



DRUG HARMS IN MALAYSIA: A TECHNICAL BRIEF

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Introduction

Most recently, Malaysia was lauded as one of the countries having the fastest growing needle and syringe programmes (NSEP) in the world.¹ Methadone maintenance therapy (MMT) is widely available in Ministry of Health community clinics, and given positive results, will likely be scaled up in Ministry of Health facilities. Importantly also, this year a commendable process began at the Ministry of Home Affairs to reform national drug policy. These programs were introduced despite challenging legal environments following the earlier adoption of the War on Drugs in Malaysia.

However, today drug policy in Malaysia continues to include imprisonment of people who use drugs (PWUD), judicial corporal punishment, and compulsory detention, representing clear challenges to effective harm reduction service delivery. Some of these measures have been in place since the inception of the Dangerous Drugs Act 1952, i.e. 63 years ago.

Internationally, it has been proven that punitive measures have little impact on the reduction of drug harms, and in fact exacerbates negative health outcomes and displace drug markets to new and wider areas. In 2008, the then Executive Director of the United Nations Office on Drugs and Crime (UNODC), Antonio Maria Costa, released a report which stated: 'Drug use is often called a disease of development, related to the increasing need for psychoactive substances to reduce stress, increase performance or simply escape from a harsh reality'². He continued to detail the 'unintended consequences' of the law enforcement-based drug control system: i.e. the creation of a criminal black market, the policy displacement of public health taking a backseat to law enforcement measures, geographical displacement of drugs (drug markets shifting to new areas after tighter controls in one area), substance displacement (when one drug was controlled, users move on to different drugs), and the way we deal with people who use drugs, i.e. with marginalisation and stigmatisation.³ ASEAN as a region continues to see these trends.

¹ Harm Reduction International, Global State of Harm Reduction 2014 (2014)

² Antonio Maria Costa. Making drug control 'fit for purpose': building on the UNGASS decade. Report by the Executive Director of the United Nations Office on Drugs and Crime as a contribution to the review of the twentieth special session of the General Assembly. Commission on Narcotic Drugs, Fifty-First Session, Vienna, 10-14 March 2008. E/CN.7/2008/CRP.17 (7 March 2008) at 11

³ Ibid

Current Status of Drug Use in Malaysia

Drug arrests continue to increase (Figure 1) indicating: (1) increasing demand for drugs (2) key performance indicators based on drug use continue to be ineffective to reduce future drug use. In Kelantan, synthetic drug use has been reported as rising by 10% annually.⁴

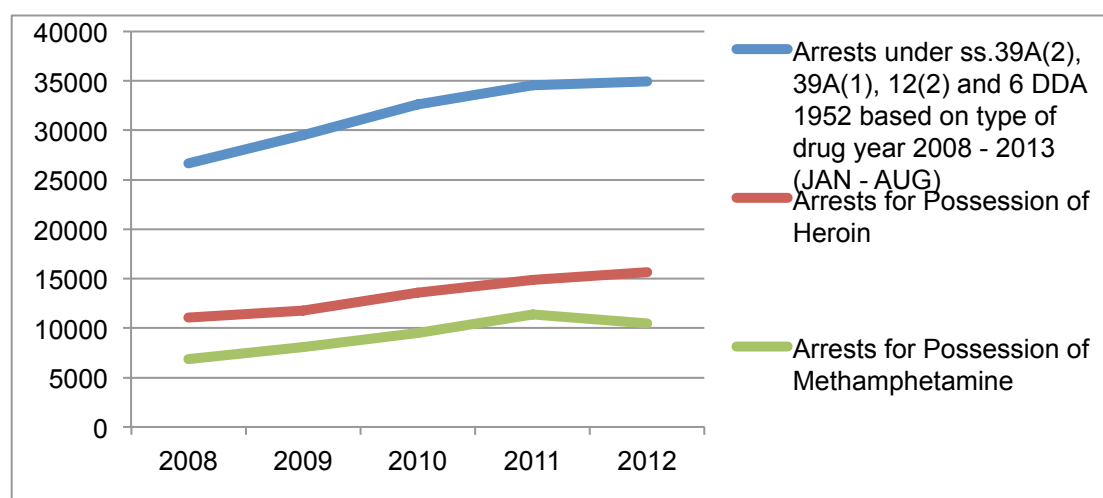


Figure 1: Annual Drug Arrests in Malaysia

(Figures from the Narcotic Crimes Investigation Department, Royal Malaysia Police)

Most recently, a synthetic drug lab producing heroin and amphetamine-type substances (ATS) worth RM1 million (approximately USD\$274,000.00) was discovered in Penang.⁵ On 25 May 2015, a laboratory producing RM10 million (approximately USD\$2.74m) worth of crystal methamphetamine and ecstasy was discovered in Sepang, Selangor.⁶ Between 2008 and 2011, there had been 30 methamphetamine laboratories dismantled in Malaysia.⁷ While no studies have been done to track drug production trends in this country, increasing media coverage on drug laboratories may indicate a transition from the importation of ATS from East Asia and elsewhere to local production.

