Everything on My Own

A Policy Brief on Women who Use Drugs in Malaysia

Segalanya Bersendirian

Laporan Dasar Wanita yang Menggunakan Dadah di Malaysia

By Fifa Rahman and Sarah Iqbal

"When I was a child, I had to work, look for food on my own, everything on my own."

"Masa saya kanak-kanak dulu, saya kena kerja sendiri, cari makan sendiri, semua sendiri."

State of Johor,
24 years old

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CONTENTS

GLOSSARY *Glosari*

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%. *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 menyebar HIV dibuktikan turun lebih daripada 96%.*
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. *Ideologi yang memahami faktor biologi, kimia dan sosioekonomi mengapa sukar untuk seseorang menjadi abstinen daripada dadah, dan bertindak untuk mengurangkan kemudaratan dari segi kesihatan, hubungan kekeluargaan, kecenderungan melakukan jenayah, risiko jangkitan penyakit, dan faktor psikososial yang lain.[5] Modaliti pengurangan kemudaratan di Malaysia termasuk program pertukaran jarum dan alat suntikan dan MMT.*
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. *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.*
Outreach Services ***Temuseru***	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). *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.*

EXECUTIVE SUMMARY
Ringkasan Eksekutif

- Treatment services for drug addiction and harm reduction services in Malaysia are not targeted toward the unique needs of female drug users. Drug treatment and harm reduction services, therefore, are not integrated with childcare, sexual and reproductive health services, counselling, and domestic violence services.
- Women who use drugs face increased stigma from service providers, the general population, and their own families and friends as compared to men who use drugs.
- As many drug treatment services are heavily focused on male drug users, female drug users remain a hidden section of the population.
- A majority of women interviewed did not complete secondary education, and there is a lack of structural response to school dropouts.
- Women who use drugs in Malaysia often have their children removed from them, either by social services or by extended family members (including in-laws).
- One-fifth of women interviewed reported experiencing intimate partner violence.
- A majority of respondents interviewed had come from poverty/resource-poor settings.
- Most women interviewed were married below the age of 20.

- *Perkhidmatan rawatan dadah dan pengurangan kemudaratan di Malaysia tidak dikhususkan untuk keperluan unik wanita yang mengguna dadah. Oleh itu, perkhidmatan rawatan dadah tidak diintegrasi dengan perkhidmatan penjagaan anak, perkhidmatan kesihatan seksual dan reproduktif, kaunseling, dan perkhidmatan keganasan rumahtangga.*
- *Wanita yang mengguna dadah mengalami lebih stigma daripada pembekal perkhidmatan, masyarakat umum, dan keluarga dan rakan-rakan mereka sendiri berbanding dengan lelaki yang mengguna dadah.*
- *Oleh kerana kebanyakan perkhidmatan rawatan pergantungan dadah adalah berfokus kepada pengguna dadah lelaki, wanita yang mengguna dadah adalah golongan yang tersembunyi & terpinggir.*
- *Majoriti wanita yang ditemuduga tidak melengkapkan pendidikan sekolah menengah, dan tiada langsung intervensi terhadap pelajar yang tercicir.*
- *Wanita dengan permasalahan dadah di Malaysia sering dipisahkan daripada anak mereka (diambil oleh perkhidmatan kebajikan dan sosial ataupun ahli keluarga sendiri).*
- *Satu perlima wanita yang mengguna dadah mengalami keganasan daripada pasangan intim (termasuk suami).*
- *Majoriti daripada responden yang ditemuduga adalah daripada keluarga yang miskin atau persekitaran kekurangan sumber.*
- *Kebanyakan wanita yang ditemuduga telah berkahwin sebelum berumur 20 tahun.*

FOREWORD
Prakata

Although it is well-established that globally and in Malaysia the drug use epidemic is almost exclusively male in nature, data on women who use drugs in this country remains limited. The harm reduction programme, while largely successful in halving new HIV infections among people who inject drugs in Malaysia since its introduction in 2006, continues to offer services that cater to the needs of men who inject drugs at the expense of their female counterparts. While very little is known about the population size, socio-demographics, characteristics, drug using behaviour and many other aspects of women who use drugs, our work on the ground reveals the many gaps in the current harm reduction, health and welfare services that fail to address the gender specific concerns and needs of this extremely hidden key sub-population such as childcare, sexual and reproductive health, and domestic violence.

This research aims to bring to light the experiences, struggles, hopes and dreams of these oft-ignored, voiceless, faceless women who are otherwise tough, resilient, resourceful and courageous. Though only a handful were interviewed for the purpose of this study, each of their story was a silent cry for help against the injustices, violence, stigma, and exposures to health risks that they had had to suffer for being a woman and a drug user. While the study is not meant to be representative, it does make you wonder: How many more of these women are there who suffer the same fate (in silence)?

The Malaysian AIDS Council hopes that this report will help to break the silence and give a voice to women who use drugs everywhere. The road to our vision, a Malaysian society that is free from the negative impact of HIV & AIDS, must be paved with legal, health care and welfare systems and infrastructures that meet the gender-specific needs and respect the health rights of the most vulnerable, especially women who use drugs. The issues and recommendations put forth herein serve as a guide for the relevant authorities and policy makers to effect change.

Walaupun secara umumnya penggunaan dadah di seluruh dunia dan di Malaysia dianggap permasalahan kaum lelaki semata-mata, data berkenaan wanita yang menggunakan dadah di negara ini adalah terhad. Program pengurangan kemudaratan telah berjaya menurunkan jangkitan HIV baharu dalam kalangan orang yang menyuntik dadah sehingga 50 peratus sejak diperkenalkan pada tahun 2006. Namun, pakej perkhidmatan kesihatan dalam program pengurangan kemudaratan di negara ini hanya memenuhi keperluan golongan lelaki yang menggunakan dadah sehingga menyebabkan golongan pengguna dadah wanita tercicir dalam rawatan. Masih terdapat banyak lagi aspek berkaitan wanita yang menggunakan dadah seperti saiz populasi, demografi sosial, ciri-ciri dan tingkah laku penggunaan dadah tidak diketahui. Walaupun begitu, menerusi kerja-kerja di lapangan kami mendapati terdapat banyak lagi kelompangan yang masih wujud dalam perkhidmatan pengurangan kemudaratan, kesihatan dan kebajikan untuk memenuhi keperluan yang spesifik kepada gender populasi wanita yang menggunakan dadah yang amat tersembunyi ini seperti penjagaan anak, kesihatan seksual dan reproduktif dan keganasan domestik.

Kajian bertujuan mendedahkan pengalaman, pergelutan, harapan dan cita-cita wanita-wanita terabai dan tidak dikenali ini yang sebaliknya tabah, bersemangat waja, pintar dan berani. Walaupun cuma segelintir yang ditemubual untuk tujuan kajian ini, setiap cerita mereka itu satu teriakan meminta tolong untuk melawan ketidakadilan, keganasan, stigma dan pendedahan kepada risiko penyakit yang terpaksa dialami atas nama wanita dan pengguna dadah. Sungguhpun kajian tidak dapat mewakili seluruh situasi, pembaca pasti tertanya: Berapa ramai lagikah wanita seperti ini yang menderita nasib yang sama (dan membisu)?

Majlis AIDS Malaysia berharap laporan ini dapat memecahkan kesunyian dan memberikan suara kepada para wanita yang menggunakan dadah. Jalan menuju wawasan kami – sebuah masyarakat Malaysia yang bebas daripada impak negatif HIV & AIDS – mestilah berlandaskan sistem dan infrastruktur undang-undang, kesihatan dan kebajikan yang memenuhi keperluan spesifik gender dan menghormati hak-hak kesihatan mereka yang mudah terjejas, khasnya wanita yang menggunakan dadah. Semoga isu-isu serta syor-syor yang diketengahkan dalam penerbitan ini dapat dimanfaatkan oleh pihak-pihak berkuasa dan penggubal dasar yang relevan ke arah perubahan persekitaran yang positif.

Datuk Dr. Raj Karim
Presiden
Majlis AIDS Malaysia

INTRODUCTION
Pengenalan

There is limited data on the experiences and needs of women who use drugs in Malaysia. Research elsewhere has shown that women who use drugs face increased increased risks of HIV transmission, higher levels of stigma compared to men who use drugs, high levels of intimate partner violence, and mental illness.

Women who use drugs face more stigma than men who use drugs because their drug use is seen as contravening the natural roles of women in society i.e. mothers, the anchors of their families, and "caretakers" [1&2]. They are perceived to be bad women and bad mothers, and this has in some societies resulted in an unjustifiable 'moral panic' [3]. This moral panic often results in women who use drugs having their children removed from them, either by social services or by relatives.

This report provides a snapshot into the lives of several women who use drugs in 4 areas in Malaysia: the northern states of Penang and Kelantan, the centrally located Klang Valley which includes the states of Kuala Lumpur and Selangor, and the southern state of Johor. It is not generalisable to all women who use drugs in the country. It should be noted that many women who use drugs use them occasionally and without problems [4], and that the women depicted in this study and resulting policy report represent women who use drugs problematically [5] and experience harms related to their drug use.

These women are often from a low socioeconomic background, and are within reach of our outreach workers.

