

A GENERAL STUDY OF DRUG ABUSE
AND REHABILITATION AT PUSAT PEMULIHAN DADAH,
TAMPOI, JOHOR BHARU,
JOHOR.

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BAGI MEMENUHI SEBAHAGIAN DARIPADA SYARAT-SYARAT
UNTUK IJAZAH SARJANA MUDA SASTERA

JABATAN ANTROPOLOGI DAN SOSIOLOGI

UNIVERSITI MALAYA

KUALA LUMPUR

SESI 1981/82

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ACKNOWLEDGEMENTS

I would like to take this opportunity to express my thanks to my Supervisor, Dr. Raymond Lee, for his advice and help in the completion of this report.

I am greatly indebted to the most friendly staff and the inmates at Pusat Pemulihan Dadah Tampoi for their cooperation and help that went beyond any reasonable expectation.

I would like to express my gratitude to the Assistant Principal of P.P.D. Tampoi, Encik Zahari Yeop Yahya for giving me unlimited freedom within the centre to do my research.

Last but not least, I would like to express my thanks to the Social Welfare Ministry of Malaysia and the principal of Rumah Kesenangan Tampoi for granting me permission to do this study.

SINOPSIS

Dalam kajian ini, penulis telah membuat satu percubaan untuk melihat secara umumnya masalah penyalahgunaan dadah dan rancangan-rancangan pemulihan di dalam Pusat Pemulihan Dadah Tampoi di Johor Bharu, Johor.

Masalah penyalahgunaan dadah di kalangan pemuda-pemudi di Malaysia merupakan satu perkara yang agak serius. Ancaman masalah penyalahgunaan dadah boleh dikatakan hampir setaraf dengan ancaman komunis di negara kita. Sering kali kita membaca, melihat atau mendengar kes-kes penangkapan dan hukuman-hukuman yang dijatuhkan keatas pengedar-pengedar dadah. Kerajaan kita sering menasihatkan masyarakat dalam akhbar-akhbar dan televisyen supaya mengawasi ancaman masalah penyalahgunaan dadah yang kian hari kian meresap kedalam anggota masyarakat khususnya di kalangan pemuda-pemudi.

Di dalam menjalankan kajian ini, penulis bercampur-gaul dengan penagih-penagih dadah yang sedang menjalankan proses pemulihan. Penulis telah menjalankan kajian selama enam minggu mengambil bahagian dalam beberapa rancangan pemulihan dan bergaul dengan kakitangan-kakitangan dalam Pusat Pemulihan Dadah Tampoi, Johor Bharu. Data-data dan informasi dikutip dan disimpan untuk rujukan semasa menulis latihan ilmiah.

Bab pertama merupakan pendahuluan yang menceritakan methodologi kajian, pemilihan sampel dan masalah-masalah yang dihadapi semasa menjalankan kajian.

Bab kedua menerangkan latar belakang sejarah dan struktur pusat pemulihan tersebut.

Bab ketiga menerangkan latar belakang penagih-penagih dadah dalam pusat itu dan juga sebab-sebab mengapa mereka mengambil dadah.

Bab keempat melihat kesan-kesan dan kelemahan-kelemahan yang terdapat dalam rancangan-rancangan pemulihan.

Akhir sekali bab kelima merupakan satu ringkasan kajian ini di samping beberapa cadangan yang diberikan.

CHAPTER 1

INTRODUCTION

(1) Object of the report

The object of this report is to study the background of addicts and rehabilitation programmes at the Drug Rehabilitation Centre at Tampoi (P.P.D. Tampoi) in Johor Bharu.

The problem of drug abuse among youths in Malaysia is no longer a new issue. A glance at the newspapers daily will tell us numerous cases of detection, arrest, prosecution and conviction of drug offenders. At the very same time, there are constant warnings and reminders of the dangers of drug abuse on radio, television and wall posters.

From 1970 to 1980, the number of drug dependents that were detected was 55,395. 88% of those detected were below 35 years old. Between the month of January and November, 1980, 7,309 drug dependents had been detected. (Berita Harian, 25/3/1981, page 14).

Between 1975 to 1980, enforcement agencies, that is, The Police Department, Customs and Narcotic Bureau Centre had arrested 31,407 people who had committed crimes related to drugs.

A total of 31,000 arrested were people who possessed drugs and other crimes and the remaining 407 arrested were involved in smuggling drugs.

Between 1975 and 1980, the amount of drugs confiscated were:-

i) Raw Opium	- 834.50 kg
ii) Tasted opium	- 279.53 kg
iii) Morfin	- 141.21 kg
iv) Heroin	- 245.84 kg
v) Dried Ganja	- 635.56 kg
vi) Ganja plants	- 39,442 plants
vii) Mx pills	- 2,834 pills.

Besides these, 6 illegal laboratories for processing heroin from opium were destroyed by the police since 1973 (Berita Harian, 25/3/1981, page 14).

We must bear in mind that the statistics available do not necessarily convey the true picture of the problem. These are only known figures. However, it is difficult to detect drug offenders and abusers.

Although the number of drug dependents that were detected was 55,395, the actual number of active drug dependents is not known. Nevertheless, the total amount that have already been detected is enough to show the seriousness of the problem faced by the Malaysian government.

(1.1) Research Methodology

The study was done in the Drug Rehabilitation Centre at

Tampoi because the centre serves the dual purpose of the object of the study, that is, providing the background information on drug addicts and also enabling the researcher to observe the rehabilitation programmes.

The methodology employed was participation - observation. The writer stayed at the centre for six weeks and observed the daily activities closely. Interviews were conducted with selected inmates and the data kept for future references. The writer mixed around with the inmates and staff to foster a closer relationship with each other, thus enabling him to get more information and a better understanding of the problems experienced by the staff and inmates. At first the inmates perceived the writer with suspicious that he might be a police officer or a government agent but later they treated him as a friend after two weeks of association.

(1.2) Sample Selection

A total of 50 inmates at the centre were interviewed formally. Besides that the writer also talked casually with other inmates to obtain further information. The 50 respondents selected were those who were willing to be interviewed and data collected from these 50 respondents were mainly for analysis relating to the research. In the course of choosing the respondents, preferences were given to those who were admitted to the centre again after their first discharge. This was because the writer felt that these inmates who were admitted more than once could give details and

their opinions on the activities and the functioning of the centre in the past. It is also essential to see whether there were any positive relationship between the rehabilitation programmes and the rate of recidivism.

Among the 50 respondents selected, there were 27 Malays, 18 Chinese and 5 Indians. Among these, 9 Malays, 4 Chinese and 3 Indians were admitted for the second time and 2 other Malays were admitted for the third time.

