

ISSUES AND CHALLENGES IN IMPLEMENTING DRUG TREATMENT AND REHABILITATION PROGRAMME AT CURE & CARE 1MALAYSIA (C&C1M) CLINIC FROM FEMALE PROVIDERS' PERSPECTIVE

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ABSTRACT

In dealing with drug addiction issues, United Nation Office on Drugs and Crime (UNODC) seeks to ensure the gender equality and empowerment of women in all aspects of institutional process and programme, including drug treatment and rehabilitation aspect. Thus, this paper aims to explore the underlying issues and challenges faced by female providers in implementing the drug treatment and rehabilitation programme in the centre. The female perspective is rarely highlighted although female roles are important in providing the treatment and rehabilitation to the drug addicts. This paper utilised a qualitative approach by conducting in-depth interview with three (3) female participants from Cure & Care 1Malaysia Clinic –Bukit Mertajam, Kota Bharu, and Sungai Besi who had involved with the implementation of drug treatment and rehabilitation programme. Thematic analysis was conducted and NVivo version 12 was employed to manage the data. The findings of this paper revealed that there are four (4) underlying issues and challenges in terms of (1) workplace environment; (2) implementation of activity or programme; (3) female versus male clients (drug addicts), and (4) staffing issues, were highlighted in the implementation of drug treatment and rehabilitation programme. While there are other issues and challenges in the implementation of drug treatment and rehabilitation programme, this paper argued that the providers' perspective particularly on female should become the concern for the government to implement the policy and programme on drug issues in Malaysia. This paper concludes that, female providers' perspective is crucial, and their role in contributing to the recovery of clients in drug treatment centre becomes broader as more females have involved in the implementation of drug treatment and rehabilitation programme.

Keywords: Female providers; drug treatment and rehabilitation; issues and challenges

Introduction

Gender equality and empowerment of women in dealing with drug addiction issues particularly on the aspects of institutional process and programme, including drug treatment and rehabilitation, are highly emphasized by the United Nation Office on Drugs and Crime (UNODC). This is in line with the Sustainable Development Goals (SDGs) which promote gender equality in all aspects of human life. Women and men require different health care needs however the issues of gender discrimination has challenged this group from getting the access on drug treatment and rehabilitation programme. SDGs under this target also has increased the recruitment and capacity of the developing country in terms of health workforce particularly in management of national and global health risk (United Nation, 2018). The issues of female involvement in the workforce also even have been highlighted by a developed country such as Singapore, whereby low female involvement in workforce due to work-life imbalance and challenges. However, as developed country the issues pertaining the empowerment of female in workforce, Singapore has adopted gender-sensitive perspective on issues pertaining to women in the implementation of policies and programme (Singapore Ministry of Foreign Affairs, 2018). This paper highlighted the underlying issues and challenges for female providers in implementing the drug treatment and rehabilitation programme in one institutionalize drug treatment centre which is known as Cure & Care 1Malaysia clinic. In Malaysia, Cure & Care 1Malaysia clinics were established in 2010 as one of the transformation programme particularly in dealing with drug addiction issues (National Anti-Drugs Agency, 2012).

It is the high time for the government to consider the role of females as a drug abusers and providers of the drug treatment and rehabilitation programme. This is due to the increased trend of female involvement in drug addiction issues in the past of five years (2013 to 2017). The statistics show that, total female drug addicts detected from years 2013 to 2017 are 4560. The rising number of female involvement in the drug addiction cases requires serious attention from the government as female involvement in drug abuse has a greater risk than males in the aspect of addictive behaviour, spreading of HIV/AIDS disease and relapse (Clarke & Eustace, 2016; Mustapha et al., 2017). However, this paper has focused on other perspectives which are on female providers as females have also engaged in providing the drug treatment and rehabilitation programme. Female involvement in

the drug treatment centre can strengthen the ability to deal with sex offenders or those who involved with the history of violence (Clarke & Eustace, 2016). This paper also has highlighted the perspective of female providers in implementing the drug treatment and rehabilitation programme that required further attention by the employer or government. In providing effective programme, both need of receiver (client or drug addicts) and the provider particularly for female providers should be considered as one of the crucial stakeholders in succeeding the implementation of drug treatment and rehabilitation programme in the centre.

