

**COUNTRY REPORT 2010
MALAYSIA**

1. INTRODUCTION

1.1 The “Dadah” (illicit drugs) problem remains as one of the main threat to national security. The political commitment to fight the drugs scourge was enhanced by the setting up of the Cabinet Committee on the Eradication of Drugs which is the highest body of the country’s Mechanism in Coordinating the Implementation of Policy to Combat the Drug Menace. The Committee is chaired by the Hon. Deputy Prime Minister and represented by 14 Cabinet Ministers, Chief Secretary to the Government, Attorney General, Army and Police Chiefs, the Director General of the Public Service and the Secretary-General of the Ministry of Home Affairs as the Secretary.

2. BACKGROUND ON THE ROLE OF ANTI-NARCOTICS AGENCIES IN MALAYSIA

2.1 The National Anti-Drugs Agency (NADA) under the Ministry of Home Affairs is the lead agency responsible for the formulation of policies relating to drugs, especially with the drug abuse preventive education and treatment and rehabilitation of drug dependants.

2.2 The Narcotics Crime and Investigations Department (NCID) of the Royal Malaysia Police (RMP) is the main agency for the enforcement of drug laws. The Royal Malaysian Customs is also involved in enforcing the drug laws and the task is carried out by its Narcotics Division. The Pharmaceutical Services Division of the Ministry of Health enforces the Poisons

Act 1952 which controls the sale, import and export of poisons, precursors and essential chemicals.

3. BACKGROUND OF THE NATIONAL ANTI-DRUGS AGENCY

- 3.1 The National Anti-Drugs Agency 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.
- 3.2 The objective of the National Anti-Drugs Agency is to ensure the implementation of national policies on drugs and coordinate, monitor and evaluate all activities relating to the control and prevention of the drug problem to create a drug-free nation by 2015. The National Anti-Drugs Agency operates at the Federal, State and District levels.
- 3.3 The four (4) core strategies of the National Anti-Drugs Agency in eradicating the supply of and demand for drugs in the country are:
 - i. Prevention
 - ii. Treatment and Rehabilitation
 - iii. Law Enforcement
 - iv. International Cooperation
- 3.4 The terms of reference of the National Anti-Drugs Agency are as follows:
 - i. to implement preventive drug education programmes
 - ii. to implement drug treatment and rehabilitation programmes;

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

4. NEW DIRECTION AND TRANSFORMATION OF NADA

4.1 ASEAN's target is to create a drug-free region by the year 2015, to ensure a safe, stable, resilient society and nation. This target is also in line with Malaysia's Drug Free target by the year 2015 and the Government Transformation Programme (GTP), placed the direction of the organization towards a big change and quantum leap to provide the best service to the community.

4.2 New approaches are designed to make treatment programs more open and to offer the community with opportunities to choose the rehabilitation services on a voluntary basis without going through the process of arrests and court orders. This is a paradigm shift for NADA to transform its treatment and rehabilitation services to all its clients in the country.

4.2.1 TREATMENT AND REHABILITATION

C&C 1 Malaysia Clinic

Currently there are 27 government treatment and rehabilitation centers throughout Malaysia which gives free services and are easily accessible. In response to the growing drug problem and realizing that the

existing strategies are not achieving the intended effects / targets, NADA has shifted its approach from institutionalized rehabilitation to an open approach (Open Access Services) by setting up The Cure & Care 1 Malaysia Clinic (or C&C 1 Malaysia Clinic). NADA has put in operation 6 C&C 1 Malaysia Clinics, whereby the first one started operations in July 2010.

This clinic provides open access services to drug abusers, drug users, co-dependent, employers and individuals with drug problems to come anytime to get treatment and rehabilitation from medical specialists/psychiatrists, social workers and counsellors without having to go through the legal system. This approach has received recognition from various international organizations such as UNODC and WHO. They regard the open concept used by the clinics as one of the best approach and have urged other countries to follow Malaysia's method. The clinic often receives visitors from UN, government and non-government organizations from many countries to look at the operations of the C&C 1 Malaysia Clinic.

Triage Centre

Triage centre holds drug abusers mandated for compulsory treatment for two weeks. Drug users are screened, evaluated and categorized according to the severity of their drug use. References were made to their past history of drug use, treatment history and criminal records.

