CHAPTER ONE

AN OVERVIEW

INTRODUCTION

Drug abuse arouses intense emotions, ranging from sympathy for the abuser, to anger directed at the dealer, a feeling of frustration at the abuser for not wanting to kick the habit and to a sense of helplessness at the inability of society to prevent it. However, it is also an issue that continues to draw much controversy as it involves behaviour that is contrary to society's values and norms on the one hand and invokes stringent social sanctions on the other.

The 1995 Report of the Untied Nations Commission on Narcotic Drugs hints at the magnitude of the illicit drug problem worldwide. The Report stated that over the past 10 to 15 years, the world production of illicit drugs has increased significantly. The increase in production has been matched by increase in abuse, rather than by a fall in the price of drugs. In addition, a more serious change that has taken place over the some period has been the switch from the oral abuse to injection of drugs. This change has provided a major vector for the spread of the human immunodeficiency virus (HIV). Stimulants such as hallucinogenic amphetamines have also re-emerged as drugs of widespread manufacture and abuse. The Report thus paints a rather gloomy outlook on the illicit trafficking and abuse of illicit drugs.

In Malaysia, the first contact with opium dates back to the Malacca Sultanate (Spencer and Navaratnam, 1981). However, the use of opium became widespread with the arrival in large numbers of Chinese labourers to work in Malaya in the nineteenth century. By the end of the nineteenth century, opium use was identified as one of the social problems within the Chinese community (Purcell, 1967). This development marked the watershed in the evolution of legislative and administrative measures by the government to control the spread of the use of opium in the country. The Governor formed an Opium Commission in 1907 to ascertain the extent of the indulgence in opium smoking of the Chinese. The Opium Commission in its Report to the Governor in 1908 recommended that since the overall number of opium smokers had not increased, it did not warrant prohibition as a preventive measure. However, it did recommend that the sale of opium to women and children should be made an offence. It further recommended that the Government should take over the sale of opium.

The measures that were recommended by the Opium Commission were soon found to be inadequate. Voluntary registration of the opium users was introduced in 1928 and it was made compulsory in 1929. By 1934, the British Government was left with no choice but to comply with the resolutions adopted by the League of Nations to control the use of narcotics in 1912. It decided on the total prohibition of the use of opium in its colonies including Malaya (Purcell, 1967).

Consonant with the creation of the Federation of Malaya, the twelve individual state legislation that had been used to regulate the sale and use of opium in the Malay states were codified into two Ordinances, namely, the Dangerous Drugs Ordinance, 1952, and the Poisons Ordinance, 1952. The Dangerous Drugs Ordinance, 1952, was primarily to control (i) the import and export of opium and ganja (cannabis); (ii) the manufacture of such drugs; and (iii) possession of other dangerous drugs. The Poisons Ordinances, 1952, was to control any other drugs that were termed as poisons and listed in the Second Schedule of the Ordinance. With the enforcement of these two Ordinances, the import, export, manufacture, and possession of dangerous drugs and other drugs that were listed as poisons in excess of specific amounts or without authorisation were made criminal offences. Subsequent enforcement and various other measures taken kept in check the spread of the abuse of dangerous drugs. Thus, the management of drug abuse, which began as a regulatory effort, became a full-fledged enforcement effort.

The use of psychoactive substances is dynamic as it takes on new patterns of abuse. This includes the introduction of new forms of drugs. The Social Action Committee in 1969 conducted a study on drug users who were arrested by the Police or had sought treatment at the Penang General Hospital. It was found that there was an increase in the number of drug dependants who were below the age of thirty years who had sought treatment or had been arrested by the Police. It was further found that these cases predominantly involved the use of heroin. Correspondingly, there was a

decline in the number of drug dependants who were above the age of fifty (mainly opium users) who sought treatment. Other studies that were consequently initiated found that younger people were getting involved with the abuse of dangerous drugs (Tan, 1973; Spencer and Navaratnam, 1974; 1976). Changes in the ethnic structure of drug dependants, showing an increase in Malay and Indian users, were also noted (Spencer and Navaratnam, 1976; Parameshwara Deva, 1978). At the same time, the media often highlighted the use of psychoactive substances amongst the younger generation. These studies and reports further showed that a purely enforcement-oriented approach was no longer appropriate and a more comprehensive approach was needed.

