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**M** MONOGRAPH  
**S** SERIES

**14**

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**SELECTED RESEARCH STUDIES  
ON DRUG ABUSE IN THE ASIAN  
REGION – 1998/1999**

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United Nations International Drug  
Control Programme  
REGIONAL CENTRE, BANGKOK



**SELECTED RESEARCH STUDIES ON DRUG ABUSE IN  
THE ASIAN REGION 1998/1999**

**Editors:**

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## INTRODUCTION

The Asian Multi-City Epidemiology Study Program has entered its sixth year in 1998. The Asian Multicity Epidemiology Work Group (AMCEWG), now consisting of 23 cities has been established. A city based surveillance system has been developed in twelve cities. These cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; Manila, Philippines; Hanoi, Vietnam; Yangon, Myanmar; Vientiane, Laos; Phnom Penh, Cambodia; Taipei, Taiwan; Colombo, Sri Lanka; Dhaka, Bangladesh; Islamabad, Pakistan; and Madras, India.

Two meetings were held in 1998. The first group meeting was held in Penang, Malaysia from 28 April – 3 May 1998, and the second was also held in Penang from 17 – 21 November, 1998. During the meetings, the participants reported on the problem of drug abuse in their cities/countries. In addition, training sessions on drug abuse epidemiology, concepts of ethnography and its application in drug-related studies were conducted. Small group discussions were held to identify critical problems in drug abuse and to use qualitative research techniques for data collection in these research areas.

Qualitative research techniques were found to be suitable for small investigations and exploratory studies in drug abuse as this problem is commonly confined to small and hidden populations. The use of qualitative research methods such as focus groups, in-depth interviewing, participant observation and ethnography, facilitates exploratory research in some parts of the area of drug abuse that is still unknown or that which has not been explained well before. Such research methods can also generate large amounts of rich qualitative data in a short time and are highly flexible in being applicable for various settings and purposes. Using these qualitative research techniques, participants worked on common research topics in drug abuse such as prevention, recovery and relapse, drug usage trends, risk behaviors, drug use resiliency, dependent characteristics and demand situations. Detailed aspects were studied and new frontiers were explored in these common areas of research in drug abuse.

This publication presents a collection of the findings of such small investigations. The studies are largely exploratory in nature where specific and emerging issues in the area of drug abuse have been studied using qualitative research methods. The studies were also instrumental in exposing the emergence of new drugs among the abuser population and the resultant problems from a socio-medical perspective.

This program has been carried out by the Asian Multicity Epidemiology Program, Universiti Sains Malaysia in conjunction with the Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, National Institute of Health, USA. Participants received support for their activities from their individual agencies for which we express our gratitude. Technical support was provided by the Center for Drug Research, Universiti Sains Malaysia.

**PART 1**  
**SOUTH ASIAN STUDIES**

# WHY FEMALE HEROIN USERS ARE NOT SEEKING HELP? AN ETHNOGRAPHIC STUDY

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Indicator data from police stations and treatment facilities for drug dependants have shown that the number of heroin-related arrests and treatment admissions are decreasing. In 1996, the number of female arrests was 55 (males 10,665) while the number of treatment admissions was 4 (males 1,847). However, according to law enforcement officers, treatment workers and outreach workers, female drug dependants known to them are significant in numbers.

There are two least recognised facts in our society in relation to drug dependency. First, females' role in promoting drugs, particularly heroin and their potential use in controlling of heroin epidemic. Efforts to understand these aspects of the problem by ethnographic methods were started in 1997.

After the initial contacts with several female drug users it was revealed that the issue is complex and long-term contacts are necessary to understand the situation and to develop suitable interventions. We found that most of the female drug users are sex workers operating at lower social strata. Contacts were set up with street level sex workers and low-class brothels to find them. These contacts are mainly maintained through the outreach workers.

Some street level drug users permanently live on the same street, sometimes for several decades. The other group is mobile and moving from one place to another within the city or between cities. The main income source of both groups is sex work. Their clients are from various parts of the island and are from various trades. Charges of street level sex workers vary from Rs. 50 to 250 (US\$1 to 4) while sex workers at brothels charge more. The earnings of the young ones are more than sufficient to support their drug habit and other daily requirements.

At street level we observed that females are more active and powerful than their male counterparts. Among drug dependent couples ("husband and wife") we met very active wives and inactive husbands. Even during our interviews with females, by the road they live, only very few males join the discussions.

Why are these women not being seen in drug abuse treatment programmes? With the few interviews we had with them the following explanations were identified. Firstly, heroin use is not considered as a major issue in their life. Secondly, they think that their lives are already destroyed and cannot be rehabilitated (but they want to raise their children to a better world and most of them are pursuing the idea with social welfare organisations). Thirdly, they have no alternative arrangement for children care while they are away for

drug treatment (most of them when arrested by police go to the prisons with their babies). Fourthly, they are not happy about the present treatment facilities available to them. Finally, no sufficient encouragement is received by them from the treatment providers.

The question of "why female heroin users are not being treated at treatment facilities" was raised with treatment providers. Several useful explanations were obtained as a result. Firstly, only very few females were seeking treatment voluntarily. Secondly, the treatment services were serving the male for years and oriented towards male inmates. Thirdly, the fear of management of having males and females together which would create more administrative problems to them. Fourthly, the treatment workers have never paid serious attention to the issue of female drug dependants.

## BIOLOGICAL AND PSYCHOLOGICAL CO-MORBIDITY IN DRUG ABUSERS

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### INTRODUCTION

Prolong abuse of psychoactive drugs has been shown to cause various psychological and biological disorder in drug addicts. The bodily consequences of drug abuse are related not only to the pharmacological action of the drug but -- also and even more frequently -- to the method of drug administration and the life style of the abuser. The lack of germ free technique, the sharing of needles and syringes and the presence of other agents such as talcum powder, chalk powder, quinine, etc., results in a number of common and often quite serious infectious complications, such as skin infections, vein clotting and inflammation, heart conditions, pneumonia and hepatitis. Some of these illnesses are also caused by weak immunity resulting from lack of proper nutrition, less attention to personal cleanliness and exposure to unhealthy places. Serious injuries also occur through lack of judgement, especially when driving a motor vehicle or working around fire or in factories. Amylodoitic nephropathy is especially frequent in addicts who use heroin by subcutaneous route (skin popping). Cardiovascular and cerebrovascular diseases are frequent medical complications observed in cocaine abusers<sup>1</sup>. The major effect of marijuana is on behaviour, which is mediated through the central nervous system. The extent of behavioural effect is directly related to the concentration of marijuana used<sup>2</sup>. The abuse of marijuana is not without physiologic and somatic consequences. In chronic abusers pharyngitis, sinusitis, bronchitis and asthma has been reported<sup>3</sup>. One study indicates that regular smoking of marijuana may result in constrictive lung disease, such as interstitial fibrosis<sup>4</sup>. Marijuana has relatively poor combustibility with up to 50% more polyaromatic hydrocarbons, and high levels of hydrocarbon byproducts in the body have been associated with susceptibility to bronchogenic carcinoma<sup>5</sup>.

Studies in the USA have shown high rates of psychiatric co-morbidity among alcohol and drug addicted individuals seeking treatment (Hesselbrock, et al., 1985; Khantzian & Treece, 1985; Ross, et al., 1988; Rounsaville, et al., 1982; Weissman, et al., 1976). In these studies up to 80% of the addicts had a DSM III life-time disorder and current disorder was found in 30% to 70%. More specifically life-time anxiety disorder varied from 10% to 17%; affective disorder from 40% to 60%; antisocial personality disorder from 26 to 47%; and psychotic disorder were present in 3% to more than 40% of the respondents.

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The present study attempts to identify psychological and biological co-morbidity among drug addicts at the Central Treatment Center, so that drug addicts may undergo specialized care if the drug dependency is complicated by accompanying diseases.

## 2. OBJECTIVE OF THE STUDY

- I. To find out the relationship of various diseases and drug abuse.
- II. To suggest that drug treatment facilities need to extend their sphere. So that patients may under go specialized care if the drug dependence is complicated by accompanying disease.

## 3. MATERIAL AND METHOD

The sample size was 126, collected from November 1998 to March 1999 from the Central Treatment Center for drug addicts in Dhaka, Bangladesh. As a routine all patients who came for treatment in this center were registered in the out door and were interviewed in detail, using a structured interview schedule. Information such as socio-demographic variables, drug-related data and other treatment-related issues were collected from all patients. These patients were then advised to undergo some pathological investigations. The subjects in the sample were chosen from those who were found to have some kind of morbidity in their clinical and pathological examination during their second visit to the center. Patients who had psychological problems were interviewed by qualified psychiatrist and diagnosis was confirmed by mental state examination on the basis of DSM III R.

## 4. RESULTS

### 4.1 Socio-Demographic Characteristics

#### 4.1.1 Age, Sex and Marital Status

All the respondents are male. More than 68% of the patients were between 20 to 34 years of age, while 19% were between the age group of 35 to 44 years. There is not much difference in the number of married and unmarried population in the sample (Table 1).

**Table 1: Age, Sex and Marital Status of Patients**

Factors	No	%
<b>Sex</b>		
Male	126	100%
Female	0	-
Total	126	-
<b>Age (Years)</b>		
Under 15	-	-
15 - 19	6	4.4%
20 - 34	86	68%
35 - 44	26	19%
45+	8	5.8%
<b>Marital Status</b>		
Unmarried	54	42%
Married	68	53%
Divorce	4	3%

#### 4.1.2 Education and Occupation

Nineteen per cent of the sample population had no education while 44.4% finished high school education. Unemployed (31%) was highest amongst the population followed by self-employed (22%) and sales and clerical workers 17.46% (Table 2).

**Table 2: Patients' Education and Occupation**

Factors	No	%
<b>Education</b>		
No education	24	19
1 – 6 years of education	32	25.5
7 – 12 years of education	56	44.4
13+ years of education	14	11.1
<b>Occupation</b>		
Student	14	11.1%
Unemployed	40	31.7%
Labor	4	3.17%
Agro. Based	4	3.17%
Driver/Transport work	12	9.52%
Professional	2	1.58%
Sales & Clerical Work	22	17.46%
Self employed	28	22.22%

**4.2 Drug Dependent in Each Group with Selected Biological and Psychological Condition.**

Table 3 demonstrates that large member of addicts suffers from various biological and psychological co-morbidity. The number of patients suffering from sexually transmitted diseases is highest (46.8%) followed by liver disorder (23%). T.B., and psychological condition being 11% each. Six per cent of patients had some kind of cardiovascular disorder. Most of the patients were in the age group of 20 – 34 years (68%).

**Table 3: Patients' Age and Medical Conditions**

Condition	Age Group					Total	%
	>15 years	15 – 19 years	20 – 34 years	35 – 44 years	<45 years		
Heart condition excluding hypertension	-	-	-	5	3	8	6.3
Hypertension			1	1		2	1.5
Respiratory disorder Excluding T.B.		1	4	-		5	3.9
T.B.			10	2	2	14	11
Liver Disorder		2	24	3	-	29	23
STD		1	34	14	3	52	46.8
Convulsive disorder		1	1			2	1.5
Psychological		1	12	1		14	11
<b>Total</b>		6	66	25	8	126	

**4.3 Type of Drug Abused vs. Biological and Psychological Condition**

Most of the biological morbidity was due to abuse of opiate derivative (63%) while 57% psychological disorder was due to abuse of cannabis. Thirteen per cent of the morbidity was caused polydrug abuse (Table 4).

**Table 4: Type of Drug Abused and Medical Conditions**

Condition	Opiate	Cannabis	Alcohol	Poly Drug	Diazedpam/ Nitrazepam	Total
Heart condition excluding hypertension	7			1		8
Hypertension	1		1			2
Respiratory disorder Excluding T.B.		4		1		5
T.B.	8	4		2		14
Liver Disorder	22	4		3		29
STD	38	7		7		52
Convulsive disorder	1				1	2
Psychological disorder	3	8		3		14
<b>Total</b>						126 Pt

#### 4.4 Duration of Drug Abuse and Biological & Psychological Condition

Sixty-two per cent of the conditions complicating drug abuse were evident in drug addicts who have been abusing drug for more than 5 years. Thirty-four per cent of addicts that suffer psychological and biological conditions have been using drugs for 1 – 4 years (Table 5).

**Table 5: Duration of Drug Abuse vs. Biological & Psychological Condition**

Condition	Less than 1 years	2 – 4 years	More than 5 years
Heart condition excluding hypertension		2 (25%)	6 (75%)
Hypertension			2 (100%)
Respiratory disorder Excluding T.B.			5 (100%)
T.B.		3 (21%)	11 (79%)
Liver Disorder	1	7 (24%)	21 (72%)
STD	3	21 (40%)	28 (53%)
Convulsive disorder		2 (1.59%)	
Psychological disorder		6 (42%)	8 (57%)
<b>Total</b>	4 (3.1%)	43 (34%)	79 (62%)

#### 4.5 Distribution of Psychiatric Disorder

Affective disorders (manic disorder and depressive disorder) were found to be highest amongst those suffering from psychological co-morbidity (64%) (Table 6).