Literature Review

Gender is defined as “a system of social organization with a set of behavioral prescriptions that is believed to follow from biological sex characteristics” (Becker et al., 2017). In discussing gender issues, indeed the effect of drug treatment and rehabilitation programme were differ based on the gender approaches (Carey, 2009). It is believed that, female posed more challenges in terms of health and progress and different strategies and approach must be adopted (Carey, 2009). The underlying issues and challenges from the perspective of female provider is crucial aspect in drug treatment and rehabilitation programme and it is a common misconception that creating a gender unit and hiring female staff is enough in providing the drug policies and programme (United Nations Office on Drugs and Crime, 2016). Thus, this paper has highlighted the female perspective in implementing the drug treatment and rehabilitation programme in the context of Malaysia.

Female providers perspective is rarely highlighted although female roles are important in providing treatment and rehabilitation to the drug addicts (Segraeus, 2017). In Malaysia female labour participation rates has increased in 7.3 percent which representing 750,000 women in the workforce (Talent Corporation Malaysia Berhad, 2019). This shows that women perspectives in the workforce are crucial as the government or employer should concern on their needs in the workforce. Similarly in the context of drug addiction treatment and rehabilitation programme female has been contributed to the role of providing services to the individual who involved with drug addiction in the centre. The female has worked or acts as the counselor, clinical staff, administrative and non-administrative staff. However, with the increasing trend of female and children in drug addiction scenario in Malaysia, this has highlighted the need for female staff in handling the patient or clients in the drug treatment centre.

Nevertheless, the issues of women or female roles in the drug strategy are rarely highlighted by the government, whereas gender issues should be recognized as it is crucial in the implementation of the programme and activities (Carey, 2009; Megrelishvili et al., 2017; Thomas & Bull, 2018). As staff is crucial stakeholders in every organization and high involvement and productivity of staff can enhance the job effectiveness and view their work as fulfilling and meaningful (Lambert et al., 2018). Therefore, by tailoring services to the needs of the individuals either providers or receivers to provide effective drug treatment and rehabilitation programme are crucial (National Institute on Drug Abuse, 2014). Besides that, in terms of human right respectful way of providing the drug treatment and rehabilitation programme can be one of the healing factors among the individual who involved with drug addiction (Klingemann, 2017).

The empowerment of women particularly female providers in drug treatment and rehabilitation programme are crucial and even in Singapore, the government has include female perspective in the implementation of the policies and programme as female perspective are also vital for the government (Singapore Ministry of Foreign Affairs, 2018). Thus, this paper argued that, the roles of female providers in a drug treatment centre can enhance the treatment engagement and process or become the barrier in delivering effective drug treatment and rehabilitation to the patients or clients. Hence, this paper has discussed the underlying issues and challenges faced by female providers in implementing the drug treatment and rehabilitation programme in the centre.

Methodology

This paper utilised a qualitative approach by conducting in-depth interview with three (3) female participants from Cure & Care 1Malaysia Clinic –Bukit Mertajam, Kota Bharu, and Sungai Besi who had involved with the implementation of drug treatment and rehabilitation programme. The purposive and snowball sampling technique was employed to interview the participants. Before the data were collected, this study has obtained the permission from National Anti-Drugs Agency and the rapport was built before conducting the interview. The data were collected as accordance to the approved date by National Anti-Drugs Agency and Cure & Care 1Malaysia clinic involved. Thematic analysis was conducted and NVivo version 12 was employed to manage the data

Finding and Discussion

The findings in this paper revealed that there are four (4) underlying issues and challenges based on themes and sub themes derived from the interview data. The issues and challenges of female providers in implementing the drug treatment and rehabilitation programme are at Cure & Care 1Malaysia Clinic: (1) workplace environment; (2) implementation of activity or programme; (3) female versus male clients (drug addicts), and (4) staffing issues. Three participants have been involved and the profile of the participants as follows:

Table 1.0 : Profile of the participants

Pseudo name	Represent Cure &Care 1Malaysia Clinic	Working experience (years)
Mrs Noriza	Bukit Mertajam	More than 7
Mrs Maimunah	Kota Bharu	More than 7
Mrs Tan	Sungai Besi	More than 30

Based on the Table 1.0, the pseudo names were assigned to each of the participants. All the participants have been involved in the implementation of drug treatment and rehabilitation programme more than 7 years and more than 30 years.

