

Assessment of Community-Based Drug Rehabilitation Models Towards the Decriminalization of Drug Use

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ABSTRACT

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Community-based drug rehabilitation (CBDR) programs have shown effectiveness in treating drug addiction through collaborative partnerships between various organisations. Exploration is needed in the CBDR programs as the outcomes can be used to study the efficacy of the CBDR programs in implementing the decriminalisation of drug use policy. This qualitative study aimed to assess the community-based drug rehabilitation models towards the decriminalisation of drug use. This study used two different qualitative research methods. Firstly, semi-structured face-to-face in-depth interview technique was used to interview seventeen (17) drug rehabilitation officers. Focus groups were conducted with 45 drug users enrolled in CBDR programs. Their discussions were analysed for common themes. The thematic analysis generated three themes from the raw transcripts: (1) perceptions of drug rehabilitation officers and relapsed drug users towards decriminalising drug use that can be implemented in Malaysia, (2) relapse risk factors that cause the drug users to relapse after completing drug treatment and rehabilitation programs under National Anti-Drugs Agency (NADA), and (3) effectiveness of existing treatments and rehabilitation programs offered by NADA. The findings of this study can be utilised to advance existing CBDR treatments and rehabilitation programs offered by NADA towards the decriminalisation of drug use in Malaysia.

Contribution/Originality: The originality of this study lies in its exploration of the CBDR programs in supporting the implementation of drug decriminalization policies. Using qualitative methods that include interviews with rehabilitation officers and

focus groups with drug users, perceptions of decriminalization, risk factors for relapse, and the effectiveness of existing programs are uncovered. These findings offer a way forward to improve CBDR treatments in Malaysia in terms of drug decriminalisation.

1. Introduction

[National Anti Drug Agency \(2019\)](#) in their Malaysia Country Report on Drug Issues 2019 stated that various evidence-based programs and best practices in treatment and rehabilitation are available. There are institution-based, community-based and aftercare programs to treat and rehabilitate drug-dependent individuals. Institution and community-based treatment and rehabilitation programs in Malaysia are based on the *i-Pulih* model. This model focuses on the biopsychosocial spiritual approach ([National Anti Drug Agency, 2019](#)).

Treatments and rehabilitation programs are implemented to reduce the relapse rate, increase job opportunities for recovered or recovering drug abusers, and reduce the community stigma on the recovered drug dependents ([Chie et al., 2015](#); [Mallow, 2020](#); [National Anti Drug Agency, 2019](#); [Seghatoleslam et al., 2015](#)). Community-Based Drug Rehabilitation (CBDR) is the effective treatment for drug addiction. In Malaysia, 109 NADA district offices, 29 NADA service centres, 16 client integration centres, 48 community houses, and 13 intermediate homes play significant role in conducting various CBDR programs including health and treatment clinical, advanced care and maintenance of recovery, rehabilitation and social support programs, and social and community services ([National Anti-Drugs Agency, 2020](#)).

As stated by [Greer et al. \(2022\)](#), an alternative policy approach to enforcement strategies against illicit drug use is the decriminalisation of drug use, in which legal penalties are reduced by converting criminal and civil penalties for personal use and possession of drugs into opportunities for rehabilitation, treatment, or education. This policy framework applies only to incidents related to individual drug use and possession, and not to activities related to the distribution, supply or trafficking of controlled substances ([Stevens et al., 2022](#)). In Malaysia, this move was initiated in 2019 by the previous government to remove the criminal consequences of various laws against drug possession for personal use. It is important that the decriminalisation of drugs is implemented together with effective drug treatment and support services.

As many studies (e.g., [Calabria et al., 2010](#); [Greenwald, 2009](#); [Kidorf et al., 2009](#); [National Institute On Drug Abuse, 2018](#)) show, CBDR is often seen as a beneficial approach for the treatment of drug users, especially in the context of drug decriminalization or harm reduction. An effective CBDR model can only be developed by fulfilling the needs of the people affected by drug use and its dependence. Therefore, this study aimed to assess the community-based drug rehabilitation models towards the decriminalisation of drug use.

2. Methods

This study employed a qualitative research method using semi-structured face-to-face in-depth interviews and focus group discussions. The selected study sites were located in the state of Penang, Malaysia, namely in the districts of Central Seberang Perai, North Seberang Perai, Northeast Penang Island, South Seberang Perai, and Southwest Penang

Island. The state of Penang was chosen as the study site for reasons of feasibility for the researcher within the given time frame for the study.