**Table 6: Distribution of Psychiatric Disorder**

No. of patient	%	Primary Diagnosis
4	28.5	Depressive disorder
1	7.14	Schizophrenia
5	35.71	Bipolar disorder
3	21.42	Anxiety disorder
1	7.14	Obsessive compulsive disorder

#### 5. CONCLUSION

This study reveals that substantial proportions of drug abusers suffer from various biological and psychological co-morbidity. However, due to lack of facilities proper care of these patients cannot be delivered. In many instances drug addicts manifesting co-morbidity would be refused admission in the specialized center. Similarly, general hospital would not admit patient with drug addiction. As a result these patients do not get proper care and often shuffle from hospital to hospital.

The strong association between drug addiction and biological as well as psychological co-morbidity explains that facilities should be developed for a complete care of the addicts.

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# PATTERN OF DRUG USE AMONG COMMERCIAL SEX WORKERS IN LAHORE - AN EXPLORATORY STUDY

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*Commercial sex workers (CSWs) by virtue of their profession and behaviour are considered a high risk group for drug use and misuse and HIV/AIDS. This exploratory study looks at the pattern of drug use among the commercial sex workers in the red light area - Heera Mandi in Lahore.*

## BACKGROUND

The red light district of Lahore dates from the seventeenth century. It was considered to be one of its kind in the sub-continent and women from various parts of the world were brought here to sing, dance and provide other forms of entertainment to the courtiers of the Mogul courts in Lahore. The area called Heera Mandi - translated as the "Diamond Market" - although having lost its splendor, still exists and this is where the majority of commercial sex workers live and work - many of them being here for generations, with most never been exposed to any other life style.

The official *business* time at the market is from 11 p.m. to 1 a.m. The official permitted business is dancing by the *dancing girls* - as the workers would like to call themselves - all kind of trades and works go on within the walls of the multi-storey houses lining the narrow alleys of Heera Mandi.

## 2. METHODOLOGY

With the help of a local doctor and his workers, who runs the Drugs & HIV/AIDS prevention and outreach programme, the commercial sex workers in Heera Mandi were interviewed, mostly before working hours. Most of the interviewees were identified and brought for interviews by the peer educators of the programme. In all, twenty female commercial sex workers were interviewed for the study - all were currently using drugs. About a week work in the field was required to complete the twenty interviews.

## 3. BACKGROUND INFORMATION ON THE RESPONDENTS

The respondents' age group ranges from 22 - 31 years, with the mean age being around 26 years. Except for three, all the respondents were married. Of these three, one was widowed and two were never married. The workers are either married to someone in the family for protection or would consider themselves married to the person who would

currently be *keeping them* (paying for their expenses). Of those that were married the number of kids varied from 1 to 4. Sixteen out of the twenty respondents are literate with fourteen having up to 5 years and two up to ten years of education (one who had been educated in England had GCE).

All the respondents stated their profession as sex work. Additionally, seven of these twenty also sing or dance in the area. Their personal monthly income ranges between 3,000 - 45,000 rupees (equivalent to US\$ 60 - 900). Rupees 3,000 are the average monthly income of a daily wage labour. The mean personal income of the respondents comes to around Rs. 22,000 per month. This amount in comparison is three times the salary of an entry level civil servant.

## 4. DRUG USE HISTORY

All the respondents admitted to using drugs - they have been using drugs in the past twelve months as well as the past 30 days. The most common drugs used by them are alcohol and cannabis (charas) - fifteen of the twenty respondents are using both cannabis and alcohol together and/or separately in a day. Additionally, one had used heroin and the other had used opium in the past twelve months along with alcohol and cannabis.

### 4.1 Cannabis (Charas)

The age of first use of cannabis for the respondents ranges between 16 - 21 years with the mean age of first use at 18 years. Similarly, the period of use ranges from one to thirteen years, with the mean period of use being 8 years. The frequency of use varies from one to three cigarettes of charas - one invariably before they start working. Additionally, three respondents said that they use drugs before having sex with clients.

### 4.2 Alcohol

Except for one, the respondents had used alcohol in the past twelve months as well as the past thirty days. The age at first use ranges from 15 - 25 years, with the mean age of first use at 19 years. The period of use for the respondents varies from 2 - 10 years with the mean period of use at about 7 years. Most respondents use alcohol when they are with their clients. The frequency of alcohol use in a day depends on the number of clients, which varies from 1 - 3 per night per CSW.

### 4.3 Heroin & Opium

Only one respondent had ever used heroin. Her age of first use was 19 years. She had used heroin (smoking) in the past twelve months, but not in the past 30 days. She had

been introduced to heroin by a client and had stopped using it on the insistence of *family members* as it was not good for the business.

Additionally, another respondent had used opium in the past 12 months and thirty days along with alcohol and cannabis. Her age of first use was 26 years and she had been using opium for the past 4 years. Her reason for using opium was because of body aches, pains and relaxation after sex with her clients.

## 5. FIRST TIME DRUG USE

The first time drug use was with a friend (boy or girl) around the locality for fun sake for six respondents.

For the remaining 14, the first time drug use was with clients either on his insistence or as a mean of not feeling much the first time.

## 6. REASONS FOR CONTINUING USE

One common reason for continuing use of alcohol or charas among most of the respondents is that it relaxes the body. They also use them for peace of mind and body.

Additionally, some interesting responses include, alcohol is the drug of sophisticated people; red eyes after smoking charas or using alcohol makes one looks sexy

## 7. PERCEPTIONS ABOUT DRUG/ALCOHOL

Similar to the reasons for continuing drug/alcohol use the respondents stated the following, as things liked about cannabis/alcohol:

- Relaxes the whole body and makes you perform well or increase the capacity (cannabis) for work;
- Cannabis and alcohol enable one to have more (and enjoy) sex;
- It is the drug of educated and talented people;
- A person looks decent and can proudly tell that she has used English whisky.

### 7.1 Least Liked About Drug/Alcohol

For most the response was there is nothing wrong with alcohol or charas. Other responses given were:

- If one drinks too much then things get out of control and one may quarrel with one's client, which is not good for business or reputation;
- Sometimes one does not feel like doing anything;
- Some clients don't like the smell (of alcohol) on their breath;
- Fear of death (by accidentally drinking poisonous liquor/spirit).

### 7.2 Thoughts of Stopping Alcohol/Drug Use

Except for four respondents who had thought of stopping alcohol or drug use, 16 has never had such thought. Rather they were surprised at the question, as that is the way of working life for them and a requirement of their profession.

The four respondents who had thought of quitting drug/alcohol use said that if and when they have an opportunity to live a decent life they would stop using alcohol/drugs.

## 8. CONCLUSION

In conclusion, one can say that charas and alcohol use is very common among the commercial sex workers in the red light area (Heera Mandi) of Lahore.

All the respondents said that every person they knew of – their Madams, their uncles (pimps), the musicians and colleagues - either smokes charas or uses alcohol. It is part of the working culture.

Most started using alcohol and/or charas as something that helped and eased their first time at work and later continued to use them as part of their work requirement.

Most do not feel there is anything wrong in using these drugs – at least not more immoral than their profession. And would consider quitting if they leave the profession.

**PART 2**  
**EAST ASIAN STUDIES**

# HIV INFECTION AMONG DRUG ABUSERS IN CHINA

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## INTRODUCTION

As of May 1998, the cumulative number of HIV positive and AIDS cases in China had reached 9614 (9333 cases of HIV infection and 281 cases of AIDS)<sup>[1]</sup>, or 8.01 per million populations. Although, presently HIV/AIDS in China is not as prevalent as in some American, European or African countries, there are risk factors that may contribute to a potential large-scale HIV transmission. In recent years, the increasing number of drug abuse is the most threatening factor of the new epidemic. According to the National Network of AIDS Monitoring Centre's report, a majority of HIV cases (about two thirds of total cases) was infected through intravenous drug use. **Table 1** shows the risk factors of HIV infection in China.

**Table 1: Risk Factors of HIV Infection in China (1985-1997)**

Risk Factors	HIV	AIDS	Total
Sexual (Homo/bi/hetero)	639 (6.9%)	82 (29.1%)	721 (7.5%)
Drug abuse	6290 (67.4%)	141 (50.2%)	6431 (66.9%)
Transfusions:			
Blood/blood product	27 (0.3%)	3 (1.1%)	30 (0.3%)
Mother to infant	7 (0.1%)	1 (0.4%)	8 (0.08%)
Unknown/other	2370 (25.4%)	54 (19.2%)	2424 (25.2%)
<b>Total</b>	<b>9333 (100.0%)</b>	<b>281 (100.0%)</b>	<b>9614</b>

## 2. METHOD AND RESULTS

In 1997, 60 AIDS sentinel surveillance sites in 27 provinces were set up to survey the prevalence of HIV infection among four high-risk groups. The four groups are persons attending STDs (Sexually Transmitted Diseases) clinic; underground prostitutes; drug addicts; and long-distance truck drivers. The results showed that very few HIV cases were found among persons attending STDs clinics; no HIV cases was found among long

distance truck drivers; about 1-2% HIV cases were found among underground prostitutes in 3 sentinel sites, compared to only below 0.5% in 1996. HIV cases were found in 7 of 12 sentinel surveillance sites among the drug addicts.

In Xinjiang autonomous region, 20.8% HIV cases were reported among the drug addicts in 1997, however, using the same method, only 8.0% were reported in same sentinel sites in 1996. The surveillance and epidemiological studies show that the ratio of injecting drug abuser is increasing steadily or remains high in some areas. According to the result of national surveillance in 1997, 94.37% of HIV cases were drug abusers (Table 2).

**Table 2: Results of National Surveillance on 4 High Risk Groups (1997)**

Group	First round (April to June)			Second round (Oct to Dec)		
	n	No of HIV(+)	Rate of HIV(+)	n	No of HIV(+)	Rate of HIV(+)
Underground prostitute	4222	15 (0.36)	7.11	4528	9 (0.20)	2.96
Drug Addict	3797	195 (5.14)	92.42	3709	291 (7.85)	95.72
Long distance truck driver	800	0		2627	1 (0.04)	0.33
STDs clinic client	5636	1 (0.02)	0.47	6029	3 (0.05)	0.99
<b>Total</b>	14855	211	100	17293	304	100

In Kunming, the capital city of Yunnan province, the result of surveillance on 10 high risk groups shows that 87.14% of HIV positive cases were intravenous drug users (Table 3)<sup>[3]</sup>.

Currently, HIV/AIDS cases have been reported in all 30 provinces, autonomous regions and municipalities of China<sup>[4]</sup>. 52.4% and 14.6% of the total HIV positive cases were identified in Yunnan province, the south-west area, and Xinjiang autonomous region, the north-west area of China respectively (Table 4)

**Table 3: Surveillance on 10 High Risk Groups in Kunming (1996)**

Group	No. of testing	No. of HIV(+)	Rate of HIV(+)
Drug abuser by IV	1261	122 (9.67)	87.14
Drug abuser by chasing dragon	297	2 (0.67)	1.43
Underground prostitute	1118	12 (1.07)	8.57
Men who have sex with prostitute	962	2 (0.21)	1.43
STD clinic client	536	2 (0.37)	1.43
Transfusion:			
blood/blood prod.	255	0	0
Poly-sexual partner	27	0	0
Spouse of HIV(+) person	1	0	0
Server	139	0	0
Prisoner	574	0	0
<b>Total</b>	5141	140 (2.72)	100

**Table 4: Twelve Areas of Distribution of HIV Infection Tested Among Drug Addicts in 1997**

Area	First round (April to June)			Second round (Oct to Dec)		
	No of testing	No. of HIV(+)	Rate of HIV(+)	No of testing	No. of HIV(+)	Rate of HIV(+)
Xingjiang:						
Yining	106	77	72.6	235	159	67.7
Wu city	400	83	20.8	400	110	27.5
Sichuan	400	25	6.3	251	2	0.8
Gaungdong	400	4	1.0	173	2	1.2
Guangxi	418	4	1.0	511	17	3.3
Neimenggu	250	1	0.4	316	0	0
Chungchen	277	1	0.4	264	0	0
Guizhou	400	0	0	269	1	0.4
Hubei	258	0	0	301	0	0
Shanxi	257	0	0	251	0	0
Gansu	231	0	0	336	0	0
Qinghai	400	0	0	400	0	0
<b>Total</b>	3797	195		3707	291	

The results suggest that the HIV epidemic is serious in certain areas. The most dangerous factor is attributed primarily to intravenous drug use and needle sharing. Table 5 shows the ratio of intravenous drug use among drug abusers and HIV positive cases tested among intravenous drug users in some areas of Yunnan province and Xinjiang autonomous region<sup>[4,5,1]</sup>.

