

Experiences of Drug Addicts Undergoing Methadone Therapy towards Improved Quality of Life: A Case Study

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ABSTRACT

Methadone Therapy Treatment (MTT) also known as Replacement Therapy Treatment was first introduced in Malaysia in 2005 to help individuals achieve and maintain the recovery process from drug addiction symptoms and subsequently improve health and quality of life through healthy lifestyle practices. This qualitative study aims to explore the experiences of drug addicts undergoing Methadone Therapy Treatment (MTT) towards improving their quality of life. 10 respondents were selected using purposive and snowball sampling methods from the population of drug addicts undergoing Methadone Therapy Treatment (MTT) at one of the premises under the Malaysian Ministry of Health (KKM) that provides this treatment. Data was collected using a semi-structured interview technique guided by an interview protocol as a research instrument. The interview data obtained was transcribed and analyzed using the thematic analysis method with the help of NVivo10 analysis software. There are two main themes of the study results, namely the experience of undergoing treatment and issues related to treatment. The results of this study can explain the process of MTT and its implications for the target group as well as provide suggestions for improving MTT programs that are more effective, especially regarding the quality of life of drug addicts.

1. INTRODUCTION

According to the Malaysian Ministry of Health (2013), Methadone Therapy Treatment (MTT) is one method of the "Harm Reduction" program for opiate users. This program aims to prevent blood-borne viral infections (HIV, Hep C, Hep B) that result from high-risk behaviors of addiction including sharing needles. MTT is the administration of prescription drugs (methadone syrup) under the supervision of a medical officer.

Methadone replaces opiates such as heroin and morphine where appropriate doses will reduce addiction and prevent withdrawal symptoms. Methadone is a synthetic drug that has the same effects as heroin or morphine but without the euphoric effect. Methadone must be taken orally (by mouth) while overcoming various problems associated with the use or sharing of injection equipment. MTT will reduce or eliminate the heroin response in the body. MTT is one of the components to reduce the harm of addiction which started in October 2005 (Hazwani, 2014).

MTT for opiate addicts is said to reduce the addictive use of opiates. Continual addiction can reduce a person's quality of life. The study of quality of life has received much attention since the 1980s. The attention of studies related to the quality of life, especially for individuals who experience health-related issues, is to look holistically about health care (Leibe M, 2000). Quality of life is defined as an individual's perception of their own life which includes aspects of culture, belief system, personal goals, life expectancy, self-care, physical health, psychological level, level of independence, social relationships, and relationships with the environment (WHOQOL-BREF, 1998). According to Bubolz et al. (1980), quality of life is a general statement that means the well-being or wellness of a community in relation to its living environment.

In this research, quality of life is related to drug addicts undergoing Methadone Therapy Treatment. This research aims to study and explore the experiences of drug addicts who undergo Methadone Therapy Treatment, particularly from the aspects of the reasons for seeking treatment, the treatment process, issues related to the treatment process as well as suggestions for improving the treatment methods that are being carried out.

2. PROBLEM STATEMENT

The study of quality of life can be seen in various fields such as psychology, medicine, environmental science, economics, and sociology (Bubolz et al, 1980; Ventegodt, Merrick & Anderson, 2003; Goldsmith, 2005). Constanza et al (2007) in a

study stated that quality of life can be conceptualized as a form of integration of opportunities, human needs, and well-being. In this research, quality of life is focused on the extent to which human needs can be met and can be measured subjectively and objectively. Human needs refer to basic human needs for life, subsistence, reproduction, and safety. Therefore, a group of individuals undergoing MTT was selected in this research to explore the treatment experience drug addicts go through to improve their quality of life.

In October 2005, Replacement Therapy Treatment (RTT) was first introduced in Malaysia (Hazwani, 2014). The objective of Replacement Therapy Treatment (RTT) according to the National Anti-Drug Agency (2005) is to help individuals achieve and maintain the recovery process. RTT also helps individuals avoid relapse and improves health and quality of life through healthy lifestyle practices. However, no study has shown that the objective of RTG to improve the quality of life of drug addicts has ever been fully achieved.

