Fears about treatment among young drug abusers in Hong Kong

Yida Y.H. Chung[1] and Daniel T.L. Shek[1–4],*

[1] Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hunghom, Hong Kong SAR, P.R. China
[2] Public Policy Research Institute, The Hong Kong Polytechnic University, Hunghom, Hong Kong, P.R. China
[3] Department of Sociology, East China Normal University, Shanghai, P.R. China
[4] Kiang Wu Nursing College of Macau, Macau SAR, P.R. China

Abstract

This study examined fears about drug treatment among 300 young male heroin abusers in Hong Kong (172 newcomers and 128 repeaters) recruited from non-government treatment agencies. An indigenous 35-item Fears about Treatment Scale (Fears Scale) was developed to measure fears about treatment among the participants. Results showed that four factors (fear of failure, fear of labeling or disclosure, fear of maladaptation and fear of withdrawal) were abstracted from the scale. Reliability analyses showed that subscales based on these four factors and the total scale were internally consistent. The findings showed that treatment failure was the major fear in the respondents. The present findings suggest that drug treatment and rehabilitation services should help clients, particularly young substance abusers, mitigate their treatment fears.

Keywords: drug abuse; fear; Hong Kong; youth.

Introduction

Treatment barriers including treatment fears have been identified as important motivating factors that service practitioners should recognize in helping drug abusers seek treatment (1). The fundamental question is – what are the treatment fears of young drug abusers? In the Western literature, there are studies suggesting that drug abusers perceived different barriers for seeking treatment, including time conflict, treatment accessibility, treatment entry difficulty, cost, treatment fears, as well as fears about children being taken away (1–6). In

*Corresponding author: Professor Daniel T.L. Shek, PhD, FHKPS, BBS, JP, Chair Professor of Applied Social Sciences, Faculty of Health and Social Sciences, Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hunghom, Hong Kong, P.R. China
E-mail: daniel.shek@polyu.edu.hk

particular, some findings showed that fear of others' reactions, fear of stigma and fear of the unknown related to treatment are common fears experienced by the respondents (2). In a study conducted by Oppenheimer et al. (7) based on the responses of 150 subjects, 27 items were constructed. The three items with the highest frequencies of endorsement included (i) "disappoint those trying to help me"; (ii) "fear of failing treatment"; and (iii) "won't be able to stay away from drug using friends". Factor analyses showed that there were two factors in the scale, including 'Fear of failure' (Factor 1) and 'Fear of control' (Factor 2), which explained 35% of the total variance. In another study, Kushner and Sher (8) suggested that fears about treatment among substance abusers were "fear of embarrassment", "fear of change", "fear of negative judgment", "fear associated with past experience with the mental health system", "fear involving treatment stereotypes" and "fear of treatment associated with specific problem types".

A survey of the literature shows that studies about fear of treatment have been mainly conducted in Western contexts. Using "fear of treatment" and "substance abuse" as key words, a web search conducted in May 2010 showed 2 citations in PsycINFO, 0 citation in Social Work Abstracts, 1 citation in Medline and 0 citation in CINAHL. However, when using "fear of treatment", "substance abuse" and "Chinese" as keywords, no citation was found in PsycINFO, Social Work Abstracts, Medline and CINAHL, respectively. The data clearly suggest that existing research studies on fears about treatment among substance abusers are predominantly conducted in the West and there is a strong need to conduct related studies in different Chinese communities.

With specific reference to Hong Kong, a review of the literature on drug addiction shows that no study has been systematically carried out to study treatment fears of young drug abusers in the Chinese culture (9). Owing to cultural differences, young drug abusers' treatment fears in Hong Kong could be different from those in Western countries. Research findings suggest that the Chinese culture is characterized by a set of strict ethical norms for regulating interpersonal relationships (10, 11). Norms of the Chinese culture are mainly characterized through the operation of the "saving face" mechanism. Under such circumstances, Chinese people are generally afraid of exposing private issues that are considered as shameful or have an impact on family reputation, for example, have an addicted family member. Such belief not only impedes the help-seeking behavior of Chinese but also instigates one's fears of stigma and others' reactions. There are research studies showing that stigmatization for psychiatric patients were widespread in Hong Kong (12, 13). Furthermore, as community re-integration services for substance abusers are not well-developed in Hong Kong, this could also increase the fear of treatment among young drug abus-

ers. Actually, there are many incidents showing that people protest against the construction of halfway houses in different local communities (14, 15). People with mental illness, substance abuse and other disabilities may experience prejudice and discrimination when they look for a job (16).