2.1. Sampling and Recruitment Criteria

This study included two research populations. The first group consisted of drug rehabilitation officers from NADA in Penang state. The second group were drug users undergoing treatment under NADA in each district of Penang state. A total of 17 drug rehabilitation officers were interviewed and ten FGDs were conducted with 45 drug users. The sampling method of this study is non-probability sampling, which is a purposive sample.

In this study, inclusion criteria were used to determine the potential respondents to be included in this study and exclusion criteria were used to determine the characteristics that may exclude potential respondents from inclusion. The experiences of drug rehabilitation officers in dealing with drug users and handling various CBDR programs as well as the experiences of drug users in participating in CBDR programs were used to gain a deeper understanding of the policy of decriminalisation of drug use, the risk factors for relapse, and the effectiveness of the treatment and rehabilitation programs offered by NADA. [Table 1](#) depicts the inclusion and exclusion criteria for both groups.

Table 1: Inclusion and exclusion criteria for both groups

Classification of the criteria	Criteria	Drug rehabilitation officer group (R-DRO)	Drug user group (R-DU)
Inclusion	1. Involvement in drug related activities	The respondents have at least 6 years of experience as a drug rehabilitation officer in NADA Penang State.	Drug users undergoing drug treatment and rehabilitation programs under NADA Penang State.
	2. Sociodemographic	Male or female, Malaysian citizen, aged between 18 and 60 years old	
	3. Language skills	Basic writing skills and the ability to communicate in Malay or English.	
Exclusion	1. Co-morbidity	Evidence or self-disclosure of mental instability or dangerousness.	
	2. Extenuating circumstance	Professional demands make participation in research during fieldwork unlikely.	No longer available to participate in research as he has been arrested by the police or transferred to other NADA facilities.
	3. Expectation from involvement	Expect financial compensation or other forms of compensation for their participation.	

2.2. Procedure

Both qualitative techniques were conducted face-to-face. The interviews and FGD sessions were conducted in the district offices of NADA during CBDR treatment programmes or whenever the respondents were available. Semi-structured guides for in-depth interviews and semi-structured guides for face-to-face focus group discussions were used as research instruments for this study. The questions used in both

instruments were broad, open-ended and included probing questions. As stated under inclusion criteria, all respondents in the current study can communicate in Malay or English, which enables the researcher to use Malay or English to communicate with and interview the respondents.

Participants were given clear verbal and written instructions by providing them with a participant information sheet and a consent to participate form to inform them of their rights. Participants were informed that their identity and responses would be kept anonymous and confidential to ensure the integrity of the responses. The interviews and FGD sessions lasted between 60 and 180 minutes.

The researcher used his cell phone for the voice recording of the interview. Before recording the interviews, the researcher obtained verbal consent from all interviewees, especially for the focus group discussion, all interviewees in the focus group had to give their consent for the voice recording. At the same time, the researcher also took notes during the interview sessions.

The researcher used two methods to ensure the reliability of this study. First, the data was collected and organised using spreadsheets in MS Excel. As [Golafshani \(2003\)](#) stated, this led to rapid interpretation of the results for each respondent and effective tracking of the research progress. The triangulation method was also used to assess the reliability of the qualitative data. Among the different triangulation models, data source triangulation was used in the present study, in which data were collected from two different groups (drug rehabilitation officers and drug users) using two different methods (in-depth interview and focus group discussion).

N-Vivo was used to organise, code, and extract relevant information from the qualitative data. Thematic analysis was used to identify, analyse, and report patterns or themes within the qualitative data ([Braun & Clarke, 2006](#); [Clarke & Braun, 2017](#)). This type of analysis method is mainly used in the field of psychology and sociology as it is flexible while providing rich and detailed data ([Braun & Clarke, 2022](#); [Roulston, 2001](#)).

2.3. Ethics

Prior to data collection, ethical approval (JEPeM USM Code: SM/JEPeM/21040293) was obtained from the Human Research Ethics Committee USM. Further special permission was obtained from NADA (Ref. No.: AADK.100-12/1/6 Jld.2(16)) so that the data collection could be conducted in the NADA district offices with the involvement of drug users.

3. Results and Discussion

There were three main themes that emerged from this study that provided a wealth of information evaluating community-based models of drug rehabilitation in relation to decriminalisation of drug use. [Table 2](#) shows the themes and subthemes that emerged from the raw data.

