

PROMOTING PUBLIC SAFETY AND CONTROLLING RECIDIVISM USING EFFECTIVE INTERVENTIONS AMONGST ILLICIT DRUG OFFENDERS: AN EXAMINATION OF BEST PRACTICES.

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I. INTRODUCTION

Malaysia has been developing steadily for almost 50 years and has become a nation that is able to sustain a high level of economic growth, political stability and most importantly, a sense of social safety and security. Nevertheless, crimes against women and children, drug trafficking, housebreaking and vehicular and other thefts paint a frightening portrait of the changing dimensions and scope of crime facing the community. In such an environment, the Royal Malaysia Police (RMP) has to recognize that its countermeasures may not keep pace with rapidly changing society and the criminal activities within it. Therefore, the RMP strives to continually enhance co-operation with all government agencies, non-governmental organizations, community leaders, and communities in the fight against crime. As the prime organization responsible for upholding the law in the country, the RMP needs to develop the flexibility and skills necessary to respond rapidly and appropriately to differing and frequently changing needs and expectations. Obviously, the question of creative and innovative ways of solving problems of crime requires changes in thinking, action, approach, system, procedure, rules and regulations. Therefore the RMP support promoting public safety through controlling recidivism by using effective interventions with offenders. Nevertheless, it needs thorough examination to avoid the public becoming victims of any failure in the implementation of the system.

II. OBJECTIVES AND AGENCIESS

The drug problem remains one of the most serious in Malaysia. The Malaysian Government views the illicit drugs problem with grave concern. To give fresh impetus to the combating of drugs, the National Drug Council was replaced by The Cabinet Committee on Drugs chaired by the Hon. Prime Minister who is also the Minister of Internal Security. It has been actively monitoring the development of the drug situation and the efforts made by the various agencies to combat the problem. Therefore, the purpose of this paper is to share Malaysia's experiences pertaining to the policies and efforts of the Government agencies and the RMP to curb recidivism among illicit drugs offenders. Since 1983, Malaysia has declared drug abuse to be the nation's 'number one enemy'. Drug abuse not only reduces the potential human resources of the country but has also contributed to an increase in crime, as such creating fear of crime amongst communities. Evidence has shown that drug abusing offenders also involved themselves in criminal activities such as vehicle thefts, housebreaking, robbery, minor offences, and rape and murder cases. Unofficial records have shown that about 30% to 40% of those people arrested for all categories of crime offences in the country were abusers if illicit drugs. Reducing the relapse of drug abusers, especially amongst the younger generation, will reduce crime. Therefore, using the justice system to intervene effectively to control recidivism and curb the use of illicit drugs amongst young people has always been high on the national agenda. Malaysia has spent billions of dollars to build rehabilitation centers for drug abusers all over the country in an effort to control recidivism with the intention of promoting public safety.

A. Drug Laws and Government Agencies

Drug abuse is not a new issue. Public opinion of the activity changes depending on the perspective of the times. At one time, drugs were a trading commodity. But since the Geneva Convention (No. 1) in 1925, the Geneva Convention (No. 2) in 1931 and the New York Narcotics Declaration in 1961, the Government of Malaysia has been rethinking the issue and has considered the impact of drug abuse on societies. Under the Malaysian judicial system, use of illicit drugs is an offence under the Dangerous Drugs Act 1952. To avoid recidivism amongst drug dependents, Section 15 of the said Act mentions that, "any person who:

- (a) administers to himself or suffers any other person, contrary to the provisions of section 14, to administer to him any dangerous drug specified in Parts III and IV of the first schedule; or
- (b) is found in any premises kept or used for any of the purposes specified in section 13 in order that any

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such dangerous drug may be administered to or smoked or otherwise consumed by him,

shall be guilty of an offence against this Act and shall be liable on conviction to a fine not exceeding five thousand Malaysian Ringgit (RM5,000) or to imprisonment for a term not exceeding two years."

