

CHAPTER FOUR

MANAGEMENT ISSUES IN *DADAH*
PREVENTION AND CONTROL:
1983-1994

INTRODUCTION

The preceding chapters, among others, confirm that *dadah* use and its trafficking are multi-dimensional in scope, with numerous factors fostering and reinforcing their continuing existence and requiring a multi-disciplinary approach to check their spread. Malaysia's policy initiatives, utilising this multi-disciplinary approach, includes a five-prong strategy, adopted in 1984, which prioritises prevention (specifically, preventive education targeted at school children, youths, and the community), and treatment and rehabilitation. However, despite an increase in interest in research, human resource development, international co-operation and collaboration, and attempts to co-ordinate efforts at various levels of administration, the control and prevention of *dadah* use and its trafficking continues unabated. Nevertheless, the prevailing debate continues to focus on the need for more effective management and management strategies to combat the *dadah* menace. This chapter briefly compares the *dadah* seizures and arrests before and after 1983 and discusses some of the main issues and reasons why the prevention and control efforts have had limited success.

THE *DADAH* SITUATION BETWEEN 1975-1982 AND 1983-1994: A COMPARISON

The *dadah* situation between 1983 – 1994 is reviewed from three perspectives namely (i) the amount of *dadah* seized; (ii) the number of traffickers arrested under Sections 39A and 39B of the DDA, 1952; and (iii) the number of new *dadah* dependants and relapse cases that were identified. The data will be compared with that for the period of 1975 – 1982.

Amount of *Dadah* Seized

The amount of *dadah* seized by the enforcement agencies (Royal Malaysian Police, Royal Malaysian Customs and Excise Department, and the Border Anti Smuggling Unit) between 1975-1982 and 1983-1994 is shown in Table 4.1 and Table 4.2.

A comparison of the amount of all types of *dadah* seized shows that there is an increase in the quantity of all types of *dadah* that is seized between 1975-1982 and 1983-1994. The largest increase is seen in the amount of psychotropic pills that are seized. Between 1975 – 1982, the number of pills seized is 62,234 pills. The quantity seized increased by more than thirty times to 1,946,691 pills between 1982 – 1994. There is also a significant increase in the seizure of ganja and heroin. For the period 1975 – 1982, the amount of ganja seized is 2,082.44 kilograms. The amount seized between 1983 – 1994 is 12,663.12 kilograms. This amount is six times more than the preceding

period. The amount of heroin seized increased by more than five times, that is from 432.97 kilograms in 1975–1982 to 2,373.41 kilograms in 1983–1994.

Table 4.1 The Types and Amount of *Dadah* Seized Between 1975 – 1982

Year	Type of <i>Dadah</i> and Amount Seized					
	Ganja (Kg)	Raw Opium (Kg)	Prepared Opium (Kg)	Heroin (Kg)	Morphine (Kg)	Psychotropic Pills (nos.)
1975	358.52	746.71	135.32	39.19	11.19	56,470
1976	110.88	519.17	28.15	54.42	215.48	155
1977	149.14	568.70	103.17	81.08	99.62	320
1978	114.98	753.20	23.85	77.41	51.46	0
1979	118.84	176.89	19.76	33.35	29.56	458
1980	116.70	88.59	11.97	27.73	11.37	1,219
1981	632.75	226.36	38.83	48.78	15.55	360
1982	480.63	76.95	31.20	71.03	9.17	3,252
Total	2,082.44	3,156.57	392.52	432.97	443.4	62,234

Source: Royal Malaysian Police; Royal Malaysian Customs & Excise Department, Pharmacy Division, Ministry of Health; and the Anti-Smuggling Unit, Ministry of Home Affairs as compiled by the ADTF (1994)

Table 4.2 The Types and Amount of *Dadah* Seized Between 1983 – 1994

Year	Type of <i>Dadah</i>					
	Ganja (Kg)	Raw Opium (Kg)	Prepared Opium (Kg)	Heroin (Kg)	Morphine (Kg)	Psychotropic Pills (nos.)
1983	386.37	110.73	40.80	200.00	9.32	25,045
1984	1,748.88	796.93	13.23	242.83	6,265	6,625
1985	663.43	758.20	12.47	128.02	3.02	91,965
1986	880.00	332.14	6.31	114.88	3.61	347,936
1987	1,376.91	195.39	22.01	40.24	0.45	116,223
1988	1,487.20	233.21	4.30	307.94	0.68	95,342
1989	1,837.67	727.89	8.71	297.78	0.24	256,079
1990	1,129.80	651.41	6.61	189.12	0.00	367,045
1991	896.36	69.30	16.33	263.92	0.00	142,452
1992	474.84	267.66	2.93	112.79	0.01	356,839
1993	1,064.56	175.75	31.67	263.39	0.80	97,312
1994	717.10	67.80	1.28	212.42	0.00	43,828
Total	12,663.12	4,385.41	16.65	2,373.41	24.39	1,946,691

Source: Royal Malaysian Police; Royal Malaysian Customs & Excise Department, Pharmacy Division, Ministry of Health; and the Anti-Smuggling Unit, Ministry of Home Affairs as compiled by the ADTF (1994)

Secondly, it is also observed that the average amount of the different types of *dadah* seized annually too show an increase. The annual average amount of ganja seized between 1975 – 1982 is 260.3 kilograms whereas it averages 1,055.26 kilograms a year for the period 1983 – 1994. The average

amount of heroin seized for 1975 – 1982 is 54.12 kilograms against 197.78 kilograms per year between 1983 – 1994. The average amount of opium seized however shows a slight decrease from 394.57 kilograms between 1975 – 1982 to 365.45 kilograms for 1983 – 1994. This decline could have been due to the increase in the enforcement effort to seize heroin and ganja. The law had been amended with regards to the amount of heroin in possession that constitutes trafficking. Heroin and ganja too are considered as the *dadah* of choice amongst the younger generation (Khairuddin Ibrahim; 1986).

The increase in the amount of *dadah* seized between 1983 – 1994 as compared to 1975 – 1982 indicates that an well-organised and focussed enforcement effort could result in a higher amount of *dadah* being seized. For example, the increase in the amount of psychotropic pills can be attributed to the increased powers given under the amended Poisons Act, 1952 to the Pharmacy Division of the Ministry of Health to seize such substances.

On the other hand, the continued seizure of *dadah* shows that there is an endless supply of the substance within the country. The Royal Malaysian Police estimates that the enforcement effort yields only approximately eight percent of the heroin supply within the country (JKAD 10/1987; 1987). This means that a significant amount of heroin manages to reach the *dadah* dependants. If this estimate is used as a gauge on the amount of heroin available, it means that approximately 2,450 kilograms of this type of *dadah* is available annually for the consumption for those dependant on it. It further shows the difficulty to track down traffickers who operate with a great deal of

secrecy. It can be concluded that while the increased enforcement effort has yielded higher seizures of *dadah*, it has not significantly reduced the supply within the country.

Arrests of *Dadah* Traffickers

The arrest figures for *dadah* traffickers are shown in Table 4.3 and Table 4.4. From Table 4.3 it is observed that in 1975 only seven persons were arrested under Section 39B and one person under Section 39A. But, by 1982, the arrests had increased to 260 persons under Section 39B and 332 persons under Section 39A respectively. The upward trend of arrests has however continued. The number of arrests in 1994 is 790 persons under section 39B and 1,843 persons under 39A (See Table 4.4). These figures do not indicate that the stringent provisions of the DDA, 1952 have deterred the traffickers. It gives an impression that for every one trafficker arrested, there are more persons 'awaiting' to replace him. The strict enforcement of the tough laws appears to have created conditions to develop the illegal trade. As it has been mentioned in Chapter Three information on *dadah* traffickers is not easily available, as it is a highly secretive operation. More often, the *dadah* seizures are chance encounters (JKAD 10/87, 1987; ADTF (aa), 1995).