The Government's reaction to this development was to establish the Central Narcotics Bureau within the Ministry of Justice in 1972. The Bureau was basically an enforcement-oriented agency with its officers drawn from the Royal Malaysian Police Force and the Royal Malaysian Customs and Excise Department. The Bureau also co-ordinated the efforts of the Ministry of Information and the Ministry of Education to inform and educate the community on the dangers of drug use. Thus, the original policy which focused on the reduction of the supply of dangerous drugs was now complemented with a new emphasis on the reduction of the demand for dangerous drugs① (ADTF, 1992).

The pace of policy development covering the organisational, legal, and operational aspects further accelerated between 1975 and 1978. A Cabinet Committee on Drug Matters with the Deputy Prime Minister as its Chairman was formed in 1975. The main functions of this Committee were to: -

- formulate and implement national policies in relation to the control of drug abuse;
- approve all activities and programmes relating to drug abuse prevention and control;
- approve funds for drug abuse prevention and control activities; and
- co-ordinate all activities implemented by both the Government and voluntary organisations.

Consonant with the increased emphasis that was being given towards reducing the demand for psychoactive drugs an Executive Action Unit, chaired by the Deputy Minister of Home Affairs, was created in 1978 to assist the Cabinet Committee on Drug Matters to co-ordinate the implementation of the committee's decisions. In the following year, the Central Narcotics Bureau was dissolved and replaced by the *Dadah* Secretariat. This Secretariat which was manned by officers from the Malaysian Civil Service was to assist the Executive Action Unit in the overall co-ordination of efforts to control the spread of the use of and the trafficking in dangerous drugs. The law enforcement function was given to the Royal Malaysian Police. Its primary role was to enforce laws related to dangerous drugs and prevent the internal distribution of dangerous drugs. The Royal Malaysian Customs and Excise Department was to prevent the dangerous drugs from being smuggled

into the country through the various points-of-entry such as at the borders with the neighbouring countries, the airports and sea-ports.

Meanwhile, treatment and rehabilitation of drug dependants was started in 1975. The Dangerous Drugs Ordinance, 1952, was amended to make a distinction between a drug dependant and a drug dealer. Another amendment was made in 1976 to incorporate *PART V A* into the Dangerous Drugs Ordinance, 1952, which made provisions for the apprehension of drug dependants to be sent for treatment and rehabilitation. Two types of treatment and rehabilitation programmes were introduced: a six-month institutional programme and a non-institutional (non-committal) programme②.

The Ministry of Education and the Ministry of Information were asked to play an active role in formulating effective programmes to provide information and educate the younger generation and the community on the consequences of drug abuse. The Ministry of Education was to focus its efforts within school environment while the Ministry of Information would provide its services to the population at large. An effort to compile and collate data on dadah dependants too was initiated③.

Despite these measures, the high number of new drug dependants identified for the first time (irrespective of the duration of involvement with drugs) has persisted. Approximately 624 new drug dependants are being identified per month in 1983 (ADTF, Annual Report 1994). The number of

persons who have been arrested for drug related offences under the Dangerous Drugs Act, 1952, remained at about 10,000 arrests a year (ADTF, Annual Report 1994). This situation encouraged the formulation of a more comprehensive management policy to control the spread of dangerous drugs. In the light of these findings the Cabinet Committee on Drug Matters recommended that the overall responsibility of drug abuse prevention and control be put under the National Security Council (NSC) of the Prime Minister's Department. The reorganisation of the management and implementation machinery was put into operation through the creation of the Anti *Dadah* Committee, which was to be chaired by the Deputy Prime Minister. This Committee was to be assisted by the Anti *Dadah* Task Force (ADTF). Other implementing agencies were also identified and responsibilities defined. The Prime Minister launched the national level anti drug campaign in February 1983, with the declaration that the problem of the abuse of dangerous drugs could no longer be viewed as a neighbourhood social problem but a threat to the security of the nation.

The main task at hand for the reorganised implementing machinery was to review the existing strategy for the prevention and control of the spread of drug use. The ADTF, in consultation with the other implementing agencies, proposed a revised strategy that is contained in the First Five-Year Action Plan for *Dadah* Prevention and Control, 1985-1989. The revised strategy lays emphasis on primary prevention with particular focus on preventive education in schools, community-oriented school-based

programmes, and community information programmes. Primary enforcement aims to interdict and prevent the smuggling of and the internal redistribution of dangerous drugs. The second strategy is treatment and rehabilitation, which focuses on early detection of drug dependants, institutional and non-institutional treatment, and providing aftercare and relapse prevention programmes. These two main strategies are to be supported with the development of human resources and evaluation mechanisms, international co-operation for the exchange of information and intelligence on illicit drug trafficking, and co-ordination at the federal, state and district levels.

