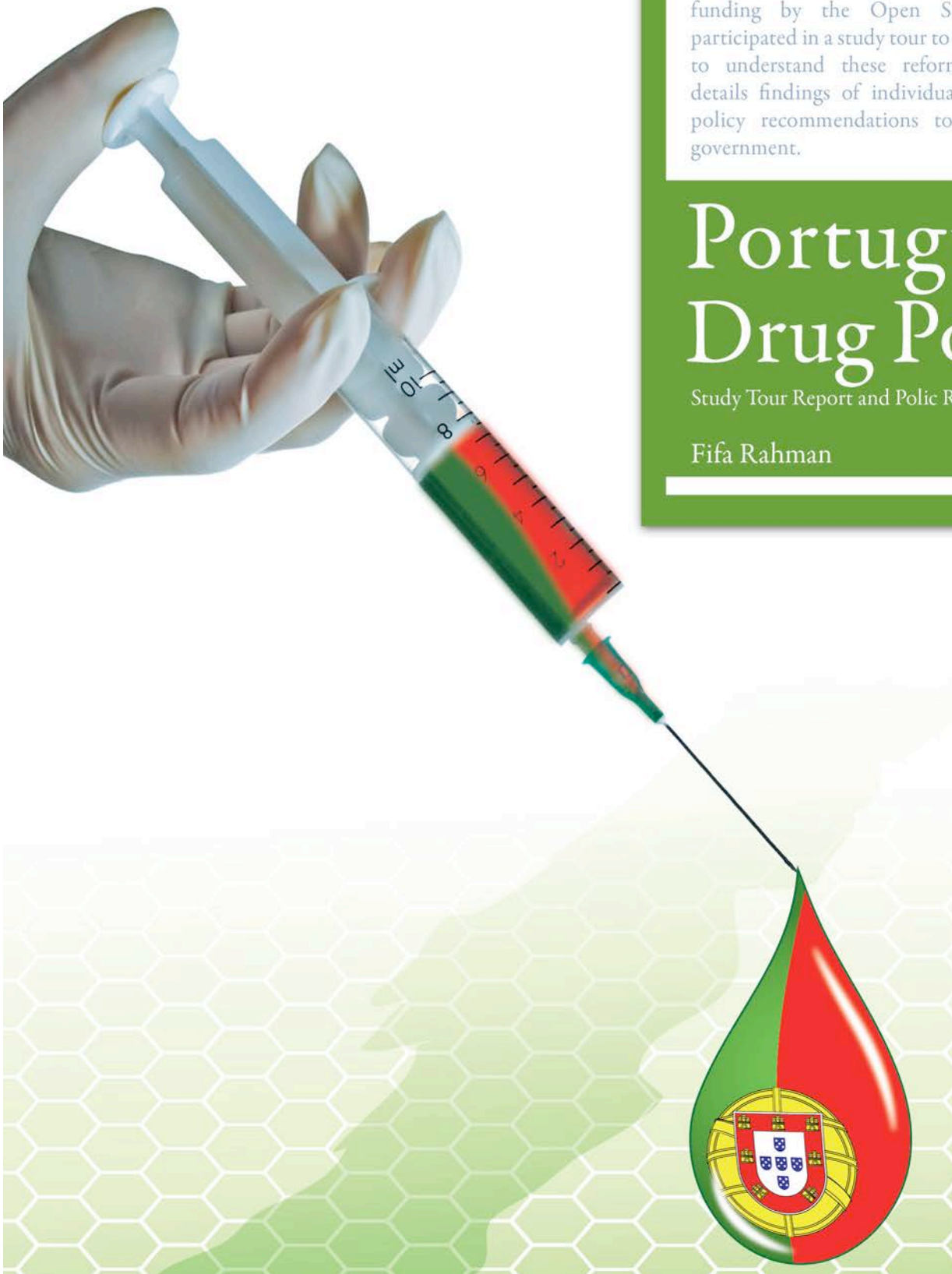
Portuguese drug policy has been lauded for its efficacy and humanitarian emphasis in dealing with drug use and problematic drug use. The policy demarcates personal use and trafficking, yet, remains prohibitive. By way of a Dissuasion Commission, persons caught for drug possession below a certain threshold quantity are directed into holistic evidence-based treatment and reintegration programs. On 8-13 October 2011, MAC with funding by the Open Society Institute participated in a study tour to Lisbon, Portugal to understand these reforms. This report details findings of individual meetings, and policy recommendations to the Malaysian government.

Portuguese Drug Policy

Study Tour Report and Polic Recommendations

Fifa Rahman



Acknowledgments

Our heartfelt thanks to Dr Dr. João Goulão, Dr Nuno Capaz, Doctora Maria Antónia Santos, Dr Miguel Vasconcelos, Dr José Ferreira and all others who made our stay in Portugal welcoming, informative, and relevant.

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Team Members

Tan Sri Mohd Zaman Khan
President, Malaysian AIDS Council

Y.B. Dato' Abdul Rahman Bin Dahlan
Member of Parliament for Kota Belud, Sabah

YDH. SAC Dato' Mohd Zulyadaen Bin Hj Ismail
Deputy Director of Narcotics, Administrative Division
Department of Narcotic Criminal Investigation Department
Royal Malaysian Police

Encik Md. Razif bin Wan

Principal Assistant Director
National Anti-Drugs Agency

Preetam Kaur a/p Bhagwant Singh
Legal Aid

Fifa Rahman
Drug Policy Liaison Officer, Malaysian AIDS Council

Glossary

Evidence-Based Drug Policy	Drug policy that has been scientifically proven to effectively address drug-related harms, prevalence of acquisitive crime, and addiction.
Harm Reduction	Harm reduction in relation to drugs encompasses a set of ideals intended to reduce harms related to drug use.
IDT	IDT stands for Instituto da Droga e da Toxicodependencia, or Institute for Drugs and Dependency, and is the organisation responsible for the campaign for new drug policy, and is the main body under the Ministry of Health responsible for treatment modalities and programs for drug users.
Punitive Drug Policy	Drug policy that generally involves incarceration, but in some countries across the world, may include corporal and/or capital punishment.
Threshold Quantity	A statutory quantity in drug laws that demarcates different types of drug offences and the subsequent sanctions.

