INTRODUCTION

Decriminalisation of drug use is an alternative policy that various experts from health, legal, and enforcement experts uphold, including stakeholders in non-government organisations (NGOs), due to the ineffectiveness of enforcement strategies against illicit drug use, which has created extreme health and financial consequences towards the public and government [1-5]. According to Rosmarin & Eastwood [6], since the early 1970s, many countries have moved into decriminalisation policies. Decriminalisation can be implemented through two models (de jure and de facto decriminalisation) [4-6]. De jure decriminalisation can be implemented by eradicating criminal penalties, replacing criminal penalties with civil penalties, or substituting criminal penalties with administrative penalties. In contrast, de facto decriminalisation can be implemented through non-enforcement of the law and referral of drug users to education/treatment/rehabilitation instead of court prosecution [7].

Decriminalisation reduces legal penalties by changing or diverting criminal and civil penalties into rehabilitative approaches.
tion, treatment, or education [8-10]. This decriminalisation policy only applies to personal drug use and possession violations, not to the sale supply or trafficking of drugs [11]. According to Rosmarin & Eastwood [6], many decriminalisation policies are practised by different countries which have differences in the variables. These variables are threshold quantities that are used to differentiate between drug trafficking and personal possession, different forms of penalties, functions of law enforcement agencies, judiciary system, medical and non-medical professionals, and the role of harm reduction programmes [6,12,13]. Eventually, all these variables influence the outcomes of the decriminalisation of drugs policy (Ibid).

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), there are at least 67 countries that consider drug use or consumption and/or possession of drugs for personal use as a criminal offence, while almost 16 countries such as Czechia, the Netherlands, Portugal and Switzerland its’ a non-criminal offence or not an offence [14]. Further, many Western countries have legalised cannabis for medical and non-medical use, while in Canada, Thailand, and Uruguay, the commercial sale of recreational cannabis is legal [4]. Except in Thailand, in Southeast Asia, there is no evidence of decriminalisation of drug offences. Still, in those countries, the prohibitionist approach was softened to a harm reduction model which focused on the evidence-based methods for treatment, rehabilitation, and aftercare services of drug users [15]. In Malaysia, this move was initiated in 2019 by the government to remove criminal penalties from various laws against drug possession for personal use. This move can reduce the country’s prison population, overcome human rights violations, government’s expenditure on prisons and prisoners, and importantly criminal justice system of the country can be utilised effectively [16-20].

Further, decriminalisation of drug use can divert the drug abusers from suppression strategies such as arrest, detention, and forced treatment to effective, voluntary, comprehensive, and evidence-community based drug treatment and support services involving medical (pharmacological treatment) and psychosocial (psychological and social intervention) approach. Rusdi et al. [21] mentioned that this alternative approach would be the game-changer in managing the drug addiction problem in Malaysia. Otherwise, drug addiction will remain a social problem within our community forever as a silent virus that will be a more significant threat to the nation’s future.

Jesseman & Payer [22] mention that decriminalisation of drug use is not a standalone approach. Multiple decriminalisation options can be combined and tailored based on the implementation challenges and the country’s social, economic, cultural, cultural and religious characteristics. As mentioned, Malaysia has only recently shown positive signs towards decriminalising the drug use policy. Thus, exploration is needed on this topic from the involved parties because the outcomes can be used to implement a proper decriminalisation policy and prepare the criminal justice and healthcare system for decriminalising drug use policy in Malaysia.

However, given the current literature, studies exploring the perspective of the public or law enforcement officers, health professionals, or drug users towards decriminalising drug use policy in Malaysia are limited. Only a recent study by Dapari et al. [23] in Malaysia studied the acceptance of decriminalisation of medical marijuana among adults. Thus, this study aimed to explore the perceptions of drug rehabilitation officers and relapsed drug users towards decriminalising drug use that can be implemented in Malaysia.

METHODS

A qualitative research method was utilised by employing a semi-structured face-to-face in-depth interview technique. Generally, the study locations were within Penang state, namely the districts of central Seberang Perai, north Seberang Perai, northeast Penang Island, south Seberang Perai, and southwest Penang Island. Penang state was chosen as the research location due to the researcher’s mobility and the research time frame. The data was collected from February 2022 to September 2022.