**Table 5: Ratio of Intravenous Drug Use and HIV Positive Cases among Intravenous Drug Users (IVDU)**

Year	Area		Ratio of IVDU	Rate if HIV among IVDU	Rate of needle sharing
1991	South-west Yunnan	of	32.0%(72/225)	79.7%(51/64)	69.8%(44/63)
1992	South-west Yunnan	of	33.1%(285/860)	49.3%(139/282)	-
1993	South-west Yunnan	of	26.7%(116/435)	36.5%(38/104)	-
1994	South-west Yunnan	of	30.5%(105/344)	45.8%(54/118)	-
1995	South-west Yunnan	of	28.9%(159/550)	40.2%(90/224)	-
1996	Qiangming Yunnan	of	80.9%(1261/1558)	9.7%(122/1261)	-
1996	Pingxiang of Guangxi		82.4%(122/148)	24.6%(30/122)	27.7% (41/148)
1997	Yining of Xinjiang		90.3%(308/341)	76.6% (236/308)	53.9%(110/204)
	Wu city of Xinjiang		60.3%(482/800)	40.0% (193/482)	100%(249/249)

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# KNOWLEDGE, ATTITUDES & BEHAVIOURS ON AIDS/HIV AMONG DRUG ADDICTS IN CHINA

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## INTRODUCTION

Drug abuse problem has been in an increasing trend throughout 1990, in China. At the same time, HIV infection and AIDS have spread from sporadic infection in border area of Yunnan province to other areas. Presently, HIV positive and AIDS cases have been reported in all 31 provinces, autonomous regions and municipalities of China. According to a report of the National Network of AIDS Monitor center, needle sharing among intravenous drug users (IVDU), presently accounting for 70% of the total reported HIV cases in China. The aim of this survey is to identify attitudes, knowledge and self-perceived risks behaviour concerning HIV/AIDS among drug abusers in 4 different areas.

## 2. SUBJECTS AND METHODS

Drug addict's populations in Yunnan, Xinjiang, Hubei and Beijing were surveyed in January to March 1999. A self-reported questionnaire, which takes approximately 30 minutes to complete, was administered to addicts in detoxification and rehabilitation centers. All individuals were requested to complete the questionnaire independently, without conferring with others.

The questionnaire consists of demographic information, history of drug use, frequency of injecting, frequency of using non-sterilised needles (used needles), number of person sharing a needle, number of sexual partner and other concerned specific risk behaviours and information on knowledge of AIDS.

The original data were analysed with EPI-INFO and SPSS. Data analysis was dependent on the response of different items (e.g. needle sharing is analysed for only those individuals who reported having had injected drug).

## 3. RESULTS

115 drug addicts had completed the questionnaire in this survey. Self-report demographic characteristics are summarised in **Table 1**.

**Table 1: Subjects' Demographic Characteristics**

Characteristics	No. of Respondents	% Distribution
<b>Age *</b>		
< 20	100	9.1
21 - 30	697	62.8
31 - 40	291	26.2
41 - 50	18	1.6
51 and above	3	0.3
<b>Sex</b>		
Male	494	44.9
Female	605	55.1
<b>Education Level</b>		
College and university	15	1.4
Senior middle school	312	28.7
Junior middle school	543	50.0
Primary school	171	15.7
Illiteracy	45	4.1
<b>Occupation</b>		
Worker/Laborer	115	11.0
Farmer	98	9.4
Professionals	23	2.3
Self-employed	223	21.4
Service personnel	64	6.1
Manager	48	4.6
Student	426	3.2
Unemployed	12	40.9
Others		
<b>Marital Status</b>		
Single, never married	454	43.2
Married	252	24.0
Separated	25	2.4
Divorced	202	19.2
Widowed	17	1.6
Cohabitation	101	9.6

\* Mean age = 27.86 ± 6.02

Among the surveyed subjects, 67.7% (733/1082) have different record of crimes or delinquencies, and 59% (643/1090) were sentenced to re-education through labour farm because of relapse. Self-reported rate of various substance uses is summarized in **Table 2**. Heroin was the most frequently abused drug, and most of the addicts used drugs intravenously. The mean duration of drug use is  $5.1 \pm 4$  years, and the mean length of time for intravenous drug use is  $4.0 \pm 1$  years.

**Table 2: Main Abused Drug Among Subjects (N=1115)**

Abused Drugs	No. Addicts	% Distribution
Heroin	1036	92.9
Opium	79	7.1
Pethidine	140	12.6
Morphine	42	3.8
DHE	27	2.4
Methadone	40	3.6
Buprenorphine	7	0.6
Tramadol	162	14.5
Benzodiazepines	245	22.0
ATS	3	0.3
Cannabis	97	8.7
Others	62	5.6

The responses to a question "During the past 12 months, where did you live most of the time?" are summarised in **Table 3**.

**Table 3: Live Most in Past 12 Months (N = 1111)**

Place of Residing	No. of Respondents	% Distribution
No fixed address	112	10.1
Own (or parents) house	614	55.3
Room rented	158	14.2
Relatives/friends	70	6.3
Dormitory	33	3.0
Detoxification center	71	6.4
Labor farm	124	11.2
Others	8	0.7

The responses to a question "During the past 12 months, what was your main source of legal income?" are summarised in **Table 4**.

**Table 4: Main Source of Income (N = 1105)**

Source of Income	No. of Respondents	% Distribution
Employed with a regular salary	120	10.9
Temporary work	187	16.9
Unemployed but with a regular income from government	125	11.3
Self-employed	311	28.1
Spouse or relatives	221	20.0
Friends	144	13.0
Others	88	8.0

The responses to a question "What type of treatment sought for your drug problem?" are summarised in **Table 5**.

**Table 5: Type of Treatment Sought (N = 1061)**

Type of Treatment	No. of Respondents	% Distribution
Detoxification with drug	712	67.1
Traditional Chinese Medicine	279	26.3
Detoxification with drug	186	17.5
Rehabilitation cure	258	24.3
Drug-free counseling	80	7.5
Others	37	3.5

The responses to a question "How many months in the last 12 months have you injected drugs?" showed 15.8% (157/994) of the addicts injected drugs within 1 month, 22.6% (225/994) injected drugs for 2 to 3 months, 9.6% (95/994) injected drugs for 7 to 9 months, and 32.3% (321/994) injected drug for 10 to 12 months.

The responses to a question "In an average month when you were injecting, how many days per month did you inject drugs?" suggested 9.3% (93/994) of the respondents injected drugs within 7 days; 8.3% (83/997) for 8 to 14 days; 9.5% (95/997) for 15 to 21 days; and 72.8% (726/997) injected drugs everyday.

The responses to a question "When you were injecting drugs in the last 12 months, how often did you share needles and syringes with someone else?": 4.4% (28/632) of the respondents always shared needles or syringes; 21.8% (138/632) shared needles or syringes most of the time; 15.2% (96/632) shared them about half the time; and 58.5% (370/632) shared them occasionally.

The responses to a question "When you injected with used needles and syringes in the last 12 months, who were they shared with you?" showed that 19.3% (427/632) of the respondents shared needles with their spouses; 19.3% (427/632) shared them with their sexual partners; 16.0% (101/632) shared needles with drug dealers; 5.2% (33/632) shared them with someone they do not know well; and 6.8% (43/632) shared with other persons.

The responses to a question on reasons of sharing needles and syringes are summarised in **Table 6**.

**Table 6: Reasons for Sharing Needles and Syringes (N = 737)**

Reasons of Sharing Needles and Syringes	No. of Respondents	% Distribution
Someone put pressure on me to share	37	5.0
I enjoy sharing	28	3.8
I thought it was safe because cleaned it	367	49.8
I am careful who I share with	84	11.4
I didn't have my own needle and syringe	149	20.2
Needles and syringes are hard to get	136	18.5
Needles and syringes cost too much	43	5.8
No particular reasons	113	15.3
Others	45	6.1

The result on question of "In the last 12 months when you used needles and syringes given to you by someone else, did you clean or disinfect the needles before using them?" show that 62.3% (604/970) of drug users clean needle always, 15.4% (149/970) of drug users clean needle mostly, 7.4% (72/970) of drug users clean needle about half the time, 10.1% (98/970) of drug users clean needles occasionally, and 4.8% (47/970) of drug users never clean needles.

The responses to a question "How many persons have you shared needles or syringes with?" showed that 18.4% (171/931) of the respondents shared needles with 1 person; 21.3% (198/931) shared with 2 to 3 persons; 6.9% (69/931) shared with 4 to 5 persons; 8.6% (90/931) shared them with 6 to 10 persons; 11.2% (104/931) shared with 11 to 20 persons; 3.1% (29/931) shared with at least 21 persons; and 30.6% (285/931) of them never shared needles.

The responses to a question "How do you usually clean needles and syringes that someone else had used?" showed that 39.4% (358/909) of the respondents cleaned them with tap water; 37.2% cleaned them with hot water; 9.7% boiled them; 2.0% bleached them; 5.4% cleaned them with alcohol; 1.8% them with other methods; and 4.6% never cleaned them.

The responses to a question "When you were injecting for the last 12 months, how often did you give someone else a needle or syringe you had already used?": 3.6% (35/981) of the respondents always gave another drug user a used needle; 11.6% mostly gave another drug user a used needle; 7.8% did this about half the time; 43.4% practiced this occasionally; and 33.5% of them never gave other drug users used needles.

The responses to a question "Generally, where did you most often get new and unused needles and syringes from?" showed that 83.5% (782/937) of the respondents got needles from drug store/other shop; 5.9% obtained needles from hospital/clinic; 2.7% from friends/partners; 5.5% from other drug users; 2.3% from drug dealers; and 0.1% from other route.

The responses on a question "In last 12 months, how many sexual partners have you had intercourse with?" showed that 58.5% (617/1054) of the respondents had sex with their spouses or regular sexual partners; 16.1% sex with persons other than their spouses; 9.2% had sex with many persons. Among the sexual partners, 47.9% (517/1080) are drug users. 20.3% (217/1068) of drug users had sex with clients who paid her/him money or drug for sex. 39.2% (425/1084) of drug users did not use condoms.

The responses on a question "During the past 12 months, have you been infected by communicable diseases?" show **Table 7**.

**Table 7: Infected Communicable Diseases Among Drug Users (N = 753)**

CD	No. of Respondents	% Distribution
Gonorrhoea	97	12.9
Syphilis	33	4.4
NGU (Chlamydia)	161	34.7
Condyloma (Genital warts)	36	4.8
Other STD	69	9.2
Hepatitis	238	31.6
Other CD (None of the STD above)	85	11.3

The responses on a question "How much do you fear of AIDS?" showed that 13.2% (144/1087) of the respondents do not fear AIDS; 33.4% have some fear of AIDS; 50% have much fear of AIDS; and 3.3% do not know about AIDS.

The responses on a question "Have you ever been tested for the AIDS virus (HIV)?" showed that 71.4% (771/1080) of the respondents have not had HIV test done on them; 24.8% (268/1080) have been tested for HIV; and 3.8% (41/1080) do not know whether he/she has been tested before. The HIV positive rate for the tested samples is 14.2% (38/268).

The responses on a question "Your experience and behaviour on HIV preventive and drug related rehabilitation measures to prevent you from catching HIV when learned the knowledge on AIDS" are summarised in **Table 8**.

**Table 8: AIDS Preventive Measure when Learned the Knowledge on AIDS (N = 1051)**

Measures	No. of Respondents	% Distribution
<b>Sexual behaviour and practice:</b>		
Sought advice about safer sex	490	46.6
Reduced number of sexual partner	211	20.1
Stopped having sexual partners	155	14.7
Reduced number of drug using sex partners	179	17.0
Stopped having drug using sexual partner	240	22.8
Have sex only with person I know	161	15.3
<b>Behaviour (sexual partners):</b>		
Using safer sex practice	343	32.6
Used condoms more often	178	16.9
Used condoms always	198	18.8
Other preventive effort	427	40.6
<b>Drug behaviour and practice:</b>		
Reduced IV drug use	132	12.6
Switched from IV to non-IV drug use	97	9.2
Cleaned needles more effectively	162	15.4
Used new needles only	516	49.1
Reduced needles sharing	117	11.1
Stopped needles sharing	271	25.8
Stopped booting	319	15.3
Sought detoxification	161	30.3
Other preventive effort	146	13.9

The knowledge on the risk of AIDS/HIV and its route of transmission was assessed on the questionnaire which contains 23 items, and the correct range of total score is 0-23 points. Result in four area's score is presented in **Table 9**.

**Table 9: The Mean Correct on the Knowledge of AIDS among Subjects in the 4 Areas Surveyed**

Areas	No. of Respondents	Mean Correct	F
Yunnan	461	15.70 ± 4.92	10.78*
Xinjiang	195	10.05 ± 3.01	
Hubei	78	13.34 ± 3.65	
Beijing	268	15.50 ± 4.27	

P < 0.00

The distribution of HIV positive cases among subjects who were tested for HIV in four areas is summarized in **Table 10**.

**Table 10: Distribution of HIV Positive Cases in 4 Areas**

Areas	No. of Accepted	HIV Positive Case	%
Yunnan	129	8	6.2
Xinjiang	52	25	48.1
Hubei	12	4	33.3
Beijing	75	1	1.3

#### 4. CONCLUSION

Most of the drug addicts surveyed have different high risk behaviours (such as sharing needles, unsafe sexual intercourse) associated with HIV infection, but knowledge about HIV/AIDS was poor. In order to reduce harmful consequences, effective strategies to prevent HIV/AIDS should be adopted and strengthened in the high-risk groups, particularly among drug abuser's populations.

# ETHNOGRAPHIC CASE STUDY OF DRUG ABUSE AMONG ADOLESCENTS IN HANOI

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## BACKGROUND

In recent years, Vietnam has experienced increasing problems of illicit drug trafficking and abuse. One of the issues of concern is prevention of drug abuse among adolescents that has been prevalent in the urban areas. About eight to ten per cent of drug users in Hanoi are adolescents, therefore it is necessary to undertake research to investigate the measures and/or factors that contribute to protection and care of adolescents.