Executive Summary

Portuguese drug policy has been lauded for its efficacy and humanitarian emphasis in dealing with drug use and problematic drug use. The policy demarcates personal use and trafficking, yet, remains prohibitive. By way of a Dissuasion Commission, persons caught for drug possession below a certain threshold quantity are directed into holistic evidence-based treatment and reintegration programs. On 8-13 October 2011, MAC with funding by the Open Society Institute participated in a study tour to Lisbon, Portugal to understand these reforms. This report details findings of individual meetings, and policy recommendations to the Malaysian government. The recommendations in this report are largely based on meetings and interviews with persons who work on different aspects of Portuguese drug policy and observations from a visit to a treatment centre in Parque de Saúda de Lisboa, Hospital Júlio de Matos, Lisbon.

Purpose of Study Tour

The purpose of the study tour to Lisbon, Portugal was to examine progressive, humanitarian, and evidence-based drug policy, and to analyse whether elements of their drug policy, in whole or in part, can be adopted into existing Malaysian drug policy. The study tour consisted of five meetings over the course of three days, the details of which can be found on Page 6 of this report.

Background: Malaysian Drug Policy

For almost sixty years, Malaysia has practised punitive and prohibitive drug policy which has included caning for drug use and trafficking, jail sentences and compulsory 'rehabilitation', presumed trafficking above a certain threshold quantity, and the mandatory death penalty for trafficking offences. Similar to most countries practising the tough 'War on Drugs' approach, Malaysia continually exhibited signs of worsening public health conditions, increasing drug use, and increased drug-related crime. However, in the past ten years there has been a policy shift[1] towards harm reduction[2] due to epidemic levels of HIV infection, predominantly among injecting drug users. With the introduction of, et al, needle-and-syringe exchange programs, methadone maintenance therapy, and treatment for comorbidities, persons who use drugs and persons who are chemically dependent on drugs are increasingly being recognized as patients as opposed to criminals.

This movement has been spearheaded by 'scientists, health practitioners, drug users, policymakers, and law enforcement officials'[3] worldwide.

[1] Adeeba Kamarulzaman, 'Impact of HIV Prevention Programs on Drug Users in Malaysia' (2009) 52(1) *Journal of Acquired Immune Deficiency Syndromes* S17 at S18

[2] Harm reduction is an ideology that seeks to reduce harms related to drug use, and accepts that drug use will always exist.

[3] Artur Domosławski, 'Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use' *Lessons for Drug Policy Series, Open Society Foundations* (June 2011)

Background: Portuguese Drug Policy

Portuguese drug policy is characterised by decriminalisation of consumption below a certain threshold quantity, evidence-based treatment for drug dependency and comorbidities, therapeutic measures to increase patient wellbeing and social reintegration, and harm reduction measures. It is this combination of therapies and modalities that have resulted in the reduction of 'HIV infections, drug consumption, and addiction'.[4] As a result of these reforms and the corresponding effects on drug use and drug harms, Portugal has been labelled as an 'international model for drug policy reform'.[5]

The decriminalisation element has attracted the most flak from conservative groups in Portugal in the past. It is important to note that decriminalisation must be distinguished from legalisation, however. A look at the law may remedy this. The law operates as follows.

Persons caught in possession of drugs will be brought to a police station and a first information report is then made. The police officers proceed to weigh the drug(s). What happens next depends on the mass of the drug. If the mass of the drug is below a statutorily defined threshold quantity for 10 days' consumption[6], the person shall be diverted to a body called the Dissuasion Commission. The Dissuasion Commission, a body consisting of sociologists, psychologists, social workers, and a lawyer, assess the individual's treatment needs and design individual programs.

On the other hand, if the person is found with a quantity of drugs above the statutory 10 days limit, he will be directed into the criminal justice system where a judge decides whether he is a consumer or a trafficker. If he is deemed a consumer, he is directed to the Dissuasion Commission. Portuguese drug policy makes that distinction, and by doing so ensures that consumers are directed to treatment, as opposed to jail, which does not at all address chemical dependency.

Hence decriminalisation means that drug users are no longer treated as criminals, but as patients. Decriminalisation does **NOT** mean that drug use is condoned and pardoned. Persons deemed as drug consumers are still required to face a legislative body, albeit one that does not mete out punitive punishments, but rather directs the person towards treatment and harm reduction options. Legalisation, on the other hand, means that persons who use drugs go scot-free. It can be concluded, therefore, that Portuguese drug policy remains prohibitive, but less punitive.

Summaries of discussions with key persons involved in Portuguese drug policy below provide indications that Portuguese drug policy is efficacious in reducing drug-related harms, and providing widely-accessible treatment for persons who use drugs.

[4] Id, at 46
[5] Id, at 4
[6] Portuguese law dictates that the threshold quantity for 10 days consumption is 1 gram for heroin and 25 grams for cannabis.