At the initiation stage of this treatment carried out in Malaysia in 2005, a total of 8 hospitals, 2 health clinics, and 8 private clinics in Peninsular Malaysia were involved. As of 2016, as many as 20 Cure and Care Service Centers (CCSC), 3 Cure & Care 1 Malaysia Clinics, namely Cure & Care 1 Malaysia Clinic Bukit Mertajam, Pulau Pinang, Cure & Care 1 Malaysia Clinic Tampin, Melaka and Cure & Care 1 Clinic Malaysia Tampoi, Johor as well as in the offices of the National Anti-Drug Agency (AADK) District have implemented the program in collaboration with the Ministry of Health Malaysia (AADK, 2016). Based on the increase in the location of X-rays are carried out, this shows that there is an improvement in the preparation of the treatment.

Although there are many studies conducted especially abroad related to RTG, however, those studies are more oriented towards quantitative methods that do not explore in depth the experiences of drug addicts undergoing Methadone Therapy Treatment. Therefore, there is a need to explore the experiences of drug addicts who undergo MTT through the individual's perspective to understand more clearly and at the same time improve the implementation of existing programs, especially in improving the quality of life of ex-addicts.

3. LITERATURE REVIEW

The World Health Organization (WHO, 1998) defines health with a broader perspective that includes the concept of physical, psychological, and social well-being. WHO defines quality of life (QOL) as an individual's cultural and value system that is consistent with a person's purpose in life, relative to their goals, hopes, standard of living, and interests. This concept combines the individual's physical and psychological health, level of independence, social relationships, and how the individual relates to the environment. Quality of life is an increasingly popular field of study. Quality of life models and instruments for research and evaluation have been developed since the middle of the last century (McCall, 2005; Ruzevicius, 2012). However, Greek philosophers have been searching for the meaning of life which can help people to get a higher level of existence in their lives.

In the last century, quality of life was defined as material welfare or wealth alone. Next, the change in perception about the meaning of life and value has influenced the concept related to the quality of life (Ferrer, 2002). The assessment of quality of life should include all elements. For example, the quality of working life is also an important element in the quality of life component. However, this aspect of quality of life has never been scientifically and comprehensively analyzed. The quality of working life includes all areas of work such as employee health and well-being, job security, career planning, competency development, life and work balance, and others. The results of the assessment of the quality of working life factors can potentially contribute to the establishment, implementation, and development of social programs in organizations, whether at the national or international level (Akranaviciute & Ruzevicius, 2007; Brown et al., 2004; Ruzevicius, 2012; Van de Looij, 1995).

Today's technological developments also have implications for the country's medical sector. The application of various treatment methods such as psychotherapy or drug replacement therapy has begun to be taken seriously. One of them is a type of drug replacement therapy called methadone. According to the Malaysian Ministry of Health (KKM), methadone is a type of liquid that works as a substitute for taking opiate drugs that can reduce the feeling of craving or addiction, prevent the desire to take back illegal items, and reduce the effects of taking illegal drugs. (Suraya & Ramli, 2012). Methadone can be given as an outpatient treatment at clinics and hospitals that have been selected by the Malaysian Ministry of Health. Methadone needs to be taken daily and the administration of methadone is closely monitored by pharmacy officers in selected clinics and hospitals.

MTT has been shown to reduce the strength of the withdrawal syndrome and the desire to take opiates, prevent the side effects of opiate addiction, and reduce risk behaviors for infections related to needle sharing (KKM, 2005). There are several studies that report on compliance with MTT (Sharifah Ezat, 2009) and the results of MTT (Ramli et al. 2012). The methadone maintenance therapy program has shown positive results for MTT participants in Tampin district, Negeri Sembilan. MTT is associated with psychosocial programs for specific client groups to ensure their potential can be fully utilized in improving the quality of life (Nizam, 2010).

The Ministry of Health has issued operational documents for MTT such as policies and guidelines, standard operating

procedures, and training modules to aid recovery among drug addicts. Statistics by the Ministry of Health show an increase in their targets, but public awareness of the benefits associated with the MTT program is still uncertain. The lack of public awareness of how MTT can benefit both parties, drug addicts and the community, is the main factor in the failure of the program. A study by Roz Azinur Che Lamin et al., (2013) found that 23.9% of 285 respondents were aware of this program. 81% of respondents stated that program promotion needs continuous improvement. This shows that the lack of promotion and lack of community action to find information on MTT may be contributing to the low level of awareness of the MTT Program among the community that is carried out in hospitals in Malaysia.