PUSPEN for severe drug dependents

Hard Core (severe drug dependents) PUSPEN (Narcotic Addiction Treatment Centre) is a drug treatment centre for drug abusers screened and categorized by the triage centre that has criminal records, multiple treatment history and those with low motivations to recover from drug use.

One PUSPEN

One PUSPEN (Narcotic Addiction Treatment Centre) is a drug treatment centre for drug abusers screened and categorized by the triage centre who are free from criminal records and those possessing high motivations to recover from drug use.

Treatment and rehabilitation in the community

NADA also provides treatment and rehabilitation service in the community through NADA District Offices and Service Centres through out the country. The initiative of this service is to provide programs as follows:

- i. Co-dependency
- ii. Help Support Group
- iii. Relapse preventing
- iv. Life/vocational skills
- v. Sport and leisure

- vi. Methadone Maintenance Therapy (MMT)
- vii. Health Education
- viii. Matrix Program
- ix. Family Association
- x. Outreaching
- xi. Integration in society

Community Home

The objectives of Community Home, also known as Caring Community Home (CCH), is to mobilize the local community to address the drug problem at their communities. The target group of CCH is anyone who has drug problem and to provide information about drugs to members of the community.

Services provided at CCH are:

- i. Integration in society
- ii. Help support group
- iii. Community Service
- iv. Reference information

4.2.2 PREVENTION

The objective of this policy is to eradicate the demand for and supply of drugs by creating Drug-Free Families, Drug-Free Learning Institutions, Drug-Free Workplaces and Drug-Free Communities.

NADA stressed that the prevention strategy is the most effective way and solution to overcome and solve the problem of drug abuse. In line with ASEAN target for

Drug Free 2015, NADA has outline a few strategies as follows:

- i. Implementation of prevention programs by targeting high risk male teenage/adolescence.
- ii. To ensure the implementation of prevention program in higher education institutions, family institutions, workplace and high risk community
- iii. To empower civil society as a preventive agent
- iv. To maximize the usage of new media in Preventive Education and Publicity
- v. To enhance the number and involvement of voluntary
- vi. To increase the cooperation between strategic partners and smart partnership in implementing the prevention program

4.2.3 LAW ENFORCEMENT

NADA law enforcement activities were supporting the treatment and rehabilitation through detection and encourage those who refuse to come voluntarily for treatment and rehabilitation program. Besides that, person under supervision who violates any conditions of supervisions will be charged under Section 6(B) of the Drug Dependence Act 1983 (Treatment and Rehabilitation).

5. OVERVIEW OF THE DRUG ABUSE SITUATION

5.1 Cases detected

A total of 23,642 abusers were detected in 2010, a rise of 50.24% compared to 2009. The number of newly detected abusers is 17,238 an increase of 10,115 as compared to 7,123 abusers the previous year. There were 6,404 (27.1%) relapsed abusers detected. The number of addicts detected in year 2010 showed an increase. The number of drug abusers arrested by Royal Malaysia Police increased from 49,762 in 2009 to 63,466 in 2010.

5.2 Current Trend

Under the 1 Malaysia concept, the government has made reducing crime as one of the National Key Result Area (NKRA). The target of reducing Street Crime by 20% in the year 2010 has been achieved, exceeding the target. There has been a reduction of Street Crime by 13,193 cases (35%) which indirectly contribute to an increase in overall drug abusers detected in year 2010.

The reduction of relapse among drug abusers in 2010 is significant compared to the year 2009. There has been a reduction of 2,209 cases (-25.65%) in 2010 compared to the previous year. The establishment of the Cure & Care 1 Malaysia Clinic (Drug Lab Initiatives) in July 2010 which provides Open Access Services without going through legal procedure/implications has prevented a significant number of drug users from relapse.

Apart from that, drugs substitution therapy through Methadone Maintenance Therapy also prevented relapse among drug abusers. Throughout 2010, 5,139 drug abusers received Methadone Maintenance Therapy Treatment from Ministry of Health. Table 1 shows the number of new and repeated abusers detected in 2010 and 2009.

