

## Outpatients Perspective: Do Cure and Care 1Malaysia (C&C1M) Clinic Sungai Besi is Effective or Not?

Siti Zulaikha Mustapha, Nor Hafizah Mohamed Harith &  
Hardev Kaur Latchimanan

*Faculty of Administrative Science & Policy Studies  
Universiti Teknologi MARA (UiTM) Selangor, Malaysia*

---

### Abstract

*Cure and Care 1Malaysia (C&C1M) Clinic is one of drug treatment and rehabilitation programmes introduced with the aims to provide drug treatment and rehabilitation through health approach as well as more humanistic, fun, effective and easy approach. This programme is part of the Government Transformation Program (GTP) introduced by the government in 2010. The establishment of C&C1M Clinic shows the changes in the trend of drug abuse and drug relapse among Malaysian. The statistic released by National Anti-Drug Agency (NADA) in 2013 indicates the increasing trends of the drug addiction in Malaysia, especially in Kuala Lumpur. This ponders more questions to the effectiveness of the drug treatment and rehabilitation program in Malaysia. Hence, this paper examines the effectiveness of drug treatment and rehabilitation program in C&C1M Clinic Sungai Besi and intention not to relapse among the receivers or the outpatient clients. This study adopted quantitative approach by using a case study involving n=46 outpatients at C&C1M Sungai Besi Kuala Lumpur. The findings of this study indicate that the level of effectiveness of C&C1M Clinic Sungai Besi, Kuala Lumpur from the perspective of the clients was high (Mean=4.455; Std. Dev. 0.569). This study has revealed there was a significant relationship between the effectiveness of drug treatment and rehabilitation program towards intention not to relapse among the outpatient clients  $r=0.576$  and  $p < 0.00$ . Hence, this study concludes that the health approach in C&C1M clinic gives huge impact towards the life of outpatients.*

*Keywords:* drug treatment and rehabilitation; Cure and Care 1Malaysia clinic; relapse; health approach

---

### Introduction

World Health Organization (WHO) has declared treatment and rehabilitation of drug addiction was based on health approach. This is because drug addict is regarded as people who have chronic disease and need health assistance instead of punishment. Malaysia has taken the initiative to shift its policy practice especially on drug treatment and rehabilitation –from punitive to health approaches. The transformation of the health approach was supported with many study which indicates the effectiveness of punitive approach treatment and rehabilitation program had failed. This is due to higher number

of drug relapse, little medical care and physical abuse (Tanguay, 2011). Besides, relapse cases are also vulnerable and often occur within a month after release and this has contributed to the higher number of drug relapse in Malaysia (Zhu et al, 2009 and Puffer et al, 2010). The failure of drug treatment and rehabilitation program involving detention center known as *Pusat Serenti* or *Pusat Pemulihan Penagihan Narkotik (PUSPEN)* because these centers only abstained the drug addict from the use of drugs not cure them. As a result this has led to higher relapse rate among the ex-addict (Rusdi et al., 2008). Therefore, the relapse issue is still remain a serious concern as the rehabilitation program has failed to reduce the drug addiction problems.

Transformation of drug treatment and rehabilitation program is based on Government Transformation Program (GTP) and one of the National Key Result Area (NKRA) is reducing crime. Drug addiction is always associated with the crime and government believes by treating and rehabilitating the drug addict; the rate of street crime such as snatch theft and robbery will be reduced (PEMANDU, 2011). Thus, this will create safe city and improve the quality of life among the society especially drug addicts. Moreover, National Anti Drug Agency (NADA) was established to be the prime agency to foresee all matters regarding drug problems such as treatment and rehabilitation, enforcement and prevention program in Malaysia. Furthermore, execution of C&C1M clinic is to ensure the treatment and rehabilitation delivery is felt by the people especially drug addict as the main target group. Through this approach drug addicts also being respected as a normal patient and they were called as a client instead of criminal. The center also has specifically designed to be more approachable by reducing the waiting time and less treatment duration. There are wider scopes of service provided to the clients such as; inpatient, outpatient, clinical treatment, methadone substitution therapy and advocacy. Thus, the concept applied in C&C1M Clinic is aligned with the health approach recommended by the World Health Organization (WHO).