There were two groups of research population in this present study. The two groups were drug rehabilitation officers (R-DRO) from the National Anti-Drug Agency (NADA) in Penang state and relapsed drug users (R-RDU) going through drug treatment and rehabilitation under NADA in each district of Penang state. The drug rehabilitation officers were selected as one of the research population due to their significant role in the decriminalisation of the drug use policy, especially their support in the treatment and rehabilitation of drug users. In contrast, the relapsed drug users were selected because they are the targeted individuals for the mentioned policy. In total 15 drug rehabilitation officers and 15 relapsed drug users were interviewed. Their experiences were used to acquire an in-depth understanding of the decriminalisation of drug use policy. Their insights are significant to the growing knowledge of decriminalising drug use policy in Malaysia.

The sampling procedure of this current study is a non-
probability sampling procedure, which is purposive sampling. Interviews were conducted face to face, where every respondent was interviewed individually at different times. The drug rehabilitation officers were approached through the NADA, and the interview session was finalised based on their availability and willingness to share their experiences. At the same time, the relapsed clients were recruited when attending their treatment and rehabilitation programs at the NADA district offices. The respondents’ participation was voluntary without involving any monetary gains.

Each respondent read through and filled in the Participation Information Sheet and Participation Consent Form before participating in the mentioned study to be aware of their rights. Participants were informed that their identities and responses were kept anonymous and secret to achieve the integrity of responses. The qualitative probing techniques aided the interview sessions in microscopically exploring in-depth information from the respondents.

The researchers obtained ethical approval (JEPeM USM Code: SM/JEPEM/21040293) from Human Research Ethics Committee USM. Approval is needed to carry out this research ethically and follow the codes of ethical conduct Committee USM. Approval is needed to carry out this research ethically and follow the codes of ethical conduct of Universiti Sains Malaysia. Before the study, data collection approval was obtained from the NADA (Ref No: AADK.100-12/1/6 Jld.2 (16)) so that data collection could be done at the NADA district offices.

In this qualitative study, a face-to-face individual interview guide was used, which contained both open and closed questions. Both groups had separate interview guides, which differed slightly due to their role and experience in the mentioned research area. The researchers developed both interview guides, and the content was validated by the relevant social work and criminal justice experts.

The researchers have also introduced several best practice methods to ensure the rigour and trustworthiness of the current study results. Various researchers (e.g., [24-27]) in the field of qualitative research have noted that qualitative research has often been criticised for lack of rigour, transparency and justification of the data collection and analysis methods used, which calls into question the integrity of the findings. The current researchers used the three criteria (credibility, transferability, dependability, and confirmability) for qualitative rigour.

To maintain credibility, the researchers first checked the individual transcripts. Then the data was collected and organised using spreadsheets in MS Excel. As supported by Guba & Lincoln [28], this method led to rapid recognition and interpretation of the data. As suggested by various researchers [29,30], the researchers also used verbatim quotes in reporting the results, which contributed to the transparency of the results. Secondly, the transferability was applied by the researchers by collecting data from two different groups (drug rehabilitation officers and relapsed drug users). Third, to ensure dependability, the researchers provided a detailed description of the research methods in this section. Finally, confirmability was achieved by the researchers by providing quotes from the data rather than quantifying the results. The limitations of the study were also addressed by the researchers.

Thematic analysis was utilised to identify and analyse themes and subthemes. In this study, the researchers utilised the most widely used method of thematic analysis outlined by Guba & Lincoln [28]. According to Guba & Lincoln [28], the thematic analysis method consists of six steps. Since this study is exploratory and there is a lack of local literature on drug decriminalisation policy in Malaysia, the researchers adopted an inductive approach to thematic analysis. The six steps are familiarising with the entire data set, creating initial codes, searching for themes, reviewing themes, defining and naming themes, and creating the final analysis and description of the results.