Table 4.3: Arrests of *Dadah* Traffickers Under DDA, 1952 1975-1982

Year	Section in the DDA, 1952	
	39A	39B
1975	1	7
1976	5	50
1977	5	95
1978	188	147
1979	124	197
1980	162	107
1981	254	134
1982	332	260

Source: Royal Malaysian Police, 1987 (Unpublished Report)

Table 4.4 Arrests of *Dadah* Traffickers Under DDA, 1952 1983-1994

Year	Section in the DDA, 1952	
	39A	39B
1983	255	363
1984	208	473
1985	178	538
1986	156	475
1987	424	529
1988	672	566
1989	950	688
1990	1,524	800
1991	1,563	753
1992	1,899	776
1993	1,948	824
1994	1,843	790

Source: Royal Malaysian Police, 1995 (Unpublished Report)

Note: Section 39A - Life imprisonment

Section 39B - Death penalty or life imprisonment with whipping

Further evaluation of the data in Table 4.4 shows that the number of arrests under Section 39A begins to rise significantly from 1989. In 1988, the number of arrests is 672 persons. This increases to 950 persons in 1989. This is an increase of 41.4 percent. The percentage of increase is higher between 1989 and 1990 at 60.4 percent. There are three possible explanations for this. Firstly, the publicity generated by the execution of two Australian *dadah* traffickers showed the seriousness of the Government to enforce the *dadah* laws. Arising from this, the traffickers now deliberately carry smaller amounts of *dadah* to avoid from being charged under section 39B of the DDA, 1952 (Working Group Meeting No. 69, 1992).

Secondly, a larger number of *dadah* dependants may have been charged under section 39A for possession of the substance. Due to the insufficient number of places available at the treatment centres to cater for the large number of *dadah* dependants, the authorities may have resorted to charge them for *dadah* possession instead. This strategy enables the authorities to temporarily keep the *dadah* dependants off the streets.

Thirdly, the purity level of the street-level heroin has declined from 30-40 percent in the early 1980s to approximately 10 percent in the early 1990s (Working Group Meeting No. 69, 4/10/92). This drop in the purity level has a bearing on the relevant section under which the trafficker will be charged. The charge is based on the net weight of pure heroin that is confiscated. The lower purity level of heroin will mean a lower net weight. Thus the individual will be charged under other sections of the DDA, 1952 and not under Section 39B.

The efficacy of the DDA, 1952 as a deterrent is further put into doubt when the arrest figures are compared with the amount of *dadah* seized. While the number of persons, arrested for trafficking *dadah* as observed from Table 4.4 show an increase between 1983 – 1994, the amount of *dadah* seized annually remains almost constant as seen from Table 4.2. This can mean that the syndicates are using as many couriers as possible to ensure that the supply of *dadah* is kept constant to meet with its demand. From this discussion it can be concluded that the traffickers are now resorting to

alternative ways of carrying *dadah* to circumvent the provisions of the DDA, 1952.

The Number of New *Dadah* Dependants and Relapse Cases

In 1970, the authorities identified 711 *dadah* dependants. From Table 4.5, it is observed that the number of detection's continued to steadily increase from 1970 and by 1982, the cumulative total stood at 77,685 persons. A further analysis of the data shows that there are sharp increases in the number of new *dadah* dependants detected between 1974 – 1976 and again in 1981 – 1982. Both these periods coincide with increased enforcement activity by the Police following the amendments to the DDA, 1952.

Similarly, from Table 4.6, it is observed that the detection of new *dadah* dependants increased gradually from 7,865 persons in 1986 to peak at 10,424 persons in 1988. This period also coincides with increased enforcement activity to apprehend and detain *dadah* dependants prior to the Commonwealth Heads of Government Meeting (CHOGM) held in 1988 (ADTF, 1987). The number of arrests of *dadah* dependants begins to rise

Table 4.5 Number Of New *Dadah* Dependants 1970 – 1982

Year	Number Detected
1970	711
1971	908
1972	1,155
1973	2,075
1974	2,557
1975	5,062
1976	9,850
1977	8,047
1978	8,114
1979	8,229
1980	7,154
1981	10,391
1982	13,633
Total	77,685

Table 4.6 Number Of New *Dadah* Dependants 1983 – 1994

Year	Number Detected
1983	9,753
1984	8,140
1985	8,878
1986	7,865
1987	8,286
1988	10,424
1989	7,631
1990	7,389
1991	8,083
1992	8,238
1993	10,383
1994	11,672
Total	106,742

Source: ADTF (1994)

again from 8,083 persons in 1991 and reaches 11,672 persons in 1994. In the absence of the meetings of the Anti *Dadah* Committee, the Deputy Minister of Home Affairs directed the Police to increase their enforcement efforts. An example of this effort is reflected in the directive to identify the *dadah* using population of Kuala Lumpur. This was followed by an all out effort to detain and hold the *dadah* dependants in centres. It can be concluded that the

number of detections of *dadah* dependants is directly influenced by the enforcement activities.

Another variable to assess the success of the *dadah* prevention and control effort is the detection of relapse cases. The systematic keeping of records of *dadah* dependants initiated by the University of Science Malaysia has assisted the authorities to keep track of incidence of relapse. In 1974, there were 475 relapse cases detected. This represented 4.6 percent of the total number of detections for that year. The percentages of relapse cases detected annually have continued to increase and as observed from Table 4.7, the relapse cases constituted 49.6 percent of *dadah* dependants detected for 1982.

Table 4.7: Number of Relapse Cases 1976 – 1982.

Year	No. detected		
	No. of Relapse Cases	Total of Year	%
1976	475	10,325	4.6
1977	514	3,561	6.0
1978	3,013	11,217	27.6
1979	2,451	10,750	22.8
1980	3,507	10,661	32.9
1981	5,973	16,364	36.5
1982	13,150	26,513	49.6

Source: ADTF, 1983 (unpublished data)

Similarly, from Table 4.8 it is observed that the rate of detection of relapse cases show a fluctuating pattern between 1988 to 1994. In 1994, the percentage of rehabilitated *dadah* dependants who relapsed stood at 59.4 percent. This detection rate is higher than that of 1982. The highest percentage of relapsed *dadah* dependants detected however is observed in 1989 at 62.1 percent. One possible explanation that may account for the increase in the number of relapse cases detected for the two periods that are being analysed is that the enforcement authorities such as the Police were focussing their effort at apprehending and testing those *dadah* dependants that had been previously identified. Secondly, the biodata of the *dadah* dependants who had been through some form of treatment programme is recorded and maintained through the centralised information system (NADI) at the ADTF. It enabled the authorities to have a more accurate account of the relapse cases among the *dadah* dependants.

Table 4.8: Number of Relapse Cases 1988 - 1994

Year	No. detected		
	No. of Relapse Cases	Total of Year	%
1988	14,781	25,205	58.6
1989	12,487	20,118	62.1
1990	11,921	19,310	61.7
1991	12,258	20,341	60.3
1992	13,268	21,506	61.7
1993	15,074	25,457	59.2
1994	17,084	28,756	59.4

Source: ADTF, Annual Report, 1995

From the above discussion, a number of inferences can be made with regards to effectiveness of the enforcement approach to control the use of *dadah*. Firstly, the increase in the amount of *dadah* seized by the enforcement agencies between 1983-1994 has not translated into less new *dadah* dependants detected as observed in Table 4.6 and neither has it reduced the incidence of recidivism among dependants as shown in Table 4.8. This implies that a sufficient quantity of *dadah* eludes detection by the enforcement agencies to meet the demand of new dependants as well as the ones who relapse. Secondly, the treatment and rehabilitation programme does not appear to be effective in helping the *dadah* dependants to overcome their addiction. The "tough and rugged" treatment modality that aims to instil self-discipline is not able to develop the necessary resilience among the rehabilitees to stay away from *dadah*. It can be concluded that despite the various enforcement-oriented initiatives, their success has been limited.