Study Tour Itinerary

Day One (10th October 2011)	
Time	Details
10.30am	Meeting with Dr. João Goulão, President of the Executive Board of IDT
03.00pm	Meeting with Dr Nuno Capaz, Sociologist, Member of the Lisbon Dissuasion Commission
Day Two (11th October 2011)	
Time	Details
04.00pm	Meeting with Doctora Maria Antónia Santos, Chair of the Health Committee of the Portuguese Parliament
Day Three (12th October 2011)	
Time	Details
09.30am	Visit to Treatment Unit "Centro Das Taipas" with Dr Miguel Vasconcelos
03.00pm	Meeting with Dr José Ferreira, Chief Inspector, National Unit Against Drug Trafficking, Judicial Police

Individual Meeting Summaries: Lessons Learned and Policy Concerns

Meeting No. 1 (10th October 2011): Dr. João Goulão, President of the Executive Board of IDT

Dr. João Goulão, President of the Executive Board of the Instituto da Droga e da Toxicodependencia (IDT) or the Institute of Drugs and Dependency, popularly referred to as the Portuguese 'Drug Czar'[7], is widely credited with key reforms in Portuguese drug policy. A meeting with him was essential to ascertain the roots of and reasons for drug policy reform, determine whether there were parties in opposition to the introduction of new policies, and to understand how Portuguese drug policy professionals dealt with these concerns.

In this meeting, Dr Goulão spoke of how Portugal practiced the 'tough on drugs' approach until 1974. By the end of the 20th century, Portugal had the highest prevalence of problematic drug use (mainly from heroin) in Europe. According to Dr Goulão, drug users had 'high visibility', and there were widespread acquisitive crimes. He also said that the situation got to a point where everyone knew someone with a heroin problem, and understood that these persons weren't 'bad', but instead were persons who needed treatment. Hence, there was public acceptance of drug use as a health issue, and similarly public acknowledgement that incarceration policies were not only counterproductive, but also a waste of public funds.

In an effort to address the failure of punitive drug policies and the heroin epidemic, judges, psychiatrists, and numerous other drug policy stakeholders were invited to make strategic recommendations towards evidence-based drug policy. In 1999, a National Drugs Strategy was created, incorporating 8 principles which included the Humanistic Principle, i.e. that involved, et al, recognition of the human person's dignity, understanding the person's life, clinical record, and social environment, assumption that the drug user requires medical help, and that the drug user must assume full responsibility of his actions.

In regard to support for and opposition towards policy change, there were parties who were concerned that decriminalisation would lead to an increase in drug use. Throughout the campaign to introduce better policies, it was discovered that the humanitarian aspects was easily accepted by the Portuguese church. Left-wing parties such as the communist party and the socialist party led arguments for evidence-based drug policy, whereas the right-wing parties expressed concerns that the new laws and policies would lead to increased drug tourism – a concern now disproven after ten years of application of the law.

[7] For example in this Boston online article: < http://articles.boston.com/2011-01-16/bostonglobe/29337991_1_drug-czar-illicit-drugs-casal-ventoso>

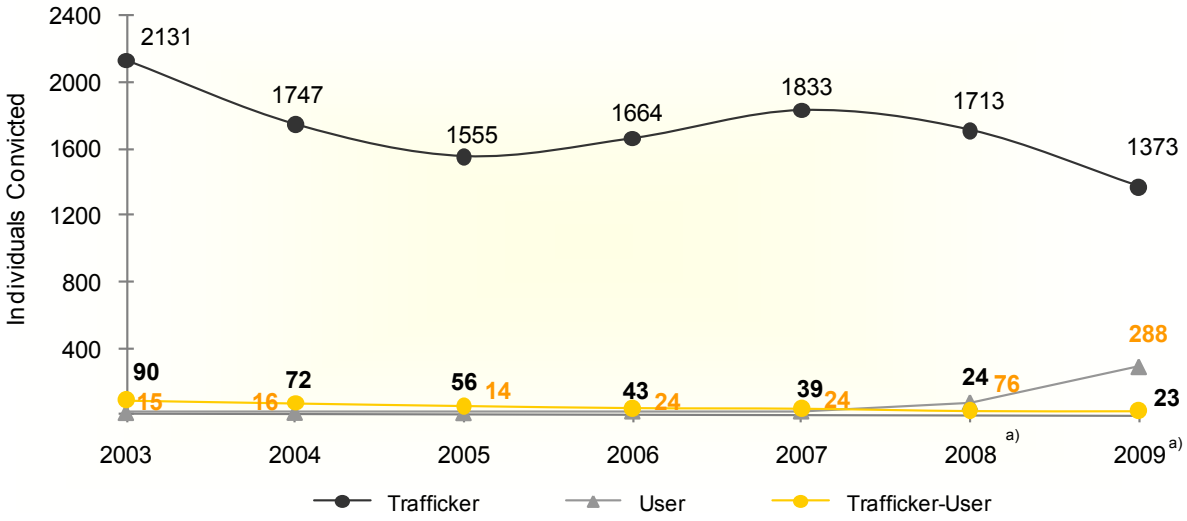
The right-wing groups also protested that the new laws would directly contravene the 1961 UN Single Convention on Narcotic Drugs[8] to which Portugal – and Malaysia similarly – is a signatory. This argument was countered with the proposition that decriminalisation of consumption together with evidence-based drug policies could operate and still be consistent with the UN Convention.

It was subsequently stated that the budget for operation of all aspects of Portuguese drug policy coming under the umbrella of the Ministry of Health was €73 million per year. Although in Malaysian figures this would be a substantial – even burdensome – amount, this figure in Portugal constitutes only 0.08% of the Ministry of Health's budget.

At its core, Portuguese drug policy would encompass less police involvement with drug users, Dissuasion Commissions across the nation, treatment, second line preventive measures, and sanctions such as community service upon relapse, destigmatisation, and eventual reintegration into society. On the whole, Portuguese drug policy is a collective effort by the health sector, welfare services, civil society, police, and prisons. The predominant feature remains that persons in this program do not ever get a criminal record solely for possession of drugs for personal use.