Figure 1.0: Underlying issues and challenges faced by female providers

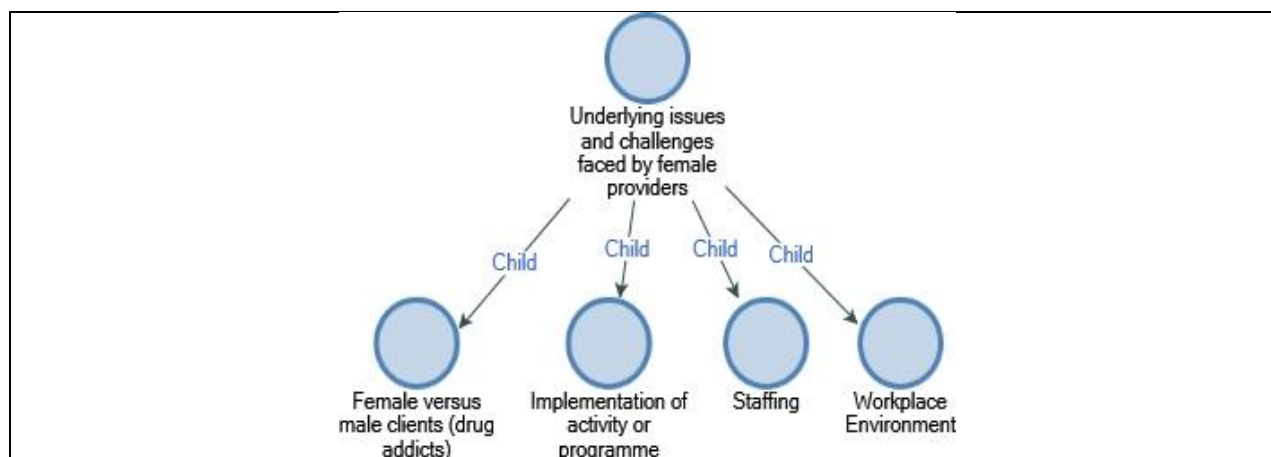


Figure 1.0 indicated the underlying issues and challenges faced by female providers in the implementation of drug treatment and rehabilitation programme at C&C1M clinics. There are four crucial underlying issues and challenges as follows:

Working Environment

The first underlying issues and challenges highlighted in this paper are in terms of working environment in drug treatment and rehabilitation programme. In Malaysia, the drug addiction issues were dominated by male and only involving minority number of females. The working environment also dominated by male staff and these findings revealed that female staff or providers have issues and challenges in providing the drug treatment and rehabilitation programme. Therefore, the participants mentioned that they have to consider a few aspects such as manner, conduct the activity in open space as well as the need for assistance from male staff to solve certain issues. For example, Mrs Maimunah revealed that, in the centre she is the only female staff who handled the client therefore, if she need the assistance from other colleagues she will do so to ensure the client received the effective treatment and rehabilitation. Following are some excerpt from the participants:

[...] we have to be careful, don't make something that can trap ourselves as a woman [...] for example conduct the session in open spaces and easy excess with security (Mrs Noriza, C&C1M Clinic Bukit Mertajam)

[...] because to provide treatment and rehabilitation we have to do it together [...] for example if I can handle that client other officers (Mrs Maimunah, C&C1M Clinic Kota Bharu)

[...] it's normal for female staff to be teased at workplace [...] as a female staff we have to take care of our manner [...] don't show any entice attitude and so on in the workplace (Mrs Maimunah, C&C1M Clinic Kota Bharu)

Implementation of activity or programme

Next issues and challenges experienced by female providers are in terms of the implementation activity or programme in the centre. As female providers who need to deal with clients who have drug addiction problem, they must have good intention and mindset. For example, set positive mind and intention as their job is one of the religious worships and noble by helping the drugs addicts to recover from their drug addictions. As female staff they themselves must have been occupied with passion, knowledge and experiences therefore they can handle the client. Thus, all the clients' problems can be taken care with minimum amount of stress and delivered effective activity and programme.