OPERATIONALISING AND SUSTAINING THE ORGANISATIONAL STRUCTURE

The Anti *Dadah* Task Force is the third government organisation that has been created since 1972 to organise and implement *dadah* prevention and control programmes in Malaysia. The Central Narcotics Bureau, which was formed in 1972 and the Drugs Secretariat that was formed in 1979 preceded the Task Force. Both these organisations had structural weaknesses that caused them to be replaced. The Central Narcotics Bureau was an inter-agency enforcement oriented organisation formed within the Ministry of Justice. Two factors have been identified that rendered the organisation ineffective. Firstly,

the officers who constituted the organisation were drawn from the enforcement agencies such as the Royal Malaysian Police and Royal Malaysian Customs and Excise Department. These officers continued to owe allegiance to their respective departments. This resulted in minimal exchange of information or to attempt to merge enforcement operations. Meanwhile, the Royal Malaysian Police in 1975 expanded their role in enforcement activities through the creation of the Anti *Dadah* Unit referred to as D8. This action duplicated the function of the Central Narcotics Bureau and consequently made it redundant (JKAD 10/87; 1987).

Secondly, the Central Narcotics Bureau was not geared to play a prominent role in preventive education and the treatment and rehabilitation of *dadah* dependants. As the need for preventive education and information programmes became apparent, the Cabinet Committee entrusted this responsibility to the Ministry of Education and the Ministry of Information. Similarly, when the government introduced the treatment and rehabilitation programme in 1976, the Ministry of Welfare Services was given the task to implement it. In the same year the Cabinet Committee invited the University of Science Malaysia to collect data on *dadah* use and conduct research. The Bureau's role was relegated to one of monitoring the implementation of activities by the various government and non-governmental agencies. These developments resulted in the Narcotics Bureau being replaced by the Drugs Secretariat, which was a civilian organisation set-up in the Ministry of Home Affairs.

As the scope of the *dadah* prevention and control effort began to unfold, the role of the Drugs Secretariat was found to not commensurate with its identified role. There was a need to incorporate a policy making and a limited level of operational function in the organisation. The Cabinet Committee in its deliberations on 28 February 1983 agreed that a tighter co-ordination and supervision strategy had to be formulated to curb the smuggling, sale and use of *dadah*. A Task Force will serve this objective better. The Committee also agreed that in line with the declaration that *dadah* no longer constitutes a social problem, but, one that threatens the security of the country, the prevention and control effort will be moved from the Ministry of Home Affairs to the NSC (Cabinet Paper, 18/6/1983). As the primary agency for national security, the NSC will also be the depository of all forms of data and information on *dadah*.

From the above discussion it is observed that the administrative structure for *dadah* prevention and control has been evolving over the years. It began as a primarily enforcement type of structure and eventually evolved to incorporate preventive education, information and treatment and rehabilitation programmes. This evolution corresponds closely with the incipency, coalescence, and institutionalisation stages of the five-stage model of Armand Mauss (1975). In this model the incipency stage is characterised by such features as groping, uncoordinated and unorganised activities without a clear leadership and membership. There is also little guidance or control. Some attempts are made to draw the attention of the community and the authorities to the social situation with some efforts to control it.

The coalescence stage is characterised by the formation of formal and informal organisations. The formal organisations are government agencies while the informal organisations are community based. These organisations have their own goals that are based on the need to promote certain convictions. These organisations also ensure that there are sustained activities to achieve their agenda. This includes networking activities with other like-minded organisations.

The institutionalisation stage is reached when the social situation is eventually recognised as a problem that requires preventive and ameliorative measures to be taken. At the institutionalisation stage, two processes can occur. Firstly, the movement that is working towards getting its programme recognised is institutionalised. This means that the policy makers have taken cognisance of the situation as one requiring some form of action.

Secondly, institutionalisation refers to the action taken by the authorities to adopt the objectives and goals of the social movement. At this level of institutionalisation the authorities will take over the function of the movement. This action could consequently leave the movement without a role. The organisations that constitute the movement will become ineffective and many may cease to function.

In Malaysia, the incipency and coalescence stages can be observed in the 1970s and early 1980s. During this time, research reports began to be published show the gradual increases in the use of *dadah* (Social Action

Committee; 1969; Tan, 1973; Spencer and Navaratnam, 1974 and 1976; Parameshwara Deva, 1978). These studies show the changes in the type of *dadah* used and demographic profiles. A number of conferences, seminars, and workshops such as the Fourth Malaysian Law Conference, 1977 and the Seminar On Suitable Information Approaches To Prevent *Dadah* use, 1979, were convened and sought to educate the community on the efforts needed to prevent the spread of *dadah*. These actions were complemented by the various press reports on the enforcement activities.

The institutionalisation stage was first observed during the 1970s. The creation of the Central Narcotics Bureau by the government in 1972 saw the first level of institutionalisation. Its function as the agency responsible for enforcement, prevention, co-ordination, and research was formalised through two Cabinet Papers (Cabinet Paper No: 166/860/73 and Cabinet Paper No: 209/865/73). The Narcotics Bureau was to focus its efforts at the macro level activities while the community will continue to play its role at the micro level activities.

The second level of institutionalisation was seen when the Government actively involved itself in the treatment and rehabilitation of *dadah* dependants. Private rehabilitation centres such as the Pusat Pertolongan in Batu Gajah had previously undertaken this role. The decision to set up four treatment centres by the Government in 1976 was based on the increasing demand for such facilities. Secondly, the families of *dadah* dependants could not afford the

charges for treatment by the private centres. The Government had to provide the service as part of its social obligation to the people.

The process of institutionalisation developed further with the declaration by the Prime Minister that the use of and trafficking in *dadah* constituted a security problem that affected the well-being of the people. It would reach a crisis level if left unchecked (JKAD 1/83, 1983). The transfer of the management of the problem to the NSC, the highest policy making body for security matters, reflected the concern of the authorities towards the situation. The NSC was created following the racial riots of 1969. Its responsibilities have since been expanded and now includes co-ordinating and managing crises such as natural disasters and monitoring security threats. The creation of the Anti *Dadah* Task Force within the NSC was to focus the functions of policy making and its implementation. Its role also included managing and monitoring all programmes and activities implemented by the government and community level agencies. The reorganisation of the implementation structures institutionalised the movement to recognise that the use of and traffic in *dadah* presented a threat to the nation. The government took upon itself the responsibility to identify and implement activities to prevent its further spread.

The frequent changes to the organisational structure could also be construed, as a failure on the part of the policy makers to adequately study the type of implementation structure required to undertake the prevention and control programme. Between 1972 and 1983, three different organisations

had been formed in three separate institutions. The Narcotics Bureau was located in the Ministry of Justice; the Drugs Secretariat was a part of the Ministry of Home Affairs; and the Anti *Dadah* Task Force was created in the NSC of the Prime Minister's Department. A closer examination of the changes shows that they were cosmetic in nature. While the organisations had a new name and a new parent organisation where they were located, there was no change in their functions. They remained primarily co-ordination agencies. The task of implementing the identified policies still rested with a number of other organisations. The Anti *Dadah* Task Force however, did take the initiative to implement some programmes in preventive education and community involvement. The Task Force identified some activities for implementation and a representation was made to the government and the private sector to sponsor them (ADTF Annual Report; 1994). This action was only a token effort to motivate the other implementing agencies.

