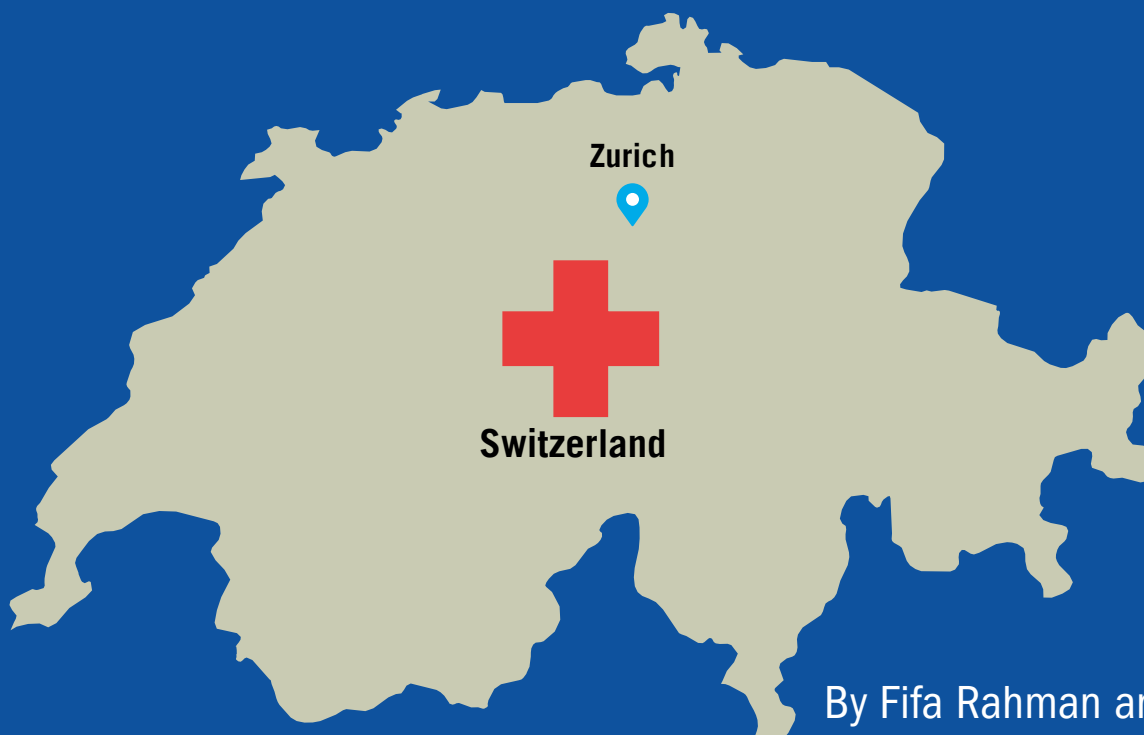


A Photo Report On Swiss Drug Policy

HEALTH, SAFETY, PUBLIC ORDER

KESIHATAN, KESELAMATAN, KETENTERAMAN AWAM

Laporan Foto Mengenai Dasar Dadah Swiss



By Fifa Rahman and Sarah Iqbal

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GLOSSARY

Anti-Retroviral Medication (ARV)	Medication used to suppress the HIV virus. Because no individual medication provides long-lasting effects, these medications are often provided in combinations. HIV treatment with ARVs has proven so successful that in many countries with accessible and affordable ARV provision, AIDS has become increasingly rare. If an individual has achieved reached an undetectable viral load, the risk of that person to infect another is reduced by more than 96%.
Buprenorphine	A semi-synthetic medication to treat opiate dependence. Also known as subutex. Buprenorphine provides less analgesic and euphoric effect compared to methadone, but still ameliorates withdrawal symptoms. ¹
Evidence-Based Policy	Policy that has been proven to work via quality scientific research and best practice.
Harm Reduction	An ideology that understands the biological, chemical and socioeconomical factors why it is difficult for someone to become abstinent from drug use, and acts to reduce drug harms from the health, familial relationships, propensity to commit crime, disease transmission aspects, and other psychosocial aspects. ² Harm reduction programs in Malaysia include needle-and-syringe exchange programs and MMT.
Low Threshold	(see Low Threshold Treatment)
Low Threshold Treatment	Treatment that has few barriers to admission and retention ³ , for example when a patient gets access to treatment and other services on the same day as registration as the drug treatment centre. It also means that there are no or less preconditions to enrolment in the treatment. Preconditions currently practised in Malaysia include exclusions based on psychiatric comorbidity, tuberculosis, Hepatitis C, and other preconditions. Low threshold treatment has been proven to be more effective compared to treatment that has many preconditions.
MMT	Methadone maintenance therapy, which is currently provided free of charge from Malaysian government clinics and voluntary clinics run by the National Anti-Drugs Agency. Methadone is a synthetic opioid which is used to treat opiate dependence (eg. Heroin). It has been very widely and heavily researched, and to date is the most effective drug to treat heroin dependence. Like medications for other chronic illnesses, it is most effective when used for a longer period of time.
Outreach Services	An activity that is usually carried out by social workers or peer educators that involve walking in public places and engaging members of the public and marginalised communities, in terms of referral to health and welfare services, dispensing health information, protecting public order and/or providing HIV prevention tools (like sterile needles-and-syringes).

¹ Paul J Whelan and Kimberly Remski, 'Buprenorphine vs methadone treatment: A review of evidence in both developed and developing worlds' (2012) 3(1) J Neurosci Rural Pract. 45-50. doi: 10.4103/0976-3147.91934

² Fifi Rahman and Nick Crofts, Drug Law Reform in East and Southeast Asia (2013) Lexington Books: Maryland

³ Carol Strike, Margaret Millson, Shaun Hopkins, and Christopher Smith, 'What is low threshold methadone maintenance treatment?' (2013) 24(6) International Journal of Drug Policy e51-e56

GLOSARI

ARV	(lihat Ubat Anti-Retroviral)
Ambang Rendah	(lihat Rawatan Ambang Rendah)
Buprenorphine	Ubatan semi-sintetik untuk rawatan pergantungan dadah. Juga dikenali sebagai subutex. Buprenorphine memberi kesan analgesia ataupun pengurangan kesakitan dan euforia yang kurang berbanding methadone, tetapi masih mengubati & menghilangkan kesan withdrawal atau gian. ⁴
HAART	(lihat Ubat Anti-Retroviral)
MMT	Methadone Maintenance Therapy atau terapi gantian methadone. Methadone ialah opioid sintetik yang digunakan untuk merawat pergantungan kepada dadah jenis opiate seperti heroin. Ia merupakan ubatan yang paling banyak dikaji dan adalah yang paling efektif untuk rawatan pergantungan kepada heroin. Seperti ubatan untuk penyakit kronik yang lain, penggunaannya paling efektif apabila diambil untuk jangka masa panjang.
Pengurangan kemudaran	Ideologi yang memahami faktor biologi, kimia dan sosioekonomi mengapa sukar untuk seseorang menjadi abstinan daripada dadah, dan bertindak untuk mengurangkan kemudaran dari segi kesihatan, hubungan kekeluargaan, kecenderungan melakukan jenayah, risiko jangkitan penyakit, dan faktor psikososial yang lain. ⁵ Modaliti pengurangan kemudaran di Malaysia termasuk program pertukaran jarum dan alat suntikan dan MMT.
Rawatan Ambang Rendah	Rawatan yang mudah diakses, sebagai contoh apabila pesakit dapat mengakses rawatan tersebut sesudah didaftarkan, pada hari yang sama. Ia juga bermaksud bahawa tiada ataupun kurang prasyarat untuk pendaftaran. Prasyarat yang kini dipraktikkan di Malaysia termasuk pengecualian berdasarkan status HIV, status komorbiditi sakit mental, Hepatitis C, dan lain-lain prasyarat. Rawatan ambang rendah telah dibuktikan lebih efektif berbanding rawatan ambang tinggi.
SIP (Security, Intervention, Prevention)	Pasukan khas pekerja sosial yang bertugas setiap hari di Bandar Zürich untuk mencegah isu kententeraman awam (termasuk penggunaan dadah & alcohol di tempat awam), dan melakukan rujukan kepada perkhidmatan kesihatan & psikososial.
Temuseru	Aktiviti yang biasanya dilakukan oleh pekerja sosial atau pembimbing rakan sebaya yang melibatkan berjalan disekitar kawasan-kawasan awam, sambil menjalankan tugas membuat rujukan kepada perkhidmatan kesihatan dan kebajikan, memberi maklumat kesihatan, memelihara ketenteraman awam dan/atau memberi alat-alat (seperti jarum dan alat suntikan) untuk pencegahan penyakit.
Ubat Anti-Retroviral	Juga dikenali sebagai HAART, ia adalah ubat yang membendung replikasi virus HIV. Oleh kerana kegunaan sejenis ubat ARV sahaja boleh mendatangkan rintangan atau kelalian dengan cepat, ubatan ARV biasanya diberi dalam kombinasi. Rawatan HIV dengan ARV telah dibuktikan sangat efektif, sehingga di semua Negara dengan ARV yang berharga berpatutan dan mudah diakses, AIDS telah menjadi semakin jarang berlaku. Jika seseorang telah mencapai tahap beban virus (viral load) yang tidak dapat dikesan di dalam badan, risiko orang itu untuk menyebarkan HIV dibuktikan turun lebih daripada 96%.

⁴ Paul J Whelan and Kimberly Remski, 'Buprenorphine vs methadone treatment: A review of evidence in both developed and developing worlds' (2012) 3(1) J Neurosci Rural Pract. 45-50. doi: 10.4103/0976-3147.91934

⁵ Fifi Rahman and Nick Crofts, Drug Law Reform in East and Southeast Asia (2013) Lexington Books: Maryland



FOREWORD

For over 62 years, the global 'War on Drugs', centred around a punitive approach based on criminalisation and incarceration of people who use drugs (PWUD), has had very limited success if at all in controlling the demand, trafficking and use of illicit drugs. As a result, PWUD face a myriad of public health threats and socio-legal disparities – from significant elevated risks of blood-borne and other infectious diseases (e.g. HIV, HCV and TB) to the 'vicious cycle' of arrest, prison, release and re-arrest.

As the Malaysian civil society continue their advocacy efforts to address structural and legal barriers to an all-encompassing evidence-informed public health approach to treatment of drug dependence, the Malaysian AIDS Council turned to Switzerland, a country with one of the world's most advanced drug policies.

Needless to say, the results were impressive. Switzerland's comprehensive approach to drug issues addresses all contributing factors, including socioeconomic deficit which many drug policies in other countries fail to recognise. The Swiss Outreach SIP (Security, Intervention, Prevention), comprising social work teams who are tasked to eliminate public nuisances and divert PWUD on the street to health services, is an excellent concept that must be considered for adoption to our local setting. I could not emphasise enough the importance of provision of antiretroviral medicines for PWUD living with HIV in police custody to prevent HIV treatment resistance and support adherence to drug treatment. I also share the view of the delegates of this study trip that a drug policy that incorporates all these elements and moves away from ineffective jail, corporal punishment and arbitrary arrests is imperative for Malaysia to effectively address its drug epidemic.

I hope this report will leave its readers inspired to use it as an advocacy tool when engaging their relevant local stakeholders to push for a rights-based approach to drug treatment and decriminalisation of PWUD.

PRAKATA

Setelah lebih 62 tahun, kempen 'Perangi Dadah' global yang menggunakan pendekatan punitif yang memenjarakan dan menghukum orang yang menggunakan dadah, tidak berjaya sama sekali mengawal permintaan, penyeludupan dan penggunaan dadah berbahaya. Akibatnya, orang yang menggunakan dadah kini berhadapan dengan pelbagai ancaman kesihatan awam dan ketaksamaan sosio-kesihatan, seperti risiko yang berlipat ganda tingginya terhadap penyakit berjangkit (cth. HIV, HCV dan TB) dan 'kitaran kejam' penahanan, penjara, pembebasan dan penahanan semula.

