

CHAPTER FIVE

SUMMARY, RECOMMENDATIONS AND CONCLUSION

This chapter presents a summary and a conclusion of the study on the *dadah* problem and its management in Malaysia between 1983–1994. It highlights some of the main findings that are discussed in the preceding chapters. It also advances some suggestions as possible approaches to achieve better and more effective implementation of *dadah* prevention and control in the country.

SUMMARY

The study reviews the *dadah* prevention and control efforts that have been initiated in Malaysia. The purpose of the study is to look at the scenario that preceded the reorganisation of the *dadah* prevention and control machinery; the policy, organisational, and legal changes that followed; and the possible factors that had worked against the prevention and control programmes. It was observed that the use of and the traffic in *dadah* has not abated significantly despite numerous measures initiated by the authorities over the years. The study is significant because the factors uncovered can assist the relevant authorities to promote and implement the necessary changes needed to reformulate the *dadah* prevention and control policy and programmes.

Data for the study is sourced from the official documents of the implementing agencies, with emphasis on the documents that are kept by the now defunct Anti *Dadah* Task Force. (The Anti *Dadah* Task Force and the Treatment and Rehabilitation Division, Ministry Of Home Affairs have been merged in 1995 to form the Anti *Dadah* Agency. A senior Police Officer is the Director General of the Agency. The Anti *Dadah* Agency is located in the Ministry of Home Affairs). The personal experiences of the writer, as an officer in the said organisation, and the numerous interactive exchanges of views and opinions with officers of the other implementing agencies, have proved invaluable in narrowing down the main factors that affected the implementation of *dadah* prevention and control policy.

The study has covered a broad spectrum of policy initiatives taken by the Government in *dadah* prevention and control. The results of this effort appear to be mixed. While the authorities were successful in identifying the strategies and programmes to control the spread of *dadah* use and trafficking, they were hampered in their efforts to operationalise the strategies and successfully implement their programmes. A summary of the discussion of the main efforts initiated and their outcomes is as follows.

Reorganisation of the Implementation Machinery

One of the most comprehensive exercise of the anti *dadah* effort initiated in 1983 was the reorganisation of the implementation machinery for the

prevention and control of the use of the substance. Malaysia chose to adopt the committee model to organise the prevention and control effort. This was embodied in the form of the Anti *Dadah* Committee, which was located in the NSC of the Prime Minister's Department. This committee was given the task of identifying, planning, implementing, monitoring, and evaluating the programmes and activities that were initiated by the implementing agencies. The committee model proved effective in the short term as a means to galvanise and move the respective implementing agencies. But, in the long term, the committee model could not sustain the effort. In the case of the Anti *Dadah* Committee, its failure to adhere to the planned schedule of meetings led to implementing agencies losing interest in giving priority to *dadah* prevention and control programmes.

A similar scenario was observed at the level of the Working Group which is a committee formed of department heads who are directly involved in the implementation process. Over a period of time, their attendance began to wane. They frequently delegated participation in meetings to junior officers. These junior officers could not make decisions on issues raised during the meeting, and they had to refer them to their respective heads of department. This form of decision making caused unnecessary and cumbersome delays in decision making that lead to further setbacks in the implementation process.

It was also observed that the state and the district level anti *dadah* committees too did not play their planned role. There were no new proposals from the committees at these levels to activate grassroots level programmes and

activities. The programmes and activities that were formulated at the federal level too were not wholly implemented. This created an implementation gap between the identified *dadah* prevention and control programmes and those that are implemented.

The committee model too, in the long run failed to provide the hierarchical integration among the implementing agencies. The NSC Directive No. 13 provided the guidelines for agencies to report on their prevention and control efforts through the Anti *Dadah* Task Force to the Anti *Dadah* Committee. As the latter failed to meet as scheduled after 1986, some agencies began to ignore the guideline. For example, after the Prime Minister assumed the post of the Minister of Home Affairs, the Royal Malaysian Police began to report directly to him. Similarly, the Treatment and Rehabilitation Division, a unit in the Ministry of Home Affairs, also reported directly to the Prime Minister. This was one of the consequences of dividing the responsibility of *dadah* prevention and control among a number of agencies. While the committee approach appeared to be cost-effective, in the long run it caused co-ordination problems.

