



Research Paper

An exploratory qualitative assessment of self-reported treatment outcomes and satisfaction among patients accessing an innovative voluntary drug treatment centre in Malaysia



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ABSTRACT

Background: In Malaysia, compulsory drug detention centres (CDDCs) hold suspected drug users for two years without adjudication. Acute detoxification without healthcare access has been documented. CDDCs are criticized globally due to ineffectiveness in treating addiction and human rights violations. In response, the Malaysian government began transitioning these facilities into voluntary drug treatment centres known as “Cure and Care” (C&C) centres that embrace a holistic treatment-based approach to drug addiction rehabilitation.

Methods: An explorative qualitative study was undertaken to explore patient perspectives and satisfaction regarding treatment and services at the new Cure and Care centre in Kota Bharu, Malaysia. A convenience sample of 20 patients was recruited to participate in semi-structured in-depth interviews. Content analysis was used to identify the salient themes.

Results: Patients identified methadone treatment, psychosocial programs, religious instruction, and recreational activities as important factors contributing to treatment success for addressing both health and addiction needs. Though many had previously been in a CDDC, adherence to treatment in the C&C centre was perceived to be facilitated by the degree of social support, the voluntary nature and the array of new programs available for selection.

Conclusion: C&Cs represents a dramatic shift in the Malaysian government's approach to drug addiction. Our findings demonstrate positive patient experiences associated with the holistic treatment-based approach of these centres. This exploratory study provides additional evidence to document this ongoing policy transition and may guide continued expansion of new holistic drug treatment programs across the country.

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Introduction

Compulsory drug detention centres (CDDCs) that detain suspected drug users without due process are common throughout Asia, though recent evidence has suggested a political shift away from them (Amon, Pearshouse, Cohen, & Schleifer, 2014) due to international criticism of human rights violations and ineffective treatment programs. In 2012, thirteen United Nations entities

issued a joint statement calling for immediate closure and release of detainees in CDDCs (UNODC/ESCAP/UNAIDS, 2012).

Malaysia legislatively mandated CDDCs in 1983, known as Pusat Serenti (PS) in Bahasa Malay, operated by the Ministry of Home Affairs under the National Anti-Drug Agency (AADK) (Tanguay, 2011). The Dangerous Drug Act (1952) and Drug Dependence (Treatment and Rehabilitation) Act (1983) required drug users to undergo a mandatory two-year detention without due process (Kamarulzaman, 2009). In 2010, approximately 6658 individuals were detained in Malaysia's 28 CDDCs (Fu, Bazazi, Altice, Mohamed, & Kamarulzaman, 2012). At that time, CDDC patients were documented to have profoundly inadequate access to medical care and addiction treatment (Fu et al., 2012), with evidence of excessive corporal punishment (Mohamed, 2012). Moreover, relapse to drug

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use within one year post-release from CDDCs ranges from 70 to 90% (WHO, 2009a), attesting to the inadequacy of treatment.

More recently, in recognition of the lack of efficacy, poor access to treatment and care and absence of evidence-based treatments available in Malaysian CDDCs, governmental policy sought to improve access to treatment-based programs and reduce the use of detention and forced rehabilitation (*Good Practices in Asia: Scale-up of harm reduction in Malaysia, 2011*). In response to not achieving its Millennium Goals to reduce HIV/AIDS, a 2005 National Strategic Plan was created to reduce HIV transmission in Malaysia where HIV was largely fueled by people who inject drugs (PWIDs). The country's first step was to initiate and expand harm reduction programs through the Ministry of Health and the Malaysian AIDS Council, including needle and syringe exchange programs (NSEP) and opioid substitution therapy (OST) (*Malaysia 2012 Global AIDS Response Country Progress Report, 2012; Reid, Kamarulzaman, & Sran, 2007*). After initial recognition that harm reduction programs worked, other governmental sectors began to attempt HIV transmission reduction, by introducing OST into prisons (Ghani et al., 2015; Wickersham, Marcus, Kamarulzaman, Zahari, & Altice, 2013; Wickersham, Zahari, Azar, Kamarulzaman, & Altice, 2013), followed by a 2010 AADK plan to transition some of the CDDCs into voluntary drug rehabilitation programs called Cure and Care (C&C) centres. These innovative rehabilitation programs are operated by the same agency that oversees the CDDCs, but represent the first of its kind in the country where the intent is to provide a holistic treatment strategy with free services like tuberculosis screening and OST (which are banned within CDDCs) without any legal repercussions if abstinence from drugs is not achieved (Al-Darraj et al., 2013; Tanguay, 2011).

