

### AN INTRODUCTION TO TREATMENT AND REHABILITATION FOR ILLCIT DRUG USE OFFENDERS IN MALAYSIAN PRISONS

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#### I. INTRODUCTION

Illicit drug use in Malaysia has been known as one of the most serious problems that exists. The problem has caused adverse effects on families, public safety and the economy of the country. (Mahmood Nazar, 2005), and also contributed to the incremental degradation of health statistics. The health risk of illicit drug use offenders is quite different from other addiction because it physiologically changes the body and brain even after the individual has stopped taking drugs. Illicit drug use also has a big potential to twist behaviour to criminal behaviour because of drug misuse. Their are huge consequences to the health risk of individuals and devastating impact on physical and mental health as well as psychosocial well-being and criminal behaviour. (Norliza, 2014).

In Malaysia, the laws that govern the drug issues are many, namely the Dangerous Drug Acts 1952, Dangerous Drug Act (Forfeitures of Property) 1988, Dangerous Drug Act (Special Preventive Measures) 1985, Drug Dependants (Treatment and Rehabilitation) Acts 1983, Act 234 Dangerous Drugs Act 1952, Act 283 Drug Dependants (Treatment and Rehabilitation) Act 1985, Act 638 National Anti-Drugs Agency Act 2004 (AADK, 2018). These laws and regulations provide complete information on drugs starting from the definition of drugs, their illicit use, enforcement and punishment and last but not least the right to be treated and rehabilitated. As far as the differences of legal system were concerned, Malaysia has banned illicit use of all types and categories of drugs or substances including the use of Kratom leaves.

The illicit use of drugs is often referred to as drug or substance abuse in Malaysia, especially by scholars. In Malaysia the terms refer to the use of drugs against the benefit of medication and by the person who not authorized by the law. As far as illicit drug use offenders in Malaysian Prisons were concerned, most of the offenders in Malaysian Prisons consumed (but not limited to) opiates (*heroine, fit, pokteh*) the drugs that are famous and frequently used, as well as stimulants (methamphetamine, ecstasy, *ice, syabu, yaba*) followed by less than a third of the respondents other drugs such as *marijuana*, depressants and *kratom* as well (Norbayusri Burhanuddin, Nordin Muhammad, 2015).

Except for Kratom that falls under the Poison Acts 1951, those were among the drugs that fall under the definition of *dangerous drugs* in the First Schedule of Dangerous Drugs Act 1952 in Malaysia. According to sections 6, 14 and 15 of the Dangerous Drugs Acts 1951, it is expressly mentioned that any act of possessing, consuming and administering *dangerous drugs* within the definition in the *first schedule* of the act are considered as guilty under the Acts and liable for the specified period of imprisonment and specified amount of fine. Thus, the illicit drug user is considered an offender at the first place and later on will be treated as a patient as per decision by the judges/magistrates during the trial by referring to the severity of the case. However, this scenario will not be applicable for those who were surrendered or volunteered themselves to be treated in the registered rehabilitation centre as in accordance with *Section 8 Drugs Dependants (Treatment and Rehabilitation) Acts 1983*.

The function of Malaysian Prisons is to help rehabilitate the prisoners, as well as to control and isolate them from jeopardizing the public in general (Nicholls T.L., 2005). Since offenders are in involuntary legal custody by order (not by will), the prisons authorities have no abilities to chose their 'customers' to put them in treatment. Therefore, Malaysian Prisons have to treat all kinds of offenders with different types of drug

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issues with their own ways. Therefore, they must live according to the rules and regulations laid out for them including the method of treatment; thus their movements were limited (Jabatan Penjara Malaysia, 2010). With so many illicit drug use offenders coming in, it has created challenging factors to treat and rehabilitate them so as to follow the principle that every single case of an illicit drug use offender is unique.