Table 1: Comparison of Abusers Detected in 2010 and 2009

STATUS OF CASE	JAN-DEC 2010	PERCENTAGE	JAN-DEC 2009	DIFFERENCE \ 2010/2009
New Abusers *	17,238	72.9%	7,123	142.00%
Repeat Abusers **	6,404	27.1%	8,613	-25.65%
Total Number of Addicts	23,642	100.00%	15,736	50.24%

* Abusers detected for the first time by the BIONADI System

** Abusers previously detected by the BIONADI System

5.3 Profile of Drug Abusers

5.3.1 Distribution by States in Malaysia

In 2010, Penang recorded the highest number of abusers with 3,753 (15.9%) abusers. This was followed by Selangor 3,548 (15.0%), Kedah 2,507 (10.6%), Terengganu 2,377 (10.1%) and Kelantan 2,360 (10.0%). Penang and Selangor are industrial states and with a high population density estimated at 1,609,900 (Penang) and 5,287,900 (Selangor). This factor indirectly contributed to the high number of abusers in these states.

Table 2 shows that thirteen (13) states recorded increase in the number of abusers detected namely Kedah, Kelantan, Penang, Perak, Johor, Selangor, Terengganu, Negeri Sembilan, Pahang, Perlis, Sarawak, Sabah (highest increased by 422.2%) and the Federal Territory of Putrajaya. The percentage of addicts increased in Terengganu, Perak, Sabah and Federal Territory of Putrajaya in year 2010 due to the increase in public complaints relating to drug addiction and drug abusers arrested by the Royal Malaysia Police.

Table 2: Drug Abusers Detected According to States

NO.	STATES	JAN-DEC 2010	%	JAN-DEC 2009	DIFFERENCES 2010/2009 (%)
1	Penang	3,753	15.9	2,255	66.4
2	Selangor	3,548	15.0	1,864	90.3
3	Kedah	2,507	10.6	2,016	24.4
4	Terengganu	2,377	10.1	481	394.2
5	Kelantan	2,360	10.0	1,902	24.1
6	Perak	2,296	9.7	1,121	104.8
7	Johor	2,091	8.8	1,633	28.0
8	Federal Territory of Kuala Lumpur	1,344	5.7	1,635	-17.8
9	Pahang	1,198	5.1	1,064	12.6
10	Negeri Sembilan	921	3.9	919	0.2
11	Sabah	517	2.2	99	422.2
12	Perlis	354	1.5	302	17.2
13	Malacca	176	0.7	327	-46.2
14	Sarawak	145	0.6	76	90.8

NO.	STATES	JAN-DEC 2010	%	JAN-DEC 2009	DIFFERENCES 2010/2009 (%)
15	Federal Territory of Putrajaya	45	0.2	21	114.3
16	Federal Territory of Labuan	10	0.0	21	-52.4
Total		23,642	100	15,736	50.2

Source: BIONADI System

5.3.2 Types of Drugs Abused, Gender, Age and Occupation

The opiate-based drugs of heroin (27.4%) and morphine (21.9%) continued to be the main type of drugs abused. Ganja / cannabis were abused by 12.7% (3,011) while 36.1% (8,551 abusers) abused amphetamine-type-stimulants (MDMA, methamphetamine and amphetamine).

In relation to gender, 23,062 (97.5%) drug abusers are male while female abusers stood at 2.5%, or 580 cases.

Youths from the age group of 19 – 39 years old comprised the largest group of drug abusers (16,737 cases or 72.4%) detected in 2010. Adults (40 years and above) accounted for 18.3% (4,240) of the drug abusers and 2,138 or 9.3% were teenagers (13 – 18 years old).

Drug abusers in Malaysia are still *functional* even when they were using drugs as only 11.3% (2,671) were unemployed. The majority of the abusers were general workers (26.9% or 6,366), followed by 10.57% (2,486) in the

agricultural/fishery sector and 10.1% was from the services sector.