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1 Kensy, J., Stengel, C., Nougier, M., and Birgin, R. (2012). Drug Policy and Women: Addressing the Negative Consequences of Harmful Drug Control. IDPC Briefing Paper. London: International Drug Policy Consortium. Available from: http://idpc.net/publications/2012/11/drug-policy-and-women-addressing-the-negative-consequences-of-harmful-drug-control

2 Elan Lazuardi, Heather Worth, Antonia Morita Iswari Saktiawati, Catherine Spooner, Retna Padmawati & Yanri Subronto, 'Boyfriends and injecting: the role of intimate male partners in the life of women who inject drugs in Central Java' (2012) 14(5) Culture, Health & Sexuality 491-503

3 Jeanne Flavin and Lynne M Paltrow, 'Punishing Pregnant Drug-Using Women: Defying Law, Medicine, and Common Sense' (2010) 29 Journal of Addictive Diseases 231-244

4 Kensy, J., Stengel, C., Nougier, M., and Birgin, R. (2012). Drug Policy and Women: Addressing the Negative Consequences of Harmful Drug Control. IDPC Briefing Paper. London: International Drug Policy Consortium. Available from: http://idpc.net/publications/2012/11/drug-policy-and-women-addressing-the-negative-consequences-of-harmful-drug-control

5 Problem or problematic drug use has been defined as: 'drug use which could either be dependent or recreational. In other words, it is not necessarily the frequency of drug use which is the primary 'problem' but the effects that drugtaking have on the user's life (i.e they may experience social, financial, psychological, physical or legal problems as a result of their drug use). [Drugscope, http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/problemuse, Accessed 25 February 2015]

Data berkenaan pengalaman dan keperluan wanita yang menggunakan dadah di Malaysia adalah amat kekurangan, malah mungkin tiada langsung. Kajian di seluruh dunia menunjukkan bahawa wanita yang menggunakan dadah menghadapi tahap stigma yang lebih tinggi berbanding dengan lelaki yang menggunakan dadah, menghadapi risiko yang lebih tinggi untuk dijangkiti HIV, menghadapi keganasan daripada pasangan intim, dan lebih risiko juga menghadapi kemurungan.

Wanita yang menggunakan dadah menghadapi lebih stigma berbanding dengan lelaki yang menggunakan dadah oleh kerana penggunaan dadah mereka dilihat sebagai melanggar persepsi tabii seorang wanita, iaitu sebagai ibu, asas kepada keluarga, dan sumber kasih sayang keluarga[6 & 7]*. Mereka dianggap sebagai wanita yang kurang baik dan juga ibu yang tidak baik, dan di sesetengah tempat ini telah menghasilkan keadaan 'moral panic' yang tidak wajar. 'Moral panic' ini sering mengakibatkan kanak-kanak diambil ataupun diasingkan daripada wanita yang menggunakan dadah, samada oleh perkhidmatan kebajikan atau ahli keluarga (termasuk keluarga mertua). Kanak-kanak yang mengalami pemisahan traumatik secara tiba-tiba atau tanpa amaran sering menghadapi risiko tingkahlaku antisosial, dan mengalami keyakinan diri yang rendah, permasalahan kognitif, dan lain-lain* [8]*.*

Kebanyakan keputusan daripada kajian kami akan dipaparkan dalam jurnal akademik 'peer review', dan apa yang dipaparkan dalam laporan ini merangkumi gambaran 'snapshot' ke dalam kehidupan wanita yang menggunakan dadah di Malaysia. Ia tidak boleh disamaratakan atau dibandingkan dengan kehidupan semua wanita yang menggunakan dadah di Malaysia. Perlu ditegaskan di sini bahawa banyak wanita yang mengguna dadah menggunakannya sekali-sekala dan tanpa masalah yang besar[9]*, dan bahawa wanita yang terlibat dalam kajian dan laporan ini adalah wanita yang berada dalam jangkauan pekerja temuseru kami, dan oleh itu adalah daripada latarbelakang sosioekonomi yang rendah.*

6 Kensy, J., Stengel, C., Nougier, M., and Birgin, R. (2012). Drug Policy and Women: Addressing the Negative Consequences of Harmful Drug Control. IDPC Briefing Paper. London: International Drug Policy Consortium. Available from: http://idpc.net/publications/2012/11/drug-policy-and-women-addressing-the-negative-consequences-of-harmful-drug-control

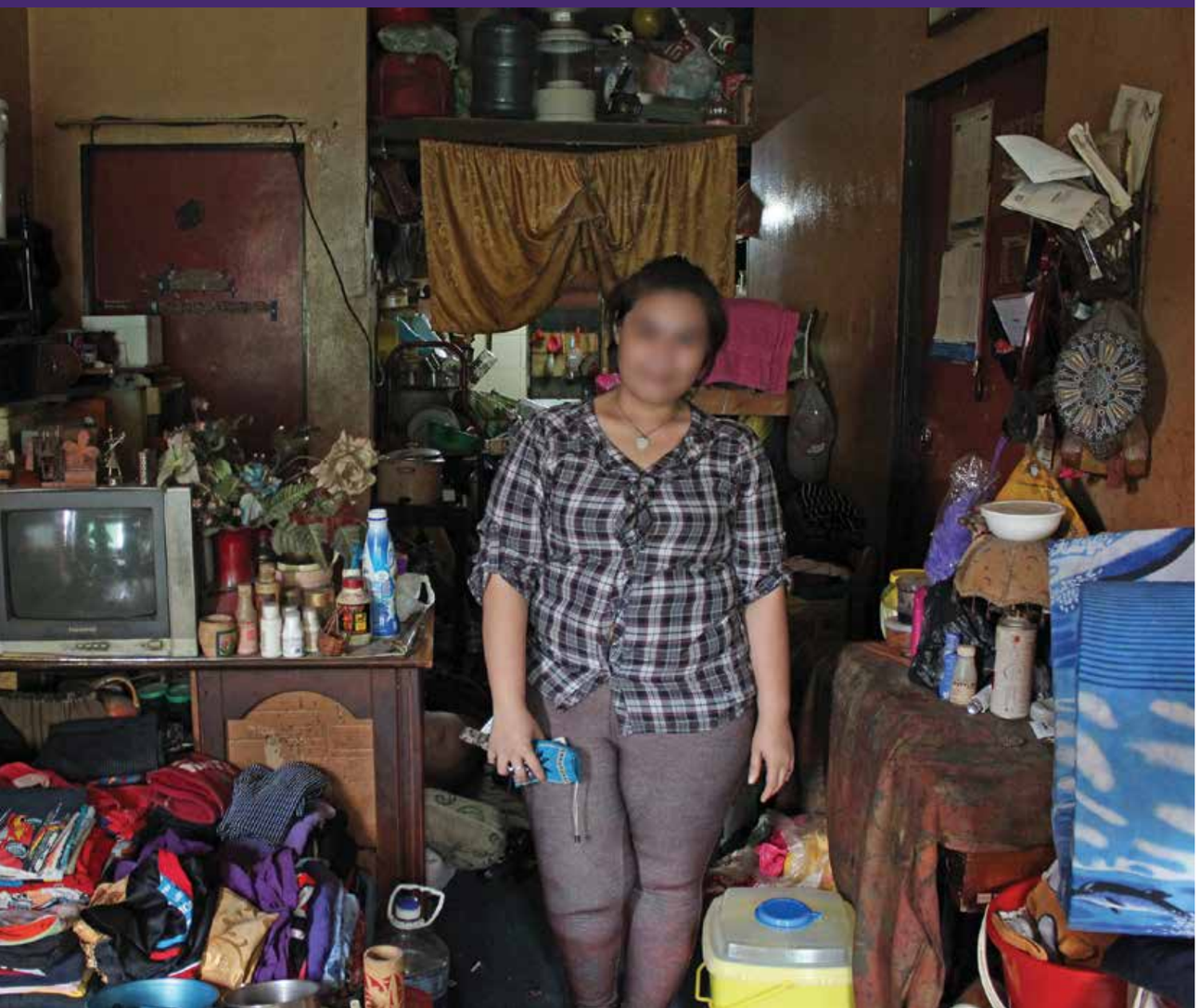
7 Elan Lazuardi, Heather Worth, Antonia Morita Iswari Saktiawati, Catherine Spooner, Retna Padmawati & Yanri Subronto, 'Boyfriends and injecting: the role of intimate male partners in the life of women who inject drugs in Central Java' (2012) 14(5) Culture, Health & Sexuality 491-503

8 Joseph Murray, David P Farrington, and Ivana Sekol, 'Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis' (2012) 138(2) Psychological Bulletin 175-210

9 Kensy, J., Stengel, C., Nougier, M., and Birgin, R. (2012). Drug Policy and Women: Addressing the Negative Consequences of Harmful Drug Control. IDPC Briefing Paper. London: International Drug Policy Consortium. Available from: http://idpc.net/publications/2012/11/drug-policy-and-women-addressing-the-negative-consequences-of-harmful-drug-control

METHODOLOGY & LIMITATIONS

Metodologi & Batasan



From September 2013 to February 2015, Malaysian AIDS Council in cooperation with University Science Malaysia, Penang and University Malaya conducted in-depth qualitative interviews with 38 women who use drugs in the Klang Valley (Kuala Lumpur & Selangor), Kelantan, Johor, and Penang.