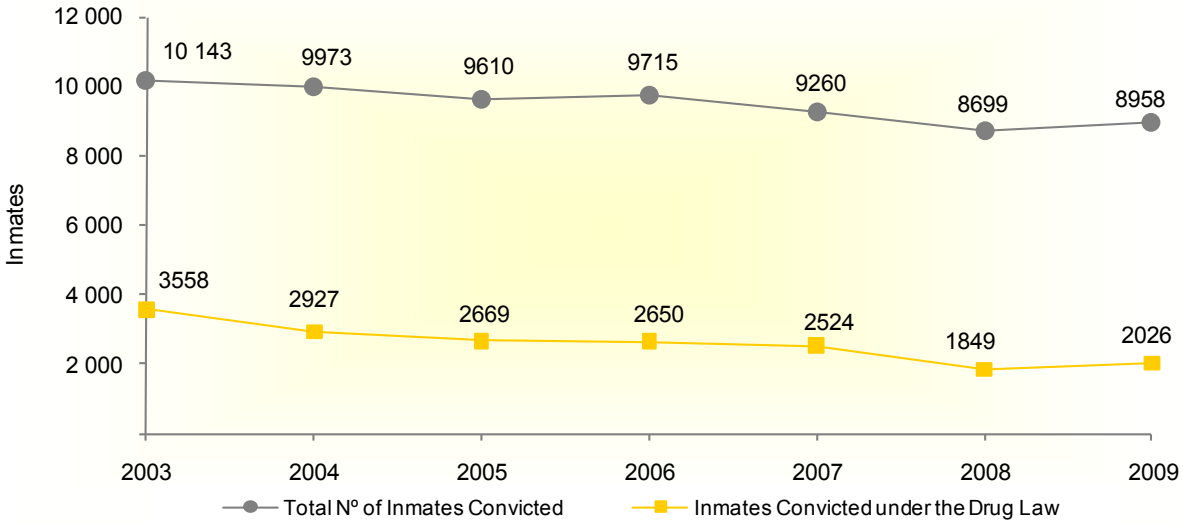
The policy is evaluated every four years, and so far, Portugal has shown the following statistics.

Individuals Convicted for Crimes under the current Drug Law by Year



[8] UN Single Convention on Narcotic Drugs 1961 < http://www.incb.org/incb/convention_1961.html> Accessed 28 October 2011

Total Number of Incarcerated Persons compared with the Number of Persons Incarcerated for Drug Offences



It is noted that although crimes have reduced, Dr Goulao commented that the crimes have reduced largely because drug consumption under the law is no longer considered a crime.

Meeting No. 2 (10th October 2011): Dr. Nuno Capaz, Sociologist, Member of the Lisbon Dissuasion Commission

Dr Capaz is the resident sociologist at the Lisbon Dissuasion Commission, a body intended towards the initial planning, monitoring of treatment, harm reduction, and integration modalities after a person is deemed as a consumer of the drug by the police.

In this meeting, Dr Capaz informed us that the Lisbon Dissuasion Commission deals with an average of 1500-2000 cases per year, and that there are 18 Dissuasion Commissions all across the country. The register of participants is maintained in a central registration system.

The Dissuasion Commission comes in when the police have weighed the amount of pure drugs found on the person, and found that it is within the threshold for 10 days' consumption. Hence, the Dissuasion Commission works only upon police referral. After that, a team of one psychologist and two social workers will assess the individual and what that person needs.

The process at hand seems extremely creative; Dr Capaz illustrated that a case could involve a requirement that the person undergoes opiate substitution therapy for a specified period of time. The person could also be required to undergo psychosocial interventions at any number of treatment facilities in Lisbon as an outpatient or inpatient.

Hence, the individual would be required to participate fully in a program designed for him for a certain period of time; for example, six months. If the person is arrested again during this period of time, he or she will be subjected to sanctions which may include a fine, community service, or be required to make regular presentations, i.e. check in or sign in at an ascertained venue, to ensure that he is keeping up with the program. This 'check-in' venue may be at a police station, or at an unemployment centre, or at a methadone clinic. Dr Capaz mentioned that if the person is unemployed, they are often strategically made to sign in at an unemployment centre, in the hope that they would make an effort to look for a job.

In relation to sanctions, basically the Dissuasion Commission is given a wide range of discretion to decide on what sanction is to be meted out. For example, an unemployed person would never be given a fine, as that may lead to the commission of a crime to obtain the funds to pay for that fine. An individual who is working as a lawyer, for example, who would not be able to carry out community service such as cleaning graffiti in the streets due to connotations that could be made towards him, may be required to give free legal aid. Hence, the Dissuasion Commission ensures that the sanction is one that can be carried out by the individual according to his personal circumstances.

It should also be noted that although the Dissuasion Commission is given a wide range of decision-making power, every decision of the Dissuasion Commission is appealable.

The picture on the right shows Dr Capaz explaining how the Dissuasion Commission works to Tan Sri Mohd Zaman Khan and Member of Parliament for Kota Belud, Abdul Rahman Dahlan.

Meeting No. 3 (11th October 2011): Dra. Maria Antónia Almeida Santos, Chair of the Health Committee of the Portuguese Parliament

Our delegation at Parliament with Doctora Santos and Health Committee MPs

Doctora Maria Antónia Almeida Santos is the current chair of the Health Committee of the Portuguese Parliament, and although she was not a Member of Parliament during the promulgation of the initial decriminalisation law, she is heavily involved in drug policy at this present stage, and is aware of the general circumstances surrounding the promulgation of the decriminalisation law. Also in attendance were several Portuguese Members of Parliament.

