

A SEVEN YEAR STUDY OF OPIATE DEPENDENCE IN MALAYSIA*

by *M. Parameshvara Deva*

M.B., B.S., M.R.C. Psych., D.P.M.

Associate Professor
Department of Psychological Medicine,
Faculty of Medicine,
University of Malaya,
Kuala Lumpur.

INTRODUCTION:

DEPENDENCE on opium and its derivatives had been known for centuries. The opium wars in China in the nineteenth century bear witness to the entrance of opium as a lucrative item of international trade. As recently as 1940, the British Colonial government was actively engaged in the opium trade in Malaya through a string of legally authorised retail shops supplying the narcotic to addicts.

Opium is the sun dried exudate obtained by incising the unripe opium poppy (*Papaver somniferum*) pod. This exudate when refined gives rise to such products as morphine and heroin both of which have been used quite legally for medicinal purposes. After its relatively free trade opium and its derivatives ceased to be available openly at the end of World War II in Malaysia. In this country, opium abusers and addicts were elderly Chinese who brought the habit with them when they migrated from China. A smaller but significant number of Indians principally Sikhs were dependent of opium and its derivatives – especially morphine. However, Wagner and Tan noted in 1970 that there was no attraction for opium among the young in Malaysia. In the late sixties, figures from Britain started to show a steep rise in the number of young drug and especially opiate (United Kingdom, 1968) addicts. The same has been true of drug addicts in the U.S.A. (Freedman, 1975), Hong Kong and Philippines (Cameron, 1968).

The picture of opiate dependence (dependence on opium and its derivatives) in Malaysia has only recently started to come to light. Tan in 1972 and Navaratnam in 1976 have done studies in Penang to show an increasing dependence on opiates among young people. In a matter of years, the problem has spread like a “large scale communicable disease” (Cameron, 1968) across cultures and countries with amazing speed.

AIM OF STUDY

The aim of this retrospective study is to note the changing characteristics of opiate dependence as seen from admission of male opiate addicts to the University Hospital for treatment over the seven year period from 1970 to 1976. These opiate addicts were admitted to the Psychiatric Unit for withdrawal from addiction to opiates.

METHOD OF STUDY:

All case records of male opiate addicts admitted to the Psychological Medicine Unit of the University Hospital from 1970 to 1976 were reviewed. Data relating to ethnic groups, age, and type of opiates abused were obtained for study and analysed.

RESULTS

Ethnic Group of Addicts

Chinese:

The Chinese formed by far the largest single ethnic group of the addicts treated during the seven year period. There were a total of 90 Chinese out of the total of 209 constituting 43.1%. They constituted only 20% in 1970 but by 1976, they had formed 37.9% of the yearly total. In the years 1973 to 1975, they were the largest single ethnic group treated for opiate addiction.

* Based on a paper presented at the 11th Malaysia-Singapore Congress of Medicine, Kuala Lumpur, August 1976.

Table I
Opiate dependence study – 1970–1976 ethnic groups of addicts

Ethnic Group	1970		1971		1972		1973		1974		1975		1976		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Malays	0	0	2	14.3	3	4.3	6	17.7	5	25.0	17	36.2	23	39.7	56	26.8
Chinese	3	20	5	35.7	5	23.8	20	58.8	11	55.0	24	51.1	22	37.9	90	43.1
Indians excl. Sikhs	7	46.7	1	7.1	6	28.6	5	14.7	3	15.0	1	2.1	3	5.2	26	12.4
Sikhs	5	33.3	6	42.9	7	33.3	3	8.8	0	0	3	6.4	9	15.5	33	15.8
Europeans	0	0	0	0	0	0	0	0	1	5.0	1	2.1	0	0	2	0.95
Eurasians	0	0	0	0	0	0	0	0	0	0	1	2.1	1	1.7	2	0.95
Total	15	100	14	100	21	100	34	100	20	100	47	100	58	100	209	100

Indians :

The Indians (Indians, Pakistanis and Ceylones) as a group accounted for a total of 59 out of the 209 addicts treated (or 28.2%). However, an interesting sub-group in this ethnic group stood out by their over-representation. This were the Sikhs who constituted a total of 33 or 15.8% of the total number of addicts. In the years, 1970, 1971 and 1972, Indians were the largest single group of addicts treated making up 80%, 50% and 61.9% respectively in those years' totals. The Sikhs as a sub-group totalled 33 out of the total of 59 Indian addicts treated during the period.