Similarly, the Anti *Dadah* Committee too underwent several name changes. It was first called the Advisory Committee. It was subsequently renamed as the Cabinet Committee on *Dadah*. Its membership comprised of the same six ministers and the implementing agencies since it was called the Advisory Committee. These cosmetic changes without actual change in the terms of reference and functions did not allow for progress to be made to identify and implement more radical approaches to curb *dadah* use. As such the *dadah* prevention and control effort could not be sustained as the organisational and operational structures are not geared towards this end.

VALID TECHNICAL THEORY AND TECHNOLOGY

According to available literature and research materials there is no consensus as to the nature and the scope of the *dadah* problem. Research on *dadah* use is in various facets of ongoing research in the West. Such research is however sparse in this country. Not much effort is being made to develop a functional model or contemporary theoretical base for *dadah*-taking behaviour in Malaysia. For example, Malaysian policy-makers believe that compulsory treatment and rehabilitation of *dadah* dependants in Government run centres, using the "tough and rugged" approach, would create a phobia in the minds of the dependants. It would force them to abstain from further using *dadah* (Cabinet Committee, 1982; Mohd Shariff Osman, 1990). But, in reality, the reverse is true. Despite the use of this approach, *dadah* dependants continue to relapse at the rate of approximately 60 percent after having gone through the rehabilitation programme (ADTF (aa), 1995). The "tough and rugged" approach with a high physical component does not seem to bring about the psychological phobia as anticipated by the policy makers.

Similarly, in preventive education there is a need for the use of state-of-the-art approaches to instil in the adolescent's thinking of ways to stay away from *dadah* or reject offers to use it. However, no organised attempt has been made to either develop this technology or to adopt and adapt from existing models. The preventive education efforts have thus far focussed on co-curricular activities that seek to bring about awareness through cognitive type of education about the dangers and consequences of *dadah* (JKAD 10/87,

1987; ADTF (aa), 1995). This level of education does not assist the individual to identify the factors that lure that individual to use it. Preventive education requires a combination of cognitive, affective, behavioural, and skill approaches (Botwin, 1995). Efforts to use preventive education have been slow, as the process is tedious, requiring a long time frame and sustained effort on the part of the programme developers. This requires full-time professional staff to design the relevant intervention programmes. The education officers are career civil service officers, who do not serve in a particular position for long. Their replacements may have their own priorities and interests. This presents serious problems in the long-term efforts towards developing sustainable prevention programmes.

The absence of a valid causal theory and the requisite technology also poses difficulties in the procurement of funds by some of the implementing agencies. If the requesting agency is unable to justify the fiscal needs of its programmes, it will inevitably be denied the funds. The experiences of the Ministry of Education are illustrative of this situation. Over the period of this study (1983-1994), the Ministry has been allocated approximately RM4.2 million for *dadah* prevention and control (ADTF (aa), 1995). This allocation is in the form of an annual grant. *Dadah* prevention programmes have to compete with other activities in the Ministry before they are approved. There is also no special allocation given for research to develop teaching aids to promote social skills amongst school children to stay away from *dadah*.

A second example to illustrate the effect of the lack of knowledge in *dadah* prevention programmes in the Ministry of Education is their inability to forward a valid justification for their proposed activities that were presented for approval at the special meeting between the Ministry and the Treasury (21/1/1985). The CDC could not justify the need for a separate allocation to develop specialised kits to teach students on how to avoid situations that could lead them to use *dadah*. It was asked to use funds allocated to develop the new secondary school curriculum for this purpose (JKAD 7/85; 1985). As the funds for curriculum development on the whole were limited, research to develop *dadah* prevention materials remained at a minimum (Working Group Meeting No. 69, 4/10/92).

On the other hand, the Royal Malaysian Police received approximately RM 23 million as their annual operating expenditure (JKAD 10/87; 1987). The Treatment and Rehabilitation Division of the Ministry of Home Affairs had RM21 million as operating expenditure and an annual development allocation of approximately RM15 million (Working Group Meeting No: 65, 16/10/91). Both these agencies were able to quantify their targets as opposed to the Ministry of Education. This enabled them to justify their financial requirements and obtain them.

The non-availability of the requisite technology also pressured the implementing agencies to delay deadlines that are pre-requisite for achieving statutory objectives. An example of one such delay in implementation is the enforcement of the Dangerous Drugs (Forfeiture of Property) Act, 1988

(Working Group Meeting No. 69, 4/10/92). Eventhough the law was approved by Parliament in 1988, it was approximately two years later that the Police began to initiate action to implement the law (ADTF (v) in JKAD 13/90,1990). The law required utmost care in the investigation process so as not to cause undue anxiety among the innocent. The implementation of this law required specialised knowledge on the variety of ways that *dadah* traffickers hide their assets or launder their money through their network of lawyers, accountants and bankers. The Government required that all the regulatory agencies such as the Police, the Central Bank, the Prosecution Officers and other enforcement officers had the same level of skills before this law could be effectively implemented. Under these circumstances, the manpower with the requisite skills was not readily available hence delaying the implementation of the law.

The lack of technology and personnel with the requisite skills too has hampered the development of *dadah* prevention materials by the CDC of the Ministry of Education. There was no specialised unit to formulate the approaches to develop the materials. From the personal experience of the writer no organised attempt has been made to develop manpower that possessed the necessary background or skills that could facilitate such an effort. The work to formulate such materials was based on individual initiative and interest. An example was the development of a guidebook for the use of teachers to include *dadah* prevention education in the classroom (Working Group Meeting No 69, 4/10/1992). This contrasted with the systematic attempts being made in the Western countries to develop approaches for

preventive education as discussed in Chapter Two. A similar effort was not duplicated in Malaysia.

The lack of a causal theory and the non-availability of the requisite technology were also observed in the formulation of the Five-Year Plan of Action for *Dadah* Prevention and Control. Michael P. Todaro (1994; Pg. 581) opines that five-year plans do not attain their objectives as they are "over ambitious, attempt to accomplish too many objectives at once, vague in specific policies for achieving stated objectives, and gaps between formulation and implementation". The Five-Year Plan of Action for *Dadah* Prevention and Control suffered from these shortcomings. It is based upon insufficient and unreliable data, as most of the implementing agencies had not maintained adequate records. Additionally, the agencies were given a short time frame of approximately four months to prepare it. Consequently, they could not source data to justify their proposals. The plan too did not adequately identify and address institutional weaknesses such as the lack of qualified staff, lack of commitment primarily at the operational level, cumbersome bureaucratic procedures such as giving approval for previously agreed programmes, and the separation of the planning agencies from the implementing agencies. These weaknesses were highlighted during the discussions between the implementing agencies with the central agencies to approve funds for their programmes and activities (ADTF (e), 1985). As a consequence, implementing agencies were required to reformulate the plan and present it once again for approval by the central agencies.

DIVERSITY OF THE TARGET POPULATION

Target population here refers to the part of the population that is targeted by the *dadah* prevention and control programme. The more manageable the size of the target group, the easier it is to obtain political support for its implementation. In the case of the *dadah* problem, the target population is so diverse that it is difficult to actually choose the target group for action. The target population identified for prevention and control programmes includes parents, community leaders, policy makers, school children, youth, employers, enforcement agencies, traffickers and *dadah* dependants (ADTF, 1992). Such a diverse target group poses difficulties in identifying which group is to be given priority. They constitute important targets for prevention and control activities. Consequently, the approaches that are needed to influence the target groups too are just as varied. There is no one single approach that could be used for the whole population. As the resources are limited, agencies negotiate on an *ad hoc* basis as to which group would be targeted first or at any one time. Thus, the prevention programmes only target one or two target population subgroups at any one time.