It was also observed that the media was not helpful in reporting factually accurate and verified stories on the *dadah* situation. The impression created through the reports suggested that *dadah* use prevention and control was mainly an enforcement effort. The news media did not correspondingly emphasise the role of the preventive education and information programmes to prevent the spread of *dadah* use among the Malaysian youths. The media gave the

impression that the Police were in charge of the prevention and control effort and not the Anti *Dadah* Task Force that was manned by career civil service officers from the Administrative and Diplomatic Service. These structural weaknesses proved to be a significant factor that blunted the *dadah* prevention and control effort.

Leadership

Two dimensions of leadership were discussed. These were the political leadership and the organisational level leadership. At the political level, the change in the Chairmanship of the Anti *Dadah* Committee saw a change in the focus of the *dadah* prevention and control effort. Dato' Musa Hitam was relentless in his pursuit of a comprehensive and holistic *dadah* prevention and control programme. He pushed the agencies to work in tandem towards realising the objective. The situation changed when Dato' Seri Dr. Mahathir Mohamad took over as the Chairman of the Committee. He directed his attention towards economic development. With this orientation, his efforts were directed towards activities that would generate economic growth. Activities, that involved security and social related issues, were left to sustain themselves on their existing resources.

The second level of leadership discussed was at the agency level. A middle-ranking civil service officer headed the Anti *Dadah* Task Force, the co-ordinating agency. His only ground for getting compliance from the other

agencies was that he was responsible directly to the Chairman of the Anti *Dadah* Committee. Once the Anti *Dadah* Committee stopped meeting regularly some of the agencies began to report directly to the Chairman. Thus, the Director of the Anti *Dadah* Task Force, who now did not have ready access to the Chairman of the Anti *Dadah* Committee was not able to count on these agency heads for support to push for the *dadah* prevention and control programme.

The situation deteriorated further when there was a change of leadership in the Anti *Dadah* Task Force and the implementing agencies. Working relationships that had been forged during the early part of the anti *dadah* prevention and control effort were not sustained and new working relationships were difficult to forge because the mechanism promoting them was not functioning well. The different agencies were soon seemingly doing their own things quite independently of the policy requirements.

Financial Resources

Money, as mentioned earlier, is a critical ingredient in facilitating effective implementation. It is an important resource to implement activities that help in the long run towards procuring human and physical resources that are useful for the *dadah* prevention and control programmes. The central agencies were not partial towards approving funds for *dadah* prevention and control, especially in the areas of preventive education and research, which are deemed important as long term programmes for *dadah* prevention and control. The amount of funds

approved for preventive education, information and research between 1983 to 1994 totalled less than RM7 million. The largest amount of approximately RM4.2 million was allocated for school-based programmes. Correspondingly, the annual administrative budget allocation for the Police between 1983 to 1994 averaged approximately RM23 million, and for the Treatment and Rehabilitation Division, the allocation averaged approximately RM21 million. The Treatment and Rehabilitation Division too was allocated RM63 million under the Fifth Malaysia Plan to construct treatment centres. These budget allocations suggest an enforcement bias as opposed to the preventive education strategy that was given first priority in the Five-Year Plan of Action for *Dadah* Prevention and Control.

Human Resources

Human resources are important for the effective implementation of the programmes. Officers need to be qualified, adequately trained and sufficiently motivated to undertake their responsibility effectively. Inadequate, untrained and unmotivated staff on the whole, seriously affects the *dadah* prevention and control effort.