Dalam pada masyarakat sivil di Malaysia meneruskan usaha advokasi untuk menangani halangan kepada pendekatan kesihatan awam menyeluruh yang berasaskan bukti untuk rawatan dadah, Majlis AIDS Malaysia merujuk kepakaran Switzerland, negara yang dasar dadahnya antara yang termaju di dunia.

Seperti yang dijangkakan, hasilnya amat mengagumkan. Pendekatan Switzerland terhadap isu-isu dadah yang menyeluruh menangani semua faktor yang terbabit, termasuklah defisit sosio-ekonomi, antara perkara yang gagal ditangani oleh kebanyakan dasar dadah di negara-negara lain. Konsep Temuseru SIP (Keselamatan, Intervensi, Pencegahan) yang terdiri daripada kumpulan pekerja sosial yang ditugaskan untuk meleraikan gangguan awam dan memberikan khidmat rujukan kesihatan kepada orang yang menggunakan dadah di jalanan harus diberikan pertimbangan untuk diaplikasikan dan disesuaikan dengan situasi di Malaysia. Saya juga ingin menegaskan peri pentingnya ubat-ubatan antiretroviral disediakan untuk orang yang menggunakan dadah yang juga hidup dengan HIV yang berada dalam tahanan polis supaya kepatuhan rawatan dapat diteruskan. Saya juga berkongsi pandangan

dengan delegasi lawatan sambil belajar ini bahawa Malaysia memerlukan dasar dadah yang merangkumi perkara-perkara tersebut dan tidak bergantung kepada pemenjaraan, hukuman dera dan penahanan arbitrari yang tidak berkesan dalam membendung epidemik dadah negara ini.

Saya berharap para pembaca laporan ini dapat memanfaatkannya dalam usaha advokasi dengan pihak berkuasa tempatan yang berkaitan untuk mewujudkan pendekatan kepada rawatan dadah berasaskan hak-hak asasi dan tidak menghukum orang yang menggunakan dadah.

Datuk Dr. Raj Karim
Presiden
Majlis AIDS Malaysia

EXECUTIVE SUMMARY

- Switzerland's 4 pillars drug strategy (treatment, harm reduction, prevention and law enforcement) has reduced drug-related crime, increased stability, eliminated open drug scenes, resulted in less young initiations into heroin use, improved quality of life and general health of drug users.
- A special governmental body called the SIP 'Security, Intervention, Prevention', composed of 70 social workers, ethnographers, and psychologists walk around Zurich every day to solve or mediate public order issues by approaching individuals respectfully and without stigma, with the intention to deescalate situations and provide help before the police intervene.
- Arud, an institution which provides holistic drug treatment including methadone, heroin assisted treatment, buprenorphone (subutex), internal medicine physicians (HIV, Hepatitis, et al.), psychiatric and psychological help, social services and assistance with employment.
- The Zürich remand centre (equivalent to police lockup in Malaysia) has doctors, psychiatrists and general health workers that practice screening of prisoners, and enable detainees to access HIV medication, methadone, and other medications.

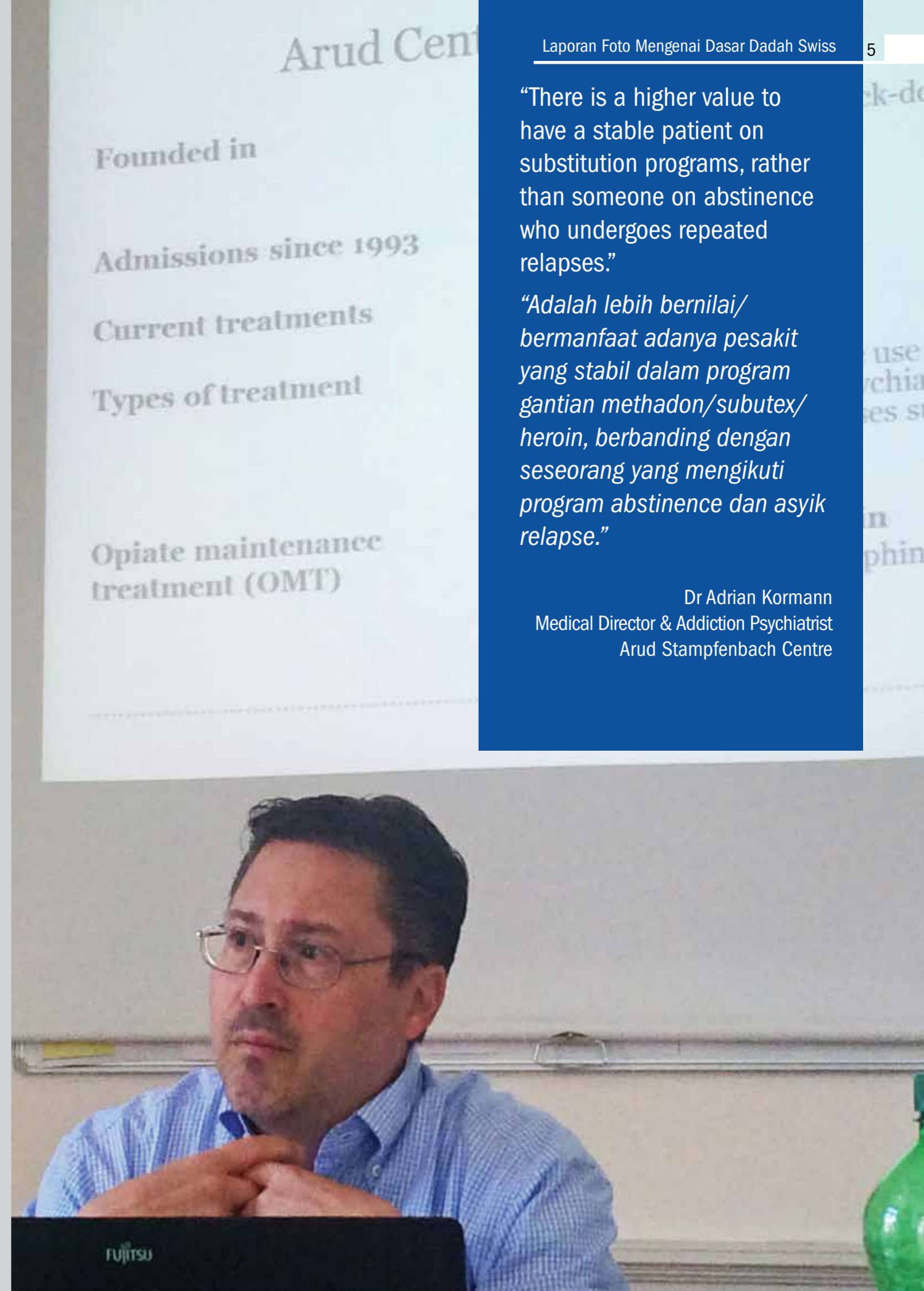
RINGKASAN EKSEKUTIF

- Strategi dadah Swiss iaitu strategi 'four pillars' (rawatan, pengurangan kemudaratan, pencegahan dan penguatkuasaan undang-undang) telah mengurangkan jenayah berkaitan dadah, meningkatkan kestabilan, menghapuskan port-port pengambilan dadah secara terbuka, mengurangkan pemulaan penggunaan heroin diantara remaja dan pemuda, meningkatkan kualiti hidup dan kesihatan am pengguna dadah.
- Badan kerajaan khas iaitu SIP 'Security, Intervention, Prevention' terdiri daripada 70 pekerja sosial, etnografi, dan psikologi akan berjalan di sekitar bandar Zurich untuk menyelesaikan isu ketenteraman awam dengan cara lemah lembut, tanpa stigma, dan sedia memberi pertolongan sebelum pihak polis bertindak.
- Arud, iaitu institusi rawatan dadah yang holistik, merangkumi rawatan methadon, heroin assisted treatment, gantian buprenorphine (subutex), doktor internal medicine (HIV, Hepatitis, dll), bantuan psikologi dan psikiatri, dan bantuan kebajikan dan bantuan pekerjaan.
- Pusat tahanan reman Zurich (bersamaan dengan lokap polis di Malaysia) mempunyai doktor, pakar psikiatri dan pekerja kesihatan am yang mengamalkan screening tahanan, membenarkan ubatan HIV, methadon, dan ubatan yang lain.

"There is a higher value to have a stable patient on substitution programs, rather than someone on abstinence who undergoes repeated relapses."

"Adalah lebih bernilai/bermanfaat adanya pesakit yang stabil dalam program gantian methadon/subutex/heroin, berbanding dengan seseorang yang mengikuti program abstinence dan asyik relapse."

Dr Adrian Kormann
Medical Director & Addiction Psychiatrist
Arud Stampfenbach Centre





“One of the main goals of our treatment is psychosocial and financial rehabilitation.”

“Salah satu objektif utama rawatan kami adalah rehabilitasi psikososial dan kewangan.”

Dr Roberto Pirrotta
Senior Psychiatrist
Arud Aussersihl



INTRODUCTION MUKADIMAH



Estimated 172,000 injecting drug users – per capita GDP \$10,432.06 – death penalty for drugs – HIV epidemic in mid-2000s – voluntary methadone clinics -- Cure & Care outcome study

GDP: 303.5 billion USD
GDP per capita: 10,432.06 USD
Population: 29.24 million

Malaysia is classified as an upper-middle income country. Latest statistics indicate rural household income as RM3,080.00 (USD\$ 951.06) per month. Malaysia does not have a written drug policy that consolidates health, social services, and law enforcement. Rather, it operates via several separate Acts of Parliament, including the Dangerous Drugs Act (hereinafter DDA) enacted in 1952. The DDA contains provisions that imprison and cane people who use drugs, and sentence people who carry or traffic drugs to death. Persons carrying 200 grams of cannabis or 15 grams of heroin and above, for example, are assumed to be traffickers and sentenced to the mandatory death penalty. In 2003-2004, it became clear to experts in HIV and communicable disease that Malaysia was undergoing a full-blown HIV epidemic among people who use drugs. Malaysia first introduced needle-and-syringe exchange programs in 2006 as a response to high infection rates among intravenous drug users. In 2011, the National Anti-Drugs Agency (known by its Malay acronym AADK) introduced voluntary Cure & Care service centres, which continue to this day and serve as outpatient clinics. While the quality of services varies from centre to centre, the very best ones are low threshold centres that provide counselling, food, employment assistance, and referrals to infectious diseases and other physicians on top of methadone maintenance. Most recently, an outcome study conducted on 313 patients from Cure & Care clinics found increased stability of patients including ability to maintain employment, and prevention of rearrest for any crime.

Malaysia dikelaskan sebagai negara berpendapatan pertengahan atas. Statistik terkini menyatakan bahawa pendapatan isi rumah luar bandar adalah RM3,080.00 (USD\$951.06) sebulan. Malaysia tidak mempunyai dasar dadah bertulis yang menggabungkan kesihatan, perkhidmatan sosial, dan penguatkuasaan undang-undang. Sebaliknya, dasar dadah beroperasi melalui beberapa Akta Parlimen yang asing, termasuk Akta Dadah Berbahaya (DDA) yang digubal pada tahun 1952. DDA ini mengandungi seksyen yang memenjarakan dan merotan pengguna dadah, dan juga menghukum orang yang membawa dadah atau mengedar dadah dengan hukuman mati. Pada tahun 2003-2004, pakar-pakar HIV dan penyakit berjangkit mulai sedar bahawa Malaysia sedang mengalami epidemik HIV di kalangan pengguna dadah suntikan. Pada tahun 2006, Malaysia telah memperkenalkan program pertukaran jarum dan alat suntikan sebagai tindakbalas kepada kadar jangkitan HIV yang tinggi di antara pengguna dadah suntikan. Pada tahun 2011, Agensi Anti-Dadah Kebangsaan (AADK) memperkenalkan klinik sukarela Cure & Care yang beroperasi sehingga kini dan memberi perkhidmatan kaunseling, makanan, bantuan pekerjaan dan rujukan kepada doktor pakar penyakit berjangkit dan doktor lain sebagai tambahan kepada rawatan gantikan methadone. Baru-baru ini, keputusan kajian yang dilakukan keatas 313 pesakit daripada klinik Cure & Care menunjukkan peningkatan dalam penstabilan perumahan & pekerjaan pesakit, dan pencegahan jenayah.