As there is no validated measurement scale of fears about treatment in the Chinese context, the present study attempted to develop a measure of fears about treatment by integrating the available literature and the clinical experiences of the authors. There are several purposes of this study. First, the dimensionality of the Chinese Fears about Treatment Scale in young substance abusers was examined. Second, the inter-relationships among the different dimensions of the subscales were investigated. Third, the reliability of the total scale and subscales were examined. Finally, the profile regarding fear of treatment among young substance abusers is described.

Methods

The participants of this study consisted of 300 male heroin abusers (172 newcomers and 128 repeaters) who were under the age of 30 years. They were undergoing treatment services from non-government drug treatment agencies in Hong Kong and were recruited by convenient sampling. Details of the sampling procedures can be seen in Chung (9).

Instruments

In the study, several measures of help-seeking behavior were used (9). Among them, a 35-item Fears Scale (Fears Scale) was employed. It was developed after integrating the work of Oppenheimer et al. (7), existing research findings and clinical experiences of the authors. The respondents were required to rate their degree of fears on a four-point scale (not fearful, a bit fearful, moderately fearful and strongly fearful) on each item in the scale.

Results

Concerning background socio-demographic characteristics, Chung (9) showed that although newcomers and repeaters did not differ in education level, drug initiation age or sources of referral (p>0.05 in all cases), the two groups differed in the areas of age, occupation, statutory status, length of drug addiction history and willingness to seek drug treatment (p<0.05 in all cases).

For the dimensionality of the scale, a principal components analysis was performed on the Fears Scale, yielding a four-factor solution with eigenvalues exceeding unity, accounting for 54.3% of the total variance. To avoid over-factoring, further analyses using the scree test (17) showed that four factors could be meaningfully extracted. These included "fear of failure" factor, "fear of labeling or disclosure" factor, "fear of maladaptation" factor and "fear of withdrawal" factor (Table 1). A subscale for each factor was computed by adding those items having the highest loading on that factor when

compared with other factors. The results showed that all subscales scores were significantly correlated among themselves (p<0.001 in all cases). The findings are presented in Table 2.

Regarding the internal consistency of the Fears Scale, reliability analysis using Cronbach's alpha showed that the scale was reliable (α=0.95) and all items of the Fears Scale had item-correlation in excess of 0.4. In addition, all subscales were internally consistent (Failure=0.90; Labeling or Disclosure=0.90; Maladaptation=0.85; Withdrawal=0.81). The results showed that repeaters had a higher mean subscale score than did the newcomers on the Withdrawal subscale (t=–2.66, p<0.01). The findings are presented in Table 3.

Concerning the profile of responses to the Fears about Treatment Scale, the results showed that failure was the major fear given by the respondents in seeking treatment. The finding is similar to that of Oppenheimer et al. (7) (Table 4).

Discussion

For the Fears Scale in the present study, more dimensions emerged as compared to the findings of Western literature. In particular, "fear of labeling or disclosure" factor, "fear of maladaptation" factor and "fear of withdrawal" factor were found to be the prominent fears among heroin abusers in Hong Kong. However, it is noteworthy that in contrast to the study by Oppenheimer et al. in which the item responses to the Fears Questionnaire were subjected to an image factor analysis with oblimin rotation factors, the item responses to the Fears Scale in the present study were subjected to principal component analysis followed by varimax rotation. The advantages of using varimax factor analyses are that it can simplify factors by maximizing variance of the loading within factors and it is easy to interpret a factor as it is obvious which variable to correlate with it (18).