This survey looks at the patterns of drug use among adolescents in Hanoi. It also seeks to understand the demographic characteristics of respondents, as well as their awareness on drug abuse problems.

## 2. METHOD

Nineteen respondents were interviewed at home by researchers using pre-designed questionnaire. The researchers took three weeks to complete the survey.

## 3. FINDINGS

### 3.1 Respondents' Demographic Characteristics

The respondents interviewed are male between the age of 14 and 18 years old. All of them are school drop-outs and jobless (Table 1).

**Table 1: Demographic Characteristics of Respondents**

Characteristics	% (N=19)
<b>Age:</b>	
14 – 16 years old	47.4
17 – 18 years old	52.6
<b>Gender:</b>	
Male	100
Female	0
<b>Years of Education:</b>	
Zero	0
1 – 5	21.1
6 – 9	52.6
10 – 12	26.3
13 and above	0
<b>Occupation:</b>	
Unemployed	100

### 3.2 Patterns of Drug Abuse

The respondents abuse only opium and heroin. Most of the adolescents use heroin. More than half of the respondents have been using drugs for 2 to 3 years. Public house is the favourite place of drug use. Inhalation and injection are the preferred mode of drug administration among the respondents. Friends and families are their main sources of money to buy drugs. Besides being tired with family's attitude towards them, peer pressure (inducement by friends) has been identified as the main reason for taking drugs (Table 2).

**Table 2: Patterns of Drug Use Among Respondents**

Patterns	% (N=19)
<b>Life time used:</b>	
More than 3 years	21.1
2 – 3 years	63.2
1 – 2 years	15.7
<b>Type of Drug Use:</b>	
Heroin	89.5
Opium	10.5
<b>Route of Drug Administration:</b>	
Smoking	10.5
Inhalation	36.8
Injection	36.8
Other	15.9
<b>Place of Drug Use:</b>	
At home	21.1
On street	5.2
Public house	47.4
Other	26.3
<b>Frequency of Using Drugs per Day:</b>	
1 – 2 times	68.4
2 – 3 times	10.5
3 times and more	21.6
<b>Source of Money for Drugs:</b>	
Family and friends	68.4
Working	26.3
Other	5.3
<b>Activities after Taking Drugs:</b>	
Inactive (doing nothing)	73.7
Sleeping	10.5
Go for a walk	5.3
Working and do other activities	10.5
<b>Reason for Using Drugs:</b>	
Tired of family and because of Unemployment	
Aping one another	26.3
Inducement from friends (peer pressure)	68.4

**3.3 Knowledge on Drugs and HIV/AIDS**

A significant proportion (63.2%) of respondents is not aware of the dangers of drug use and has no knowledge on HIV/AIDS. Almost all of the respondents do not know other drug users (Table 3).

**Table 3: Knowledge on Drugs and HIV/AIDS**

Knowledge	% (N=19)
<b>Knowledge on Harmful of Drug Use:</b>	
No information and understanding	63.2
Have information and understanding	36.8
<b>Knowledge on HIV/AIDS:</b>	
No information and understanding	63.2
Have information and understanding	36.8
<b>Knowing Other Drug Users:</b>	
Know	5.3
Do not know	94.7

**3.4 Respondents' General Attitude**

Slightly more than eighty per cent of respondents never sought treatment. Eighty-three of them wish to get treatment in the future and 17% do not know what they wish for their future.

**Table 4: Respondents' General Attitude**

General Attitude	% (N=19)
<b>Treatment:</b>	
Sought treatment for one time	15.8
Never get treatment	84.2
<b>Wish for the Future:</b>	
Want to get treatment	83
Do not know	17

#### 4. RECOMMENDATIONS

From the findings of the survey, we need to focus on the following:

- To create drug abuse awareness among adolescents – to communicate to adolescents on the dangers of drug abuse;
- To find ways to help and encourage adolescent addicts to seek treatment;
- To embark a program on prevention of drug use, trafficking and production of illicit drugs;
- To include family involvement and education department in designing a drug abuse prevention program.

## DRUG USE AMONG STREET CHILDREN : AN EXPLORATORY STUDY

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*Ministry of Labour, Invalid and Social Affairs*  
*Vietnam*

#### BACKGROUND

In recent years, when the market economy was formed and developed, the gap between the rich and the poor has been increased rather fast. This causes various social problems to increase. The most significant is the rapid increase of volume of street children. At present, there are 50,000 street children in Viet Nam. Most of them can be found in big cities such as Ha Noi (7,000) and Ho Chi Minh City (15,000). The street children are involved in drug addiction, prostitution, robbery, and criminal violence.

#### 2. PURPOSE OF THE STUDY

The major purpose of the case study is to firstly, assess the nature, extent and characteristics of drug abuse among street children. Secondly, is to assess reasons and consequences of drug abuse. Lastly, it is proposed to assess the needs of street children for the purpose of improving social services for them and promotion of healthy lifestyle without drug abuse.

#### 3. METHOD

The questionnaire design was done by researchers of the Centre and experts in co-operation with the CDM Group. Inc. of the National Institute of Drug Abuse (NIDA) researchers. Data was collected through sample survey and interview in 5 districts in Ha Noi on 25 street children. A questionnaire covering the different aspects to be assessed was developed, pre-tested with two drug use street children and modified according to their responses. The respondents were contacted in their living places. The interviews took 4 weeks to complete.

#### 4. FINDINGS

Sample size: 25 street children

#### 4.1 Respondents' Characteristics

Eighty per cent of the respondents are male and female made up 20% of the total sample.

5 children (20%) age from 11 – 15 years old and 20 children (80%) age from 16 – 20 year old.

One hundred per cent of the respondents said they can read and can write. Eighteen of them (72%) have jobs at present and 7 (28%) said they have no job.

#### 4.2 Relationship with Family

All of the respondents do not live with their families. When asked if they like living with family, 9 children (36%) said Yes and 16 children (64%) said No.

Seven children (28%) said that they have bad relationship with their fathers, 6 children (24%) said they have bad relationship with their mothers and 24% of them said they have bad relationship with their brothers.

#### 4.3 Attitudes Towards Being Street Children

Twenty-two respondents (88%) have time to be street children from 1 – 2 years while 3 of them (12%) have been street children less than one year.

Twelve respondents (48%) said they want to leave the life as street children and another 12 do not like to leave street live. One has no idea. Eleven children (44%) said they like going to school but 14 (56%) said No.

Twenty-two respondents (88%) feel not safe when they sleep in the street and 3 of them (12%) said they feel safe because they have adapted sleeping in the street.

#### 4.4 Vices Committed

Five girls (100%) said they have made love for money. But most of the boys never make love for money. Only one child from 25 street children said he has traded drug for money. Twenty-two said No and 2 of them said no idea. Nineteen respondents (76%) said they have stolen money. One did not answer and five said they never steal money before.

Twenty-one of them said they dislike their present job but they have no other good job so they have to do the job, which they dislike.

Nine children have health problem. Most of the girls that made love for money suffered from STD.

Twenty-one children (68%) said they have friends living with them in the street and 17 have company on the street.

#### 4.5 Substance Abused

Twenty-four children (96%) smoke tobacco, 15 (60%) drink alcohol and 25 (100%) of them use drugs.

Twenty-one respondents (84%) use heroin as first drug and 4 (16%) use opium as first drug. Similarly 21 children use heroin after first drug and 4 use opium after first drug.

At present 23 children (92%) use heroin and 2 of them use opium.

One respondent use drug for 2 – 3 years, 3 of them use drug for 1 – 2 years while 20 have use drug less than one year.

Twenty-two respondents (88%) use drug by inhalation; two respondents smoke the drug; and 1 of them use drug by injection.

Reasons that cause the children to leave home for the street include: 10 respondents (40%) left home for the family is poor. They went to the City to work to earn a living. Three respondents (12%) left home after their parents were divorced. Six of them (24%) are orphans, 2 (8%) left home because their friends induced them to do so and 4 (16%) left home because they like to be free.

### 5. RECOMMENDATIONS

Every individual in the society should recognize the seriousness of the increasing number of street children at present and particularly the problem of drug abuse among street children. It is hoped that every one will do something for prevention of street children and drug abuse among them.

The Government should have appropriate policy for improving social services for street children in general and for drug abuse among street children in particular. There should be some form of co-operation between the Government, Society, school, Union and family in helping street children in general and drug abuse among street children in particular, for promotion of healthy lifestyle of street children without drug abuse.

The Main Findings From The Interview on Street Children in Hanoi

Series	The Indicator	Number	Percentage (%)
1.	Sex		
	Male	20	80
	Female	5	20
2.	Age		
	6 – 10 years old		
	11 – 15 years old	5	20
	16 – 20 years old	20	80
	20+ years		
3.	Living with family	0	0
	No living with family	25	100
4.	No living with family	9	36
	Dislike living with family	16	64
5.	Relation with family		
5.(a)	Father		
	Good	6	24
	Bad	7	28
	Normal	11	44
	No answer	1	4
5.(b)	Mother		
	Good	5	20
	Bad	6	24
	Normal	13	52
	No answer	1	4
5.(c)	Brother		
	Good	1	4
	Bad	6	24
	Normal	13	52
	No answer	5	20

Series	The Indicator	Number	Percentage (%)
5.(d)	Sisters		
	Good	1	4
	Bad	0	0
	Normal	19	76
	No answer	5	20
6.	Time to be street children		
	< 1 year	3	12
	1 – 2 years	22	88
	2 – 3 years		
	3+ years		
7.	The number of street children can read	25	100
8.	The number of street children can write	25	100
9.	The number of street children have a job	18	72
10.	The number of street children want to leave the street life		
	Answer Yes	12	48
	Answer No	12	48
	No answers	1	4
11.	Like going to school		
	Answer Yes	11	44
	Answer No	14	56
12.	Does street children feel safe when sleep in the street		
	Answer Yes	3	12
	Answer No	22	88

Series	The Indicator	Number	Percentage (%)
13.	The street children ever make love for money		
	Answer Yes	5	20
	Answer No	19	76
	No answers	1	4
14.	The street children ever trade the drug for money		
	Answer Yes	1	4
	Answer No	22	88
	No answers	2	8
15.	The street children ever steal		
	Answer Yes	19	76
	Answer No	5	20
	No answers	1	4
16.	Like or dislike present job		
	Answer Yes	2	8
	Answer No	21	84
	No answers	2	8
17.	Relatives living with street children in the street		
	Answer Yes		
	Answer No	25	100
18.	Health problem or diseases when being street children		
	Answer Yes	9	36
	Answer No	16	64

Series	The Indicator	Number	Percentage (%)
19.	Friends living with street children in the street		
	Answer Yes	21	84
	Answer No	4	16
20.	Street children have company on the street		
	Answer Yes	17	68
	Answer No	8	32
21.	The street children smokes tobacco		
	Answer Yes	24	96
	Answer No	1	4
22.	The street children can drink		
	Answer Yes	15	60
	Answer No	10	40
23.	The street children ever used other drugs		
	Answer Yes	25	100
	Answer No	0	0
24.	The first drug street children used		
	Opium	4	16
	Heroin	21	84
	Morphine	0	0
	Other	0	0

Series	The Indicator	Number	Percentage (%)
25.	Other drug street children currently use		
	Opium	4	16
	Heroin	21	84
	Morphine	0	0
	Other	0	0
26.	What drug street children currently use		
	Opium	2	8
	Heroin	23	92
	Morphine		
	Other		
27.	Time street children have used drug		
	Opium	4	16
	Heroin	21	84
	Morphine	0	0
	Other	0	0
27.	The first drug street children use		
	< 11 years	20	80
	1 – 2 years	3	12
	2 – 3 years	1	4
	3+ years	0	0
	No answers	1	4

Series	The Indicator	Number	Percentage (%)
28.	How does street children used drug		
	Smoke	2	8
	Inject	1	4
	Inhale	22	88
	Oral	0	0
	Others	0	0
29.	The reason cause the children leave home to be street child.		
	Poor house	10	40
	Parents divorced	3	12
	Orphan children	6	24
	Induce by Friends	2	8
	Like to be free	4	16

**A STUDY ON DRUG FREE AREA  
KUALA MEROTAI, TAWAU, SABAH, MALAYSIA**

*Rosli Mohd Ali, Ismail Haji Ahmad and Saad Mohd Lazim,  
Malaysia*

## INTRODUCTION

**K**uala Merotai is a village in the interior of Tawau, a district in the state of Sabah. It is about 42 kilometer from the town of Tawau. The village has about 118 houses and with an estimated population of 500 people. The majority of the inhabitants are Muslims and nearly all are Malays and indigenous people of Sabah from the Tidong clan.

The National Drug Information System confirms that not a single addict has been detected in this village since 1970. Based on this fact a random survey was done in the village.

## 2. THE STUDY

Six workers supervised by a supervisor appointed by the National Narcotics Agency conducted the survey. The survey started from the 14<sup>th</sup>. to the 22<sup>nd</sup>. of August 1997. All the interviewers were briefed on the objective, method and how to conduct the survey a day before the survey began at the meeting room in the Information Office, district of Tawau.