5.3.3 Drugs Seizures

Seizures of most drugs showed decrease compared to the year 2009 except seizures for heroin and psychotropic pills. Seizures of all types of drugs by the various authorities in 2010 are as follows:

Table 3: Types of Drugs Seizures

TYPE OF DRUGS	SEIZURES IN JAN - DEC 2010	SEIZURES IN JAN - DEC 2009
Heroin	299.32 kg.	283.35 kg.
<i>Ketamine</i>	334.69 kg.	1,070.590 kg.
<i>Eramin 5</i>	2,032,183 tablets	2,909,587 tablets
Psychotropic pills	311,123 tablets	268,888 tablets
Ecstasy pills	60,713 tablets	75,515 tablets
<i>Syabu</i> (methamphetamine)	887.29 kg.	1,159.66 kg.
Cannabis	1,064.35 kg.	2,351.79 kg.

Source: Royal Malaysian Police, Royal Malaysian Custom and Pharmaceutical Services Division, Ministry of Health

5.3.4 Arrests of Drug Offenders

More drug offenders were arrested in 2010 as compared to 2009. A total of 37,964 persons were arrested under the Dangerous Drugs Act (DDA) 1952 as compared to 35,320 in 2009. From this data, the number of persons arrested

under Section 39B which carries the mandatory death penalty was 3,741. The number of offenders under Section 39A was 6,698 and 25,977 people were arrested for committing offences under other sections of the DDA 1952. In 2010, 1,548 offenders were detained under the Special Preventive Measures of the DDA 1985 as compared to 2,500 in 2009.

Table 4: Arrests of Drugs Offenders under the Dangerous Drugs Act (DDA) 1952

CASES	2009	2010
Case under DDA 1952		
Section 39B	3,046	3,741
Section 39A(1)	3,823	4,404
Section 39A(2)	1,715	2,294
Other Sections	24,236	25,977
Case under DDA 1985 (Special Preventive Measures)	2,500	1,548
Total	35,320	37,964

Source: Royal Malaysian Police, Royal Malaysian Custom and Pharmaceutical Services Division, Ministry of Health

6. INTERNATIONAL DRUG TRAFFICKING

Malaysia continues to be a transit country for drugs *en route* to other destinations for international markets. The demand for drugs by the local abusers is another attraction to drug syndicates to smuggle drugs into the country. Drugs like heroin, opium, syabu, ATS and Ketamine seized by the Royal Malaysian Police and Royal Malaysian Customs are testimony to the demand for these drugs in the country. As of 2010, there are 792 Malaysians still detained for various drug offences in other countries while 969 foreigners were arrested in Malaysia.

7. OVERVIEW OF THE DRUG LAW AND LEGISLATION

Drug legislation in Malaysia is comprehensive and covers both prevention and treatment and rehabilitation. This reflects the seriousness of the national efforts to curb drug trafficking and drug abuse. The existing laws are continuously reviewed to identify weaknesses and consequently enhance their effectiveness. Malaysia's drug laws are found in six (6) major statutes. They are:

- i. The Dangerous Drugs Act 1952;
- ii. The Poisons Act 1952;
- iii. The Drug Dependants (Treatment and Rehabilitation) Act 1983;
- iv. The Dangerous Drugs (Special Preventive Measures) Act 1985;
- and
- v. The Dangerous Drugs (Forfeiture of Property) Act 1988
- vi. The National Anti-Drugs Agency Act 2004

7.1 The Dangerous Drugs Act 1952

The Dangerous Drugs Act 1952 represents the major legislation in relation to drug control in Malaysia. This Act is very extensive and covers aspects of offences, procedures and evidence. Among others, it provides mandatory death sentence for drug trafficking offences. This legislation has been amended several times in order to keep abreast with the upsurge in the drug trafficking and drug abuse situation.

7.2 The 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 such substance other than an exempted preparation or an article or preparation included for the time being in the Second Schedule of the Act. The control of any drug that does not appear under the First Schedule of the DDA 1952 would be controlled under this Act.

7.3 The Drug Dependents (Treatment and Rehabilitation) Act 1983

The Drug Dependents (Treatment and Rehabilitation) Act 1983 provides for both compulsory treatment and rehabilitation of any person who has been certified as dependant either in the rehabilitation centre or in the community. There is provision for voluntary treatment and rehabilitation in the centre or community too. The period of treatment and rehabilitation at the rehabilitation centre is for two (2) years and is followed by aftercare for another two (2) years.