A study by Bach Xuan Tran et al., (2017), of 241 male MTT patients who were studied to determine the effectiveness of MTT found that 13.4% reported they were still using opioids. On average, the longer patients have been enrolled in Methadone Therapy Treatment, the less likely they are to use drugs concurrently. Conversely, patients with higher levels of psychological distress are more likely to engage in drug use while in Methadone Therapy Treatment. This shows that a longer period of MTT can reduce the use of illicit drugs among the participants. Higher levels of psychological distress are associated with increased illicit drug use among MTT patients.

Meanwhile, a study by Bui Thi Tu Quyen et al., (2020) on 337 MTT patients to identify quality of life and related factors among MTT patients in four health facilities in Long An province, Vietnam in 2019 found that Treatment patients Methadone therapy had a mean quality of life score of 66.1. Factors associated with higher quality of life scores include having a job, receiving social support from relatives, and having health insurance. Therefore, this study recommends that MTT patients should be helped to participate in health insurance in addition to being supported by their relatives throughout the MTT process.

4. METHODOLOGY

4.1. Research Design

The research design used is a qualitative method with a case study approach. The case study approach was chosen because this approach can explain more clearly and in detail a phenomenon or social unit being studied, which is individuals undergoing Methadone Therapy Treatment. This case study research method will also focus on holistic interpretation and shed light on an experience in greater depth (Yin, 1994). Case studies are particularly suitable if the research wants to focus on the process that takes place (Merriam, 2001). The type of intrinsic case study was chosen in this study to gain a clearer and more detailed understanding of a phenomenon or situation (Stake, 1995).

4.2. Respondents

Respondents were selected through purposive sampling and snowball techniques at a medical center in the state of Terengganu that offers Methadone Therapy Treatment. Purposive sampling techniques are widely used in the qualitative field to identify and obtain deeper and richer information to be studied (Patton, 2002). Sampling techniques aim to involve individuals or groups who have knowledge or experience in the phenomenon being studied (Creswell & Plano Clark, 2011). In this research, the individuals or groups explored are patients or drug addicts undergoing Methadone Therapy Treatment. This is based on the purpose of the study which can explain the experiences they go through, their own opinions, and can express what they feel more honestly and clearly (Bernard, 2002 & Spradley 1979). A total of 10 respondents who followed the research process were interviewed until data saturation was achieved.

Respondents who have been selected are all men between the ages of 35 and 65 years. All respondents live around the city of Kuala Terengganu. The dose rate of liquid methadone used is between 35 ml to 240 ml according to the period of addiction, level of addiction, other diseases, and so on. The background of the respondents is shown in Table 1 below.

Table 1: Background of respondents

Respondents	Sex	Race	Duration of Treatment (Years)	Methadone Daily Dose (ml)
R01	Male	Malay	13	100
R02	Male	Malay	16	35
R03	Male	Malay	6	80
R04	Male	Sikh	16	240
R05	Male	Malay	11	200
R06	Male	Sikh	15	240

R07	Male	Malay	10	110
R08	Male	Malay	12	15
R09	Male	Malay	13	140
R10	Male	Malay	17	200