### RESULTS

The thematic analysis generated three themes from the raw transcripts: (1) possible outcomes of decriminalisation of drug use in the Malaysia context, (2) readiness of the public to accept the decriminalisation of drug use, and (3) readiness of the government and NADA in implementing the decriminalisation of drug use. Table 1 below shows the themes and sub-themes generated from the raw data. Figure 1 below shows the micro-level thematic map focusing on highlighted themes (Table 1).

#### Table 1. Themes and Sub-themes Generated from the Raw Data

<table>
<thead>
<tr>
<th>Main themes</th>
<th>Emerged themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible outcomes</td>
<td>· Advantages&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>· Disadvantages&lt;br&gt;</td>
</tr>
<tr>
<td>Readiness of the public</td>
<td>· Perception of public and attitudes toward drug users&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>· Possible changes in their perspective due to the policy&lt;br&gt;</td>
</tr>
<tr>
<td>Readiness of government and NADA</td>
<td>· Challenges faced by the government and NADA&lt;br&gt;</td>
</tr>
<tr>
<td></td>
<td>· Recommendations&lt;br&gt;</td>
</tr>
</tbody>
</table>

Vol. 33 No. 1, 2024  29
1. Theme 1: Possible Outcomes of Decriminalisation of Drug Use in the Malaysia Context

The respondents were asked their opinion about the future implementation of the decriminalisation of drug use policy in Malaysia. Under this theme, the respondents shared the potential outcomes of decriminalising drug use in Malaysia based on their understanding and knowledge.
Two potential outcomes were derived from participant responses: advantages and disadvantages of decriminalising drug use in Malaysia.

1) Advantages of decriminalisation of drug use in the Malaysia context

Firstly, many of the drug rehabilitation officers explained that with this policy, drug users could become productive members of society much more quickly than those convicted. This is because if the drug users who used drugs for personal use are acquitted of the drug offences, they no longer hold any criminal records related to drug possession, which eases their way to finding better jobs in both the public and private sectors.

Although we need to analyse this policy in an depth manner before implementing it in Malaysia, we need to agree that this policy can help drug users have a normal life. Implementing this policy will make us accept and treat the drug users as patients, not rule breakers. Now we are treating them as patients too, but we need to understand that the laws are still the same, and sometimes require us to treat them as detained individuals where the law enforcement officers need to arrest, charge, and handcuff the drug users when needed. (R-DRO-5)

Further, most relapsed drug users also mentioned that they could live a peaceful life without a wrong impression from society. They explained that when they were subjected to sanctions and penalties for possessing drugs for personal use, they lost their jobs, were ignored or separated from their families, and were looked down upon by society. Subsequently, they also mentioned that they are subjected to private discrimination and stigma from society, especially their landlords, relatives, employers, and colleagues. They need to continue their life with the labels.

When the Royal Malaysian Police arrested me for drug possession, most of my relatives and neighbours were aware of that. I was sent to PUSPEN due to my bad record of drug use. After two years at PUSPEN, I returned to my place and realised that I had lost my job, family, self-respect and dignity. After that, I faced many difficulties finding a new job, getting support from my family, and earning social respect. (R-RDU-3)

Many drug rehabilitation officers also mentioned that this policy could reduce the burden on law enforcement agencies. RMP can focus on the actual drug offenders, such as drug dealers and traffickers, rather than policing the low-level and non-violent drug users. At the same time, NADA can entirely focus on the rehabilitation and treatment of drug users. The officers also demonstrated that as rehabilitation officers, they need to engage in various duties, including enforcement, where they need to conduct or engage in drug-busting operations and detain the drug users, which burden the agency and officers in terms of cost, time, and energy. They also stated that most of their operation targeted low-level and non-violent drug users. The officers agreed that with the decriminalisation policy, they could focus on their core duties of conducting drug rehabilitation and treatment programmes for drug users.