Firstly, there was inadequate manpower to implement the entire scope of the prevention and control effort. Manpower was lacking in the enforcement agencies, in the treatment and rehabilitation of *dadah* dependants, preventive education and other related agencies. The situation was further aggravated with

the unwillingness of the central agencies to approve additional manpower needs due to the economic recession. The agencies were required to redirect manpower from lower rated priorities to *dadah* prevention and control efforts. The implementing agencies were already facing manpower constraints. They opted to sustain the effort through a minimum allocation of manpower and continued to give priority to their own programmes based on organisational function.

Secondly, the manpower deployed was not adequately trained or they did not have the pre-requisite skills needed to implement prevention and control programmes. The most affected were the preventive education and treatment and rehabilitation programmes. Preventive education holds the best long-term prospects for reducing the number of people involved in *dadah* use. Young people can be taught skills which they can use to reduce their risk of getting involved in *dadah*. The Ministry of Education did not have the trained manpower either to holistically develop or to implement preventive education programmes within the school system. Most of its effort was focussed on co-curricular activities. The attention span of such activities on the participants was not as long lasting when compared with an adequately designed developmental-type of education programme within the classroom.

The manpower that was deployed to manage the treatment and rehabilitation programmes, and the counsellors who managed the treatment and

rehabilitation programme in the treatment centres or in the community setting, were basically social welfare workers. Their primary responsibility was to ensure that the welfare of the clients was taken care off. The welfare of the clients in this context refers to the physical needs of the *dadah* dependant while undergoing the treatment and rehabilitation programme. Most of the officers did not have any basic qualification in counselling. They had difficulty in conceptualising the problems faced by their clients and applying the appropriate approach in resolving them. In many instances no counselling was done. Consequently, psychological rehabilitation was lacking. The large number of *dadah* dependants who are being identified and referred for treatment and rehabilitation further compounded these problems.

Thirdly, as a consequence of the first two factors, the morale of the officers involved in the prevention and control programmes was low. They were inadequately trained, overworked, and more significantly, they did not have enough financial resources to implement their programmes. While the officers wanted to bring about a change in the situation, the *dadah* dependants have continued to relapse and new cases were being identified. *Dadah* traffickers continued to elude the enforcement agencies through the use of sophisticated smuggling techniques. This demoralised the officers who had been given the responsibility to implement the prevention and control programme. Their work was thus fraught with frustrations that have affected their commitment.

RECOMMENDATIONS

Based on the above weaknesses this study makes the following recommendations.

Organisational Structure

This study found that a Committee type of approach in the long-term led to implementation and co-ordination problems. A single organisation on the lines of a ministry or department could overcome the shortcomings of a committee model. A single organisation will have the following features: -

- The organisation will be incorporated through an Act of Parliament. This will provide the organisation with the legal authority to implement its programmes or collaborate with the other agencies to do likewise. This organisation would have a structure that pervades the federal, state and district levels.
- It will have as its head a Minister. He will be supported by a senior civil servant. This will ensure continuity of leadership and patronage at the political and administrative levels.
- The organisation will incorporate the functions of policy development and implementation in preventive education, legislation drafting and law enforcement, treatment and rehabilitation, research (data collection, epidemiological and academic studies and testing facilities), human resource development, co-ordination of the involvement of nongovernmental organisations and international collaboration. This will enable better co-ordination, planning through shared information and

implementation of programmes and activities. Consequently, the effort will be focussed and not dissipated amongst agencies. Additionally, it will overcome the problem of duplication of programmes and activities.

- The organisation will be better able to co-ordinate the financial requirements from the different programmes. Competition for funds will be minimised to within the organisation.
- The officers at the implementation levels such as the counsellors can be employed on a permanent basis. This will help to overcome some of the service-related problems such as the promotion prospects and acquiring new knowledge and skills toward personal growth and development.
- It will enable the development and retention of expertise of qualified human resources. The experience gained by the personnel, as they work in the organisation will be helpful in identifying long-term strategies, programmes and activities that work. They could research into those strategies, programmes and activities that do not work and ascertain the shortcomings.
- The community will be provided with verified information on the *dadah* situation. This will help to dispel misinformation that is the consequence of a number of organisations providing the information.