4.3. Data Collection

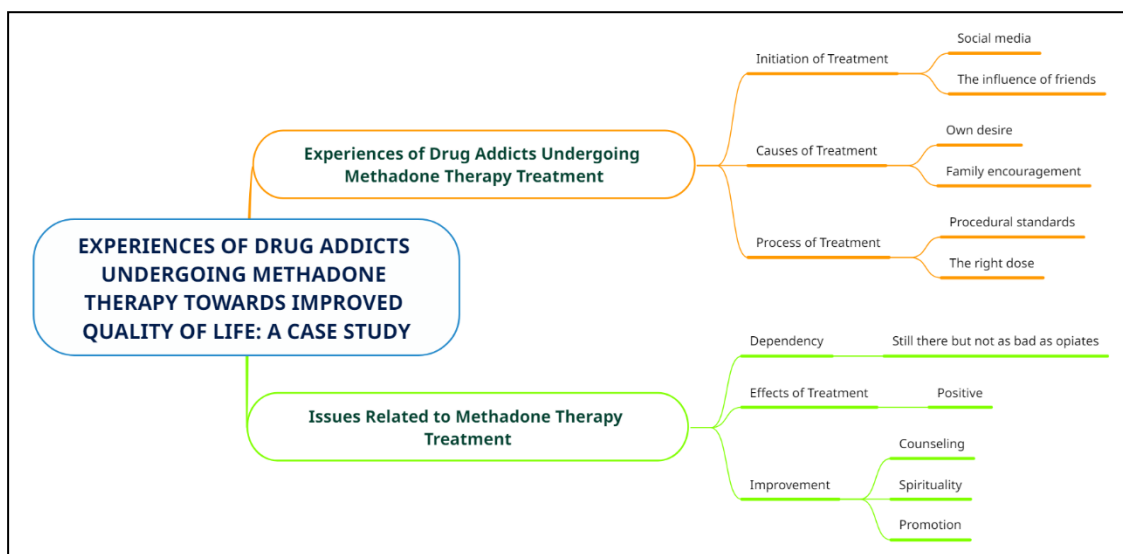
This study uses a data collection method using semi-structured interview techniques guided by an interview protocol as a research instrument. According to Mathew et al. (1998) and Punch (2001), the interview method in qualitative research is a method that allows the researcher to access the perception or view of the respondents, deepen the meaning or understanding built by the respondents, the definition of a situation, even the construction of the reality of the world as seen, experienced and felt by the respondents.

In the first stage, the interview data was transcribed to ensure that the collected data was well organized. Then the researcher continued the data analysis process using Nvivo10 software. Through the compilation of data using this software, the researcher was able to detect several themes that emerged as a result of data collection through in-depth interviews.

5. FINDINGS AND DISCUSSION

The findings of the study are reported to answer the purpose of the study which is to explore the experiences of drug addicts who undergo MTT towards improving the quality of life. There are two main themes that emerge from this study; the first theme is the experience of drug addicts undergoing MTT, and the second theme is issues related to Methadone Therapy Treatment. Here is a summary of the theme findings as shown in figure 1.

Figure 1: Summary of research findings



Theme 1: Experiences of Drug Addicts Undergoing Methadone Therapy Treatment

In October 2005, Replacement Therapy Treatment (RTT) was first introduced in Malaysia (Hazwani, 2014). The objective of Replacement Therapy Treatment (RTT) according to the National Anti-Drug Agency (2005) is to help individuals achieve and maintain the recovery process. RTT also helps prevent individuals from re-engaging with drugs and improves health and quality of life through healthy lifestyle practices. Therefore, the action of following this treatment program is very appropriate to fulfill the purpose of the program held in our country.

Regarding the sharing of the experience of the respondents, the researcher found that the experience of drug addicts undergoing MTT is closely related to the respondents' desire to live with a better quality of life compared to other normal people. The quality of life especially for individuals experiencing health-related issues such as addiction is to look holistically at healthcare. Quality of life is defined as an individual's perception of their own life that includes culture, belief systems, personal goals, life expectancy, self-care, physical health, psychological level, level of independence, social relationships, and relationships with the environment (WHOQOL). - BREF, 1998).

WHO (1998) defines quality of life (QOL) as an individual's cultural and value system that is consistent with a person's purpose in life, relative to their goals, hopes, standard of living, and interests. This concept combines the individual's physical and psychological health, level of independence, social relationships, and how the individual relates to the environment. Greek philosophers searched for the meaning of life that could help people gain a higher level of existence in their lives. In the last century, quality of life was defined as material welfare or wealth alone. Next, changes in perception about the meaning of life and values affect the concept of quality of life and all factors have changed (Ferrer, 2002).