## **Problem Statement**

A report released by National Anti-Drug Agency (NADA) in 2013 shows relapse cases in Malaysia keep rising and most of relapse cases occurred in Kuala Lumpur (20.83%) followed by Penang (16.9%). This has risen the issues of the effectiveness of drug treatment and rehabilitation program in Malaysia especially after the implementation of health approach in 2010. Although the government has offered and implemented various treatments and rehabilitation programs but there is still a high relapse rate. This shows the effectiveness of drug treatment and rehabilitation is a concern to combat drug issues in Malaysia. The main reason of the failure of drug treatment and rehabilitation program involving detention center is because the center only abstained the drug addict from the use of drug and not to cure them, as once they

discharge they relapse (Rusdi *et al.*, 2008). This is due to unemployment and influence from peers addict and many other reason. This ponders more questions to the effectiveness of the drug treatment and rehabilitation program in responded to the relapse problems. Therefore, this study intends to determine the effectiveness of drug treatment and rehabilitation program in C&C1M Clinic Sungai Besi Kuala Lumpur by focusing on the perspective of outpatients clients.

### **Research Objectives**

The objectives of the study are as follows:

- i. To determine the level of effectiveness of drug treatment and rehabilitation program of outpatient in Cure and Care 1Malaysia Clinic Sungai Besi, Kuala Lumpur.
- ii. To examine the relationship between effectiveness of drug treatment and rehabilitation program towards intention not to relapse among outpatient in Cure and Care 1Malaysia Clinic Sungai Besi, Kuala Lumpur.
- iii. To identify the influence of age to the relationship between the effectiveness of drug treatment and rehabilitation program towards relapse intention of outpatient in Cure and Care 1Malaysia Clinic Sungai Besi, Kuala Lumpur.

### **Literature Review**

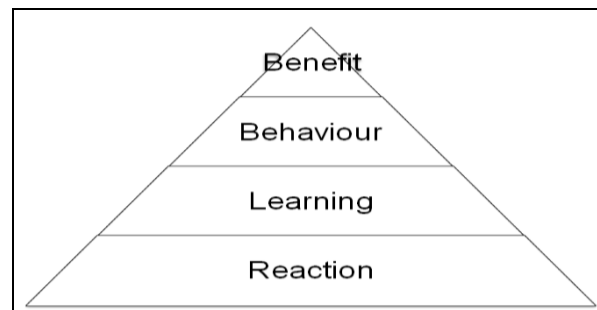
Nation's number one enemy, this is an indicator of the seriousness and danger of drug abuse among Malaysian since 1983. The negative impact of drug addiction in Malaysia such as spread of HIV/AIDS, reduce the potential human resource, encourage crime and cause fear among the public. This have been proven with the statistic released by NADA in 2013 whereby in average per month there are 37 new drug abusers and 27 drug relapse registered in NADA systems. The rate of drug abuser and relapse quite high although treatment and rehabilitation program has been transformed by the government. Moreover, there are various factors affecting the existing of drug issues in Malaysia. Geographically, Malaysia is located near to Golden Triangle country such as Laos, Thailand and Burma; this countries are drug cultivation region (Kamarudin, 2007). This is one of the external factors existed due to people mobility and economic activities among the country which involving Malaysia. Besides, the internal factors such as peer influence, curiosity, entertainment and lack of knowledge among the society especially in young generation also contribute to the drug problems in Malaysia (NADA, 2013). Therefore, this study focuses on the effectiveness of drug treatment and rehabilitation especially is C&C1M Clinic. According to Fauziah and Kumar (2009) the

effectiveness of drug treatment and rehabilitation program are among the factors which influence the relapse cases in Malaysia.

### *Effectiveness of drug treatment and rehabilitation program*

The study on the effective treatment for drug addiction problem has started since the mid 1970s whereby many scientific reserach has been done to help patients to stop using drug, avoid relapse and recover their live successfully (National Institute of Drug Abuse, 2009). Although addiction is very complex and it can affect brain function and behaviour but it is treatable disease. Therefore, the there are many elements needed in order to provide effective treatment to the drug addicts. Effectiveness of drug treatment is the process of eliminating of drug dependency and returned the patient's to be productive and functioning towards the family, work place and community (Volkow and Li, 2004). Although many stakeholders such as family, treatment center, employer and society have taken part to alleviate the issue, however, the program implemented has produced unsatisfactory outcome (Baharom *et al.*, 2012 & Rusdi *et al.*, 2008). In 2009 the increase of the number of drug addicts especially relapse cases has shown the poor level of drug treatment and rehabilitation effectiveness in alleviating the drug cases in Malaysia (Fauziah *et al.*, 2010).

The effectiveness of drug rehabilitation treatment and program becomes the main concern in this study because the participants who received non-residential treatment need more vigorous research to know its effectiveness (Krebs *et al.*, 2008). Therefore, the study has been conducted in order to know the level of effectiveness of rehabilitation program and the effect of relapse issues. The effectiveness of the drug treatment and rehabilitation program also refer to the two elements which are the achievement of the objectives of the program by the clients within the stipulated time and output from the program able to change the client's reaction, learning level, attitude and beneficial to the organization (Jamaludin, 2013). Thus, Kirkpatrick evaluation models (1998) are chosen to measure the effectiveness of drug treatment and rehabilitation.