The situation is further compounded with differences of perception of the *dadah* situation amongst the agencies. For example, the central agencies proposed that the *dadah* prevention and control agencies use the existing resources to contain the problem. This situation arose due to the insufficient funds available for disbursement by the Treasury. It wanted the implementing agencies to be frugal with their expenditures. The implementing agencies on

the other hand thought that the Treasury did not have an accurate appreciation of the situation. These agencies believed that they needed to have additional resources first before they could implement their programmes (ADTF, 1985). This was a frustrating situation for the implementing agencies.

From the above discussion it could be concluded that most of the agencies involved either directly or indirectly in the management and execution of *dadah* control prevention action plans failed to appreciate the scope and dimension of the *dadah* situation. Their approach towards initiating prevention and control efforts continued to focus on the use of routine administrative procedures. Consequently, the policy making and implementation agencies tended to be diverted from the mainstream of the management issues back to the *dadah* issues themselves. The agencies did not address the organisational and management problems, but focused on highlighting the increasing threat of *dadah* use and trafficking.

REORGANISATION OF IMPLEMENTATION PROCESS: HOW COHERENT IS IT

The reorganisation of the implementation machinery and the operating process is contained in the NSC Directive No. 13. Among others, it identified (i) the responsibilities of the Anti *Dadah* Committee at the Federal, State, and District levels; (ii) the composition of the committee, the various implementing agencies and their functions; and (iii) the guidelines on seeking financial approval and making press statements. This directive, which is an Executive Order signed by the Prime Minister in his capacity as the person in charge of

the overall security situation of the country, is a binding document for the implementing agencies in the *dadah* prevention and control effort. The following discussion will review the effectiveness of NSC Directive No. 13 to bring about better co-ordination amongst the implementing agencies.

Ranking of Strategies and Objectives

Objectives and strategies that are precise and clearly ranked in importance serve as an indispensable guideline in programme implementation, an unambiguous directive to implementing officials, and as a resource for those who support these strategies and objectives (Mazamanian and Sebatier, 1981). Malaysia's *dadah* prevention and control strategies and the sectional objectives were clearly identified and defined in the Five-Year Plan of Action for *Dadah* Prevention and Control 1985 – 1989 (JKAD 6/85; 1985). The strategy, prior to the formulation of the Action Plan, gave priority to enforcement efforts. This was replaced with a strategy that laid emphasis on primary prevention. This strategy targeted efforts at non-users of *dadah*. This strategy had, as its target, schools and the community. The previous treatment and rehabilitation strategy was now supplemented with programmes that aimed at early detection and intervention, and an increase in treatment efforts at the aftercare level that utilised community resources. The need for increased human resource development had also been identified. These objectives and strategies are a reflection of the NSC Directive No. 13. As to whether the individual implementing agencies saw them as priority areas of action is a different and separate issue. Mazamanian and Sabatier (1981, p. 10) caution that "it is also important that a statute assigned for implementation

to an already existing agency clearly indicate the relative priority that the new directives are to play in the totality of the agency's programmes. If this is not done, the new directive is likely to undergo considerable (implementation) delay and is accorded low priority as it struggles for incorporation into the agency's operating procedures". This warning is true in many instances of the implementing agencies involved in Malaysia's *dadah* prevention and control programme.

For example, the Police saw *dadah* abuse prevention and control as part of an exercise to reduce crime (JKAD 10/87; 1987). The reduction of supply was seen as a by-product of the apprehension of *dadah* dependants who were identified as the main source of petty crimes such as muggings, housebreaking, pilfering and others. If a large number of *dadah* dependants were apprehended and detained at treatment and rehabilitation centres or in the prisons, it would rationally lead to the reduction of supply, as there would be less demand for it. By taking these measures the Police thought that they could thwart crime and *dadah* trafficking.

The Ministry of Education wants to include *dadah* preventive education as part of its existing education programme. This includes the inculcation of religious and moral values, personal development through co-curricular activities, and sustained cognitive level awareness by incorporating *dadah* related topics into the existing subjects such as the languages (Bahasa Melayu and English), science-related subjects and social subjects such as history (JKAD 10/87; 1987). Even then, there is no serious attempt to include

dadah prevention education into the classroom. No concerted effort has been made to overcome the lack of trained personnel in schools (ADTF, 1994). The Ministry's effort appears at best to satisfy the minimum conditions stipulated in the curriculum guide for textbooks only.

Financial Resources

Money is obviously a critical variable in the attainment of programme objectives. According to Mazamanian and Sabatier (1981) it is important for agencies to have at the very least a "threshold level" of funding to initiate activities to attain the minimum level of programme objectives. One of the responsibilities of the Anti *Dadah* Committee was to consider and approve funds for the *dadah* prevention and control programmes of the implementing agencies. This responsibility has a vague interpretation. The Anti *Dadah* Committee was not a central agency (that is, it did not have the authority to approve money and manpower needs). The prerogative to approve funds and manpower needs rested with the Treasury and the Public Services Department. The Committee also did not have a central consolidated fund from which it could disburse money to the implementing agencies. Moreover, the Anti *Dadah* Committee did not make representations to the central agencies on behalf of the implementing agencies. Thus, its actual role was merely that of to vet the financial needs of the agencies and either agree or disagree with their proposals. The implementing agencies then had to seek approval from the central agencies for the necessary funds. But, the implementing agencies interpreted this provision differently. The agencies

thought that the *Anti Dadah* Committee or its implementing arm, the *Anti Dadah* Task Force, were to source funds and manpower needs for them from the central agencies. This caused implementation problem as well as puts into doubt the efficacy of the *Anti Dadah* Committee and the *Anti Dadah* Task Force as a lead agency to source for funds and manpower needs.

A case to illustrate this point was the approval given by the *Anti Dadah* Committee to the Five-Year Plan of Action (JKAD 6/85; 1985). This approval was only an endorsement on the types of programmes and activities that were to be implemented in a concerted manner. The *Anti Dadah* Task Force was in turn directed by the *Anti Dadah* Committee to initiate a meeting with the central agencies. The implementing agencies then had to individually justify their financial and manpower needs to the central agencies. At the first meeting (21/1/85), the central agencies agreed in principle to the plan. However, the implementing agencies had to reformulate their respective action plans. They were to incorporate previous performances, expenditures, and include a detailed implementation schedule in the proposals. The implementing agencies were to then forward their requests individually to the respective desk officers in the Treasury who had the authority to approve the fiscal needs of these agencies (ADTF (e), 1985). This decision was not consonant with the provision in NSC Directive No. 13. According to the Directive the financial requirements of the agencies were to be co-ordinated by the ADTF and forwarded for the consideration of the Deputy Prime Minister through the NSC. The decision by the Treasury side-stepped the role of the ADTF as the lead agency to negotiate for funds for the implementing agencies. Also the vetting

process by the Treasury did not follow any special guidelines nor did it give any preference to the requests.

At the second meeting (2/4/1985), the implementing agencies were told to reprioritise their annual programmes. The money saved from the lesser priority programmes was to be used to develop anti *dadah* programmes. The implementing agencies were further asked to redeploy manpower to implement the *dadah* prevention programmes. This proposal endorsed the decision of the Public Services Department to review current manpower utilisation and accordingly transfer the excess manpower for *dadah* prevention (letter from Public Services Department dated 25/3/1985). This effectively put paid to the implementation of the Five-Year Plan of Action. The implementing agencies either did not receive the financial allocations needed or they were given only a token sum of money. The only exception was the Treatment and Rehabilitation Division, which was given permission to apply for development funds from the Economic Planning Unit. It managed to secure RM63 million to build new treatment and rehabilitation centres. (Meeting with the Economic Planning Unit to discuss the Fifth Malaysia Development Plan, 26/2/1985).