A part from the inmates, the officials of the rehabilitation centre were also interviewed for their views about the rehabilitation programmes, the inmates and the problems they encountered in the course of their work. Besides this, interviews were also conducted with the officers in the Johor Bharu District Social Welfare Department in order to get a better knowledge about after - care and the supervision of the inmates discharged from the rehabilitation centre.

For additional knowledge about the type of treatment an addict would receive from his family and neighbours, the writer followed an inmate back to his home immediately after discharge to observe the reactions of the family members.

All the respondents selected were males as the rehabilitation centre only treated male addicts. The total enrolment at the centre was around 100 inmates but the maximum capacity the centre could accomodate was about 110.

(1.3) Limitations to research

In the course of the research, a number of problems were encountered by the writer.

At the beginning two weeks of the research, the inmates were very cautious and suspicious. They avoided direct conversations and many did not cooperate. The movements of the writer were also restricted and only after the officials and the inmates got used to his presence that they gave their cooperation fully.

In the course of selecting respondents at the centre, some were left out when they refused to be interviewed or to give their cooperation. The writer has to choose other inmates who were willing and more cooperative.

The data collected from the interviews was based on the verbal answers from the inmates. It is difficult to check the truth of their answers.

The writer was not allowed to examine the personal files and records of the respondents. If this was allowed, it could have helped to verify the answers given by the respondents, especially their background history.

With limited time and money, the study was only limited to addicts admitted to the centre.

CHAPTER 2

TAMPOI DRUG REHABILITATION CENTRE:

HISTORY AND STRUCTURE

(2.1) History

The Tampoi Drug Rehabilitation Centre of the state of Johor (Pusat Pemulihan Dadah Tampoi, or P.P.D. Tampoi) was set up on the 1st October 1975, officially called "Rumah Kesenangan Tampoi" which includes the Old Folks Home.

Four blocks of the Old Folks Home were taken to house the addicts admitted for treatment and a few other blocks were built to serve as office, dinning hall, recreation hall and workshops.

When the centre was established in October 1975, there were only three addicts admitted for treatment. Little was known about what sort of treatment the newly admitted addicts should be given. Admittedly, not much was known about the problem of drug addiction and little was known about the ways of rehabilitation. It was only after 1975 that the Federal government publicly declared that misuse of drugs as a national problem and from then on steps were taken to estimate the actual number of drug addicts in Malaysia and to set up rehabilitation centres.

Since P.P.D. Tampoi was one of the earliest rehabilitation centre to be established, its rehabilitation programmes were subjected to many changes. Nothing much could be done when there

were only three addicts admitted for treatment at the centre. The three of them were left alone in the centre merely to keep them away from drugs. No supervision were given and all three managed to sneak in and out the centre without the knowledge of the administration to get drugs. Drugs were even smuggled in by these three individuals. To quote one of them: "It was heaven here during those times. We three could find no other safer places to take drugs than in the centre itself because there were no police raids and in addition, alot of privacy too" (He was one of the 3 admitted in 1975 and this was his 3rd admission when I did my research there).

Why were they so free to take drugs in the rehabilitation centre without the knowledge of the administration? The facts were that the fences around the compound were low enough for them climb over and drugs could be obtained at nearby villages probably a quarter-mile away. They could easily sneak into the centre again within minutes after getting the drugs they wanted.

During that time, addicts admitted could keep money. Another reason was that they had practically nothing to do and therefore, had plenty of time to plan whatever they wanted to do. The administration then without much knowledge and experience was totally unaware of all these activities.

By the middle of 1976, the number of admissions for treatment had grown tremendously and the four blocks of houses which

were formerly vacant, were fully occupied. Each block could house between 23 to 24 inmates. Four prefects were elected, one from each block to be the representatives.

By this time, the process of rehabilitation in the centre seemed to be much better than it was first set up and there were activities such as gardening, carpentry, handicraft and hair-cutting for the inmates. Specific time were allocated for certain activities. Although the activities mentioned above represented the regular programme of the day, most of the time was spent leveling a football field which was meant for games and other sporting events.

During the period from 1st October, 1975, to April, 1981, there were changes of principals and the administrative staff increased in line with the increasing number of admissions of addicts. Many programmes were introduced and the administration improved with more systematic supervision of the inmates.

In May, 1977, army drill exercises were introduced, conducted by an ex-army personnel. At the end of 1977, soldering was introduced. After the introduction of these programmes, the need to know about the success rates and most important, the opinions of the inmates themselves, arose. In order to get some feedback from the inmates, they were told to voice their opinions concerning their treatment in "Suara P.P.D Tampoi," the centre's periodical. Through this periodical the inmates could voice their dissatisfactions concerning their treatment in the centre. The administration then could look into their suggestions and changes could then be made

to improve the conditions. In 1980, two more new programmes were introduced. Welding and tailoring classes were introduced for interested inmates.

When the centre was established in 1975, the administration felt that cigarettes were a necessity for the inmates. It was often felt that to deprive them of cigarettes was too drastic a measure when their addiction to drugs had not been suppressed yet. Addicts were allowed to smoke six cigarettes per day. Inmates who had money could ask the staff members to buy cigarettes for them. But this practice resulted in many problems. It gave rise to corruption. Some staff members would buy drugs for the inmates in return for a specific sum of money. In addition, they could buy many packages of cigarettes for them and inmates would smoke more than six cigarettes per day. Because of these problems, the administration prohibited cigarettes totally in November, 1977. This caused some stir among the inmates but many continued to smuggle cigarettes and drugs into the centre occasionally. Later, after serious considerations, the administration lifted the ban and a new system was introduced where 5 cigarettes were supplied to the inmates per day. This time the budget for cigarettes came from the administration itself and no inmate was allowed to possess money during their stay in the centre.

To sum it up, P.P.D. Tampoi started from scratch and developed into a well-supervised centre. Through trials and errors, it managed to overcome a number of problems, but the lack of

expertise in rehabilitation had resulted in a high rate of recidivism. Unofficial sources have claimed that the recidivism rate at P.P.D. Tampoi is as high as 90%.

(2.2) Aim of P.P.D. Tampoi

The sole aim of a drug rehabilitation centre is to restore drug addicts to a normal life and to rid them of the dependency on drugs. Addicts admitted for treatment under the rehabilitation programmes are normally discharged between 4-6 months from the day of admission depending on their progress during their period of stay there.

Treatment at the centre is divided into two categories, that is physical and psychological treatment. As a whole, both physical and psychological treatment is to rebuild the addicts' physical health and to prepare them mentally to sever their dependency on drugs.