*Kirkpatrick Evaluation Models (1998)*

**Figure 1**  
Kirkpatrick Evaluation Models (1998)

Figure 1 shows Kirkpatrick Model developed in 1998 by Kirkpatrick. This model is a well-known framework for classifying areas of evaluation and it is a model that follows a goal-based approach to measure the effectiveness of the program by Philips, (1991). This model has been applied in many study on the effectiveness of program especially training program (Farjad, 2012). This model is evaluated based on four levels. The first level is reaction level whereby the clients are able to understand the treatment and rehabilitation program that has been received. Next level is learning, in this level it described the attitude of client in term of knowledge, skills and change attitude as a consequence of the treatment and rehabilitation program.

Next level is the behavior level. This involves the changes in the client life such as able to prevent drug craving, getting employment and become healthy. The last level in Kirkpatrick model is benefit, whereby the client able to experience and fulfill all the objectives and goal of the treatment and program. Jamaluddin, (2013) also utilised this model to determine the effectiveness of drug prevention in SHIELDS (*Sayangi Hidup Elak Dadah Selamanya*) program—this model is a complete and straight forward system; which related to the measurement of the effectiveness of the program in achieving its goals and objectives. On the other hand, Kirkpatrick Model has been evaluated based on two higher measurement levels which are behavior and result (Meyer and Elliott, 2003), this shows that there are modification versions to suit the study. This is because this model has a few limitations as mentioned by Bates, (2004) whereby Kirkpatrick model is actually incomplete model because it does not consider other influence factors such as individual and contextual in the process of evaluation. The individuals and contextual factors should be considered because they are also crucial input factors in the program or training. Therefore, in determining the effectiveness of the program at least one of the four level in Kirpatrick Model was suffients ( Kirkpatrick, 1998).

### *Relapse intention among drug addict*

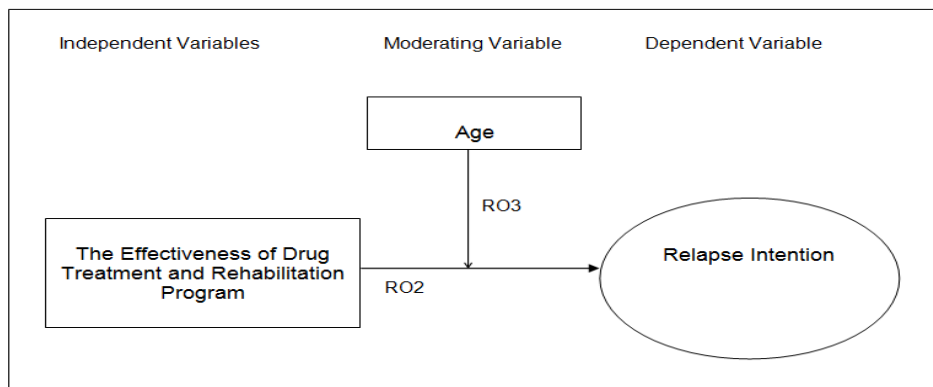
Intention is known as predict behavior which one person has before committing to certain behavior (Davis, 2011) and relapse is the action practices after one had received drug addiction treatment and rehabilitation whether physically and psychologically with the usage, intake or misuse of psychoactive substances (Mahmood, 1996). It is also has been defined as the interval of the opium use immediately after the non-use period (Hosseini et al, 2014). Brecht and Herbeck (2014), had defined relapse as any use of methamphetamine (MA) after discharge from the treatment while; Hosseini *et al.*, (2014) also mentioned that there is significant relationship between age, history of chronic disease and marital status to a return to drug use.

Moreover, relapse is unpredictable, vibrant and complex process whereby it can occur anytime although the drug addict has fully recovered and does not involve with drug in long time (Fauziah and Kumar, 2009). This has been approved by the study conducted by Tam and Foo, (2013) whereby 70% to 90% participants still relapsed within the first year of discharge although some of the programs in rehabilitation center were successful. The study from Fauziah and Kumar (2009) has showed that there were inmates who had followed the rehabilitation treatment for more than five times still relapsed and this indicated that drug relapse was volatile and complex issues to be solve. In addition Brecht and Herbeck (2014) also mentioned that only 14% of the sample relapses to methamphetamine during 2-5 years after the treatment discharge and the other 61% relapse within one year. Thus, in order to measure the effectiveness of the treatment and rehabilitation program the intention not to relapse become one of the indicators for the patients to be motivated and has better quality of life as addiction itself is a complex issues and it can start at any time.