This episode discredits the authority of the Anti *Dadah* Committee. The outcome of the two meetings between the central agencies and the implementing agencies showed that the final authority to approve the plan did not rest with the Anti *Dadah* Committee, but with the central agencies. This frustrated the efforts by the agencies to formulate the action plan only to see it rendered good only on paper.

The action hurt the Anti *Dadah* Task Force even more as it was the agency that was in direct contact with the implementing agencies. If the implementing agencies had to resort to their own resources to secure funds to implement their programmes, it was pointless for them to refer their financial and manpower needs for approval by the Anti *Dadah* Committee through the Anti *Dadah* Task Force. The implementing agencies also had their own priorities, which needed to be dealt with first. Consequently *dadah* prevention and control programmes had to take a back seat.

While the decisions by the central agencies seem unfair, they too had their reasons. The policy of not granting additional funds and manpower for *dadah* prevention and control was consonant with the cost-saving measures initiated by the Government to cope with the world-wide economic recession (Treasury Circular on preparation of the annual budget, 1984). The amount of money that was available for development and administrative purposes was in short supply. The Government decided to give priority to projects that brought economic and social benefits (such as education and health) which will help in the development process. The implementing agencies on their part were not prepared to forego their existing programmes to include *dadah* control and prevention programmes. This resulted in *dadah*-related programmes being allocated only a minimum amount of money which was insufficient to realise the objectives as specified in the Five-Year Plan of Action.

Hierarchical Integration

One of the principal obstacles in the implementation of planned programmes is the difficulty in co-ordinating the different action plans of the numerous semi-autonomous agencies involved in the effort (Mazamanian and Sabatier, 1981). The effectiveness of a structure formed to implement a particular programme is reflected to the extent that it is able to integrate the functions and efforts of the implementing agencies. If it only loosely integrates the functions and efforts it will inevitably result in operational differences among the implementing agencies. The agencies have been observed to only participate actively if they are able to derive benefits from their involvement in a particular effort. This phenomenon has also been observed in Malaysia's *dadah* prevention and control programme. For example the Police have over the years expanded their enforcement role. Originally, the enforcement function was the responsibility of a unit called D8 within the Criminal Investigation Department (CID). Following the closing down of the Central Narcotics Bureau, this unit was expanded into the Anti *Dadah* Branch within the CID in 1988. The Police requested for additional manpower to undertake this expanded role (JKAD 10/87, 1987). It is thus seen that the Police stood to gain from the closure of the Bureau and the transfer of the enforcement function to the former.

The format of hierarchical integration that is contained in the NSC Directive No. 13 did not clearly specify how the mechanism was to operate. For example, the Directive No. 13 required the Anti *Dadah* Task Force to co-

ordinate the total effort and report to the Anti *Dadah* Committee. But, during the meetings of the Committee, the implementing agencies reported directly to the Chairman. The Anti *Dadah* Task Force could not take the agencies to task over implementation delays as the latter had recourse to the Chairman to justify their actions. In short, the reorganisation of the implementation machinery through the NSC Directive No. 13 did not meet its objective of integrating hierarchically the implementing agencies with the role and function of the ADF.

There are numerous examples, which can be used to illustrate the preceding issue. An example of such an incident occurred in 1990. The Anti *Dadah* Committee directed the Ministry of Education, Ministry of Youth and Sports, and the National Unity Department to co-ordinate their respective programmes that were targeted at school-going and out-of-school youths (ADTF (t) in JKAD 13/90; 1990). The three agencies had over the previous year organised work camps to motivate young people, develop physical and mental resilience, and to promote racial harmony. The basic syllabus of these work camps was the same with minor differences that seek to meet with the needs of the implementation agency. Consequently, this resulted in overlap of participants of these camps as the agencies targeted the young people who were either in school or had completed their studies. This duplication was a waste of resources. Through better co-ordination the monetary resources could have been better used to organise a diversity of programmes. The Minister of Youth and Sports was entrusted with the responsibility to convene a meeting of the agencies to discuss ways to integrate their programmes. After

much discussion the agencies still wanted to maintain their individual programmes. The agencies however agreed to exchange data on the participants to avoid duplication. There are no subsequent records on the subject to show whether the agencies shared information or held discussions to integrate their programmes.

The reorganisation effort too did not address the administrative and hierarchical issues to facilitate inter-agency integration. The Anti *Dadah* Task Force, which acted as a Secretariat to the Anti *Dadah* Committee for administrative purposes, was placed within the ambit of the functions of the NSC. But the Director of the Task Force was directly responsible to the Chairman of the Anti *Dadah* Committee and not to the Secretary of the NSC (Appendix 2). However, the Director had to go through the Secretary of the NSC for his meeting with the Chairman of the Anti *Dadah* Committee. This was a rather confusing arrangement. This arrangement subsequently proved to be a problem when the Chairman of the Anti *Dadah* Committee resigned as the Deputy Prime Minister and the Committee ceased to meet its responsibilities. The Anti *Dadah* Task Force was thus left without a leader. It could no longer function as the policy-formulating agency.

At the implementation agency level, the implementation of activities appeared to be compartmentalised. With the exception of the Royal Malaysian Police and the Treatment and Rehabilitation Division of the Ministry of Home Affairs, *dadah* prevention and control responsibilities were given to small units. In most instances, only a single officer was assigned to the job.

This is one of the issues identified by the ADTF in its special report to the Prime Minister in 1995 (ADTF (aa), 1995). For example in the Ministry of Education the effort to co-ordinate the activities of five separate divisions (the Schools Division, the CDC, the Teacher Training Division, the Textbook Division and the Television Education Division) was entrusted to one officer in the Schools Division. Similarly, in the Ministry of Information, the role of co-ordination was given to a junior officer in the Department of Information. The Ministry of Youth and Sports and the National Unity Department did not have any specific officer to implement the *dadah* prevention and control efforts. The Royal Malaysian Customs and Excise Department had a unit to prevent the smuggling of *dadah*, but it continued to give priority to the prevention of smuggling of other contraband. It is thus observed that there was no hierarchical integration of unit functions within the organisations. The control and prevention programmes are largely dependant on the priorities of the individual heads of their respective units. It can be concluded that the reorganisation of the implementation machinery at the agency level and among agencies has not taken into consideration the intricacy of the spectrum of prevention and control effort.

Leadership and Commitment

Two important variables that directly affect the policy outputs are commitment and leadership, either at the political or the agency level, towards the realisation of the policy objectives. Philip Selznick describes a responsible leadership as a blend of commitment, understanding, and determination

(Amitai Etzioni, 1969). To Mazamanian and Sabatier (1981) commitment has two components. The first is the direction and ranking of the objectives that are to be attained in accordance with the preferences of the officials. Second, the officials need to possess skills to realise these preferences by going beyond what could be reasonably expected through the use of the existing resources. They further state that the level of commitment of agency officials is probably at its highest in a new agency. This wanes over time through "burnout" of officials or when officials become much more interested in the security of their tenure of their position than in taking risks to attain policy goals. How does this relate to the policy on *dadah* prevention and control in Malaysia? This is discussed in the following paragraphs.