⁶ Department of Statistics, Malaysia, 'Findings of the Household Income Survey (HIS) 2012' <http://www.statistics.gov.my/portal/images/stories/files/LatestReleases/household/HIS_2012_Eng.pdf> Accessed 22 September 2014
⁷ Adeeba Kamarulzaman, 'Burden of Disease Associated with Illicit Drug Use & Dependence in Malaysia: Why the need for a Drug Policy Reform' Presentation at the Drug Law Reform Parliamentary Roundtable, Malaysian Parliament, Kuala Lumpur (3 December 2013)



Platzspitz and public injecting - health insurance covers addiction – drug use is still illegal, but is a petty offence – police support – widespread accessible voluntary treatment and welfare services – public security and social worker team

GDP: 632.2 billion USD
GDP per capita: 78,927.60 USD
Population: 8 million

Switzerland is a high-income country. In the case of 7.7% of the population, the disposable household income in 2012 was below the absolute poverty line. The City of Zürich, located in the Canton of Zürich in Switzerland has in surveys done from 2006 to 2008 been named the wealthiest city in Europe and is among the world's leading financial centres. From 1986-1992, Zürich underwent a large open drug scene, with drug users injecting publicly in a park central to Zürich city centre, called the Platzspitz. The open drug scene in Zürich fast became a safety and security issue, with discarded needles everywhere, and rising drug-related crime. Citizens and politicians alike began to realize that there was a need to address drug use via a multifaceted approach, instead of solely via law enforcement modalities and long periods of inpatient care. Because of Switzerland's 'direct democracy' approach, in that citizens can challenge government policy if they gather enough signatures, government had to draft the new drug policy with great caution. Csete (2010) notes: 'Movement away from Switzerland's traditional policing-based drug policy proceeded, therefore, with caution and with great attention to public health evidence.' From this caution emerged what has been lauded as one of the most successful drug policies in the world, and one that should serve as a model to countries facing similar problems. The four-pillar model is illustrated in the following diagram:

⁸ Federal Statistical Office FSO, 'Poverty in Switzerland: Results from 2007 to 2012' (July 2014) <<http://www.bfs.admin.ch/bfs/portal/en/index/themen/20/03.html>> Accessed 22 September 2014
⁹ Roger Cohen, 'Amid Growing Crime, Zurich Closes A Park It Reserved for Drug Addicts' (11 February 1992) New York Times <<http://www.nytimes.com/1992/02/11/world/amid-growing-crime-zurich-closes-a-park-it-reserved-for-drug-addicts.html>> Accessed 22 September 2014
¹⁰ Joanne Csete, 'From the Mountaintops: What the World Can Learn from Drug Policy Change in Switzerland' (2010) Open Society Foundations: New York <http://www.opensocietyfoundations.org/sites/default/files/from-the-mountaintops-english-20110524_0.pdf> Accessed 22 September 2014
¹¹ Stephanie Nebehay, 'Swiss Drug Policy should serve as Model' (25 October 2010) Reuters <<http://www.reuters.com/article/2010/10/25/us-swiss-drugs-idUSTRE6903VI20101025>> Accessed 22 September 2014

Switzerland ialah Negara berpendapatan tinggi. Bagi 7.7% penduduk Switzerland, pendapatan siap dibelanjakan pada tahun 2012 adalah dibawah garis kemiskinan mutlak. Dalam banci ataupun tinjauan yang dilakukan pada tahun 2006 ke 2008, bandar Zürich yang terletak di Kanton (seperti Daerah) Zürich, telah dinamakan bandar yang terkaya di Eropah dan pusat kewangan utama di dunia. Daripada 1986-1992, Zürich telah mengalami situasi penggunaan dadah yang terbuka, iaitu penyuntikan dadah awam di taman di pusat bandar Zürich, iaitu taman tasik Platzspitz. Situasi penggunaan dadah terbuka langsung menjadi isu keselamatan dan ketenteraman awam, dengan pembuangan jarum terguna dan peningkatan jenayah berkaitan dengan dadah seperti jenayah ragut dan seluk saku. Rakyat dan ahli politik kemudian telah mula sedar bahawa terdapat keperluan untuk mengendalikan isu dadah tersebut melalui pendekatan pelbagai, berbanding dengan pendekatan penguatkuasaan undang-undang dan kepolisan dan jangka panjang dalam rawatan pesakit dalam (inpatient). Oleh kerana sistem pentadbiran Swiss yang mengamalkan prinsip 'direct democracy' ataupun 'demokrasi secara langsung' dimana rakyat dapat mencabar dasar kerajaan sekiranya mengumpulkan tandatangan yang mencukupi, kerajaan Swiss telah merangka dasar dadah Swiss yang baru dengan berhati-hati. Joanne Csete (2010) berkata: 'Oleh itu, proses pembaharuan yang menjauhi pendekatan tradisional Swiss berdasarkan kepolisan ini terus berjalan atau dimajukan dengan berhati-hati, teliti dan dengan penuh perhatian kepada bukti kesihatan awam.' Daripada praktis berhati-hati dan teliti ini telah muncul dasar dadah yang telah dipuji sebagai salah satu dasar dadah yang paling berjaya ataupun efektif di seluruh dunia, dan patut dijadikan sebagai contoh kepada Negara lain yang mengalami masalah dadah yang seiras. Dasar dadah ini, iaitu dasar dasar 'four pillars' atau '4 tiang/prinsip', digambarkan dalam rajah berikut.

PREVENTION	TREATMENT	HARM REDUCTION	LAW ENFORCEMENT
Strategy includes to make prevention part of everyday life, tap into scientific research & enhance early intervention via education.	Principles of treatment focused on guaranteed survival, harm reduction, improved quality of life, with abstinence as an option.	Needles-and-syringe exchange programs, methadone, heroin assisted treatment.	Consumption as petty offence/ misdemeanour with average fines of about Swiss Francs CHF200-300 (USD\$213-320), focus on large scale trafficking.

Figure 1: Four Pillars of Swiss Drug Policy

RECENT MALAYSIAN RESEARCH

KAJIAN TERKINI DI MALAYSIA



World Bank Cost-Effectiveness of Harm Reduction Study 2014

Kajian Kos Efektif Program Pengurangan Kemudatan World Bank 2014

According to a study funded by the World Bank by Naning et al. (2014), the harm reduction program from 2006-2013 in Malaysia has averted 12653 new HIV infections¹². The study also looked at quality of life indicators using the Quality Adjusted Life Years (QALYs) approach, a QALY being a year lived in perfect health. The authors note that patients/clients undergoing methadone maintenance therapy (hereinafter MMT) 'enjoy greater social integration since they suffer less from side effects of drug addiction'¹³, among others. From the years that harm reduction has been practised in Malaysia, it is estimated that 51565 QALYs have been gained¹⁴. In addition, the report found that as a result of MMT and needle-and-syringe programs (hereinafter NSEP) from 2006-2013, healthcare cost savings came up to RM 47.1 million (USD\$ 14.54 million)¹⁵. The study concluded that there were overall cost savings to the Malaysian government¹⁶.



Menurut kajian yang dibiayai oleh Bank Dunia oleh Naning dan rakan-rakan (2014)¹⁷, program pengurangan kemudatan dari tahun 2006-2013 di Malaysia telah mencegah 12653 jangkitan HIV baru. Kajian ini juga menilai kualiti hidup pesakit/klien menggunakan indikator Quality Adjusted Life Years (QALYs), dimana QALY bermaksud bilangan tahun yang dihidupi dalam kesihatan yang sempurna. Kajian juga menunjukkan bahawa pesakit atau klien yang menjalani terapi gantian metadon (selepas ini MMT) menikmati integrasi sosial yang lebih tinggi kerana mereka kurang mengalami kesan sampingan ketagihan dadah, antara yang lain. Dalam masa lapan tahun yang program pengurangan kemudatan telah diamalkan di Malaysia (2006-2013), adalah dianggarkan bahawa 51565 QALYs telah diperoleh. Di samping itu, laporan itu mendapati bahawa kesan MMT dan program pertukaran jarum dan picagari (selepas ini NSEP) 2006-2013, penjimatan kos penjagaan kesihatan adalah sebanyak RM 47.1 juta (USD \$ 14.54 juta). Kajian ini menyimpulkan bahawa secara keseluruhan, terdapat penjimatan kos kepada kerajaan Malaysia.

¹² Naning, Herlianna; Kerr, Cliff; Kamarulzaman, Adeeba; Osornprasop, Sutayut; Dahlui, Maznah; Ng, Chiu-Wan; Wilson, David P. 2014. Return on investment and cost-effectiveness of harm reduction program in Malaysia. Directions in development ; human development. Washington, DC: World Bank Group. <<http://documents.worldbank.org/curated/en/2014/07/19764976/return-investment-cost-effectiveness-harm-reduction-program-malaysia>> Accessed 22 September 2014 at 25

¹³ Id at 29

¹⁴ Ibid.

¹⁵ Id page 32

¹⁶ Id page 35

¹⁷ Naning, Herlianna; Kerr, Cliff; Kamarulzaman, Adeeba; Osornprasop, Sutayut; Dahlui, Maznah; Ng, Chiu-Wan; Wilson, David P. 2014. Return on investment and cost-effectiveness of harm reduction program in Malaysia. Directions in development ; human development. Washington, DC: World Bank Group. <<http://documents.worldbank.org/curated/en/2014/07/19764976/return-investment-cost-effectiveness-harm-reduction-program-malaysia>> Accessed 22 September 2014 at 25

Latent TB Infection at the Kajang Prison 2014

Kajian Jangkitan TB di Penjara Kajang 2014

Al-Darraji et al. (2014) conducted a study involving 286 prisoners in Kajang prison located in the state of Selangor. Participants were required to undergo a tuberculin skin test. 88.8% participants were found to have latent tuberculosis, the highest prevalence in similar settings to date¹⁸. The authors found that despite the participants being a high risk group, 92% had never been tested for tuberculosis¹⁹. The authors suggest improvement to prevention and treatment services within custodial settings: 'the detrimental convergence of TB, HIV and substance abuse epidemics, particularly in correctional facilities, necessitates the establishment of an integrated control program targeting these co-morbidities.'²⁰ In an upcoming publication, the authors also found that prison staff also exhibited high levels of latent TB, creating a public health risk for transmission to non-prison populations.



Al-Darraji dan rakan-rakan (2014) telah menjalankan kajian yang melibatkan 286 banduan di penjara Kajang, negeri Selangor. Dalam kajian ini, para peserta telah menjalani ujian kulit tuberculin. 88.8% peserta didapati mempunyai batuk kering (TB) terpendam, dan ini adalah kelaziman (prevalence) tertinggi yang telah direkodkan seluruh dunia dalam penjara ataupun fasiliti tahanan sepertinya. Pengkaji tersebut juga mendapati bahawa walaupun para peserta adalah kumpulan yang berisiko tinggi, 92% tidak pernah diuji untuk TB. Penyelidik mencadangkan penambahbaikan kepada perkhidmatan pencegahan dan rawatan dalam tahanan: 'Oleh kerana pertindihan atau penumpuan TB, HIV dan penggunaan atau pergantungan kepada dadah, terutamanya di pusat tahanan seperti penjara, penubuhan sebuah program kawalan bersepadu yang menasaskan komorbiditi-komorbiditi tersebut amat diperlukan.' Dalam penerbitan yang akan datang, penyelidik juga mendapati bahawa kakitangan penjara juga menunjukkan tahap TB terpendam yang tinggi, dan ini mewujudkan risiko kepada kesihatan awam iaitu dengan jangkitan kepada populasi awam di luar penjara.

