

TREATING THE ADDICTED: CURE AND CARE SERVICE CENTER (CCSC) IN THE EAST COAST OF MALAYSIA

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ABSTRACT

The issue of drug misuse in Malaysia has been a complex issue in the country for more than decades. Many prevention methods have been implemented by the government in order to curb the problem. Besides that, a number of rehabilitation centers are established in treating drug addiction problem among the drug addicts. In Malaysia, a Cure and Care Service Center (CCSC) is established around the nation in hope to provide facility for the drug addicts to cure their addiction. With regards to that, the study sets out to investigate the categories of people that are admitted to CCSC and the programmes that are organized by the center for the drug addicts as well as for the community. Through qualitative approach, an interview protocol and documents; module and brochures were employed as the instruments in the current study. The findings revealed that CCSC accepted individual with drug addiction issue who intends to be treated as well as those who were caught by the authority. CCSC conducted programmes not only for the drug addicts but also for the community. Significantly, the study revealed the action that is taken by the government in tackling the drug addiction problem in Malaysia.

Keywords : drug misuse, prevention methods, Cure and Care Service Center (CCSC)

1.0 INTRODUCTION

There is an increasing concern over the misuse of drug in Malaysia. To date, Malaysia is known to have the toughest laws in dealing with drug misuse as well as drug trafficking. It is one of the initiatives that the government has implemented to combat the issue of drug misuse. Other than the laws, the government under the National Drug Agency has established Cure and Care Service Center (CCSC) to provide facility for the drug addicts to cure themselves from the use of drug. Due to that, the study attempts to identify the categories of people who are admitted to the center, the kind of activities that are organized by the center as well as the programmes that AADK organizes with the community. Three (3) research questions were generated as follow:

1. What are the categories of people who participate in CCSC programme?
2. What are the programmes that is conducted by CCSC?
3. What are the programmes that AADK conducts with the community?

Figure 1 demonstrates the conceptual framework of this study in relation to the research questions that are formulated. In relation to the research questions, the study investigates two (2) aspects of

CCSC which are the categories of people who are involved in CCSC programme and the programmes that are conducted by CCSC for the drug addicts and the community in general. Under the former aspect, the study explores three (3) categories of people which are the drug addicts who were willing to receive treatment voluntarily, the family members or employer reach out to CCSC to get help and lastly, those who were caught by the authority based on the reports from the community. Pertaining to the second aspect, the study intends to identify the programmes that are conducted by the center to cure the drug addiction as well as to spread awareness on drug misuse. Four (4) main elements are included in this study starting with the duration of treatment process and module that are prepared by AADK for drug abuse treatment. Following is the type of collaboration that AADK conducts with international and local organization and community in handling the drug misuse problem. Lastly, the study proposes to extend the understanding towards the drug abuse prevention method that is implemented in Malaysia.