7.4 The Dangerous Drugs (Special Preventive Measures) Act 1985

This preventive detention law that came into force on 15 June 1985 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.

7.5 The Dangerous Drugs (Forfeiture of Property) Act 1988

Drug trafficking in the country remains rampant despite the provision for mandatory death sentence on those convicted for drug trafficking. Despite the penalty, many are still willing to take the risks 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.

7.6 The National Anti-Drugs Agency Act 2004

The National Anti-Drugs Agency Act 2004 provides for the establishment of the agency. It confers powers upon officers of the National Anti-Drugs Agency to perform preventive, treatment, rehabilitation, enforcement, investigation, special preventive measures, forfeiture of property and administrative functions with respect to offences under the relevant acts. The functions and powers of the Agency are elucidated in Section 6 of the Act.

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

The Cabinet Committee on the Eradication of Drugs was established in 2004. Under this Committee, there is an Action Committee and three (3) Sub-Committees. The aim of these committees is to oversee and review the implementation of the National Drug Control Strategy and to ensure its effective implementation.

The three sub-committees act as the working group and suggests new policies for implementation or reviews existing policies and makes recommendations and reports to the Action Committee. The Action Committee decides on the recommendations and in turn reports to the Cabinet Committee on the decisions it has taken/made. The Action Committee can also make recommendations to the Cabinet Committee for a final decision if it involves policy changes.

The three (3) Sub-committees currently focus on the core areas are:

- i. Prevention Education and Publicity – chaired by the Minister of Education
- ii. Law Enforcement – chaired by the Minister in charge of Legislative Affairs.
- iii. Treatment and Rehabilitation – chaired by the Health Minister

This system is replicated at the state level and reaches into the district level. By a directive issued by the Prime Minister in April 2007, Members of Parliament can chair meetings at the

district level committees, and thus play an important role at the local community to prevent drug abuse.

8. DEMAND REDUCTION PROGRAMMES

Primary prevention programs involve prevention education in schools and dissemination of information to the public. The programs are aimed at insulating members of society, especially youths, from falling prey to the drug scourge.

The activities carried out in 2010 fall into these broad categories:

- Advocacy and Information programs
- School-based programs
- Community mobilization programs
- Drug prevention programs for parents
- Drug prevention programs in the workplaces

8.1 Advocacy and Information Programs

i. Mobile Drug Abuse Prevention Bus

Drug abuse prevention began operations in 1990. Exhibitions were held in public areas, shopping complexes, stadiums, night markets and others. By the end of 2009, the National Anti-Drugs Agency had procured two (2) buses which are used as mobile exhibitions in raising awareness to the civil society. These units move from the length and width of Peninsular Malaysia in its awareness campaigns.

ii. Anti Drug Campaigns

This program was carried out continuously. Most activities were implemented through the electronic

media, print media, films/video clips besides holding of anti drug exhibitions. National leaders, religious leaders and experts in their respective fields of anti drug activities were invited to appear on television as well as national and state radio programs to discuss the drug problems faced by the nation and the role of the community in combating the drug problem.

The community-based mobilization program "GEMPADAH" (Community Blitz against Drugs) was launched by the National Anti-Drug Agency since 2007 involving communities in anti drug activities. It aims at mobilizing resources and organizations at the local level to deal with drug issues.

8.2 School-based or Learning Institutions Programs

i. Tunas (Pre-School program)

This program is specially developed for pre-schoolers or children (5 – 6 years old) based on the philosophy those healthy life styles or activities have to be inculcated while they are still young. In 2010, 462 kindergarten schools were exposed to this program.

ii. INTIM Adolescents Camp

The objective of this program which is catered to pupils in Year 5 (10 – 11 years old) is to enhance their knowledge and life skills to resist the negative peer

pressure to take drugs and other substances. 43 camps with the participation of 10,935 pupils were conducted in 2010.

iii. Students Intervention Program

The National Anti-Drug Agency with collaboration of the Ministry of Education conducts surprise or random urine screening for high-risk students aged between 13-17 years old so that early intervention can be taken. Students identified positive for drugs would be counselled by the school counsellor and requested to attend Intervention and Life Skills Camps to enhance their self-esteem and interpersonal skills. Parents are also invited to participate and share experiences with others on parenting skills. In 2010 a total of 173 schools involving 5,439 students were screened and 391 motivational camps were held for the affected students.