Provisions under Section 6 of The Drug Dependents (Treatment and Rehabilitation) Act 1983 have given power to a Magistrate to:

- (a) "order such person to undergo treatment at a Rehabilitation Centre specified in the order for a period of two years and thereafter to undergo supervision by an officer at the place specified in the order for a period of two years; or
- (b) order such person to undergo supervision by an officer at the place specified in the order for a period of not less than two and not more than three years."

Given the police and executive's powers in the Acts, the Narcotics Investigation Department (NID) of the Royal Malaysia Police is the main agency for the enforcement of drug laws. The Royal Malaysian Customs is another department involved in enforcing the drug laws and the task is carried out by its Narcotics Division. To a lesser extent, The Pharmaceutical Services Department of the Ministry of Health also enforces the drug laws, in particular the Poisons Act 1952 which controls the sale, import and export of poisons, precursors and essential chemicals. The National Anti-Drug Agency under the Internal Security Ministry as the focal point, is responsible for the formulation of policies relating to drugs, especially preventive education and treatment and rehabilitation of drug dependents.

1. Narcotics Investigation Department, Royal Malaysia Police (RMP)

Drug law enforcement is the responsibility of every officer of the Royal Malaysian Police, irrespective of rank or the division to which he or she is attached. This is in line with the provision of Section 3(3), Police Act 1967 which emphasizes that it is the responsibility of a police officer to apprehend and prosecute any offenders.

However, the task of combating the drug menace became increasingly challenging. Thus, on 2 January 1996, the Narcotics Investigation Department of the Royal Malaysia Police was formed to replace the Anti Dadah Branch (NID) of the CID. By virtue of the formation of the NID, it became the main drugs law enforcement department in Malaysia.

The main mission of the NID of the RMP is to reduce demand and suppress the supply of drugs in Malaysia. As such, special emphasis and attention to the drug menace is given by planning and integrating law enforcement programmes and activities with various government inter-departments, also with the drug enforcement agencies at the regional and international level. The terms of reference of the NID are as follows:

- i) to gather intelligence related to drug trafficking;
- ii) to investigate, apprehend and prosecute drug traffickers and syndicate members;
- iii) to freeze, seize and forfeit properties of suspected drug traffickers;
- iv) to co-ordinate and supervise movements and activities of former addicts and drug offenders;
- v) to stop the trafficking of drugs, including chemicals used to process drugs;
- vi) to maintain records, details and statistics regarding addiction, smuggling and trafficking;
- vii) exchange of intelligence with local and foreign agencies to provide local and overseas training.

2. National Anti-Drugs Agency

The National Anti Drugs Agency under the Ministry of Internal Security was set up in 1996 to monitor and control the drug situation in Malaysia. Its functions and powers have now been formalized under the National Anti Drugs Agency Act 2004.

The objective of the National Anti Drugs Agency is to ensure that national efforts in combating the drug menace are carried out in a planned, integrated and co-ordinated manner to create a drug-free society. The National Anti Drugs Agency operates at the Federal, State and District levels. The terms of reference of the National Anti Drugs Agency are as follows:

- i) to implement preventive programmes;
- ii) to implement drug treatment and rehabilitation programmes;

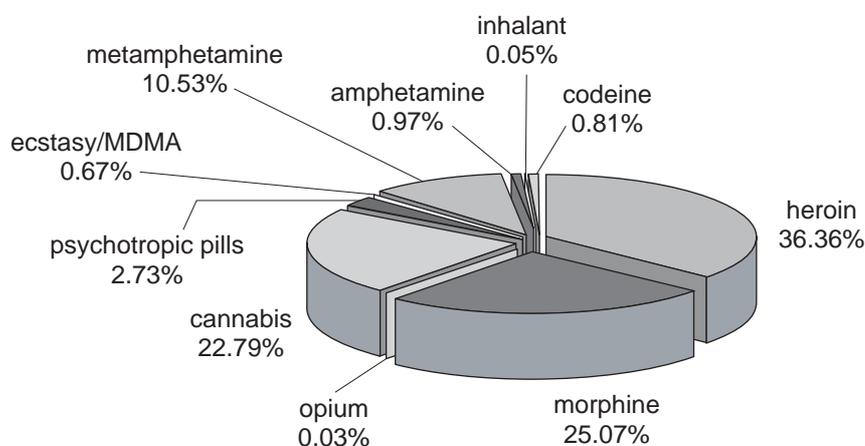
- iii) to upgrade the system for data collection and to carry out evaluation on the effectiveness of all national anti drug programmes;
- iv) to enhance regional and international co-operative efforts to combat drug problems; and
- v) to serve as a Secretariat to the Cabinet Committee on Drugs and its Action Committees.