(2.2a) Physical treatment

Physical treatment here includes physical training and medical care. The longer an addict uses drugs, the weaker he will become. Newly admitted addicts are normally very weak physically. They look thin, tired and pale. Therefore, these weak addicts need physical training to help them improve their physical condition. The exercise they performed and other activities like gardening serve the purpose of physical treatment. They are also required to

play games every evening.

Physical training sometimes give rise to problems. For example, newly admitted addicts are weak and they had never undergone such tiring and demanding exercises. In addition, they have to perform dirty jobs like washing toilets, washing clothes for the senior inmates, gardening, sweeping, etc. Most complain about body aches, headaches, the dirty jobs and most of all, confinement claustrophobia. All these give rise to resentment and those not so determined will try to escape from the centre, knowing fairly well that they have to go to jail if caught by the police.

The administration is aware of these problems, but they opt for a strict and disciplined approach.

(2.2b) Medical care

A nurse attends to minor illnesses of the inmates such as cuts, head aches, tooth aches, diarrhoea, skin diseases, etc. A doctor will visit the centre once a week. Serious cases will be treated in the hospital but normally the administration will try to have the inmate treated in the centre itself because drugs could be obtained in the hospital premises. This step is taken because the administration has learnt from past experiences that inmates bring back drugs or consume them in the hospital.

Because of these cases, sometime inmates who genuinely needed medical treatment were not sent to hospital and thus had to

suffer at the centre. I have personally seen a case where the inmate who needed hospital treatment was found to have taken drugs in the hospital. He was ordered to stay back at the centre while his condition deteriorated. When questioned, the principal blamed the inmate for taking drugs in the hospital and he would not allow him treatment in the hospital the second time.

(2.2c) Psychological Treatment

The main activities include group and individual counselling. There are no fixed times for counselling. It depends on the needs of the inmates. If an addict feels that he needed individual and additional counselling, he can make appointments with the two counsellors available at the centre.

The objective of psychological treatment is to help inmates overcome emotional problems and to understand why they take drugs. Steps are taken during counselling hours to create a clear picture of the danger of drugs and most important, to implant the notion into the inmates that whatever they suffer today is because of dependency on drugs. Addicts are made to relate their past experiences during counselling and then the counsellor would find out their weaknesses and stressed on these in order to make them realize what they had done was wrong. They were also told the purpose of rehabilitation at the centre.

(2.3) Structure

The principal is incharge of the whole structure which includes the Old Folks Home and the rehabilitation centre but the running of the rehabilitation centre itself is mainly done by the assistant principal.

Under the principal and his assistant, there are 5 social welfare officers and 4 assistant social welfare officers. The other staff include a psychologist, a peace corp volunteer from the United States who serves as a counsellor, an assistant nurse, 2 physical education instructors, 5 capentry instructors and 19 attendants.

The assistant principal who is solely responsible for the administration of the rehabilitation centre decides what should be done and he is the one who has the power to punish the inmates. Punishment include standing under the sun, disallowing them cigarettes for a week, confinement in a seperate room and public scolding. He was strict and most of the inmates feared him. Inmates have complained that he has no feelings and does not actually understand human emotions, especially those of the inmates. But the assistant principal thought otherwise. He has to be strict in order to maintain discipline.

There are 4 blocks of accomodation for the inmates and each block is under the charge of a social welfare officer with the help of an assistant social welfare officer. The officer-in-charge has to mark the attendance of his charges and to make sure everything

is in order. The problems and the needs of his charges are attended to and he is also responsible to note the progress of individuals in the process of rehabilitation.

The social welfare officers-in-charge have to counsel their charges too because there are only two qualified counsellors at the centre who cannot cope with all the counselling. In order to succeed in counselling, the inmates must sincerely accept the advices and also cooperate with the counsellors. But what really happened was that many of them did not want to tell the true life history about themselves. Incidents such as thefts, extortions, abusing parents, etc. which are socially unacceptable were not revealed. Many made up stories to tell the group and the counsellor. Many would say they were forced to take drugs. They tried to blame others for their drug habits. Little was achieved through counselling.

(2.4) Other activities

Apart from counselling and physical training, inmates there have to choose either tailoring, welding, carpentry, soldering or gardening as one of the regular activity. This is to make sure that the time spent is meaningful.

All these activities are under the charge of an instructor respectively. To look neat and tidy, a few of the inmates were asked to be responsible for trimming the hair of others. All the inmates must keep short hair or be cleanly shaved.

A headman and an assistant are chosen from each block to serve as prefects. Their duties are to make sure no one is missing, to report immediately to the officer-in-charge, to draw up duty-rosters for the daily chores of blocks and to keep everything tidy and neat. These headman are the seniors among the inmates. Clean-lines campaigns and competitions among the four blocks are frequently held and prizes would be given by the principal for the cleanest block to encourage and promote a clean and healthy environment.

Inmates newly admitted are not allowed to work outside the fence. They have to do gardening and other jobs inside the compound.

Those who have already stayed for 3 months are regarded as seniors. These seniors are allowed to work outside the fence. They are also directed to supervise and to keep an eye on the newly admitted inmates in order to prevent them from escaping from the centre.

The duty-rosters will be arranged in such a way by the seniors that the newly admitted inmates will have to do all the dirty jobs like washing the toilets, sweeping the floor and drains, washing clothes for seniors and also to serve the seniors such as massaging for them.

There are cases of ragging and most of the juniors experience ragging before they are being promoted to the status of seniors. Examples of ragging are "star-lighting" where juniors are hit on the fore head by the middle finger when they failed to

complete their assigned duty satisfactorily. Stuborn juniors are also "star-lighted." Other more serious ragging include "blanket party" where a junior is beaten-up while asleep.

Ragging can be considered a tradition in P.P.D. Tampo because juniors who later become seniors use the same ragging techniques on the newly admitted inmates.

Many juniors are afraid to testify against the seniors. Thus, the administration cannot take action against the seniors. The administration sometimes also turn a blind eye to ragging because it is an effective way of splitting the ranks of the inmates and order is maintained.

In return for the cooperation the seniors give, most seniors are given more freedom, have access to better facilities such as sleeping on spring beds, games, magazines, newspapers, musical instruments and others. While they supervise the juniors, they do not need to join them in their work. Seniors who are about to be discharged will try their utmost to please the administration hoping that they will be release much earlier from the centre.

CHAPTER 3

BACKGROUND OF ADDICTS

This chapter deals with the background information of inmates and their involvements in drugs. Statistics and information in this chapter were obtained from P.P.D. Tampoi and in interviews with some inmates.

(3.1) Racial Breakdown

Malays formed the majority of the inmates admitted from 1975 to 1980, that is 1009 (65.9%), followed by 393 Chinese (25.7%), 116 Indians (7.6%) and 13 other races (0.8%). This is shown below in Table 1.