She spoke of how the initial promulgation of the law received much opposition from the right wing parties due to the aforementioned concern that the law would increase drug tourism. The idea seems to be based on the misconception that decriminalisation would mean that drug use would no longer be prohibited, whereas the actual situation is that drug use is no longer treated as a criminal offence, but it is still treated as a medical and social issue, and the individual would still be compelled by the State to undergo treatment or harm reduction modalities. Hence in the situation, decriminalisation must be distinguished from legalisation. The former still prohibits, but no longer criminalises. The latter does not prohibit and hence does not criminalise.

One of the Members of Parliament who attended stated that the Portuguese drug policy 'continues to prohibit, but is pragmatic (about drug use).' It should be noted that bad drug policy is often characterised as punitive and prohibitionist. Portuguese drug policy, which has been hailed as a highly successful and respectful model, to a certain extent retains the prohibitive element, and reduces the punitive element.

Doctora Santos said, however, that the most important element of the Portuguese drug policy is that it differentiates between drug trafficking and consumption, and as a result of this, appropriate responses are carried out. She also stated that it is not only the decriminalisation law that contributed to Portugal's success, but instead is a result of the cumulative cooperative services involved, including the health centres, methadone clinics, the needle-and-syringe program, social work contributions, police, judiciary, civil society, and the public at large.

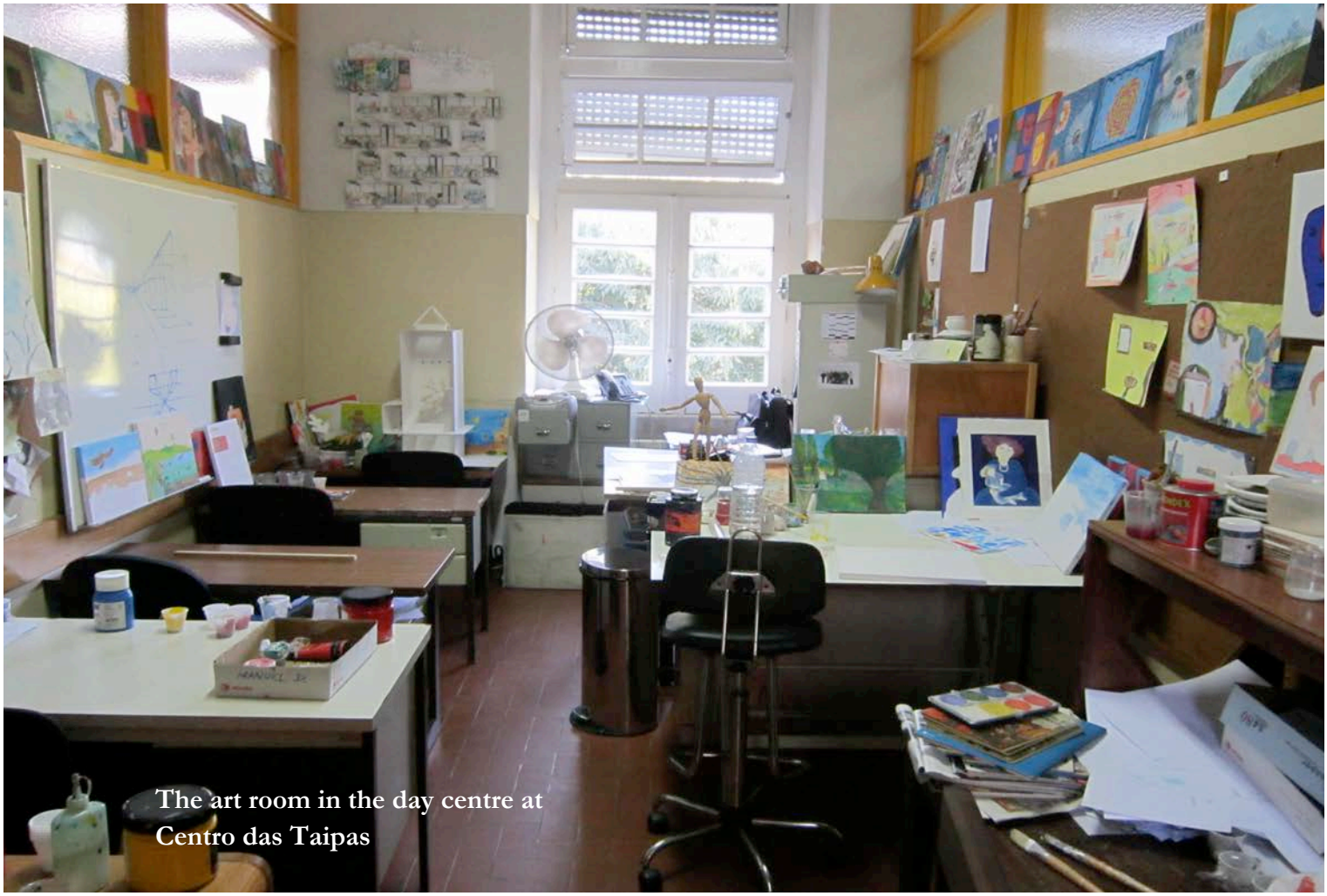
Meeting No. 4 (12th October 2011): Dr Miguel Vasconcelos, Psychiatrist at Treatment Unit "Centro Das Taipas"

This meeting involved our delegation visiting, et al, the methadone clinic, the bedrooms for inpatients, inpatient rest areas, and day centre rooms.

The picture shows the reception area of the treatment unit at Taipas where patients can receive psychiatric treatment and methadone maintenance therapy.

