

Drug abuse in Malaysia

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Most people in the medical profession are sympathetic with the view that the drug addict, or to use the more contemporary term, the drug abuser, is a person suffering from an illness which is his need to abuse drugs. The whole problem of drug abuse taken as a whole however is not only a clinical problem but also one which has its roots in the structure of a society, its economics and its culture. In a plural society such as Malaysia's with its mosaic of cultures in a "melting-pot" situation, one can expect a variety of patterns of drug abuse which are to some extent derived from the parent cultures from which the present Malaysian population is derived.

Historical

Ganja or *Cannabis indica* grows in the natural state in this country and has been used by various sections of the indigenous people for various medicinal purposes such as the relief of asthma. The use of opium in its various forms and for various purposes, medicinal or otherwise, can be almost considered to be traditional among the Chinese and Indian sectors of the population. In the description of the founding of Kuala Lumpur it was said that the prospectors under the leadership of the Chinese headmen, financed by local Malay princes set up the Klang River in their quest for tin. Among the supplies that they carried with them was rice, equipment and opium (Gullick, 1956). The opium smoker with his characteristic appearance of emaciation and lethargy used to be traditionally the figure of fun and derision in this country.

Since the days of the British colonisation of Malaya and the immigration of the Chinese tin miners and the Indian labourers who brought with them both the good and the undesirable aspects of their social customs among which various forms of drug abuse may be included, Malaysia has developed into a modern society. In the last few decades, with the increasing pace of development and industrialisation there is an increasing drift of the population to the urban areas (Hamzah Sendut, 1964).

In other words, the social problems, which plagued industrialised and urbanised society are starting to rear their ugly heads in urban Malaysia and drug abuse is one of them.

From a situation where narcotics like opium was allowed free import into the country in the early stages of the British colonisation, this country went through a period for a couple of decades before World War 11 when the import of opium was restricted and the monopoly of its sale was limited to a few individuals. The import of opium into this country has been totally prohibited since the end of the World War 11. However, legislation did not necessarily make the substance significantly less available in the country. It is common knowledge in this country that in a conurbation of any size opium dens are available.

The extent of the Drug Problem

The extent of the drug problem in Malaysia is not fully known. Working in clinical psychiatry one

gets to see patients with drug problem referred for management. However, from the clinical point of view, it is obvious that these cases referred for consultation and management are just that part of the iceberg that appears above the water level. The invisible part of this problem in terms of its size and extent may never be fully known since this is a condition which is frowned upon by society as a whole and declared illegal and hence liable to prosecution by the agencies of law and order. Some statistics of people with the problems related to drug usage are available but this again does not necessarily give a very true indication of the extent of the problem. However, this is better than no indication at all and these figures do give an idea of the qualitative nature of the problem at hand.

Methodology

In the first part of this study, the statistics of drug abusers from the hospitals in Malaysia were compared with those of the inmates of prisons and other penal institutions who are convicted for drug offences. The hospital statistics were collected in August 1972 by one of the authors (S.M.H.) sending a request to the Directors of Medical and Health Services of each state in West Malaysia and to the Directors of the two psychiatric hospitals, to submit the number of cases treated for drug addiction in their states, asking for their age, sex, race and the drug of addiction. For statistics from the prisons a form was sent in March 1973 to the superintendent of all prisons and principals of approved schools in West Malaysia asking for the number of offenders in their custody imprisoned for drug offences, their age, sex, race and the offence for which they were convicted at the time of filling out the forms.

Methodology of Patients and Prisoners

In the three year between 1969 and 1971, the statistics of all the hospitals in West Malaysia show a total of 690 patients admitted voluntarily to inpatient services for treatment. This gives an average of 230 voluntary admissions for drug abuse per year for all the hospitals in West Malaysia where the population is about 8.5 million people. Of these, 81% (559 cases) were cases of narcotic abuse. Included in this category are drugs like opium, morphine, heroin and in a few instances, synthetic analgesics like pethidine. Twelve per cent were admitted with abuse of cannabis and 7% were for problems of abuse of drugs like amphetamine and barbiturates. From this it would appear that the

main problem of drug in the country is the abuse of narcotic drugs.