STATEMENT OF PROBLEM

Two developments cast a shadow on the effectiveness of the revised approach in the management of the dangerous drug problem initiated in 1983. Firstly, the number of new drug dependants that were detected in the year 1995 average 1,095 per month (ADTF (aa), 1995). The comparable monthly average detection rate for 1982 is 1,114 persons. Thus, the monthly detection rate does not indicate that drug abuse has abated. Similarly, the number of persons arrested for offences under the DDA, 1952 shows a marginal increase. In 1982, the number of arrests under the various sections of the DDA, 1952, is 10,400 persons. The number of arrests in 1995 is 10,548 persons (ADTF (aa), 1995). This indicates that despite the tough laws that have been enforced there has been no decline in the number of persons that are involved in trafficking the substance. A high rate of relapse too is

observed among *dadah* dependants who have been sent for treatment and rehabilitation. The percentage of relapsed *dadah* dependants caught has increased from 49.6% of the total number of *dadah* dependants identified in 1982 to 59.4% in 1994 (ADTF (aa), 1995). The high arrest figures under the DDA, 1952 and the Drug Dependants (Treatment and Rehabilitation) Act, 1983 thus cast doubts on the effectiveness in the formulation and implementation of the preventive education, treatment and rehabilitation programmes and the enforcement of laws to prevent and control dangerous drugs.

Secondly, Dato' Megat Junid bin Megat Ayob, the Deputy Minister of Home Affairs, announced on 17 December, 1994 that the ADTF, the Treatment and Rehabilitation Division of the Ministry of Home Affairs, and the Anti *Dadah* Branch of the Royal Malaysian Police are to merge into a single agency. The merger will facilitate better co-ordination in the formulation and implementation of drug prevention and control policies (The STAR, 18/12/1994). The implementation machinery had been reorganised for a third time in 1983 since 1972. It was also claimed then that the implementation machinery was not suitable to address the drug abuse situation (Cabinet Committee; 1983). In the reorganisation of the implementation infrastructure undertaken in 1983 the policy formulation process was centralised within the NSC through the creation of the Anti *Dadah* Committee. The trafficking in and use of dangerous drugs was declared a problem that threatened national security. Consequently, the policy initiatives were to reflect the dynamism of

the trafficking in and the use of dangerous drugs. A number of implementing agencies were identified and designated as permanent members of the Anti *Dadah* Committee. The policy formulation and implementation process was to be co-ordinated by the ADTF.

Thus the announcement by the Deputy Minister of Home Affairs prompts one to ask what has gone wrong in the management of the drug problem despite the many reorganisations of the implementation machinery. The organisational arrangements, policy and legal measures seem to be fraught with difficulties, shortcomings and continue to draw public criticism (Mingguan Malaysia, 3/7/1994). These developments bring forth the need to study why drug abuse prevention and control efforts have not shown significant progress despite the various policies, legal and organisational changes made.

SCOPE OF STUDY AND OBJECTIVES

This study limits itself to reviewing and analysing (i) the scenario that preceded the reorganisation of the drug prevention effort; (ii) the policy, organisational, and legal changes that were introduced; and (ii) the issues and problems following the reorganisation of the management of drug abuse prevention and control.

This study has the following objectives: -

- To review the policy, organisational, and legal changes on the prevention and the control of dangerous drug and their use.
- To study the effects of these changes on the prevention and control of dangerous drugs and their use.
- To make recommendations that can assist to improve the implementation of drug abuse prevention and control policy.

SIGNIFICANCE OF THE STUDY

This study, reviewing the drug abuse prevention and control policies between 1983 and 1994, is a maiden effort which can provide the platform for future research that focuses on evaluating or assessing the effectiveness of the drug abuse prevention and control effort. It also adds to the existing knowledge base on drug abuse prevention and control research that has been initiated in the country while complementing some other scholarly research conducted on similar areas but with a non-policy focus.

RESEARCH METHODOLOGY

This study to review the drug abuse prevention and control policies between 1983 and 1994 is to uncover the reasons that have resulted in the lack of success of these policies. The study has as its primary premise that the lack of success is due to a number of flaws in the implementation of the policies. These are that there were: -

- weaknesses to operate and to sustain organisational structures to implement policies
- theoretical and technology issues that could not be comprehended by some of the implementing agencies
- diversity of the target population
- coherence in the implementation processes in such aspects as leadership and organisational hierarchy.