Dr Vasconcelos spoke of how treatments addressed medical and psychiatric requirements of patients, as well as psychosocial requirements. The methadone clinic is contained within the building at Taipas. The window or to hand out methadone is also within the building, adjacent to a clean waiting room akin to any one might find in any other hospital. In Malaysia, the methadone window or counter is often a rectangle cut in the wall at the back of the hospital so that the patient does not even have to enter the hospital. The Portuguese methadone clinic avoids discriminatory and stigmatizing practice such as this.

Dr Vasconcelos then showed us bedrooms where inpatients sleep, and also rooms where inpatients can socialize, have meals, and watch television together. There is a guard to prevent them from exiting the premises when they are not supposed to. They are also not allowed to wear their own clothes so as to prevent drugs from being smuggled in – inpatients wear attire provided by the treatment centre. Both outpatients and inpatients may participate in activities that increase their knowledge about drug harms, and positive and negative aspects of life that they can work on. In one of the common areas, we saw a poster prepared by patients detailing with pictures and words what constitutes positive influences and negative influences. Positive influences included music, family, and healthy sexual life. Negative influences included alcohol, tobacco, and drugs.



The art room in the day centre at Centro das Taipas

At the day centre, individuals also engage in activities intended to teach and encourage creativity, such as information technology, and art and crafts. They are allowed to sell the products of their work, and use the money to coordinate recreational trips to beaches or other areas of their choice.

The treatment facility is located a short 1-minute walk from where the day centre is located. There, we observed individuals receiving therapeutic massages, which is said to increase feelings of self-worth, and respect towards one's own body. Dr Vasconcelos advised that outpatients may also participate in these sessions, and that many attend also due to the fact that they would get to socialize with other individuals. This increases their socialization skills.

The picture shows massage therapy given to patients to increase self-esteem, and improve body image.

Hence within Centro das Taipas, patients may receive therapy from many different angles: they can receive psychiatric treatment, addiction treatment, opiate substitution treatment, and various psychosocial interventions to increase their self-worth and socialization skills.

Meeting No. 5 (12th October 2011): Dr José Ferreira, Chief Inspector, National Unit Against Drug Trafficking, Judicial Police

Portugal is very close in proximity to Morocco and receives much of Europe's hashish supply via its borders. It is also the first entry point of cocaine from South America into Europe. The judicial police concentrate on drug trafficking, and has main goals of dismantling criminal organizations that traffic drugs, and seizing large quantities of drugs.

This meeting was useful in that it showed us the reaction of police to decriminalization. Dr Ferreira said that although police understood that drug use was a medical and social problem, they were nevertheless concerned that they would lose work, and that they would lose useful intelligence obtained during questioning sessions.

He also stated that persons who use drugs are less afraid of police as they know that if they come within the statutory threshold, it will only be a civil infraction as opposed to a criminal infraction, so it is more difficult to extract information as to where they obtained the drugs. He then stated that while it is true that the loss of intelligence is a regrettable side effect of the system, he is grateful of the fact that decriminalization has allowed police officers to focus on large-scale trafficking.

He also stated that many police officers appreciate that they no longer have to fill out all the paperwork necessary to send a drug-dependent person to prison when it is foreseeable that they will be arrested again sometime in the future and the whole process will be repeated again and again.

Some groups expressed the fear that the decriminalization law would increase drug tourism. Dr Ferreira stated that drug tourism has not increased, and showed us statistics of drug seizures by the judicial police. The statistics varied over the course of ten years, and Dr Ferreira stressed that the statistics are not to be given very much weight, as they are influenced by factors which are independent of the decriminalization law, such as weather. This is because if there was very bad weather, for example, drug traffickers would not venture by boats across to Portugal, and for that reason that year there would be lessseizures. Seizures are also affected by the simple logistical facts that sometimes there is just too much sea-land border to cover.

Commentary and Concerns by Members of our Delegation

Tan Sri Mohd. Zaman Khan, President of the Malaysian AIDS Council

There is no doubt in my mind that Malaysia should decriminalize possession and consumption of opiates by those drug users who are under treatment and rehabilitation. Possession of opiates for their own needs should not be criminalized, but rather those opiates should be regarded as medicine prescribed by medical officers. My belief is based on my own experience as police officer and former prisons director-general who was hard on drug users. I truly believe that drug users want to be treated and rehabilitated. Jailing and caning them for consumption and possession of the amount of drugs required for their daily biochemical needs is against their human right to access treatment and care. The fact that the Government financially backed NSEP and MMT is evidence enough that drugs prescribed for personal consumption by medical officers should be treated similarly to other prescription drugs.

One of the main reasons much of society stigmatizes and discriminates against drug users is tha tgenerally intravenous drug users (IDU) are involved in opportunistic and street crimes to obtain cash to buy drugs on the black market. Dr José Ferreira, Chief Inspector, National Unit Against Drug Trafficking, of the Portuguese Judicial Police did say that crime statistics dropped since the decriminalisation law was adopted, but this was not because IDU no longer commit acquisitive crimes, but rather due to the fact that possession below a certain quantity is no longer considered as a crime by the Police. In regard to the exact statutory quantity in the Portuguese law, i.e. 1 gram for heroin, I doubt that this quantity would be realistic in Malaysia as here in Malaysia, a dose of opiate only last for 4 hours and has to be repeated four times a day.

Malaysia, to the best of my understanding of the law, has already a law that serves as an alternative to custodial setting and this is contained in Section 6(1) of the Drug Dependants (Treatment and Rehabilitation) Act 1983 whereby a Magistrate can make an order for an individual to undergo treatment at a rehabilitation centre for two years, and also where the drug dependent voluntarily comes to the centre under Section 8. However, it is noted that under Section 21(1) of the Act, if the individual has not yet commenced this two year rehabilitation process at the assigned rehabilitation centre and he is sentenced to jail, it is the jail sentence that prevails.