Research

Research is important for the development of adequately designed prevention and control policies. It is through research that policy makers will be

able to equip themselves with valid theories on *dadah* use and trafficking patterns. The studies could focus on ways to prevent the distribution; marketing and use of *dadah* and to deal with the prevention, intervention, adjudication, and treatment problems that arise. The studies need take into consideration the social-cultural perspectives of the Malaysian population that could provide policy makers with a multicultural perspective. Ideally the research needs to involve the researchers and the implementing agencies working together to formulate research problems, developing conceptual frameworks and provide an environment to generate decision models that provide the policy makers with a number of alternatives to choose from. The *dadah* situation could then be reviewed more accurately and practical solutions found.

Research could be facilitated through the use of the various local institutions of higher learning. Undergraduates and post-graduate scholars could be invited to research specific areas through minimal funding that will cover at most the out of pocket expenses of the researcher.

Some possible areas of research are as follows:

- Preventive education and information
 - ◆ Preventive education approaches. These will include research to develop resource materials in the cognitive, affective and psychomotor domains.

- ◆ Epidemiological research with a multicultural perspective on the incidence and prevalence rates of *dadah* use among young people. It will help identify trends of *dadah* use among this group of people. This will enable the authorities to plan suitable intervention programmes.
 - ◆ Preventive education messages that will appeal to individual target groups such as parents and the community as a whole.
 - ◆ Strategies, programmes and activities that are based on local cultural perspectives and facilitate community participation.
- Treatment and Rehabilitation
 - ◆ Management issues of treatment and rehabilitation. Comparative studies of the management models that have been used in other countries and the Malaysian approach could be initiated to better understand its strengths and weaknesses and suggest ways to improve it.
 - ◆ Evaluation of treatment and rehabilitation strategies, programmes and activities. This will include symptomatic treatment using antagonists or other types of *dadah* free treatment and rehabilitation.
 - ◆ Comparative studies of institutional, non-institutional and cross-cultural treatment and rehabilitation programmes.
 - ◆ Psychological profiling of *dadah* dependants. It will enable specific programmes to be designed that are based upon the personality traits and emotional states of those seeking treatment.

- Enforcement
 - ◆ Initiate research to synthesise a profile of personality traits of *dadah* traffickers through the use of instruments that study the psychological profile of the *dadah* trafficker and correlate it with his background information.
 - ◆ Correlation studies on the creation and the mobilisation of legal institutions(such as the new laws, special provisions for the judiciary to impose punishment, and increased authority for the enforcement agencies) and the increased certainty and severity of punishment
 - ◆ Comparative studies utilising historical data and records on *dadah* production patterns to forecast future trends. These findings then could suggest policy initiatives to control production and trafficking in *dadah*.

Primary Prevention

The areas for action in the primary prevention programme include preventive education, which focuses on school-based programmes, community participation and the dissemination of information. There is a need for a greater balance in the school-based programme. The school-based programme and activities that need to be strengthened are as follows: -

- Increase the effort in classroom-based *dadah* prevention and control activities and reduce on the over-reliance on purely out-of-classroom programmes.

- Refocus the education strategy towards the students 'learning' about themselves rather than focussing on 'teaching' them. The strategy has to arouse a curiosity to learn about themselves and the world around them.
- Develop resource materials for use by the teachers and students. The areas that can be targeted for development could include among others the development of social and personal skills, safety and health issues and history of *dadah* use (in Malaysia and the world). The process to develop these materials needs to capitalise on current developments in audio-visual technology such as the increased use of computers with multi-media functions.