Statistics released by the National Anti-Drugs Agency (AADK) show that the largest amount of drug dependents detected by age are between the age of 25-29 years old⁸, i.e. an economically productive age. Under the Drug Dependents (Treatment & Rehabilitation) Act 1983, these individuals are sentenced to compulsory detention with therapeutic community interventions. Voluntary Cure & Care Centres (which are distinguished from the compulsory centres) operated by AADK have been lauded as model centres, providing not only methadone maintenance therapy, but also vocational skills training, housing assistance, peer support, and referrals to health services including psychiatrists and infectious diseases physicians, among others.

In a recent qualitative study conducted by the Malaysian AIDS Council and Universiti Sains Malaysia on 38 women who use drugs in the Kelantan, Penang, the Klang Valley, and Johor, key themes emerged: (1) women drug users faced repeated cycles of fluid family structures and instability; (2)

⁴ Free Malaysia Today. More in Kelantan turning to synthetic drugs. (10 April 2015) <<http://www.freemalaysiatoday.com/category/nation/2015/04/10/more-in-kelantan-turning-to-synthetic-drugs/>> Accessed 1 June 2015

⁵ Noor Hasliza Nusi, Polis bongkar makmal heroin, rampas dadah sintetik. *Kosmo* (25 Mei 2015) <http://www.kosmo.com.my/kosmo/content.asp?y=2015&dt=0525&pub=Kosmo&sec=Terkini&pg=bt_36.htm> Accessed 1 June 2015

⁶ Muhammad Amirul Adnan, Makmal haram dibongkar, rampas dadah RM10 juta. *mStar* (25 Mei 2015) <<http://www.mstar.com.my/berita/berita-jenayah/2015/05/25/sting-bongkar-makmal-dadah-haram/>> Accessed 1 June 2015

⁷ UNODC (United Nations Office on Drugs and Crime), 2014 Global Synthetic Drugs Assessment: Amphetamine-type stimulants and new psychoactive substances (2014) at 25

⁸ Agensi AntiDadah Kebangsaan (AADK), Maklumat Dadah 2013 <<http://www.adk.gov.my/html/laporandadah/2013/Buku%20Maklumat%20Dadah%202013.pdf>> Accessed 1 June 2015

they acknowledged day-to-day pain and difficulty; (3) they seek marriage as a source of stabilisation (although this quest is often unfulfilled); (3) women drug users undergo traumatic separations from their children; and (4) gaps exist in services provided.⁹ In a study conducted among over 400 fishermen on the east coast of Malaysia, there was heavy occupational drug use and cultures that drove HIV risk.¹⁰

A criminalisation-based policy does not address these issues.

Current Drug Policy

For five decades, Malaysia's response to illicit drugs has been to detain those found to be using drugs (often on the basis of a positive urine test alone) in compulsory detention centres or PUSPEN (formerly known as Pusat Serenti) or to imprison them.¹¹ Compulsory detention centres have been denounced by 12 UN agencies including the UNICEF, the UNODC, UNAIDS, and UN Women in a joint statement in March 2012 saying, 'There is no evidence that these centres represent a favourable or effective environment for the treatment of drug dependence' and called on states to close the centres.¹² The joint statement also urged states who could not immediately close the centres to initiate processes not only to review conditions within compulsory centres, but also to ensure moratoria on further admissions to compulsory detention centres and ensure access to health services for detainees pending closure.¹³

In Malaysia, detention centres presently only employ therapeutic community interventions. Malivert et al. (2012) conducted a systematic review on therapeutic community (TC) interventions and found that substance use decreased during TC, but that relapse was frequent after TC.¹⁴

Recent efforts by AADK to transform PUSPEN into voluntary evidence based treatment and rehabilitation centres (Cure & Care Service Centres) yielded very successful outcomes. A recent comparative study between PUSPEN and the Cure & Care Service Centres showed that (50%) of participants from PUSPEN relapsed to opiates within one month of release and all (100%) relapsed by one year. In the voluntary treatment arm (Cure & Care Service Centers), fewer than 40% had relapsed by one year. This study showed that persons in PUSPEN have 7.6 times the risk of relapse as individuals in voluntary treatment.¹⁵

Malaysia started to introduce Harm Reduction programs in 2006 to curb the HIV epidemic among people who inject drugs (PWID). MMT has been available for opiate dependent individuals in Malaysia since 2006 from Ministry of Health community-based clinics as well as private practitioners. Private practitioners also prescribe buprenorphine/naloxone to patients who can afford to pay for it. Numerous studies have proven that not only does MMT result in improved general health outcomes for opiate dependents, but also an increase in stability and reduction in criminality.¹⁶ Similar local studies have shown the effectiveness of MMT in decreasing heroin use and needle sharing in

⁹ F Rahman and S Iqbal, Everything on my own: a policy brief on women who use drugs in Malaysia. Malaysian AIDS Council, Kuala Lumpur, 2015.