The factors which influence to the relapse cases as according to Fauziah and Kumar (2009) are the effectiveness of rehabilitation program, negative emotion, interpersonal conflict and social pressure such as peer, family and community. The social pressure which is peer influence was found as the main contributor to the relapse and addiction in Malaysia(Rahman *et al.*, 2011). As according to NADA, (2009) 57.9% major factor is peer influence. On the other hand the finding from Zhu et al, (2009), mentioned that family support is the essential for the drug addict to quit and relapses. The sensitivity of the patients on their addiction problems is important for relapse prevention approaches. The researchers have to consult the patients regarding their sensitivity concerning their relapse prevention needs as this could resulted to better understanding on the limitation and needs of the patients Walton, Blow and Booth, (2000) when receiving the treatment and rehabilitation program.

### *The Influence of Age in Drug Treatment and Rehabilitation Program*

Drug abuse pattern shows that, at the age of 18 to 20 years old there was the increasing trend as compared to older age as the trend shows the decreasing patterns as the drug abuser get older (Substance Abuse, 2015). Drug addict is mostly stop the addiction as they get older, this situation is similar with the trend of drug abuse in Unites States as drug dependence reduce with the increase of age (Foddy and Savelescu, 2010). The situation was the addict who age of 55 the drug dependence was recovered as compared to the teenage with the age of 15 as this is the age they started to dependence on drug. In term of treatment and rehabilitation program, age is one of the crucial factor to determine the risk of relapse. This is because relapse risk was higher in the oldest group especially the person who started the illicit drug used at the early age (Substance Abuse, 2014). In Malaysia the age of drug abuse was categorised to teenage (13 to 18 years old), adolesant (19 to 39 years old) and adult (40 years old and above) (NADA, 2015). Thus this study has chosen age as the moderating variable to know the trends in C&C1M Clinic, Sungai Besi Kuala Lumpur. Therefore, Figure 2 shows the the conceptual framework of the study:



**Figure 2**  
Conceptual Framework

## ***Methodology***

### ***Research Design***

This is a quantitative research which adopted a case study design. By adopting case study a cross sectional survey via questionnaires were used to survey the respondents.

### *Unit of Analysis*

The study involving the individual or patients in Cure and Care 1Malaysia (C&C1M) Clinic Sungai Besi. The individual or patient was known as client who still undergoing the outpatient drug treatment and rehabilitation program without any limitation of age and gender. C&C1M Clinic, Sungai Besi was chosen because this is the first pioneer drug treatment and rehabilitation center which undergone the transformation in Malaysia.

### *Sample Size*

This study involved  $n=46$  outpatient clients out of 120 total population clients in Cure and Care 1Malaysia Clinic Sungai Besi. This was an appropriate number of sample size to according to Roscoe (1975), the minimum sample size can be at least 30 as the appropriate sample size required among 30 to 500 elements.

### *Sampling Technique*

A purposive sampling technique was adopted in this study. This is because the respondents were purposely chosen the individuals who was outpatient clients in Cure and Care 1Malaysia Clinic Sungai Besi, Kuala Lumpur.

### *Measurement*

The variables of the study (effectiveness of drug treatment and rehabilitation program) were measured based on items adopted and modified to fit the context of study from Kirkpatrick's Model by Kunche, (2011) and Walton, Blow and Booth, (2000). The items was measured with the likert scale range from 1- very disagree, 2- Disagree, 3-Moderately, 4-Agree and 5- very agree. While there are 12 items measured the profile of respondents.

### *Data Collection*

A set of administered questionnaires were distributed to the respondents. The questionnaires were designed in Malays and English.



## Data Analysis

The analysis of this study was completed by using Statistical Package for Social Science (SPSS) version 20. The analysis comprised of descriptive, regression analysis and regression-based moderation analysis- using process by Hayes.

## Findings of Study

Analysis of the data comprises of data reduction and factoring<sup>i</sup>, the data also reliable<sup>ii</sup>. The test of normality<sup>iii</sup> and linearity<sup>iv</sup> were assumed. Data was collected according to the approved date by NADA from 22 April to 12 May 2015. The respondents were from the outpatients clients in C&C1M Clinic Sungai Besi, Kuala Lumpur.