III. OVERVIEW OF THE DRUG ABUSE SITUATION

From 1988 to October 2006, 298,391 drug addicts were identified throughout the country. The total number of addicts detected from January to October 2006 was 19,369 persons. 8,628 (44.55%) were new cases and 10,741 (55.45%) were relapse cases.

A. Types of Drugs Used

Of the 19,369 addicts identified from January to October 2006, 7,042 were heroin users, 4,856 used morphine, 4,414 used cannabis, 528 used psychotropic pills, 2,040 used syabu or methamphetamine hydrochloride, 130 used ecstasy/MDMA, 187 used amphetamines, 157 used codeine, nine used inhalants, and six used opium.



B. Trends and Types of Drug Users

Method of use	2005	Percentage (%)
Chasing/sniff	24,939	76.01
Smoke	5,064	15.44
Swallow	1,529	4.66
Inject	854	2.60
Drink	412	1.26
Inhale	10	0.03
TOTAL	32,808	100%

Source: National Drug Information System

1. Injecting Drug Users (IDU) Infected By Aids and HIV

As of June 2006, the number of HIV cases reported was 6,120 and the number of AIDS cases reported was 1,211. 78.5% of HIV/AIDS patients are injecting drug users. The accumulated total at 30 June was 73,427 persons.

2. Drug Seizures

Seizures of psychotropic pills showed an increase compared to 2005. Seizures of all types of drugs by the various authorities in 2006 are as follows:

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TYPE OF DRUGS	SEIZURES IN JAN - OCT. 2005	SEIZURES IN 2006 JAN - OCT. 2006
Heroin	193.34 kgs	213.19 kgs
Raw opium	-	1.13 kgs
Prepared opium	0.29 kgs	2.82 kgs
Cannabis	2,238.76 kgs	998.46 kgs
Psychotropic pills	54,454 kgs	346,194 kgs
Ecstasy pills	2.80 kgs	93.94 kgs
Syabu	138.47 kgs	35.48 kgs

Source: National Drug Information System, National Anti-drugs Agency

C. Arrests of Drug Offenders

The number of arrests of drug offenders in 2006 showed a decrease compared to 2005 when 37,631 persons were arrested under the Dangerous Drugs Act (DDA) 1952 and the Dangerous Drugs (Special Preventive Measures) Act 1985. For the previous year the number was 39,425. In 2006 the number of persons arrested under Section 39B, which carries the mandatory death penalty, was 1,316. That same year, the number of offenders under Section 39A (possession of illicit drugs) was 2,473. The number of offenders under the various other sections of the DDA in 2006 was 31,822.

IV. INTERVENTION TO CURB RECIDIVISM AMONG ILLICIT DRUG OFFENDERS

A. Legislative Review

In a recent development the Government of Malaysia has undertaken a review of drug laws and legislation covering prevention, treatment and rehabilitation. This reflects the seriousness of the national effort to curb drug trafficking and recidivism relating to drug abuse amongst the young. Existing laws are under continuous scrutiny to identify weaknesses and consequently to enhance their effectiveness. Malaysia's drug laws are to be found in five major statutes. They are:

- i) Dangerous Drugs Act 1952
- ii) Poisons Act 1952
- iii) Drug Dependents (Treatment and Rehabilitation) Act 1983
- iv) Dangerous Drugs (Special Preventive Measures) Act 1985
- v) Dangerous Drugs (Forfeiture of Property) Act 1988.