The study involved three focus group discussions (FGDs), comprising of 9, 5, and 5 participants respectively (19 in total) in Penang, Kelantan and Klang Valley, and 19 in-depth interviews in Klang Valley, Kelantan, Penang, and Johor. Respondents were recruited with the assistance of needle-and-syringe exchange outreach workers in each location, except for Penang. Penang interviews were conducted in conjunction with the National Anti-Drugs Agency (NADA) and Universiti Sains Malaysia coorganised workshop on methamphetamine use. Interviews and FGDs were conducted by trained interviewers using a semi-structured topic guide, and were audio recorded. Interviews in Kelantan were conducted with the assistance of an interviewer familiar with the local dialect. The purpose of the study was to elicit contextual narratives pertaining to socioeconomic background, drug use, family life, and access to health services (including harm reduction services and drug treatment) and other support services, including health, welfare, and other services available and accessible.

Daripada September 2013 hingga Febuari 2015, Majlis AIDS Malaysia dengan kerjasama Universiti Sains Malaysia, Penang dan Universiti Malaya menjalankan kajian kualitatif yang mendalam dengan 38 wanita yang mengguna dadah di Lembah Klang (Kuala Lumpur & Selangor), Kelantan, Johor, dan Penang. 18 responden telah ditemuduga secara individu dan yang lain (19) telah ditemuduga secara berkumpulan ('focus group discussion') di Pulau Pinang (9), Kelantan (5), dan Lembah Kelang (5). Kesemua responden telah dipilih dengan bantuan pekerja temuseru program pertukaran jarum dan alat suntikan di setiap lokasi, kecuali Pulau Pinang. Temuduga yang dijalankan di Pulau Pinang telah dijalankan dengan bengkel berkenaan methamphetamine yang dianjurkan bersama oleh Agensi Anti-Dadah Kebangsaan (AADK) dan Universiti Sains Malaysia. Temuduga telah dijalankan dengan bantuan 'topic guide' yang separa berstruktur dan telah dirakam secara audio. Temuduga di Kelantan telah dijalankan dengan bantuan penyelidik yang biasa dengan loghat tempatan. Tujuan kajian ini adalah untuk mendapatkan naratif ataupun kisah yang dapat memberi konteks mengenai latarbelakang, trend penggunaan dadah, hubungan dan situasi kekeluargaan, dan akses kepada perkhidmatan sokongan (termasuk perkhidmatan kesihatan, kebajikan, dan perkhidmatan sokongan yang lain) wanita yang mengguna dadah dalam skop jangkauan pekerja kesihatan Majlis AIDS Malaysia.

CASE STUDIES
Kajian Kes

"He took a knife and put it to my neck. Nothing happened, but then he slammed me against the car door."

"Dia ambil pisau letak dekat leher saya... Tapi saya tak apa-apa. Lepas tu (saya) kena hentam (dengan) pintu kereta."

Siti[10], 30

is a mother of three children living in a rural area in the state of Kelantan. She was first initiated into heroin use at the age of 16 by a male cousin. She has been to prison once for a duration of one year for drug use based on repeated positive urine tests, and is separated from her children. Currently on methadone maintenance therapy, she grows a variety of crops in her backyard, and sells organic produce to make a living.

When asked about previous relationships/marriages, she recalled incidences of intimate partner violence: "Of course there was beating, from my second husband. And I'd made a police report against him. It's because I was working at that time, working in a factory. And he thought I had another man. He took a knife and put it to my neck. Nothing happened, but then he slammed me against the car door. My mum was there. She saw it."

The situation depicts an environment where while familial support is present, often, there is a lack of empowerment, awareness and support infrastructure related to responding to traumatic events. This necessitates a new response to providing support for marginalized women and women at risk of HIV.

Siti[11], 30, ibu kepada tiga orang anak, tinggal di sebuah kawasan pedalaman di negeri Kelantan. Kali pertama Siti mengambil dadah heroin adalah semasa beliau berumur 16 tahun, yang diperkenalkan oleh sepupu lelakinya. Beliau pernah dipenjarakan selama setahun atas kesalahan penggunaan dadah berikutan ujian air kencing berulang kali yang menunjukkan keputusan positif dadah, dan sekarang hidup bersendirian setelah dipisahkan daripada ketiga-tiga anaknya. Kini dia menjalani program terapi gantian metadon. Untuk menyara kehidupan, dia melakukan kegiatan pertanian kecil-kecilan di halaman rumahnya dan menjual sayur-sayuran organik.

Apabila ditanya tentang pasangan atau perkahwinan yang pernah dilaluinya, beliau menceritakan tentang keganasan daripada pasangan intim: "Pukul tu adalah, daripada suami kedua. Lepas tu saya buat laporan polis tentang dia. Saya dulu kerja kan, kerja kilang. Dia cakap saya ada lelaki lain. Dia ambik pisau letak dekat leher saya... Tapi saya tak apa-apa. Lepas tu (saya) kena hentam (dengan) pintu kereta. Mak saya ada masa tu."

Walaupun terdapat kehadiran keluarga seperti yang ditunjukkan dalam situasi di atas, namun, seringkali mereka kurang kesedaran dan kemampuan untuk bertindakbalas terhadap situasi-situasi traumatik. Oleh itu, satu pendekatan baru perlu diwujudkan untuk memberikan sokongan kepada wanita yang terpinggir dan berisiko untuk dijangkiti HIV.

[10] Name changed to protect her identity
[11] *Nama ditukar untuk melindungi identiti*

METHADONE AND STABILITY

A: Now I work together with my husband, planting cucumber.

Q: I want to ask, how did you get to know about methadone?

A: Methadone? Well before this I bought it at the pharmacy of a private clinic. And later I found out that they had it in government clinics and that it was free.

A: Sekarang saya kerja sekali dengan abang (suami), tanam timun.

Q: Saya nak tanya, macam mana boleh kenal methadone ni?

A: Methadone? Sebelum ni saya beli dekat farmasi klinik swasta. Lepas tu baru saya tahu ada di klinik kerajaan, free.

ARE WOMEN WHO USE DRUGS DIFFERENT FROM MEN WHO USE DRUGS?

"It's embarrassing. I'm ashamed. When people find out that you're a woman, using drugs, they will look at you sideways, and sneer at us. They say, "she uses needles", "she's using heroin". We don't want people to know about it."

PADA PENDAPAT ANDA, ADAKAH TERDAPATNYA BEZA DIANTARA WANITA YANG MENGGUNA DADAH BERBANDING DENGAN LELAKI YANG MENGGUNA DADAH?

"Malu, segan. Apabila orang dapat tahu yang kita ni perempuan, dia akan pandang tepi, pandang sindir. Dia akan cakap "pakai jarum tu", "dia tu pakai heroin". Kita tak nak orang tahu."

Focus Group No. 3

consisted of women aged between 19-32. The earliest age of initiation into drug use among these women was 15 years old due to pressure from dysfunctional family relationships. One respondent described a drug pusher who had befriended her in lieu of any significant familial support and role models, and later coerced her into marrying one of his clients. She referred to him as 'uncle' (pakcik) throughout the interview. She has a total of seven childen, and had to give her 3rd child away as a children to a police officer's family because she could not support him. This underlines the need for sexual and reproductive health services and counseling, and financial awareness support to be integrated in drug treatment services for women who use drugs.

Another respondent relapsed into drug use when she found out her husband cheated on her. When asked if they have a chance to stop taking drugs will they take it, all spontaneously nodded. One respondent said: "if we were given a chance, of course we want to. We do want to."

Throughout the interview a clear need emerged: the women all expressed the wish for society to support them so they could be independent and stand on their own feet. They also all wanted help to stop using drugs so that they would be able to work and improve their quality of life for themselves and the their children.

Kumpulan Kajian No. 3 *Wanita di dalam kumpulan ini berumur diantara 19-32. Umur penggunaan dadah paling muda adalah umur 15 tahun oleh kerana tekanan daripada masalah keluarga. Salah seorang wanita di dalam kumpulan ini telah dipaksa kahwin dengan pelanggan tokan dadah oleh tokan dadah tersebut. Sebelum itu, dia memberikan kepercayaan sepenuhnya kepada tokan dadah tersebut oleh kerana beliau menganggapnya sebagai bapa kandungnya sendiri, malah memanggilnya 'pakcik'. Sepanjang perkahwinannya, beliau dikurniakan tujuh orang anak, tetapi, terpaksa menyerahkan anak ketiga ketika baru lahir kepada keluarga seseorang anggota polis kerana tidak mampu menanggung bayi tersebut. Manakala lagi seorang wanita mengambil dadah semula setelah mengambil tahu bahawa suami beliau telah berlaku curang kepadanya. Apabila ditanya jikalau diberi peluang hendak berhenti mengambil dadah atau tidak, semua menunduk dan berjawab bahawa, "kalau diberi peluang mestilah nak. Memang nak."*

Dalam temuduga yang dijalankan keperluan mereka telah menjadi nyata: Kesemua wanita ini meminta satu perkara iaitu untuk masyarakat umum memberi sokongan kepada mereka supaya mereka boleh berdikari dan berdiri dengan sendiri dan berhenti menggunakan dadah supaya mereka boleh bekerja dan meningkatkan kualiti hidup mereka dan juga anak-anak mereka.