On the other hand, if one takes a look at the statistics of persons convicted for drug offences in West Malaysia, one sees a different picture. In the census taken earlier this year of the population of penal institutions in West Malaysia there were 178 people convicted for drug offences in West Malaysia. Only 67 (37%) were possessing or using narcotic drugs. Ninety (51%) were for possessing or using cannabis (ganja) and 22 (12%) were a non-specific group who were listed as having been convicted under the Dangerous Drugs Ordinance, which could be for being in possession or usage of any prescribed drug.

Prison Statistics

Among the prisoners who have been convicted for drug offences one naturally expects to find more males than females. Indeed of the 178 subjects involved only 7 were female, the remaining 171 were male. The geographical distribution of factors where these drug offenders were arrested show an interesting pattern. The three highly urbanised states of Selangor, Perak and Penang together account for 121 (68%) of the total number of cases. Fifty eight cases were from Penang, 41 from Selangor and 22 from Perak. The ethnic breakdown of these drug offenders in relation with the drug which has been found in their possession is also of interest. The majority of offenders found with cannabis were Malays. On the other hand there are very few Malays among the offenders found in the morphine or heroin group. This group is almost all Indian and Chinese, with the Chinese forming the majority. In the state of Penang, 24 out of the 32 cases of conviction for narcotics were Chinese, of whom four were found to be in possession of heroin. The age distribution of these drug offenders is also interesting. The largest number fell within the age group 31-30 years category. There were 65 offenders making up 37%. Seventy five per cent of these offenders fell within the age group of 11 to 40 years. However, if one looked at the breakdown of the age of the offenders in terms of the drugs in their possession one finds that although there is a fairly wide distribution of offenders using or possessing the narcotics, while most of these offenders are found to be using or possessing cannabis are of the younger age group. These figures do not enable one to distinguish the users from the pushers. If this were possible one might expect the average age of the user to be much lower than that of the pusher.

Hospital Statistics

The hospital figures unfortunately do not allow an age breakdown to be made. However the same trends are evident in respect of the ethnic group distribution in relation to the drugs used. Chinese are again almost exclusive users of opium. They form the majority of the users of morphine and heroin as well. Conversely, most patients presenting with cannabis abuse are Malays (60%). The Indians form 300 of this group while the Chinese are only 10%. The number of patients who seek admission voluntarily in the hospitals was quite dissimilar to the pattern shown by the prison statistics. The disposition of patients applying for treatment of drug abuse varies from state to state. Such patients could be admitted to a psychiatric hospital, of which there are two in the country, Hospital Bahagia in the state of Perak and Hospital Permai in Johor. In the three year under study, Hospital Bahagia admitted 63 patients of this category for treatment while Hospital Permai only admitted 10. Patients were also admitted to the general hospital psychiatric units for treatment. During the period of study, 1969 to 1971, the two units that were operational and were able to cope with such drug abuse patients were the Psychological Medicine Unit of the University Hospital, Kuala Lumpur and the Psychiatric Unit of the General Hospital, Penang which admitted 89 and 288 patients respectively.

Pattern of Drug Abuse

In gathering of these statistics, the information given by the various sources were in categories which were not entirely classifiable for the elucidation of patterns and trends. Information is also not available for a significantly long enough period for any temporal trend to be discerned on a country-wide basis. From the data available of patients admitted to the Psychological Medicine Unit of the University Hospital and the Psychiatric Unit of the General Hospital Penang (Edward Tan, 1972), there appears to be a rising trend.

These general hospital statistics are detailed enough to allow finer analysis. The ethnic predilection to the various substance of abuse is the pattern seen for hospitals all over the country. The usage of opium is largely confined to the Chinese-educated, working class or lower middle class Chinese whereas the use of cannabis is largely the problem of working class Malay youth, particularly those who have migrated from the rural areas. These figures, it shall be remembered, refer only to patients who

voluntarily come for help. Whether these are any indication of the incidence of the abuse of these various substances is largely a matter of speculation. It has to be remembered that these hospital figures are an underestimate. A patient may be admitted with a drug abuse problem together with another diagnosis. In such an instance, the drug problem may be regarded as a symptom of the underlying diagnosis and so is not indicated as a diagnosis at all.