**Table 1**  
*Demographic Profile*

Description of Items	Category	Frequency	Percentage (%)
Gender	Male	45	97.8
	Female	1	2.2
Marital Status	Single	19	41.3
	Married	24	52.2
	Divorcee	3	6.5
Ethnicity	Malay	34	73.9
	Chinese	9	19.6
	Indian	2	4.3
	Others	1	2.2
Employment Status	Unemployed	7	15.2
	Part time	7	15.2
	Full time	32	69.6
Educational Level	Not in School	1	2.2
	Primary School	5	10.9
	LCE/SRP/PMR/PT3	16	34.8
	MCE/SPM/SPMV	17	37
	HSC/STP/STPM	2	4.3
	Vocational Certificate Diploma	2 3	4.3 6.5
Age	20-24	1	2.2
	25-29	6	13
	30-34	8	17.4
	35-39	8	17.4
	Above 40	23	50
Age Starting Illicit Drug	13-15	4	8.7
	16-19	18	39.1

<sup>i</sup> KMO adequacy test, 0.78

<sup>ii</sup> Cronbach's Alpha: intention not to relapse (0.890), effectiveness of drug treatment and rehabilitation program (learning) (0.885) and effectiveness of drug treatment and rehabilitation program (benefit) (0.907)

<sup>iii</sup> Skewness of all variables range between -2 to 2(Field, 2012) was assumed

<sup>iv</sup> Linearity  $p < 0.005$

Used	20-24	14	30.4
	25-29	6	13
	30-34	2	4.3
	35-39	1	2.2
	Above 40	1	2.2
Total Monthly Income (RM)	0-450	7	15.2
	450-900	5	10.9
	900-1350	10	21.7
	1350-1800	9	19.6
	1800-2250	6	13
Family History on Drug Abuse	2250 and Above	9	19.6
	Yes	8	17.4
Current Addiction Status	No	38	82.6
	New Drug User	9	19.6
	Relapse Drug User	24	52.2
Type of Drug Treatment and Rehabilitation Program Involvement	Not Drug User	13	28.3
	Psychosocial Involved	37	80.4
	Not involved	9	19.6
	Clinical service Involved	46	100
	Not Involved	0	0
Total	Vocational Training Involved	18	39.1
	Not Involved	28	60.9
Total		46	100

Table 1 shows, 97.8% of respondents were male and Malay (73.9%). Most of the respondents were married (52.2%) and working (84.8%) either part time or full time. Therefore, the majority of the respondents (54.3%) have monthly income at the range of RM 900 to RM2250. The range of age of the respondents who getting the treatment and rehabilitation in C&C1M Clinic Sungai Besi was 40 years and above. The other part of the respondents profile was regarding drug addiction details. The data showed that, all of the respondents were receiving clinical service (100%) and they were drug relapse (52.2%). Besides, most of the respondents started to involve with drug abuse between the age of 16 to 24 (32%).

## Table 2

*Research Objective 1: To examine the level of effectiveness of drug treatment and rehabilitation program*

Items	Mean	Standard Deviation
Intention not to relapse	4.3944	.63847
Effectiveness (Learning)	4.4074	.72783
Effectiveness (Benefit)	4.4556	.56981

Table 2 shows the level of effectiveness of drug treatment and rehabilitation program in C&C1M Clinic Sungai Besi, Kuala Lumpur is high (Mean=4.4 and 4.45).

**Table 3**

*Research Objective 2: To examine relationship between the effectiveness of drug treatment and rehabilitation program towards intention not to relapse*

Items	r	B	P
Effectiveness (Learning)	0.417**	0.066	0.653
Effectiveness (Benefit)	0.576**	0.592	0.003

a. Dependent variable: intention not to relapse

Table 3 shows that, there was a relationship between effectiveness of drug treatment and rehabilitation program on learning towards intention not relapse; but it is not significant ( $r= 0.417$ ,  $p>0.005$ ). While there was a significant relationship between effectiveness of drug treatment and rehabilitation program on benefit towards intention not to relapse. ( $r=0.576$ ,  $p<0.005$ ).

**Table 4**

*Research Objective 3: To identify the influence of age to the relationship between the effectiveness of drug treatment and rehabilitation program towards relapse intention of outpatient in Cure and Care 1Malaysia Clinic Sungai Besi, Kuala Lumpur*

Items Independent Variable	Moderating Variable	Dependent Variable	P
Effectiveness (Learning)	Age	Intention not to relapse	0.8772
Effectiveness (Benefit)	Age	Intention not to relapse	0.0146

Table 4 demonstrates that, age was significantly  $p<0.05$  influenced the relationship between the effectiveness of drug treatment and rehabilitation program in term of benefit towards intention not to relapse. While the effectiveness of the drug treatment and rehabilitation program in term of learning was not significant  $p<0.05$ .