Risk Environment for Fishermen who Inject Drugs in Malaysia 2013

Persekitaran berisiko Nelayan yang Menyuntik Dadah di Malaysia 2013

In 2010-2011, data was collected via 28 in-depth interviews and 398 surveys collected from fishermen in Kuantan. The study found that injecting drug use was common, occurred on boats, and that senior crew and captains were aware of injecting drug use²¹. The authors concluded that while fishing and fishing boats were a 'safe harbour for many PWID who would struggle to be employed elsewhere, it also placed many men at greater risk for HIV transmission by shaping social networks, increasing opportunities for unsafe injection and limiting opportunities for risk reduction.'²²



Pada tahun 2010-2011, data telah dikumpulkan melalui 28 temuduga dan 398 kajian dengan komuniti nelayan di Kuantan. Kajian mendapati bahawa penggunaan dadah suntikan adalah perkara biasa, berlaku di atas bot, dan anak-anak kapal kanan serta kapten kapal sedar akan penggunaan dadah suntikan ini. Penyelidik merumuskan bahawa ketika memancing/ menangkap ikan, kapal merupakan 'safe harbor' ataupun tempat selamat bagi banyak pengguna dadah suntikan (PWID) untuk mendapat pekerjaan, ia juga tempat dimana ramai lelaki mempunyai risiko yang lebih tinggi untuk dijangkiti HIV oleh kerana peluang pembentukan rangkaian sosial, meningkatkan peluang untuk suntikan tidak selamat dan mengehadkan peluang untuk pengurangan risiko.'

Cure & Care Outcome Study 2013

Keputusan Kajian Cure & Care 2013

Between 2010 and April 2013, 28663 individuals received services as the Cure & Care Rehabilitation Centres (compulsory 'rehabilitation') and Cure & Care Service Centres (voluntary outpatient centres). In a study involving 313 participants at these facilities, it was found that 75.9% of individuals had not been rearrested for any crime, 72.1% obtained permanent homes, and 77.6% improved family relations²³.

Antara tahun 2010 dan April 2013, 28663 individu telah menerima perkhidmatan di Pusat Rehabilitasi 'Cure & Care' ('pemulihan'/tahanan mandatori atau Pusat Serenti) dan Cure & Care Service Centre (CCSC) (pusat rawatan pesakit luar yang sukarela). Dalam satu kajian yang melibatkan 313 peserta di tempat-tempat tersebut, didapati bahawa 75.9% daripada individu tidak ditangkap semula bagi apa-apa jenayah, 72.1% memperolehi perumahan yang tetap, dan 77.6% menambah baik hubungan mereka dengan keluarga.

¹⁸ Haider Abdulrazzaq Abed Al-Darraji, Adeeba Kamarulzaman and Frederick L Altice, 'Latent tuberculosis infection in a Malaysian prison: implications for a comprehensive integrated control program in prisons' (2014) 14 BMC Public Health 22. doi:10.1186/1471-2458-14-22

¹⁹ Ibid.

²⁰ Ibid.

²¹ Brooke S West, Martin Choo, Nabila El-Bassel, Louisa Gilbert, Elwin Wu, & Adeeba Kamarulzaman, 'Safe havens and rough waters: Networks, place, and the navigation of risk among injection drug-using Malaysian fishermen' (2013) International Journal of Drug Policy <http://dx.doi.org/10.1016/j.drugpo.2013.11.007> Accessed 22 September 2014

²² Id page 15



SWISS DRUG POLICY

POLISI DADAH SWISS

Arud Drug Treatment Centre at Stampfenbach and Aussersihl

27 August 2014

Comprehensive interdisciplinary treatment

Staff therapy currently: 89 people

➤ Psychiatrist/Psychotherapist	13 physicians 8 psychologists
➤ Internal Medicine / Infectious Diseases	7 physicians
➤ social work	3 full time jobs
➤ Practice assistants	2 full time jobs
➤ counter staff	13 full time jobs 43 Employee (care professionals)

arud

Arud operates 4 comprehensive drug treatment centres in Zürich, in locations called Aussersihl, Stampfenbach, Hauptbahnhof and Horgen. Our delegation visited the Stampfenbach and Aussersihl drug treatment centres, both of which were outpatient facilities.

The Aussersihl centre, as can be seen in Figure 2, has multidisciplinary staff members that can deal with a wide range of issues that the patient may be undergoing, including drug dependence, infectious diseases, and welfare and employment issues. Patients may enrol at the centre for a wide range of addiction issues, including for tobacco, alcohol, party drugs, cocaine and opiates. For opiate dependency, patients

Figure 2: Staff at the Aussersihl Drug Treatment Centre

undergo Opioid Replacement Therapy, a treatment program where drug users with opiate dependency are prescribed substitution drugs such as Methadone, Buprenorphine, or Slow Release Morphine. Psychiatric and somatic treatments are given at the same place. The Aussersihl centre also provides psychosocial care and social services. Family members of patients may also access counselling services. According to Dr Roberto Pirrotta, Senior Psychiatrist at Arud Aussersihl, treatments are low-threshold, meaning that patients should be able to access services upon registration. Minimal barriers to accessing services at Aussersihl have been shown to increase treatment adherence and attendance at the Aussersihl centre, and has been recommended elsewhere in scientific research²⁴

²⁵. Dr Pirrotta and Dr Irene Caspar, the head physician at Aussersihl, maintain that the better support that the patients receive, the better the improvement of health. Dr Pirrotta explained how effective drug substitution works: the substitution substance must bind to opioid receptors, is longer acting than the illegal drug and must be less euphoric. Methadone, for example, does not give the patient a 'high', but instead cuts the craving for illegal substances. The 'high' or the feeling of euphoria from heroin use, contrary to popular opinion in Malaysia, is not provided for by methadone or buprenorphine. Figure 3 shows the purposes and effects of substitution treatment, including the reduction of crime and prostitution. Dr Pirrotta explained

that the start of the therapy should be fast and simplified, meaning that there are no preconditions. They begin with an electrocardiogram. Psychiatric comorbidity or HIV infection does not preclude them from beginning treatment.

Holistic services, i.e. the provision of internal medicine, welfare, counselling and other services under one roof has been proven to be widely successful and is recommended for a successful opiate substitution therapy program.²⁶

The Stampfenbach centre provides Heroin Assisted Treatment (HAT) in addition to other support services. At time of writing, there were 220 patients enrolled and actively undergoing treatment, and this was out of 800 admissions since 1993. HAT is not the main treatment for opiate dependence. At time of writing, only 8% of all patients

attending drug treatment services attend HAT. At its inception, patients enrolling into HAT must have been dependent on opiates for at least 2 years, had at least two other failed treatment attempts and had medical or psychosocial deficits. Patients are given pharmaceutical heroin as opposed to street heroin that contains impurities and dangerous substances, and receive psychosocial assistance, social services, and access to internal medicine practitioners.

Dr Adrian Kormann, Medical Director of Arud Centre Stampfenbach explained that the medicalization of drug use in Switzerland has led to a decrease in heroin initiation because heroin is no longer perceived as cool. At time of writing, the average age of patients was 44 years old. This and supplementary data has shown that the increasing age of patients formerly addicted to heroin also indicates the reduction in popularity of heroin.

Objectives of drug substitution

- Reducing the use of illegal drugs (↘craving)
- Prevention of diseases associated as HIV or hepatitis C
- Prevention of the use of common injection needles
- Reducing crime and prostitution
- Facilitate a resumption of stability in the user's life:
 - Psychosocial and financial rehabilitation
 - Possibility of integration into the world of work

NIDA International Program, 2007. Methadone Research Web Guide (online), National Institute on Drug Abuse.
Société Suisse de Médecine de l'Addiction (SSAM), Recommandations médicales pour les traitements basés sur la substitution des patients dépendants aux opioïdes (TBS), <http://www.ssam.ch/SSAM/fr/recommandations>.
Office fédéral de la santé publique (OFSP), Recommandations pour le traitement basé sur la substitution, <http://www.bag.admin.ch/themen/drogen/00042/00629/00798/index.html?lang=fr>

arud

Figure 3: Objectives of Drug Substitution

²³ Adeeba Kamarulzaman, 'Burden of Disease Associated with Illicit Drug Use & Dependence in Malaysia: Why the need for a Drug Policy Reform' Presentation at the Drug Law Reform Parliamentary Roundtable, Malaysian Houses of Parliament, Kuala Lumpur (3 December 2013)

²⁴ Marta Torrens, Claudio Castillo, and Víctor Pérez-Solá, Retention in a low-threshold methadone maintenance program (1996) 41(1) Drug and Alcohol Dependence 55-59
²⁵ Michel Perreault, Dominic Julien, Noe Djawn White, Daniel Rabouin, Pierre Lauzon, Diana Milton, 'Psychological Predictors of Retention in a Low-Threshold Methadone Maintenance Treatment for Opioid Addicts: A 1-Year Follow-Up Study' (2014) Substance Use and Misuse (doi:10.3109/10826084.2014.957769)

Substance Use & Misuse 0:0:0
Read More: <http://informahealthcare.com/action/showCitFormats?doi=10.3109%2F10826084.2014.957769>
²⁶ Millson P, Challacombe L., Villeneuve P.J., Strike C.J., Fischer B., Myers T., Shore R., and Hopkins S, Determinants of Health-Related Quality of Life of Opiate Users at Entry to Low-Threshold Methadone Programs (2006) 12 Eur Addict Res 74-82 (DOI:10.1159/000090426)