Dadah use and trafficking are primarily a community-based problem. As such the role of the community is important to control and prevent its further spread. Programmes that draw upon and use the community resources need to be developed to increase community participation. One possible approach is to cultivate existing community groups to support primary prevention programmes. One programme that has been implemented that could be further evaluated and fine-tuned is the Comprehensive and Integrated Project for *Dadah* Control and Prevention (CIP). This programme merits further research and evaluation to overcome its initial implementation problems. The programme has a wide scope of activities for community participation. These activities need to be sufficiently supported and sustained over a length of time before any impact will be visible.

There is also a need to experiment with new models of community level policing. Presently, the use of the professional policing model is prevalent. The Police assume responsibility for the control of crime and maintenance of public order. The community-policing model on the other hand proposes a police-community partnership to control crime. It aims to solve problems before they become criminal incidents. This community-policing model could be included as one of the features within the CIP. This will strengthen the CIP as a community level programme to achieve a *dadah* free society.

Legal Provisions and Law Enforcement

The legal provisions in Malaysia are some of the most comprehensive and tightest in the world. However, the supply and demand trends for *dadah* are dynamic. The legal provisions need to be reviewed from time to time to prevent loopholes in the law. The Poison's Act, 1952 can be amended to streamline the provisions on the use of psychotropic substances, essential chemicals and precursors used for the production of heroin, and control on the illicit use of substances so as to make it compatible with the provisions of the Dangerous Drug Act, 1952.

While the single organisation which is proposed will bring the enforcement function within its ambit of action, there will still be a need to co-operate with the other enforcement agencies such as the Police and the Customs and Excise Department. This area of co-operation will include not only joint interdictions, but,

exchange of intelligence on *dadah* trafficking. A centralised system for exchanging such information needs to be established to facilitate this process.

One of the frustrations of the enforcement personnel is the light sentences imposed on *dadah* traffickers by the courts. The process of gathering evidence is a slow and tedious one. A technical glitch may result in the court imposing a lighter sentence or to exonerate the individual. A mechanism needs to be devised to enable greater co-operation between the enforcement personnel and the court officials to work out details of evidence needed to minimise the number of cases that do not meet with the sentencing requirements of the courts.

The legal provisions that require an individual to go through mandatory treatment and rehabilitation need to be updated. It is suggested that the provisions on the role of private treatment and rehabilitation centres including those practising traditional healing and establishing private aftercare centres be reviewed to simplify the process for these centres to operate. Provisions can be included to classify *dadah* dependants according to the type of substance used and length of involvement.

Treatment and Rehabilitation

The present treatment and rehabilitation modalities practised in Malaysia do not separate the *dadah* dependant into categories based on type of *dadah* used or length of involvement. All *dadah* dependants are considered to be

homogenous. But research shows that there are a number of variables that could cause an individual to use *dadah*. The classification can be based on the traits and characteristics that are thought to be relevant for the desired outcome of treatment. This means that the classification for treatment of *dadah* dependants has to be based on scientific assumptions both in terms of the order and regularity of behaviour and how this knowledge will assist in the process to control and prevent *dadah* dependency.

The treatment and rehabilitation modality has to also include the heterogeneous features of *dadah* use. The treatment modality could be designed to vary the length of time for treatment spent in an institutional or non-institutional programme. The length of treatment could be based on the type of *dadah* used and period of involvement before seeking treatment. In other instances symptomatic treatment or the use of harm reduction methods such as providing syringes to intravenous *dadah* users to avert HIV infection could also be considered.

Thirdly, there is a need to establish a clear set of treatment and rehabilitation objectives. The objectives need to be easily understood and are attainable. Some of the questions that could facilitate the process to clarify the objectives include the following considerations: -

- Is the treatment and rehabilitation programme to reduce or to eliminate the use of *dadah* by those who are dependant on it?

- Is the programme designed to change the personal values of the *dadah* dependants for attaining a successful life, which includes such values as work, family, and being law abiding?

A clear set of objectives will help to identify the treatment modality that will best suit the individual.