1. Dangerous Drugs Act 1952

The Dangerous Drugs Act 1952 is the key piece of legislation in relation to drug control in Malaysia. This Act is very extensive, covering aspects of offences, procedures and evidence. It provides, *inter alia*, a mandatory death sentence for drug trafficking offences. This legislation has been amended several times in order to keep abreast with the upsurge in drug trafficking activity and abuse of illicit drugs.

2. Poisons Act 1952

The Poisons Act 1952 is aimed at controlling the import and sale of poisons. The term 'poisons' refers to any substance specified in the Poisons List and includes any mixture, preparation, solution or natural substance containing substances other than an exempted preparation or an article or preparation included for the time being in the Second Schedule of the Act. The types of poisons that fall under the control of this Act include substances used for industry, medicine and agriculture. Some poisons have been classified as psychotropic substances and can only be obtained through prescription by medical practitioners, veterinarians or dentists. Licensed pharmacists can sell or supply psychotropic substances. Doctors cannot supply these psychotropic substances for the treatment of their patients.

3. Drug Dependents (Treatment and Rehabilitation) Act 1983

The Drug Dependents (Treatment and Rehabilitation) Act 1983 is a comprehensive piece of legislation covering all aspects of treatment and rehabilitation. This Act came into force on 15 April 1983. The Drug

Dependants (Treatment and Rehabilitation) Act 1983 provides for both compulsory treatment and rehabilitation of any person who has been certified as dependent as well as for voluntary treatment and rehabilitation. The period of treatment and rehabilitation at rehabilitation centres is for two years. This institutional treatment and rehabilitation is followed by aftercare for another two years.

4. Dangerous Drugs (Special Preventive Measures) Act 1985

This preventive detention law that came into force on 15 June 1985 replaced the Emergency (Public Order and Prevention of Crime) Ordinance 1969. It is aimed at enhancing the effectiveness of countermeasures taken by the relevant authorities against those who are involved in drug trafficking. It empowers the government to detain anyone suspected of being a trafficker without having to bring the suspect to any court of law. As ‘sunset’ legislation, it was given an initial life of five years, from 15 June 1990 to 15 June 1995. This legislation was further extended, till 15 June 2005. Until December 2002, 25,908 persons had been detained under this Act.

5. Dangerous Drugs (Forfeiture of Property) Act 1988

Drug trafficking remains rampant despite provision for a mandatory death sentence on those convicted of drug trafficking. Despite the penalty, many are still willing to take the risk because drug trafficking remains lucrative. In cognizance of this, the Government has introduced the Dangerous Drugs (Forfeiture of Property) Act 1988, which came into force on 10 June 1988. It empowers the relevant authorities to trace, freeze and forfeit assets of convicted drug traffickers.

B. The National Anti-Drug Agency Bill 2004

New legislation has been passed by Parliament. The new legislation provides for the establishment of the Agency. It confers powers upon officers of the National Anti Drugs Agency to execute preventive measures, treatment, rehabilitation, enforcement, investigation, special preventive measures and to forfeit property under the relevant Acts.

C. Cabinet Committee on the Eradication of Drugs and its Sub-Committees

The new Cabinet Committee on the Eradication of Drugs has been formed, chaired by the Hon. Prime Minister. Under the Cabinet Committee there is an Action Committee and Sub-Committees. The aim of these committees is to oversee and review the implementation of the National Drug Control Strategy and to ensure effective implementation. There are three sub-committees that act as the working group. They suggest new policies for implementation or review existing policies and make recommendations and reports to the Action Committee. The Action Committee decides on the recommendations and reports to the Cabinet Committee accordingly. If policy changes are required, it makes recommendations to the Cabinet Committee on the Eradication of Drugs for a final decision. The three Cabinet Sub-Committees currently focus on the core areas, i.e.:

- i) Prevention Education and Publicity
- ii) Law
- iii) Treatment and Rehabilitation.

V. OVERVIEW OF THE NATIONAL DRUG CONTROL STRATEGY

The National Drug Control Strategy is focused on eliminating the demand for and the supply of drugs through the following strategies:

- i) Prevention
- ii) Enforcement
- iii) Treatment and Rehabilitation
- iv) International Co-operation (supporting strategy).