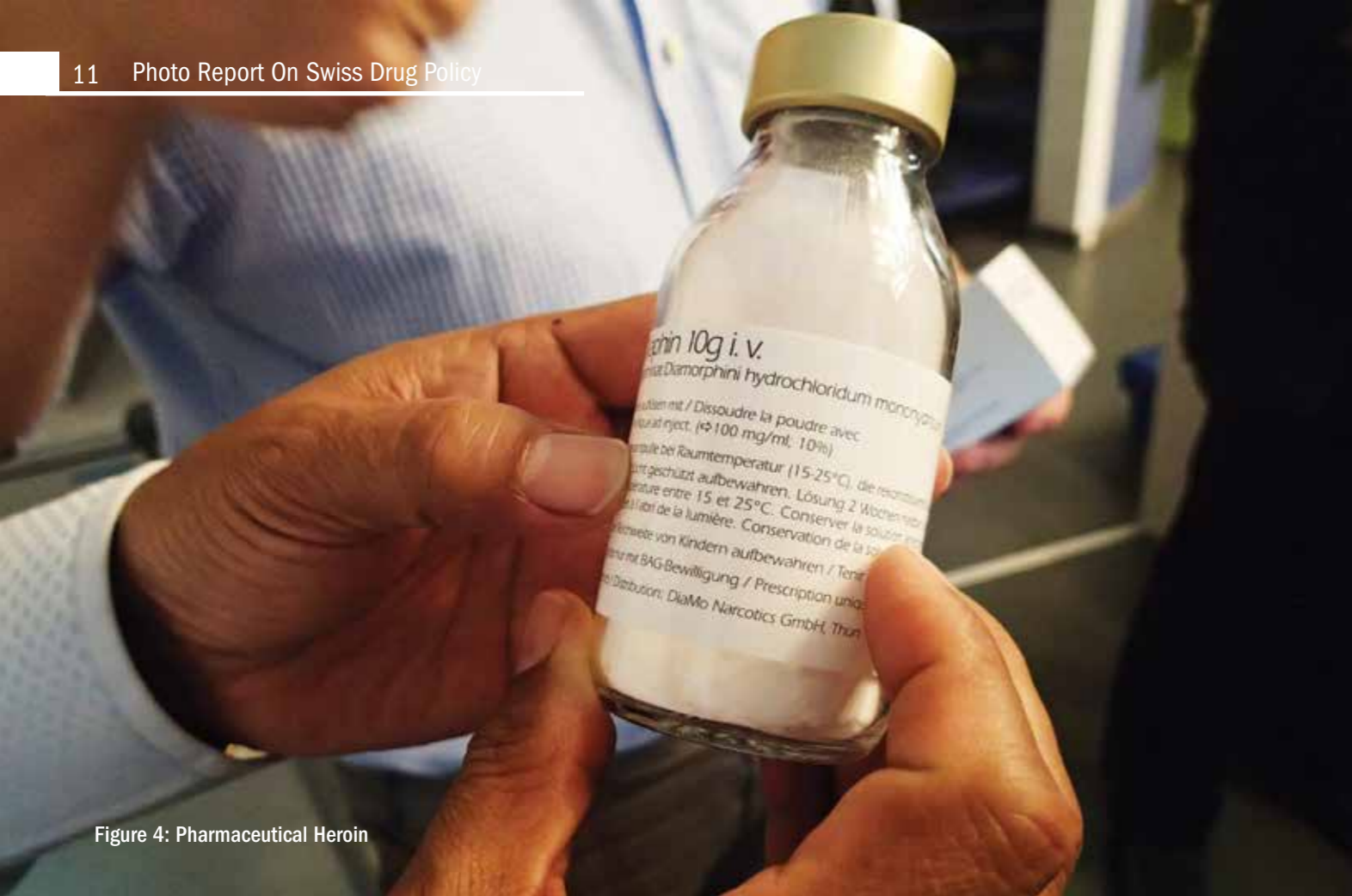


Figure 4: Pharmaceutical Heroin

Arud menjalankan operasi, iaitu memberi perkhidmatan rawatan dadah komprehensif dan perkhidmatan sosial, di 4 lokasi di Zürich iaitu di Aussersihl, Stampfenbach, Hauptbahnhof dan Horgen. Delegasi kami telah melawat pusat rawatan dadah Stampfenbach dan Aussersihl. Kedua-duanya adalah fasiliti pesakit luar atau outpatient.

Pusat Aussersihl, seperti boleh dirujuk pada rajah 2, mempunyai kakitangan daripada pelbagai latar belakang (dari segi pendidikan, kelayakan, dan juga etnik) supaya mereka boleh mengendalikan dan menyelesaikan pelbagai isu yang dihadapi oleh pesakit, termasuk pergantungan kepada dadah, penyakit berjangkit, dan perkara berkaitan kebajikan dan penempatan kerja. Pesakit boleh mendaftarkan diri di pusat rawatan tersebut untuk pelbagai pergantungan, termasuk pengantungan kepada tembakau, alkohol, dadah sintetik, kokain, dan opioid seperti heroin. Untuk pergantungan kepada bahan opioid, pesakit melalui terapi gantian opioid, iaitu program rawatan dimana pergantungan kepada dadah opiate seperti heroin diganti dengan ubat preskripsi seperti methadone, buprenorphine, atau morfin jenis perlepasan perlahan. Rawatan psikiatrik dan somatik diberi di tempat yang sama. Pusat Aussersihl juga memberi rawatan psikososial dan khidmat sosial. Menurut Dr Roberto

Pirrota, pakar psikiatri kanan di Arud Aussersihl, semua rawatan yang diberi adalah rawatan low-threshold atau berambang rendah, bermaksud pesakit boleh mengakses semua perkhidmatan pada hari yang sama setelah didaftarkan.

Halangan yang minima atau ambang yang rendah kepada pengaksesan perkhidmatan di Aussersihl telah meningkatkan pematuhan kepada rawatan dan kehadiran di pusat Aussersihl, dan telah disarankan dalam kajian saintifik yang lain. (Torrens dan rakan-rakan. 1996, Perreault dan rakan-rakan. 2014) Dr Pirrota dan Dr Irene Caspar, ketua doktor di Aussersihl, berkata bahawa lebih baik sokongan yang diberi kepada pesakit, lebih ketara peningkatan taraf kesihatan pesakit tersebut. Dr Pirrota menjelaskan bagaimana mekanisme terapi gantian dadah yang efektif: di mana ubat gantian harus bergabung dengan reseptor opioid, tahan lebih lama daripada dadah heroin, dan mesti mendatangkan kesan euforia yang kurang berbanding dengan dadah heroin. Methadone, sebagai contoh, tidak memberi pesakit suatu 'high' tetapi memotong keinginan, gian dan pergantungan kepada dadah heroin. Ramai di Malaysia menganggap bahawa methadone memberi 'high' atau khayal yang sama seperti heroin, tetapi perasaan khayal yang diberi oleh penggunaan heroin tidak diberi oleh methadone

ataupun buprenorphine. Rajah 3 menunjukkan slaid Dr Pirrota tentang objektif, penggunaan dan kesan terapi gantian, termasuk pengurangan jenayah dan kerja seks. Dr Pirrota menerangkan bahawa permulaan rawatan haruslah cepat dan mudah, iaitu tiada prasyarat. Mereka mulakan diagnosis dan rawatan dengan elektrokardiogram. Komorbiditi sakit mental atau jangkitan HIV tidak mengecualikan mereka daripada memulakan rawatan.

Perkhidmatan yang komprehensif, iaitu pemberian rawatan perubatan dalaman, kebajikan, kaunseling, dan perkhidmatan lain di bawah satu bumbung atau di fasiliti yang sama telah dibuktikan berjaya di merata dunia dan adalah disarankan untuk program gantian opiate yang efektif. Pusat rawatan Stampfenbach pula memberi rawatan bantuan heroin (HAT) dan perkhidmatan sokongan yang lain. Pada masa penulisan laporan ini, terdapat 220 pesakit yang didaftarkan di Stampfenbach yang menjalani rawatan secara aktif, daripada jumlah besar 800 pendaftaran sejak tahun 1993. HAT bukan rawatan utama untuk pergantungan kepada dadah opiate. Hanya 8% daripada semua pesakit di Switzerland menjalani rawatan HAT. Pada permulaan program HAT, garis panduan pendaftaran adalah bahawa pesakit

tersebut telah bergantung kepada dadah jenis opiate untuk sekurang-kurangnya dua tahun sebelum itu, telah gagal dalam dua rawatan dadah yang lain, dan mempunyai masalah perubatan atau psikososial yang lain. Pesakit diberi heroin farmaseutikal (rujuk Rajah 4) dan bukan heroin jalanan yang mengandungi bahan pencemar & bahan berbahaya, dan juga diberi bantuan psikososial, khidmat sosial, dan akses kepada doktor perubatan dalaman.

Dr Adrian Kormann, Pengarah Perubatan Pusat Arud Stampfenbach menerangkan bahawa medicalization atau pendekatan perubatan terhadap pergantungan dadah di Switzerland telah menghasilkan situasi dimana terdapat pengurangan permulaan menggunakan dadah heroin kerana heroin kini tidak dianggap sebagai dadah yang hebat atau yang patut dicuba. Pada masa penulisan laporan, umur purata pesakit adalah 44 tahun. Fakta ini dan data tambahan menunjukkan bahawa peningkatan umur pesakit yang dulunya bergantung kepada heroin berhubungkait dengan pengurangan populariti penggunaan heroin.

Figure 5: Methadone Counter at Arud Drug Treatment Centre at Aussersihl



"If you would meet these people (his patients) in the street, you would never know they are on substitution. They are married, with kids, working at the bank."

Dr Roberto Pirrota
Senior Psychiatrist

Figure 6: Doctor's Room at Arud Drug Treatment Centre at Aussersihl



Figure 7: Medicines Storage at Arud Drug Treatment Centre at Stampfenbach. Medicines stored here include anticonvulsants, antipsychotics, contraceptives, painkillers, and antiretroviral HIV medication.



Zürich City Police – Meeting with Captain Beat Rhyner 29 August 2014

Zurich City Police – Strategic objectives

- *Managing drug markets, not eliminating*
- *drug dealers not consumers as primary targets*
- *Focusing on High-level dealers & organized crime, not (dependent) low level dealers*
- *Reducing drug-related crimes (i.e. violent & property crimes) & reducing negative effects of drug dealing & use*
- *public safety & order, safe & clean neighbourhoods*
- *no public dealing & drug use, no open/visible drug scenes/markets*
- *Not jeopardizing the functioning of HR / health services*

Stadt Zürich
Stadtpolizei

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Figure 8: Strategic Objectives of Zürich City Police, Capt Beat Rhyner, Slide 30, 'Zürich Drug Strategy: Role of the Police' Study Trip, Malaysian Delegation (29 August 2014)

At the height of the open drug scene in Zürich, with high visibility of injecting drug use, public safety concerns and high overdose rates, there was a realization that police and judiciary action alone could not reduce the drug problem.

Today, more than two decades since the four pillars (prevention, treatment, harm reduction, law enforcement) policy started, police in Zürich continue to provide full support for it. According to Captain Beat Rhyner, Head Commissioner of Criminal Investigation

Division of Zürich City Police, while state and non-governmental actors in Swiss drug policy have different roles, all have the same strategic goal, i.e. the goal of reducing drug-related crime, health and social problems.

As per Figure 2 from Captain Rhyner's presentation, police focus mainly on high-level dealers and organized crime. Consumption of drugs is reduced to a misdemeanor offence attracting an average fine of CHF200-300 (USD\$211-317).

Polis Zurich – Objektif Strategik

- *Menguruskan pasaran dadah, bukan menghapuskannya.*
- *Pengedar dadah dan bukan pengguna dadah sebagai sasaran utama*
- *Memberi tumpuan kepada pengedar dadah tahap atasan (*kingpin*) dan jenayah terancang, dan bukan kepada pengedar tahap rendah, pengedar jalanan atau keldai dadah.*
- *Mengurangkan jenayah berkaitan dadah (seperti ragut, seluk saku dan mencuri) dan mengurangkan kesan negatif pengedaran dan penggunaan dadah.*
- *Menjaga keselamatan dan ketenteraman awam, kawasan kejiranan yang selamat dan bersih*
- *Pengedaran dan penjualan dadah di tempat awam dan penggunaan dadah tidak dibenarkan. Tidak membenarkan penggunaan dadah secara terbuka.*
- *Tidak menjejaskan fungsi dan operasi perkhidmatan pengurangan kemudaran/ kesihatan.*

Figure 9: Objektif Strategik Polis Zürich. Slaid 30, Lawatan Sambil Belajar Delegasi Malaysia ke Zürich. (29 Ogos 2014) Capt Rhyner berkata bahawa objektif pihak kesihatan dan pihak polis adalah sama.

Pada kemuncak penggunaan dadah secara terbuka di Zürich, iaitu dengan penggunaan dadah di tempat awam, penggunaan dadah suntikan, kebimbangan keselamatan awam dan kadar berlebihan dos yang tinggi, terdapat kesedaran bahawa tindakan pihak polis, mahkamah dan badan kehakiman semata-mata tidak dapat mengurangkan masalah dadah.

Hari ini, setelah lebih daripada dua dekad sejak dasar 'four pillars' (pencegahan, rawatan, pengurangan kemudaran, penguatkuasaan undang-undang) dimeterai dan pelaksanaan bermula, polis di Zürich sehingga kini memberi sokongan penuh. Menurut Kapten Beat Rhyner, Ketua Pesuruhjaya Bahagian Siasatan Jenayah

Polis Bandar Zürich, walaupun badan kerajaan dan badan bukan kerajaan mempunyai peranan yang berbeza dalam dasar dadah Switzerland, namun semua mempunyai matlamat strategik yang sama, iaitu matlamat mengurangkan dadah berkaitan jenayah, memperbaiki taraf kesihatan awam dan mengurangkan masalah sosial.

Mengikut Rajah 2 daripada pembentangan Kapten Rhyner, polis memberi tumpuan terutamanya kepada pengedar dadah peringkat tinggi dan jenayah terancang. Penggunaan dadah dikurangkan kepada kesalahan kecil atau misdemeanour dengan kadar denda purata CHF200-300. (USD\$211-317).