The study instrument is a questionnaire designed to include 3 categories of people in three separate appendices; Community Leaders - Appendix 'A', Parents - Appendix 'B', and Youth/ Teenagers - Appendix 'C'

## 3. AREA PROFILE

Kuala Merotai is about 42 kilometres from Tawau. Tawau is a town as one of the 4 provinces in the state of Sabah. The small village has about 500 inhabitants. The majority of the populations are the indigenous people mostly from the ethnic group, Tidong. They speak Malay and are Muslims.

The village can be reached by road through Tawau - Umas road or via Kalabakan. These villages are situated about 5 kilometres from the main road. The Sabah Land Board's oil palm estates are situated nearby these villages.

Kuala Merotai has a very good infrastructure. It has one government clinic, a mosque, primary school, public hall, public telephones and public playground. All the houses are equipped with electricity and water supply.

## 4. RESPONDENTS

### 4.1 Over all Respondents

A total of 172 respondents were interviewed. There are three main community groups -- leaders, parents and youth. Out of the 172 respondents, 5 (2.9%) are community leaders, 126 parents (73.3%), and 41 (23.8%) youths (Table 1).

**Table 1: Respondents in Kuala Merotai Village.**

Respondents	No.	%
Community Leaders	5	2.9
Parents	126	73.3
Youth	41	23.8
<b>Total</b>	<b>172</b>	<b>100.0</b>

The study's sample size covered 1/3 of the total residents (34.4%). This size is large enough to represent the population of the area.

### 4.2 Profile of Respondents

#### 4.2.1 Ethnicity

One hundred per cent of the community leader are Tidongs. Most of the parents are Malays ( 81%). About 63.4% of youth respondents are Tidongs and the Malays make up 36.6% of the total youth interviewed.

Sixty-eight per cent of the total respondents (11) are Malays and 32.0% are Tidongs (Table 2).

**Table 2: Respondents' Ethnicity**

Group	Tidong		Malay		Total	
	N	%	N	%	N	%
Leaders	5	100	-	-	5	100.0
Parents	24	19.0	102	81.0	126	100.0
Youth	26	63.4	15	36.6	41	100.0
<b>Total</b>	<b>55</b>	<b>32.0</b>	<b>117</b>	<b>68.0</b>	<b>172</b>	<b>100.0</b>

**4.2.2 Gender**

The survey showed that 56.5% of the respondents are woman and 43.5% are male. Two respondents did not state their gender status the questionnaire (Table 3).

**Table 3: Gender**

Group	Male		Female		Total	
	N	%	N	%	N	%
Leaders	5	100	-	-	5	100.0
Parents	55	43.7	71	56.3	126	100.0
Youth	14	35.9	25	64.1	39	100.0
<b>Total</b>	<b>74</b>	<b>43.5</b>	<b>96</b>	<b>56.5</b>	<b>170</b>	<b>100.0</b>

**4.2.3 Religion**

Muslim comprises the biggest group, 89.5% (154) of the respondents interviewed. Only 2 respondents (1.2%) are Christians. About 16 respondents (9.3%) did not state their religion (Table 4).

**Table 4: Respondents' Religion**

Religion	N	Percentage
Islam	154	89.5
Christian	2	1.2
Not stated	16	9.3
<b>Total</b>	<b>172</b>	<b>100.0</b>

**4.2.4 Age**

Most (37.8%) of the respondents are between the age of 30 to 39 years. This followed by the 40 to 49 year age group (19.8%). About 15.1% of the respondents aged more than 49 years. It is recorded that 8.7% of the respondents fall less than 15 years and 15 to 19 years age group. It was also noted that 12.2% are in the 20 to 29 years age group (Table 5).

**Table 5: Age Group of Respondents**

Age Group (year)	Leaders		Parents		Youth		Total	
	N	%	N	%	N	%	N	%
<15	-	-	-	-	11	26.8	11	6.4
15 – 19	-	-	1	0.8	14	34.1	15	8.7
20 – 29	-	-	8	6.3	13	31.7	21	12.2
30 – 39	-	-	62	19.2	3	7.3	65	37.8
40 – 49	3	60.0	31	24.6	-	-	34	19.8
>49	2	40.0	24	19.0	-	-	26	15.1
<b>Total</b>	<b>5</b>	<b>100.0</b>	<b>126</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>172</b>	<b>100.0</b>

**4.2.5 Educational Background**

Sixty per cent of the community leaders received primary education and 40% are illiterate. Similarly, 81.7% of parents attended primary school and only 13.5% did not have early education. Only 3.2% attained higher education either in lower secondary or higher secondary level. Less than one per cent (0.8%) of the respondents received tertiary education. Among the youth group, 2.6% of the respondents received tertiary education, 10.5% finished high school and 36.8% received lower secondary education. Forty-five

per cent attained primary education while 5.3% are without proper education.

On average, most of the respondents received primary education (72.8%), 10.7% with lower secondary education and 3% with high school education. Only 1.2% of the respondents attended tertiary education but 12.4% are without educational background (Table 6).

**Table 6: Educational Background**

Group	No Education	Primary School	Lower Secondary	High School	Tertiary Education	Total
Leaders	40.0%	60.0%	-	-	-	100%
Parents	13.5%	81.7%	3.2%	0.8%	0.8%	100%
Youth	5.3%	44.7%	36.8%	10.5%	2.6%	100%
Average	12.4%	72.8%	10.7%	3.0%	1.2%	100%

#### 4.2.6 Employment Status

Most of the community leaders are self-employed (60%) and 40% of them are in the business sector. Among the parents 56.3% are housewives, without permanent jobs. Thirty-seven per cent are self-employed, 2.4% did not state their employment, 3.2% are in the business sector and the same percentage working with the government. A majority of the youth group is unemployed. This is parallel to their status as student. Twelve per cent of the youth that responded to the questionnaire are self-employed, 9.8% are working in the corporate sector while 2.4% with the government.

Generally, about 58.7% of the respondents are unemployed or students, 32.6% self-employed, 6.9% as businessmen, working in private sector. A few respondents did not state their employment and 1.7% working in government departments (Table 7).

**Table 7: Respondents' Employment Status**

Type of Employment	Leaders		Parents		Youth		Total	
	N	%	N	%	N	%	N	%
Government	-	-	2	1.6	1	2.4	3	1107
Corporate Sector	3	60.0	-	-	4	9.8	7	2.3
Business	2	15.0	2	1.6	-	-	4	2.3
Self-employed			48	38.1	5	12.2	53	32.6
Others			3	2.4	1	2.4	4	2.3
Unemployed			71	56.3	30	73.2	101	58.7
<b>Total</b>	5	100.0	126	100.0	41	100.0	172	100

#### 4.2.7 Income

It was reported that 60% of the community leaders earn an income of below RM300.00 and 40% receive between RM300.00 to RM500.00 per month. Among the parents, 26.4% earn between RM300.00 to RM500.00 per month. Fourteen per cent get below RM300.00, while 2.4% earn more than RM500 per month. Most of the youth are without permanent job (56.8%), 23.5% said they receive less than RM300 per month and only 8.4% earn more than RM300.00. About 67.6% confessed that they do not have permanent monthly income.

On average, 57.3% of the respondents are without permanent job, 22.0% reported that they receive between RM300.00 to RM500.00. It was stated that 17.7% earn less than RM300.00 and only 3.0% receive more than RM500 per month (Table 8).

**Table 8: Respondents' Income**

Group	Income (RM)						Total
	< 300	300-500	501-750	751-1000	> 1000	0	
Leaders	60.0%	40.0%	-	-	-	-	100%
Parents	14.4%	26.4%	0.8%	0.8%	0.8%	56.8%	100%
Youth	23.5%	2.9%	-	2.9%	2.6%	67.6%	100%
Average	17.7%	22.0%	0.6%	1.2%	1.2%	57.3%	100%

## 5. AWARENESS TOWARDS DRUG

This section focuses on the study related to drug problem in the area and social impact from the activities that reflected in the area. The study feels that any drug information or messages or the drug itself are the main items to analyse. The community leaders are the main focus on drug itself. The community leaders are expected to have most knowledge on drug matters and youths are the drug dealers or pushers main target. Some are hooked on drugs by their own free will (Table 9).

**Table 9: Frequency of Read, Heard and Watch Information on Drugs by Community Leaders and Youth.**

How Information Received	Frequently	Sometime	Seldom	None	Total
Heard	6 (18.8%)	9 (28.1%)	13 (40.6%)	4 (12.5%)	32 (69.6%)
Read	3 (10.7%)	6 (21.4%)	17 (60.7%)	2 (7.1%)	28 (68%)
Watch	2 (7.1%)	1 (3.6%)	13 (46.4%)	12 (42.9%)	28 (68%)

### 5.1 Numbers of Drug Information Received by the Community Leader and Youth.

#### 5.1.1 Heard

Thirty-two (69.6%) of the respondents have heard about drugs. Out of this figure 40.6% seldom heard about drugs and 28.1% rarely heard about them. The study recorded the proportion of respondents who frequently heard about drugs are equal to those who often heard them. Both groups recorded 9.4%. It also shows that 12.5% of the respondents never heard about drug messages or drug information.

#### 5.1.2 Read

The survey showed that only 28 respondents read about drugs or drug-related matters. About 10.7% of the respondents frequently read information on drug as compared to 60.0% who seldom read. There are 21.4% who sometime read information on drug as compared to 7.1% who do not read drug information.

### 5.1.3 Watch

It is recorded that 60.8% of the respondents have watched drug or drug-related matters. A majority of the respondents (46.4%) seldom watch drug information, while 42.9% do not watch drug information at all. About 7.1% of the respondents very frequently watch drug and a few (3.6%) sometimes seen drug (Table 9).

## 5.2 Sources of Drug Information

An open-ended question posed to the respondents received good responds. Various answers were given and a group of answers developed. The main sources of drug information are media electronics such as television and radio. Newspaper too play an important role in disseminating drug information and messages.

Hundred and fifty-nine (74.6%) respondents agreed to television as the main source of drug information and messages. This was followed by radio (11.7%), newspaper (8.0%), poster and exhibition (1.9%). Drug information from the government agency such as Department of Information made up 1.9%, while non-governmental organisations and magazines contributed 0.5% each (Table 10).

**Table 10: Sources of Drug Information**

Source	Community Leaders	Parents	Youth	Total
Television	45.5%	76.6%	75.0%	74.6%
Radio	9.1%	12.3%	10.4%	11.7%
Newspaper	9.1%	8.4%	6.3%	8.0%
Magazine	-	-	2.1%	0.5%
Poster/Exhibition	-	1.9%	2.1%	1.9%
Lectures	-	-	4.2%	0.9%
Government Agency	27.3%	0.6%	-	1.9%
NGO	9.1%	-	-	0.5%

## 5.3 Drug Problem

About 98.5% of the respondents agreed that drug problem in the village is non-existence, while 1.5% acknowledge its existence. Based on the majority opinion on the drug

problem existence, the statements made by two parents (Table 11) are important. The study believes that parents being uneducated, need a straight forward question but the two respondents answered what he or she thinks well.

**Table 11: Drugs Problem in Kuala Merotai**

Existence of Drug Problem	Community Leaders		Parents		Youth	
	N	%	N	%	N	%
	YES	-	-	2	1.6	2
NO	5	100.0	124	98.4	129	98.5

With regard to activities among the villagers, most parents (40%) and youth are actively involve in religious bodies' activities; 11.8% involve in Parents Teacher Association and RELA; 8.2% are active in political parties; 3.5% involve in community and cultural activities; 2.4% involve in sports and recreational bodies; and 1.2% are active in farmers and fishermen associations. The survey showed that 32.9% of the respondents do not participate in any organisation or association (Table 12).

**Table 12: Parents and Youth Involvement in Non-Governmental Organisations in Kuala Merotai**

Membership in NGOs	N	%
Religious	34	40.0
Politics	7	8.2
PTA/RELA	10	11.8
Sports/Recreation	2	2.4
Social/Culture	3	3.5
Agriculture/Fisherman	1	1.2
None	28	32.9

#### 5.4 Hobbies or Extra Activities among Youth in Kuala Merotai

As a national asset, and the future of the country, youth's character and behaviour need close supervision. The survey showed that 73.95% of youth choose sports as the most attractive activities. Recreational activities fall on second place with 15.2% of youth

involve in such activities. Eleven per cent of youth are involved in cultural activities. A few respondents involve in more than one activity (Table 13a).

**Table 13a: Extra Activities / Hobbies for Youth in Kuala Merotai**

Hobby / Extra Activity	Respondents (Youth)	
	N	%
Sports	34	73.9
Recreation	7	15.2
Culture	5	10.9

Community leaders and youth were asked about youth activities in Kuala Merotai. Most of the respondents say that youth picked sports as their main activity (33.3%) and 28.6% of the respondents spend their free time at home relaxing, reading or watching television. About 12.7% spend ample time helping families with household chores. It is also noted that 12.7% of the respondents spend their free time fishing. Only 3.2% of youth spend their free time in town or sightseeing (Table 13b).