Besides, the help from the male staff they also need to have the cooperation of the family members in the process of client recovery. This is because it is not easy to make the changes in the client although the concept of the programme of Cure & Care 1Malaysia Clinic is voluntary. The resistance from the client is one of the issues and challenges that the female providers have to cater. Therefore, as mentioned by Mrs Tan, it is important to implement the programme based on the classification of the client such as female, male and teenagers as each of the client segmentation required a different approach. The participants mentioned that:

For me I am enjoy doing my job here, as working is like doing the workshop [...] we have to set out mind that they are not problems only then we will not have problems to do the job (Mrs Noriza, C&C1M Clinic Bukit Mertajam)

[...] knowledge, passion and experience is important so that the client cannot trick us and we can understand the client more (Mrs Noriza, C&C1M Clinic Bukit Mertajam)

We as staff who do rehabilitation and enforcement only have normal stress [...] because it is not easy to make the client

accept the treatment and rehabilitation and fight their addiction (Mrs Maimunah, C&C1M Clinic Kota Bharu)

[...] if we have a negative perception towards the client then the treatment will be negative too. The client will not fight their addiction, so we have to find their goodness (Mrs Maimunah, C&C1M Clinic Kota Bharu)

[...] we also need support from family member of the client (Mrs Maimunah, C&C1M Clinic Kota Bharu)

[...] programme for female and teenagers should be different to make it effective (Mrs Tan, C&C1M Clinic Sungai Besi)

Female versus male clients

Apart from that, the issues and challenges faced by female providers are in managing the female and male client (female versus male clients) in drug treatment and rehabilitation programme. The findings revealed that, male and female clients in the centre required different needs and approaches in providing the drug treatment and rehabilitation programme. Some of female client usually has the attributes such as jealousy and fighting for each other which is more on the sensitive issues in the centre as compared with male client they were more relax and less sensitive attitudes. Among the issues in managing male and female clients in one centre is the attraction between male and females such as couple and alluring. Thus, to ensure the safety and wellbeing of the clients is challenging in mixed centre as compared with single centre which cater the specific centre.

Moreover, female providers also have to beware on the condition of the clients because sometime the clients might have emotionally disturbed. Thus, sense of respect from the clients towards female staff and also male staff to female staff is one of the ways to manage the gender limitation issues in the centre. Other limitations for female providers in implementation drug treatment and rehabilitation is the different ways of giving moral supports. For instances, male staff can just pat the shoulder of the male client as a way to support and giving complement. Other incidents which challenged the participants are when there is client who prefers male staff in the rehabilitation session to share his thought and feeling due to the uncomfortable feeling to share their problems with female staff.

Challenges from the aspect of gender [...] that's why it's depend on our intention, we have to be careful too because there is time, they are okay and they are not okay (Mrs Noriza, C&C1M clinic Bukit Mertajam)

[...] to handle male client we have to set the limitations, then they will respect us more [...] if male staff they may be can pat the client shoulder as moral support but as female staff we have to use other ways (Mrs Noriza, C&C1M clinic Bukit Mertajam)

[...] from my experience of handling female client [...] it is quit though as they likes to fight, jealouse [...] male client also shows alluring action [...] so it is better to separate between male and female [...] but male client is more relax compared to female (Mrs Noriza, C&C1M clinic Bukit Mertajam)

[...] as female staff some of male client may be not comfortable or not suitable with me [...] I will be shared with other staff [...] because sometime the client reluctant to share his story with me (Mrs Maimunah, C&C1M Clinic Kota Bharu)