Ayu[12], 40

is a single mother of two living in Johor Bahru. She was initiated into crystal methamphetamine/ice or syabu use at the age of 15 and continues to be dependent on syabu and heroin today. She stopped going to school at age 12 due to financial difficulties. She subsequently moved in with her grandmother as her parents were undergoing a divorce and could not afford to look after her. "It was a very difficult life," she said. Ayu was married twice and her first marriage was when she was just 16 years old. Both of her partners did not use drugs and one of the reasons she divorced them was because "I did not want to burden them with me taking drugs. I'd rather be on my own." Ayu has worked in a nightclub at some point during her life and now operates a roadside stall selling drinks with her mother. She is determined to start taking methadone and really wants to change and set an example for her children. "I'm really tired. I am forced to be like this. Please help me".

Ayu[13], 40 *ibu tunggal kepada 2 orang anak di Johor Bahru pertama kali menggunakan dadah methamfetamin kristal (ice) atau syabu pada umur 15 tahun dan sehingga kini masih lagi menggunakannya. Beliau berhenti sekolah pada umur 12 tahun kerana masalah kewangan. Seterusnya beliau tinggal bersama nenek kerana ibubapa tidak mampu untuk menjaganya dan pada ketika itu mereka dalam proses penceraian. "Kehidupan saya sangat susah" kata beliau. Ayu telah bercerai dua kali dan perkahwinan pertama beliau adalah pada 16 tahun. Kedua-dua bekas suaminya tidak menggunakan dadah dan salah satu sebab beliau bercerai adalah kerana: "saya tak nak menyusahkan mereka kerana saya ambil dadah." Ayu pernah bekerja di kelab malam pada satu ketika tetapi kini beliau berniaga dengan membuka sebuah warung menjual minuman bersama ibunya. Ayu nekad untuk berubah dan mahu berhenti menggunakan dadah dan menjadi contoh yang baik bagi anak-anaknya. "Saya penat. Saya terpaksa macam ni. Tolonglah bantu saya."*

[12] Name changed to protect her identity
[13] *Nama ditukar untuk melindungi identiti*

HOW DO YOU WANT NGOS OR ANY OTHER ORGANISATION TO HELP YOU?

"I really hope for a new life. I feel as if my soul has been trapped in this for so long. I want to change."

BAGAIMANA NGO ATAU PIHAK LAIN DAPAT MEMBANTU AYU?

"Saya mintak sangat kehidupan yang baru. Dah lama jiwa saya dalam ini. Saya pun nak berubah."

WHAT DO WE ALREADY KNOW ABOUT WOMEN WHO USE DRUGS?

Apa Yang Sudah Diketahui Tentang Wanita Yang Menggunakan Dadah?

International evidence suggests that women who use drugs experience different risks and have unique needs compared with their male counterparts, and require tailored services. While research on women who use drugs in Malaysia remains limited, existing evidence suggests an urgent need for gender-specific services that better accommodate women's needs.

Women who use drugs are at higher risk of contracting HIV due to biological, behavioural and structural reasons[14]. Women who inject drugs are often injected by their male partners and so are often 'second on the needle', which increases risk of HIV transmission[15]. They are also at greater risk of psychological disorders and exhibit riskier injecting behaviours[16]. Family physicians treating female drug users report having to deal with evident experiences of trauma and violence[17]. One study of 118 women who use drugs estimated that respondents with depressive disorders face a 2.42 times greater risk of intimate partner violence compared with respondents without depressive disorders[18].

Women who use drugs experience more stigma from service providers, society generally, and from their own families and communities than men who use drugs. This is evident in other contexts and may be similar for women in Malaysia. Kensy et al. (2012) elaborate that while drug use is generally stigmatized, women who use drugs face increased stigma as drug use is seen as contravening traditional preconceptions of what women should be, as 'mothers, the anchors of their families, and caretakers"[19 & 20]. In Malaysia, the perception may extend beyond the idea of a woman not being a good mother, but also that the individual is not a good Muslim.

Studies also show that women who use drugs have different behavioural patterns and different needs than men who use drugs[21]. Strauss and Falkin (2001) comment that 'many drug-addicted women tend to be more isolated and lonely'[22] and that half of women surveyed in their study reported having a female best friend who often gave them practical help in terms of financial help, housework, and childcare[23]. This may highlight the need for non-judgmental gender-sensitive counselling as an essential support service in drug treatment centres and outreach sites.

In a 2012 study conducted among injecting female drug users in Java, while respondents did not explicitly state that they felt dominated by their intimate male partners, a 'sense of inferiority was implicit'[24] amongst the women surveyed. The authors also highlighted that there was 'interplay between emotional feeling and initiation of drug-using' and that respondents initiated drug use to demonstrate loyalty and closeness to their partner who also injected drugs[25].

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23 Id at 67
24 Elan Lazuardi, Heather Worth, Antonia Morita Iswari Saktiawati, Catherine Spooner, Retna Padmawati & Yanri Subronto, 'Boyfriends and injecting: the role of intimate male partners in the life of women who inject drugs in Central Java' (2012) 14(5) Culture, Health & Sexuality 491-503
25 Ibid

Designing Effective Interventions for Women who Use Drugs

Across the world, interventions have been designed to better address the unique needs of women who use drugs.

In a 2005 article on designing effective interventions for women who use drugs in California, Brown et al. studied a centre that provided workshops for women who inject drugs, including workshops on viral hepatitis, anonymous STI testing, domestic violence counseling, outreach and mentorship training, and workshops on thinking positive, among others[26]. The centre incorporated a harm reduction perspective, i.e. that any reduction in harm is a step in the right direction, that quality of life and well-being are criteria for measuring success, and that policies should be pragmatic, realistic, informed by, and relevant to the individuals and communities most affected[27]. Harm reduction has been official policy in Malaysia since 2006.

In a 2012 report, Pinkham et al[28]. describe Sheway, a community care program for women in the downtown eastside of Vancouver, Canada as having a variety of different services for women including hot lunches, 12 transitional housing units, accompaniment to health appointments and transport assistance (bus tickets etc.), pre- and post-natal care, advocacy and counseling, methadone maintenance and needle-and-syringe exchange services, among others. The Sheway team includes physicians, a senior practice leader, nurses, a social worker, an addictions counsellor, a nutritionist and a life skills/parenting counsellor[29].

The authors also describe an outreach program for women who use drugs by Humanitarian Action in St Petersburg, Russia which provides mobile street outreach in a special bus with safer injection and safer sex supplies, including sanitary napkins and women-specific information materials; consultations with doctors, psychologists and social workers; express HIV and pregnancy tests; STI tests; and referrals. Women are also given access to legal aid services, which can respond to loss of parental rights, intimate partner violence, and discrimination issues[30].

In Hanoi, Vietnam, a support group was established by Medical Committee Netherlands-Vietnam (MCNV) to provide mutual support and to assist women who use drugs access services they need. 130 women successfully obtained employment from this program[31].

[26] Nancy L. Brown, Verónica Luna, M. Heliana Ramirez, Kenneth A. Vail, and Clark A. Williams 'Developing an Effective Intervention for IDU Women: a Harm Reduction Approach to Collaboration' (2005) 17(4) AIDS Education and Prevention 317–333
[27] Ibid
[28] Sophie Pinkham, Bronwyn Myers, and Claudia Stoicescu, 'Designing Effective Harm Reduction Services for Women who Inject Drugs', in Harm Reduction International (HRI), Global State of Harm Reduction (2012)
[29] Id at 128
[30] Id at 129
[31] Id at 131

Bukti akademik antarbangsa menunjukkan bahawa wanita yang mengguna dadah mengalami risiko yang berbeza dan mempunyai keperluan yang unik berbanding dengan pengguna dadah lelaki, dan perlu perkhidmatan yang khusus untuk menangani keperluan ini. Walaupun kajian ke atas wanita yang mengguna dadah di Malaysia masih terhad, kajian terkini mencadangkan bahawa terdapat keperluan segera untuk perkhidmatan khusus-gender yang dapat menampung keperluan ini dengan lebih baik.

Wanita yang mengguna dadah lebih berisiko untuk dijangkiti HIV oleh kerana faktor biologi, faktor tingkahlaku/amalan dan faktor berkaitan struktur. Wanita yang mengguna dadah secara suntikan sering disuntik oleh pasangan mereka. Oleh itu, mereka disuntik selepas jarum yang sama diguna oleh pasangan mereka, dan ini meningkatkan risiko jangkitan HIV. Wanita yang mengguna dadah juga lebih berisiko kepada gangguan psikologi dan mereka mempamerkan amalan suntikan yang lebih berisiko berbanding lelaki. Pakar perubatan keluarga yang merawat perempuan yang mengguna dadah melaporkan bahawa wanita ini jelas mengalami pengalaman yang traumatik dan ganas. Satu kajian dengan 118 wanita yang mengguna dadah menganggarkan bahawa responden dengan diagnosis kemurungan menghadapi lebih risiko sebanyak 2.42 kali untuk mengalami keganasan oleh pasangan intim (termasuk suami) berbanding dengan responden tanpa kemurungan.

