

Headline **Adopt Swiss programme**  
Date **30 Dec 2009**  
MediaTitle **New Straits Times**  
Section **Local News**  
Journalist **N/A**  
Frequency **Daily**  
Circ / Read **139,763 / 330,000**

Language **English**  
Page No **18**  
Article Size **295 cm<sup>2</sup>**  
Color **Black/white**  
ADValue **4,085**  
PRValue **12,254**



# Adopt Swiss programme

I WOULD like to share my concern over the high crime rate as described by Tan Sri Lee Lam Thye ("Snatch thieves and the drug connection" — NST, Dec 15) and Samuel Yesuiah of Seremban ("Identify root causes first" — NST, Dec 16).

From the Dewan Rakyat, we are told that our prisons are overcrowded despite the fact that at least 10 new prisons have been constructed since I retired from the police force 12 years ago.

The escalation in crime, however, is not unique to Malaysia. I am, of course, not suggesting that we should accept the situation. We must put our heads together to ensure that we get to live in a secure environment.

When the Prisons Department aspires "to be a world-class correctional organisation by 2020", they want to succeed by turning out rehabilitated and reformed offenders. More prisons are needed so that the number of prisoners in each facility is manageable and the services provided are adequate.

There are many causes of crime. A high percentage of those incarcerated have been convicted of drug-related offences, such as petty theft, purse-snatching, breaking into cars and homes, and drug possession.

This category of prisoners make up 50.07 per cent of the almost 33,400 inmates. The figure is not inclusive of those in treatment and the illegal migrants in Immigration hold-

ing depots.

The estimated number of illicit drug users in the country is in the region of 250,000. This figure is derived from those who come into contact with the authorities, inclusive of law enforcement.

However, it is said that for every drug dependent recorded, there are four who have not been accounted for.

Of the estimate, about 86,300 are injecting drug users (IDU) and are HIV positive. There are those who may not be aware that they have the virus and have managed to avoid contact with law enforcement.

Malaysia is one of a number of countries to have adopted methadone treatment therapy (MMT), begun in 2005.

MMT is used in prisons. Heroin and morphine dependents, especially IDUs, are encouraged to switch to methadone so that they can lead a healthier life and join the workforce. The methadone prescription is provided free at government clinics. It is also available at licensed private clinics with payment.

There is a proposal for the government to provide methadone free to private clinics. The clinics will charge a small fee for the service.

Since it is provided free, drug dependents under MMT are unlikely to resort to crime to pay for their drugs.

In countries where MMT has been implemented, drug-related crime has declined steeply. An outstanding example may be provided by

Switzerland's Heroin-Assisted Treatment programme, which it started in 1994.

Due to a severe drug problem in the early 1990s (rising number of injecting drug users, visibility of open drug scenes, the AIDS epidemic, rising number of drug-related deaths, poor physical health and high criminality), the Swiss authorities made a fundamental shift in the approach to heroin addiction.

Treatment was offered on demand. Of an estimated 24,000 addicts (dropping by four per cent a year), 16,500 are in treatment and 92 per cent are given daily doses of methadone at conventional clinics. About 1,300 addicts are given maintenance doses of heroin via 23 special clinics operating in cities and two prisons.

The Swiss approach has resulted in lower rates of crime, death, disease and a slight drop in expected new users as well as an improvement in mental and physical health, employment and housing.

The programme has been adopted by Germany, Denmark, Holland, Belgium, England, Spain and Canada.

Some of the notable aspects of the Swiss programme are as follows:

- 60 per cent drop in felony crimes by patients (80 per cent drop after one year in the programme). An 82 per cent drop in patients selling heroin.

- No one has died from heroin overdose since the inception of the programme. The heroin used is inspected for purity

and strength by technicians.

- New infections of hepatitis and HIV have been reduced for patients in the programme.

- New user rates have been lowered. The medicalisation of using heroin has tarnished the image of heroin and made

it unattractive to young people. Most new users are introduced to heroin by members of their social group and 50 per cent of users also deal to support their habit. Therefore, with so many users/sellers in treatment, non-users have fewer opportunities to be exposed to heroin, especially in rural areas.

- The programme costs US\$48 (RM163) per patient per day. The Swiss save about US\$38 per day per patient mostly through lowered costs for court and police time due to less crime committed by patients.

- In December last year, the Swiss voted (68 per cent to 32 per cent) to make the programme part of their law.

I believe that if we adopt this programme we could reduce crime considerably besides obtaining other benefits as reported in the Swiss situation.

The country can also reduce expenditure on law enforcement and prisons. We should look into this. I invite opinions on it. I am available at g3386@yahoo.com.

**DATUK MOHD ZAMAN KHAN**  
Malaysian AIDS Council  
Kuala Lumpur