

A Review of the Aftercare Module from the Perspective of the Kuala Lumpur Treatment and Rehabilitation Center Staff

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Abstract

Based on a preliminary study, this paper aims to describe the aftercare module at a Drug Treatment and Rehabilitation Center in Kuala Lumpur. The significance of this study lies in its ability to provide an overview of the treatment utilised for drug abuse survivors following rehabilitation. This is referred to as an "aftercare programme." The rehabilitation process at this treatment and rehabilitation centre is guided by the psycho-socio-bio-spiritual model. After completing the institution's rehabilitation programme, the aftercare programme consists of regular meetings in which issues and difficulties are discussed. Qualitative approaches were used as the methodology for this paper. Observational data collection did not participate in the sessions of the aftercare module or in-depth interviews with the officers responsible for the aftercare module's operation. This preliminary study reveals that the aftercare programme approach that emphasises the concept of Help Support Group and the 12 steps of Narcotics Anonymous aids ex-addicts in their recovery, particularly in the areas of behaviour formation and emotional support. Therefore, additional research on the aftercare programme should provide more details and an overview of the programme from the perspective of a drug addict.

Keywords: Support Group, Aftercare Module, Treatment, Rehabilitation, Drug Addicts

Introduction

Aftercare refers to any ongoing or follow-up treatment for substance abuse that occurs after the initial rehabilitation programme conducted at Rumah Pengasih. The objective of the after-addiction care programme is the same regardless of location, method, or treatment preparation: to keep the individual off the drug, work on avoiding relapse, and achieve life goals. Based on the idea of a support group, it brings together people with similar experiences. Group members share their experiences, foster mutual understanding, and offer assistance in resolving problems. Support is an essential component of treatment for addressing emotional, behavioural, or mental health issues. The primary objective of this support group is to offer

assistance to those battling drug addiction. The members of the auxiliary support group are Rumah Pengasih alums who facilitate sharing sessions concerning post-treatment issues.

Literature Review

Some studies in the West focus on "aftercare" or post-rehabilitation programmes, particularly Oxford House. Brown et al (2001) stated that "aftercare" or post-recovery programmes must emphasise community and individual change. After rehabilitation, the programme prioritises strong support, the involvement of agencies and organisations that meet the needs of the individual, the involvement of family members, employment opportunities, and friendships. In other words, post-rehabilitation programmes in the community involve the collaboration of various agencies and organisations, with a focus on assisting semi-recovered addicts to obtain employment and improve the quality of their familial relationships. A minimum of three individual, group, and guidance counselling sessions per week are also suggested for semi-recovered addicts participating in the post-rehabilitation programme. A group of semi-recovered addicts who participated in a post-rehabilitation programme for six months showed a reduction in drug use and criminal behaviour, according to the study (Brown, et al., 2001). The researchers added that after 12 months of participation in the programme, more significant changes can be observed.

One of Jason et al (2007) studies on social support and self-efficacy was among Oxford House residents. The Oxford House is a drug abuse prevention programme that combines 12 steps with a community-based support network. According to the findings, social support can reduce the change or lack of desire to engage in drug use. Community involvement has strengthened relationships with individuals who share the same objective, which is to remain drug-free. Community involvement also increases self-efficacy to avoid drug use. The findings of the study also indicate that the six-month residency at Oxford House is the most important factor in supporting the observed changes.

Both of the aforementioned studies (i.e., Brown et al., 2001; Jason et al., 2007) discovered that drug addicts' behavioral changes partially recovered after participating in community rehabilitation programmes. Relatedly, semi-recovered addicts participating in community-based rehabilitation programmes must have a desire to engage in organized activities. The participation in organized activities is uninstructed by others. In other words, semi-recovering addicts must accept responsibility for their actions if they wish to be free of drug addiction.

Abdul Rahman et al (2009) conducted a study on post-rehabilitation programmes and found that less information was disseminated about these programmes. In the context of this study, a post-rehabilitation programme refers to a community-based programme that can be followed by addicts in partial recovery after undergoing treatment in rehabilitation centres. Some partially recovered addicts are not interested in following the programme after recovery, according to the findings of the study. Recent research by Mowbray et al (2010) revealed that one-third of the heroin addicts who participated in the study did not receive treatment because they were unwilling to participate. It is possible that these assumptions about self-efficacy are a result of the lack of social support received.

Soyez and Broekaert (2003) conducted a study on the transition from a rehabilitation centre to community-based rehabilitation. The majority of partially recovered drug addicts are at risk due to the increased social acceptance of drug abuse, according to the study's findings. The semi-recovering drug addicts are shocked to learn that members of the community do not adhere to the rehabilitation center's practises and values. During the final stages of rehabilitation, the study revealed that partially rehabilitated addicts had limited social networks. Participating addicts in the study reported feelings of isolation and had difficulty initiating social relationships. This study also suggests that community rehabilitation and recovery centres should prioritise social skills training and the development of healthy social relationships. An additional significant finding of the study is that influential individuals require assistance in adapting to partially recovered addicts after they leave the rehabilitation centre. Significant others require appropriate support and information to avoid disappointment or loss of existing social networks (Soyez and Broekaert, 2003).