As rehabilitation officers, we must carry out other duties, such as operations, tracking the drug users, bringing them to the court, and investigating drug abuse cases. Due to time constraints, we couldn’t fully fulfil our main duty of carrying out treatment programmes excellently. This policy could reduce our involvement in enforcement, which mostly targets common drug users. (R-DRO 7)

This policy could make us stick to our main objective of NADA, which is the prevention of drug abuse through education and treatment, medical and rehabilitation programme. (R-DRO 13)

2) Disadvantages of decriminalisation of drug use in the Malaysia context

Apart from the advantages, the respondents from the current study shared their thoughts regarding the possible adverse effects due to the decriminalisation of drug use. Drug rehabilitation officers agreed that when we decriminalise certain drug use offences, most of the low-level and non-violent drug users cannot be penalised, which provides an opportunity for the users to repeat the minor infractions, or they can engage in serious drug offending due to poor enforcement strategies on them.

This policy has many benefits, but some drug users could use this opportunity to repeat minor offences because they know they will not be punished. In addition, after a certain time, they can engage in serious crimes too. (R-DRO-8)

Surprisingly, a few relapsed drug users also mentioned a similar opinion. They also agreed that although many drug users will appreciate and use this policy to continue...
their normal life, several drug users will misuse this opportunity. Even now, we can see many drug users are not attending the community drug rehabilitation programs, continue to take drugs, and not taking any initiative to improve themselves or get rid of substance abuse.

Many users will benefit from this policy, but there is a possibility that this policy could worsen the situation because of certain drug users who are not willing to help themselves or misuse to continue their minor drug offences. (R-RDU 10)

Further, some of the respondents in this study mentioned that this move could increase the supply of drugs, eventually increasing the number of drug users due to different cultures and understanding. One of the drug rehabilitation officers said that drug users in Malaysia do not understand drug addiction, and most are unwilling to join the treatment programmes offered by NADA, making them continuously use drugs. According to the officer, with this policy focusing on a soft approach, it will be harder for drug users to voluntarily engage in drug treatment and rehabilitation programmes. When this continues, the drug supply will increase due to drug users’ continued use.

Even now, we can see that a few drug users do not follow the NADA program or do not complete the program properly. With the policy, this situation can further complicate the situation, and these users continue to use the drugs without fear of arrest. (R-DRO 15)

Apart from that, the relapsed drug users also supported the above claim. Some of them mentioned this policy could eliminate the fear of arrest among the users and others which can make many use the drugs without any fear. According to them, even trying once is enough to make them addicted to drugs. This can directly increase the number of drug users in the country.

Although strict laws exist, we can see many involved in drug use. We see many teenagers and schoolchildren involved in symptoms. This policy may worsen this situation and may increase the number of drug users. (R-RDU 8)

Similarly, a few drug rehabilitation officers also mentioned that this policy could send the wrong signal to drug users. They noted that when Thailand decriminalised marijuana for medical and industrial use, many drug users who were going through treatments under NADA perceived that people in Thailand could use marijuana for recreational purposes. They don’t understand that the Thai government developed various limits around the new policy to control the use of cannabis in Thailand. They also questioned why the Malaysian government is not doing this, which could ease their problems.

2. Theme 2: Readiness of the Public to Accept the Decriminalisation of Drug Use

Next, the second theme outlines information regarding the public’s current perception and attitudes toward drug users and how this policy can change their perspective from the respondents’ point of view. Under this theme the sub-themes emerged from this theme.

1) Perception of public and attitudes toward drug users

The public’s attitude towards drug users can act as the factor that enables or disable for local government and relevant parties to frame the policy for solving drug abuse. The public’s negative attitude towards drug users can create difficulty for drug users to mingle with mainstream society. According to the respondents, a specific section of the public still believe that drug users are responsible for their situation due to their lack of willpower, irresponsibility, and stubbornness. They also mentioned that due to these perceptions, many were unwilling to help the drug users or participate directly or indirectly in the drug treatment programmes.