This study has used the qualitative approach. This research approach has been given a number of names such as exploratory, naturalistic, phenomenological, ethnography, grounded theory and field and ethnomethodological studies (Tutty, Rothery, Grinnell Jr.,1996). This approach allows the researcher flexibility to observe and draw conclusions from them. The material for this study was obtained from the following sources: -

- a literature review of the various textbooks on the subject of drug abuse, its causes, the philosophical debate on its use by the individual and strategies that had been adopted to control the spread of its use by the global community
- Records of meetings of the Anti *Dadah* Committee, National Security Council of the Prime Minister are Department and its equivalent organisations at the state level.
- Records of meetings of the Operations Room Working Group at the Federal, state, and district levels.
- Project papers.
- Situation Progress Reports prepared by the ADTF and the other implementing agencies.
- Budget proposals and allocations.
- Hands-on, personal experiences of the writer who was involved in the drug abuse prevention and control efforts in different job

positions and at various level of administration within the ADTF for eleven years, including discussions with officers in the various implementing agencies.

The findings of this study are presented in a descriptive form. The literature review helped to identify the extant view and strategies that had been adopted to handle drug abuse. This information and data was then tabulated and cross checked with the strategies that were implemented in Malaysia to control ad prevent the spread of the use of drugs. The personal experiences then helped the writer to make comparisons and make observations.

Some analysis of available data on drug dependants, offenders, types of drugs seized and budget allocations to identify weaknesses in the management of the drug problem and to explain the need for policy and organisational changes that were implemented too was made. This was to support the conclusions that were made from review of extant literature and Government records.

LIMITATIONS OF THE STUDY

There are a number of inherent limitations in this study. These include the use of documents and records that are confidential, the period or the time frame of the study, and the analysis of data, which is largely cumulative. A detailed explanation of the limitations is as follows.

Firstly, some information is classified and cannot be used for purposes of analysis. Such information is operational in nature and its disclosure could compromise the position of the implementing agencies. Hence, no attempt is made to review fully operational matters although some aspects are mentioned superficially.

Secondly, this study only reviews the policies that are initiated within the period of 1983 and 1994 because documentation of the management of drug abuse prevention and control efforts prior to 1983 is incomplete. As such, it cannot provide a comprehensive picture of the policies that were in place before that year.

Thirdly, the review of policy implementation is analysed on a nation wide basis because the policies are applied countrywide. It does not attempt to study the specific needs of states or target populations of the policy.

DEFINITION OF TERMS

Compulsory Treatment

Compulsory treatment is the committal of any person into a treatment and rehabilitation programme after he has been certified as a *dadah* dependant through prescribed tests and a medical examination by a medical doctor (Drug Dependants (Treatment and Rehabilitation) Act, 1983). The

treatment and rehabilitation programme is undertaken in an institution or in the community.

"Cold-Turkey" Treatment

It is a form of treatment involving the abrupt withdrawal from the use of *dadah* that had produced the dependence. The *dadah* dependant is provided no medication or any other treatment to ease the pain associated with withdrawal symptoms. This form of treatment is used in the treatment and rehabilitation centres in Malaysia.

Dadah ④

Any substance or drug when eaten or drunk or put into the body through any other means that results in addiction, deterioration of health, and/or moral decay of the user (Dewan Bahasa dan Pustaka, 1980). In Malaysia, the word *dadah* signifies a cluster of substances, which include ***heroin; opium; morphine; psychotropic substances such as peyote (a type of mushroom); ganja (cannabis); and cocaine.*** In this regard in Malaysia the term *dadah* cannot be used inter-changeably with the word drug which specifically refers to substances used for medical purposes (see the following definition). The term *dadah* is thus used throughout the rest of this study.

Drug⑤

The special committee meeting of the Dewan Bahasa dan Pustaka defined a drug as "any substance or chemical that is used in human bodies or animals to investigate, for treatment, to prevent any disease or to improve health". This definition when read together with the definition of *dadah* refers to medicines that are used for palliative purposes. (Dewan Bahasa dan Pustaka, 1980).

Dadah Dependant

The Drug Dependants (Treatment and Rehabilitation) Act, 1983, defines a *dadah* dependant as a 'person who through the use of any dangerous drug undergoes a psychological and sometimes a physical state which is characterised by behavioural and any other responses including the compulsion to take the drug on a continuous or periodic basis in order to experience its psychological effects and to avoid the discomfort of its abstinence'.