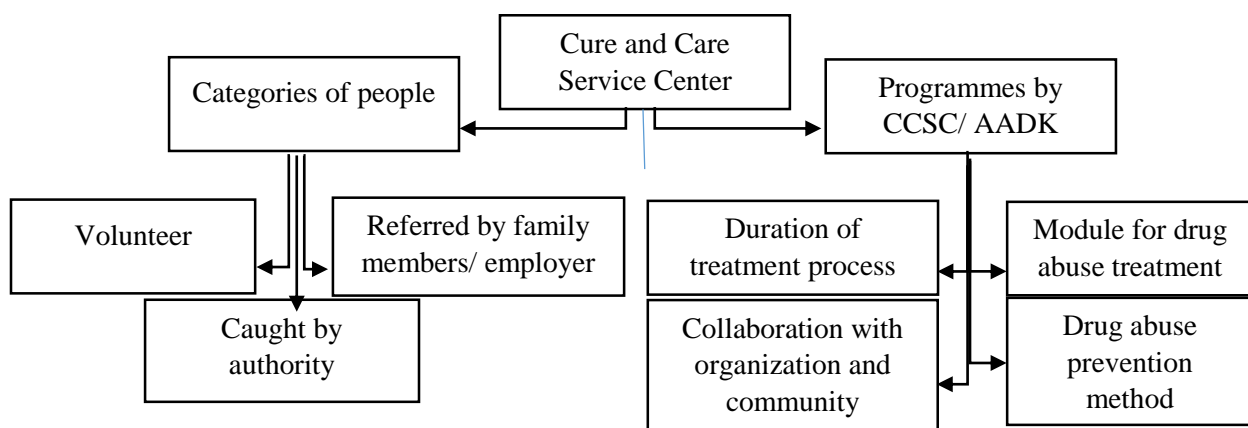


Figure 1: Conceptual Framework

2.0 STATISTICS OF DRUG ADDICTION IN MALAYSIA

Over the past century, there has been an increase in the number of drug addicts in Malaysia. It has been identified as a serious public health problem in Malaysia. In 2015, a total of 26, 668 drug addicts was recorded while in 2016, the number increases to 30, 844 (Agensi Antidadah Kebangsaan, 2016). Due to the increasing number of drug addicts, the government has announced 2016 as *'Tahun Perangi Dadah Besar-Besaran'* (Agensi Antidadah Kebangsaan, 2016). In particular, the phenomenon of drug abuse may affect anyone regardless of their background (Haji Jamaluddin Haji Ahmad, 2009). In recent years, it was reported that students from primary and secondary schools as well as from institutions of higher learning are also involved in drug abuse (Nabilah Hamudin, 2015). The Agensi Antidadah Kebangsaan (AADK) report (2016) indicates that 2, 862 primary school students were recorded to be involved in drugs in 2015 and the number increased to 2, 898 in 2016. For secondary school students, there were 19, 942 cases were reported in 2015 and escalated to 23, 262 in 2016. They normally became involved with the unhealthy activities like smoking and drug abuse during weekends and outside school (Chan, Sidhu & Wee, 2016). Meanwhile, the number of drug addicts among higher learning institutions in 2015 was reported at 530 and increased to 602 cases in 2016.

On the other hand, AADK (2016) also reported the number of drug addicts according to their

occupations. The most cases reported in 2016 were those who did not have permanent jobs followed by labour workers with 10, 643 and 5, 232 respectively. A likely explanation is they used drugs as they felt pressure to chemically enhanced their work performance; particularly the labour workers (National Institute on Drug Abuse, Drugs, Brains, and Behavior: The Science of Addiction, 2014). Also, drug misuse at work is a serious problem that can effect the misuser but also the organization (Health and Safety Executive, 2001). According to Health and Safety Executive (2001), it may help in boosting the work performance, but later, it can cause problem at the workplace like poor time-keeping, aggression and abnormal fluctuations in concentration and energy.

3.0 CCSC PROGRAMME IN MALAYSIA

There are several programs that was organized by AADK over the years in spreading awareness on the misuse of drug. In conjunction with the International Antidrug Day, AADK organized a program named Hari Anti Dadah (HADA). It was announced that 19th February is the National Drug Day for Malaysia. During HADA, a few activities were carried out with cooperation from other government bodies and non-government organizations. Other main activity conducted by AADK is known as Program Gerak Gempur Dadah (GEMPADAH) which requires participation from the authority as well as involvement from the local community. The main objective of the program is to clear out areas in every city in Malaysia from the black and grey area of drug abuse.

Other than spreading awareness and conducting the drug prevention programs, AADK is also responsible to cure the drug addicts. Thus, AADK conducted an aftercare program for clients who have completed their treatment in the Cure and Care Rehabilitation Centre (CCRC). According to AADK (2016), the Cure and Care Service Center (CCSC) focuses on providing the aftercare program to the targeted groups through three major components which are '*Psikososial*', '*Rawatan Kesihatan dan Perubatan*', and '*Latihan Kemahiran & Vokasional*'. Different modules were prepared by AADK for each of the components such as Early Recovery, Relapse Prevention, Counseling, and Entrepreneurship. Spiritual and religious programs are also outlined in the components to instill moral values among the clients. Mohamad Johdi Salleh (2012) notes that spiritual and religious programs are important for the drug addicts as it helps to increase awareness and instill moral values among them. His study also recognizes the need to have counseling session for the drug addicts as it is effective to help them mentally prepared when they are free from the treatment later. Counsellor would be able to conduct the session to teach them ways to prevent them from relapse. In regards to relapse prevention, Larimer, Palmer, and Marlatt (1999) identify it as one of the important components in a treatment. Often, relapse is considered as a treatment failure; equivalent to a negative outcome. Therefore, in the module, a client must undergoes minimum of three (3) sessions of relapse prevention program (AADK, 2016). Among the sessions are alcoholism, '*Pekerjaan dan Kepulihan*', and '*Abstinen Sepenuhnya*'. In short, the programmes that are conducted at CCSC are to ensure that the clients receive a holistic and proper treatment for their drug addiction.