The experience of drug addicts who undergo MTT is directed to the condition of the respondents when they are involved in drug addiction activities until the desire to change is sparked until they undergo the MTT process. As a result of the interviews conducted with the respondents, there are three sub-themes which are the beginning of the treatment, the cause of the treatment, and the effect of the treatment. The following are sub-sub themes related to the experience of respondents undergoing Methadone Therapy Treatment.

Sub-theme 1: Initiation of Treatment

According to the respondents, after a long time of drug abuse activities to the point that some were arrested and put in prison and rehabilitation centers, the idea of change arose. Most of the respondents after doing various methods to treat, got the idea to try MTT, which is carried out in selected KKM premises. The source of information at the beginning of the treatment is through newspapers, radio, and invitations from friends who have already followed the treatment. Their next action is to apply to participate in this treatment program by following the procedures set by the Ministry of Health. From then until now they are still in the treatment program and have cultivated a high desire to recover from drug addiction activities. The following are statements from the respondents regarding the sub-theme at the beginning of treatment:

"Entered this methadone therapy with a friend. I entered the center once; it took me 2 years. Started taking drugs in high school again." (R01)

"I have been involved with drugs for a long time. The intention to stop is there. A person always says that they want to stop when the dock is lost, so...this is the last...the very next day, they go looking for it again. The friend who brought me here to drink, register 10 people first." (R02)

"I didn't know about this before. I read it on Metro. But it doesn't matter. There is a friend of mine who drinks first than me. He told me the process. I also thought the money was not enough. So I registered at this hospital and brought a guarantor. To this day, I am still taking methadone. Can you stop..." (R03)

"At first I heard it on the radio but I didn't know how. When getting a haircut, a friend told me from there that's how it is. Listening to methadone radio can help. My age has also increased." (R04)

"I saw a friend taking methadone and it looked ok...before I bought it...I tried to feel ok...my body doesn't hurt, I don't remember anything." (R05)

"Some members recommend drinking methadone instead of taking drugs." (R07)

"It took me a long time to start drinking... my friends also invited me, but people say it's dangerous to be slow... for a long time I felt that everything is dangerous, just try it." (R08)

"I know from friends, that it's open at every clinic so I want to try it." (R09)

"Started taking methadone because there were friends who took it and it seemed that it could help addicts, even though some said the effects were short-lived, but at least those friends could work. Even the process of taking methadone takes time. You can't register and continue taking it." (R10)

In conclusion, for the treatment initiation sub-theme, it shows that the influence and invitation of friends is the main factor for respondents to undergo Methadone Therapy Treatment.

Sub-theme 2: Causes of Treatment

Most of the respondents have been involved in drug addiction since school, adolescence, and while in the workplace. After being involved with drug addiction for a long time, which had many negative effects, there was a desire to change and go back to living a normal life. According to most of the participants in the study, the main reason they started to undergo and continue MTT was family encouragement, especially parents and wives. Respondents also expressed their desire to return to normal life as the reason they underwent and continued treatment. A normal life for the respondents refers to the desire to live the same life as others, including having a family and owning their own property such as a house and vehicle. All these are the reasons why they choose to go through Methadone Therapy Treatment. Here are the statements of the respondents under the sub-topic of reasons for treatment from family encouragement:

"Going into methadone, I want to stop at first, look at you, you're so sorry... I told you, you're so skinny, I just want to see how cute you are..." (R01)

"Now what motivates me is my family and wife, which means support from behind." (R07)

"I've been taking methadone since 2013. I want to take it because I want to change. The main reason is not because of friends, but because of money. I want to change, Mom and Dad told me if I want to get married, it's better to change" (R09)

Another cause of treatment is one's desire to live a normal and quality life. This is shared by R02, R03 and R09 as quoted below:

"In our hearts...people whose hearts are really strong, their faith is strong, this methadone is okay...it's a mental game, it's psycho...if I don't have drugs, my hands feel numb. If you don't take methadone, you are too lazy to take it if you ask. I want to break up, I want to stop." (R02)

"I used to be thin... only take things 3,4 years old... it's new again. We really want to free ourselves from the influence of drugs. In the past, when I was addicted, I was his slave." (R03)

"Half of them stopped because they wanted to buy a vehicle. Here, there is a motivation to change. Some have wives and children, but take drugs anyway. It's all up to you. It's easy to say you want to stop, but you don't stop. So on the heart too." (R09)

There are two main reasons why respondents undergo Methadone Therapy Treatment, which is from family encouragement and their own desire to return to a normal quality of life.

