
Media Statement by Dr. Lim Chee Han, Senior Analyst at the Penang Institute in KL on the 15th of December, 2016

The Deputy Home Affairs Minister should respect and appreciate academic's efforts intended to help formulate an effective anti-drug policy

Deputy Home Affairs Minister Datuk Nur Jazlan Mohamed's belittling remarks¹ on the recent work of distinguished medical academician, Universiti Malaya Dean of Medicine Datuk Dr Adeeba Kamarulzaman was highly uncalled for. He was quoted saying that "we are willing to accept her recommendation (to close detention centres for drug users), maybe let her manage them if she is willing to do so". Later on his Twitter account, Nur Jazlan labelled Dr Adeeba's policy recommendations as 'western methods'. Unfortunately, his remarks failed to address the issues raised by Dr Adeeba's research in any substantial way.

The research article referred to by the Deputy Home Minister which was co-authored by Dr Adeeba is titled "*Relapse to opioid use in opioid-dependent individuals released from compulsory drug detention centres compared with those from voluntary methadone treatment centres in Malaysia: a two-arm, prospective observational study*"² published in *The Lancet Global Health* (2016, Dec 7). The Lancet is one of the most influential journals in the field of medicine and healthcare, with a moderately high impact factor of 14.722 in year 2015. The article's other authors include intellectuals from Yale University School of Medicine, University of Florida College of Medicine, the Burnet Institute in Melbourne, and Dr Sangeeth Kaur, Principal Assistant Medical Director of the National Antidrug Agency (AADK).

This is not the first time Dr Adeeba has been involved in drug policy research. In 2015, she authored and published a paper entitled '*Compulsory drug detention centers in East and Southeast Asia*'³ in the *International Journal of Drug Policy*. Furthermore, she would have surely obtained approval from the Home Affairs Ministry prior to carrying out more recent research. It is surprising, therefore, that the Deputy Home Affairs Minister commented on her work in such disparaging fashion.

The research published in the *Lancet Global Health* found that the median interval between time of release for individuals once remanded in compulsory drug detention centres (CDDC) or PUSPEN (*Pusat Pemulihan Penagihan Narkotik*) to incidence of relapse is 31 days, a much shorter period compared to

¹ The Malay Mail Online (2016), "Deputy minister mocks study recommending closure of drug detention centres", Dec 12.

² Wegman M.P., Altice F.L., Kaur S., Rajandaran V., Osornprasop S., Wilson D., Wilson D.P., and Kamarulzaman A. (2016), "Relapse to opioid use in opioid-dependent individuals released from compulsory drug detention centres compared with those from voluntary methadone treatment centres in Malaysia: a two-arm, prospective observational study", *Lancet Global Health*, Dec 7.

³ Kamarulzaman A. and McBrayer J.L. (2015), "Compulsory drug detention centers in East and Southeast Asia", *Int J Drug Policy*. 2015 Feb;26 Suppl 1:S33-7

those released from voluntary treatment centres (VTC) or Cure and Care Service Centres (CCSC), where the corresponding median interval is 352 days. The effectiveness of these two methods, which are both currently adopted by the AADK, is summarised in Figure 1 below, as taken from Dr. Adeeba’s paper. It clearly shows that CDDC was less effective in enabling those in rehabilitation to overcome their addiction habits (the blue line dips rapidly within the first 50 days). There is a stark difference between CDDC and VTC participant groups. With a calculated statistical probability (p-value) of less than 0.0001, the likelihood of this result being a random outcome is very low.

Moreover, VTC participants also had an 80% decreased risk of opioid relapse (Hazard Ratio = 0.198). The study therefore shows that the VTC approach is clearly more effective and superior. If anything, the Deputy Home Affairs Minister should have premised his remarks on these findings, instead of merely making light of the study.

Figure 1: Unadjusted probability of opioid drug refrain for clients after release from either CDDC or VTC

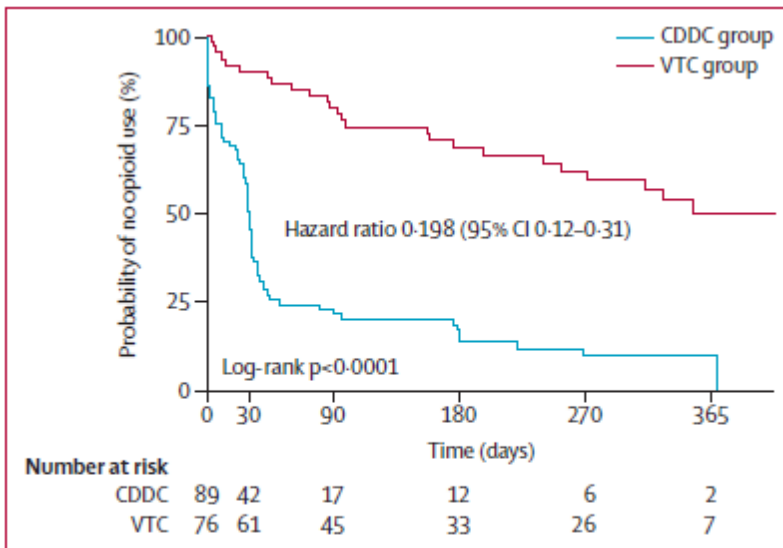


Figure 2: Unadjusted probability of no opioid use
CDDC—compulsory drug detention centre. VTC—voluntary drug treatment centre.

Adopted from *Wegman et al. 2016*

Before lambasting Dr Adeeba’s research for promoting ‘Western’ drug treatment methods (See Figure 2 below), the Deputy Home Minister should have studied the factual evidence provided in the study. Additionally, he should also be cognizant of the fact that the ADDK, an agency under the Home Ministry, has also been actively advocating for more voluntary treatment centres in recent years.

Figure 2: Deputy Home Minister, Nur Jazlan's response to Dr Adeeba's research on twitter, 14th December 2016



In recent years, the AADK has made substantial policy shifts from a focus on CCRC/PUSPEN to more community and voluntary based Care & Cure service centres (CCSC), C&C 1Malaysia Clinics, and Caring

Home Community Houses (CCH). Table 1 shows that the number of clients voluntarily seeking help from VTCs are 24- 35 times higher than that of clients serviced by the CDDCs.

Table 1: Number of clients put under CDDC or went to VTC, 2013-2017f

Year	Compulsory drug detention centres (CDDC)	Voluntary treatment centres (VTC)			
	CCRC/PUSPEN	C&C 1Malaysia	CCSC	CCH	Total
2013	5,136	4,138	4,913	117,588	126,639
2014	5,752	5,710	159,976	36,656	202,342
2015	5,723	2,251	99,102	48,638	149,991
2016e	6,300	6,000	104,000	51,000	161,000
2017f	7,000	6,300	109,300	53,600	169,200

Source: Ministry of Home Affairs and Budget Estimates 2015-2017

Rigorous, empirical academic research is the cornerstone of any respectable policymaking exercise. Instead of responding derisively, politicians should treat such work with respect and appreciate the efforts of academics to produce knowledge that will only help them create better policies for the *rakyat*.