4.0 METHODOLOGY

The study uses qualitative method to gain an in-depth and deeper understanding about the kind of people that participate in CCSC programme and the type of programmes that are conducted to cure the drug addiction among drug addicts. Two (2) types of research instruments were used to collect data for this study which are semi-structured interview protocol and documents such as brochures, pamphlets and modules that are used by CCSC. This would allow the researcher to gain rounded and detailed data pertaining to the research objectives. A face-to-face semi-structured interview was conducted with an officer from the CCSC to gauge her experiences when dealing with the drug addicts as well as in conducting the programmes. The respondent was selected due to her working experience with CCSC. For the purpose of data analysis, the interview session was recorded. Meanwhile, the documents were collected at her office after permission was granted.

As illustrated in Figure 2, to begin the data analysis process, the interview was transcribed by using a computer software namely InqScribe. Then, the researchers read through the interview transcription several times to identify potential meanings of the raw data before manually conducting the coding process. During the process, the researcher highlighted the most frequent and dominant keywords or phrases that were relatable to each of the research questions. Next, the keywords and phrases were categorized accordingly. The same procedure was also conducted for the documents that were collected from the center. The researcher identified and highlighted relevant keywords or phrases. Later, they were compared to the data from the interview transcription and inserted into the relevant categories. Finally, themes were developed. In reporting the finding, the participant was identified as Puan Harlina for confidentiality purposes.

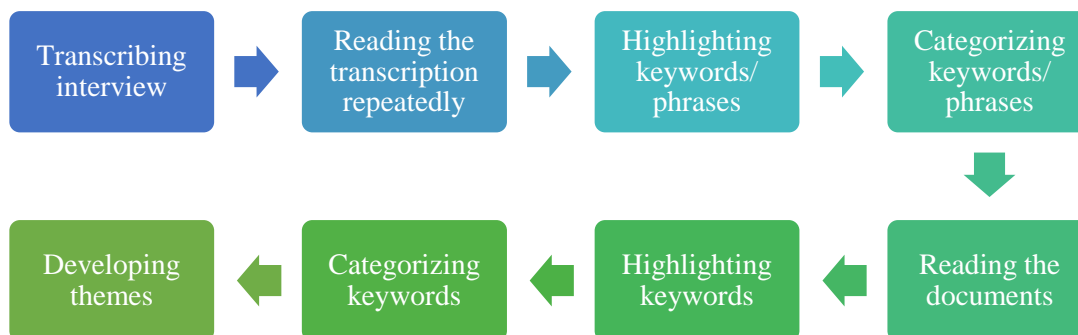


Figure 2: Procedure of Data Analysis

5.0 RESULTS AND DISCUSSION

This section discusses the results of the study after analysis was conducted. The presentation of the results is based on three (3) research questions that have been generated and stated earlier in the reporting of this paper. The first research question is to identify the group of people that participated in the Cure and Care Service Centre (CCSC) program.

5.1 Research Question 1: What are the categories of people who participate in CCSC programme?

Based on the data analysis, there are three (3) groups of people that participated under the CCSC program which is “Volunteer to participate”, “Referred by the family members or employers”, and “Caught by the authority”. The respondent, Puan Harlina addressed that *“CCSC is more focusing on...volunteer [to receive treatment]”*. She further elaborated that most of the drug addicts that came to CCSC were *“on their own...[they decided] to either receive the treatment [or not]. We cannot force them to change. We uplift their spirits [to change] ...it is all up to them”*. This is in line with the main objective of the establishment of CCSC; in which drug addicts would come voluntarily to the centre to receive treatment (AADK, 2016). By improving the availability of drug addiction treatment, it is believed that it can encourage them to reduce the drug dependency and ultimately, improve the overall health and well-being (Buckley, 2009). As CCSC is based on volunteer basis, she described that *“it does not have restricted and tight security as compared to the rehabilitation centre. [This is] because this one...is for walk-in”*.