Sub-theme 3: Process of Treatment

This MTT requires a long period to recover from drug addiction symptoms and no longer depend on methadone. According to the respondents, this treatment process has procedures that need to be followed including getting a doctor's advice and drinking methadone every day with the right dose to avoid dangerous situations for themselves.

They can follow this treatment procedure with high self-discipline. In addition, there is indeed a difference before and after taking methadone where their condition is more manageable and healthier. This situation also makes them have more awareness and can distinguish between a good and bad life with drugs or without drugs. Therefore, it can be said that this treatment process has a great impact on the well-being of drug addicts. Here are some of the statements of the respondents regarding the sub-theme of treatment effects:

"Overdose can lead to death...let the dose match us." (R02)

"People recommend going to the hospital to get treatment. My mom told me to go to hospital, too. There are days when you can't. I tried the first month and I still took drugs. I was clean for almost three months until recently. It would be good if I knew about methadone from the beginning. It's true that he didn't directly touch methamphetamine...people don't believe him but follow him." (R05)

"I have tried but failed to get back up. The problem is not being able to work. My body ached all over. Methadone is a strong body that can work hard. When you try to lower the dose, which is difficult, there is an effect. It makes it hard to work, hard to wake up." (R06)

"There is a lot of difference... if we take methadone, our body is healthy. If we take it, we are tired... we have an appetite. You feel different. The dose here is also appropriate." (R07)

"We only drink methadone once...this morning until tomorrow morning. With drugs, it's not like that... there are 2 hours, there are 3 hours of busy time looking for pith... so busy. I'm not busy drinking methadone anymore. Can you sleep... Follow me when you take methadone, it doesn't feel the same when you take drugs. No taste, so tasteless. Here is like not here. It's more like it... it's just a desire... more if there is an offer. But don't look for it first." (R08)

In general, MTT has positively impacted the well-being and quality of life of drug addicts who complied with the processes and procedures that have been set.

Theme 2: Issues Related to Methadone Therapy Treatment

Two sub-themes have been identified from interviews conducted on respondents undergoing MTT in relation to Methadone Therapy Treatment. The first sub-theme is the issue of dependency and the second theme is the issue of treatment effects. The respondents have gone through a long period of treatment and there are among the respondents in the initial group that underwent the treatment. Therefore, there are several issues related to this treatment. This includes the difference in health before and after taking methadone and the effects, whether positive or negative.

Sub-Theme 1: Dependence

Methadone is a substitute for drugs and needs to be taken every day to get rid of drug addiction, so it is not surprising that this situation shows the existence of the characteristics of dependence. Methadone according to the Malaysian Ministry of Health (KKM) is a type of liquid that functions as a substitute for drug consumption. It has several main effects such as eliminating cravings or addiction, preventing the desire to retake illicit goods, and reducing the effects of illicit drug

consumption. (Suraya & Ramli, 2012). Methadone needs to be taken daily and the administration of methadone is closely monitored by pharmacy officers in selected clinics and hospitals.

MTT has been shown to reduce the strength of the withdrawal syndrome and the desire to take opiates, prevent the side effects of opiate addiction, and reduce risk behaviors for infections related to needle sharing (KKM, 2005). The issue of dependence is one of the important issues to explore in this study because methadone is used as a tool to replace drugs in terms of addiction and its effects on drug addicts.