At the community level, the role of the non-governmental organisations such as PEMADAM and Neighbourhood Committees has to be enhanced to support the government effort. These organisations can assist to reduce the stigma attached to *dadah* dependants by accepting them as members of the community after they are released from the treatment centres. This will probably in the long-term encourage more *dadah* dependants to seek treatment and rehabilitation.

Human Resource Development

Training is an important component in the development of qualified human resources. They could then design and execute comprehensive *dadah* prevention and control programmes. Some possible areas of training that need to be enhanced are as follows: -

- Primary Prevention
 - ◆ Designing and developing *dadah* prevention curriculum and audio-visual aids. These could incorporate the use of research designs that study pedagogical factors that facilitate teaching and learning of adults, young people, and

children. This could be further facilitated through the use of innovative audio-visual techniques that utilise the information obtained from the pedagogical studies.

- ◆ Initiate task forces to compile and produce resource materials that provide general and specific information on the effects and the consequences of *dadah* for the use of teachers in schools and the community level prevention workers. The contents could include persuasion and Interpersonal skills to obtain community support to contain the spread of *dadah* use.

- Treatment and Rehabilitation
 - ◆ Basic and advanced counselling skills. These will include effective listening skills that include ability to recognise signs that indicate a client is not genuine in his treatment programme such as the body language of the client, and psychological approaches to address the problem.

 - ◆ Specialised skills to handle difficult clients. This could include learning confronting skills to face the client.

 - ◆ Stress reduction techniques for treatment and rehabilitation officers to overcome burnout. This could include training the counsellor to mentally detach himself from his environment and focus only on his assigned task without becoming emotionally attached to the client. He could be trained to recognise signs and symptoms of work related stress and initiate steps to overcome it including referring himself to therapy.

- Enforcement
 - ◆ Investigation and documenting skills. Training in this area will facilitate the officers to document cases that will meet with the requirements of the Court Prosecutors and the Judiciary. (It has been mentioned earlier that in Malaysia a case is only brought to court if there is a 90 percent probability of a successful prosecution). An inadequately investigated and documented case will result in the defendant being found guilty of a lesser charge or the being found not guilty.
 - ◆ Intelligence gathering and interpretation. Training in this area will provide the enforcement agencies to compile and collate data on *dadah* trafficking that will enable them to initiate countermeasures that could pre-empt the trafficking of *dadah*.
- Research
 - ◆ Epidemiological research using empirical methods. One of the hallmarks of a scientific study is the use of empirical methods in the compilation, collation, analysis and interpretation of data. The research design needs to adequately tested and verified before the data collection process is initiated. Researchers thus need to possess skills in this area to undertake studies that are scientific and could stand up to academic scrutiny
 - ◆ Morbidity and mortality studies. Such studies can provide the policy-making bodies with data that could be used as an indicator on the possible consequences of *dadah* use. Research in this area will be particularly useful in the planning and formulation of the primary prevention

programmes that promote a healthy lifestyle. There is an urgent need for Malaysian researchers particularly from the medical occupation to be trained to undertake such research.

CONCLUSION

Some of the areas of weaknesses in implementation and management of the *dadah* problem in the country can be positively viewed as potential areas of future action. The *dadah* prevention and control effort requires concerted action in a number of aspects. The community and the various government agencies must work together to review, renovate and reengineer their concerted efforts quickly, efficiently and effectively reducing redundant and overlapping bureaucratic hindrance and obsolete, non-holistic approaches in confronting *dadah* prevention and control at all levels of society. This will require a creative effort that could only come through an increased knowledge and understanding about the management of the *dadah* situation. Ultimately the success of our efforts to control *dadah* use and its trafficking will rest with knowledge that we do not now possess. Such a realisation is crucial for social planners, government leaders and the community. We can only begin to address the situation by understanding its full dimension and developing effective and consistent organisational structures and programmes that are based on "what works" and not on preconceptions.