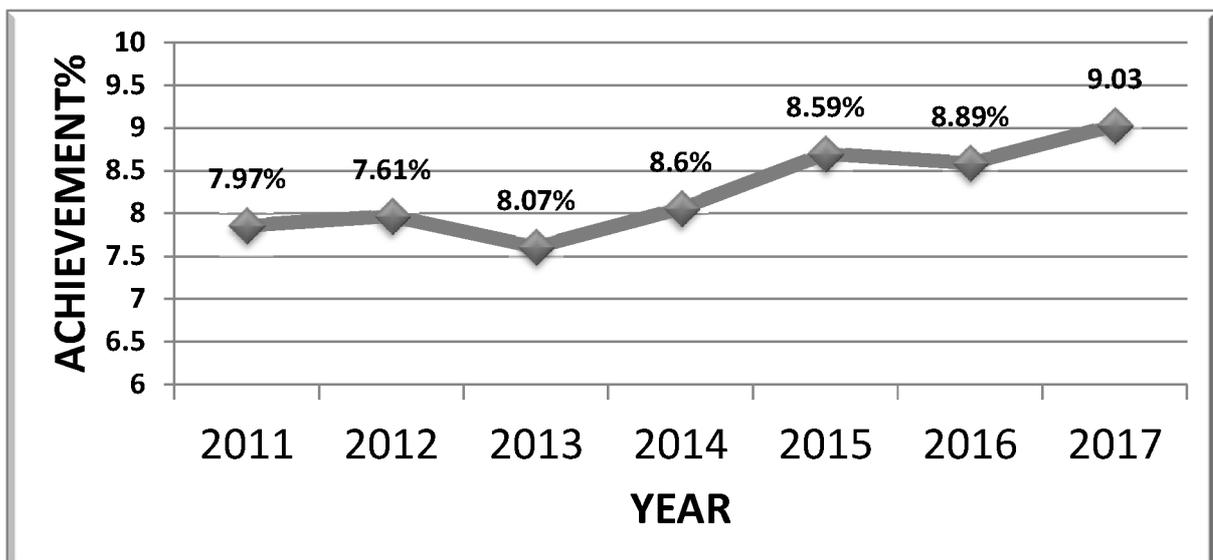
Needless to say, ever since the British introduced incarceration (later adapted as the correctional system) in Malaysia, they never cease the effort to treat and rehabilitate drug abusers. This is to align with the vision of the Prison Department of Malaysia to be pioneers in corrective services and the mission, to produce productive citizens through effective rehabilitation, conducive environment and strategic integration. The objective of its existence is to ensure all inmates undergo safe custody until the date of discharge, to ensure all inmates are treated according to rules and regulations, to ensure all categories of inmates are rehabilitated through effective rehabilitation programmes and to prepare inmates for effective reintegration into society (Zulkifli & N., 2017).

Effectiveness of the rehabilitation process applied to the inmates is always a current topic of society and local authorities. Thus, they have high expectations for these offenders to be rehabilitated during their sentence in prison, especially those illicit drug users. Research over the last two decades has consistently reported the beneficial effects of treatment for the drug abuser in the criminal justice system. Treating drug-involved offenders provides a unique opportunity to decrease substance abuse and reduce associated criminal behaviour. (Redonna, 2010).

## II. ISSUES, CHALLENGES AND POSSIBLE SOLUTIONS IN TREATMENT AND REHABILITATION PROGRAMMES IN MALAYSIAN PRISONS

### A. Maintaining the Recidivism Rate

Malaysian Prisons have regulated standard benchmarking of rehabilitation success in prison based on the recidivism rate. Currently the prison department has determined to adhere their rate of recidivism not exceeding 10% in order to indicate that rehabilitation programmes including for those offenders involved in illicit drug use. In Malaysia the recidivism rate refers to ex-convicted who reoffend and returned back to prison within 3 years after being released (Zulkifli & N., 2017). The chart below shows the recidivism achievement up to year 2017.



(Source: Prison Department of Malaysia)

The results showed the rehabilitation programme managed to effectively control the rate of recidivism (inmates relapsing into criminal behaviour), with 8.7% recorded in 2015, below the 9% level set by the Home Ministry (Zulkifli, 2016).

Currently, the recidivism rate in Malaysia is the lowest in Asia. But the problem that needs to be

pondered is whether the trend is increasing or decreasing. This is among the problems faced by Malaysia.

In prison, the majority of prisoners are illicit drug use offenders and drug-related criminals. As far as the drug-related crime is concerned, most of the recidivism rate is contributed by them. According to the research, the trend of illicit drug use offenders is likely to increase in Malaysian Prisons. This indirectly reflected the increment of government administration cost (Jamal Ali, Sallahuddin Hassan, Noor Al-Huda Abdul Karim, 2014). It is something that Malaysian Prisons need to be aware of as it will be exceeding the current benchmarking.

As a possible solution prison authorities were of the opinion to separate normal non-drug-related crime and drug-related crime, which mostly consists of illicit drug use offenders. They would be identified as relapse offenders rather than recidivists. This would maintain the current rate of recidivism. So far Malaysian Prisons were not going to benchmark the rate of relapse offenders among the illicit drug use offenders. Therefore, they would be attended accordingly in terms of treatment and rehabilitation in order to avoid relapse.