People’s views have to be changed, and we need to convince them that these drug users are patients, can be treated, and there is no need to label them as criminals. Many still blame drug users for their problems. They don’t understand that the drug problem is a social problem and that everyone, including society, needs to work together to solve it. Now, society is unwilling to take responsibility while pushing the full responsibility to the government and NADA. (R-DRO 4)

In the same way, other respondents stated that compared to 10 to 15 years ago, the family members have strong sympathy and care towards drug users. This is because drug education through media and the transition of different mindsets and thoughts among the people made the public have compassion and understanding towards individuals with drug-related issues, and they have a responsibility to provide the best possible care for people with a drug abuse history.
Enhancing Drug Users’ Mental Health by Decriminalizing Drug Use

Nowadays, society, especially the drug user’s family members, are supporting them by giving them the moral support to attend the programs. Not many ignore them due to family status and dignity. I believe that nowadays, society members also have many problems surrounding them compared to drug abuse, making them accept drug users in this society. Although not many are helping the agencies to treat the problem, their mindset is changing for a better cause. (R-DRO 13)

Similar responses were gathered from relapsed drug users too. A higher proportion of them agreed that most of their family members are not afraid of them and exclude them from their family. Fewer of them faced issues with their family support and care for them due to their fear of getting into trouble again and losing respect and dignity in society. Some expressed disappointment towards the employers, and many were unwilling to offer jobs to the drug users. They also stated that many working drug users do not identify themselves as drug users to their employers due to the fear of losing their jobs and income. Many employers are not flexible enough to allow drug users to attend NADA’s treatment and rehabilitation programs. These negative attitudes of these employers towards such people within society lead to the prospect of recovery from their addiction, reducing their possibilities to integrate fully into the community.

My family supports me now. They are the ones who always push me to attend the programs. After I left the PUSPEN, my family accepted me and treated me normally without any fear and shape. (R-RDU 5)

Most of us face problems in getting jobs because many employers don’t want to hire drug users or former drug users as employees to avoid any problems. This is because many still believe drug users are problematic individuals who could engage in crime, be aggressive, and always be in drug influence. (R-RDU 6)

2) Possible changes in the public’s perspective due to the policy

In this current study, a high proportion of drug rehabilitation officers raised their concern that a specific portion of the public, including drug users, can consider the decriminalisation policy as approval of drug use. This is because not many will be aware that decriminalisation of drug use in Malaysia covers only drug users and those who sell or smuggle the drugs. Without proper education and exposure, many will wrongly perceive this policy. According to the respondents, one reason is drug users’ involvement in violent and property crimes. The public believes this problem cannot be prevented without severe enforcement strategies.

Based on my perception, we cannot compare our country with other countries. Here many think that drug users are involved in crime due to frequent news on crimes committed by drug users on social media. This makes it difficult for them to consider drug users as patients under this policy. Our society is not ready yet to accept the policy. (R-DRO 12)

A high proportion of the respondents agreed that the mentioned policy could remove the stigma attached to drug use. Substance-abusing individuals are exposed to various stigma components, such as stereotypes, prejudice, and discrimination, that endanger their mental health and daily activities. Decriminalising drug use could play a significant role as an anti-stigma initiative in reducing discrimination and stigma associated with drug misuse and dependence.

If we implement this policy in Malaysia, we can remove the public’s stigma on drug addicts. This is because, with this policy, the drug users will be considered patients with no criminal records, and they won't be treated as criminals or OKT people to be detained, or OKP people to be supervised. Even now, we consider them patients, but due to certain legal requirements, we cannot treat them as patients completely. If law enforcement agencies perceive them as patients and not criminals, the public will change their perception of them automatically. (R-DRO 11)

Without the stigma, drug users can have their normal life, get jobs easily, and be respectful and treated well, they won't be discriminated against for their basic needs such as loans and house, and they can continue the treatment without any fear and shame. (R-DRO 13)

What you are saying is true about this policy; as drug users, we will be grateful because this policy can change our society’s perception of us. We can lead a normal life without negative views from society, including our employers. We can get many benefits if we don't experience stigma. We can easily get a job, a home, and respect from others and come to the program without shame and fear. (R-RDU 12)
3. Theme 3: Readiness of Government and NADA in Implementing the Decriminalisation of Drug Use

Under the third theme, challenges faced by the government and NADA in implementing the policy in Malaysia and the recommendations from the respondents were explored. Currently, fewer NADA officers, poor facilities, and poor support from experts and non-government organisations are not suitable to handle an influx of more people seeking treatment. Further, many drug rehabilitation officers explained that the existing treatment resources are not nearly large enough to handle the new addicts from the legal system. According to them, with this decriminalisation of drug use policy, drug users could be diverted to community-based drug rehabilitation programmes, where the human resources, facilities, and other technical supports must be in excellent condition to support the drug users in terms of health and social services.