Staffing issues

Despite that, staffing issues also become one of the challenges that female providers have to deal with implementing drug treatment and rehabilitation programme. Among the challenges is the shortage of staff to handle the client in the drug treatment centre. As the staff has to handle multiple programme with different segmentation within the centre. Next is, the positive mind set to deal with the problematic clients in the centre as well as some of negative perception from the society on the female providers. The participants mentioned that:

[...] at first when I know I will be working here I am surprised as working here is challenging [...] I just accept this work with the intention to help other people [...] some of the society have negative perception with my work as my work have to deal with problematic people (Mrs Maimunah, C&C1M Clinic Kota Bharu)

[...] each programme for female or teenage client should be different [...] but you have the same staff to manage different programme [...] they were staff shortage in the centre [...] and the effectiveness is not have because you have one staff but split to three programme [...] (Mrs Tan, C&C1M Clinic Sungai Besi)

Discussions

While there are other issues and challenges in the implementation of drug treatment and rehabilitation programme, this paper argued that the providers' perspective particularly on female should become the concern of the government to implement the policy and programme on drug issues in Malaysia. Gender barrier particularly involving the client-staff relationships in Cure & Care 1Malaysia clinic were discussed based on the four themes namely, workplace environment; implementation of activity or programme, female versus male clients (drug addicts), and staffing issues.

Working environment in drug treatment and rehabilitation programme which dominated by the male is not the only reason for female providers to portray well manner behavior as it is one of the ways to show the professionalism in the workplace. However, in Malaysia context the issues of limitation between male and female are crucial but that is not the factor which undermines or reduces the quality and roles of the female in the workplace. The employer or the government has to at least give concern on this sensitive issue in the workplace. The participant (Mrs Noriza) mentioned that, she has to beware and take precaution while conducting drug treatment and rehabilitation activities as she needs to consider the gender barriers despite

trying her best to contribute to the client recovery. For example, in conducting the session or activity she cannot touch the male clients to comfort or compliment them as compare with male staff. However, this issue is not influencing the outcome of the programme and this has been supported by Smith et al. (2015), that gender is important consideration in therapy but the opposite gender of therapist and client matching do not influence the outcome of treatment.

While the situation such as there is some client who prefers male staff in the rehabilitation session is just a matter of preferences of the client due to several reason such as comfortable, unconscious reason such as gender bias or presenting problems of the client such as the client who have trauma with female will prefer male providers or therapist (Blow et al., 2008). In other words, this indicated that, there should be a variety of the counselor of providers in the drug treatment centre particularly in terms of gender and expertise as there is heterogeneity of client which requires different approach of drug treatment and rehabilitation. This has been emphasized by Mrs Tan whereby the shortage of staff in the centre creates the redundancy of the tasks and this will lead to low commitment of the staff in the implementation of the service.

Other issues which indicated that, female or women who involved with drug treatment and rehabilitation programme also face the stigmatization from the society. This is not generalised to the society at large however, the mindset and perception towards female provider also impliedly indicated that the stigma towards women was interrelated with what constitutes acceptable behaviour for women (Kensy et al., 2012).

On the other hand, the underlying issues and challenges highlighted by the provider of Cure & Care 1Malaysia clinic were true. The agency and ministry faced with limited budget allocation from the government, there were a shortage of female staff and the staff to implement the programme of the centre. Therefore, the staffs in the centre have to be multi-tasking. While National Anti-Drugs Agency agreed that they have to face with difficulties with facilities in order to cater for the rising number of clients and the increased demand from the society (National Anti-Drugs Agency, 2016). This is due to low capacity of the drug treatment and rehabilitation programme despite the number of centre available in this country.

Conclusion

This paper concludes that, female providers' perspective is crucial, and their role in contributing to the recovery of clients in drug treatment centre becomes broader as more females have involved in the implementation of drug treatment and rehabilitation programme. For women to involve with drug treatment and rehabilitation programme it is a noble work, however, there are challenges that they should deal with but with a strong heart and mind set that their work is one of the ways to help others who need the helps. This paper has highlighted the female providers perspective and in general to the welfare and concern on the service providers (human resource or staffs) also should be take into consideration as supporting someone by providing drug treatment and rehabilitation programme is one of the biggest challenges that not everyone willing to do it.

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