The finding on "fear of labeling or disclosure" in this study was not observed in the study by Oppenhemier et al. Such phenomenon could be related to the perceptions of drug abusers in the Chinese culture. According to Ying and Miller (10), the Chinese people are socialized in a co-operative culture which stresses harmonious interpersonal relationships. They are sensitive to others' comments and will conceal things perceived as evil. By doing so, the Chinese people think that they keep up their "faces" and maintain a harmonious interpersonal relationship. For most Chinese people, having an addicted family member is shameful and they will cover it up in order not to destroy their family reputation. These findings are in agreement to findings of Kushner and Sher (8) and Deane and Chamberlain (19), which suggest that image concerns and stigma concerns are fears of treatment. The emergence of these dimensions is also consistent with the fact that Chinese people attach a strong negative stigma to drug abusers.

The "fear of maladaptation" factor could also be understood in terms of the fact that more than half of the respondents were newcomers in this study and they might be afraid that they could not adapt to a new environment. This finding was also not observed in the study of Oppenheimer et al. (7). Although the researchers claimed that their subjects were new

Table 1 Factor loadings for the items in the Fears Scale.

Factor 1: Fear of Failure (variance explained=39.3%)			Factor 2: Fear of Labeling or Disclosure (variance explained=7.2%)			Factor 3: Fear of Maladaptation (variance explained=4.0%)			Factor 4: Fear of Withdrawal (variance explained=3.8%)		
1	Disappoint those trying to help me	0.61	7	Won't be offered treatment need	0.45	28	Unable to adapt to new environment	0.50	24	Discomfort due to detoxification	0.74
2	Fear of failing treatment	0.66	15	Dominance of family control when receiving treatment	0.49	29	Being oppressed and excluded	0.63	26	Psychological dependence on drugs will send me back to drugs	0.52
3	Won't be able to stay away from drug using friends	0.68	16	Police will know about my associates	0.71	30	Learn evil things in treatment center	0.59	27	Having to collect prescription daily	0.51
4	Won't be able to keep end of treatment contract	0.65	17	Cannot sleep	0.42	32	Unable to stand the serious attitude of staff	0.68	31	Withdrawal symptoms appear again after treatment	0.50
5	Not getting on with helpers	0.67	18	Unable to meet the requirement of staff	0.58	33	Not being understood by family	0.60	35	Unable to stand the withdrawal symptoms	0.56
6	Being seen as one of life's failure	0.70	19	Won't be able to keep drug use secret	0.71	34	Response of peer about treatment	0.69			
8	Continue to come in/out of treatment	0.46	20	Not being accepted by the community as a whole	0.45						
9	Emotional upheaval	0.46	21	Won't get drugs I need	0.60						
10	Discomfort of withdrawal send back to drugs	0.56	22	Won't get dosage I want	0.59						
11	Drug problem will not be understood	0.54	23	Being seen as insane	0.54						
12	Won't get on with non-addicted peers	0.67	25	Confidentiality of drug abuse information won't be upheld	0.55						
13	Using illicit drugs whilst in treatment	0.45									
14	Regarded as emotionally unstable	0.49									

Table 2 Correlation coefficients on the inter-relationships among different subscales of the Fears Scale (n=300).

Subscales	1	2	3	4
1	1.00			
2	0.70***	1.00		
3	0.64***	0.75***	1.00	
4	0.63***	0.72***	0.70***	1.00

***p<0.001.

to treatment, in fact, their subjects were only "new to treatment agencies" and therefore they might not have fear of maladaptation. In this regard, drug abusers' fears about treatment could be different according to different culture and treatment experiences.

The findings showed that "fear of withdrawal" was another fear that drug abusers were facing. It is reasonable to believe that fear of withdrawal symptoms during detoxification might be a salient concern for the respondents because

Table 3   Differences between newcomers and repeaters on the different measures based on the Fears Scale.