Cannabis usage appears to be more widespread then is suggested by these general hospital statistics. In one's clinical experience, one comes across a number of students who are seen in the Psychological Medicine Clinic of the University Hospital for various other emotional and psychiatric complaints who admit to having used cannabis at one time or other although they had discontinued using the substance at the time they were seen or the usage of the substance has not presented any problem to them. On the other hand, there is a growing group of adolescent students from the secondary schools and to some extent also from the various institution or tertiary education who are having problems with the excessive use of various synthetic substance such as the barbiturates, methaqualone (commonly referred to as the 'MX pills') and amphetamine.

There is yet another category of patient who present with drug problems that are in fact iatrogenic. I am referring to patients who become dependent on drugs which were initially prescribed by their personal physicians. Such drugs are usually the anxiolytics, mostly of the benzodiazepine group, although sometimes barbiturates have been introduced in this way as well. The medication was prescribed when the patient was faced with a crisis and has difficulty coping or getting to sleep at night. However, the patient felt that he continued to need this substance over a prolonged period of time. In many instances a progressively larger dose was demanded. In most instances, the patient comes for help when the doctor refuses to prescribe any more tablets, or when the patient himself realises that he cannot do without the drug. However the situation in this country is such that many of these substances are available in various stores, particularly the Chinese medicine stores even without a physician's prescriptions although under the Dangerous Drugs Ordinance these substances are supposed to be sold only on a prescription.

Preventive Action

A magnitude of the problems of drug abuse

sounds frightening from the reports from some countries. For example, it has been stated that 12 out of every 100 children in the public high schools in the state of New York have used drugs at one time or another. The situation does not appear to be so bad in this country. However, this is not indication for complacency. Steps have been taken to various levels to combat the drug problems. Government agencies at state level comprising representatives from the departments of health, education, police and welfare have been constituted to spread informing of drug abuse among school children, particularly in the secondary schools, and to deal with the cases of drug abuse as they become known. The Federal Government has established a Central Narcotics Bureau to combat the distribution of these contraband substances. The doctors in the various hospitals have been dealing with such patients as they present and the doctors in the psychiatric hospitals and the psychiatric units, particularly attuned to the needs and the difficulties of such patients. The new Institute of Neurological Sciences in the General Hospital, Kuala Lumpur has a special section in its psychiatric unit, 12 beds for the management of patients with drug abuse.

Results of Treatment

Unless more detailed information is available of these institutionalised cases of drug abuse and such cases are followed up over a period of time, it is largely empirical to decide what steps should be taken to combat such problems. In the cases treated at the University Hospital however, an effort was made to find out how effective our efforts had been and how well these patients were doing after discharge from hospital (Ek, unpublished data). Of the 76 patients treated at the Psychological Medicine Unit of the University Hospital between July 1967 and June 1971 only 21 patients could be traced when the effort was made in the later half of 1971. It was found that nearly 50% of these patients could not be traced at the addresses given on their earlier admission to hospital because these addresses were no longer in existence at the time of the follow-up study. These were addressed in the slum areas of Kuala Lumpur and these slums were cleared in various urban renewal projects which started in 1970.

It has to be pointed out that each of these 76 patients admitted to the inpatient service of the Psychological Medicine Unit of the University Hospital for treatment was carefully evaluated for his

motivation in wanting to be rid of his drug abuse. Though figures are not available as to how many patients in all were seen at the outpatient clinic before these 76 were selected for admission, the general impression is that only one out of about 3 patients were accepted for inpatient treatment. Any patient who showed any sign of wavering in his motivation or in whom it was suspected that the patient came up because of pressure from the spouse, parents, employers or any other source, such patients were admitted only after careful evaluation and it was ascertained that the patient stood a fair chance of being able to go through with the withdrawal programme. The treatment program consisted of substituting the patient's drug of abuse with an analogous substance. For example, abusers of morphine or heroin is given methadone which is then progressively withdrawn over a period of 7 to 14 days. While this withdrawal is going on and continuing for a varying period after that, the patient is given supportive psychotherapy. If there is any indication, the patient might be given depth individual psychotherapy as well. Social manipulations in the form of family group discussions or discussions with the employers in terms of readjusting the patient's work schedule etc., is being done if such a measure is indicated.