## Discussion

The level of effectiveness of drug treatment and rehabilitation program has been measured by adopting from Kirkpatrick model which involves four level of the model such as reaction, learning, behavior and benefit. However, analysis indicated that there were only two levels appeared in the independent variable (effectiveness of the drug treatment and rehabilitation program) which were learning and benefits. The measurement of effectiveness of drug treatment and rehabilitation program by using learning and benefit level of this study was similar with the study conducted by Kay Meyer and Elliot, (2003) whereby the evaluation of the training in their study only focus on the behavior and result level. Furthermore, according to Bates, (2004), Kirkpatrick Model is incomplete as it does not consider the contextual influences of the

program, the environment as well as the characteristic of the individuals whereas these are important factors for effective evaluation. In addition, the questionnaires was adopted and modified from Kunche (2011). Therefore, the effectiveness of the drug treatment and rehabilitation program was evaluated based on two level of Kirkpatrick model which are learning and benefit. Both of the levels were determined based on the items construct in the measurement of the study.

The level of effectiveness of drug treatment and rehabilitation program in C&C1M Clinic, Sungai Besi were high. The high level of the effectiveness of the program revealed that; the treatment and rehabilitation program based on health approach were favourable and met the expectation of the respondents. The majority of the respondent were able to work and have stable income to support their family and life. In addition, the concept of open access and voluntary to receive the treatment especially in outpatient service showed that, the respondents life and behavior has changed. The drug treatment and program such as methadone maintenance therapy had helped the respondents to deal with their addictive behavior. Therefore, the respondents were able to executed their daily activity such as working. This was proven as there were 84.8% of the respondents working in full time and part time job. They also have families to care for, as the majority of the respondents were married. The finding of the study was supported by the study conducted by Kamaruzaman *et al.*, (2012) whereby; there were more than 70% of client in Care program were employed. This indicated that, the drug treatment and rehabilitation program in C&C1M clinic Sungai Besi, Kuala Lumpur has a huge impact to their live as they were able to execute normal daily activity although most of them were relapse outpatient clients.

There was a significant relationship between the effectiveness of drug treatment and rehabilitation program towards intention not to relapse among the outpatients in C&C1M Clinic, Sungai Besi. This finding was similar with the study conducted by Fauziah *et al.*, (2011) whereby there is no significant relationship between drug rehabilitation program prepared by the government with relapsed addiction. However, the finding from Yahya and Mahmood (2002) mentioned that, the effectiveness of drug rehabilitation program has relationship with relapse addiction. In contrast, this study shows there was a significant relationship between the effectiveness of drug treatment and rehabilitation program in Cure and Care Clinic 1Malaysia, Sungai Besi was because there are 87% of the respondents were confident with their ability to cope with urges and craving after they had received the treatment and rehabilitation program.

Eventhough, most of the respondent believed that, treatment and rehabilitation program they had received are effective however, their intention to relapse was as a result of their choice. As stated by Lee and George, (2005) drug addiction is life time illness and can never be cure but only can control it. Nevertheless, the treatment and rehabilitation programs have able to reduce their dependency towards drug and they

were able to continue their life like a normal person. The drug treatment and rehabilitation program also had prevented them from involving with any criminal activity as they can control their craving towards drug. Furthermore, drug treatment and rehabilitation program prepared by the government in C&C1M clinic Sungai Besi is free and the addicts voluntarily come to seek treatment and rehabilitation. This shows that, the respondents are willing to change and seek for a better life. The high correlation of the effectiveness of drug treatment and rehabilitation program in the level of learning and benefit towards relapse intention was because 100% of the respondents were injecting drug user who abuse the heroin and receiving methadone maintenance treatment in C&C1M Clinic, Sungai Besi. Therefore, the intake of methadone are effective to reduce the drug craving, eliminate mood swing as well as increase the employability of the drug addict as they able to substitute their craving towards drug to methadone. Hence, the study has proven that the program provided by C&C1M Clinic is useful however continuous efforts to improve the effectiveness level should become the main goal of government especially NADA as drug addiction is still threaten the society in Malaysia and throughout of the world.

The study has revealed that the age of outpatient client in C&C1M Clinic also significantly influence the effectiveness of drug treatment and rehabilitation program towards intention not to relapse. This is because the majority of the clients were adult (above 40) which shows that, the older drug addicts have more awareness and voluntarily seek the drug treatment and rehabilitation as compared to young clients. This was due to awareness of the client to free themselves from drug addiction. According to Baharom et al, (2012), the older drug addict have more motivation and encouragement to stop the drug craving by seeking the treatment and rehabilitation program. This trends also similar with the study conducted by Foddy and Suvelescu, (2010) which claimed that, drug dependency among the people in United States reduce when they become older. As compared to Malaysia this trend also occur due to the benefit that the outpatient client received which prevented them from the intention to relapse. Especially in term of behavioral modification resulted from the health approach implemented by the center.