iv. SEGAK (Sekolah Gemilang Antidadah) or Excellent Anti-Drugs Schools

Programs are implemented in schools which are located in high-risk areas and students are exposed to drug-related activities. Students' resilience in saying No to drugs is developed through interpersonal skills so that they are able to resist the pressure to use drugs. 59 schools and 18,777 students took part in this program in 2010.

v. Institutions of Higher Learning

Programs are conducted for undergraduates in institutions of higher learning (universities, colleges and other training or technical institutions) throughout the country to enhance their awareness and knowledge on drugs. 309 programs were conducted in universities/colleges in 2010 for 71,053 undergraduates while another 319 training or technical institutes, involving 38,149 students participated in preventive education activities.

vi. Community-based drug prevention programs

These programs are targeted to specific core groups like parents and teachers associations, community and religious leaders or involve a whole community like settlers in a specific land scheme, a fishing community or a village. A variety of means are used like community events, social services, talks, dialogues and forum, healthy lifestyle events, exhibitions and games. It also involved NGO/other community based organizations.

Many parliamentarians as community leaders actively supported and participated in these programs. 10,000 programs were held in 2010 in all states and districts involving 713,560 participants.

vii. Activities with Non Governmental Organizations (NGOs), Private Sectors and Mass Media

Activities with non-governmental organizations are carried out on drug prevention activities, aftercare and in the social re-integration of abusers into society. Some of the organizations like PEMADAM (prevention), PENGASIH (assisting abusers through its rehabilitation programs), PENDAMAI and Malaysian Care (assisting abusers and recovering persons through their outreach activities). Other community based organizations like the Neighborhood Committees, Village Development and Security Committees, Women's Organizations, Youth organizations also participated in drug prevention activities.

In 2010, 482 programs were held jointly with various NGOs while private sectors' involvement are through their support of national level anti-drug campaigns and drug prevention programs in the workplaces and communities. NGOs and the private sectors are encouraged to participate and organize activities under GEMPADAH (Community Coalition against Drugs).

Private sectors' participation has also been encouraged in the production of posters, leaflets and billboards promoting anti drug messages.

Media involvement in Malaysia has been through the participation of the Ministry of Information providing

coverage for national and international conferences, launch of campaigns, television and radio talk shows.

viii. Family-based drug prevention Programs

Parents are involved in drug prevention activities primarily through participation in community based drug awareness programs. They are also encouraged to participate through involvement in the parents and teachers associations (PTAs). In 2010, a total of 410 family-based drug prevention programs were held that involved 70,512 participations.

ix. Drug Prevention Programs at the Workplaces

In 2010, triggering seminars involving 652 firms/agencies were held. Talks, exhibitions and briefings were held for 952 small and medium size businesses, government departments and agronomy sectors (agriculture, fishing sectors) throughout the country to assist them to promote and implement drug preventive programs in their workplaces as well as to enhance awareness on drug prevention. Urine screenings are carried out in workplaces for new recruits and other employees so that intervention program can be implemented should they be tested positive for drugs.

x. Friends / Peers Against Drugs - Rakan Anti Dadah (RADA)

The National Anti-Drugs Agency introduced a club-like project, Friends against Drugs for the youths (RADA), whether in the urban towns or rural areas of the

country. It aims in enhancing life skills of this vulnerable group to be more resilient in saying no to drugs. Youths can act as the *ears and eyes* of the community in protecting their environment from drugs and other drug-related activities. Membership drives are carried out in the country to entice youths to join the “club” whereby healthy lifestyle activities are formulated and implemented. As of December 2010, 105,077 youths successfully registered into this project.

xi. Women’s’ Alliance Against Drugs (MAWADAH)

Women at all levels of society are mobilized to engage in anti drugs programs. Women that are targeted are not only from the working groups (in the private and public sectors) but also non working women (housewives), single mothers, politicians from non-government organizations and other women groups either in the urban or rural areas.

This is in view of the multi-functional roles played by women as daughters, wives, or sisters in families as well as one of the main contributors to the economic and development of the country as part of the working population.