¹⁰ West, B. S., Choo, M., El-Bassel, N., Gilbert, L., Wu, E., & Kamarulzaman, A., Safe havens and rough waters: Networks, place, and the navigation of risk among injection drug-using Malaysian fishermen. *International Journal of Drug Policy* (2013), <http://dx.doi.org/10.1016/j.drugpo.2013.11.007>

¹¹ Reid, G., Kamarulzaman, A., & Sran, S. K. Malaysia and harm reduction: The challenges and responses. (2007) *International Journal of Drug Policy* 18, 136–140.

¹² United Nations. Joint Statement: Compulsory drug detention and rehabilitation centres. 8 March 2012.

¹³ Ibid

¹⁴ Marion Malivert, Méline Fatséas, Cécile Denis, Emmanuel Langlois, and Marc Auriacombe. Effectiveness of therapeutic communities: a systematic review. *Eur Addict Res* 2012; 18: 1–11

¹⁵ Adeeba Kamarulzaman et al. (unpublished data)

¹⁶ Fullerton et al. 'Medication-Assisted Treatment With Methadone: Assessing the Evidence' (2014) 65(2) *Psychiatric Services* 146-157; James Bell, 'Methadone Maintenance and Drug-Related Crime' (1997) 9 *Journal of Substance Abuse* 15-25; J. Bali, E. Corty, H. Bond, C. Myers and A. Tommasello, 'The Reduction of Intravenous Heroin Use, Non-Opiate Abuse and Crime During Methadone Maintenance Treatment: Further Findings' (1988) 81 *NIDA Res Monogr* 224-230; Wayne Hall, Methadone Maintenance Treatment as a Crime Control Measure (1996) 29 *Crime and Justice Bulletin*, NSW Bureau of Crime Statistics and Research; Bronwyn Lind, Shuling Chen, Don Weatherburn, and Richard Mattick, The Effectiveness Of Methadone Maintenance Treatment In Controlling Crime: *An Australian Aggregate-Level Analysis* (2005) 45(2) *British Journal of Criminology* 201-211; I Sheerin, T Green, D Sellman, S Adamson, D Deering, 'Reduction in crime by drug users on a methadone maintenance therapy programme in New Zealand' (2004) 117(1190) *The New Zealand Medical Journal* 1-10

Malaysia. Given the complexity of factors for use of and dependence on illicit drugs, a singular mode of treatment is unlikely to be effective. Options are needed.

The current drug policy also provides for judicial corporal punishment or caning, which falls under the international definition of torture. Caning increases mental health and blood-borne disease comorbidity for persons dependent on drugs, and complicates harm reduction service delivery because of the complexity and technical skills required to provide for persons living with comorbidities. Given that there is no evidence that judicial corporal punishment reduces drug use¹⁷, there is a need to revise its use.

Malaysian drug policy also provides for supervision orders of up to two years for persons incarcerated for drug use, whether in prisons or compulsory drug detention. This supervision consists of urinary testing and signing in at either AADK facilities or police stations, and does not address familial, welfare, structural, and biobehavioural factors for drug use. The supervision orders also constitute barriers for persons who are gainfully employed, who risk losing their jobs just to sign in as per the supervision orders. There is no evidence that these supervision orders reduce drug use. In January 2015, AADK hosted a roundtable meeting to draft the new national drug policy involving over 180 stakeholders broken into six working groups. One of the recommendations compiled by these groups to AADK was to revise these supervision orders to 'medical follow up'.

NSEP and MMT in Malaysia have been assessed via a return on investment and cost-effectiveness study, which found that the current programmes will save RM209.53 million in healthcare costs from 2013-2023, prevent 23,241 new HIV infections and gain 393,526 quality-adjusted life years (QALYs) i.e. the number of years of life gained from the intervention.¹⁸

The Way Forward

It is time that we review and rethink our current drug policy in line with cumulative evidence that drug dependence is a complex chronic relapsing illness which requires a comprehensive model of intervention including biomedical as well as psychosocial support.

A revised Malaysian drug policy therefore should:

1. Redefine drugs as primarily a health and social issue.
2. Include alternatives to criminalisation, including diversion to health and welfare services.
3. Propose a realistic and pragmatic substitute to the ASEAN drug-free target, encompassing health and development targets.
4. Provide support for people who use drugs, their families and communities.
5. Rely mainly on health and social interventions supported by criminal justice measures.
6. Base policy and practice on proven effective measures.
7. Be reviewed at least every 5 years.