**Table 13b: Youth Activities in Kuala Merotai**

Activity	Community leaders		Youth		Total	
	N	%	N	%	N	%
Sports	3	50.0	18	31.6	21	33.3
Fishing	1	16.7	7	12.3	8	12.7
Meet friends/Visit relative	-	-	6	10.6	6	9.5
At home	1	16.7	17	29.8	18	28.6
Helping family	-	-	8	14.0	8	12.7
Sightseeing/Go to town	1	16.7	1	1.8	2	3.2

#### 5.5 Drug Problem Responsibilities

Every community perceives drug responsibilities in a different perspective. Although it can be seen as collective responsibilities, the study feels that respondents should voice their feelings on drug matters. A majority of the respondents (community leader and youth) feels that drug problem is an individual responsibilities (66.0%). Twenty-three per cent stated that it is a community responsibilities and 8.5% believe that it is parents

responsibilities. Only 2.1% says it the government responsibilities. Based on the responses, it shows that the respondents' views on drug problem responsibility is very much an individualistic view (Table 14).

**Table 14: Drug Problem Responsibilities**

Responsibilities	Community leader		Youth		Total	
	N	%	N	%	N	%
Individual	2	50.0	29	67.4	31	66.0
Parents	-	-	4	9.3	4	8.5
Society	2	50.0	9	20.9	11	23.4
Government	-	-	1	2.3	1	2.1

### 5.6 Visitors in Kuala Merotai

Most of the respondents (90.3%) believe that businessmen are the main visitors (64.5%) to the village, while 25.8% think that relatives comprised the major visitors (Table 15). Ten per cent of the respondents believe that the village has no visitors. It is obvious that Kuala Merotai is not isolated from the outside world. Like any other village it has made contacts or received outside influence.

**Table 15: Visitors in Kuala Marotai**

Types of Visitors	N	Percentages
Businessman	20	64.5
Relatives	8	25.8
Tourist	-	-
No visitors	3	9.7

## 6. RESEARCH FINDINGS

The study reflects the true picture of this area with the representation of 33.4% or 1/3 of the village's population. A special focus on this problem and with the support from three different groups of respondents made the study useful. Community leader, parents and youth are groups of people that shared their opinion with us. They voice their feelings through this study to depict the actual situation of this area. This community can be an example to another area that as long as they can control their children any negative information or new culture cannot influence them.

Islam as the majority religion profess among the population (89.5%), is an advantage to this area as the whole population can control themselves from outside influence. Drug is banned by Islam and it is a way of life to stay away from it. Most of the people in this area receive information on drug from television and radio. Electronic media is the best channel for dissemination of drug information.

### 6.1 Free from Drug Problem

National Drug Information System (NADI)<sup>1</sup> formed in 1987 is a centralised database system on drug abuse, modeled after the case register system. It collates all information on drugs since 1970. NADI confirmed that from 1970 to 1998, Kuala Merotai was free from drug cases.<sup>2</sup> There was no such incidence took place over that period. All information from the three groups of respondents proved that Kuala Merotai is free from drug.

### 6.2 Factors of Free from Drug Problem

Most of the respondents (54.5%) feel that the far distance from town is the main factor Kuala Merotai is a drug free area. Responses to the open-ended question proved that all respondents agreed with each other on this fact. It may be that this factor isolates the village from outside influences. It also provides limitation and blocks the freedom of youth from going to town.

Special control from the community protects the villagers from outsiders or unidentified persons' influences. The statement agreed by 35.6% of the respondents. Except for businessmen and/or relatives the villagers' interactions with the outside world are very restricted.

Another factor that contributes to the drug free problem is the awareness on the dangers of drugs among the community (9.9%) (Table 16).

<sup>1</sup> Its function is to collate, collect, analyze, process and disseminate information relating to drug abuse problem. The information was collated since 1970 by various government agencies including Science University of Malaysia, Penang and became fully operational in 1988.

<sup>2</sup> Its records incidence and prevalence on drugs by individual and area (states, village, town, hospitals, treatment centres etc with a special codes all over the country)

**Table 16: Main Factors Kuala Merotai a Drug Free Area**

Factors	N	%
Far from town	55	54.5
No outsiders or unidentified visitors	18	17.8
Special control from the community	18	17.8
Everybody knows the drug threat	10	9.9

**6.3 Alternatives that Make Youth Stay Away From Drugs**

Every year more than 80.0% of addicts detected in Malaysia are youth (20 to 39 years old). As a drug free area, views from youth in Kuala Merotai regarding drugs are the best, important and meaningful. It's good to know how they stay away from drugs.

The respondents suggest a lot of alternatives and various activities that keep them (youth) away from the drug menace. A majority (45.5%) of youth agrees that sports are the main activities that protect them from any social problem and drugs. This statement is supported by sports facilities available in the village such as football field and a place to play badminton and 'sepak takraw' (rattan ball).

Other alternatives (31.2%) reported in the study were made up of valuable works such as helping families with household chores, involvement in club's or association's activities, or other community programmes.

Five per cent of the respondents (youth) agreed that controlled activities and sociable limitations are all geared to healthy activities. These activities help them to diverge their minds from outsiders' negative influences and protect them from drug abuse exposure. It was noted that 2.6% of youth believed that fishing as one of the alternatives to make good use of their free time (Table 17).

**Table 17: Alternatives to Stay Away from Drug among Youth**

Youth Activity	N	%
Sports Activity	35	45.5
Recreational Activities	2	2.6
Doing good things	14	18.2
Actives in club and community activities	10	13.0
Did not expose to drugs	4	5.2

**6.4 Time Spent with Family**

It is a common assumption that parents in rural areas spend more time with the family. The survey showed that only 25% of the community leaders spend more than 9 hours with their families. While parents spend more time with their families than the community leaders spend with their families. Ninety-two per cent of parents spend more time with their families and a majority of this spends more than 10 hours.

Youth is the confirmatory factor to this assumption. A majority of them (87.7%) spends more than 9 hours with the family. More time spent with the family suggests family relationships in Kuala Merotai are the best ever recorded. A close relationship between youth and parents is important. It provides love and transparency in the family that hinders them from negative influences or the feelings of not being cared of by the family (Table 18).

**Table 18: Time Spent with Family**

Times	Community Leader	Parents	Youth	Average
Less than 3 hours	-	0.8%	-	0.26%
3 to 4 hours	75.0%	2.4%	-	25.8%
5 to 6 hours	-	0.8%	12.2%	4.32%
7 to 8 hours	-	4.0%	7.3%	3.8%
9 to 10hours	-	12.0%	29.3%	13.76%
More than 10 hours	25.0%	80.0%	51.2%	52.06%
<b>Total</b>	100.0%	100.0%	100.0%	

**6.5 Important Findings**

- 86.3% of the population receive drug information through electronic media such as television and radio.
- 98.5% stated that there is no drug problem in Kuala Merotai.
- 97.7% of the respondents cannot identify drug addicts.
- 12.5% of the community leaders and youth do not heard of drug problem.
- 60.7% of the community leaders and youth seldom read any matter on drugs.
- 42.9% of the community leaders and youth have not seen drug problem.

- 66.0% of the community leaders and youth feel that drug problem is an individual problem.
- 46.0% of the community leaders agreed that sports and recreational activities such as fishing, and football are the main activities among youth.
- 40.0% of parents and youth are active in religious activities.
- 50.0% of the respondents stated that anti-drug activities had been held in the village.
- 54.5% agreed that the distance from town is the main factor that protects the villagers from negative influences such as drugs.
- 64.5% of visitors to the village are businessmen.
- 73.9% of youth are active in sports activities.
- 45.5% of the parents and youth stated that sports is the best alternative to stay away from drugs.
- 87.7% of the respondents spend more than 9 hours with their family.

## 7. CONCLUSION

Research findings reflect that Kuala Merotai does not face with addiction or drug problem. NADI confirmed that not a single case or record on drugs reported in this village. Statements from all respondents proved that Kuala Merotai is a drug free area. We hope that in the coming century Kuala Merotai will maintain its current status as drug free area.

## INDEPTH INTERVIEW WITH HEROIN ADDICT

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### BACKGROUND

In Malaysia, addiction is a serious offence. When a person is a suspect drug addict, he can be charged in court. Normally once convicted, a drug addict is sent to a treatment center. To find drug addicts is not an easy task and not many individuals will readily admit that he or she is an addict.

The aim of the study is to gather information about heroin addicts and their involvement on drugs. An interview with a teenager was conducted. He agreed to narrate his experiences as heroin addict. He is a young boy of 16 years old. He works as a canteen helper. He refused to study although every person at this age is accepted as a student in any government school. The family went along with his decision and he feels that he is not capable of absorbing knowledge taught in school.

He was very helpful and gave all his past doings on drug. He allowed me to ask the entire questions and gave me very good responses. He started using ganja when he was in secondary two (14 years old). His friend introduced ganja to him before they sat for Arabic examination. He took ganja for he felt that he could not answer all the examination questions. He found the subject tough and could not understand what is taught. His friend persuaded him to take ganja before the examination. A group of students smoked ganja in the toilet. After smoking, they felt relax and had the courage to sit for the examination. During the examination they fell asleep. Sleeping is the best way to overcome problems and sometime they did not write anything on the examination paper.

Ganja is a step towards heroin. After having taken ganja, the group started to use heroin. They called it 'kong' or 'debu'. They shared cost to buy heroin and each of them had to pay RM2.00. They chased heroin in the toilet and it all started for fun of using it. His friends influenced him a lot and he found it difficult to ward off friends' suggestions on drugs. He willingly accepted all the suggestions and to him trying heroin was the best offered. As a teenager he feels inadequate to reject friends' suggestions. Chasing heroin is good as his friends told him so.

Heroin is very expensive and sometimes they did not have enough money to buy drugs. He had -- for several times -- taken money from her sister's handbag without her knowledge. The family was aware of his stealing behaviour but could not reformed him. His father has given up in reforming him and could not care less of his welfare. He feels that heroin has changed his character. He remembers at one time when his father scolded

him he shouted back at him without being fearful of the consequences. He used to exchange words with everyone in the family and sparked argument with them if they tried to advise him.

To supplement his addiction, he and his friends started collecting discarded cans. They sold them at RM.2.50 per kilogram. This took place when he was in secondary 4. At this point in time he was a frequent absentee in school. He felt that working is much easier than schooling and decided to migrate to Kuala Lumpur. He left for Kuala Lumpur without his father's permission to work as labourer in Batu Caves. He was heavily addicted to heroin and Kuala Lumpur is heaven to him for heroin is easy to get as well as cheaper than in Kota Bharu. Half-inch straw of white heroin in Kota Bharu is equivalent to 3 inches in Kuala Lumpur.

## **2. DRUGS AVAILABILITY**

In Kota Bharu they bought drugs through friends. They did not know the real supplier and all transactions made in the evening. They must pay first and one of the pushers took the money and gave them heroin after a while. He suspected that the pushers got the drug through a supplier. (On one occasion, he thought that the pushers hid the drugs in one place but after a few incidences he was sure they got it from some one else.) In Kuala Lumpur the style is different and he himself can buy drugs. They can go any place in Kuala Lumpur especially Chow Kit area and search for a friend. According to him pushers have a special style and he cannot express the kind of style but he knows that the guys are pushers. They only sign is that they just shake their head, pay the money and the pushers gave him heroin. They only used sign language.

## **3. FIRST EXPERIENCE**

He cannot express in words the effect of heroin. According to him heroin is the best way to relieve tension. On the first occasion after a few hours, he worms it and his stomach was very painful. He was hospitalized for three days on the fourth intake. When he was discharged from the hospital his mind was on heroin. He felt that only heroin can cure his problem. Immediately, he chased heroin from day one to day fifteen. He was addicted again and now he doubled the dosage. He must take heroin in the morning and the evening.

## **4. MODE OF ADMINISTRATION**

Chasing is the most widely mode of administration used in Malaysia. He used this style. Normally they used straw to chase or some time papaya stick but due to the availability straws are widely used. They put the heroin on a piece of aluminum foil and burn the heroin by using a lighter. The heroin then is evaporated quickly into smokes and they

chased it by using straws through their mouth as fast as possible.

## **5. CONCLUSION**

School can be too taxing for certain children, grading too severe, and teacher's help too scarce. Although they get along well at home, children with mild learning disabilities or limited academic ability are frequently drift into frustration at school. Many unhappy, depressed youngsters are in school today. Basically, these youngsters have very low esteem. Sometime students are confirmed losers. They just know they will fail and usually contrive to make their anticipation come true. Still other children are anxious about life in general. They try to release tension through physical activities or some time through vandalism or joined gangsterism. After misbehaving, they feel guilty and promise never to repeat the offence, but in a subsequent period of anxiety, they do repeat it, acting out in order to dissipate tension.

# A STUDY OF DRUG TAKING IN RANTAU PANJANG, KELANTAN, MALAYSIA

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## 1. INTRODUCTION

The National Narcotic Agency (NNA) conducted a three day study on drug involvement among truck drivers in Rantau Panjang, Kelantan. The study started on the 24th August 1998, with the help of Narcotic Department, and Royal Malaysian Police (PDRM). A series of operations were conducted in Rantau Panjang.

## 2. OBJECTIVE

The objective of the study is to detect drug taking among truck drivers including lorry, van and pick up drivers.