## **Conclusion**

Health approach policy executed by government through NADA is very crucial in the effort to eradicate drug issues in Malaysia. The support from the center and society on the drug addicts has influenced the successfulness and effectiveness of the program. The establishment of connection between family and management of C&C1M Clinic Sungai Besi, Kuala Lumpur is able to motivate and encourage the clients to be discipline especially during the treatment and rehabilitation process. For example, in China, each of the family was allocated with one support worker to be mediators between the rehabilitation center and family (Zhu *et al.*, 2009). In conclusion, the

transformation of drug treatment and rehabilitation requires the active participation from all level of society and continuous efforts to ensure effectiveness of drug treatment and rehabilitation programmes.

## References

- AgensiAntidadahKebangsaan. (2009). *Maklumatdadah 2008*. Retrieved 2014, from <http://www.adk.gov.my/html/laporandadah/Buku%20Maklumat%20Dadah%202012.pdf>
- AgensiAntidadahKebangsaan. (2013). *Maklumatdadah 2012*. Retrieved 2014, from <http://www.adk.gov.my/html/laporandadah/Buku%20Maklumat%20Dadah%202012.pdf>
- AgensiAntidadahKebangsaan. (2015). *Maklumatdadah 2014*. Retrieved 2014, from <http://www.adk.gov.my/html/laporandadah/Buku%20Maklumat%20Dadah%202014.pdf>
- Baharom, N., Hassan, M. R., Ali, N., & Shah, S. A. (2012). *Improvement of quality of life following 6 months of methadone maintenance therapy in Malaysia. Subst Abuse Treat Prev Policy*, 7(1), 32.
- Bates, R. (2004). A critical analysis of evaluation practice: the Kirkpatrick model and the principle of beneficence. *Evaluation and program planning*, 27(3), 341-347.
- Brecht, M. L., & Herbeck, D. (2014). Time to relapse following treatment for methamphetamine use: A long-term perspective on patterns and predictors. *Drug and alcohol dependence*, 139, 18-25.
- Davis, S. N. (2011). *Moderators of prostate cancer testing intention and PSA testing in black men*. (Order No. 3457825, Temple University). *ProQuest Dissertations and Theses*, , 156. Retrieved from <http://search.proquest.com/eaccess.library.uitm.edu.my/docview/874358118?accountid=42518>. (874358118).
- Farjad, S. (2012). The Evaluation Effectiveness of training courses in University by Kirkpatrick Model (case study: Islamshahr university). *Procedia-Social and Behavioral Sciences*, 46, 2837-2841.
- Fauziah, A.S. Bahaman, N.Subhi, KamaruzamanYusoff, S.M Mohamad, N.Sarnon, . . . Z.M. Lukman. (2011). The effectiveness of narcotics rehabilitation program in Malaysia. *World Applied Science Journal* 12.
- Fauziah, I., Arifin, Z., Wan Shahrazad, W. S., Lukman, Z. M., Roseliza Murni, A. R., Zainah, A. Z., & Siti Fatimah, G. (2010). Measuring motivational readiness for change among drug addicts in Malaysia: A descriptive analysis. *The Social Sciences*, 5(5), 429-432.
- Fauziah, I., & Kumar, N. (2009). Factors effecting drug relapse in Malaysia: An empirical evidence. *Asian Social Science*, 5(12), p37.
- Field, A. (2009). *Discovering statistics using SPSS*. Sage publications.