Fears score	Newcomers (n=172)		Repeaters (n=128)		t-Value	Two-tail significance
	Mean	SD	Mean	SD		
Total score	74.54	25.32	77.05	21.79	−0.90	ns
Subscale 1	30.78	10.54	32.29	8.74	−1.32	ns
Subscale 2	20.84	8.49	21.14	7.89	−0.32	ns
Subscale 3	12.51	5.00	11.92	4.79	1.02	ns
Subscale 4	10.41	4.26	11.70	3.95	−2.66	p<0.01

ns, non-significant.

Table 4   Percentages of fearful responses to the items in the Fears Scale.

Item	Fears about treatment	(%) Total (n=300)
1	Disappoint those trying to help me	88.3
26	Psychological dependence on drugs send me back to drugs	85.0
2	Fear of failing treatment	79.0
3	Won't be able to stay away from drug using friends	76.3
5	Not getting on with helpers	76.0
4	Won't be able to keep end of treatment contract	75.7
12	Won't get on with non-addicted peers	75.3
6	Being seen as one of life's failure	74.7
33	Not being understood by family	69.0
9	Emotional upheaval	67.7
11	Drug problem will not be understood	67.3
10	Discomfort of withdrawal send back to drugs	65.7
34	Response of peer about treatment	65.3
17	Cannot sleep	64.3
28	Unable to adapt to new environment	63.3
7	Won't be offered treatment need	62.0
14	Regarded as emotionally unstable	62.0
20	Not being accepted by the community as a whole	62.0
24	Discomfort due to detoxification	61.0
8	Continue to come in/out of treatment	60.3
13	Using illicit drugs whilst in treatment	58.7
35	Unable to stand the withdrawal symptoms	58.0
18	Unable to meet the requirement of staff	57.3
27	Having to collect prescription daily	52.3
29	Being oppressed and excluded	50.7
21	Won't get drugs I need	47.0
22	Won't get dosage I want	46.7
15	Dominance of family control when receiving treatment	44.7
19	Won't be able to keep drug use secret	44.7
31	Withdrawal symptoms appears again after treatment	44.7
32	Unable to stand the serious attitude of staff	44.7
25	Confidentiality of drug abuse information won't be upheld	43.0
30	Learn evil things in treatment center	42.3
23	Being seen as insane	37.7
16	Police will know about my associates	37.0

The percentage response is a sum of "a bit fearful", "moderately fearful" and "strongly fearful" in each item.

they had a mean length of addiction history of 50.2 months. However, such findings were not observed in the study of Oppenheimer et al. (7), although the participants had a mean length of 56.6 months of being opiate users. Therefore, it is interesting that fear of withdrawal was a prominent concern for the respondents in the present study but not for those in the study of Oppenheimer et al. It could be possible that the respondents in this study had a high frequency and dosage of drug use and therefore they were afraid of suffering from withdrawal symptoms during detoxification. In addition, it could be due to the small sample size of the study of Oppenheimer et al. (7) which could not truly reflect the fears of the respondents. Under these circumstances, there is a need to replicate the data on fears about treatment in the

Western context with the aim to grasp a more comprehensive addiction profile. Moreover, an in-depth examination of the frequency and dosage of drug use among drug abusers in relation to their withdrawal fear can enhance our understanding in this area.

Reliability findings showed that the Fears about Treatment Scale was reliable (α=0.95) and the items generally had high item-total correlation. These findings are important as there is a severe lack of indigenous measures of help-seeking characteristics in the Chinese culture (20). Unfortunately, as Oppenheimer et al. (7) did not present data on the reliability of their Fears Questionnaire, it is not possible to compare the present reliability findings with their findings.

With reference to the descriptive profiles, it was observed that fear of failure in drug treatment among drug abusers was a salient concern for drug abusers, regardless of cultural differences. The percentage findings also suggest that there is a diversity of fears for young heroin abusers about treatment.

Because no studies on fears about treatment among drug abusers in the Chinese society have been published, the present findings could play a pioneering role in this field. The findings arising from this study clarify our understanding on the profile of fears about treatment among young drug abusers in Hong Kong. Practically speaking, the Fears about Treatment Scale can help social workers and allied professionals understand the fears of their clients about treatment, and thus enabling them to design more client-centered intervention methods.

Acknowledgements

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