For example, Puan Harlina shared a story about a retired soldier who was a drug addict and made a decision to receive treatment from CCSC. According to Puan Harlina, the retired soldier was clueless after retiring from his service in the military and it was his friend that offered him the drug. As a result, the addiction affected not only him but his family members as well. She explained that *“[he was] not aware...he was very angry...[and he] slapped his son. After that, he felt that he was affected by his son’s crying, [and therefore] wanted to receive a treatment”*. He joined CCSC Jerantut branch and recovered from the drug addiction. She elaborated that he is currently working with CCSC as ‘Pembimbing Rakan Sebaya’ but is still being monitored by CCSC. Such is in line with a report by National Treatment Agency for Substance Misuse (2009) in which it is believed that the client is willing for recovery and ready to make radical lifestyle changes. Without the desire to recover and make changes, the treatment would not be successful.

On a different note, participants in CCSC program would be treated at the centre for a period of six (6) months, depending on participant’s recovery progress. Puan Harlina further elaborated that *“in between 4 to 5 months, we [officers at CCSC] would evaluate [the participant’s recovery progress]. We held a meeting to select which participant that is suitable to be outside [among the society], for four to six months. In that case...I will take care of the participants for six months”*.

Next, the second group of people that participated in the CCSC program is “Referred by the family members or employers”. Puan Harlina addressed that she has received a number of participants whose family members sent them in. She said:

“...every day, there will be reports. So, that is easy for us. They [family members] allow us to bring their children to CCSC. We will pick them up at the certain locations by surprise”

Besides family members, CCSC also received a report from the employers. Puan Harlina explained that *“the employers cannot fire their employees as they do not have proof. They suspected...[perhaps when they are] some items were missing [from the office], an amount of money is missing too. The employers suspected...but cannot take any action. So, they called us to help them”*. In this case, a urine test would be administered and to ensure that it run smoothly, she elaborated that the employer was advised to organize a meeting in which all employees must be present for the session. Immediately, the officers from National Antidrug Agency would rush in

and lock all entries. Due to that, the employees with positive urine test result would be referred for treatment. In addition, CCSC consists of participants who were caught by the authority such as by the police or National Antidrug Agency officers. She noted that those who were caught would receive treatment based on the duration that is *“ordered by the court, to undergo treatment at the CCSC for one to two years”*. The court will place the participants at any of the CCSC branches. Stevens (2012) argue that the compulsory treatment may not benefit the drug addicts as they may not be motivated to receive treatment and as a result, there is a risk of relapse. This is supported by DiClemente, Bellino, and Neavins' (1999) study that found lacking of motivation is a common phenomenon in receiving treatment. In contrast, Miller & Flaherty (2000) believe that compulsory treatment enforces alternative consequence which resulting to complying to drug addiction treatment. Alternative consequence refers to loss of benefits, loss of child or custody, and jailtime. Similarly, Gregoire and Burke (2004) found that compulsory treatment may benefit the clients as it is the most consistent type of drug addiction treatment. The clients are constantly monitored and received treatment throughout the duration in the rehabilitation centre. In Malaysia, it is compulsory for clients to attend all treatments and trainings that are outlined by AADK (Mohamad Johdi Salleh, 2012). If they disobey, the clients would not be able to move forward to the next stage of recovery treatment and thus, prolonging their drug addiction treatment duration. In relation to that, Puan Harlina commented that there was a drug addict who has been prisoned for multiple times due to different criminal cases as well for drug abuse. According to her, *“similar to a case in Jerantut, he has many prison records and attended rehabilitation centre for many times...lastly, when he got into CCSC Jerantut branch, we [officers] let him learn about religion from the nearby religious institute...he changed. He even got married now”*.