According to the respondents, there are symptoms of addiction when they drink methadone, but the situation is not the same as taking drugs because the symptoms can still be controlled including reducing the dose over time. This also causes them to worry that if they do not drink methadone they will return to their old habits (relapse). Nevertheless, the treatment gave satisfaction to the respondents in terms of their health becoming better and being able to do a job when they drank methadone. This shows that there are characteristics of dependence on methadone among those who follow this treatment. The following are some statements from respondents related to the sub-theme of dependency issues:

"If you do a lot of work, work hard, the methadone is high here, otherwise you will yawn, sleepy. If you don't work, it's not ok..." (R01)

"Now it really depends on methadone. Indeed, this methadone treatment has this decrease. Tell the doctor to come down a little later. One day you can stop. That's the way. Many have succeeded." (R03)

"If you don't take it for a day, you can't sleep. It's here to take it. It's like crazy...go down little by little, but you can't do it all at once." (R05)

"Some people stop methadone but not many. Some drink back. It will take a long time...everyone wants to stop until it's time for us to stop." (R06)

"If you don't take methadone, you can't sit, you can't sleep. I have to take it here, too. When you get fit, don't think about

Sub-Theme 2: Effects of Treatment

Most of the respondents gave a positive reaction to the effects of Methadone Therapy Treatment. According to the respondents, the main effect of MTT is that their lives are more organized such as being able to work to earn their income, having their own home with their family, and indirectly being able to improve their quality of life. There are many positive changes in their lives after undergoing Methadone Therapy Treatment. In addition, they also have the strength to hang out with old friends without the desire to return to their old ways and are aware of the need to perform tasks. Next, this positive self-change from a social point of view allows them to return to the lap of society. This treatment can give awareness and desire to recover until there is no more desire to take drugs.

A study by Bach Xuan Tran et al., (2017) found that on average, the longer patients had been enrolled in Methadone Therapy Treatment, the less likely they were to use drugs concurrently. Conversely, patients with higher levels of psychological distress are more likely to engage in drug use while in Methadone Therapy Treatment. This shows that a longer period of MTT can reduce the use of illicit drugs among the participants. Higher levels of psychological distress are associated with increased illicit drug use among MTT patients.

A study by Bui Thi Tu Quyen et al. (2020) found that MTT patients had a mean quality of life score of 66.1. Factors associated with higher quality of life scores include having a job, receiving social support from relatives, and having health insurance. Therefore, this study should suggest that MTT patients be helped to participate in health insurance in addition to being supported by their relatives throughout the MTT treatment process. Here are some statements from respondents related to the issue of treatment effects:

"Fortunately the government is for this methadone. Friends can save money. It used to be that buying 50 items (drugs) was not enough. Methadone therapy is an excellent form of support. It offers hope that I might be able to stop. There is even a drop in dose, it's low... one day you can stop..." (R01)

"After taking methadone, I made a house. Finally, I was "normal", a man with responsibilities, who knows he has a family, and will one day meet his Creator. Religion and social support help a lot, too. He drinks, he's empty, we're here to fill the void... For me, methadone is very helpful, at the clinic it helps a lot." (R02)

"Methadone is good for helping addicts integrate back into society. When we meet friends who are still active, it's like we don't want to. We don't follow him. We don't want to be influenced back. Strength from the heart. Like me, I didn't have the strength to stay, I didn't have the energy to stay under the influence of drugs. When you find this cure, you don't even want to look at it." (R03)

"The effect is positive, you can forget about drugs. I used to think about drugs 24/7. Methadone helps me completely forget about it. I used to be thin, I didn't have a job, now I have a job. I even have a new motorcycle. Fortunately, there is methadone. If not, the situation is really bad. Methadone helps you stay away from bad things. You can recover...I'm sure...because I've

seen many people succeed with this methadone...if nothing happened before..." (R04)

"I am very different now compared to the old me. I am satisfied... prayer is enough. Circumcision prayers are also done. I used to not be surprised..." (R05)

"So it's like normal, it used to feel like it wasn't normal. In the past, I had to take stuff to help me sleep, but I couldn't. There is a lot of difference now. I used to not be able to sleep. All I could think about was money and drugs. Eating wasn't a priority at all." (P/KS/06)

"Take methadone in 10 years. Methadone can improve quality of life. Money used to always decrease. Now, I am financially stable. Even my family can accept me. I have stayed. I want to heal myself. The choice is yours... There are 2, or 3 people who managed to recover, there are also people who went on umrah. You can recover...justhang in there...be strong, God willing..." (R07)

"Now we have income...don't worry Mom, we'll find it ourselves. I want to fill up the motor oil..." (R08)

"There are many of my friends who can stop taking drugs and stop methadone and can work but methadone first. Now this is someone it seems...someone has stopped taking things back. If methadone therapy existed before 2010, many could have stopped." (R10)

In conclusion, MTT has had a positive effect on the well-being and quality of life of the respondents.