### **B. Mental Health, Depression and Offenders' Readiness to Change**

Mental health and depression were interrelated when mental state of illicit drug use offenders is concerned. Depression is classified under mood disorders as the mood in a major depressive episode is often described by the person as depressed, sad, hopeless, discouraged, or 'down in the dumps' (DSM-IV, 1994). A mental disorder and depression are common among Malaysian offenders, and there is a growing population of mental health problems where prisoners may be undetected and treated with this issue (Brugha, 2005). Offenders exhibit higher levels of anxiety and depression than the general population, along with lower levels of self-esteem, specifically among certain groups of offenders with substance abuse problems (Picken, 2012). The depression among adults showed biased recall towards negative information relative to non-depression adults (Saralah, 2016).

There are several cases in Malaysian Prisons showing that offenders have such symptoms. This was the challenge that needed to be faced by the prison authority since this kind of offenders' condition would affect the effectiveness of treatment and the rehabilitation process. Furthermore, readiness to change among them cannot be captured accurately when these issues are not resolved. Among others, the prison authority does not yet initiate any treatment and rehabilitation module for the offenders who are in the state of mental incapability and depression, and rather refers them to the hospital that is beyond the prison authority's jurisdiction. As a solution, the prison authority has requested several psychiatrists from the Ministry of Health to attend to them, and to construct such modules. Recently, the health minister has agreed to place several psychiatrists within the prison walls to cater to such issues, which form a good kick-start. It is hoped that treatment and rehabilitation of illicit drug use offenders is done holistically throughout the country.

Research shows that the majority of prisoners use drugs prior to custody (Boys, 2002). Therefore, the readiness to change is important and needs to be enhanced among prisoners before they are released from prison. Readiness to change is a crucial element influencing illicit drug use offenders to seek out, follow and complete treatment. In order to change their behaviour of drug abuse, prisoners should reach a state of readiness and willingness to change.

Stages of Change are conceptually defined as a sequence of transitions through which people progress as they initiate and maintain behaviour change (Miller, 1996). Stages of Change are central concepts in the trans-theoretical model (Prochaska, 1986). However, motivation to change problem behaviours is not equal with motivation for participating in treatment. Many prisoners go through the treatment under pressure from the environment of the prison because the treatment programme in prison is compulsory. Although prisoners enter the treatment programme every day, they still may not be ready to change and a relapse may occur. Therefore as a solution, if a prisoner presents motivation, a quick assessment of the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) had been introduced and applied in Malaysian Prisons to cater to the issues together with the established instrument BDI (Beck Depression Inventories), AQ (Aggressive Questionnaires) and some others. (Mohd Fadzil, Wan Marzuki, 2012)

### III. ILLICIT DRUG USE OFFENDER REHABILITATION AND TREATMENT PROGRAMME

#### A. Structured Programme: Integrated Human Development Programme

The programme was started in year 2003 and has been enhanced ever since. This is the structured programme that was intended for all offenders in Malaysian Prisons but separated by specific modules according to offenders' categories including illicit drug use offenders. The objectives of the programme were to develop Attitudes, Skill and Knowledge of the offenders during their incarceration. The programme consisted of 4 phases which have been simplified as follows:

PHASE	CONTENT	DURATION
<b>PHASE 1 (Disciplined Emphasis Phase)</b>	Psycho Education	2 Months
<b>PHASE 2 (Character Building Phase)</b>	Therapeutic Community and Halaqah (Islamic-oriented Programme) Academic	6 Months
<b>PHASE 3 (Skill Enhancement Phase)</b>	Nurturing Skills (Vocational & Industrial Training)	Until qualified for 4 <sup>th</sup> Phase
<b>PHASE 4 (Reintegration Phase)</b>	Community Programme - (Parole, Community Rehabilitation Centre, Vocational Programme Outside Prison Walls)	Until released

Malaysian Prisons depend on this programme in order to achieve the intended output of rehabilitation. Therefore, this programme reflects on how Malaysian Prisons will achieve their recidivism rate (Zulkifli O., 2014).

#### B. HUNT Modules

As a leading rehabilitation institution in this country, the Prison Department of Malaysia is responsible for implementing drug treatment for the drug offenders where they undergo their sentences through the Human Development Program applying a psycho-education module called HUNT. The module was introduced to the Prison Department in year 2017. The module was constructed by the prison officers with qualified Substance Abuse Psychology Counseling Masters Degrees. Modules consist of 17 chapters focusing on the early recovery rehabilitation for illicit drug use offenders. The domains focused on are as follows: This module, among others, evaluates the readiness to change and severity of addiction among the offenders using the prescribed instrument namely DAST-20 and URICA (Jabatan Penjara, 2017). This module was Integrated in Human Development Program Phase 1, as mentioned earlier. The modules touched on the following items:

Stages of Change (SOC)	Precontemplation to Contemplation	Contemplation - Preparation
<b>The most relevant changing process</b>	Awareness enhancement	Self-efficacy evaluation
	Dramatic relief	Environmental evaluation
	Self-efficacy evaluation	Balancing decision
	Environmental evaluation	Self-Efficacy capability
	Balancing decision	Social Liberation

The rehabilitation process then was followed by another phase of the programme that is psychosocial-based (*Therapeutic Community-Phase 2*), psycho-spiritual (*Halaqah* module-Phase 2) and Methadone Maintenance Therapy (MMT) for opiate medication.