Of these 21 patients who could be traced, 14 admitted they had gone back to drugs, 5 refused to comment although it is presumed from their secretiveness that they were back on drugs, and only 2 were able to say categorically that they were not taking drugs any more and were able to substantiate their claims by showing evidence of their better health and improved economic circumstances. They were also able to furnish evidence that they were holding regular jobs. Of the 14 patients who stated that they had gone back to drugs, 10 stated that they were on the same drug that they had been using before mostly opium or morphine. Four stated that they were now on other drugs, in two cases the patients had previously been on narcotics and are now on some form of benzodiazepine. Again, of the patients who admitted going back to drug taking, 9 stated that they were back on drugs within 6 months of their discharge from hospital, 2 patients stated that they were back for varying lengths of time longer than 6 months after discharge from hospital while the remainder were rather vague as to when they went back to drugs. It would appear that our effort to help these drug abusers have not at all been successful.

However, one feels that there is no need to be discouraged by this lack of success in this first series of patients. It has been essentially an effort at dealing with the drug problem at clinical level. However, if one comes back to the basic premise which was stated at the beginning of this paper that the problem of drug abuse is not entirely a clinical problem but one which has its roots in the structure, economics and the culture of a society, then one has reason to hope that perhaps a more concerted effort involving not only the clinicians but educators, the social workers, and although reluctantly, the agencies of law and order as well, may meet with greater success and prevent lives, particularly young lives, from being wasted from this scourge.

REFERENCE:

1. Ek, A., unpublished data.
2. Gullick, J.M., (1956), *The Story of Kuala Lumpur*, Singapore, Donald Moore Books, p 11.
3. Hamzah Sendut, (1964), *Urbanisation in Malaysia*, Ed: Wang Gangwa, Singapore, Donald Moore Books, pp 82-98.
4. Tan, Edward, (1972). A Preliminary Survey of Drug Dependence in the State of Penang, West Malaysia, a paper presented at Annual Meeting of the Indonesian Society of Neurology, Neurosurgery and Psychiatry, Jogjakarta, Indonesia, 15-18 August 1972.

Drug abuse and addiction problems in Taiwan

The drug abuse and addiction problems also exist in the inhabitants of Taiwan. Since having no data to show the degree of the problems, we cannot infer accurate information. Now, through some data of drug addiction in criminal cases, acquired by Dr.

N.S. Yang M.D. Chief of Legal Medicine and Toxicology Laboratory, C.I.D. of Taiwan Police Administration, we can get a warning danger of the drug abuse and addiction problems.

1. The analysis and statistics of crimes by means of drugs:

	Suicide		Homicide		Injury		Theft		Robber		Rape		Narcotics
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total
1958	329	33.35	13	0.29	8	0.18	15	0.07	—	—	82	55.59	597
1959	527	46.10	17	0.32	18	0.34	—	—	—	—	136	63.66	544
1960	776	64.45	33	0.64	14	0.27	3	0.01	—	—	104	65.14	935
1961	819	58.50	19	0.41	18	0.39	12	0.05	—	—	126	66.84	188
1962	1027	64.174	22	0.48	22	0.48	27	0.12	—	—	168	70.00	564
1963	1067	69.24	33	0.69	16	0.33	50	0.29	3	2.48	164	65.04	329
1964	977	66.87	26	0.64	20	0.49	55	0.31	—	—	135	62.40	323
1965	1058	68.54	35	0.74	23	0.51	59	0.37	4	3.10	175	79.02	251