“We used to have a lot of crime because heroin users committed crime to finance their habit. We don’t have that any more.”

“Dulu terdapat (memang) banyak jenayah sebab pengguna heroin melakukan jenayah untuk membiayai tabiat mereka. Sekarang sudah tiada (jenayah berkaitan dadah spt pencurian oleh pengguna heroin).”

Captain Beat Rhyner
Head Commissioner of Criminal Investigation Division
Zurich City Police Department

“Our role is to create safe and healthy neighbourhoods, reduce drug-related crimes, and to maintain public safety & order.”

“Peranan kami adalah untuk memastikan kejiranan selamat dan sihat, mengurangkan jenayah berkaitan dadah, dan untuk memastikan keselamatan awam dan keamanan.”

Captain Beat Rhyner
Head Commissioner of Criminal
Investigation Division
Zurich City Police Department



“At the remand centre, we practise deescalation, that is, calming the prisoner down. We don’t want to create a hostile environment. Communication is very important between officers and inmates.”

“Di pusat tahanan reman (lokap) ini, kami mengamalkan de-escalation, iaitu, dengan menyenangkan tahanan yang anxious (rimas) atau agresif. Kita tidak mahu keadaan menjadi hostile. Komunikasi sangat penting diantara pegawai dan tahanan.”

Luke Hare, Team Leader
Zürich Remand Centre

Zürich Remand Centre

The Zürich remand prison centre, equivalent to police lockup or remand prison in Malaysia, holds detainees until time of trial. The building itself was constructed in 1916, but since then has been renovated and upgraded. It can hold up to 270 female and male detainees, and 52 prison staff is employed on a rotating basis. The average prison officer earns CHF6000.00 per month, and medical staff earn about CHF7000-12000 per month depending on qualifications and experience. Police vans transfer detainees into the vicinity of the prison, after which the detainee is brought inside, registered, and given a preliminary medical assessment. The centre has a psychiatric unit on the 4th floor. Luke Hare, a warden and Team Leader of the Zürich remand centre, stated that there were very low levels of violence in the centre. He explained: 'We treat people with respect, and they treat us very well too. It works very well.'

Muslim prayer facilities are available in the vicinity, and meals are prepared to specific dietary requirements of the detainees, for example, gluten-free, diabetic, halal meals etc. Cells are basic, but only contain a small television or radio, and detainees are allowed to access reading material from the centre's library. Persons who were receiving methadone treatment prior to their detention at the remand centre do get access to methadone once detained at Zürich remand centre. Similarly, they would get access to HIV medication. Policy regarding this is still unclear in Malaysian police lockup, and many detainees do not obtain medications including methadone and anti-retrovirals, meaning that they are forced to undergo painful withdrawal from methadone, and may become resistant to HIV medication. According to Mr Hare, local politicians are always interested to know what's happening with the Zürich remand prison, so they can find a solution to correct it.

Pusat tahanan reman Zürich, bersamaan dengan lokap polis atau penjara reman di Malaysia, menahan OKT (orang kena tahan) sehingga waktu perbicaraan di mahkamah. Bangunan pusat tahanan ini telah dibina pada tahun 1916, tapi sejak itu sudah diubahsuai dan dinaiktaraf. Kapasitinya adalah untuk menahan sehingga 270 OKT wanita dan lelaki, dan 52 kakitangan penjara bekerja mengikut syif. Pegawai penjara yang biasa mendapat gaji disekitar CHF6000.00 (RM20536.59) setiap bulan dan kakitangan kesihatan diberi gaji disekitar CHF7000-12000 (RM23959.35-41073.18) sebulan bergantung kepada kelayakan dan pengalaman. Kenderaan polis membawa tahanan ke dalam kawasan pusat tahanan reman. Selepas itu, OKT tersebut dibawa ke dalam bangunan, didaftarkan, dan diberi penilaian perubatan awal. Pusat tahanan Zürich mempunyai unit psikiatri di Tingkat 4 pusat tahanan reman tersebut. Luke Hare, warden dan Ketua Pasukan kakitangan di pusat tahanan reman Zürich, menjelaskan bahawa terdapat tahap keganasan yang amat rendah di pusat tersebut. Katanya: 'Kami melayan tahanan dengan hormat, dan mereka melayan kami dengan baik juga. Ia berfungsi dengan baik sekali.'

Bilik sembahyang khas untuk OKT Muslim disediakan di pusat tersebut, dan makanan disediakan mengikut keperluan pemakanan atau nutrisi setiap OKT seperti makanan bebas-gluten, diabetik, halal, dan lain-lain. Sel-sel penjara adalah basic, tetapi mengandungi televisyen atau radio yang kecil, dan OKT dapat mengakses bahan bacaan daripada perpustakaan pusat tahanan reman tersebut. OKT yang berada dalam program methadone sebelum ditahan di pusat ini dapat terus menerima methadone sewaktu ditahan. Pesakit HIV pula memang mendapat akses kepada ubatan HIVnya. Dasar ini memang masih tidak jelas di lokap polis di Malaysia, dan ramai OKT yang tidak mendapat ubatan methadone dan HIV. Oleh sebab itu, OKT terpaksa mengalami withdrawal ataupun kesakitan akibat gian, dan juga menjadi lali kepada ubatan HIV. Menurut Encik Hare, ahli politik setempat sentiasa mengambil sikap ingin tahu mengenai pusat tahanan reman Zürich, supaya jika ada sebarang isu, mereka boleh mencari jalan untuk memperbaikinya.



Figure 10: Dr Sylvie Schlagenhauf with vials of methadone to be given to detainees.

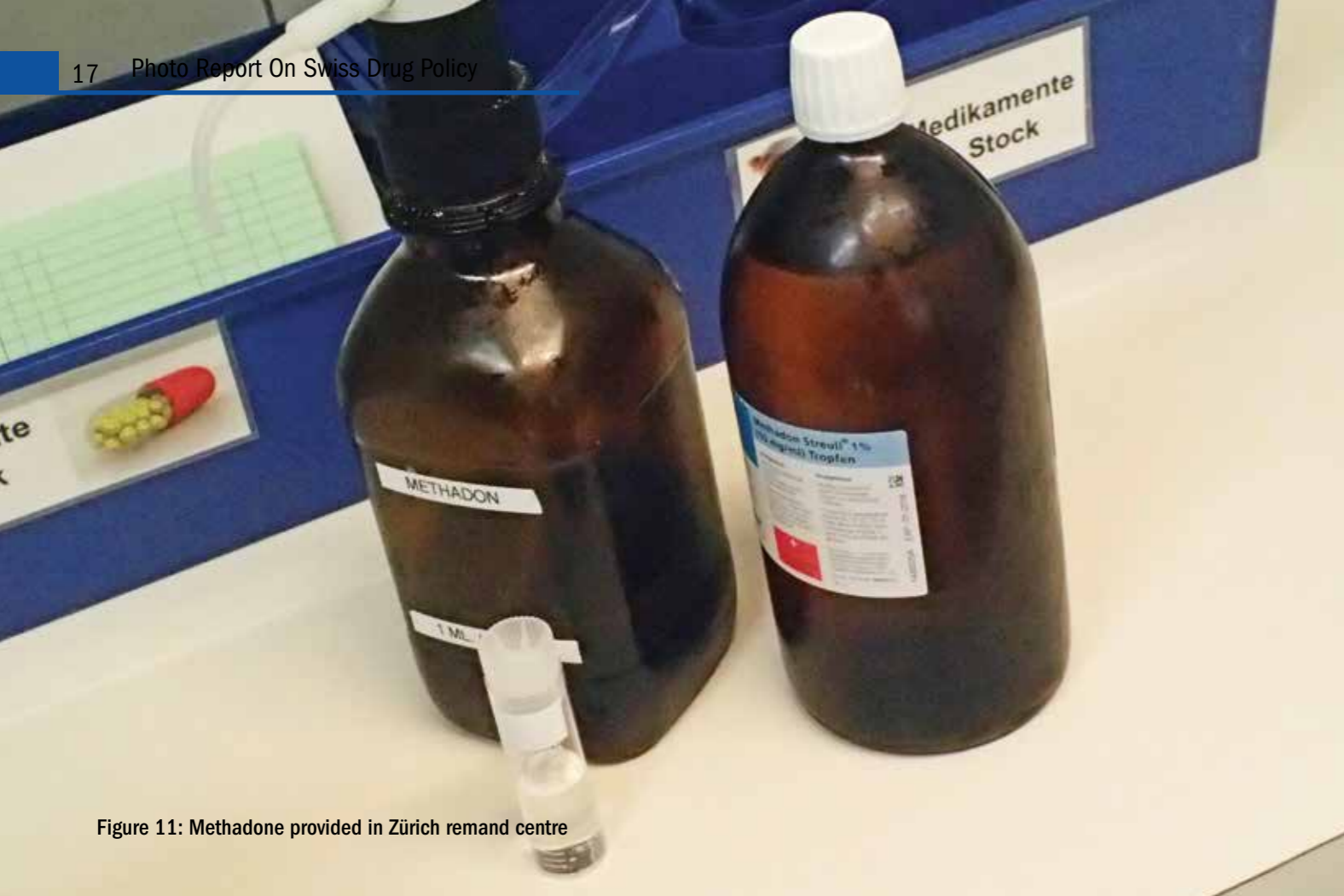


Figure 11: Methadone provided in Zürich remand centre



Figure 13: Zürich remand prison library. Warden Team Leader Luke Hare explains how detainees can borrow books.

Figure 12: Dr Sylvie Schlagenhauf, doctor on duty at the Zürich remand centre, showing the medication cabinet at the remand facilities.





Figure 14: The Malaysian Delegation with the Remand Prison Centre's Director Fritz Hösli in the prison library



Security, Intervention, Prevention (SIP) Outreach Teams

Meeting with Christian Fischer, Director of SIP, 29 August 2014-09-22

Gagasan Pekerja Sosial dan Keselamatan yang Menjaga Keamanan

Organisation
interdisciplinary and intercultural - sip züri

«For a successful intervention, more is needed than just good command of the German language»

Cultures and Codes
Switzerland
Germany
Italy
Eritrea
Egypt
Bosnia
Albania
Turkey
Columbia
India
... and more

Disciplines
Social Work
Psychology
Care
Sociology / Ethnology
Security Staff



Stadt Zürich, Soziale Einrichtungen und Betriebe
sip züri
sozial
10.09.2014
Folien Nr. 8

Figure 15: 'Security, Intervention, Prevention' team: Multicultural & Interdisciplinary

The SIP team is a team of 70 people that conduct outreach in pairs in the city of Zürich and surrounding areas. This means that teams of two people walk around the city prepared to deal with incidents that may negatively affect public order and public safety without or before police intervention. The SIP is a body under the Department of Social Services in Zürich.

As per Figure 5, the outreach staff members are multicultural, ensuring that they can communicate with persons of different ethnicities living, working and interacting on the street. They are also multidisciplinary, having expertise in social work, psychology, and sociology among others, enabling them to use different skills to approach and deescalate potential security issues.

When asked whether martial arts training or weapons were necessary, Mr Fischer said that staff members with martial arts training were usually the ones that got into altercations with members of the public that they approached, and that martial arts training was unnecessary, and weapons were not allowed. Rather, the SIP practices approaching persons with the intention to deescalate, with a friendly, non-judgmental and non-threatening approach. For example, where a person is becoming intoxicated in the street, he is approached gently and told that he is not allowed to get drunk in public, and that he must move away from that particular area or the SIP team would be forced to call the police. The key objective of SIP is to ensure peaceful coexistence between marginalised and poverty-stricken populations and the general public, and to help guide persons towards accessing health and welfare services.

Pasukan SIP adalah sebuah pasukan yang terdiri daripada 70 orang yang menjalankan temuseru secara berpasangan di bandar Zürich dan sekitarnya. Mereka adalah pasukan berdua yang berjalan di sekitar bandar yang bersedia untuk menangani insiden yang boleh memberi kesan negatif kepada ketenteraman awam dan keselamatan awam sebelum campur tangan polis. SIP adalah suatu pertubuhan di bawah Jabatan Perkhidmatan Sosial di Zürich.