As for the Dissuasion Committee, Malaysia has begun such culture in dealing with juveniles and the new parole committee. Looking at Portugal and the need to treat drug users as medically sick people I feel it is best that treatment and care be under the Medical Department and not the anti-drug agency.

The ongoing discourse at symposiums, the media and blogs needs to be enhanced to tune up the mind of the authorities and the public to the idea of decriminalization. I think we are going towards the right direction looking at the acceptance of the new approach by AADK in their treatment and rehabilitation effort.

Dato' Abdul Rahman Dahlan, Member of Parliament for Kota Belud, Sabah

I am of the opinion that Malaysia must seriously consider following the footsteps of Portugal. The "Decriminalization of Drugs" policy is more humane and certainly gives better opportunities for casual drug users to turn a new leaf in their lives. This is made easier when those who consume less than pre-determined quantities of drugs is no longer referred into the criminal judicial system.

Furthermore, I particularly like one aspect of the program where the users have the opportunity to be in constant contact with psychologist, therapist, medical officers which otherwise would not happened had the program not implemented.

Even though I am very supportive of this program, as far as Malaysia is concerned, I can foresee great challenges in implementing a similar program. The deeply entrenched biasness and discrimination in the minds of the public on drug users, subtly or otherwise, will be the single largest stumbling block. Sadly, even in Parliament, I am afraid there is still overwhelming prejudice and pre-conceived negative notion among the members of the august house. Of course, there will also be great resistance from those who claim higher moral, cultural and religious ground. Just look at the public uproar when policies promoting condoms and syringe exchange program were introduced. Therefore, we can reasonably expect the same response if "Decriminalization Of Drugs" policy is introduced in Malaysia. Nevertheless, despite this expected challenge, we must not waver or hesitate. This program should be continuously explained & articulated so it can be promoted and introduced in Malaysia. Extreme care must be taken to ensure that any open discourse about this program will not lead to confusion among the public. Nothing should kill this program by representing to the public that it is an effort to make drug usage in Malaysia legal, but rather to decriminalize and impose administrative sanctions or divert to health.

There is no doubt that the government has taken several steps to curb drug abuse in Malaysia; from introduction of harm reduction programs to passing tough laws. But unfortunately, despite the risk of capital and corporal punishment and drug users being shunned, cast out and ostracized, the police force and the court system have been significantly bogged down by drug-related petty cases. Thus creative, imaginative and ingenious new approaches must be employed to tackle the problem. And I strongly believe "Decriminalization of Drugs" within the context of what is being practised in Portugal is the right way to move forward.

Dato' Mohd Zulyadaen bin Hj. Ismail, Deputy Director of Narcotics, Royal Malaysian Police

The Narcotic Crimes Investigation Department is the primary drug enforcement agency which the main task is to eradicate drug crimes in this country. I'm very much concerned of Dr. Jose Ferreira, Chief Inspector, National Unit against Drug Trafficking, Judicial Police stated that "they would lose useful intelligence obtained during questioning session with the drug users. They will be less afraid of police. The loss of intelligence is really regrettable". On the other hand, the adoption of the policy will ease the burden of carrying out investigations towards drug addicts. Nevertheless, the Portuguese drug policy is seen as being an alternative to which they view drug addicts as patients rather than criminals.

Md Razif bin Wan, National Anti-Drugs Agency

The move to reform drug policy is an ongoing debate around the globe. Why should Malaysia reform its drug policy? How can the drug addiction crisis be curbed and how can we maintain stability in society?

Malaysia has a stringent law on drug trafficking. However the menace of drugs is still hovering around. In my opinion, it's the right time to reform the drug policy in order to address people's concerns and the delivery of public health services. Drug policy reform in Malaysia will be well accepted upon consideration of law makers, the executive and the people.

The lawmakers have the ability to determine the nation's policy and should promote a fair social system taking into account what the majority expects. They should change or modify any policy which is not relevant to current practice.

The idea to increase the threshold quantity or quantity of drug possessed in order to determine either they are drug user or drug trafficker is logical, however it is a difficult figure to be determined as every drug user may require a different amount, and that amount would depend on local purity.

The Portuguese Government categorises drug rehabilitation and treatment issues under the Ministry of Health. In Malaysia the task is carried out by National Anti-Drugs Agency under the Ministry of Home Affairs. The main concern is how is the government going to reconcile the two? Furthermore, they must consider whether coercion into rehabilitation is at all successful.

The front liner services in Malaysia are located at areas notorious for having drug problems and are mainly staffed by recovered drug users. Drug users come voluntarily mainly through outreach. The triage process must be done by medical officer, offers basic needs such as food, shelter, shower and medical aid. The introduction of Cure and Care Service Centre (CCSC) is timely with the Government Transformation Program practice.

The hospital/clinic/rehabilitation centre is the place where intensive treatment is given. It's referred by the medical officer and court. However the Cure and Care Clinic (C&C Clinic) is designed for volunteer cases who need further treatment.

The aftercare services include providing vocational skills for survival, career development, job placement and social integration. The Cure and Care Vocational Centre (CCVC) is where this happens. Hence Malaysia has some infrastructure to implement certain elements of Portuguese drug policy.

The people's perception and feeling of being uneasy and unsafe towards the presence of drug users in their communities is very high. This is because the drug user is labeled as a criminal. The society must be given the thorough explanation about the policy, and here the role of NGO is required. Societal acceptance as was the situation in Portugal is what is needed first and foremost to persuade lawmakers and the executive bodies.