The National Anti-Drug Agency formulates and works closely with these organizations to involve women in activities in combating the drug menace.

These roles include counseling and guidance, career and economic development, mental and spiritual development, social reintegration and preventive education. Seminars or training programs are held for those identified to empower them to play more prominent anti drug roles. Women who have successful children are identified as *icon* in society and those who are active in anti-drug programs are tasked as role models to other women. Publicity through media (electronic or print) by highlighting the roles of women is constantly carried out. As of December 2010, a total of 104 programmes were held and involved 12,604 participations among women.

9. DRUG TREATMENT AND REHABILITATION

Drug Rehabilitation Centers/Programmes

Malaysia is one of the few countries in the region that has developed a compulsory rehabilitation programme for drug dependents. The objective of the treatment and rehabilitation programme is to enable drug dependants to overcome the physical and psychological addiction to drugs and to thereafter live a drug-free lifestyle.

The National Anti-Drug Agency implements three (3) methods of treatment and rehabilitation namely:

- i. Rehabilitation in the Institution; and
- ii. Rehabilitation in the Community
- iii. Open-Access Services (Cure & Care 1Malaysia Clinic)

A suspected addict can be detained for a period of 14 days for urine and medical examination to ascertain his status. If certified to be an addict, a magistrate, on the advice proposed by the Anti Drugs Officer in the Social Report, can either commit him to an institutional rehabilitation program or place him under the supervision of a Rehabilitation Officer/Anti-Drug Officer in the community.

There are about 7,605 trainees who are undergoing treatment and rehabilitation at the 17 government-managed centers. There are also about 76 privately managed drug centers that have 2,016 residents undergoing treatment and rehabilitation.

The National Anti-Drug Agency has introduced a new approach from institutionalized rehabilitation to an open approach (Open Access Services) with the setting up of the Cure & Care 1Malaysia Clinic or (C&C 1Malaysia Clinic). As of December 2010, 1,533 clients have visited and received various services at the C & C 1Malaysia Clinic throughout the country. A total of 666 clients undergo the inpatient treatment, 772 clients received outpatient treatment and 95 clients visited C&C 1Malaysia Clinic for advocacy.

The Government has identified six (6) C&C 1Malaysia Clinics which started operations end of 2010 in six (6) zones in Malaysia. The role and functions of these centers are as follows:

- i. Provides open access services to drug abusers, drug users, co-dependent, employers and individuals with drug problems to come anytime to get treatment and counseling from medical specialists/psychiatrists;
- ii. Drug abusers or drug users do not have to go through the legal procedure/implications.

To date, the Government has also established 26 Cure & Care Service Centers. The role and functions of these centers are as follows:

- i. plan and implement drug preventive programs at the district level;
- ii. provide facilities for drug treatment and rehabilitation for volunteering drug addicts;
- iii. provide counseling and advisory services to those who require such services;
- iv. manage and determine the rehabilitation program 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 Program and for those who have completed their program at the Government Treatment and Rehabilitation Centers.

10. GOOD PRACTICES

The Cure and Care 1Malaysia Clinic is an important landmark in Malaysia's response to drug use and HIV/AIDS. The objectives and activities of the operational model in drug rehabilitation centers confirm the shift from punitive approaches to harm reduction models and they have been recognized as good practices by the World Health Organization (WHO). The recent changes also confirm that a new paradigm shift is emerging, where a variety of treatment options that best meet clients' needs are available for them to choose from within these government-operated institutions.

11. CONCLUSION

The Government continues to improve its machinery to combat the drug problem in the country, a problem that is still considered a security problem. Malaysia believes that the only way to solve the drug problem is through multi-disciplinary approach and in partnership with all sectors of society in the country and by strengthening cooperation with its neighbor countries. With the transformation in the approach to drug treatment and rehabilitation and the setting up of the Cure & Care 1Malaysia Clinics, National Anti-Drugs Agency has aligned itself as one of the best practices / evidence-based practice in treatment and health care of drug users. It is only with concerted efforts that we can achieve the objective of having drug free societies worldwide.

National Anti-Drugs Agency
Ministry of Home Affairs
May 2011