The table also includes the number of cases where addicts were readmitted into P.P.D. Tampoi after the first discharge.

TABLE 1: RACIAL BREAKDOWN

Race	1975 1-10-75		1976		1977		1978		1979		1980		Total	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R
Malay	2	-	158	1	268	16	162	19	167	15	167	34	924	85
Chinese	1	-	52	-	95	6	68	4	70	11	70	16	356	37
Indian	-	-	12	-	37	1	20	4	21	5	15	1	105	11
Others	-	-	2	-	5	-	3	-	-	-	3	-	13	-
Total	3	-	224	1	405	23	253	27	258	31	255	51	1398	133
Total													1531	

N - Newly admitted

R - Readmitted cases

(3.2) Age structure

The largest number of addicts is found in the age category 18-24 years old (55.7%) while the smallest number is found in the age category 18 years and below (6.7%). Normally addicts below the age of 16 will not be sent to a drug rehabilitation centre as they are too young and the administration concerned feels that they will learn more about drugs from the hard core inmates. Many of them will be released after they have gone through detoxification in hospitals.

The age structure is shown in Table 2.

TABLE 2: AGE STRUCTURE

Age	1975 1-10-75	1976	1977	1978	1979	1980	Total
18 and below	1	14	43	23	13	9	103
18 - 21	-	73	126	72	59	66	396
21 - 24	-	59	128	83	89	97	456
24 - 27	2	47	74	52	77	73	325
27 - 30	-	15	35	31	23	37	141
30 and above	-	17	22	19	28	24	110
Total	3	225	428	280	289	306	1531

(3.3) Occupation

Statistics from P.P.O. Tampol shows that 481 (31.5%) of the inmates between 1975 and 1980 were unemployed. The rest 452 (29.5%) came from the private sectors, 314 (20.5%) were self-employed and 284 (18.5%) were government servants. Table 3 provides a better picture of different number of inmates and their occupational status in different years.

TABLE 3; OCCUPATION

Occupation	1975 1-10-75	1976	1977	1978	1979	1980	Total
Govt. servant	-	66	107	37	31	43	284
Private sector	-	42	105	73	96	136	452
Self-employed	1	40	69	53	54	97	314
Unemployed	2	77	147	117	108	30	481
Total	3	225	428	280	289	306	1531

(3.4) Academic Qualifications

The largest number of addicts in P.P.D. Tampoi had achieved at least a Lower Secondary education. 761 (49.7%) of them had gone through Lower Secondary education, followed by 433 (28.3%) with upper secondary education, 275 (18%) with primary education, 37 (2.4%) with Form Six and above and 25 (1.6%) without formal education. Table 4 below shows us the numbers of addicts according to their academic qualifications from 1975-1980.

TABLE 4: ACADEMIC QUALIFICATIONS

Education	1975 1-10-75	1976	1977	1978	1979	1980	Total
Without Formal Education	-	7	7	1	6	4	25
Primary	-	35	57	49	70	64	275
Lower secondary	3	125	226	145	136	126	761
Upper secondary	-	56	129	75	71	102	433
Form 6 and above	-	2	9	10	6	10	37
Total	3	225	428	280	289	306	1531

(3.5) Reasons For Taking Drugs

It is impossible to attribute drug addiction and experimentation to only one reason. The reason as to why people take drugs is complex and differ from individual to individual. Studies done in Malaysia have shown that there are several reasons why people take drugs. Navaratnam and Spencer (1976) conducted a study on drug abuse in Malaysia in 1976 on 314 drug addicts who volunteered for treatment in the General Hospital in Penang. The reasons given by Navaratnam and Spencer as to why people take drugs are:

- (i) Weakness in resisting curiosity
- (ii) Lack of family concern
- (iii) Influence from peer groups

(iv) As a means of escape from pressures of life

(v) Easy availability of drugs

During my research in P.P.D. Tampoi, an attempt was made to find out reasons relating to why people take drugs. Interviews were done on the 50 respondents in the form of discussions based on a set of guided questions to look into their background history, why and how they got involved with drugs.

Some of the major reasons found after the interviews on the 50 respondents in P.P.D. Tampoi are curiosity, lack of family concern, influence of peer groups, easy availability of drugs and pleasure seeking. Each of these reasons will now be studied in greater detail.

(a) Curiosity

Anyone who fails to recognise curiosity or experimentation as a factor in drug abuse is forgetting his first cigarette or first drink of alcohol. There exists in all of us, and especially in young people, an intrinsic desire to experience and explore the unknown. This desire is greatly increased when many others are experiencing it or at least saying they are. Contradictions between reports of the effects of drugs and personal experiences related by friends increase the desire to find out what drugs are about.

More than 50% of those interviewed had said that one of the reasons they took drugs was because of curiosity. They heard about

drugs and their effects. They did not buy or look for drugs but when they happen to see friends take drugs, they felt curious and tried them.

Most beginners who took ganja or heroin will normally vomit and suffer head aches. But because they are curious to know how they will feel the second time, they try to take a few times more and that is how they got addicted.

All those interviewed admitted that they had heard about the dangers of drugs but they did not know the actual consequences drugs could cause them. They thought that they could easily quit drug and will not get addicted when they take it initially.

(b) Lack of family concern

Family education and care are important in moulding the character of an individual, especially while he is still young. Parents and family members are responsible at home in cultivating good discipline among the younger members.

The lack of family concern can partly be attributed to big families. 36% of the 50 interviewed had between 1-5 brothers and sisters and 64% had between 6-16 brothers and sisters in their families.

In most cases, their parents did not care much about their activities and welfare. They were independent and seldom stayed at home. They admitted that their parents were not strict and they

referred to the relationship between them and their parents as 'good'. They explained that they did not quarrel and parents did not interfere much with their affairs. This was why there did not exist much frictions between them and their parents.

In the final analysis however, this 'good' relationship existed not because of good rapport and understanding between parents and children, but rather as a result of non-concern and lack of communication. This laissez - faire policy even at home has deprived the child of family values and influence.

(c) Influence of peer groups

Peer groups in one way or another can influence on individual into taking drugs. Within any group, there are many factors which contribute to a feeling of solidarity, and in the United States, it seems clear that some drug use, especially marijuana use (ganja), is a social act performed primarily by members of the youth subculture as an expression of the group (Girdano and Girdano 1971, page 11)

More than half of those interviewed in P.P.O. Tampoi admitted that they took drugs partly because of friends' influences and almost all of them were introduced to drugs by their friends. Peer group influence is also clearly seen when the same number said that when they first took up smoking, they learned from friends and always at the initial stage, they were offered free cigarettes.