While globally the transition from CDDCs to voluntary C&C centres has been heralded as a positive change in Malaysian policy by the international community (Amon et al., 2014), no assessment of what these services provide nor how patients react to them has yet been conducted. In addition, while the effectiveness of OST has been validated in many studies (Amato et al., 2005; Mattick, Breen, Kimber, & Davoli, 2009), the supplemental value of religious programs, counseling, and vocational training combined with drug addiction treatment in Southeast Asia has not been assessed. Though traditional assessments of drug treatment effectiveness have relied on an array of specific substance abuse treatment outcomes (e.g., urine toxicology testing, employment, lack of involvement with the law, social and family integration), qualitative research provides useful context into health services acceptability and can guide health policy with its ability to detail individual perspectives and provide meaningful explanations about treatment (Curry, Nembhard, & Bradley, 2009; Sofaer, 1999). This exploratory study aims to evaluate patient perspectives and satisfaction of the new C&C treatment model in Malaysia and generate insight into the impact of its services on self-reported treatment outcomes.

Methods

Study setting

Kelantan, a Northeastern Malaysian state, is one of the most conservative Muslim states in the country with a predominantly ethnically Malay population. Kelantan's C&C in Kota Bharu was a women's CDDC from 2005 to 2010 until it was transitioned in 2010 into the second C&C centre in Malaysia. At the time of the study, the centre's inpatient capacity included 50 inpatients plus 684 outpatients using ongoing ambulatory treatment, and had waiting lists for services. Staffing was comprised of drug treatment counselors, spiritual leaders, recreational staff and peer educators,

a pharmacist, and a psychologist, but no on-site doctor. Patients were able to visit a doctor and pharmacist at a nearby clinic. Unlike other treatment facilities in Malaysia where opioid dependence is highly prevalent, the majority of patients at this C&C were admitted for treatment of amphetamine-type substances (ATS), also known as 'Pil Kuda' in Malay; no evidence-based medication currently exists for treating ATS addiction (Lee & Rawson, 2008).

Each new C&C patient first undergoes a comprehensive intake by a trained counselor. Based on type and severity of their addiction, and social and legal situation, the patient selects rehabilitative activities that may include OST, psychosocial counseling, and religious instruction provided in group format or in one-on-one sessions. Patients can participate in optional physical activities including group games, hiking trips, artistic activities, musical therapy, and vocational training. Most individuals choose to participate in several activities due to the non-restrictive menu of daily treatment options available.

Data collection

Recruitment and data collection occurred from June to July 2012. Patients were informed about the study through advertisements posted around the centre and by the C&C staff making phone calls to participants to inform them that the study was available and optional. Current and former patients aged 18 years or older who received treatment from the C&C for a minimum of one month were eligible for inclusion in the study. Overall, a convenience sample of 105 current and former patients participated in a larger concurrent quantitative study, of which 47 were inpatients, 49 were outpatients, and 9 were former patients who had completed the program. From among these, 77 agreed to participate in this qualitative substudy that was intended to include patients with a variety of different substance use disorders (e.g., opioids, ATS) and addiction severity levels – all gleaned from data from the quantitative study. Twenty patients participated in the interview within the time-frame of the study. A trained research assistant independently employed by the community-based syringe exchange program met with each patient in a private setting without the presence of C&C staff and completed informed consent procedures before proceeding with in-depth interviews.

Semi-structured interviews were conducted in Malay, using an interview guide consisting of an open-ended set of questions regarding drug use, family, and criminal history, barriers to treatment before coming to the C&C, and satisfaction with C&C services (Table 1). Interviews ranged from 35 to 58 min. All interviewed study participants were paid 30 *ringgit* (~\$10 USD) for their time. All interviews were audio-recorded and later transcribed. After transcription, they were translated into English and back-translated into Malay to check that transcripts were loyal to the respondents' meanings (Chen & Boore, 2010). This study was approved by the University Malaya Medical Centre Medical Ethics Committee and the Yale University Human Investigation Committee.

Analysis

Interviews were analyzed using content analysis, an inductive qualitative research technique that uses words and phrases to identify salient themes related to the research questions (Pope, Ziebland, & Mays, 2000). Two researchers MG and FK analyzed the transcripts using Atlas.ti 7 software and grouped recurring concepts from the responses into codes that represented the themes relating to their personal drug use, family, and criminal history, treatment experiences before coming to the C&C, and descriptions of their treatment experiences at the C&C. The researchers discussed with

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