Wanita yang mengguna dadah mengalami lebih stigma daripada pembekal perkhidmatan, masyarakat umum, dan daripada keluarga mereka sendiri dan komuniti berbanding dengan lelaki yang mengguna dadah. Ini adalah nyata di Negara dan konteks yang lain dan mungkin sama untuk wanita di Malaysia. Kensy dan rakan-rakan (2012) mengulas: '...walaupun penggunaan dadah secara am adalah perkara berstigma, penggunaan dadah oleh wanita membawa stigma dua kali ganda oleh kerana ia dilihat sebagai melanggar peranan semula jadi wanita dalam masyarakat sebagai 'ibu, tunggak keluarga mereka, dan penjaga keluarga mereka'. Di Malaysia, persepsi ini mungkin dilanjutkan lebih daripada peranan mereka sebagai ibu, malah mungkin mereka dilabelkan sebagai Muslim yang kurang baik.

Kajian juga menunjukkan yang wanita yang mengguna dadah mempunyai corak atau trend tingkahlaku/amalan yang berbeza berbanding dengan lelaki yang mengguna dadah dan mempunyai keperluan yang unik. Strauss dan Falkin (2001) berkata bahawa 'ramai wanita yang bergantung kepada dadah biasanya lebih dipencilkan dan berasa lebih kesunyian' dan bahawa setengah daripada wanita yang dikaji dalam kajian mereka melaporkan kewujudan rakan baik perempuan yang sering menawarkan bantuan dari segi bantuan kewangan, kerja rumah, dan jagaan anak. Ini mungkin menunjukkan keperluan untuk kaunselling tanpa stigma dan sensitif dari segi gender sebagai perkhidmatan sokongan yang wajib di pusat rawatan dadah dan pusat temuseru.

Dalam kajian pada tahun 2012 yang dilakukan dengan pengguna dadah wanita yang menyuntik di Pulau Jawa, Indonesia, walaupun responden-responden tidak menyatakan secara jelas bahawa mereka berasa didominasi oleh pasangan lelaki mereka, 'sensasi rendah diri ('inferioriti') adalah tersirat' di antara wanita yang ditemuduga[32]. Pengarang juga menekankan bahawa terdapat 'kaitan antara perasaan beremosi dengan permulaan penggunaan dadah' and juga bahawa responden-responden sering bermula mengambil dadah untuk menunjukkan kesetiaan dan untuk mendekatkan diri dengan pasangan yang juga menyuntik dadah[33].

[32] Elan Lazuardi, Heather Worth, Antonia Morita Iswari Saktiawati, Catherine Spooner, Retna Padmawati & Yanri Subronto, 'Boyfriends and injecting: the role of intimate male partners in the life of women who inject drugs in Central Java' (2012) 14(5) Culture, Health & Sexuality 491-503
[33] Ibid

Mereka Bentuk Intervensi yang Efektif untuk Wanita yang Menggunakan Dadah

Di seluruh dunia, pelbagai intervensi telah direka bentuk untuk mengendali dan mengatasi keperluan unik wanita yang menggunakan dadah.

Dalam artikel yang diterbitkan pada tahun 2005 berkenaan reka bentuk intervensi untuk wanita yang menggunakan dadah di California, Amerika Syarikat, Brown dan rakan-rakan telah mengkaji pusat yang menganjurkan bengkel untuk wanita yang menggunakan dadah, termasuk bengkel mengenai viral hepatitis, ujian penyakit jangkitan seksual yang tanpa nama, kaunseling berkaitan keganasan rumahtangga, program latihan untuk temuseru dan program mentor, bengkel untuk menggalakkan pemikiran positif, dan lain-lain[34]. Pusat tersebut mengamalkan konsep pengurangan kemudaratan dalam program mereka, iaitu konsep bahawa sebarang pengurangan dalam tahap kemudaratan adalah suatu perkara yang positif, bahawa kualiti hidup dan kesejahteraan adalah kriteria utama dalam menilai kejayaan, dan bahawa dasar haruslah pragmatik, realistik, relevan kepada masyarakat terjejas, dan mengambil kira input daripada masyarakat yang terjejas[35]. Pengurangan kemudaratan telah menjadi dasar rasmi kerajaan Malaysia sejak tahun 2006.

Dalam laporan yang diterbitkan pada tahun 2012, Pinkham dan rakan-rakan[36] menceritakan tentang Sheway, program jagaan komuniti untuk wanita di 'downtown eastside' (kawasan masyarakat terjejas) di Vancouver, Canada, sebagai mempunyai pelbagai perkhidmatan untuk wanita seperti makanan tengah hari yang panas, 12 unit perumahan peralihan, iringan atau teman untuk temujanji dengan doktor, bantuan pengangkutan awam (spt. tiket bas), penjagaan pra-bersalin dan selepas bersalin, advokasi dan kaunseling, terapi gantian metadon, program penukaran jarum dan alat suntikan, dan lain-lain. Pasukan sokongan Sheway termasuk beberapa doktor, pegawai kanan amalan, jururawat, seorang pekerja sosial, seorang kaunselor pergantungan dadah, ahli nutrisi, dan kaunselor kemahiran hidup dan keibubapaan[37].

Pengarang tersebut juga menceritakan tentang program temuseru untuk wanita yang menggunakan dadah oleh Humanitarian Action di St Petersburg, Rusia yang memberi perkhidmatan temuseru bergerak dalam bas yang khas dilengkapi dengan jarum dan alat suntikan yang steril dan juga bahan seks selamat, termasuk tuala wanita dan bahan bacaan khas untuk wanita; sesi konsultasi bersama doktor, ahli psikologi dan pekerja sosial, ujian rapid HIV dan kehamilan; ujian jangkitan kelamin; dan perkhidmatan rujukan. Wanita juga diberi akses kepada perkhidmatan bantuan guaman yang boleh memberi respon kepada isu kehilangan hak ibu bapa, keganasan oleh pasangan intim, dan isu diskriminasi yang dihadapi oleh wanita yang menggunakan dadah[38].

Di Hanoi, Vietnam, kumpulan sokongan telah diasaskan oleh Medical Committee Netherlands-Vietnam (MCNV) untuk memberi sokongan bersama dan untuk membantu wanita yang menggunakan dadah mendapatkan akses kepada perkhidmatan yang diperlukan. Menurut laporan ini, 130 wanita telah berjaya mendapatkan pekerjaan daripada program ini[39].

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[34] Nancy L. Brown, Verónica Luna, M. Heliana Ramirez, Kenneth A. Vail, and Clark A. Williams 'Developing an Effective Intervention for IDU Women: a Harm Reduction Approach to Collaboration' (2005) 17(4) AIDS Education and Prevention 317–333
[35] Ibid
[36] Sophie Pinkham, Bronwyn Myers, and Claudia Stoicescu, 'Designing Effective Harm Reduction Services for Women who Inject Drugs', in Harm Reduction International (HRI), Global State of Harm Reduction (2012)
[37] Id at 128
[38] Id at 129
[39] Id at 131

RESULTS OF OUR STUDY

Keputusan Kajian Kami

Among the 19 women who completed in-depth interviews, 13 were from urban environments and 6 were from rural environments. Respondents were aged 21-56 years old with a median age of 35.5 years old.

The median age for initiation into illicit drug use was 18 years old, and the lowest age of initiation recorded was 9 years old. 15 respondents reported experiencing 'financially difficult' childhoods. 14 respondents reported dropping out of school and 1 had never gone to school. 4 respondents detailed experience of an older family member using drugs during their childhood. 10 respondents explicitly mentioned currently having or have ever had a male partner who used drugs. Most respondents were married below the age of 20. 3 individuals reported having ever injected drugs.

Among FGD participants, women were aged 18-53 years old with a median age of 26 years old. The predominant current drug use among Klang and Penang participants was crystal methamphetamine, whereas respondents in Kelantan predominantly used heroin (2 respondents via injection, 3 respondents via inhalation). Polydrug use was, however, common. In FGD No. 3 (Klang), the lowest initiation into drug use was 12 years old, with crystal methamphetamine.

Difficult Childhoods and Familial Drug Use

Experiences of difficult childhoods were evident throughout all interviews and FGDs. A 19-year old respondent from Kelantan appeared stoic as she explained her older brother's incarceration for drug possession for four years. She was initiated into drug use by her neighbour's mother.

A 19-year old respondent from Penang explained:

> "How do I say this... I started using drugs from my family, from my dad. Because he had a relationship with my sister's friend. So there was a lot of pressure, and I started sniffing glue. That started in year 3 (9 years old). And when I was in year 6 (12 years old) I stole my dad's cannabis. And every day I didn't go home."

The same respondent had been placed in a school for juvenile delinquent females when she was 14, and emphasized that she thought they were ineffective.

A 47-year old respondent currently resident in Penang spoke of growing up in Taiping and of how her alcoholic father, and then her stepfather, would beat her as a child. During her childhood, she was separated from her sister, and travelled with her aunt to Penang, where she remained indefinitely. Her aunt was a sex worker who used drugs. At the age of 10, she was initiated into drug use.

Stigma, Trauma and Violence

Respondents have undergone evident experiences of stigma from the community at large and family members:

> "Yeah of course because they don't like us (my husband and I), because we're like this, right? They are embarrassed/ashamed, they said. They are embarrassed we are withdrawing, when they should help us, right? They are ashamed, asked us (my husband, me, and my children) to get out of the house."
>
> ~Johor, 24 years old

Several respondents identified key traumatic or difficult events as the reason for their present drug use:

> "If my husband hadn't died I'm sure I wouldn't have become like this."
>
> ~Kuala Lumpur, 46 years old

There was also evidence of trauma and violence. A 55-year old respondent based in Kuala Lumpur but originally from the state of Terengganu, identified rape by her brother in law as the reason that she left her hometown. This can also be seen from Siti's story on page 9 of this report. In Focus Group No. 2 conducted at the facilities of a needle-and-syringe exchange program (NSEP) in the northern state of Kelantan among 5 respondents aged 18-53, one respondent detailed daily beatings and abuse from her husband. One of these incidents involved her being stabbed multiple times. She said, "Setiap hari dia naik tangan. Suami saya ni panas baran." /"Everyday he would beat me up. My husband is hot tempered."