Malays :

As a group, the Malay addicts were grossly under-represented in the earlier years of the study. Thus in 1970, there were no Malay opiate addicts treated and in subsequent years, their numbers remained far lower than their population representation in the country would suggest. However, in 1974, there were 5 (25%) Malay opiate addicts out of 20 treated. In 1975, this number rose to 17 (36.2%) and by 1976, they formed no less than 23 (39.7%) of the total number treated for opiate addiction. Because of their gross under-representation in the earlier years, the total number of Malay opiate addicts treated over the seven years only totalled 56 (26.8%).

Others :

There were only four others (2 Europeans and 2 Eurasians) treated for opiate addiction during the period of the study.

Age Groups

Another change that occurred during the period of the study was the change in the age groups of opiate addicts admitted for treatment. In the period 1970 to 1972, more than half the addicts were aged 26 years or more but after this period, their number dropped to less than third of the total number treated (Table II). On the other hand, the number of addicts below the age of 26 increased rapidly from less than 50% in the years 1970 to 1972 to more than 50% after that to reach almost 70% in 1976. The number of addicts in the age group 16-20 years, rose from 6.7% to 24.1% over the 7 years while the first addicts in the 10-15 years age group came for treatment in 1975 and 1976 (Table III). The age group 21-25 years had the largest number of addicts among all age groups and in total numbered 81 or 38.8%. They rose from 26.7% in 1970 to 43.1% in 1976.

Opiates of Dependence

The types of opiates that addicts were dependent on seemed to undergone a revolution in the seven years of the study. In 1970, morphine was the opiate of dependence in 12 (80%) of those who were treated. There were no heroin addicts and only 3 (20%) were opium addicts. This picture changed dramatically over the next three years to one of heroin dependence by 16 (47.1%) in 1973 followed by morphine dependence - 13 (38.2%). By 1976, the place of heroin as the principal opiate of abuse had been fully established. That year 50 (86.2%) of the addicts were heroin dependent and only 7 (12.1%) morphine dependent. The first heroin addict was treated in 1972 but by 1976, heroin addicts formed 115 out of the 209 addicts studied over the seven years - amounting to over 55%. This was followed by 65 morphine addicts (31.1%) and opium - 25 addicts or 11.9% out of the 20 dependents. Another four addicts took more than one opiate regularly.

DISCUSSION

The opiate dependence disease has undergone a revolution and is perhaps still undergoing one today. Over these seven years, the characteristics of those dependent and their dependence have changed dramatically. The Indian and especially the Sikh addicts of 1970 to 1972 were essentially morphine dependent and dominated by their numbers the opiate dependents treated at the University Hospital. However, the Chinese took over as the largest single ethnic group in 1973 - the same year that heroin made a big entrance into the drug addiction problem among those treated. The Chinese addicts were the largest single group for three years up to 1975. In 1976, the Malay opiate addicts (of whom there were none in 1970) took over as the largest single group among addicts treated at the University Hospital. Sikh addicts have been over-represented in this study and also seem to be increasing in number.

The age groups of the opiate addicts as was shown in Figures 2 and 3, has also reversed in the seven year period. Most of the addicts (68.9%) in 1976 are below the age of 25 and opiate addicts have also been noted in the 10-15 age group. The older age group addicts such as those in the 36-40 years and 41-45 years have remained small throughout.

Considering these changes, one is confronted by the important question - why? There does not seem to be simple answers to that question. There appear to be complex and wide ranging factors at work - some social, some political, some economic and yet others unknown. Certainly, the worldwide

Table II
Opiate dependence study – 1970–1976 age groups of opiate addicts

Age Group in Years	1970		1971		1972		1973		1974		1975		1976		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<26	5	33.3	2	14.3	10	47.6	19	55.9	14	70	32	68.1	40	68.9	122	58.4
>26	10	66.7	12	85.7	11	52.4	15	44.1	6	30	15	31.9	18	31.1	87	41.6
Total	15	100	14	100	21	100	34	100	20	100	47	100	58	100	209	100