(d) Easy availability of drugs

Navaratnam and Spencer (1976) found from the sample of addicts volunteered for treatment in the Penang General Hospital that normally drugs can be obtained easily from coffee shops and also other places frequented by addicts. The rate of addicts who obtained drugs in this way was 28.6%. A quarter of the supply came from the addicts who sold drugs to supplement their expensive habit. The biggest supply was 46.3% which came from the permanent pushers. Some of the pushers were addicts themselves (page 30).

When questioned about the availability of drugs, 100% of those interviewed said they could easily get heroin, morphine or ganja whenever and wherever they like, especially in towns. Those from Johor Bharu said they could get drugs from addicts in the town and they could easily buy syringes and other pills from medical shops in Johor Bharu.

Drug business is a lucrative one. It is believed that because of the high profits from pushing drugs, many addicts became pushers. A straw of heroin measuring one inch long cost \$5/- at street prices in the middle of 1970's.

Ganja was much cheaper and only cost a dollar which would be enough to supplement five to six people simultaneously.

Since the beginning of 1980, probably due to more stringent measures taken by the Malaysian government to check

90% of those interviewed had said they took marijuana occasionally just for pleasure.

An equal percentage of them said they took heroin later because they were fed-up with marijuana which did not give them the pleasure they wanted anymore. So they switched to heroin to get more pleasure as heroin is stronger than marijuana.

Certain people take drugs partly because they wanted to increase their sexual pleasure. A few respondents said that one of the reasons they took drugs was to have greater sexual pleasures during love-making. Nevertheless, it is not an important or widespread reason as only a minor portion of addicts took drugs because of this belief.

(3.6) Economic Background

An attempt was made to look into the economic background of the 50 respondents and it was found that 18% were from poor families, 50% from middle class families and 28% from rich families. No figures are mentioned here because many inmates did not want to relate their families' income. The percentages given are based on the terms poor, middle class and rich, recorded down from the respondents based on their own judgement.

From the percentages given above, we can see that most addicts are not necessarily from poor families and a large number too (28%) are from rich families. Thus we cannot deduce from an

analysis or the financial state of families that people take drugs just because they come from poor families.

(3.7) Types of drugs taken

There are various types of drugs taken by addicts in Malaysia. Table 5 below shows us the types of drugs taken by inmates in P.P.D. Tampoi.

TABLE 5: TYPES OF DRUGS

Types of Drugs	1975 1/10/75	1976	1977	1978	1979	1980	Total
Ganja	1	1	7	-	-	1	10
Opium	-	8	2	-	1	2	13
Morphine	-	38	26	36	1	1	102
Heroin	2	173	392	244	287	302	1400
Amphetamine	-	1	-	-	-	-	1
M.x. Pills	-	4	-	-	-	-	4
Barbiturates	-	-	-	-	-	-	-
Poly Drugs	-	-	1	-	-	-	1
Other Drugs	-	-	-	-	-	-	-
Total	3	225	428	280	289	306	1531

From Table 5, we can see that 1400 (91.4%) of the addicts

admitted from 1975 to 1980 are heroin addicts. According to addicts interviewed, heroin is the ultimate drug an addict in Malaysia will take. They normally start with cigarettes, ganja and then heroin. In between, they take other drugs too such as opium, morphine, M.x. Pills, etc.

When they get more dependent on heroin, they find increasing difficulty in sustaining the habit. Many of them resort to stealing, cheating, extortions, pushing drugs and other crimes. Only when they are caught or when they have no other alternatives, would they want to be admitted to a rehabilitation centre. As rehabilitation represents a last resort, it is not surprising that most of those seeking rehabilitation are already hard-core addicts.

A person addicted to ganja is normally not admitted to a drug rehabilitation centre because it cannot be detected by urine test. Therefore it is difficult to prove that he is an addict as required by the law. The 10 ganja cases admitted so far were mostly voluntary and on request by parents or welfare officers.

(3.8) States of origin

Statistics and information gathered from P.P.D. Tampoi can be representative of Malaysia in general as not all addicts come from one particular area. P.P.D. Tampoi caters for many states of Malaysia especially in the southern parts of Peninsular Malaysia. Their states of origin can be clearly seen in Table 6 below.

TABLE 6: STATES OF ORIGIN

State	1975 1/10/75	1976	1977	1978	1979	1980	Total
Johor	2	152	323	180	217	244	1124
N. Sembilan	1	34	45	43	37	28	188
Melaka	-	20	40	43	24	16	143
Selangor	-	10	9	7	5	10	41
Kelantan	-	-	-	1	2	2	5
Pahang	-	9	11	-	2	1	23
Trengganu	-	-	-	-	1	-	1
Sabah	-	-	-	-	1	2	3
W. Persekutuan	-	-	-	-	-	3	3
Total	3	225	428	280	289	306	1531

CHAPTER 4

EFFECTIVENESS IN REHABILITATION AT P.P.D. TAMPUI

A rehabilitation centre aims to provide a comprehensive programme geared towards creating a more therapeutic approach where the staff attempt to understand the psycho-social needs of the inmates through individual and group counselling, work therapy, moral and religious teaching and lastly a wide range of recreational activities.

While the aim is good and sincere, there are bound to be problems in the programmes. Are the programmes carried out in the centre effective enough to rehabilitate an addict and can it ensure that most if not all inmates discharged from the centre will not take drugs again? The question has been brought up over and over again, but it is difficult to assess the effectiveness of the rehabilitation programmes because of the difficulties faced supervising after-care cases after discharge. Nevertheless, a look into the programmes and the problems faced by both inmates and the administration will give us a better picture concerning the rehabilitation programmes in P.P.D. Tampoi.

Basically, there are two main components in the rehabilitation programmes, that is, physical training and psychological treatment. In addition to this, they have work therapy, moral and religious teaching and recreational activities. These programmes will be studied in greater detail in this chapter.

(4.1) Physical Training

As mentioned earlier, the main aim of physical training is to restore the addicts back to their normal health. As majority of the addicts admitted already are hard-core addicts, they are physically weak. They need a healthy body in order to follow the rehabilitation programmes. They have to go through physical training the very moment they are admitted into the centre.

Before addicts are admitted to the rehabilitation centre, they have to undergo one to two weeks of detoxification in a detoxification centre. Due to the lack of facilities and space for addicts in the detoxification centre, some of them are handed over to the rehabilitation centre before they have recover fully from the withdrawal symptoms of drug addiction.

Immediately after admittance to the rehabilitation centre, they have to undergo heavy exercises. Coupled with the tedious training and the lingering effects of withdrawal symptoms, many resented the rehabilitation programmes and some absconded from the centre. This normally occurs among newly admitted addicts.