In one of her many experiences in dealing with the drug addicts, she shared her experience when a family member was being caught for the illegal use of drug substance.

“at the district level, we go to their [drug addicts] houses, like the one we did yesterday...we caught the participant from [his] house...sometimes, husband and wife, siblings...we have to deal with many issues...if we take the husband, the wife will come too with their children. We want to send him to a rehabilitation centre, depending on the level of his drug addiction, as suggested by our officer. However, after consideration, his children is sick, and his wife is HIV positive, so he was placed under the district supervision”

Based on Puan Harlina's comment, she asserted that not all who were caught by the authority would be taken to the rehabilitation centre. The officers in CCSC will discuss among themselves of whether to send the drug addicts to the rehabilitation centre or otherwise. The decision was made based on the stage of drug addiction depending on the participant's diseases related issues and family background. She reported that *“a wife came to CCSC and beg us [officers] not to take her husband in...probably, his husband support the family...she came last week...some more [moreover] the wife is an Indonesian...and their children is hyperactive...”*. Thus, they spent a day discussing the matter. Eventually, the committee decided not to send the drug addict in the rehabilitation centre. Instead, he could continue living with his family but under close monitoring by the officers from CCSC as well as the authority.

When asked about the drug addicts' socioeconomic background, she explained that mostly are from the less fortunate family. They work as fishermen, security guard as well as a lorry driver. A report by DualDiagnosis.org (2017) concluded that drug abuse is more prevalent among family living in poverties as drug abuse is more of a byproduct of the lifestyle led by people of limited financial means. Due to unstable financial status, a person has to do two or three jobs which can cause them fatigue and depression. Therefore, to make sure they perform at works, they use drug to boost their performance. She explained that *"they took drug to boost their work performance. [for fisherman], he needs drug to withstand the condition on the sea, to work longer...they relied too much on the drug and become drug addicts"*. However, drug addiction does only affect the less fortunate family. Puan Harlina addressed that public servants were also involved in the drug abuse. If caught, they would not be referred to CCSC, instead, they will be ordered to visit Clinic Cure and Care 1Malaysia (CNC). She said that *"we have to consider their future...we have to understand that their reputation is at stake"*. It would be difficult for the public servants as their name will be recorded in the system if they are to be taken into the CCSC program.

Other than the working class, students from higher institution and school were also involved in the drug abuse. This echoes to Chan Yuen Fook, Lim Peck Choo, Sidhu, Wee Eng Hoe, and Mohd Zaiham Abd. Hamid's (2015) study that alluded that most social ill among youths begin while they are still attending schools. Also, Kasundu, Mutiso, Chebet, and Mwirigi (2012) found that the number of cases of drug abuse among youth is increasing by year. The most at risk is those in the age group of 16 to 18 years, the years where they are in the secondary school. In Malaysia, AADK (2016) reported that there was an increase of cases for age group 16-19 years old. It was 1375 drug addicts for 2015 and rises to 1595 in 2016. Puan Harlina said that a lot of them are from the private colleges and universities. They would visit any higher institution and conduct urine test among the students. Therefore, students who were found to have positive urine test result would be given to the administration for further action. To illustrate, Puan Harlina described that a student from a college in Kuantan who refused to be admitted to CCSC. He requested to remain studying in the college and the officer agreed to his request but he must attend the training and treatment conducted by CCSC. Due to that, CCSC will submit a report to the officer as well as to the college's administration. She explained that the training and treatment program is conducted on every Friday for volunteer students.

In a different occasion in which the students are caught by the authority outside of the school or institution area, they will be treated like other drug addicts. They fall under the jurisdiction of the National Antidrug Agency. Puan Harlina further elaborated that students usually succumb to their peer pressure to use drug illegally. There was an incident where according to Puan Harlina, his friend put the drug in his drink while entertaining themselves at the karaoke centre.

"... sometimes, friend. I interviewed a student...it was his first time...why? [he] went to karaoke and his friend put [the drug] in his drink. When he walked out, the police ran some checkups. So, he was caught. Similar to the New Year [celebration]...they drank...they took it just for fun...to socialize".

