., & Frazier, V. (2017). Seeking safety and the 12-step social model of recovery: An integrated treatment approach. *Journal of Groups in Addiction & Recovery*, 12(1), 13–26. <https://doi.org/10.1080/1556035X.2016.1258682>

- Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research*. Sage.
- Matsuzaka, S. (2018). Alcoholics anonymous is a fellowship of people: A qualitative study. *Alcoholism Treatment Quarterly*, 36(2), 152–178. <https://doi.org/10.1080/07347324.2017.1420435>
- McGuire, A. B., Powell, K. G., Treitler, P. C., Wagner, K. D., Smith, K. P., Cooperman, N., Robinson, L., Carter, J., Ray, B., & Watson, D. P. (2020). Emergency department-based peer support for opioid use disorder: Emergent functions and forms. *Journal of Substance Abuse Treatment*, 108, 82–87. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7393771/>
- Moos, R. H., & Moos, B. S. (2006). Participation in treatment and Alcoholics Anonymous: A 16-year follow-up of initially untreated individuals. *Journal of Clinical Psychology*, 62(6), 735–750. <https://doi.org/10.1002/jclp.20259>
- Munn-Giddings, C. D., & Borkman, T. (2017). Dialogic sharing of lived experience in different self-help/mutual aid groups. *Groupwork*, 27(3), 26–46. <https://doi.org/10.1921/gpwk.v27i3.1152>
- Nalpas, B., & Boulze-Launay, I.; Inserm Alcohol Group. (2018). Maintenance of abstinence in self-help groups. *Alcohol and Alcoholism*, 53(1), 89–94. <https://doi.org/10.1093/alcalc/agx085>
- Nyumba, T. O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9(1), 20–32. <https://doi.org/10.1111/2041-210X.12860>
- Pettersen, H., Landheim, A., Skeie, I., Biong, S., Brodahl, M., Oute, J., & Davidson, L. (2019). How social relationships influence substance use disorder recovery: A collaborative narrative study. *Substance Abuse: Research and Treatment*, 13, 1–8. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6410387/pdf/10.1177\\_1178221819833379.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6410387/pdf/10.1177_1178221819833379.pdf)
- Schiff, M., & Bargal, D. (2000). Helping characteristics of self-help and support groups: Their contribution to participants' subjective well-being. *Small Group Research*, 31(3), 275–304. <https://doi.org/10.1177/104649640003100302>
- Some 33,500 convicts in prison because of drug abuse. (2017, June 14). *Bernama*. <http://english.astroawani.com/malaysia-news/some-33-500-convicts-prison-because-drug-abuse-146240>
- Topor, D. R., Grosso, D., Burt, J., & Falcon, T. (2013). Skills for recovery: A recovery-oriented dual diagnosis group for veterans with serious mental illness and substance abuse. *Social Work with Groups*, 36(2–3), 222–235. <https://doi.org/10.1080/01609513.2012.762489>
- Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation*, 7, 143–154. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047716/pdf/sar-7-143.pdf>
- Vederhus, J. K., Høie, M., & Birkeland, B. (2020). One size doesn't fit all: A thematic analysis of interviews with people who have stopped participating in Narcotics Anonymous in Norway. *Addiction Science & Clinical Practice*, 15(18), 1–12. <https://doi.org/10.1186/s13722-020-00191-w>
- Volenk, A. (2021). Spiritual principles of Alcoholics Anonymous. *Psychiatria Danubina*, 33(4), 974–980. [https://www.psychiatria-danubina.com/UserDocsImages/pdf/dnb\\_vol33\\_noSuppl%204/dnb\\_vol33\\_noSuppl%204\\_974.pdf](https://www.psychiatria-danubina.com/UserDocsImages/pdf/dnb_vol33_noSuppl%204/dnb_vol33_noSuppl%204_974.pdf)
- von Greiff, N., & Skogens, L. (2021). Recovery and identity: A five-year follow-up of persons treated in 12-step-related programs. *Drugs: Education, Prevention and Policy* 28 5 , 1–10. <https://doi.org/10.1080/09687637.2021.1909535>
- Wituk, S. A., Tiemeyer, S., Commer, A., Warren, M., & Meissen, G. (2003). Starting self-help groups: Empowering roles for social workers. *Social Work with Groups*, 26(1), 83–92. [https://doi.org/10.1300/J009v26n01\\_06](https://doi.org/10.1300/J009v26n01_06)
- Yildiz, H., & Duyan, V. (2021). Effect of group work on coping with loneliness. *Social Work with Groups*, 45(2), 1–13. <https://doi.org/10.1080/01609513.2021.1990192>