We must evaluate the concept from various perspectives. Our expertise, facilities, and rehabilitation treatment are ineffective enough to accept this concept. The most important one will be the number of officers under NADA. The number of officers needs to be increased because officers are always multitasking. Each officer plays a rehabilitation, prevention, investigation, and prosecution depending on their locality. (R-DRO 5)

Facilities and human resources are not enough. This is critical. The area is not big, but the population here is dense. Every month we have 400 clients, but we only have 3 grade 29 rehabilitation officers. Sometimes we are not able to handle all these clients. It’s not that we don’t go to the field, but at NADA we do almost all the duties. Changing people is not an easy job. It requires a lot of time and energy. (R-DRO 9)

As a recommendation for the abovementioned challenges, the officers stated that a considerable budget is needed to rectify all those issues. Further, both groups of respondents raised their concern about drug users’ increasing number of mental health problems which can disrupt the treatment processes. Mental health and substance abuse contribute significantly to the global total disease burden. The comorbidity of mental illness and substance use disorders is a dual diagnosis. Dual diagnosis describes one person or client with substance abuse addiction diagnosed with one or more mental health issues. Clients with co-occurring disorders experience more problems, such as serious health and social consequences, severe difficulties in adapting to treatment, and worse treatment outcomes. Thus, mental health services in drug treatment programmes are significant because addiction and psychotic disorders need to be treated simultaneously, as one may encourage and worsen the other. The officers mentioned that in Malaysia, we are only focusing on dual diagnosis recently and the treatment of mental disorders mainly under the Ministry of Health, not NADA district offices.

The dual diagnosis issue has to be handled well because this trend can be found among drug users because many people take this type of ATS drug. We need clinical psychologists or psychiatrists to handle mental and emotional related cases at AADK. Usually, clients with drug addiction and emotional disorders/mental problems need to be sent to an existing hospital or PUSPEN centre to treat their mental health before we can involve the individual in community rehabilitation treatment. (R-DRO 4)

Nowadays, we can see many violent crime cases involved by drug users with mental issues. Usually, these types of drug users won’t listen to others and won’t seek treatment. Last time, I noticed these in one of my friends. He will react aggressively, impatient, and do all kinds of things… (R-RDU 7)

So, establishing suitable procedures can lead to an integrated approach in determining appropriate mental health treatment for clients with co-occurring disorders for the clients’ prevention, treatment, and recovery.

Apart from that, a few officers also mentioned that even now, NADA has a policy saying that drug users must be considered patients, not addicts or criminals. Still, Malaysia’s laws are not reflecting that. It still demands that law enforcement officers, including officers under NADA, treat drug users as criminals during detention and investigation.

Before implementing this policy, we have to re-evaluate the existing act because we have two different acts, and the act states that we have to treat these drug users as criminals where we have to wear handcuffs and be locked up. If we don’t practice these procedures, officers will receive punishments. Even these can lead to conflict between clients and officers because sometimes the NADA officers who arrested them need to do counselling and community programs where some clients will not cooperate during the program due to their revenge or unhappy feelings. (R-DRO 6)
Finally, both respondents agreed that the local community and civil society must be exposed to community education. Community education is significant to address and eliminate irrational fears and reassure the public that decriminalisation does not endanger community safety or public security. Community education can reduce the stigma associated with drug use and can be used to secure public support for decriminalisation policy so that backlashes can be avoided.