Statistics from the centre shows that 259 (17%) out of 1531 had ran away from the centre between 1976 and 1980. Officials and inmates said the tedious physical training can be partly attributed to cases of inmates escaping from the centre.

The discipline and manners at the centre must be adhered

to by every new inmates. They follow it reluctantly. They have to respect everybody and instructions must be adhered to strictly. They have to bang the door of the dinning hall and the doors of their block as loud as possible before being allowed to enter. They are shouted at during the physical training and made to perform 'push-ups' each time they made a mistake in marching. Many complained about the physical training and said that if they had known this before they were admitted, they would have given up the idea of going to P.P.D. Tampoi. Inmates said many of their addict friends did not volunteer for treatment at P.P.D. Tampoi for fear of the tedious physical training.

Though most inmates resented the physical training, it is 100% successful judging from records shown that so far all admitted gained weight and were much more healthier before they were discharged when compared to the day they were first admitted.

(4.2) Psychological Treatment

Psychological treatment at the centre is in the form of counselling and under counselling, they have individual and group counselling.

Two initial objectives in group counselling involve, identifying the inmates problem and establishing counselling goals that reflect changes in behaviour or problem solutions desired by the members of the group. The main task of group counselling is

to identify the sources of problems and to examine the strength and weakness of each individual members in facing the problems, whereby assisting him to deal with the problems realistically. The ultimate aim is to bring about behaviour change. With the ultimate behaviour change, it is hoped that they can change their attitude towards drugs and will not take drugs again after discharged.

(4.3) Weaknesses in counselling

It was found that most inmates looked forward to counselling sessions especially group counselling. Counselling sessions were held in the morning and afternoon and those involved could get away from their routine work which were sometimes boring and under the hot sun. Thus during counselling sessions, they could sit down underneath ceiling fans and enjoy a cool afternoon while having counselling.

When I asked some of them after counselling sessions, they said that they sometimes faked stories about their life history because they felt embarrassed about their backgrounds. They knew fairly well that their friends would teased them later.

There are only two qualified counsellors available. One was an American Peace Corps volunteer. She holds a Master Degree in counselling. The other counsellor is a Malay who holds a Bachelor of Social Science Degree majoring in Psychology from one of the local universities.

The two of them could not have counselling sessions frequently with all the inmates. Some of the inmates were taken over by social welfare officers and also their assistants who were not qualified counsellors. Not much attention was paid to the importance of counselling. Officers called them up whenever they were free and normally nobody was prepared for it. Groups just gathered and started telling why they took drugs and finally they were told to change their behaviour after their discharge. Some of the inmates were only called up once or twice for counselling during their 4 months of stay at the centre.

There were communication problems during counselling sessions. The American Peace Corps volunteer could not attend to those non-English speaking inmates. The Malay counsellor attended to those non-English speaking inmates and the counselling sessions were held in Bahasa Malaysia. There were about 25.7% Chinese at the centre. Most of them were Chinese educated and could not speak English or Malay well. I observed that most Chinese inmates played a passive role during counselling as they could not grasp what was going on. Many looked bored and sleepy during counselling. When asked to speak, they just talked a few lines and said they could not talk Bahasa Malaysia well.

Many complained that they got fed-up with counselling because of the same old stories they had to tell and more or less the same advice they would expect to get.

It is difficult to assess the success rate of counselling as there is no standard yardstick to measure behaviour change. Counselling play an important role in changing a person's attitude and it is believed that it can help addicts from taking drugs again. But about 89% of those addicts discharged took drugs again (New Straits Times, 6/10/1980). Thus counselling can be said to be ineffective in changing the attitudes of addicts towards drugs judging from the 89% who return to drugs after discharged.

(4.4) Work Therapy

Under work therapy, they have capentary, soldering art, welding, tailoring and agriculture.

Specific groups were assigned specific work to do and each day there is a fixed schedule for performing the assigned work.

These so-called work therapy actually did not help much in the form of learn a skill. They are not given proper vocational training. Inmates and staff personnels there did not take a serious view about these activities. The products were not for sale and the short length of stay in the centre did not provide sufficient time for one to learn a skill. Although inmates could do something useful, it cannot help them look for jobs.

(4.5) Religious classes

There were suggestions that religious classes and moral

teachings could help addicts in rehabilitation. The religious teacher at the centre, Encik Maarof bin Haji Tahir found out that most of the Malay addicts admitted did not have religious classes before and most did not pay much attention to their religion. He also found that most of the Malay addicts' parents did not encourage them to pray at home. From his survey, only 10% of the Malay addicts prayed at home.

The Malay inmates had to attend prayers at the "surau" 5 times a day. In addition to that, they have religious classes on alternate days in the afternoon and from 7.00 - 8.30 p.m. every night. As I observed, most attended the religions classes were complaining silently that they were boring and they had to attend because they were forced to. Punishment will be the result if they did not attend. All ways and excuses were made in attempts to escape from the religions classes, especially among the seniors. Some even approached me to call them up for interviews in order to escape from the classes.

The religious teacher also suggested that the officers and staff on duty should joined inmates at prayer time to show a good example. He said that addicts had complained while they were forced to pray, the staff personnels would sit and play carroms. This had created a sense of resentment among inmates and it would hinder inmates from taking up prayers sincerely. The staff there did not like the idea and there was a rift between them and the religious teacher.

While the Muslim addicts had their compulsory prayer hours, the non-Muslims did not have any. They were supposed to have talks from a Christian pastor every Thursday night but it depended whether the pastor was free or not and the pastor seldom turned up. Neither were there any moral teachings for the non-Muslims.

Results of the effectiveness of religions classes in rehabilitation were not clear but from the observation of the religious teacher, most Muslim inmates did not change their attitudes towards their own religion.

(4.6) Problems in rehabilitation

(a) Ragging

Ragging was regarded as a tradition in the centre by both inmates and administration. It is a serious problem in rehabilitation. Those who were terribly ragged could only resort to running away from the centre. They did not dare to inform the administration for fear of reprisals from the seniors. On the other hand, the administration did not probe deeply into these incidents as they felt that they needed ragging to help maintained discipline among the inmates.

Ragging at the centre could affect addicts outside the centres who wanted to volunteer for rehabilitation. Rumours about terrible ragging in the centre would only discourage them from

giving themselves up.

There were a number of cases of addicts admitted into P.P.D. Tampoi who escaped when they were told that they would be sent to other centres either in Kuala Kubu Baru or in Besut, Trengganu. They had heard that ragging was widespread in those centres and therefore they opted to escape, be caught and put into jail rather than suffer the agonies of ragging in other centres. A number of addicts newly admitted told me that they gave up and volunteered to be admitted to P.P.D Tampoi because they heard that recently there were lesser ragging and this encouraged them to give themselves up.