Gaps in Services Currently Provided

Impoverished families experiencing intergenerational drug use are rarely identified through community or healthcare services, whether state-operated or NGO-operated. Services are often provided to one individual to address one or two needs rather than a cluster of needs. For example, a person may receive sterile needles-and-syringes, and encouragement to attend free anonymous HIV testing, but may not receive referrals to assistance in regard to childcare, welfare assistance, mental health services, or sexual reproductive health checkups, among others.

The low ages of initiation into drug use raise questions of what services exist for minors and young people who use drugs. Harm reduction services are currently not given to minors who use drugs, increasing the risk of HIV transmission and transmission of other blood borne diseases, among other harms.

In Focus Group Discussion No. 3 conducted in low-cost housing in Klang among five respondents aged 18-31, respondents drew a link between the gaps in services and the gaps and health literacy. One respondent said: "Like for us girls, they (outreach workers) should bring us go for check up with a gynaecologist, check TB and what not. We really don't know."

There is a lack of a comprehensive and collaborative support infrastructure. This may be demonstrated by a lack of response to respondents who had dropped out of school in our study.

All of the respondents that had dropped out from school had not been approached by the school or any other social services post-drop out, indicating a gap in the support structure for young people at risk.

In Focus Group Discussion No. 1 conducted in a classroom after a state-sponsored workshop on methamphetamines for women who use drugs, most of the respondents expressed distrust towards the police and had personally experienced deprivation of medication and medical care in police custody (known in Malaysia as police lockups). One respondent expressed that detainees would only be sent to the hospital if they were 'about to die'.

The respondents in FGD No. 1 requested that there should be more programs organized for them such as cooking and sewing classes. They also explained that the male drug users have better activities than female drug users such as motivational camping and although they are allowed to join these camps organized by the National Anti Drug Agency (NADA), they feel extremely shy and suggested that there should be a women only motivational programs.

A 37-year old respondent from Johor stated that she had been initiated into injecting by her husband. While it was not clear from the interview whether the equipment had already been used by her husband, this raises a necessity for education towards women of the risk of HIV infection from intimate partners as a result of sharing of used needles.

Parent-Child Separation and Impact on Women and Children

Several women in our study had their children taken away from them, either by the social services or by extended family (including in laws).

For young children in particular, their physical, cognitive and emotional development is hinged on strong attachments in the early years of life and on stability and continuity. Rutter (1971) stated that the family matrix in early childhood is where the strongest emotional ties are formed[40]. By separating children from mothers even on the grounds of protection can have long term consequences for children's ability to make future attachments and to interact with others for the rest of their life. Separating a child from their parent even for a relatively short time can have a devastating emotional and physical impact[41]. Numerous studies have shown that these children often fail to develop stable and continuous relationships due to the limited and poor quality of contact with their caregivers[42 & 43]. Children that are institutionalised/are in state care often suffer from dramatic developmental delays and may follow deviant developmental pathways[44].

A 2012 paper meta-analysing 40 studies showed that parental incarceration resulted in a higher risk for antisocial behavior[45]. This is especially true if this is multiple broken attachments (women who are regularly arrested or placed in forced treatment without their children, children are separated from other caregivers)[46].

Children who experience traumatic separations with no warning or preparation (arrest, detention, child removal) can experience significant impacts that manifest in low self-esteem, a general distrust of others, mood disorders (including depression and anxiety), inadequate social skills and cognitive and language delays. Research has shown that where the mother is incarcerated, girls are more likely to show these effects compared to boys, especially where there is a long sentence[47]. We also know that for mothers whose children are removed from their care experience high levels of distress, anxiety and depression as a result that can also impact on their drug using behaviour.

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Daripada golongan 19 wanita yang telah ditemuduga secara individu, 12 adalah dari kawasan bandar dan 6 adalah dari kawasan pedalaman. Mereka berumur 21-56 tahun dengan umur median 35 tahun. Umur median untuk permulaan penggunaan dadah adalah 18 tahun. 14 responden melaporkan bahawa zaman kanak-kanak mereka amat 'susah' dari segi kewangan. 11 responden telah tercicir persekolahan dan seorang responden tidak pernah bersekolah. 4 responden telah menceritakan pengalaman dengan ahli keluarga yang lebih berusia menggunakan dadah sewaktu zaman kanak-kanak mereka. 9 responden telah secara jelas menyatakan bahawa mereka ada atau pernah ada pasangan lelaki yang menggunakan dadah. Majoriti daripada responden telah berkahwin sebelum umur 20 tahun. 3 responden pernah menggunakan dadah secara suntikan.

Umur permulaan penggunaan dadah yang rendah membangkitkan persoalan mengenai kewujudan dan skop sebarang perkhidmatan untuk kanak-kanak dan orang muda yang menggunakan dadah. Perkhidmatan pengurangan kemudaratan kini tidak diberi kepada kanak-kanak yang menggunakan dadah, dan ini meningkatkan risiko jangkitan HIV dan penyakit lain, disamping kemudaratan yang lain.

Tiga (3) kumpulan kajian telah diadakan dengan 19 wanita keseluruhuannya di Klang, Kelantan dan Pulau Pinang. Responden berumur daripada 18-53 tahun dengan umur median 26 tahun. Dadah utama yang digunakan oleh responden di Klang dan Pulau Pinang adalah dadah jenis methamfetamin ataupun syabu, manakala dadah utama yang digunakan diantara kumpulan kajian di Kelantan adalah dadah jenis heroin. Bagaimanapun, penggunaan pelbagai dadah oleh setiap individu adalah lazim antara responden dalam kumpulan-kumpulan ini. Dalam kumpulan kajian no. 3 (Klang), umur paling awal permulaan penggunaan dadah adalah 12 tahun, dengan dadah metamfetamin atau syabu.

Zaman Kanak-Kanak yang Mencabar dan Penggunaan Dadah oleh Keluarga

Semua temuduga, termasuk juga temuduga secara berkumpulan mendapati pengguna dadah wanita menempuhi zaman kanak-kanak yang mencabar. Responden berumur 19 tahun daripada Kelantan telah menceritakan tentang pemenjaraan abangnya selama 4 tahun untuk pemilikan dadah. Para penyelidik mendapati responden menceritakan perkara ini dengan nada yang rata, seolah-olah telahpun pasrah dengan keadaannya. Beliau pertama kali diperkenalkan kepada dadah oleh ibu kepada jirannya yang juga merupakan kawan baiknya.

Responden yang berumur 19 tahun daripada Pulau Pinang berkata:

> *"Macam mana saya nak cerita ni... Saya terjebak dengan benda ni dari family lah, dari bapak. Sebab dia ada hubungan dengan kawan kakak. So, tekanan lah, dan saya hidu gam. Saya hidu gam dari darjah tiga. Dan masa darjah enam, curi bapak punya ganja. Hari-hari tak balik rumah."*

Responden yang sama juga telah diletakkan di sekolah pemulihan akhlak perempuan apabila berusia empat belas tahun, dan beliau berasa bahawa sekolah pemulihan akhlak ini langsung tidak berkesan.

Responden berumur 47 tahun yang kini tinggal di Pulau Pinang menceritakan tentang zaman kanak-kanaknya di Taiping dan bagaimana bapanya yang merupakan kaki minum, dan kemudiannya bapa tirinya, telah memukulnya sewaktu kecil. Pada suatu ketika, beliau telah diasingkan daripada adik perempuannya. Beliau terpaksa mengikuti mak saudaranya yang tinggal di Pulau Pinang, dan adiknya dihantar ke tempat lain. Mak saudaranya merupakan pekerja seks yang bergantung kepada dadah. Pada umur 10 tahun, beliau telah bermula menggunakan dadah.

Stigma, Trauma, dan Keganasan

Responden telah mengalami stigma yang ketara daripada masyarakat umum dan keluarga sendiri:

> *"Ya lah sebab diorang tak suka kitaorang, kitaorang macam ni, kan? Dia malu, dia cakap. Dia malu kita ni gian, patut dia bantu kita kan. Dia malu lah, suruh kita keluar daripada rumah."*
>
> *~Johor, 24 tahun*

Beberapa responden telah mengidentifikasikan insiden traumatik yang khusus sebagai sebab keadaan mereka:

> *"Kalau dia (suami saya) tak meninggal mesti saya tak jadi macam ni."*
>
> *~Kuala Lumpur, 46 tahun*

Terdapat juga bukti yang ketara mengenai pengalaman traumatik dan keganasan. Responden berumur 55 tahun yang kini tinggal di Kuala Lumpur tetapi berasal daripada Terengganu, berkata bahawa sebab beliau meninggalkan tempat asalnya adalah kerana beliau telah dirogol oleh abang iparnya. Pengalaman trauma dan keganasan ini juga boleh dilihat daripada pengalaman Siti pada mukasurat 9 laporan ini. Dalam temuduga kumpulan kajian No. 2 yang dijalankan di Kelantan diantara 5 responden berumur 18-53, seorang responden telah menceritakan tentang suaminya yang memukulnya setiap hari. Salah satu insiden ini melibatkan beliau ditikam beberapa kali. Beliau berkata, "Setiap hari dia naik tangan. Suami saya ni panas baran."