5.2 Research Question 2: What are the programmes that is conducted by CCSC?

The second research question explores the program that is conducted by CCSC for the participants' treatment process. Two (2) themes emerged from the analysis and they are "Duration of Treatment Process" and "Module for Drug Abuse Treatment". At CCSC, Puan Harlina explained the duration of the treatment process for the participants who come voluntarily is about one (1) to three (3) months. However, according to her, "*Three (3) months is not enough. He [the participant] needs more time. 3 months is for the getting-to-know period*". She further elaborated that family members should not expect the participant to be fully recovered after receiving treatment from CCSC. She alluded that "*we [officers] look after for one year, right? How can he [the participant] fully recovers?*" The finding corresponded to a report by National Institute on Drug Abuse (2013) that mentioned the appropriate time in treatment relies on the type and degree of the drug addiction problem. It is a long-term process and requires several follow-ups and continuous support from family or community. Unlikely, the participants who subjected to receive treatment at the CCSC by the court would take one (1) to two (2) years; depending on the order given out by the court.

Other than that, Puan Harlina mentioned that they are in charge of supervising the participants who have been allowed to leave the rehabilitation centre for two years. She explained that when the participant left rehabilitation centre, the treatment does not end there.

"We [officers from CCSC] continue the participant's treatment for another two years. We will monitor him in that two years, where would he go to. Some of them come back, while others don't really. It is like that..."

In regards to receiving treatment, the service is also provided at the Clinic Cure and Care 1Malaysia. The clinic is opened for the public; especially for drug addicts who work as a public servants. The duration of the treatment process is shorter than at the CCSC. Over the period of treatment at the CCSC, the National Antidrug Agency has prepared modules for the drug abuse treatment. The module is being used at all CCSC as well as at the Clinic Cure and Care 1Malaysia. The module is carried out by the officers at CCSC. Puan Harlina explained that the execution of the module is "*according to the officer's creativity. [He can conduct] in group training...talk...up to the officer. We are like teachers too in here, but a teacher to the clients. We called [the participants] as clients. Our clients' age is varied...*" Based on a finding from Mohamad Johdi Salleh's (2012) study, one of the respondents agreed that the activities in the centre helped them to overcome their addiction. The counseling sessions benefit them on ways to overcome their drug addiction problem. When asked to elaborate more on their duty to carry out the module, Puan Harlina explained that "*...it is among us [the officers] only. S29, like that, right?...depending on the grade...S29, S19, S22...sometimes I carried out the module myself but ever since I was transferred here, I don't have the time.*" she clarified that most of the officers are not an expert in psychology but they have received training and learn on their own. In regards to the module, Puan Harlina explained that the module consists of programs such as guidance and counselling, early recovery, relapse prevention, psycho-education, and religious activities. The programs help to treat mentally and spiritually as she said that,

"...we must know all trigger that can cause our clients to be drug addict again. Them [drug addicts], sometimes they have a

trigger from inside and outside of themselves, they can be emotionally triggered. So, as an officer, we must explain everything to them. How to handle trigger from the surrounding, [this is] because sometimes they are tempted to use the drug again. Sometimes, when they look at the spoon...they will be tempted”.

5.3 Research Question 3: What are the programmes that AADK conducts with the community?

In answering the third research question, it examines the programs that are conducted by National Antidrug Agency with the community. Based on the analysis, two (2) themes emerged which are “Collaboration with organization and community” and “Drug abuse prevention method”. National Antidrug Agency collaborated with organizations and community in order to prevent drug abuse from happening as well as to cure the drug addicts. The latter, according to Puan Harlina, National Antidrug Agency will take clients from the rehabilitation centre to join activities that are conducted by the community such as “gotong-royong” and catering. This is one of the ways to allow them to socialize with the community. However, Puan Harlina mentioned that only clients who are in Phase 4; those who are in the final stage of the recovery process and about to leave the centre, will be selected to join the program. Another type of collaboration with the community are National Antidrug Agency in which the agency retrieves information about drug abuses from the local people. The information is regarding the location where most drug addict is spotted or location where the drug addicts will come to buy the drug. Puan Harlina explained that they “*received the information based on reports from the locals or through their investigation*”. When they have collected enough information, they organize an operation to ambush the location.