Table 2: Themes and sub-themes generated from the raw data

Main themes	Emerged themes
Perceptions towards decriminalising drug use that can be implemented in Malaysia	Possible outcomes Readiness of the public Readiness of government and NADA
Relapse risk factors	Cognitive Psychological Behavioural and social
Effectiveness of existing treatments and rehabilitation programs offered by NADA	Strengths of CBDR programs Weaknesses of CBDR programs

3.1. Perceptions of drug rehabilitation officers and relapsed drug users towards decriminalising drug use that can be implemented in Malaysia

Respondents were asked for their opinion on the future implementation of the policy of decriminalisation of drug use in Malaysia. Under this theme, respondents shared the possible outcomes of decriminalisation of drug use in Malaysia based on their understanding and knowledge.

The majority of drug rehabilitation officers explained how this policy could help drug users become productive members of society more quickly than convicts. They explained that drug users who have possessed drugs for personal use will no longer have a criminal record for drug possession if their offenses are acquitted. Removing the criminal record associated with drug possession would make it easier for them to find employment in both the public and private sectors. By facilitating re-entry into the workforce, recovering drug users are less likely to return to drug use and are more likely to be able to make a valuable contribution to their community. Similar to these findings, various studies on this policy (e.g., [Caulkins & Reuter, 2017](#); [Joyce et al., 2019](#); [Moury & Escada, 2022](#); [Scheim et al., 2020](#); [Unlu et al., 2020](#)) provide similar results, emphasising the benefits of the policy and how this policy can help drug users to live a better life.

"We currently treat drug users as patients. That's why we call them drug users and not drug addicts. But we must be aware that the law also applies where we have to treat them as detainees. We still have to arrest them, charge them, handcuff them and hold them in a temporary detention room. With this new policy, we can remove the label of "criminal" that is attached to drug users. We can treat them fully as patients and accept them." (R-DRO 8)

"I am an accountant. I took drugs to relieve the physical pain I was in from my cancer treatment. But one day I was caught by the police and underwent drug treatment under NADA. Yes, not a harsh punishment, but when the police arrested me, I literally lost everything. Luckily, one of my friends was willing to offer me a job at his accounting firm and I managed to convince my family to stay with me, but things weren't the same as the last time. With this policy, people like me can live a better life because we don't do drugs for fun" (R-DU 11)

According to the feedback from the respondents, the decriminalisation policy enables a peaceful life without excessive social pressure. Drug users do not confront with

sanctions or penalties for personal possession. Employment and family relationships remain intact, without public stigmatisation. The policy also prevents private discrimination. Rehabilitation officers also point to the reduced cost of prosecution. The Royal Malaysia Police can focus on dealers and traffickers instead of casual, non-violent users. Meanwhile, NADA can devote its resources fully to supporting the rehabilitation process of users. Overall, most interviewees agreed that decriminalisation aims to preserve the well-being of individuals and their social functioning without only prosecuting personal drug possession. Resources can then be focused on criminal distribution activities while supporting the recovery needs of users. Many policy papers (e.g., [Hughes et al., 2016](#); [Moury & Escada, 2022](#); [Scheim et al., 2020](#); [Stevens et al., 2022](#); [Vicknasingam et al., 2018](#)) echo the same findings, asserting the role of decriminalisation in policy in reducing the burden on the criminal justice system and maximising the system's support for drug users.

As claimed by [Wan and Weatherburn \(2022\)](#), drug rehabilitation professionals also agreed that the decriminalisation of certain nonviolent drug offences means that most minor, nonviolent drug users do not face penalties, so repeated minor infractions or involvement in more serious drug offences may occur due to lax enforcement. In addition, some respondents noted pointed out that this shift could boost drug supply and increase use over time due to different cultural views and understandings.

“Some drug users may take this opportunity to repeat minor offences because they know they will not be punished. In addition, after a certain period of time, they may also commit serious offences. We are not yet sure how this policy will be implemented in Malaysia. Maybe we still need to look into many aspects before we implement it. For me now, it is also difficult to deal with drug users.” (R-DRO 9)

“Many users will benefit from this policy, but there is a possibility that this policy could worsen the situation because of certain drug users who are not willing to help themselves or misuse to continue their minor drug offences” (R-RDU 10)

This current study found that many drug rehabilitation professionals expressed concern that certain segments of the population, including drug users, may misconstrue decriminalization policy as acceptance of drug use. Without appropriate education and awareness, some may develop an incorrect understanding of this policy. Research suggests many believe this issue cannot be adequately addressed without strong enforcement measures. These findings contradict existing studies (e.g., [Godwin, 2016](#); [Greenwald, 2009](#); [Hughes & Stevens, 2019](#); [Scheim et al., 2020](#)) that claims that implementing this policy can lower rates of regular and problematic substance use, decrease lifetime prevalence across all age groups and reduce the quantity of drug-related fatalities. Most respondents agreed the referenced policy could reduce the social stigma associated with drug use.