In 1985 due to political differences between Dato' Musa Hitam and the Prime Minister, the former resigned from his position. The Prime Minister took over the chairmanship of the Anti *Dadah* Committee in 1986. Dato' Seri Dr. Mahathir Mohamad was more inclined towards pursuing economic development (JKAD 14/94; 1994). In the fourteenth meeting of the Anti *Dadah* Committee, the Prime Minister said that he did not give the same priority towards the *dadah* programme as that accorded by his predecessor as he was more involved in pursuing economic related projects. This lessening of priority accorded to *dadah* prevention and control efforts was reflected in the decline in the frequency of meetings of the Anti *Dadah* Committee. The Anti *Dadah* Committee was supposed to meet once every three months (NSC Directive No. 13). The frequency of meetings declined to once in five months, then to once in nine months, then once in two years, and finally the Committee did not

meet for four years (between 1990 to 1994). Coincidentally, when Dato' Seri Dr. Mahathir Mohamad was the Chairman of the Cabinet Committee on Drugs between 1975 to 1979, there were only two meetings of the Committee. It convened once in 1975 when the Cabinet Committee on *Dadah* was formed and he assumed the Chairmanship and once again in 1979 when the Committee met to delegate the authority of *dadah* prevention and control to an Executive Committee (Low, 1985). The Prime Minister has consistently defended the tough *dadah* laws of the country and called for a concerted international effort to fight the spread of *dadah* use and its trafficking. For example, he was Chairman of the International Conference Drug Abuse and Illegal Trafficking held in Vienna, 1987. But he does not seem to demonstrate this stand by providing the leadership and commitment needed within the country to implement the *dadah* prevention and control effort. This paradoxical stance has affected the commitment of the implementation agencies to give priority to the *dadah* prevention and control programmes.

At the agency level, it was observed from the minutes of the Operations Room Group Meetings that at the initiation stage of the anti *dadah* campaign, the officials who were involved demonstrated a personal interest in the prevention and control effort. This was further evident in the numerous press reports. Policy directives were executed with enthusiasm and officials reprioritised their programmes to accommodate the *dadah* prevention and control programme. The Anti *Dadah* Task Force a new and expanded organisation was keen to prove itself capable of the task. Its efforts resulted in the formulation of Five-Year Plan of Action.

The enthusiasm however was not sustained. The implementing agencies became frustrated when they did not receive additional funds and manpower needs from the central agencies. This situation was further aggravated with the decline in the frequency of the Anti *Dadah* Committee meetings. The lack of meetings signalled that *dadah* prevention and control programmes did not merit a high priority. It also resulted in the decrease of authority that the Anti *Dadah* Task Force could exercise over the implementing agencies. Consequently, new policy initiatives could not be put forward as the body to authorise these initiatives was not functioning. The situation was further compounded when officials from the implementing agencies either retired or transferred. Their replacements did not have the same level of priority on *dadah* as their predecessors did. The working relationships that had been developed earlier suffered. The junior officers who were directly involved in the implementation process did not receive adequate support to implement the programmes. These developments did not augur well for the healthy development of the *dadah* prevention and control programme.

To overcome the lack of meetings of the Anti *Dadah* Committee, the Anti *Dadah* Task Force proposed two approaches to continue to monitor the prevention and control effort and provide feedback to Executive. The first approach involved the preparation of half-yearly executive briefs for the Prime Minister. These executive briefs informed the Prime Minister on the implementation effort and to seek approval for new initiatives. The executive briefs were prepared from the feedback received during the Working Group Meetings. While this approach kept the higher executive informed about the

overall situation there were not many new initiatives that were contained in the report.

The second approach attempted to expand the role of the Working Group Meeting. The increased role of the Working Group was discussed at its sixty-ninth meeting (4/10/1992). The move to increase the role of the Working Group drew a parallel comparison with the creation of the Executive Committee in 1979 to take over the role as the policy formulating body for the Cabinet Committee. Similarly, the Working Group attempted to take over the functions of the Anti *Dadah* Committee. The attempt did not succeed in persuading the higher level officers to attend the meetings. The junior level officers continued to attend these meetings. This caused delays on important issues that were discussed, as these officers had to refer to their respective department heads. There were also no new policy initiatives presented for discussion. Over a period of time its meetings addressed only routine matters and no new policy initiatives took root.

At the state and district level, the meetings of the Anti *Dadah* Committee and the Working Group too did not reflect any seriousness towards initiating new programmes and activities. A review of the minutes of meetings revealed that the forum merely discussed the arrest figures of *dadah* traffickers and dependants. The policy initiatives that were formulated at the federal level were not included as part of their agenda for action. This lack of action can be attributed to the operational structure at the state and the district levels. At the state level, the Chairman for the Anti *Dadah* Committee is the State Secretary

(NSC Directive No. 13). Instead the Chief Minister was requested to head this Committee. As the Chief Minister had other matters to attend to, the Committee met infrequently.

At the district level the Chairman for the Anti *Dadah* Committee was the Assistant District Officer for Security Matters (NSC Directive No. 13). As he was a junior officer, the District Officer headed the Committee. As the latter had other functions to perform, the Anti *Dadah* Committee met as and when the Chairman could spare his time to do so. Secondly, there was no permanent presence of the Anti *Dadah* Task Force at the district level. The *dadah* prevention and control efforts were an additional responsibility for the Assistant District Officer. These structural weaknesses resulted in numerous implementation shortcomings at the state and district level. It could be then concluded that the weaknesses in the organisational structure resulted in the lack of adequate leadership and commitment to implement *dadah* prevention and control programmes and activities at the state and district level.

One of the ways to encourage commitment to attain the objectives of a programme is to adequately motivate the implementing staff to face the challenges of their tasks. There is an intimate relationship between the commitment of the staff and their level of motivation. If the staff are highly motivated, their commitment level would also be high. The reverse is true. If their morale were low it would result in a low level of commitment. The staff of the treatment and rehabilitation programme best illustrates this relationship between the level of commitment and motivation. The majority of the

treatment and rehabilitation officers were social welfare officers who were seconded from the Ministry of Welfare Services to the Treatment and Rehabilitation Division, Ministry of Home Affairs. The process of treatment and rehabilitation of *dadah* dependants is a complicated and tedious process. It could over time become, as one officer described it, boring (NST, 10/12/92). The promotion opportunities for these officers too were restricted, as they are unable to acquire sufficient experience to handle the general nature of social work as required by their parent organisation. The officers were hampered from broadening their experience, as it was difficult to secure a transfer back to their parent organisation. The officers were only allowed to transfer back to their parent organisation if there was a replacement. The officers were further demoralised, as there are generally a lack of training opportunities for them. The counselling programmes offered by the institutions of higher learning are mainly tailored to meet the needs of school counsellors (ADTF (aa), 1995). The officers were caught in 'Catch 22' situation.

Muhd. Mansur Abdullah (1986) believes that a counsellor needs special skills to avoid being duped by *dadah* dependants. He further says that the *dadah* dependants tend to lie and are not flexible during the counselling process. Additionally, there is a tendency for them to take advantage of and manipulate the counsellors who do not possess the prerequisite counselling skills. This finding is validated from a review of the staff background in the treatment centres that showed that the number of officers who were trained as counsellors with specialisation on treating *dadah* dependants was low. The Ministry of Welfare Services had however attempted to overcome this

shortcoming through two types of training programmes. The first type was an orientation course on counselling for all new officers who had been appointed as treatment and rehabilitation officers. The officers were over a two-week period provided with an overview of psychological theories, listening and attending skills and practical sessions to practice their knowledge.

The second type of course was for officers who had been service for some time to upgrade their knowledge and skills. Senior officers from the Ministry of Welfare Services who have been trained as trainers taught both types of courses. However, the training programme floundered after 1988 when the senior trainers retired and there were no replacements (ADTF (aa), 1995). As a consequence, the new Social Welfare Officers who were seconded to the Treatment and Rehabilitation Division did not have basic counselling skills to cope with their respective jobs. Hence, inevitably, learning by trial and error culture was promoted. Some of the officers quickly lost their confidence when *dadah* dependants who were often wise to the ways of manipulation confronted them (ADTF (aa), 1995).