## 3. METHODOLOGY

The operation started at 10.30 a.m. and after 3 hours not many suspects were identified. The team stopped six lorry trailers. However, after the lorries came to a halt, 5 drivers escaped and left their lorries unattended. One driver was finally apprehended.

Being a small town the news about the operation in Rantau Panjang was spread very quickly. The team discovered that it is very costly to tow big trailers or to move them from the main road. As our main operation was situated at the Immigration Complex in Rantau Panjang, a massive traffic jam occurred at the complex running right up to the Thailand Check Point. With the advised of Immigration and Customs Officers we minimise the target. We were informed that all the truck driver in Rantau Panjang and those who tried to enter Malaysia from Thailand that day had to postponed their journey. By the end of the day not a single lorry came across the operation area.

As a result of this problem, the team decided to broaden the target and a few suspected drug addicts were arrested.

The operation's schedule are as follows:

<u>Date</u>	<u>Hour</u>
24 August 1998	10.30 am. - 5.00 pm.
25 August 1998	6.00 am. - 3.00 pm.
26 August 1998	8.00 am. - 4.15 pm.

The NNA office in Rantau Panjang served as the headquarters of the operation. A small laboratory for urine analysis was set up in the office. The laboratory was equipped with EMIT Machine (Enzyme Multiplied Immunoassay Technique) and strips. Suspects' urine samples were screened for opiate (50ng), cannabinoid (50ng), and methamphetamines (20mg). The EMIT machine screens only opiate and cannabinoid.

## 4. FINDINGS

Sixty-nine suspects were apprehended over the duration of the three days operation (Table 1). 345 screening tests were conducted on the 69 suspects, 14 suspects proved positive. The drugs identified in the urine samples of the 14 samples are tabulated in Table 2.

**Table 1: Results of Screening Tests**

Date	No. of Suspect	Positive	Percent
24.08.1998	28	8	28.6%
25.08.1998	29	3	10.3%
26.08.1998	12	3	25.0%
<b>Total</b>	69	14	63.9

**Table 2: Types of Drug Identified**

Type of Drug	Number	Percent
Cannabinoid	6	42.9%
Opiate	4	28.7%
Opiate + Cannabinoid	2	14.2%
Amphetamines	2	14.2%
<b>Total</b>	14	100

All the suspects are citizens of Malaysia. Five tests were conducted on foreigners and all

were positive for cannabis and amphetamines. The occupations of the suspects are tabulated in Table 3.

**Table 3: Suspects' Occupations**

Occupation	Cannabis	Opiate	O + C	Amphetamines	Total
Labourer	2	1	-	-	3
Driver	1	1	-	1	3
Student	-	1	1	-	2
Businessman	2	1	1	-	4
Mechanis	-	-	-	1	1
Self Employed	1	-	-	-	1
<b>Total</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>14</b>

Note: O + C = Opiate and Cannabis

## 5. CONFIRMATION TEST

The Drug Dependent Act (Treatment and Rehabilitation) 1983, requires urine samples of suspect drug addicts to be screened by qualified medical personnel. By virtue of this Act, all the suspects were sent to the Pasir Mas Hospital's Laboratory, for urine tests. The reconfirmation tests showed only 4 suspects were positive -- 3 suspects were tested positive for cannabis, while one was on opiate (morphine).

Two of the cannabis users are labourers and one self-employed. The morphine addict is a businessman. All the results were certified by a Biochemist in the Pathology Department, Hospital Besar, Kota Bharu, Kelantan.

## 6. CONCLUSION

The team changed the modus operandi of the operation when the news of the operation was spread throughout the town and after creating a massive traffic congestion at Rantau Panjang town. With the new target, the team apprehended 69 suspects. Screening tests showed presence of drugs in urine samples of 14 suspects. Hospital Laboratory's Confirmation test showed positive urine of only 4 suspects.

The study shows that it is very costly to do research on drug taking among truck drivers. The team believes that truck drivers are involved in drug but the study failed to prove this. We are in the opinion that advance preparation on logistic is pivotal to the success of this type of survey.

## DRUG-RELATED KNOWLEDGE, ATTITUDES AND PRACTICES OF DRUG LAW ENFORCEMENT PERSONNEL IN SELECTED NARCOTICS UNITS IN METRO MANILA AND NEARBY LUZON PROVINCES

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## RATIONALE

Generally, the study was undertaken to answer the many questions and speculations regarding drug-related knowledge, attitudes and practices of law enforcement personnel assigned in the narcotics units. Primarily, the study aimed to answer the following questions:

### 2. OBJECTIVES

- To find out the demographic characteristics of selected law enforcement personnel assigned in the narcotics unit in Metro Manila and nearby Luzon provinces.
- To determine their drug-related knowledge, attitudes and practices regarding drug abuse prevention and control.
- To come up with measures and/or recommendations to improve law enforcement personnel drug-related activities.

### 3. MATERIAL AND METHOD

#### 3.1 Instrumentation

This is a descriptive study, which made use of the survey method. The main instrument used in the study was a questionnaire specifically designed for the purpose of the study. It has the following parts: Part I: Demographic Characteristics; Part II: Knowledge Test (Multiple Type Test), consisting of 12 items; Part III: Attitude Test consisting of 18 items using a 5-point scale; and Part IV: Opinion About the Drug Abuse Problem and the Recommended Solutions consisting of 2 items open-ended questions.

### **3.2 Sample**

A total of two hundred nineteen (219) drug law enforcement personnel from selected narcotics unit of the Philippine National Police were the respondents of this study. Respondents were identified according to their availability in certain areas in Metro Manila and nearby Luzon provinces.

### **3.3 Mode of Data Gathering**

Actual administration of the instrument/questionnaire was undertaken in places where the respondents were assigned. When respondents were available in group, administration of the questionnaires lasted for twenty-five minutes. To elicit more information to support the data gathered by the questionnaires, one-on-one interview with some of the law enforcement personnel was undertaken and took a longer time.

### **3.4 Statistical Treatment**

Frequency distribution from which means, averages and percentages were computed was employed.

### **3.5 Study Limitation**

The study was limited according to areas, respondents and variables included in the study.

## **4. FINDINGS**

### **4.1 Respondents' Demographic Characteristics**

There were more males (193) than females among the respondents in this study. Their ages range from 23 to 53 years old, however, majority belonged to 31 to 45 age bracket.

On the average, the respondents were in the police service for eleven years and four and a half years in the anti-narcotics operations.

With regards to educational attainment, majority (56.6%) had college degrees, twenty-eight per cent (28.3%) have reached college, while seven per cent were high school graduates.

More than forty per cent (42.5%) of the total number of respondents had formal training in drug law enforcement, particularly in narcotics investigation course.

### **4.2 On Drug-related Knowledge, Attitudes and Practices**

Of the total number of respondents, less than thirty-nine per cent (38.8%) have passed the drug-knowledge test consisting of 12 objective type-items.

With regards to the statement "One should try drug to determine its effect", seventy-nine per cent of the respondents disagreed. Almost thirty (29.7%) per cent believed that many policemen are using drugs.

On the effectiveness of the governments anti-drug abuse campaign, the respondents were divided on the issue. Fifty-four per cent (54.5%) said the campaign was effective, almost thirty-eight per cent (37.8%) believed otherwise.

Thirty-six per cent of the respondents believed that salvaging or summary execution of drug pushers is one effective way of solving the problem of drug abuse.

Of the total number of respondents, less than thirteen per cent (12.7%) believed that using drugs once in a while is not bad.

Thirty per cent opined (30%) that drug users should be sent to prisons instead of being rehabilitated.

With regard to laws against drug abuse, thirty-five per cent said there are not enough laws to fight the drug menace.

Around thirty-six per cent (35.6%) thought that many high police officials coddle or protect drug syndicates.

More than one half of the respondents (52.5%) said the government should be more compassionate to drug users.

Of the total number of respondents twenty six per cent agreed to the statement that most of the police assigned in narcotics unit can be bribed to free arrested drug pushers.

Majority (61.6%) of the respondents believed that there are too many drug law enforcement agencies. Fifty-eight per cent of them think that there should only be one drug law-enforcing agency.

Almost half of the subjects believed that most of their colleagues do not deserve to be assigned in narcotics units.

Of the total number of respondents twelve per cent admitted using drugs once in their lifetime. These include shabu, marijuana and cough syrups. Reason cited for using drugs was curiosity.

## 5. RECOMMENDATIONS

In order to improve drug law enforcement activities and operations, the respondents made several recommendations. Among these were the following:

- Certain provision of R.A. 6425 should be studied, strengthened or amended to cope up with the ever changing drug situation including the following: protection of the rights of the arresting officers, mere possession of any quantity dangerous/illegal drugs will automatically disqualify a person from posting bail.
- The government must provide adequate financial and material support for drug abuse prevention and control operations.
- An intensified campaign to weed out protectors of drug lords or pushers in the police service be undertaken.
- Speedy disposition of drug-related cases.
- More training for police officers assigned in narcotics units on drug-related courses.

## DRUGS SITUATION IN SURAT THANI PROVINCE (SAMUI AND PHAGAN ISLAND) THE FAMOUS TOURIST ISLAND OF THE COUNTRY

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*Drug Demand Reduction Bureau*  
*The Office of the Narcotics Control Board*  
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### BACKGROUND

Surat Thani province, located in southern part of Thailand is a well known seaside province for many tourists from all over the world. It has a land area of 12,891 square kilometers. It is far from Bangkok, about 644 kilometers and it takes about 7-8 hours to get there by car from Bangkok. The estimated population in this province is 187,095 and it attracts more than 1,000,000 visitors every year.

Surat Thani consists of 19 districts. The most famous districts with the most foreign visitors are Ang-Thong Island, Samui Island and Phangan Island. Most problems especially drug problems occurred in Samui and Phangan Islands. There are drug abusers, drug trafficking and drug epidemic as well as drugs crimes.

Available drugs in these islands include heroin, marijuana, methamphetamine, kratom plant, magic mushroom, L.S.D., and ecstasy. Local abusers use heroin, methamphetamine and kratom plant while foreign addicts use marijuana, L.S.D, magic mushroom and ecstasy.

Surat Thani is accessible from Bangkok through the following route(s):

- By train takes 13 hours;
- By bus takes 11 hours;
- By private car takes 8 hours; and
- By airplane takes 1 hour 10 minutes.

Samui Island is about 84 kilometers from Surat Thani. It has a land area of 247 square kilometers and a population of 33,755 people. Samui Island is accessible from Surat Thani by the following route(s):

- By overnight boat takes 6 hours;

- By speed boat takes 2 hours and 30 minutes;
- By ferry takes 1 hour and 30 minutes; and
- By plane from Bangkok takes 1 hours and 10 minutes.

Phangan Island is situated about 100 kilometers from Surat Thani and 20 kilometers from Samui Island. It has a land area of 170 square kilometers and about 8,939 population. There are many ways to travel to Phangan Island:

- Six hours by overnight boat from Surat Thani;
- Three hours by speed boat from Surat Thani;
- Four hours by ferry from near by province called Nakorn Sri Thammarat;
- One hour by speed boat from Samui Island;
- One hour by ferry from Samui Island.

Moreover, there are also the direct flights from Singapore, Malaysia and Indonesia to Samui Island.

Surat Thani province is one of the most famous provinces for foreigners because there are a lot of beautiful scenic nature and beaches. Most foreigners brought their culture of drugs abuse to this province especially to Samui and Phangan islands. Most of them came to these islands to participate in the Full Moon Party.

## 2. FULL MOON PARTY

Every full moon foreign tourists organise the full moon party. The party goers are mostly English, German, Italian, and other European aged between 20-30 years old. For the last 10 years, this party has been held in Samui Island but now they have it in Phangan Island. At Phangan Island, they celebrated the party all night, along almost 2 kilometers beach with more than 20,000 foreigners. Most of them are long term visitors who stayed at the islands for 2 weeks to 1 or 2 months. Many different people from different countries could be friends. They drank, danced and sang all night. Most of them always use drugs to enhance their emotions and dance all night. Marijuana is the major drug of abuse. Other drugs most used in the party include methamphetamine, magic mushroom, ketamine and ecstasy. There were also reports on heroin use. A special drink called speed punch is served at the party. It is believed that speed punch is a mixture of alcohol and methamphetamine.

Currently, foreigners use diet pills and pink and white drugs. They get their supplies from the local pharmacists. They bought these drugs not for medical purposes but for

abuse. Diet pills allow them to stay awake so that they can continue consuming alcohol all night long.

## 3. SUPPLY OF DRUGS

In 1988 most of the population in Surat Thani were agriculturers and fishermen. There were a few that turned to be owner of little guest houses for tourists who began coming during 1991-1996. They brought along with them drugs for personal consumption. The epidemic of drugs began at that point and continues until today.

Drugs are brought into Surat Thani through several ways that include:

- Drugs dealers in Samui Island directly ordered heroin from dealers in the North. This supply is for the local Thai.
- Drugs dealers in Tha-chang district ordered powder and packed heroin and methamphetamine from the North and hand them over to dealers in Samui Island.
- Drugs dealers in Ban Na-deam district ordered powder heroin and methamphetamine from the North (different case from 2) and send to Samui Island.
- In nearby province, Chumporn, a drug dealer who owns restaurant sends drugs to dealers in Surat Thani.
- Drugs traffickers who are Namibian, Nigerian and Nepalese smuggled packed heroin and hashish from Khao Sarn Road in Bangkok to Samui Island. Their investors are Nigerian living in Bangkok. Most of these drugs are sold to foreigners, and a few is delivered to Thai people because of their safety.
- Immigrant labors from the Northeast smuggled marijuana and methamphetamine for their consumptions and sold them to prostitutes.