Alternative indicators to the ineffective drug-free region target may incorporate indicators on the increase in the age of initiation of drug use, reduction of HIV prevalence among people who inject drugs, and increase scale and coverage of voluntary evidence-based drug treatment.¹⁹

These aims may be achieved with a decriminalisation framework, with diversion to comprehensive one-stop health and social services. These frameworks have been shown to result in reductions in drug-related crimes such as snatch thefts, increased public safety, and reductions in blood borne

¹⁷ Kate Dolan and Ana Rodas. Drug users and imprisonment, in Rahman F and Crofts N (eds), Drug law reform in East and Southeast Asia. (2013) Lexington Books: Maryland

¹⁸ Naning, Herlianna; Kerr, Cliff; Kamarulzaman, Adeeba; Osornprasop, Sutayut; Dahlui, Maznah; Ng, Chiu-Wan; Wilson, David P.. 2014. *Return on investment and cost-effectiveness of harm reduction program in Malaysia*. Directions in development ; human development. Washington, DC: World Bank Group. <http://documents.worldbank.org/curated/en/2014/07/23006930/return-investment-cost-effectiveness-harm-reduction-program-malaysia>

¹⁹ IDPC (International Drug Policy Consortium), A Drug-free ASEAN by 2015: Comments on the final assessment from a civil society perspective. (June 2014)

diseases.²⁰ It should be noted, however, that decriminalisation only works with tangential improvements in health and social policy²¹, and where there is a strong collaborative framework between government agencies, civil society, private entities, key affected populations, and other stakeholders.

Best practices include Swiss drug policy, which provides for administrative penalties such as fines for drug use in lieu of incarceration, provides comprehensive health services inside remand centres, has easily accessible and widespread voluntary drug and alcohol treatment and welfare services, and has state-funded social workers to mitigate public order incidents prior to police involvement.²² Addiction treatment is covered under health insurance schemes. There is also established police support for the entire system. The Swiss system has resulted in an elimination of public drug injecting scenes, an improvement in public safety, improvement in general health, a reduction of heroin use, a reduction in blood borne diseases, and a reduction in overdose deaths.^{23 24}

Portuguese drug policy is also a best practice model, with decriminalisation of possession of small amounts of drugs for 10 days' use, and panels of social workers, psychologists, and lawyers designing individualised programs for problematic drug users. These programs could include follow-ups with internal medicine physicians, or sign-ins at employment centres. Not only did public health outcomes improve, but drug use declined in many key categories, including prevalence of use of virtually every substance among students in the 7-9th and 10-12th grades.²⁵

Conclusion

Malaysian drug policy must be 'fit for purpose'. If the intentions are to reduce drug harms, a criminalisation framework fails. Voluntary social welfare and health structures must be built up alongside the removal of ineffective policies and punitive measures such as imprisonment and compulsory drug treatment.

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"Our laws are built around the belief that drug addicts need to be punished to stop them. But if pain and trauma and isolation cause addiction, then inflicting more pain and trauma and isolation is not going to solve that addiction. It's actually going to deepen it."

~ Johann Hari²⁶

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²⁰ CE Hughes and A Stevens. A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs. (2012) *Drug and Alcohol Review* 31:1; 101-113; Morrison, Ele. Drug policy and criminalisation: More harm than good [online]. *HIV Australia*, Vol. 13, No. 1, Mar 2015: 35-37. Availability: <<http://search.informit.com.au/documentSummary;dn=056555198184368;res=IELHEA>> ISSN: 1446-0319. [cited 01 Jun 15].

²¹ Alex Stevens, *Portuguese drug policy shows that decriminalisation can work, but only alongside improvements in health and social policies*. *European Politics and Policy at LSE* (10 Dec 2012) Blog Entry.

²² Fifa Rahman and Sarah Iqbal. Health, safety, public order: a photo report on Swiss Drug Policy. Malaysian AIDS Council, Kuala Lumpur, 2014.

²³ Khan R, Khazaal Y, Thorens G, Zullino D, Uchtenhagen A, Understanding Swiss drug policy change and the introduction of heroin maintenance treatment. *European Addiction Research* 2014, 20(4): 200-207

²⁴ Besson J et al. Opioid maintenance therapy in Switzerland: an overview of the Swiss IMPROVE study. *Swiss Med Wkly*. 2014;144:w13933

²⁵ Greenwald G. Drug decriminalization in Portugal: lessons for creating fair and successful drug policies. Washington, DC: CATO Institute, 2009.

²⁶ Decca Aitkenhead, 'Johann Hari: 'I failed badly. When you harm people, you should shut up, go away and reflect on what happened' *The Guardian* (2 January 2015) < <http://www.theguardian.com/media/2015/jan/02/johann-hari-interview-drugs-book-independent>> Accessed 1 June 2015

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