- Field, A. (2012). *Discovering Statistics Using IBM SPSS Statistics*. London: Sage Publications Ltd.
- Foddy, B., & Savulescu, J. (2010). Relating addiction to disease, disability, autonomy, and the good life. *Philosophy, Psychiatry, & Psychology*, 17(1), 35-42.
- Hosseini, S., Moghimbeigi, A., Roshanaei, G., & Momeniarbat, F. (2014). Evaluation of Drug Abuse Relapse Event Rate Over Time in Frailty Model. *Osong Public Health and Research Perspectives*, 5(2), 92-95.
- Jamaludin, S. (2013). *Impak program pencegahan dadah Shields kepada pembangunan pelajar di daerah Kluang, Johor* (Doctoral dissertation, Universiti Teknologi Malaysia, Faculty of Education).
- Kamarudin, A. R. (2007). The misuse of drugs in Malaysia: Past and present. *Jurnal Antidadah Malaysia (Malaysian Anti-Drugs Journal)*, 1(2), 1-24.
- Kamaruzaman, et al. (2012). Transformation from compulsory drug detention centres to ambulatory care programmes at clinic C&C 1Malaysia, Centre of Excellence for Research in AIDS (CERIA), UM (unpublished)
- Kirkpatrick, D. L. (1998). *Evaluating Training Programs: The Four Levels*.
- Meyer, M. K., & Elliott, V. (2003). *Training evaluation: A review of literature*. National Food Service Management Institute, University of Mississippi.
- Krebs, C. P., Strom, K. J., Koetse, W. H., & Lattimore, P. K. (2008). The impact of residential and nonresidential drug treatment on recidivism among drug-involved probationers: A survival analysis. *Crime & Delinquency*.
- Kunche, A., Puli, R. K., Guniganti, S., & Puli, D. (2011). Analysis and Evaluation of Training Effectiveness. *Human Resource Management Research*, 1(1), 1-7.
- Lee, M., & George, S. (2005). Drug strategy unit. *The British Journal of Forensic Practice*, 7(4), 39-48.
- Mahmood N.M (1996). *Pernan & penglibatan keluarga dan masyarakat dalam pencegahan penagihan berulang*. Jurnal PERKAMA. Bil.6.ISSN 0127/6301. Persatuan Kaunseling Malaysia
- National Institute on Drug Abuse. Treatment Approaches for Drug Addiction. (2009) Retrieved from <http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction> on June 4, 2015
- PEMANDU. (2011). GTP 1.0 Reducing Crime. Retrieved April 21, 2015, from [http://gtp.pemandu.gov.my/gtp/Reducing\\_Crime-@-GT\\_P\\_1@0\\_Reducing\\_Crime.aspx](http://gtp.pemandu.gov.my/gtp/Reducing_Crime-@-GT_P_1@0_Reducing_Crime.aspx)
- Phillips, J. J. (1991). *Handbook of Training Evaluation and Measurement Methods*, 2nd edn (Houston, TX: Gulf).
- Puffer, E. S., Skalski, L. M., & Meade, C. S. (2010). Changes in Religious Coping and Relapse to Drug Use Among Opioid-Dependent Patients Following Inpatient Detoxification. *Journal of religion and health*, 51(4), 1226-1238.
- Rahman, A., Rafaei, W., Dzulkifli, M. A., Dawood, S., Rahah, S., & Mohamad, M. (2011). Social Support Among Malay, Chinese, and Indian Drug Addicts in Malaysia. *Jurnal Anti Dadah Malaysia*.

- Substance Abuse and Mental Health Services Administration (SAMHSA). 2014. *Results from the 2010 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. Rockville, MD: Office of Applied Studies, SAMHSA. Retrieved June 2012 from : <http://www.oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf>.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2015.). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health. (*HHS Publication No. SMA 15-4927, NSDUH Series H-50.*, 64. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>
- Results from the 2010 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. Rockville, MD: Office of Applied Studies, SAMHSA. Retrieved June 2012 from : <http://www.oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.pdf>.
- Rusdi, A. R., Robson, N. Z., Muhsin Ahad Zahari, M., & Hussain Habil, M. (2008). A fifty-year challenge in managing drug addiction in Malaysia. *Journal of University of Malaya Medical Centre (JUMMEC)*, 11(1), 3-6.
- Roscoe, J. T. (1975). *Fundamental research statistics for the behavioral sciences [by] John T. Roscoe*. New York, NY: Holt, Rinehart and Winston.
- Tam, C., & Foo, Y. C. (2013). A qualitative study on drug abuse relapse in Malaysia: contributory factors and treatment effectiveness. *International Journal of Collaborative Research on Internal Medicine & Public Health [E]*, 5(4), 217-232.
- Tanguay, P. (2011). Policy responses to drug issues in Malaysia. *IDPC briefing paper. London: International Drug Policy Consortium*.
- Volkow, N. D., & Li, T. K. (2004). Drug addiction: the neurobiology of behaviour gone awry. *Nature Reviews Neuroscience*, 5(12), 963-970.
- Walton, M. A., Blow, F. C., & Booth, B. M. (2000). A comparison of substance abuse patients' and counselors' perceptions of relapse risk: Relationship to actual relapse. *Journal of substance abuse treatment*, 19(2), 161-169.
- Yahya Don & Mahmood Nazar Mohamed, (2002), Penagihan Dadah & Perlakuan Jenayah: Pengaruh Faktor Psikososial dan Institusi. *Jurnal psikologi Malaysia*. Julai 2002. Bil 16: ISSN 0127-8029
- Zhu, W. X., Dong, J. Q., & Hesketh, T. (2009). *Preventing relapse in incarcerated drug users in Yunnan Province, China. Drug and alcohol review*, 28(6), 641-647.