Cases of ragging were suppressed from the public because the centre wanted a good and clean image. This could seriously hamper the objectives of rehabilitation. An inmate told me that he was kicked and punch until one of his bones in his back was broken and he had to be hospitalized. He wanted to lodge a police report but was persuaded by the principal that actions would be taken against the culprits and he need not lodge a police report. But when he was sent back to the centre, he was told to pin-point out those culprits directly. He dared not do so because of fear of reprisals by the culprits and thus had to bear the humiliation silently. The administration by no means can guarantee the safety of inmates from reprisals from other inmates.

(b) Senior and Junior System

The senior-junior system has been going on for a long time in the centre. The seniors had a hold or power over the juniors. Seniors were assigned by the administration to keep an eye on the newly admitted juniors. They were supposed to teach and demonstrate the way of life an inmate should live at the centre. The fact was that most seniors had already gone through those ragings and they therefore were seasoned. They would not hesitate to punish juniors whenever there was an excuse to do so.

Apart from having to do all the dirty jobs, juniors were being discriminated upon by the seniors. Seniors who incharge of distributing food to all the inmates during every meal, got the lion's share when they chose all fleshy parts of chicken for themselves and had surplus of fruits. The allocation of food at the centre was not efficiently handled. Sometimes inmates got insufficient pieces of meat and fruits. When this happened, juniors were deprived of their meal or would only be half-fed.

At times when a junior made a mistake or had offended a senior, he would be deprived of a piece of chicken or would only be given half the amount of rice.

There would even be a "court case" at the centre where the seniors would be the judges and sentences were imposed by them when other inmates were found guilty of an 'offence'. Often, light sentences were imposed but behind that, heavy punishment

would be given. The administration did not stop this. This is one of the ways to have good discipline as inmates will be scared to go against the rules in P.F.D. Tampoi.

A regulation at the centre required at least one officer and an assistant to dine together with the inmates to check the quality of food everyday and also to make sure everything is functioning well. In return this could also foster closer relationship with inmates. But what normally happens is that the officers and assistants dare not eat together with them for fear that they might put dirty things into the food prepared for the officers. This fear developed because sometimes the officers might have punished the inmates. The officers concerned normally ate with other staff in the staff room.

There was always a gap between the staff and inmates. Inmates have an inferiority complex, while some of the staff felt that most drug addicts were incorrigible and may even be incurable.

(c) Confining inmates together

It seemed that the administration just did not see that hard-core addicts with criminal records were a group among themselves. This problem of mixing the hard-core addicts and those who were on drugs for a short-time had been brought up many times but the authorities did not seem to pay attention to it.

The hard-core addicts had been dependent on drugs for many

years, had been hardened to the facts of life and many had criminal records. Some of these hard-core ones were also admitted for the second or third times. It seemed it would be difficult for them to shrug off drugs judging from the second or third admissions.

(d) Smuggling at the centre

There had been widespread smuggling in of heroin from 1975 till 1979. These were told by staff and addicts who had been in the centre during those years.

It seemed that it was very difficult for the administration to check smuggling in of drugs as inmates had all sorts of ways to do it. Some drugs were smuggled in during visiting hours and some were just thrown into the centre from outside the fence.

With drugs entering the centre, how could ^{an} addict be cured? He would be taking drugs, may it be once in a while but it would certainly spur him into taking drugs again once he was discharged. Out of the 18 cases of 2nd or 3rd admission I had interviewed, 3 of them confessed that they took drugs irregularly at the centre the first time they were admitted. When they were released, they just continued taking drugs outside.

The administration concerned knew that there had been drugs in the centre but it was very difficult to detect as there were about 100 inmates. Nevertheless, they had tried to curb this by imposing numerous ways and this had at least reduced incidents of drugs found in the centre.

(4.7) Opinion of inmates

The opinion of 18 inmates who were admitted more than once to the centre were taken down in order to see whether there were any connections between the rehabilitation programmes and their returning to drugs again. Special attention were paid to their opinions because they had experiences the programmes at the centre.

The three who took drugs at the centre said they could not see anything good at the centre because they could bring in drugs.

The rest of the fifteen said that although they did not take drugs during rehabilitation, their minds were set on taking it immediately after discharge. They followed the programmes regularly. They had attended many sessions of counselling but ultimately, their attitude towards drugs did not change.

They said that counselling could not help them forget about drugs. It was only during the period of confinement at the centre that stopped them from taking drugs. They did not say that the rehabilitation programmes were ineffective, but that they could not forget drugs totally while they were still at the centre. They would work the whole day, but when they were lonely, they would think about drugs.

What had been gathered was that they were not mentally

prepared to stop themselves from taking drugs during the four months of stay at the centre. At one occasion, I caught a few senior inmates secretly smoking a type of cigarettes which has a stronger taste than normal cigarettes. When asked why they took it, they said it was very nice and tasted good. They enjoyed smoking this type of cigarette. They told me that they picked up the cigarette butts which were thrown away by the staff working there. Sometimes sympathetic staff would give them cigarettes. The brand of cigarettes supplied by the administration is "Gold Leaf" but it is not uncommon to find inmates smoking other brands of cigarettes like "Bensen and Hedges", "Winston" and "Gudang Garam."

Senior inmates who were about to be discharge still said that drugs tasted good and they were not sure if they would ever be able to quit drugs.

The main problem associated with these inmates was that they were not mentally prepared to quit taking drugs. Some of them were forced and some caught by the police to be put into the rehabilitation centre. These addicts were reluctant to change. Many of those interviewed admitted that they were not sure in future if they could quit. They had no confidence in themselves. Many were back on drugs after they had been discharged because they wanted to have a "last-call" which meant they would take drug for the last time.

From my observations, I felt that the rehabilitation centre had not succeeded in changing the attitude of inmates towards drugs. It had failed to cultivate the determination and a sense of rejection towards drugs in the minds of the inmates. It only serves as a type of temporary incapacitation measure by keeping them inside the rehabilitation centre for four months.

are stealing, extorting, robbing and finally turning to be drug pushers. Some sympathetic parents even tried to help their addict children by providing money to buy drugs as an alternative to their committing crimes.

Many parents, especially those with low education level, do not know much about the problem of drug abuse. Many did not send their addict children to seek help immediately, assuming that some advice would do. When the addicts become more dependent on drugs, it is often more difficult for them to be rehabilitated.

There are various reasons for drug abuse and dependency. Curiosity, lack of family concern, influence of peer groups, as a means of escape from pressures of life and pleasure seeking are some of the main reasons why people take drugs.

Generally, no one single reason alone can be attributed to drug taking. Normally, there are many reasons and it can be the combination of some of the reasons mentioned above. Some researchers said it is the addictive personality and misguided life. But there is no clear cut answers.