Sub-theme 3: Improvement

The final findings of the interview in this study are related to the proposed improvement of the MTT program. The average study participant thought there should be a counseling session that could give awareness to patients undergoing treatment as well as the general public. They feel that this treatment program needs to be supported with other activities especially related to spirituality which are very beneficial. In addition, promotion also needs to be increased, especially in rural areas, about the existence of this treatment program so that the community has accurate sources of information and those who need this treatment can get it. The following are statements from respondents related to the issue of improving the treatment program:

"If you don't want to help yourself, no matter what this methadone is, it's up to you... counseling is also available here. Every man has a dark side. Those who take methadone should show the dark side. The hospital has to provide counseling or tazkirah, so we are afraid to try drugs again. (R02)

"This methadone treatment should be continued. If he comes here, there is counseling, to give him awareness, to pull him out, he will feel himself, think for himself." Since the RP, there has been less counseling. AADK let's that time...it's really good...he said he wants to do it, he doesn't know when he wants to start. Someone recently wanted Tarik to let him come." (R05)

"We used to have a program before COVID. The Department of Islamic Religious Affairs came for lectures, AADK did sports with us outside. We cleaned the mosque, the cemetery, mingled with the community. People will know. We can get along with people." (R03)

"If possible, this methadone program from time to time needs to run and be publicized so that the community knows about it. Awareness about the program is higher amongst those who live in urban areas...those outside the city don't know..." (R03)

Statistics by the Ministry of Health show an increase in their targets, but public awareness of the benefits associated with the MTT program is still uncertain. The lack of public awareness of how MTT can benefit both parties, i.e. drug addicts and society is a major factor in the failure of the program. A study by Roz Azinur Che Lamin and colleagues (2013) found that 23.9% of 285 respondents were aware of this program. 81% of respondents stated that program promotion needs continuous improvement. This shows that the limited campaign and public action to find MTT information may contribute to the low level of awareness of the MTT program among the public that is conducted in hospitals in Malaysia.

At this time, the respondents are allowed to learn Iqra' and study the Al-Quran which they had previously neglected. Given that they also had lectures by the Department of Islamic Religious Affairs and the National Drug Agency (AADK) regularly, they expect activities like this to be held again. In addition, activities such as mutual aid at mosques and cemeteries have also been carried out before which gave them the opportunity to get closer to the community.

In the end, there is no denying the need for ongoing counseling services for them to strengthen their awareness to avoid falling back into drug addiction. Some of these suggestions for improvement are worthy of consideration because they are the result of the thoughts and experiences of those who undergo this treatment.

6. CONCLUSION

This qualitative study was able to explore the experiences of drug addicts undergoing MTT to get an overview of their quality of life while undergoing the treatment. The respondents had diverse backgrounds, especially in terms of initiation of treatment, duration of treatment, and amount of methadone used in Methadone Therapy Treatment. Their sharing about the

initial stages of seeking treatment, the reasons for seeking treatment, and the treatment process they went through shows that there are several things that need to be improved, especially the delivery of information about this treatment to the public, including the procedure and location of treatment and the existence of their awareness and desire to recover from drug addiction.

Next, information on the theme of issues related to MTT is also very meaningful, especially on the issue of their dependence on methadone and the side effects when taking methadone that has many positive effects on them. There are also some suggestions for improving the program in the future so that this treatment program can have a better effect on drug addicts.

The data obtained can not only be used by the Ministry of Health in an effort to improve the MTT program, but can also describe the quality of life of drug addicts undergoing this treatment, which has had a positive impact.

In general, this MTT program has a good effect on drug addicts as one way to maintain the recovery of drug addicts, especially opiates such as heroin and morphine. Although the level of success is still low, if they can control themselves from taking drugs like before, it means that this program can have a good effect. If this MTT program is streamlined with some improvements, it is believed that this program can continue with more meaningful success, not only for individuals but also for families, communities, and countries.

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