We must assess society’s acceptance of this concept; is our society the same as European? For example, a few communities still do not accept individuals who come out of community treatment. Before implementing this concept, the Malaysian government has to start with education to make people aware of this rehabilitation treatment. (R-DRO 8)

Government needs to address the stigma of the public towards drug users. People’s views have to be changed, and we need to convince them that we are patients, can be treated, and there is no need to label us as criminals. (R-RDU 12)

DISCUSSION

Most respondents agreed that decriminalisation could benefit existing drug users and law enforcement agencies, especially Royal Malaysian Police (RMP) and NADA. Many research papers (e.g., [4,12]) on this policy reported similar findings where long-term incarceration, criminal record, and conviction of drug possession could lock the drug users from various needs and benefits including jobs, loans, and financial and welfare assistance. According to Guba & Lincoln [28], the Labelling Theory clearly outlined that if a person is labelled as an addict once, they must have a hard time detaching themselves from those labels. It can negatively impact the drug users’ social lives and mental health, their willingness to attend drug treatment and rehabilitation programmes, and induce high recidivism rates among them.

With the decriminalisation of drug use policy, individuals arrested for drug use or low-level and non-violent drug offences can be diverted from the criminal justice system and wholly engaged in public health and harm reduction programs [20]. Further, these findings from the current research support the assertion made by many policy papers (e.g., [7,11,12,15]) on the decriminalisation of drug use in which the decriminalisation could reduce the pressure on the criminal justice system by reducing the burden on the court system, time and money invested by the law enforcement agencies and law professionals on court matters, and costs of imprisonment.

Not much existing literature indicates the negative side of this policy. A recent study revealed that decriminalising minor drug offences can lead to more serious violations and career crimes. Similarly, some of the respondents from this study expressed a similar fear towards the policy. These findings contradict the existing studies (e.g., [21,23,24]). According to these studies, decriminalisation of drug use leads to a lower rate of regular or problematic drug use, reduces the lifetime prevalence rate for various age groups, and decreases drug-related deaths.

Most of the drug rehabilitation officers stated that the public still blames and tolerates people with drug addiction. Studies by Virani [3] and Greer et al. [8] showcased similar findings. These findings suggested that drug users experienced support from their families and society, but a certain proportion of the community still has negative attitudes towards such people. Despite the evidence of some fear about people who engage in drug abuse, the findings also indicated that society is ready for the acceptance and integration of drug users in society.

The policy of decriminalisation of drugs in Malaysia can lead to two possible changes. The first is that the public, including drug users, may view the said policy as an endorsement of drug use. Many studies showcased the association between drug abuse and homicide (e.g., [6,7]), sexual crimes (e.g., [21,22]), and juvenile delinquency (e.g., [12,13]). These outcomes proved the adverse effects of drug abuse which can create fear and concern among the public [13]. A research-based guide from the National Institute on Drug Abuse stated that due to fundamental neurobiological, psychological, social, and environmental factors, repeated use of addictive drugs changes brain functions, altering voluntary to compulsive drug use. These eventually influence their acceptance towards the decriminalisation of drug use policy. Secondly, this policy can remove the public stigma among drug users. Various research studies (e.g., [58-63]) indicated that stigma could disrupt the treatment seeking, choice of treatment, and treatment retention and adherence of individuals with substance abuse problems.

According to Godwin [14], budgetary implications need to be considered in depth before implementing this policy to ensure the funding is adequate to support a large number of drug users from the legal system for diversion programmes, community-based treatments, social services for the drug users, and increase the number of professional to support the drug users. Various policy papers (e.g., [7,11,12,15]) on the decriminalisation of drug use clearly out-
lined that modifications need to be done to policy and police practices in advance of legislation to remove or replace criminal sanctions so that measures that contradict principles of human rights, harm reduction and public health such as can be eliminated.

1. Implications of the Study

This explorative research provides valuable findings on decriminalising drug policy that can be implemented in Malaysia. The outcome of this study indicates that decriminalisation of drug use policy comes with risks, but decriminalisation is not a single model or approach. Its needs to be practised with evidence-based public health and harm reduction. It is helpful for all the relevant parties to improve the existing enforcement, treatment and rehabilitation, and prevention strategies to combat drug abuse cases in Malaysia towards decriminalising drug policy.