A. Demand Reduction Programmes

Primary prevention programmes involve prevention education in schools and dissemination of information to the public. The programmes are aimed at insulating members of society, especially youths, from falling prey to the drug scourge. The activities carried out in 2004 and ongoing in 2005 fall into three broad categories:

- i) Advocacy and Information programmes
- ii) School based programmes

- iii) Community involvement programmes
- iv) Parents based drug prevention programmes
- v) Workplace based drug prevention programmes.

B. Overview of Drug Treatment and Rehabilitation - One-Stop Centre Concept

The philosophy of this initiative is that '...addicts are not criminals but persons who are in need of treatment and rehabilitation, love, care and guidance rather than punishment and rejection.' Malaysia is one of the few countries in the region that has developed a compulsory rehabilitation programme for drug dependents. Every dependent can be ordered to undergo treatment and rehabilitation for his/her addiction for a specific period of time as provided for under the laws and regulations relating to treatment and rehabilitation. The objective of the treatment and rehabilitation programme is to enable drug dependants to overcome their physical and psychological addiction to drugs and to thereafter live a drug-free lifestyle. It is a strategy to avoid recidivism among illicit drug abusers. The National Drugs Agency implements two methods of treatment and rehabilitation:

- i) Rehabilitation in an Institution - a controlled environment whereby the addict will undergo treatment and rehabilitation for two years.
- ii) Rehabilitation in the Community - aftercare supervision for ex-addicts following release from the Institution. They continue to receive treatment, rehabilitation and supervision for two to three years in the community.

The objectives of the treatment and rehabilitation are as follows:

- i) to treat and rehabilitate the drug addicts;
- ii) to make the drug addicts free from physical and psychological dependency on drugs;
- iii) to reintegrate former drug dependents into society as functional, productive and drug free individuals.

A suspected addict can be detained for a period of 14 days for urine testing and medical examination to ascertain his or her status. If certified to be an addict, a magistrate, guided by advice contained in the Social Report, can either commit him or her to an institutional rehabilitation programme or place him or her under the supervision of a Rehabilitation Officer. Currently there are about 5,000 addicts who are undergoing treatment and rehabilitation at the 29 government managed centres. There are also about 66 privately managed drug treatment and rehabilitation centres. The Government has established 18 Anti-Drug Service Centres. The role and functions of these centres are as follows:

- i) to plan and implement drug preventive programmes at the district level;
- ii) to provide facilities for drug treatment and rehabilitation for volunteering drug addicts;
- iii) to provide counselling and advisory services to those who require such services;
- iv) to manage and determine the rehabilitation programme that would best suit the addicts who are referred to the centre by the police or by addicts who volunteer for treatment and rehabilitation;
- v) to provide follow-up services to those addicts who have been placed under the Supervision Programme and for those who have finished their programme at the Government Treatment and Rehabilitation Centres.

C. Multi-Disciplinary Approach

The psycho-social model practiced in institutional rehabilitation is multi-disciplinary in approach, where the emphasis is on behavioural change through emotional and psychological rehabilitation. The rehabilitation team consists of social counsellors, medical officers, religious teachers, education and military personnel, vocational instructors, and security officers.

D. Emphasis on Discipline

The discipline component of the rehabilitation programme consists of drills and physical exercises. Physical rehabilitation is based on the 'tough and rugged' concept which includes physical training and drills aimed at instilling discipline. The regime is intended to 'beef-up' the often fragile physical make-up of an addict and improve his or her personal discipline, which is imperative in changing the lifestyle of an addict. Since the introduction of the discipline component, the administration of the rehabilitation programme in the ONE-STOP CENTRES has become more manageable. There is notable decrease in problems such as failure to attend counselling sessions or religious and academic classes, malingering, improper behaviour, etc. Generally there is better control in the administration of these centres.