“.....Without the stigma, drug users can have their normal life, get jobs easily, and be respectful and treated well, they won't be discriminated against for their basic needs such as loans and house, and they can continue the treatment without any fear and shame.” (R-DRO 13)

"This policy can remove the stigma that surrounds us. Without the criminal record and negative label on us, we can keep our job, maintain a good relationship with our family members, and receive other benefits such as respect and support from employers." (R-DU 21)

3.2. Relapse risk factors that cause the drug users to relapse after completing drug treatment and rehabilitation programs under NADA

The risk factors for relapse are an important consideration for rehabilitation professionals and healthcare professionals. The propensity of drug users to relapse has significant implications for the effectiveness of existing CBDR models. Ongoing assessment of relapse dynamics and their impact on treatment design deserve attention if better outcomes are to be pursued in community-based settings. Various risk factors for relapse were extracted from the respondents' answers. These factors are cognitive, psychological, behavioural, and social risk factors for relapse.

Several respondents reported that they were less motivated in the early stages of their completion due to various psychological, behavioural and social factors. A quarter of respondents also reported that weak religious faith and conviction led to a lack of moral commitment to adhere to treatment guidelines, such as abstaining from drug use during and after treatment. As stated by [Wogen and Restrepo \(2020\)](#), a third of respondents from the current study indicated that stigmatisation can drive them back into substance abuse so they can escape the negative feelings they experience due to stereotypes, prejudice, and discrimination.

"I have observed several drug users who do not have the motivation to continue treatment at NADA. If they are not motivated, they relapse during treatment, do not attend treatment sessions continuously, come late to sessions for no good reason, and participate poorly in treatment programs." (R-DRO 8)

"The beginning was hard, I did not come to the program for a few months, I was late and took drugs several times, but after being reprimanded several times by the officer, I was fine. But there are also those who leave the program because they cannot control themselves." (R-DU 5)

Some of the drug users expressed that the mentality of employers and their acceptance towards drug users makes it very difficult for them to get and keep a job with the label "former drug user". Various local and international studies (e.g., [Fauziah et al., 2011](#); [Li & Song, 2022](#); [McKay, 2017](#); [Raheb et al., 2016](#); [Sapkota et al., 2016](#); [Yang et al., 2015](#)) have provided similar findings where the barriers to employment experienced by former drug users force them into substance abuse. These findings from the studies show that individuals with a substance abuse past who face various barriers to employment, such as difficulties in securing stable, sustainable opportunities and income opportunities, often relapse back into drug dependence.

".....Because of the stigmatisation, we can't lead a normal life, can't get a job easily and are not treated well. When hiring, many employers do not want to hire drug users or former drug users as employees to avoid criticism from management, employees and the public" (R-DU 13)

"If they are hired, some of them will not be able to identify themselves as former drug users or clients of NADA. If employers found out the truth, they would lose their jobs and active drug users would be absent from the program on certain days, especially weekdays, and so on" (R- DRO 16)

Multiple stresses, obsession and denial were factors cited by respondents as possible causes of relapse. Many respondents seemed to feel that external pressures, environmental triggers, and interpersonal conflicts posed a greater threat to their recovery efforts and willpower than internal struggles related to coping with a variety of demands on their mental abilities or energies, fixating on unwanted thoughts, or refusing to acknowledge problematic behaviours or unhealthy thought patterns. Similarly an epidemiological study by [Mantsch et al. \(2016\)](#) show, stress is an important risk factor for the development of drug dependence and a strong predictor of strong craving and relapse to drug use.

"I have observed that many clients who are facing various pressures, whether financial, family or work, are not fully engaged in the NADA program. Last time, even I do not care about the program, ignoring the officers' advice when I am under stress." (R- DU 15)

Certain behavioural and lifestyle habits were cited by drug users as risk factors for relapse too. These included poor drinking habits, smoking habits, and deficits in communication skills. Two studies reported similar findings that alcohol consumption and smoking may increase the risk of relapse. [Maqbool et al. \(2019\)](#) and [Ramsewak et al. \(2020\)](#) found that these substances are generally considered to be triggers that can increase the risk of relapse.

3.3. Effectiveness of existing treatments and rehabilitation programs offered by NADA

The first subtheme is the strengths of CBDR programs which revealed information on numerous supportive and flexible programs in CBDR and perceptions of successful recovery. Qualitative responses revealed that the patients enjoyed a holistic approach to treatment. Many respondents agreed that they attended or attending variety of programs at NADA district offices. Some of their favourite program include outdoor programs, recreational activities, hand workshops or seminar involving external parties such as professionals and NGOs. All these programs are based on *i-Pulih* Model which focuses on nine components. Many appreciated the flexibility of the programs and mentioned this flexibility helped them to attend the programs continuously. Various local studies ([Baharudin et al., 2014](#); [Kamarudin et al., 2020](#); [Mardiah et al., 2020](#); [Shafie et al., 2019, 2018](#)) have also found that there are various programs for drug users in Malaysia that focus on both institutional and community-based drug rehabilitation.