## 4. DRUG PRICE

- Powder heroin weighs 700 grams costs about 250,000 baht.
- Retail price of 1 gram of heroin powder for Thai people is 2,500 baht.
- Retail price of 1 gram of heroin powder for foreigners is 4,500 baht.
- 200 methamphetamine tablets cost at 16,000 baht.
- Retail price of 1 methamphetamine tablet for local people is 200 baht.
- Retail price of 1 methamphetamine tablet for prostitute is 300 baht.

- 0.05 grams of marijuana packed in plastic bag costs 100 baht.
- 1 ecstasy tablet costs 800-1,000 baht.
- 1 plate of omelet with magic mushroom costs 200 baht.

## 5. DISTRIBUTION AREA

Thirty per cent of drugs are sold in guest houses. More than 50% sold in beer bars and pub.

A lesser percentage is used by local people.

## 6. DISTRIBUTION BEHAVIOUR

Drugs in guest houses and beer bar groups, are sold to foreigners and exported especially packed heroin by vessels. For Thai clients and local people, they sold drugs through employee in guest houses and beer bars.

## 7. FURTHER STUDY

### 7.1 Community Data

Surat Thani comprises of many districts with a few having extreme drug problems. Samui Island and Phangan Island are the two districts with extreme drug problems. This study will look at drug abuse behaviour in Samui Island because it is the center of tourism and business.

Three communities were chosen to be the sampled communities. Firstly, the agriculturers who are the original community in this area. This community has 249 houses with 775 population. There are 404 male and 371 female. Data was collected from 50% of total houses by systematic sampling, each house consists of 4 persons which are older male and female and young male and female to clarify the clear picture of drugs situation in this community.

Secondly, the fisherman community. This is one of the major communities in this island and most of them are Muslims.. This community has 94 houses with 422 population. There are 220 male and 202 female. Data was collected from 50% of total houses by systematic sampling. Each house should consists of 4 persons which are older male and female and young male and female to clarify the clear picture of drugs situation in this community.

Lastly, the immigrant community. They are business employees and labor for tourism business. Most of them came from Northeastern part. This community has 262 houses with 802 population. There are 425 male and 377 female. Data was collected from 50% of total houses by systematic sampling. Each house should consists of 4 persons which are older male and female and young male and female to clarify the clear picture of drugs situation in this community.

### 7.2 Youth in School

There are 2 schools with primary and secondary levels in this island. The populations of these schools are 1,202. Data on drugs situation, drug abuse behavior, drugs effecting their body, family and society, and the network of drugs trafficking in their schools were collected from every youth in each school.

### 7.3 Data on Prisoners

Data were collected from prisoners charged with both use and pose cases and distribution cases. The objective of collecting data for use and pose cases is to study the behavior on drug abuse, drug effects and reason for using drugs, while the objective of collecting data from distribution cases is to study the network of drug trafficking, drug organized crime and pattern of drugs crime. There are only one provincial prison which have 73 drug-related prisoners. There are 37 prisoners charged with use and pose cases and 28 prisoners charged with distribution cases. The prisoners were asked to answer questions in designed questionnaire and they were subjected to in-depth interview.

### 7.4 Hospital Data

There is only one hospital in Samui Island which have emergency room and treatment facility to treat drug victims. There are 17 drug addicts in this hospital. More than 6 foreigners reported dead per month in Samui and Phangan islands. The study seeks to clarify reason of death – whether deaths are drug-related. In addition, the data explains foreigners' and local population's drugs abuse behaviours and situations. The study seeks to achieve the following:

- the phenomena of drug behaviors and the patterns of drug addicts as well as drugs epidemic which came from other cultures especially foreign countries effecting the local culture;
- to review data of old drug addicts and to continue study on new cases of drugs addict on their drug behavior, attitude and drug effects;

- to review statistic on death of foreigners that include data from embassies and liaison officers; data from government officials who responsible for these cases; and data from their friends.
- to follow up study on dead persons with the cooperation of Samui Hospital and the Faculty of Medical Science of The Chaeng Mai University located in Northern Thailand. The details of process include collection of hair, urine and blood samples of dead persons by doctors in Samui Hospital. These samples will be send the Faculty of Medical Science of the Cheang Mai University; the Faculty of Medical Science will examine all evidence to approve the exact reason of death to support drug behavior in Samui island.

## EVALUATION OF THE ROLE OF NALTREXONE IN REDUCING RELAPSE AMONG HEROIN ADDICTS: AN ONGOING PHASE III CLINICAL STUDY IN PENANG

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### INTRODUCTION

By the late 1960s, in common with most of other countries in the region, the traditional patterns of drug abuse had been overlaid by a new one: younger drug users, using a wide range of drugs, including synthetic drugs diverted from the pharmaceutical trade. Heroin seizures increased from 8 ounces to more than 130 pounds in the first nine months of 1975 (Navaratnam and Spencer, 1981). Heroin continues to be the primary form of opiate abuse in Malaysia, 65% of addicts abused heroin in 1996 (National Narcotics Report, 1996). This figure indicates that the problem of substance abuse, in particular heroin abuse is of some magnitude in Malaysia. At present the standardised modalities available for dealing with heroin addiction are in-patient detoxification with out-patient counseling (supervision) and in-patient detoxification with institutionalised social rehabilitation before discharge to supervision (aftercare). A major problem confronting treatment and rehabilitation of heroin dependents is that of relapse. A majority of heroin dependents experienced great difficulties in maintaining drug free state after release from the institutions (Navaratnam et al., 1992).

This prompted the Malaysian government to seek alternatives with the aim of strengthening the national programme for the management of drug dependence problems. Wickler (1976) developed a narcotic antagonist pharmacotherapy of opiod addiction based on the classical behavioural concept of extinction. This theory suggests that the euphoric effect of opioids is blocked when an individual is being treated with a narcotic antagonist. The repeated lack of achieving the euphoric effect will gradually results in the extinction of opiod administration behaviour. Naltrexone hydrochloride (Trexan) is a pure antagonist, which competitively binds to the mu receptor and prevents opiate induced euphoria and development of physical dependence. However, subjects non-compliance due to the absence of any agonist effect and a combination of psycho-social factors is a common problem. Implementing a systematic medication programme and effective behavioural interventions will determine the outcome of the treatment.

The actual study currently being implemented is nationwide. This paper focuses on evaluation of relapse rates and factors contributing to these rates in an on-going cohort in the state of Penang.

## 2. METHODOLOGY

Subjects for the study are selected from the population of Malaysian adult male heroin addicts, who had completed 9 to 12 months rehabilitation programme in government drug rehabilitation centres. A double blind, placebo controlled study design is being used. Selection technique is based on three criteria: highly motivated individuals; family support; and good prospects of obtaining job. The average overall score must be above 50% for subjects to be selected for the study. These criteria are used as previous studies demonstrated that naltrexone is most useful for highly motivated subjects who desire total abstinence (Tai and Blaine, 1997).

Subjects are randomised and administered with naltrexone or placebo in the drug rehabilitation centre three months prior to release in the community. Subjects will continue be monitored and take their medication for another 12 months in the community. A total of 159 subjects have or currently participate in the study. As this study is still on-going codes of the subjects (Naltrexone or Placebo) are not to be broken. Study subjects are stabilised on 100mg naltrexone on Monday and Wednesday and 150mg on Friday. This weekly dosage is prescribed as recommended in other earlier studies (Navaratnam et al, 1994; Tai and Blaine, 1997). Similar doses are also prescribed for alcohol dependent subjects (Volpicelli, J.R. et al 1997). Medication are administered by hospital assistants to subjects via clinics located in districts where subjects live. Subjects are also required to attend at least one counseling session conducted by an aftercare officer. In addition, a research officer from the research centre carries out home visits every so often.

Standardised questionnaire designed for the study includes a baseline evaluation interview schedule and a weekly progress report. The baseline form elicit information on the socio-demographic characteristics, employment background, drug use history, treatment experiences and criminality. Indicators that are being monitored weekly include contact with counselors, reasons for lack of contact, compliance with naltrexone, reason for non-compliance, urine test for opiates and cannabis, self reported drug use, reasons for use, counseling sessions, home visits, employment and criminal offences.

The criteria use to evaluate the frequency of opiate usage by subjects in the community are: positive response to questionable behaviour; positive urine analysis; and missed visits confirmed by research officers at interviews. These criteria are taken as confirmation of opiate usage. However, in the event of full compliance to naltrexone, a positive urine test for opiate or self-reported opiate use will be defined as negative opiate use. This criterion is considered acceptable because of the complete blockade of or protection from opiate *high* as a result of the presence of naltrexone. Thus, the measure of opiate use as defined in this study, includes the experience of euphoria from the drug in the absence of antagonist blockade. This is thought to be more reflective and meaningful measure of opiate use. This paper will not be able to analyse these criteria as subjects' code cannot be revealed.

## 3. FINDINGS

### 3.1 Medication Compliance

Out of the 159 subjects that have completed or currently in the study, 60.4% or 96 subjects complied with therapy. Twelve subjects completed the study and only 4 subjects complied with treatment for the full 12 months, the remainder did not complete the duration of therapy as specified. Among those who complied partially, 3 subjects complied for a duration of three months or less, 2 subjects complied for a period between 3.1 months and 6 months, 3 subjects for a period between 6.1 and 9 months. The small number of subjects that have finished the study do not indicate any variation in duration of compliance.

*Note: Duration of compliant rates for subjects currently in the study cannot be done.*

The most frequently mentioned reason to discontinue therapy, is the urge to experience heroin euphoric effect. Besides that, physical symptoms are other reasons that contribute to non-compliance. The symptoms, include fatigue, eating disorders and insomnia. Few subjects reported that they are confident to remain abstinent without treatment.

Drug free or relapse status is an indicator frequently use to evaluate treatment outcome. A total of 31 subjects or 19.5% relapsed (*figures include subjects currently in study*). Statistical difference analysis between the naltrexone and control group on relapse rate, and compliance rate duration could not be done.

### 3.2 The Role of Counseling

Several publications indicate that combination of pharmacotherapy and psychotherapy would increase the effectiveness of a particular treatment modality. Specifically, naltrexone is recommended to be used in conjunction with psychotherapy. A total of 84 subjects or 52.9% have complied or are complying with counseling currently. Only 2 subjects are 100% compliant towards medication and counseling.

Six subjects (50%) who completed the study were not counseling-compliant within the first three months. One subject complied for a period of 3 to 6 months and the other two complied for a longer period of 9 to 12 months. These figures indicate that the compliance rate of counseling is lower than the compliance rate of medication among subjects. The reason often given by subjects for not being able to attend counseling is time factor especially when subjects have obtain jobs. Another difficulty faced by subjects in Penang Island is there are only two aftercare centres for counseling compared to eleven centres for taking medication. This makes it difficult for subjects as there is no transportation allowance for subjects attending counseling.

*Note: Duration of compliant rates for subjects currently in the study cannot be done.*

#### 4. DISCUSSION

The inherent limitation in the study is that the subjects' code (Naltrexone or Placebo) could not be broken. This limitation restricts the discussion on the frequency of opiate usage. The current data may also indicate a higher number of relapse cases compared to the final analysis because the naltrexone subjects who continue to be tested positive for opiate would be considered negative opiate use, thus reducing the number of relapse cases. This factor made the evaluation of the parameters for efficacy demonstrated that subjects treated with naltrexone reported less use of heroin than control subjects not possible.

The current compliance rate of counseling could be inaccurate as it is suspected to be lower than the expected outcome due to the fact that some of the subjects are still in their first phase of study. Normally, subjects in their first phase will indicate a higher compliance rate participation towards counseling. Finally, as it is an on-going study, the current data provides only a rough indicator to the outcome of the study. Furthermore, the proper study is a nationwide study and this data is only a sub-sample that may not represent the actual study population.

The data from this study is unable to conclusively examine the retention rates in therapy as well as the compliance rates of counseling. Navaratnam (1997) did a similar study and results showed that study subjects who were successfully maintained on naltrexone therapy reported lower levels of opiod craving, lower levels of opiod use and lower rates of relapse than did non-compliant subjects and control subjects. Based on this data and given the fact that heroin dependence is a syndrome characterised by relapse, a long term maintenance approach would likely to enhance naltrexone as a pharmacological adjunct for opiod dependence.

Data from that study also showed that subjects on naltrexone therapy who received regular counseling produced best treatment outcome. This was indicated by a low mean index of opiate use over a stipulated time frame. The positive result of counseling was also evident among subjects in the control group who received regular counseling compared to subjects in the same group who did not receive regular counseling.

Based on the current data and the study by Navaratnam (1997) it can be inferred that naltrexone is effective if it is taken regularly and it can only work if subjects are highly motivated. Family support and high quality counseling programmes will be pivotal in relapse prevention and subjects remained on naltrexone until such time subjects' lifestyle is considerably altered.

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