The largest number of addicts is found in the age category 18-24 years old, that is 55.7% of the total population of 1531 in P.P.O Tampoi from 1975 to 1980. This the normal age where many youngsters leave home to look for jobs after dropping out from school and most likely face numerous problems and challenges in life. In this stage of transition some cannot cope with the stress

and problems and may fall into the trap of drugs.

From the findings related to the economic background of addicts, it is rather suprising that 50% of them are middle class families and 28% are from rich families. This runs counter to the general belief that majority are from poor families. This tells us that not only poor people take drugs, but a big proportion of people from the middle class and rich families take drugs, too.

It is quite obvious from the data presented in the preceeding chapter that most addicts came from big families. Of the 50 respondents interviewed, 64% had between 6-16 brothers and sisters in the family. The remainder 36% had between 1-5 brothers and sisters in the family. This suggests that many drug addicts do not get much family attention.

A general assessment of the rehabilitation programmes show us that physical treatment at the centre is a complete success where all addicts discharged were found to have gained weight and physically fitter and healthier when compared to their health when they were admitted.

After staying at the centre and going through the rehabilitating programmes for four months, they were discharged. But the problem is that about 89% of these released took drugs again. As had been mentioned earlier, the problem related to drug abuse are rather complex and multi-faceted. Thus treatment does not mean simple

abstention of drugs for a certain period. This is why psychological treatment is important. Psychological treatment is to help addicts overcome their problems and to cultivate a determination in them to quit drugs in the future.

What I gathered was that the psychological treatment at the centre was inadequate. It failed to cultivate the mental state necessary to quit drugs. Some inmates told me that they had only one or two sessions of counselling during the four months of stay at the centre. Many told me that they were not prepared and not certain if they could ever quit drugs outside the centre though they intended to do so. Most were not ready yet even though they were nearing discharge.

Inmates at the centre viewed counselling as ineffective and one could easily observe that the centre merely kept addicts away from drugs for a short period of time.

I strongly feel that one of the major reasons why about 89% of the inmates cannot quit drugs after being discharged is the failure of the psychological treatment at the centre.

Some other weaknesses of the centre are the presence of ragging, occasional smuggling in of drugs and no proper training in work therapy. Though these weaknesses are detrimental to the purpose of rehabilitation, the administration at the centre should not be blamed totally, as they faced problems of lack of funds and inadequate staff. The centre itself is also too small to provide

better training in work therapy and moreover, smuggling of drugs into the centre is quite difficult to detect.

The detoxification of addicts and after - care programmes also played an important role in the process of rehabilitation.

There is only one detoxification centre at the Hospital Permai in Tampoi. It has only twenty beds and is always overcrowded. Addicts seeking detoxification have to make reservations of beds. Otherwise, they would not be accepted for treatment. This have been confirmed by the authorities in Hospital Permai as reported in The STAR, November 13, 1981. The detoxification centre is not adequately equipped to cater to the large number of addicts. This is a great set-back to eradicating the problem of drug abuse when addicts arrested by the police had been denied treatment. After being confined in police lock-ups, they are subsequently released.

After-care program is important as it is a necessary aspect of rehabilitating drug addicts. Eventhough an addict may be treated and weaned of the habit in a "drug-free rehabilitation centre," if he goes back to an environment in which he originally comes from, he may relapse.

The total number of cases under supervision and after-care for the whole of Johor state is 430 until September, 1980. Johor Bharu District has the most number of cases and they make up of about 54% of the total number of cases in the state.

An interview with a welfare officer from the Johor Bharu Welfare Department reveals that there is insufficient staff to supervise the after-care cases. There were only four officers and each officer has to take care of about a hundred cases besides other welfare duties.

When those under supervision did not turn up for urine-test reminder letters were sent to them and still if they did not turn up, the cases might just be dropped. As much as 80% of the cases were dropped.

More rehabilitation centres should be built and existing ones should be expanded. A welfare officer had said that the police in the Johor Bharu area could round up 500 addicts in a day but the problem is where to put them. The only rehabilitation centre in Tampoi is already full.

It is not fair to direct all blame to the rehabilitation centre itself. The ultimate success depends much on the willingness and determination of the drug addicts themselves to quit drugs.

Many admitted to the rehabilitation centre were forced to do so or arrested by the police. These addicts might not want to quit taking drugs. Without their willingness and determination, even a perfectly planned rehabilitation program will not achieve much.

Finally it is hoped that this report will shed light to the

problem and will be of use in our efforts towards eradicating the nation of the problem of drug abuse.

APPENDIX

Field Experiences

Before I carried out this study, I managed to read ^{some} ~~so-me~~ guidelines and articles about drug abuse related to my study. As the nature of the study denotes, the best method is participation - observation. A drug rehabilitation centre is chosen as it serves the dual purpose of providing information about the background history of drug addicts and the opportunity to study the rehabilitation programmes.

A total of six weeks were spent at the centre, which I, observed and participated in a number of activities. Relevant information and data from inmates and staff members were taken down in my field diary.

During the first week, nothing much was done as I was trying to make my presence felt by mixing around with the inmates and staff.

At first the inmates reacted to my presence with great caution and many were tight - lipped. Though I tried to remind and explain to them that I was a student doing my study related to drug abuse and rehabilitation, they always suspected that I was from some government agencies trying to get some information out of them.

But later after the second week, they slowly got acquainted with me but still addressed me as "Encik" though I encouraged them

to call me by my name. To this, they explained that it is the discipline and manners at the centre.

In the course of the study, I have to keep a neutral stand with the internal matters at the centre. An officer or the religious teacher would complain to me about the weaknesses of other staff and vice versa. Inmates, too, gave opinions and complains about the assistant principal whom they did not like. In situations like this, I always kept a neutral stand, not wanting to annoy anybody which might interrupt with the progress of my study.

At the later part of my stay at the centre and as I get closer with the inmates, a number of them asked me to buy them things which the centre did not provide. I was not supposed to do this as it was against the centre's regulations. On the other hand, if I did not do these favours for them, they might boycott me. To this, I tactfully avoided by delaying tactics till I finally completed my study without buying them any of those things they wanted.

As a social science student, I always tried to be objective and value free in the course of my study. At numerous occasions, I caught inmates doing things which were against the regulations but I did not report these to the administration there.

This study certainly helps and gives me a better picture and understanding of drug addicts and what a drug rehabilitation centre is really about.

From what I have gathered after my study, many things run counter to the public impressions about drug addicts. I feel that the public should be more enlightened about what a drug addict really is in order to erase the devastating effects of stigmatization which might affect the process of reintergration of ex-drug addicts into the society again.

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