Seperti Rajah 5, kakitangan SIP adalah daripada pelbagai budaya, dan ini memastikan bahawa mereka boleh berkomunikasi dengan orang dari pelbagai etnik yang bekerja dan berinteraksi dengan mereka di jalanan. Kakitangan SIP juga terdiri daripada pelbagai disiplin, iaitu mempunyai kepakaran dalam kerja sosial, psikologi, sosiologi dan lain-lain. Ini membolehkan mereka menggunakan kemahiran yang berbeza untuk mendekati dan menjalankan de-eskalasi sekiranya terdapat isu keselamatan atau ketenteraman awam.

Apabila ditanya sama ada senjata, ataupun latihan seni mempertahankan diri adalah perlu untuk setiap kakitangan SIP, Encik Fischer menyatakan bahawa kakitangan dengan latihan seni mempertahankan diri biasanya adalah yang terlibat dengan pergaduhan dengan orang ramai dan orang yang dihampiri. Oleh itu, kata Encik Fischer, seni mempertahankan diri adalah tidak perlu, dan senjata tidak dibenarkan. Sebaliknya, amalan SIP adalah menghampiri orang dengan niat untuk mententeramkan (deescalate) keadaan, dengan pendekatan yang mesra, dan tidak mengancam mereka. Sebagai contoh, jika seseorang semakin mabuk di jalan, dia akan dihampiri dengan perlahan-lahan dan diberitahu bahawa dia tidak dibenarkan untuk mabuk di khalayak ramai, dan beliau perlu bergerak jauh dari kawasan tertentu atau pasukan SIP akan terpaksa untuk memanggil polis. Objektif utama SIP adalah untuk memastikan populasi terpinggir, orang miskin dan orang awam dapat wujud bersama di tempat awam dengan aman, dan untuk membantu membimbing masyarakat terpinggir kepada perkhidmatan kesihatan dan perkhidmatan kebajikan.



“The idea is that everyone can go anywhere in Zurich and feel safe.”

“Ideanya adalah yang sesiapa pun dapat pergi ke mana-mana di Zurich dan rasa selamat.”

Christian Fischer
Director
Security, Intervention, Prevention



“We are the department that looks after people that can’t look after themselves.”

“Kita adalah jabatan yang menjaga orang yang tak mampu menjaga diri sendiri.”

Christian Fischer
Director
Security, Intervention, Prevention

SUGGESTIONS OR INPUT BY MALAYSIAN DELEGATION CADANGAN ATAU INPUT DELEGASI MALAYSIA



YBhg Dato' Haji Wan Hamzah Wan Paie



Seminars involving policy makers and key players in the future should be conducted so that the nation is in the right direction and is together in this. Our country needs to make a policy that can address this issue correctly. Decisions in this matter must

be made in good faith and must be consistent. In this situation, knowledge must be based on current international standards in dealing with drug use. We must take advantage of experiences of frontliners involved in Malaysian drug policy. Without action to build this national drug policy, then we will forever fail to manage drug dependence in Malaysia.

A massive national campaign needs to be made in changing the mindset and perspective of our society towards drugs and drug users. I think that the slogan that we use for this country 'Drugs are Public Enemy No. 1' (literal translation Drugs are Faeces) should be changed to a concept that can put the minds of our society in the right direction on this drug issue. Who can help me in this matter? This is a big question in my mind. I plan to formulate an effective modus operandi to achieve progress from these two points.

Seminar melibatkan pembuat dasar dan key player harus dilakukan pada masa hadapan agar semua pihak mempunyai arah yang benar dan bersama. Negara perlu membuat satu dasar yang benar dalam menangani isu ini. Keputusan dalam perkara ini mesti dibuat dalam cara jujur dan selari. Dalam keadaan ini, ilmu pengetahuan yang berdasarkan kepada prestasi pencapaian terkini adalah terbaik dalam menangani isu dadah dan pengalaman yang dihadapi oleh frontliner dalam menangani perkara ini mesti diperolehi dalam proses membuat dasar baru ini. Tanpa tindakan membina dasar Negara ini, maka selamanya kita akan gagal mengurus penggunaan dadah Malaysia.

Kempen besar-besaran peringkat nasional mestilah dibuat dalam mengubah minda dan perspektif masyarakat kita terhadap dadah dan pengguna. Saya berpendapat slogan yang Negara kita gunakan selama ini 'dadah adalah najis' harus ditukar kepada suatu gagasan lain yang boleh meletakkan minda masyarakat kita dalam landasan yang betul terhadap isu dadah ini. Siapa yang boleh membantu saya dalam perkara ini? Saya memikul suatu soalan besar dalam minda saya. Soalan ini menuntut saya merumuskan suatu modus operandi yang berkesan untuk merealisasikan pelaksanaan dua perkara ini.



Superintendent Abdul Samad Salleh



Most officers in the Royal Malaysian Police and rank-and-file officers do not get sufficient information about Harm Reduction. This is because the suggestions and decisions made in National Drug Policy meetings at the higher levels are not

communicated down to the lower levels. Narcotics representatives from PDRM in the meetings should communicate the outcome of the meetings so that the officers and subordinates would be able to carry out ground tasks efficiently. The Director of Narcotics or the District Chief of Narcotics who represent the State Police Chiefs or the District Police Chiefs should disseminate

all information, details of harm reduction program operation and any items that have been agreed upon in the National Drug Policy meetings to all officers at the lower levels. Provision of methadone treatment in police lock-up can be considered just as how now medicines may be provided to detainees when they are ill while in police custody, but must comply with certain conditions as follows:-

- I. The person must be a client of a program organized by the government.
- II. Methadone treatment should be given under the supervision of a doctor appointed by government so that there is no misuse of methadone.

The National Anti-Drugs Agency should focus effectively on the drug users in prevention, education, treatment and rehabilitation. In addition, awareness of infectious diseases should be exposed widely to the public. All arrests under Section 3(1) APD 1983 should be diverted to the National Anti Drug Agency for Methadone treatment.

Kebanyakan pegawai dan anggota PDRM diperingkat bawahan tidak mendapat maklumat tentang perjalanan pengurangan kemudaratan 'Harm Reduction' yang telah dilaksanakan. Ini adalah disebabkan hasil mesyuarat yang diputuskan dalam mesyuarat Dasar Dadah Negara di peringkat pusat tidak dipanjangkan ke peringkat bawahan. Jabatan Narkotik yang mewakili PDRM di dalam mesyuarat tersebut seharusnya memanjangkan segala hasil mesyuarat dan persefahaman yang dipersetujui supaya dapat difahami di peringkat pegawai/anggota bawahan. Ketua Jabatan Siasatan Jenayah Narkotik/Ketua Bahagian Siasatan Jenayah Narkotik Daerah yang mewakili Ketua Polis Negeri/Ketua Polis Daerah seharusnya menyalurkan segala maklumat dan perjalanan program serta persefahaman yang telah dipersetujui dalam mesyuarat Dasar Dadah Negara di peringkat pusat kepada semua pegawai/anggota bawahan. Pemberian rawatan Methadone ke atas OKT di dalam lokap polis boleh dipertimbangkan sepertimana kebenaran pemberian ubat-ubat kepada OKT-OKT yang sakit semasa di dalam tahanan polis tetapi perlu mematuhi beberapa syarat seperti berikut :-

- I. Ia mestilah klien yang mengikuti program yang dianjurkan oleh kerajaan.

- II. Pemberian rawatan Methadone yang diberi hendaklah dibawah pengawasan doktor kerajaan yang dilantik supaya tiada penyalahgunaan.

Agensi Anti-Dadah Kebangsaan hendaklah menumpukan secara berkesan kepada penagih di dalam program pencegahan, pendidikan, rawatan dan pemulihan. Selain itu juga, program kesedaran tentang penyakit berjangkit harus didedahkan kepada masyarakat secara meluas. Semua tangkapan dibawah Seksyen 3(1) APD 1983 hendaklah diserahkan kepada Agensi Anti Dadah Kebangsaan (AADK) untuk mendapatkan rawatan Metadon.



YB Dr Azmi Noor Ghazali



This study tour was very beneficial and was very informative. The Zurich experience gave me a vision and light for Malaysia to improve in this matter. Taking care of PWID can reduce all problems in the long run and can make Malaysia to be a developed country

faster. The government and all stakeholders should unite and commit more to better achievements.

Ministry of Education (hereinafter MOE) should plan to increase more professionals in this area. We should have more courses with regards to drug addiction (for example postgraduate courses in addiction nursing and addiction psychiatry) and more R&D.

We also need to train more general practitioners in terms of administering effective opioid substitution therapy (OST). At present we have 300 of them and this is insufficient.

Lawatan ini adalah sangat berfaedah dan penuh dengan ilmu. Pengalaman Zurich boleh memberi wawasan dan cahaya untuk Malaysia bertambah baik dalam hal ini. Menjaga kebajikan pengguna dadah (PWID) boleh mengurangkan semua masalah dalam jangka masa panjang dan boleh menjadikan Malaysia menjadi sebuah negara maju dengan lebih cepat. Kerajaan dan pihak-pihak perlu bersatu dan melakukan lebih untuk pencapaian yang lebih baik.

Kementerian Pelajaran Malaysia (KPM) perlu merancang untuk menambah lebih ramai profesional dalam bidang ini. Kita perlu mempunyai lebih banyak kursus berkaitan dengan penagihan dadah (seperti sarjana kejururawatan/psikiatri pemergantungan dadah) dan lebih banyak penyelidikan dan pembangunan (R&D).

Kita perlu meningkatkan penyertaan doctor pengamal am untuk mengendalikan terapi gantian opioid (opioid substitution therapy) (OST). Sekarang kita mempunyai 300 dan ia tidak mencukupi.



Aminhayat Abd Rahim



Kunjungan ke Zurich, Negara Swiss membuka perspektif dan minda saya mengenai Polisi Dadah yang telah digunapakai sejak 20 tahun yang lalu. Sejak dikuatkuasakan, isu pengambilan dadah terus lenyap dan masalah jenayah berkaitan

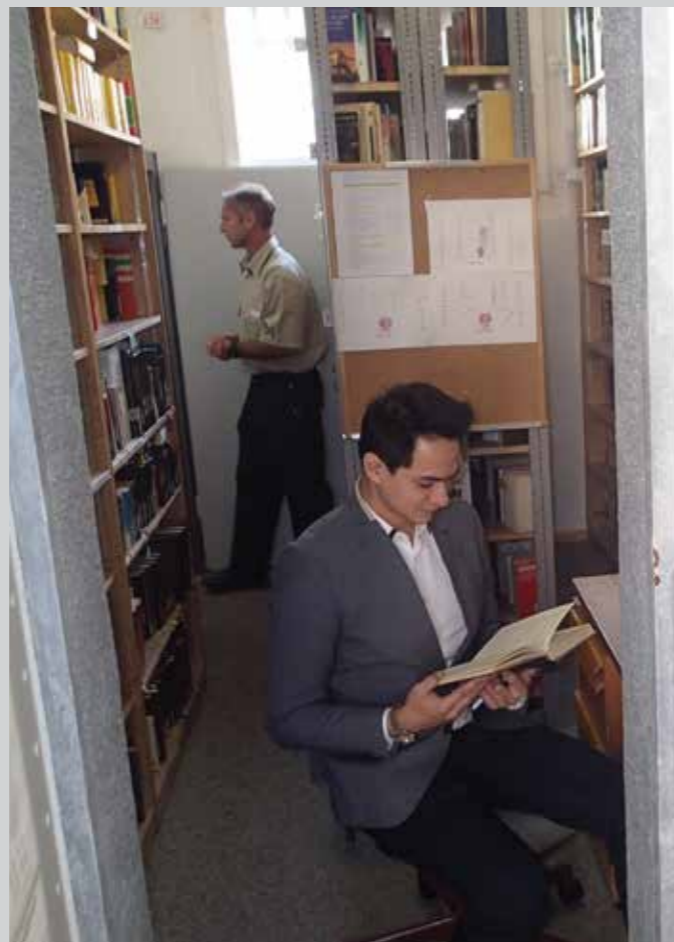
dadah menurun. Pendekatan yang digunakan, tertumpu kepada merawat individu yang terlibat penyalahgunaan dadah, berbanding menghukum mereka melalui sistem perundangan. Secara peribadinya, lawatan lalu telah memberi informasi yang padat dengan ilmu yang amat berguna, kerana setiap agensi di sana berperanan membantu mengurangi permasalahan dadah.