Most previous studies indicate that drug addicts lack of motivation and self-confidence. In addition, some members of society have a negative view of partially recovered addicts (Ibrahim and Kumar, 2009; Nazar et al., 1999) and partially recovered addicts have poor social support (Ibrahim and Kumar, 2009; Nazar et al., 1999; Fischer and Neale, 2008). Changing individual behaviour or attitudes necessitates social support (Rogers, 1961). Studies also indicate that community-based rehabilitation programmes have a positive impact on drug addicts (Brown, et al., 2001; Jason et al., 2007).

Aftercare Module

1.1 Support Group

Support Group is a rehabilitation programme consisting of group discussions between Rehabilitation Officers, centre alumni, and former drug addicts who have completed the institution's programme. Through this programme, the client is able to share his knowledge and experience, thereby indirectly enhancing his ability to deal with recovery-related challenges.

1.2 Narcotics Anonymous

NA is also used to refer to the 12 Steps of Narcotics Anonymous. Through a twelve-step programme that includes regular group meetings, Narcotics Anonymous offers recovery from the effects of addiction. For addicts who wish to continue and maintain a drug-free lifestyle, the group setting provides peer support and a continuing network of support. Narcotics Anonymous focuses on no particular substance and makes no distinctions between substances, including alcohol.

Table 1

12 steps of Narcotics Anonymous.

Step 1	We admitted that we were powerless over our addiction, that our lives had become unmanageable.
Step 2	We came to believe that a Power greater than ourselves could restore us to sanity.
Step 3	We made a decision to turn our will and our lives over to the care of God as we understood Him.
Step 4	We made a searching and fearless moral inventory of ourselves.
Step 5	We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
Step 6	We were entirely ready to have God remove all these defects of character.
Step 7	We humbly asked Him to remove our shortcomings.
Step 8	We made a list of all persons we had harmed, and became willing to make amends to them all.
Step 9	We made direct amends to such people wherever possible, except when to do so would injure them or others.
Step 10	We continued to take personal inventory and when we were wrong promptly admitted it.
Step 11	We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
Step 12	Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs.

Issues and challenges after completion of the treatment and rehabilitation program at the Institution

The problems and obstacles that ex-addicts face after completing the treatment and rehabilitation programme at the institution are substantial. After completing the institution's rehabilitation programme, they meet on a regular basis to discuss how they should approach challenges. Issues and challenges they share in scientific content regarding healthy lifestyles, social skills, intrapersonal conflicts, financial management, and stress management, as well as other issues encountered in daily life.

Methodology

Qualitative approaches were used as the methodology for this paper. This survey study collects data through non-participatory observation of the aftercare module sessions and in-depth interviews with the officers responsible for the aftercare module's operation. The research was conducted at a Kuala Lumpur Drug Treatment and Rehabilitation Center.

Result

The results of this survey found the views of the responsible officers about the main pillars of the aftercare module outlined in helping ex-drug addicts in the drug-free process from the aspect of behavior formation and emotional support.

"The aftercare module that emphasizes the concept of Support Groups and the 12 steps of NA successfully helps ex-addicts in the recovery process, especially in the aspects of behavior formation and emotional support." - Officer

"Emotional support is very necessary after they finish the program in the institution, and enter the aftercare phase" - Officer

The results of this survey, as interpreted by the officer in charge of the Aftercare Module, indicate that scientific and regular sharing sessions can assist former drug addicts in remaining drug-free.

"Alumni of the Treatment and Rehabilitation Center will conduct the sharing sessions. Among the content are a healthy lifestyle, social skills, intrapersonal conflict, financial management as well as sharing issues or problems encountered after being a former drug addict." Officer

"The meeting every week is to maintain their momentum and enthusiasm to remain drug free" - Officer

"Continuous follow up, because some relapse after the end of the aftercare module" - Officer
Among the improvements from the perspective of the officer in charge are the sessions involving a small number of close individuals. The second improvement is that, according to officials, each drug has unique side effects. Thus, former synthetic drug addicts face different problems than former cannabis drug addicts. Consequently, the issues and difficulties faced by this group are distinct.

"Sessions involve small groups and close members only" - Officer

"The approach is different according to the type of drug that has been taken because the side effects differ according to the type of drug" - Officer

Conclusion

This preliminary study demonstrates that the aftercare module approach that emphasises the concept of Help Support Group and the 12 steps of NA aids ex-addicts in their recovery, particularly in the areas of behaviour formation and emotional support. According to officers, ex-addicts require a guide on their behaviour formation and emotional support. The findings of this aftercare module can therefore be used as a guide and model by other institutions as an alternative method for assisting former drug addicts in becoming drug-free. Officers should tailor their approaches to the type of drug being abused, and each session should involve only small groups and close friends. Future researchers are encouraged to delve deeper into the proposed study area in order to assist more recovering alcoholics and addicts. Future research topics include (1) a study of the construction of a support module for parents in managing children who are involved in the drug abuse scene in order for them to remain in recovery and

(2) a study of new coping mechanism methods to upgrade the existing treatment and aftercare modules. This survey study can serve as a starting point for a review of the aftercare module outlined by the Malaysian Drug Treatment and Rehabilitation Institution.

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