“...we will go at 3 a.m. and wait at the location until there are people [drug addicts] coming. We can catch up to 30 people [at one time]”. She further elaborated that they “*set up four checkpoints. So, at all four checkpoints, officers will be placed*”.

In term of collaboration with the organization, Puan Harlina shared her experience in dealing with a drug addict from the Republic of Philippines. The foreigner was later referred to the Immigration Department of Malaysia. According to her “*the foreigner used Malaysian identity card, he used our identity card...sells drug...make money [in Malaysia]. He refused to admit to us...the identity card is photocopied in color, and plastic laminated...clearly, he is lying. When we checked the identity card, the face is different, the signature is different...it is for the Immigration Department of Malaysia to handle*”. The result confirms the association between foreign workers and the problem of drug abuse in Malaysia as found in Zarina Othman, Nor Azizan Idris, and Mohamad Daud Druis’ (2015) study. They are using the opportunity to work in Malaysia to sell drugs to local community and this leads to an increase number of drug addiction problem in Malaysia.

Other than the government organization, National Antidrug Agency also collaborated with non-government organizations such as Drug, Intervention Committed Malaysia (DIC), Casa Femina and Casa Villa. They are supervised by the National Antidrug Agency under the unit of Pusat Pemulihan Dadah Persendirian. She stated that “*we [National Antidrug Agency] will observe. National Antidrug Agency will observe because the license is given by us. We need to*

observe...once a year we will come to check...there is a form, we will check...is the organization following the criteria that we have listed?" In preventing the drug abuse, National Antidrug Agency has conducted five programs with the community. They are named as TEKAD, Tomorrow's Leader, SHIELDS, SMART, and PINTAR. Puan Harlina explained that TEKAD, or its full name is '*Tempat Kerja Bebas Dadah*' focuses on the prevention of drug abuse at the workplace. Tomorrow's Leader is carried out by targeting students from the higher institution. During the program, there will be a seminar, talk, and exhibition in relation to drug abuse. Also, students are exposed to law and punishment in Malaysia as well as the place for them to refer to when countering problem-related to drug abuse. Puan Harlina shared that "*International Islamic University Malaysia [has] invited National Antidrug Agency to give talk...not a really a talk...it is like a syllabus for them. The topic is drug*".

Sukses, Matang, Aktif, Rasional, Tanggungjawab (SMART), on the other hand, is targeting the youth in general. The program is carried out in three (3) days and two (2) nights in the camping area. As for SHIELDS, it refers to '*Sayangi Hidup Elak Derita Selamanya*' in which the program is targeting students in secondary school. In term of the selection for participants, Puan Harlina explained that,

"we [National Antidrug Agency] will conduct urine test in the nearby schools...in risked school...counselor will give [us] the name, and we call them for a urine test. Those who get positive in their urine test result will be listed for the SHIELDS program"

The fifth program is targeting students from the primary school. This program is for pupils ages between ten to twelve years old. The program is called as Program Intelpek Asuhan Rohani (PINTAR). The main objective of PINTAR is to teach them the importance of living a healthy lifestyle and also to give guidance on avoiding drug substances.

6.0 CONCLUSION

In conclusion, the results of the study suggest that CCSC provides well-rounded services that cater to all walks of life who were involved in the misuse of drug. The center welcomes everyone who wishes to cure themselves from the drug addiction including those who were caught by the authority. Meanwhile, the programmes that are conducted by CCSC are based on a module which includes community services, religious and spiritual activities, and talks. These are among the activities to give awareness to the drug addicts on the danger of misusing drug and at the same time, cure their drug addiction. In addition, the finding revealed that other than programmes for the drug addicts, CCSC also conducted activities for the community i.e. parents, family members, and students. The awareness programmes for the community is deemed important as this can serve several purposes. Firstly, the family members would be able to help the drug addict once they have completed their treatment at CCSC. Also, the knowledge can be used to educate others on the danger of drug misuse and its prevention method. In general, the study has significantly extended our knowledge of the effort that the government has taken in combatting the issue of drug misuse in Malaysia.

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