Cadangan saya untuk Malaysia ialah mengkaji semula Dasar Dadah Kebangsaan yang kali terakhir dipinda pada tahun 1996. Selain mengkaji, adakah penguatkuasaan undang-undang terhadap pesalah yang terlibat penyalahgunaan dadah wajar di penjara atau sebaliknya. Ia kerana, bagi pandangan saya, sekiranya mereka di penjara, rekod buruk itu menyukarkan mereka mendapatkan pekerjaan.

Agensi yang menguruskan isu dadah di Malaysia seperti AADK seharusnya memahami tugas mereka sebagai agensi yang terlibat secara langsung dalam strategi pengurangan kemudahan. Tangkapan seharusnya dilakukan oleh pihak polis dan bukan AADK. Operasi juga tidak wajar dilakukan bersama kerana 'client' tidak akan mempercayai program-program yang dikendalikan oleh AADK seterusnya mereka sukar didekati, diberi bimbingan dan rawatan. Pastikan strategi pengurangan kemudahan dilaksanakan dengan SOP yang betul. Kembalikan kepercayaan terhadap usaha murni AADK membantu 'client'.

Sebagai pengamal media, saya mencadangkan:

- I. Pendidikan mengenai penyalahgunaan dadah wajar disuntik di minda generasi muda di peringkat awal;
- II. Kempen dan seminar berkaitan dadah diadakan di sekolah-sekolah dan institusi pengajian tinggi seluruh negara. Wajar jika tertumpu kepada lokasi-lokasi panas yang perlu perhatian dan bimbingan;
- III. Memberi pendedahan dan pengetahuan kepada masyarakat di akar umbi seperti di Felda, kampung dan desa melalui kempen secara komprehensif dan mudah difahami mengenai isu dadah;
- IV. Membuka peluang kepada generasi muda mengakses penjara dan lokap bagi membuka minda mereka mengenai bentuk hukuman yang dikenakan jika terlibat dengan masalah dadah.
- V. Bentuk Kempen Anti Dadah yang lebih berkesan, sesuai dengan keadaan semasa dan teknologi. Memastikan kempen lebih interaktif dan lebih menarik perhatian generasi baru.



Fifa Rahman



In their 2002 book, Alex Wodak and Timothy Moore address the failure of prohibition and describe it as being an 'expensive way of making a bad problem worse.'²⁸ Since 1952 when the Dangerous Drugs Act was enacted in Malaysia, to this very day, drug use continues to rise and with it widespread disease, inequality, and drug-related crime.

It is absolutely key that in aiming towards Vision 2020 of Malaysia becoming a developed nation, that Malaysia address drug harms in a way that is evidence-based. Many across the world believe that punishment and scheduling drugs in the DDA will reduce drug use. It is clear that this thesis fails. Today, despite having some of the toughest laws against drugs in the world, we have more drugs, new drugs, increased drug harms, increased drug-related crime, increased income inequality, and an entire population of non-violent persons who have criminal records so cannot get employed.

Pragmatic solutions elsewhere have succeeded in reducing drug harms while not condoning drug use and it is time for us to learn from these countries. Switzerland, for example, does not imprison persons who possess small amounts for personal use. Instead, it gives them fines, and ensures that drug treatment and employment services are easily accessible and covered by insurance.

Imprisoning persons who use small amounts of drugs merely destroys the lives of persons who are otherwise functionally employed. By creating an entire population of people who have criminal records but are non-violent, we encourage them to transition into property crimes to finance drug use, simply because they can't get jobs and health services are not made available to them.

The government must decriminalise use of small amounts of drugs and create a smooth and prompt mechanism for persons to be diverted to health and social services.

Di dalam buku mereka yang diterbitkan pada tahun 2002, Alex Wodak dan Timothy Moore menceritakan tentang dasar dadah sebagai musuh negara dan pendekatan kepolisan, dan menggambarannya sebagai salah satu 'cara mahal untuk menjadikan masalah yang teruk bertambah buruk.' Sejak tahun 1952, apabila Akta Dadah Berbahaya telah digubal di Malaysia, hingga ke hari ini, penggunaan dadah terus meningkat dan dengan itu penyakit berjangkit meluas, jurang perbezaan sosioekonomi bertambah besar, dan jenayah berkaitan dadah juga bermaharajalela.

Adalah benar-benar perlu bahawa dengan sasaran Malaysia ke arah Wawasan 2020 iaitu menjadi sebuah negara maju, Malaysia harus menangani isu kemudahan akibat penggunaan dadah dengan cara yang berasaskan bukti. Ramai di seluruh dunia percaya bahawa hukuman penjara dan penjadualan dadah dalam DDA akan mengurangkan penggunaan dadah. Adalah jelas bahawa anggapan ini gagal. Walaupun Malaysia mempunyai antara undang-undang yang paling ketat di dunia, hari ini Malaysia mengalami kemasukan dadah yang lebih banyak, kemasukan dadah sintetik yang baru, kemudahan dadah yang semakin meningkat, jenayah berkaitan dadah yang meningkat, peluasan jurang perbezaan pendapatan, dan akibatnya wujudnya populasi yang besar orang yang bukannya berbahaya kepada orang lain, tetapi mempunyai rekod jenayah oleh kerana penggunaan dadah dan disebabkan itu tidak boleh mendapatkan pekerjaan.

Penyelesaian yang pragmatik di negara lain telah berjaya mengurangkan kemudahan dadah di samping tidak menggalakkan penggunaan dadah dan sudah tiba masanya untuk kita belajar daripada negara-negara ini. Switzerland, sebagai contoh, tidak memenjarakan orang yang mempunyai jumlah dadah yang kecil untuk kegunaan peribadi. Sebaliknya, mereka dikenakan denda, dan memastikan bahawa rawatan pergantungan dadah dan perkhidmatan pekerjaan mudah diakses dan dilindungi oleh insurans kesihatan.

Memenjarakan orang yang menggunakan dadah secara kecil-kecilan akan memusnahkan kehidupan orang yang sedang bekerja seperti orang biasa dan orang yang selain daripada penggunaan dadahnya, berfungsi sebagai ahli tenaga kerja yang produktif. Dengan mewujudkan populasi besar orang yang mempunyai rekod jenayah yang sebenarnya tidak berbahaya kepada sesiapa pun (kecuali mungkin diri sendirinya), kita menggalakkan mereka untuk beralih ke jenayah harta untuk membiayai penggunaan dadah, hanya kerana mereka tidak boleh mendapatkan pekerjaan dan perkhidmatan kesihatan tidak diberikan kepada mereka.

Kerajaan perlu menghapuskan hukuman penjara untuk penggunaan dadah secara kecil-kecilan dan mewujudkan mekanisme yang lancar dan cepat untuk pengguna dadah dirujuk kepada perkhidmatan kesihatan dan sosial dengan efisien.

²⁸ Alex Wodak and Timothy Moore, *Modernising Australia's Drug Policy* (2002) at 2

Sarah Iqbal



I was really impressed with how the insurance system works in Zurich, Switzerland. Clients can access good HIV and drug treatment centres such as Arud and their medical insurance covers it. Not only do these centres provide methadone treatment but they also have psychosocial care and help the families as well. I was also impressed with Zurich Remand Centre where inmates are detained pending trial. The remand centre is fully equipped with medical staff and basic medical facilities. Inmates can get their HIV medication (HAART) and methadone treatment on the day they arrive without

much red tape or bureaucracy. Inmates can also bring their own medicines, which the medical staff keep and dispense as needed. The remand centre practices deescalation i.e. calming detainees down when altercations or tense situations arise. I think this is really important as the last thing we should do is create a hostile environment among detainees. Communication is key to understanding them because they're human just like you and me. I hope that we can implement the SIP (Security Intervention and Prevention) Taskforce too in Malaysia. SIP officers come from various backgrounds and are multicultural. They meet drug users everyday on the streets, enquire about their welfare and refer them to social services and this should be implemented in Malaysia as many injecting drug users on the street want to get better but don't know how to get back on their two feet.

Saya benar-benar kagum dengan sistem insurans di Zurich, Switzerland. Klien boleh mendapat akses kepada HIV dan rawatan dadah seperti Arud dan ia dilindungi insurans perubatan. Bukan sahaja pusat-pusat ini memberi rawatan Methadone tetapi mereka juga mempunyai penjagaan psikososial dan membantu keluarga juga. Saya juga kagum dengan Pusat Reman Zurich di mana tahanan menunggu untuk perbicaraan dan kes mereka untuk didengar. Pusat reman dilengkapi sepenuhnya dengan kakitangan perubatan dan kemudahan perubatan asas. Tahanan boleh mendapatkan ubatan HIV (HAART) dan rawatan Methadone pada hari mereka tiba tanpa apa-apa masalah red tape. Tahanan juga boleh membawa ubat mereka sendiri untuk kesihatan mereka sendiri. Warden dan pegawai pusat reman tersebut mengamalkan deescalation atau menenangkan orang kena tahan (OKT). Saya rasa ini adalah benar-benar penting kerana apa yang kita perlu lakukan ialah mewujudkan persekitaran yang tidak bermusuhan dengan tahanan. Komunikasi harus menjadi kunci untuk memahami mereka kerana mereka adalah manusia juga. Saya juga berharap kita boleh modelkan Pasukan Petugas SIP (Intervensi Keselamatan dan Pencegahan) di Malaysia. Pegawai SIP datang dari pelbagai latar belakang dan berbagai bangsa.

Mereka menolong pengguna dadah setiap hari di jalanan dan juga menjaga kebajikan mereka dan ini harus dilaksanakan di Malaysia kerana sebahagian besar pengguna dadah di Malaysia tinggal di jalanan dan mereka juga mahu pulih tetapi tidak tahu bagaimana untuk kembali berdagang.



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“Methadone ke atas OKT di dalam lokap polis boleh dipertimbangkan dengan syarat ia mestilah klien yang mengikuti program yang dianjurkan oleh kerajaan dan pemberian rawatan Methadone yang diberi hendaklah dibawah pengawasan doktor kerajaan yang dilantik.”

“Methadone for persons in police custody can be given provided that they are patients of government methadone programs and that the methadone treatment is monitored by an appointed government doctor.”

Superintendent Abdul Samad Salleh
Officer in Charge of Police District (OCPD) Daerah Seri Alam, Johor

“We used to have a lot of crime because heroin users committed crime to finance their habit. We don’t have that any more.”

“Dulu terdapat (memang) banyak jenayah sebab pengguna heroin melakukan jenayah untuk membiayai tabiat mereka. Sekarang sudah tiada (jenayah berkaitan dadah spt pencurian oleh pengguna heroin).”

Captain Beat Rhyner
Head Commissioner of Criminal Investigation Division
Zurich City Police Department

“Taking care of the welfare (employment, health, counselling) of people who use drugs can reduce all the problems in the long term and can make Malaysia become a developed country quicker.”

“Menjaga kebajikan pengguna dadah (PWUD) boleh mengurangkan semua masalah dalam jangka masa panjang dan boleh menjadikan Malaysia menjadi sebuah negara maju dengan lebih cepat.”

YB Dr Noor Azmi Ghazali
Member of Parliament of Bagan Serai
Ahli Parlimen Bagan Serai

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