2. Study Limitations

Sample size has always been an issue in research. The most important problem in qualitative research is whether the sample size is sufficient to allow valid generalization given the low participation of respondents. As mentioned earlier, this study only focused on the state of Penang, so the sample size was limited. Therefore, it is recommended for future studies to increase the number of drug rehabilitation officers and drug users from different states so that more insights can be gained on the different issues studied.

Secondly, due to its nature, only a qualitative method was used in the present study. This is the extent of generalizability of the research findings and the least is that the topic under study needs to be further explored in Malaysia. The depth of knowledge gained from the interviews provides a lot of information that can also be explored further. The researcher would suggest a cross-sectional study as a future investigation to ensure that the rigour and trustworthiness of the data are not questioned.

CONCLUSION

 Relevant drug-related critical issues such as growth in the population, new types of drug abuse, psychosis effects through the misuse of new kinds of drugs, polydrug users (drug users who are taking more than one type of drugs at the same time), various types of drug users (children, youngsters, and adults), and the disproportionate influence of the technology and media social need to be addressed effectively so that the government can continuously plan and implement new drug policies for the betterment of the society.

CONFLICTS OF INTEREST

The authors declared no conflicts of interest.

AUTHOR CONTRIBUTIONS

Conceptualization or/and Methodology: Paramjit Singh, JS & Azlinda, A, Shankar, D
Data curation or/and Analysis: Paramjit Singh, JS & Azlinda, A, Shankar, D
Funding acquisition: Paramjit Singh, JS & Azlinda, A
Investigation: Paramjit Singh, JS & Azlinda, A, Shankar, D
Project administration or/and Supervision: Paramjit Singh, JS & Azlinda, A
Resources or/and Software: Paramjit Singh, JS & Azlinda, A, Shankar, D, Mohd Syaiful Nizam, AS & Farah Wahida, S
Validation: Paramjit Singh, JS, Azlinda, A, Shankar, D & Mohd Syaiful Nizam, AS
Writing: original draft or/and review & editing: Paramjit Singh, JS & Azlinda, A, Shankar, D

ORCID

Paramjit Singh, Jamir Singh https://orcid.org/0000-0002-7536-7793
Azlinda, Azman https://orcid.org/0000-0001-7096-3636
Shankar, Durairaja https://orcid.org/0000-0002-0183-0060
M. Syaiful Nizam, Abu Hassan https://orcid.org/0000-0002-1612-2315
Farah Wahida, Suhaimi https://orcid.org/0000-0002-2715-729X

REFERENCES


28. Guba EG, Lincoln YS. Fourth generation evaluation. Thousand

Appendix 1. Semi-structured Interview Guide - Drug Rehabilitation Officers & Relapsed Drug Users (Questions Only)

1. What do you think of current drug laws and policies regarding drug use and possession?
2. Can you share any personal stories or anecdotes about how the existing drug policies have affected mental health, either positively or negatively?
3. What do you think of the policy of decriminalising drug use?
4. In your opinion, what potential benefits or challenges could arise from the decriminalization of drug use by the National Anti-Drug Agency (NADA) and the Royal Malaysia Police?
5. What potential benefits or challenges do you see with the decriminalisation of drugs in terms of mental health support for drug users?
6. How do you think the decriminalisation of drugs could affect the stigmatisation of drug use and seeking psychosocial support?
7. Are there any negative effects of decriminalisation of drug use in Malaysia?
8. How might the decriminalization of drug use potentially affect the prevalence of drug abuse cases?
9. What changes can be observed in the society due to decriminalisation of drug use?
10. Are our country and the NADA ready for the implementation of decriminalisation of drug use?
11. Is the existing drug treatment and rehabilitation programme in the community at NADA suitable for decriminalisation of drug use. If not, explain what needs to be improved.
12. What recommendations would you make to policy makers regarding decriminalisation and psychosocial support for drug users?
13. Is there anything else you would like to add that we have not covered in this interview?