Kekurangan Perkhidmatan yang Sedia Ada

Keluarga daripada golongan sosioekonomi rendah yang mengalami penggunaan dadah antara generasi jarang diidentifikasi melalui perkhidmatan dalam komuniti ataupun perkhidmatan kesihatan, samada yang dikendali oleh kerajaan mahupun badan bukan kerajaan. Perkhidmatan seringkali diberi kepada seorang individu untuk mengatasi hanya satu ataupun dua keperluan, bukannya seluruh spektrum keperluannya. Sebagai contoh, seseorang individu mungkin menerima jarum dan alat suntikan yang steril, tetapi mungkin tidak dirujuk kepada bantuan jagaan anak, bantuan kebajikan, perkhidmatan kesihatan mental, pemeriksaan kesihatan reproduktif dan seksual, dan lain-lain.

Dalam Kumpulan Kajian No. 3 yang dijalankan di rumah kos rendah di Klang dengan 5 responden berumur daripada 18-31 tahun, responden telah mengenalpasti perkaitan antara kekurangan dalam perkhidmatan sedia ada dan pengetahuan tentang kesihatan. Seorang responden berkata: "Macam kiteorang perempuan ni, (pekerja temuseru) patut bawak kiteorang pergi check yang sakit puan, TB ke apa. Kita pun tak tahu."

Terdapat kekurangan infrastuktur sokongan yang komprehensif dan yang berdasarkan koloborasi kerjasama antara semua pihak. Ini dapat dilihat daripada respon yang diberi kepada responden dalam kajian ini yang telah tercicir persekolahan. Daripada semua responden yang tercicir persekolahan, semua tidak pernah dilawati oleh sekolah atau perkhidmatan sosial dan kebajikan yang lain selepas tercicir. Ini menimbulkan tanda tanya dan menunjukkan kekurangan dalam struktur sokongan orang muda dan belia yang berisiko. Temuduga bersama kumpulan kajian No. 1 telah dijalankan dalam bilik ceramah selepas bengkel mengenai syabu yang dianjurkan oleh Agensi Antidadah Kebangsaan bersama 9 responden berumur 21-50 tahun. Majoriti responden merakamkan perasaan sangsi ataupun tidak percaya kepada polis dan majoriti pernah mengalami situasi di mana ubatan dan perkhidmatan kesihatan tidak diberi di dalam lokap polis. Seorang responden berkata bahawa orang kena tahan (OKT) hanya akan dihantar ke hospital sekiranya mereka hampir 'nak mati' (nyawa-nyawa ikan).

Responden-responden dalam kumpulan ini meminta supaya lebih program seperti memasak dan menjahit dianjurkan untuk wanita yang menggunakan dadah. Mereka juga berkata bahawa kini terdapat lebih program menarik untuk lelaki yang menggunakan dadah, seperti kem motivasi. Walaupun responden dibenarkan menyertai kem-kem yang dianjurkan oleh AADK ini, mereka berasa amat segan dan mencadangkan kem motivasi untuk wanita sahaja.

Menurut seorang responden daripada Johor yang berumur 37 tahun, kali pertama beliau menggunakan dadah secara suntikan, beliau telah disuntik oleh suaminya. Adalah tidak jelas samada jarum suntikan yang digunakan telah digunakan oleh suaminya sebelum itu. Ini membangkitkan keperluan pendidikan kepada wanita tentang risiko jangkitan HIV akibat perkongsian jarum suntikan.

Pengasingan Ibu daripada Anak dan Impak terhadap Wanita dan Kanak-Kanak

Beberapa wanita dalam kajian kami telah diasingkan daripada anak-anak mereka, sama ada oleh perkhidmatan kebajikan atau oleh saudara mara (termasuk keluarga mertua/ipar).

Bagi anak-anak kecil khasnya, perkembangan fizikal, kognitif dan emosi mereka bergantung pada ikatan yang kuat ketika peringkat awal kehidupan serta pada kestabilan dan kesinambungan. Rutter (1971) menyatakan emosi matriks kekeluargaan pada peringkat awal zaman kanak-kanak merupakan masa ikatan emosi yang paling kuat terbentuk [48]. Memisahkan kanak-kanak daripada ibu mereka mahupun atas dasar perlindungan akan meninggalkan kesan jangka masa panjang terhadap keupayaan kanak-kanak tersebut untuk menjalinkan ikatan dan untuk berinteraksi dengan orang lain pada masa hadapan. Memisahkan seorang anak daripada ibu atau bapanya walaupun untuk tempoh masa yang singkat boleh mengakibatkan impak emosi dan fizikal yang membinasakan [49]. Beberapa kajian telah menunjukkan bahawa kanak-kanak tersebut selalunya gagal untuk menjalinkan hubungan yang stabil dan berterusan disebabkan oleh kualiti hubungan yang terhad dan lemah dengan pengasuh [50 & 51]. Kanak-kanak di bawah jagaan rumah-rumah kebajikan sering mengalami kelewatan dalam proses perkembangan yang ketara dan mungkin menuruti laluan perkembangan yang terpesong [52].

Satu meta-analisis pada tahun 2012 terhadap 40 kajian menunjukkan ibu bapa yang dipenjarakan mengakibatkan risiko tingkah laku anti-sosial yang lebih tinggi[53], khasnya dalam kes-kes ikatan yang terputus berulang kali (wanita yang seringkali ditahan atau diletakkan dalam pusat rawatan secara paksaan tanpa anak-anak mereka, anak-anak dipisahkan daripada pengasuh lain)[54].

Kanak-kanak yang mengalami trauma akibat pemisahan tanpa sebarang amaran atau persediaan (tangkapan, tahanan, pengasingan anak) akan terjejas dari segi perasaan harga diri yang rendah, sifat ketidakpercayaan kepada sesiapa secara umumnya, gangguan mental (termasuk kemurungan dan kerisauan), kemahiran sosial yang tidak mencukupi serta perkembangan kognitif dan bahasa yang tertangguh. Kajian menunjukkan apabila ibu dipenjarakan, kanak-kanak perempuan lebih cenderung untuk menunjukkan kesan-kesan yang tersebut tadi berbanding kanak-kanak lelaki, lebih-lebih lagi jika tempoh hukuman adalah panjang[55]. Kami juga mendapati untuk ibu-ibu yang anak-anaknya dipisahkan daripada jagaan mereka mengalami tahap-tahap kesusahan, kerisauan dan kemurungan yang tinggi yang juga akan mempengaruhi tingkah laku penggunaan dadah mereka.

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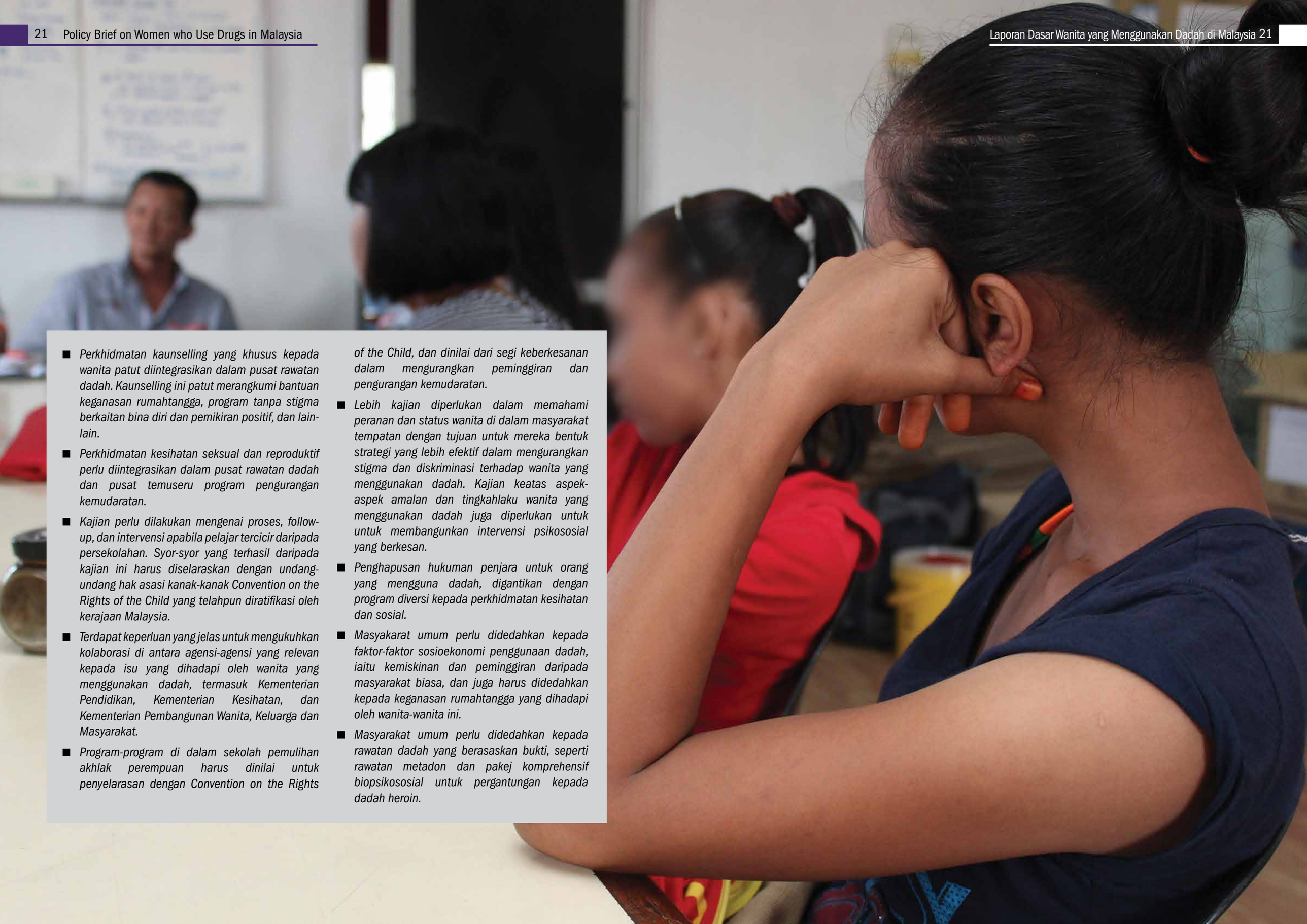
54 Kate Iorpenda, Senior Adviser: Children and Adolescents, International HIV/AIDS Alliance (Personal Communication) (23 February 2015)