E. Overview of Intervention Activities with Non-Government Organizations, Private Sector and Mass Media

Activities with non-governmental organizations are carried out in drug prevention activities, aftercare and in the social reintegration of addicts into society. Some of the organizations are: PEMADAM, involved with prevention; PENGASIH, assisting HIV/AIDS infected addicts; and PENDAMAI and Malaysian Care, assisting addicts. Other community based organizations like the Neighbourhood Committees, Village Development and Security Committees, women's organizations and youth organizations also participate in drug prevention activities.

Private sector involvement is through their support of national level anti-drug campaigns and particularly in supporting drug prevention programmes in the workplace. Private sector participation has also been encouraged in the production of posters, leaflets and billboards promoting the anti-drug message. Media involvement in Malaysia has been through the participation of the Ministry of Information providing coverage for national and international conferences and events, campaign launches, television and radio talk shows. Controlling recidivism through collaboration has always been supported by the NGOs, hand-in-hand with Government agencies. Examples of NGOs actively involved in such efforts are listed below.

- i) MERCY Malaysia, together with the National Anti-Drug Agency (Agensi Anti Dadah Kebangsaan - AADK), in Kuala Lumpur are organizing a series of Mobile Clinics as part of MERCY Malaysia's Drug Rehabilitation and Assistance Programme. The mobile clinics provide basic medical examinations for those trying to reform. By providing this basic medical aid, MERCY Malaysia hopes to increase their standard of healthcare thus helping to improve the reformers' path to recovery. Since it was launched in April 2006 a total of 341 patients have been treated, with symptoms including coughing, skin diseases, hypotension and abdominal discomfort. This collaboration is to complement the National Anti-Drug Agency's efforts to ease the pain of reformers recovering from their addictions.
- ii) SPENGASIH Malaysia Association reaches out to all communities through awareness campaigns. It provides services ranging from prevention efforts to help for those who have fallen into drug addiction. PENGASIH offers opportunities for much needed knowledge, skills and support to reforming addicts during their treatment and rehabilitation. At the same time PENGASIH also strengthens the programme by giving treatment to the families of recovering users as well. Families need to know how to manage recovering users when they return home. They must know the right way to monitor recovery, amongst other things. Family support has a major impact on the rehabilitation of former users.

Continuous recovery from addiction is the main goal of all former drug users. It is not an easy path to take, filled with a haphazard assortment of challenges and difficulties. Only those who are steadfast enough will continue with the recovery path. They are usually well equipped with the right knowledge, skills support and genuine sincerity. Nevertheless aftercare and supervision is very important to ensure the success of the programmes. Counselling and guidance for the individual, group and their family are given. Community plays an important role in rehabilitation programmes and serves as a guide, motivation and help for the ex-addict to integrate themselves in the community.

VI. CONCLUSION

The Government continues to improve its machinery, especially the Narcotics Investigation Department of the Royal Malaysia Police and the National Anti-Drugs Agency, to combat the drug problem in Malaysia, which is still considered a security issue. Illicit drug abuse is related to the increase in crime in Malaysia. Malaysia believes by reducing the recidivism of drug abusers it will also reduce crime in the community. Therefore, solving the recidivism of drug abusers requires a multi-disciplinary approach in partnership with all sectors of society. It is only with concerted efforts that we can achieve the objective of having a global drug free society.

Governments of all nations need to educate their people about controlling the recidivism of drug offenders in order to get full public support for their policies. Without full public support, offenders face the difficulties associated with being unaccepted by society. To achieve even better and faster results, local communities and all government agencies must co-operate and assist the reduction efforts with moral

support, material support, logistical support, and financial support. Only then we will experience the successful reduction of recidivism of drug offenders and the promotion of safe communities. This goal requires a body of reliable knowledge of what works, in what contexts, by what mechanisms and at what cost. Indeed, we believe interventions targeting the factors that contribute to behavioural problems are effective in reducing recidivism among drug abusers. Nevertheless, assessment is a cornerstone of drug abuse reduction. This must be built up through systematic evaluation and a sound conceptual framework. Nevertheless, in any efforts to control recidivism through several interventions, public safety must be given the first priority. Therefore the opportunity for criminal behaviour must be prevented through multiple interventions.