Thirdly, the number of *dadah* dependants who on the treatment and rehabilitation programme was overwhelming. At any one time, there were approximately 30,000 *dadah* dependants on the treatment and rehabilitation programme (Mohd. Shariff Osman, 1990). At the end of 1994 there were approximately 440 treatment and rehabilitation officers who either worked in the treatment centres or performed supervision service in the community. For an effective treatment and treatment programme, the ratio of rehabilitees to

counsellors set by the Treatment and Rehabilitation Division was 25:1 (BT, 26/10/84). This ratio was based on the assumption that one counsellor on an average could meet with up to five clients on a normal working day. Each counselling session lasted approximately one hour. Therefore in one week, the counsellor could on average meet with at least 25 clients. This arrangement also allowed the counsellor sufficient time to write reports and attend to other administrative duties. The routine was then repeated in the following week. But, in reality, the officer had a caseload of as many as 110 clients per week (ADTF (aa), 1995). The officer concerned was thus not able to cope with such a large number of clients given his limited knowledge and lack of training. This situation affected the quality of the service rendered.

Fourthly, the location of the treatment centres was a nagging issue. Most of the centres were located in isolated areas that were far from the community. There was very little contact between the officers and the outside community reinforcing the feeling of isolation. The problem was further aggravated as the living quarters lacked the comforts of similar lodgings in the urban areas (personal experience of the writer). It appeared that the treatment and rehabilitation officers who worked in the centres were undergoing some form of psychological strengthening through their physical isolation. The commitment of these officers to their task was thus difficult to ascertain.

Similarly, the commitment of Police personnel too was affected. The officers had to go through a slow and tedious process of investigating, collecting and collating evidence only to see the court passing out lenient

sentences (for example: NST, 21/1/93; NST, 26/1/93; NST, 16/2/93; NST, 25/2/93). The sentences meted by the courts did not commensurate with the energy and time spent to undertake such a painstaking investigation. This in the long run affected the morale and efficiency of the personnel.

Media Attention

There are basically two reasons why the role of the media is important in the implementation process (Cohen and Young, 1973). Firstly, it acts as an intervening variable between the changes in a social situation and the perception of the general public and the reaction of the political elite to these changes. Secondly, it tends to focus its attention on a specific topic for a short time and then moves on to another issue. One of the ways the Government received information on the developments of the *dadah* situation in the late 1960s and the 1970s was the print media. It highlighted the changes in the patterns of *dadah* use both within Malaysia and globally. The print media also highlighted some of the research findings of numerous studies done by institutions of higher learning and the non-government organisations such as the Social Action Committee in Penang. The media too played an important role in bringing to the people the message on the dangers of *dadah* to the individual and its social consequences on the family.

But the more important aspect of the media is the manner in which it thrives on the sensational and ignores the rather factual aspects of the problem (Cohen and Young, 1973). For example the media reported

extensively on the "surprise" visit by the then Inspector General of Police in September 1994, to the *dadah* haunts in the Chow Kit part of Kuala Lumpur. During this visit he was quoted as describing the *dadah* dependants as "living corpses" (HM 2/9/94; NST, 20/9/94; NST 28/9/94). This term was originally used by the Prime Minister in his speech at the launch of the anti *dadah* campaign in February 1983. Through their reports the media gave the impression that it was a new term to describe a *dadah* dependant.

In other reports the IGP was quoted as saying that he did not believe in psychological rehabilitation, and that incarceration of *dadah* dependants that was followed by "cold turkey" treatment was the form of treatment that should be used (STAR; 7/10/94). He did not believe that any of the *dadah* dependants would die as a consequence of "cold turkey" treatment. Such sensationalism by the press was without adequate research. Medical or paramedical professionals who supervised the 'cold-turkey' approach to detoxify *dadah* dependants have no instances on record of any of the *dadah* dependants having died during the process. A report that was well researched would serve to educate the public on the detoxification process and avoid misinformation such as the one that is described above.

Secondly, the manner of reporting seems to suggest that the *dadah* dependant can undertake the detoxification process alone. In Chapter Two in the section on treatment modalities are stated the reasons why this process had to be supervised and could not be accomplished alone by the individual.

An article published by the New Straits Times (10/12/92) highlighted that one of the reasons for a high number of escapees from treatment and rehabilitation centres was the harsh treatment received by the inmates. The former inmates lamented their situation by describing the centres as a 'living hell'. The article then proposed that psychological rehabilitation be given equal priority as physical rehabilitation. Approximately two years later, the newspapers echoed the sentiments of the IGP by calling for the use of harsh measures including isolating the *dadah* dependants in "villages" (BH, 2/7/94; STAR, 7/10/94). These reports also contradicted an article that appeared in the Berita Harian (2/7/1994). The author of the article in Berita Harian proposed that changes be made in the psychological rehabilitation component of the programme. He proposed that individual counselling be emphasised to enable extra attention to be given to the inmate. This inconsistent reporting illustrated that the writers did not do research on the subject they were writing about. Psychological rehabilitation is needed as a treatment procedure to assist the *dadah* dependants to develop their weak personalities and acquire coping skills to deal with their problems (NIDA Monograph Series No. 144, 1994). This misinformation that was carried by the press painted a distorted picture of the *dadah* situation especially on the measures to assist those dependant on the substance to overcome their addiction. This misinformation that was passed on to the public gave the impression that the *dadah* prevention and control efforts were not fruitful and were at best *ad hoc* in nature. Summarily, the media reporting perpetuated the enforcement model as the approach to control the use of *dadah* and downplayed the efficacy of preventive education as a modality for prevention and control of *dadah* use.

The need for accurate reporting had been recognised quite early by the Malaysian media fraternity. The Chief Editor of the National Press Agency of Malaysia (BERNAMA) had in a statement (Utusan Malaysia, 30/1/1984) suggested three possible areas where the press could play a significant role.

These were: -

- Help identify target groups
- Undertake some form of impact studies to assist the authorities to improve *dadah* prevention and control strategies
- Continue to inform and educate the community by providing it with updated and confirmed data.

It appeared that this advice had not been adhered to.

This tendency for misinformation of sensationalism by the media is one of the reasons why the NSC Directive No. 13 contained a provision that all press statements were to be given by the Chairman of the Anti *Dadah* Committee. He could delegate this function to the Secretary of the NSC or the Director of the Anti *Dadah* Task Force to give statements on the *dadah* situation and policy initiatives. Another reason to centralise all information pertaining to *dadah* was to only disseminate information that was deemed accurate and that which had been verified and avoided creating confusion in the community about the actual situation of its use and trafficking in the country.

CONCLUSION

In conclusion, the major issues of and related to the management of *dadah* control and prevention that were discussed above weakened and frustrated the successful attainment of policy imperatives, planned action programmes and specified activities of the implementing agencies. As outlined in Chapter Three there were no lack of programmes and activities for *dadah* prevention and control. It was the inability of the central and implementation agencies to conceptualise the *dadah* problem as a situation that required simultaneous action through a broad spectrum of activities that hampered the effort. The agencies did not know "how" to manage the situation. As such these agencies were not able to commit the resources that were needed for the effort. Unless the organisations and agencies that were involved in *dadah* prevention and control effort were clear in their missions and could sustain their programmes the policy and organisation imperatives would continue to be punctuated with a myriad of management and execution inadequacies. The challenge for these organisations is to view the *dadah* problem as an unusual problem that required unusual approaches to manage it.