Table III
Opiate dependence study – 1970–1976 age groups of addicts

Age Groups	1970		1971		1972		1973		1974		1975		1976		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
10 – 15	0	0	0	0	0	0	0	0	0	0	1	2.1	1	1.7	2	0.9
16 – 20	1	6.7	1	7.1	1	4.8	9	26.6	6	30	7	14.9	14	24.1	39	18.7
21 – 25	4	26.7	1	7.1	9	42.9	10	29.2	8	40	24	51.1	25	43.1	81	38.8
26 – 30	6	40	2	14.3	4	19.1	5	14.8	3	15	9	19.2	12	20.7	41	19.6
31 – 35	1	6.7	1	7.1	3	14.3	2	5.9	1	5	3	6.4	2	3.5	13	6.2
36 – 40	2	13.3	3	21.4	1	4.8	3	8.8	1	5	1	2.1	0	0	11	5.3
41 – 45	0	0	5	35.9	2	9.5	2	5.9	0	0	2	4.3	3	5.2	14	6.7
46 <	1	6.7	1	7.1	1	4.8	3	8.8	1	5	0	0	1	1.7	8	3.8
Total	15	100	14	100	21	100	34	100	20	100	47	100	58	100	209	100.0

Table IV
Opiate dependence study – 1970–1976 opiates of addiction

Year	1970		1971		1972		1973		1974		1975		1976		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Opium	3	20	6	42.9	3	14.3	5	14.7	4	20	3	6.4	1	1.7	25	12.0
Morphine	12	80	8	57.1	16	76.1	13	38.2	4	20	5	10.6	7	12.1	65	31.1
Heroin	0	0	0	0	1	4.8	16	47.1	11	55	37	78.7	50	86.2	115	55.0
Mixed Opiates	0	0	0	0	1	4.8	0	0	1	5	2	4.3	0	0	4	1.9
Total	15	100	14	100	21	100	34	100	20	100	47	100	58	100	209	100.0

spread of narcotic traffic and sales is having an impact on our drug addicts. The steep rise in heroin dependent persons is not a coincidence – heroin is the most easily available narcotic to the opiate addict today. The younger addict we see today may be the result of the greater economic power of younger people today coupled with a paradoxical sense of purposelessness and loss of direction. The boom years of 1973 and 1974 may also have something to do with the prominence that heroin has come into but its continued spread may not be so easily explained. The rapid economic and urban growth in Malaysia has thrust thousands of young people into a highly competitive urban society, perhaps ill-prepared for the tribulations and emotional uncertainties that follow, and heroin may be offering them a false sense of soothing security.

The reasons for the dramatic changes in opiate dependence as seen by the hospital admissions of opiate addicts are indeed complex. But what is obvious is that the menace is growing rapidly. What is needed therefore, are a recognition of the gravity of situation, further studies to identify vulnerable groups and urgent preventive, treatment and rehabilitation measures to combat the disease.

ACKNOWLEDGEMENTS:

My sincere thanks are due to Miss Girlie Tan Chooi Sim and Miss Sushila for helping with the data gathering and typing of this article. Thanks are also due to the Head of Psychological Medicine Department for permission to publish this paper.

REFERENCES

- Cameron, D. (1968), Youth and Drugs, *J. Am. Med. Assoc.*, **206**: 1267–1271.
- Freedman, A. (1975), Opiate Dependence in Freedman and Kaplan's Comprehensive Textbook of Psychiatry 2, Vol. II, 2nd Edition, Williams & Wilkins Co., Baltimore, pg. 1300.
- Navaratnam, V. (1976), Epidemiology of Drug Abuse, *Bull. Pub. Hlth. Soc.*, **10**: 17–22.
- Tan, E. (1972), A Preliminary Survey of Drug Dependence in the State of Penang, West Malaysia. Proc. of Conference of the Indonesian Society for Neurology, Neuro-Surgery and Psychiatry, Jokjakarta, September, 19–22, 1972.
- United Kingdom (1968), The Rehabilitation of Drug Addicts – Report of the Advisory Committee on Drug Dependence, Ministry of Health, United Kingdom, H.M.S.O.
- Wagner, N. and Tan, E.S. (1971), Adolescent Problems and Treatment in Psychological Problems and Treatment in Malaysia, University of Malaya Press, Kuala Lumpur, pg. 73.