55 Huebner BM, Gustafson R. 'The effect of maternal incarceration on adult offspring involvement in the criminal justice system.' (2007) 35(3) J Crim Justice 283–296

POLICY RECOMMENDATIONS

Syor-Syor Dasar Baru

- Counselling services tailored for women should be integrated within drug treatment centres. These services should include assistance on domestic violence, non-judgmental positive thinking workshops, and others.
- Sexual and reproductive health services should be integrated into drug treatment centres and harm reduction outreach points.
- Further research should be conducted about the follow up process and interventions for school dropouts. The recommendations that result from any such research should be compatible with the Convention on the Rights of the Child, an international child rights treaty that has been ratified by the Malaysian government.
- There is a need for the strengthening of interagency collaboration on matters pertaining to women who use drugs. Relevant Ministries include (but are not exclusive to): the Ministry of Education, the Ministry of Health, and the Ministry of Women, Family, and Community Development.
- Programs within female juvenile detention centres be assessed for efficacy in addressing marginalisation and reducing harm and also be assessed for compatibility with the Convention on the Rights of the Child.
- More research on understanding the role and status of women who use drugs in society is needed for developing more effective strategies to reduce stigma and discrimination among this group. Research on the behavioural aspects of drug use among women is also needed to develop effective psychosocial interventions.
- Prison sentences for people who use drugs should be eliminated completely and replaced with diversion programs to health and social services.
- The general public must be sensitised as to the sosiooeconomic factors for drug use, notably poverty and marginalisation. They must also be sensitised as to the increased risk of intimate partner violence faced by women who use drugs.
- The general public must be sensitised as to evidence-based drug treatment, for example methadone maintenance treatment together with a comprehensive package of biopsychosocial interventions to treat heroin dependence.



- *Perkhidmatan kaunselling yang khusus kepada wanita patut diintegrasikan dalam pusat rawatan dadah. Kaunselling ini patut merangkumi bantuan keganasan rumahtangga, program tanpa stigma berkaitan bina diri dan pemikiran positif, dan lain-lain.*
- *Perkhidmatan kesihatan seksual dan reproduktif perlu diintegrasikan dalam pusat rawatan dadah dan pusat temuseru program pengurangan kemudaratan.*
- *Kajian perlu dilakukan mengenai proses, follow-up, dan intervensi apabila pelajar tercicir daripada persekolahan. Syor-syor yang terhasil daripada kajian ini harus diselaraskan dengan undang-undang hak asasi kanak-kanak Convention on the Rights of the Child yang telahpun diratifikasi oleh kerajaan Malaysia.*
- *Terdapat keperluan yang jelas untuk mengukuhkan kolaborasi di antara agensi-agensi yang relevan kepada isu yang dihadapi oleh wanita yang menggunakan dadah, termasuk Kementerian Pendidikan, Kementerian Kesihatan, dan Kementerian Pembangunan Wanita, Keluarga dan Masyarakat.*
- *Program-program di dalam sekolah pemulihan akhlak perempuan harus dinilai untuk penyelarasan dengan Convention on the Rights of the Child, dan dinilai dari segi keberkesanan dalam mengurangkan peminggiran dan pengurangan kemudaratan.*
- *Lebih kajian diperlukan dalam memahami peranan dan status wanita di dalam masyarakat tempatan dengan tujuan untuk mereka bentuk strategi yang lebih efektif dalam mengurangkan stigma dan diskriminasi terhadap wanita yang menggunakan dadah. Kajian keatas aspek-aspek amalan dan tingkahlaku wanita yang menggunakan dadah juga diperlukan untuk untuk membangunkan intervensi psikososial yang berkesan.*
- *Penghapusan hukuman penjara untuk orang yang mengguna dadah, digantikan dengan program diversi kepada perkhidmatan kesihatan dan sosial.*
- *Masyakarat umum perlu didedahkan kepada faktor-faktor sosioekonomi penggunaan dadah, iaitu kemiskinan dan peminggiran daripada masyarakat biasa, dan juga harus didedahkan kepada keganasan rumahtangga yang dihadapi oleh wanita-wanita ini.*
- *Masyarakat umum perlu didedahkan kepada rawatan dadah yang berasaskan bukti, seperti rawatan metadon dan pakej komprehensif biopsikososial untuk pergantungan kepada dadah heroin.*

CONCLUSION
Kesimpulan

Preliminary results of the study indicate that women who use drugs in Malaysia undergo significant experiences of stigma, violence, and marginalisation from the community. They are threatened with prison sentences for drug use, increasing the risk of them being separated from children, and reducing the possibility of employment post-exit. In a 2015 op-ed in The Guardian it was opined that: "Our laws are built around the belief that drug addicts need to be punished to stop them. But if pain and trauma and isolation cause addiction, then inflicting more pain and trauma and isolation is not going to solve that addiction. It's actually going to deepen it." The Malaysian AIDS Council asks that the Malaysian government consider the above recommendations. Further study results will be published in peer review journals.

Keputusan kajian yang awal ini menunjukkan yang wanita yang menggunakan dadah di Malaysia menghadapi stigma, keganasan, dan peminggiran daripada masyakarat. Mereka menghadapi hukuman penjara untuk penggunaan dadah dan ini meningkatkan risiko untuk diasingkan daripada anak mereka, dan mengurangkan peluang pekerjaan setelah keluar daripada penjara. Dalam artikel akhbar The Guardian bertarikh 2 Januari 2015 ia telah dikatakan: 'Undang-undang kita dibina dengan kepercayaan bahawa pengguna dadah perlu dihukum jika mahu mereka berhenti mengambil dadah. Tetapi jika kepiluan dan trauma dan kesunyian menyebabkan pergantungan kepada dadah, maka menghukum dan mengenakan lebih kepiluan dan trauma dan kesunyian tidak mungkin dapat memulihkan pergantungan tersebut.' Majlis AIDS Malaysia menyeru agar kerajaan Malaysia mempertimbangkan syor-syor diatas. Keputusan kajian yang penuh akan dibentangkan dalam jurnal semakan rakan kesepakaran.

MALAYSIAN AIDS COUNCIL

The Malaysian AIDS Council (MAC) was established in 1992 to function as an umbrella organisation to support and coordinate the efforts of non-governmental, civil society and community-based organisations working on HIV & AIDS issues in Malaysia.

MAC works in close partnership with government agencies, the private sector and international organisations to ensure a committed and effective response to the HIV epidemic.

MAC, comprising the Secretariat and its Partner Organisations, provides nationwide coverage of community-based HIV services and serves as the common voice for the communities affected by HIV.

Programmes led by MAC to address the HIV epidemic are built upon a combination of direct HIV prevention, treatment, care and support services to key populations as well as advocacy efforts with key stakeholders to improve the socio-legal environment in which these programmes operate.

OUR OBJECTIVES

- Increase awareness of HIV & AIDS
- Prevent the spread of HIV
- Eliminate discrimination, stigma and prejudice associated with HIV & AIDS
- Promote and protect the rights of those made vulnerable by HIV & AIDS
- Ensure the highest possible quality of life for people living with HIV
- Provide care and support to individuals with HIV.

OUR VISION

A society free from the negative impact of HIV & AIDS, where the HIV epidemic is under control through comprehensive prevention, treatment, care, support and impact alleviation services particularly for the most vulnerable and marginalised populations.

OUR MISSION

The mission of the Malaysian AIDS Council is to represent, mobilise and strengthen non-governmental organisations and communities to ensure political commitment and effective response in a supportive environment at national and local levels. In scaling up its unified efforts, the Malaysian AIDS Council will work in partnership with government, private sector, international organisations and people living with HIV.

The contents of this publication are the sole responsibility of the Malaysian AIDS Council and can in no way be taken to reflect the views of the European Union.

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