### C. Therapeutic Community Programmes

Therapeutic community programmes are one of most successful programmes as far as illicit drug use offenders are concerned. In Malaysian Prisons, it has been started since 1992 using U.S.A. frameworks by the officers who received that particular training. This programme was based on the help of peer groups, residential family oriented, where offenders are put together in their family (other offenders who having the same interest) to undergo the drug rehabilitation process (Penjara, 2014). Among the modality objectives, the framework is as follows:

1. Developing offender's autonomous decision making
2. Developing the offender's life objectives
3. Enhancing sensitivity towards himself and others
4. Developing self-efficacy and reducing self-defeating outlook
5. Developing communication and confrontation skills

The decision to implement TC is on the ground that based on the result showed by the research that re-incarceration rates were lower among those who received TC treatment compared without TC treatment (Prendergast, 2004).

### D. Methadone Maintenance Therapy

This is the one and only pharmacological treatment that has been implemented for illicit drug use offenders in Malaysian Prisons. This programme started in 2009 where synthetic drugs called methadone were used to replace opioids to reduce dependency. This programme is purposely focused on the reduction of harm caused by the offender who has stopped using drugs but is physically and psychologically dependent on the substance, especially opioids. Since the programme was monitored by the Ministry of Health, the rate of effectiveness of the programme throughout Malaysia rest with them. However, the therapy was very effective for the offenders in Malaysian Prisons (Penjara, 2014).

### E. Rehabilitation Outside Prison Walls

Besides the programme implemented inside the prison perimeter, there are several methods used by Malaysian Prisons to exhilarate the rehabilitation process of the offender that is outside the prison walls, called the reintegration process. This process is the next stage of the rehabilitation process that has been mentioned earlier. It shows that the rate of recidivism among the illicit drug use offenders who have undergone this process was below 1%. The rehabilitation programmes were:

#### 1. Parole System

Unlike some countries that use court-ordered parole, this system was issued by Malaysian Prisons with close supervision by Parole Board Authorities. It was established in 2008 where offenders were put outside the prison walls to have a normal functioning life with their families, but under prison authority supervision. Their parole date lapsed once their imprisonment period is over and they were released. In Malaysia, unlike other countries, the parole order was granted with the suggestion of the Malaysian Prisons, not direct issuance of the judiciary. Therefore prisoners must undergo the imprisonment process before the parole order was granted, subject to their good behaviour and compliance with other compulsory conditions. Therefore, parole duration in Malaysia is determined on the remaining days left to the release date. Once the imprisonment period ends, the parole duration is over. Their parole period is part of the imprisonment period. This method of rehabilitation was the best practiced pre-aftercare programme provided by Malaysian Prisons since by-laws have no authority whatsoever to regulate the life of offenders once they are released; therefore it is hard to implement real-time aftercare services.

#### 2. Community Rehabilitation Program (CRP)

A centre has been established outside the prison perimeters to gather offenders and undergo skills and vocational training together with the society. Here, their skills (including farming, manufacturing and agriculture) were either nurtured or enhanced to enable to offenders to sustain themselves after release from prison. Unlike the Parole System that requires offenders to sustain their own lives during the programme,

offenders at this centre would be closely monitored by prison officers within required proximity. Although the severity of the crime and the period of imprisonment are the factors that separated offenders in the parole system and CRP, nevertheless the objectives were the same: to promote strong self-efficacy of the offenders to face the community in order to avoid relapse and reoffending.

#### IV. CONCLUSION

The main objective of drug treatment of the Prison Department is to rehabilitate and to treat as well as to prevent relapse among drug offenders. Prisoners are the products of the prison and the nation who are willing to change their negative behaviour towards becoming an excellent individual. Prison authorities have played their part well in overcoming such issues and will keep going until it keeps the Malaysian nation in good condition. In doing so, countless efforts have been done, numbers of suggestions have been taken into account, and several research projects have been set up. Currently Malaysian Prisons authority has suggested alternative punishment for illicit drug use offenders namely Day Parole, Home Detention, suspended sentence and compulsory attendance order as alternative rehabilitation. The researcher believes this is a way to decrease the chances of re-arrests, reducing the costs associated with incarceration, providing them with the choice of changing substance abusing behaviour, to overcome overcrowding and to strengthen drug treatment among drug offenders. However further studies have to be done and serious discussions among agencies in the criminal justice system have to be made before it can be implemented.

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