"I have participated in many programs here... Apart from counselling, I have participated in various programs related to sports, spiritual talks, medical seminars, especially on HIV/AIDS prevention among drug users, outdoor activities and workshops." (R-DU 19)

"At first, I was lazy and did not feel like participating in the programs. That's because I was working, and my employer is very strict when it comes to applying for leave. But the programs here are flexible and I can

usually rearrange my schedule accordingly... I can also attend weekend programs as long as I meet my monthly treatment schedule" (R-DU 22)

In terms of perceptions of successful recovery, respondents explained their lives when they were going through drug treatment and a variety of important elements of successful recovery. The key factors for measuring recovery success include a patient's attitude, behavior, relapse rate, physical and mental health, relationships with others, spiritual progress, understanding of addiction, and employment prospects. Based on their responses, the factors for successful recovery are interrelated and revolve around the clients and their environment.

"When undergoing treatment, we need to maintain our lifestyle to get the full benefit of existing CBDR treatments. This includes being disciplined, such as continuously attending programs, showing up for treatment on time, respecting each other, communicating effectively, and staying away from alcohol and drugs." (R-DU 20)

"I relapsed a few times because I didn't have enough support from my family... When I was struggling to overcome my drug addiction, my family members failed to support me emotionally because treatment at NADA was once a month and not around the clock" (R-DU 31)

The next area of discussion is the weaknesses of community-based drug rehabilitation (CBDR) programs identified by relapsed drug users. Information was gathered on possible changes and improvements that could strengthen existing CBDR programs. Several limitations with current programs were identified. There is often a language barrier between the drug users and the counsellors. Spiritual programs do not adequately address the needs of non-Muslim clients. The range of activities is limited. There is a lack of clear guidelines for drug users with mental health problems. Insufficient number of trained treatment and rehabilitation officers. Studies by local researchers (Cheah et al., 2020; Ibrahim et al., 2011; Khan et al., 2018) also investigated the weaknesses in similar areas, but some of the results of this research are significant.

"It is very difficult when some of the clients are struggling with mental health issues and the NADA District Rehabilitation Officers cannot offer much because they usually refer them to public hospitals but when they go to the hospitals, they refer the clients back to NADA. At the end of the day, these types of clients tend not to participate in the programs. We cannot blame the officials because they follow the guidelines given" (R-DRO 13)

The curriculum has some problems. Some content and assessments are too complex and academic and lack practical relevance. Respondents suggested several changes and improvements to address these weaknesses. NADA should recruit officials who are proficient in other major languages, especially Chinese and Tamil, to improve communication. Staffing should be optimised to reduce the client-to-staff ratio. Programs should use tailored approaches based on each client's drug history and specific needs.

"The treatments under NADA are adequate, but it would be more effective if the program could be expanded to include different types of cases..."

Clients with severe substance abuse histories need to be treated separately and more in-depth programs should be implemented for them.” (R-DU 22)

“Clients do not have to participate in all programs, especially recidivist clients...they have already gone through certain basic programs; therefore, we need more specific programs. That's why the grouping of treatment is so important.” (R- DU 28)

The curriculum could be strengthened by simplifying certain elements and assessments to improve comprehension. Spiritual programs should be more inclusive of non-Muslim faiths. Ensuring that clients are exposed to the full spectrum of rehabilitation programs would improve outcomes. Overall, a client-centred approach with continuous improvements based on their feedback could help maximize the effectiveness of CBDR initiatives.

4. Conclusion

Health experts and policy makers can gain valuable insights from the current study. Such an understanding could contribute to improvements in areas such as human resources, flexibility and creativity in program implementation and policies related to drug users. The integration of existing CBDR models with technological applications such as virtual reality, online support groups, digital assessment and diagnostic tools, therapeutic gaming, telemedicine, wearable computers and monitoring devices could meaningfully advance drug rehabilitation efforts in Malaysia. These options offer a distinct advantage to those affected by multiple, flexible and creative treatment solutions in today's technology-driven environment.

Ethics Approval and Consent to Participate

Ethical approval was obtained from Human Research Ethics Committee, Universiti Sains Malaysia (USM/JEPeM/21040293).

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Conflict of Interest

The authors reported no conflict of interests.

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