Physical Dependence

Physical dependence is a situation that is characterised by the body biologically adapting to the type of *dadah* used and manifests itself by intense physical disturbances when the administration of *dadah* is suspended or when the effect of the substance is affected by the administration of a specific

antagonist. These disturbances are termed as withdrawal or abstinence syndromes. They are made up of specific arrays of symptoms and signs of a physical nature that are characteristic for each *dadah* type. Physical dependence is a powerful factor in reinforcing the influence of psychological dependence upon continuing *dadah* use or to relapse (Segal, 1988).

Psychological Dependence

Psychological dependence is a situation where the individual experiences a feeling of satisfaction and creates a psychological drive that requires periodic or continuous administration of the *dadah* to produce pleasure or to avoid discomfort. Indeed, this mental state is the most powerful of all the factors involved in chronic intoxication with *dadah* and with certain types it may be the only factor involved (Segal, 1988).

Tolerance

Tolerance is an adaptive state characterised by diminished response to the same quantity of *dadah*. A larger dose of it is required to produce the same degree of the euphoric effect. Tolerance is thus a diminishing biological response occurring as a result of the body cells adapting to an alien chemical after repeated use. Thus, in the case of heroin use, the dependant would be gradually increasing the dose to obtain the same effects. Tolerance is said to appear most quickly at the euphoric stage, and secondly, to the analgesic

effects to refrain the occurrence of the pain associated with withdrawal (Segal, 1988).

ORGANISATION OF CHAPTERS.

The organisation of the study after Chapter One is as follows: -

1. Chapter Two reviews some theories associated with *dadah* dependence. It also discusses some models, approaches, and concepts that have been used in the treatment and rehabilitation, preventive education, and management of the *dadah* problem.

2. Chapter Three discusses the important policy, organisational, and legal changes that were made in the prevention and control of *dadah* in Malaysia.

3. Chapter Four reviews the organisational and implementation issues that thwart *dadah* prevention and control efforts.

4. Chapter Five summarises the main points of the review and advances some recommendations that are deemed necessary for the improvement of the *dadah* prevention and control effort.

NOTES

① Supply reduction is the process of cutting-off the availability of *dadah*. Demand reduction seeks to prevent an individual from using *dadah* thereby cutting-off demand for it. Supply reduction strategies are enforcement-oriented and resort to legal sanctions to achieve their objective. Demand reduction strategies use preventive education and treatment and rehabilitation approaches to either prevent an individual from ever-starting *dadah* use or to discontinue its use.

② The Government set up four treatment and rehabilitation centres. The centre located in Bukit Mertajam catered for the *dadah* dependants in Penang, Kedah, Perlis, and northern Perak. The centre at Besut housed *dadah* defendants from Terengganu, Kelantan, and parts of Pahang. The Tampoi centre catered for the *dadah* dependants in Johor, Negeri Sembilan, and Malacca. The centre at Kuala Kubu Bahru treated and rehabilitated *dadah* dependants from the states of Selangor, central and southern Perak, and the Federal Territory of Kuala Lumpur.

③ University Sains Malaysia was asked by the Cabinet Committee on Drug Matters in 1976 to collect and collate data on *dadah* use and to conduct research in the relevant areas.

④ The term *dadah* is unique to Malaysia. It is an acronym for *dangerous drugs and hashish*. Tan Sri Ghazalie Shafie who was the Minister of Home Affairs and the Chairman of the Executive Action Unit of the Cabinet Committee on Drug Matters in the late 1970 suggested the use of this term universally to describe a specific group of dangerous drugs. The argument was that the word *drug* is a general term and it includes those substances that are used for medical purposes. The ***Dewan Bahasa dan Pustaka,*** Malaysia's authority on the Malay language was asked to study the proposal.
A meeting was convened by the ***Dewan Bahasa dan Pustaka*** on the 29 September 1980 to define the term. Members of the academia, medical and health professionals, pharmacists, and the legal profession attended this meeting. The Executive Action Unit later endorsed the proposed definition. It was also agreed that the medical professionals could use their term *drug* in their professional writings in ***Bahasa Melayu.*** The term *dadah* does not include in its definition such substances as cigarettes, alcohol, anabolic steroids, and inhalants.

⑤ As described in ④above.