To conclude, nowadays the success in promoting a new drug policy is indicated by the acceptance of the people, clients (drug users), NGOs and the rest of the world. The Portuguese government was the best example in reforming the drug policy. Considering the transformation of Malaysia drug policy, it must be carried out in the Malaysian way where there are no law amendment, no extra budget and no additional manpower.

Preetam Kaur A/P Bhagwant Singh, Legal Aid

Firstly, I commend Fifa for her fine and well written report. No one could have done a more thorough job.

Secondly, I echo our Dato' Abdul Rahman Dahlan's feedback and comments. Icannot agree more that we do face a most strenuous uphill task in changing the mind sets of our Malaysians especially the conservatives in our society that this program of "decriminalization of drug use" should be implemented.

Thirdly, as discussed with Fifa recently, I believe that we should refer to the Portugal Law No. 30/2000 for comparative studies and on the threshold quantities adopted by Portugal.

I do believe that an adoption of the Portuguese drug policy (with variations to suit our country best) will greatly assist our drug users and our country as a whole to fight the war on drugs. By adopting such a policy it does not have to mean that we have taken a defeatist approach (i.e. "since we can't beat it, we should join in") but would show that the existing policies in place at present is not doing enough to stop the increasing use of drugs by our youth and it is time we think outside the box to implement other policies to assist and desist our citizens from the continuing and increasing use of dangerous drugs. As what was said, we should still condemn the use of dangerous drugs, but we have to now be pragmatic about its solution.

I firmly believe that by handing over the drug users (who are caught with below the pre-determined threshold amount of drugs) to a Dissuasion Committee like what is being done in Portugal is one of the best alternatives out there today. By enforcing a law to treat these drug users as "patients" who will be administered by the Health Ministry instead of putting them through the motions of the criminal justice system and branding them as "criminals" would be the most pragmatic route to take.

To use an analogy, we can no longer be merely strict parents whose only way to disciple a child is to use the cane. Like all new age parents, we should sit down and discuss it and see how best we can help you get back on the right path.

The best part of this "decriminalization of drug use" policy is that we will no doubt reduce repeat offenders (hopefully) and reduce HIV infection amongst drug users or at the very least we can start treating them much earlier than if they had come to us voluntarily.

My concerns are the following in the event we are to adopt a similar policy:

1. How do we determine or reach a consensus on the weightage of the drugs which should fall within the "pre-determined threshold quantities". As what Dr. Nuno Capaz mentioned his only reservation is that the weightage of the drugs that fall within Portugal's approved Threshold Quantities is too little;

2. If such a law like the Portugal Law No. 30/2000 is implemented here, it should be clearly stated that this law will over ride and repeal all existing laws that prohibit the use of a certain quantity of drugs (re Section 15 of the Dangerous Drugs Act, 1952);

3. As was mentioned to us during the study tour, there is no restriction to employment placed on the drug users who have gone through the program as they have not been labelled as criminals. So perhaps what must also be implemented in tandem with the drug policy reform is that no employer be it the civil or private sector can refuse employment to a former/recovering drug user. If the private sector does hire, then certain corporate tax exemptions can be offered. There is no point treating and reforming them if we cannot then ensure they become useful members of society.

4. As we are all aware, any law implemented is open to interpretation if it is not definitive enough. But how do we come up with a law that must both be definitive and yet must try to offer some flexibility in its application. For example, if the threshold is 1 gram for heroin, then what would happen to a person who is caught in possession of only 1.1 grams of heroin. Would it be fair to prosecute and imprison that person who is caught with merely 0.1 grams above the threshold quantity allowed?

5. If the burden is left to our Judges who sit in the benches of our criminal courts to decide whether that person should be labelled as a "consumer" and should be referred to the Dissuasion Committee, how do we ensure that there is some conformity in the decisions that would be meted out by these Judges?

Fifa Rahman, Drug Policy Liaison Officer, Malaysian AIDS Council

The Dissuasion Commission is a fantastic idea; however I highly doubt that Malaysia is sufficiently efficient to coordinate as well as the Portuguese system does. It must be remembered that what is needed is a seamless online integration of police services, methadone and needle-and-syringe exchange service providers, treatment providers, unemployment providers and the Dissuasion Commission. These parties must put aside petty differences, demarcate duties, understand what is required of them and be easily contactable.

At the moment, although the Cure and Care clinics are a step in the right direction, they do not have integrated services for substance dependence comorbidities such as psychiatric illness, tuberculosis and hepatitis C. This may be a human resource problem, and requires some serious thinking about.

Decriminalisation itself is a highly misunderstood term, not only in Malaysia, but across the globe. Malaysia does not have the awareness of drug dependence as a medical issue as Portugal did prior to the amendment of their laws, and for that reason, a long term media plan is needed to ensure the public understands the public health objectives and goals of such a law.

In any case, I highly recommend the consideration of such a law and integrated treatment services.

Highlights of Portuguese Drug Policy

- 0.08% of Ministry of Health budget
- Humanitarian, psychosocial, medical
- Allows police to focus on large-scale trafficking
- Enables drug users to effectively reintegrate
- Incorporates harm reduction
- Addresses multiple drug harms

Recommendations to the Malaysian Government

Based on the above commentary and arguments, it would be the recommendation of the Malaysian AIDS Council to the Malaysian government to attempt a pilot project incorporating humanitarian and evidence-based elements of Portuguese drug policy, including a body akin to the Dissuasion Commission to provide multidisciplinary assessments of what is required by each individual who is dependent on drugs.

Malaysian AIDS Council
No 12, The Boulevard Shop Office,
Jalan 13/48A, Off Jalan Sentul,
51000 Kuala Lumpur, Malaysia.
T +603 4047 4222
F +603 4047 4210
www.mac.org.my
Malaysian.AIDS.Council
myAIDScouncil