

THE CONSEQUENCES COSTS OF DRUG TRAFFICKING: A CASE ON SAHABAT'S CLIENTS

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ABSTRACT

Drug trafficking, a type of money laundering is the most serious organized crime problem in the world today with drug users as the financier for the organized crime through their drug purchases. It is a lucrative business that has made a few groups of people richer while billions of others suffer. Heroin is the popular drug among drug users in Malaysia, where it is normally injected through the veins at some parts of the body. There is danger of transmitting HIV virus when the addicts share their needles. SAHABAT in Kota Bharu, Kelantan is a NGO that conducts Needle and Syringe Exchange Programme (NSEP), to stop the spreading of the virus. The paper intends to highlight that drug trafficking not only lead to drug abuse, but it has caused individuals and public at large to bear the consequences cost. The direct consequences costs of drug trafficking are larger compared to the indirect costs.

Keywords: Drug trafficking, HIV, Harm reduction, Needle and Syringe Exchange Programme (NSEP), Consequences costs

INTRODUCTION

Drug trafficking form as the first stage of money laundering that has made drug cartels become multi-millionaires. Many countries have in placed drug enforcement policies, but corruptions among various parties made it possible for drug trafficking to be a successful business. In Malaysia, drug trafficking is a major problem and is punishable by the death penalty, a measure which was introduced in the 1980s to combat drug offenses. However, this does not deter the drug traffickers from continuing the activities. The business brings about lucrative income that is attracting more young people to go on board and join the industry. Under the Malaysia anti-drug laws any person found in the possession of at least 15 grams of heroin or 200 grams of cannabis is presumed, unless the contrary is proven by the accused, to be drug traffickers.

Too much supply of drugs hassled to drug abuse and people can get addicted when they consumed too much drugs. Consequently, this would force them to commit other crimes like stealing, robbing, beating and killing in order to purchase the drugs. They are also susceptible to be affected mentally and physically that eventually lead to productivity loss. If the drugs are taken by injection, there is high possibility that the addict may transmit or infected with HIV/AIDS. The family members or partners of the addicts may be exposed to the same risk. Victims may include infants and foetus carried by women infected with the virus.

The Government is spending so much on law enforcement, health care, drug and HIV interventions, rehabilitations and justice. Much effort has been initiated to reduce addictions and spreading of HIV/AIDS. Harm reduction was introduced worldwide to stop the spreading of the virus. These were met with oppositions from the public since harm reduction is not about abstaining of drug use, but the emphasis is more to reducing and preventing of HIV/AIDs spreading. The public perceived it as encouraging drug users to continue taking drugs and allowing the drug traffickers to enjoy large profits.

The aim of this paper is to highlight the direct and indirect costs of drug abuse that are borne by the drug users, their family and the public at large.

LITERATURE REVIEW

Drug traffickers are persons involved in producing, refining, smuggling and selling of drugs. Drug trading is a lucrative business and has the ability of attracting people that love the excitement of taking risk and earning high income. Criminologists have shown that drug traffickers possess part psychological characteristics that suit them for the business; for example they like risk, they calculate in their decision making and they like entrepreneurship (Fields, 1986).

Those organising the illicit trade make large profits from crop cultivation, but many people will be adversely affected in the long run from these activities. This business demands a great amount of creativity and proper planning. Young people would normally be attracted to this type of business, especially those who find difficulties in getting jobs since they do not possess the required tertiary qualification.

In Peru, Colombia and Afghanistan for example, drug industry provide employment in agriculture sectors for those people who do not have skills and education between 1980s and 1990s. The industry has also provides jobs for laboratory operators, wholesale distributors, retail distributors and money launderers.

Drug trafficking is the most serious organized crime problem in the world today with drug users as the financier for the organized crime through their drug purchases, and it is they who must accept responsibility for the broad range of costs associated with the drug industry. The drug trade generates billions of dollars for organized crime each year, imposing incalculable costs on individuals, families, communities, and governments worldwide. It accounts for almost 38% of all organized crime activity across the country and generates an income estimated to be as high as \$110 billion.

DRUG BUSINESS AND ITS IMPACT ON THE ECONOMY

United States remain to be the largest market place for illegal drugs whereby 5 to 6 million people are addicted to the bad habits and they spent about \$100 to \$500 per week on purchasing drugs (Zill & Bergman, n.d).

Rios (2008) stated that drug trafficking is the fifth largest employer in Mexico where there were about 468,000 people work in this industry. The industry is successful in hiring because of the business prospects that it can offer. Most of the drug traffickers are young men with little formal education, comes from poor background and did not complete middle school (Farilie, 2002). The industry can provide them high economic stability that other legal jobs cannot provide.

Barker (2006) also agreed with Rios (2008) when it found that opium was the biggest employer in Afghanistan and South America. In Myanmar growing poppies became the paymaster where the pay that the people of Myanmar received was able to pay for their clothes, food, medical care and education of the children (Grund, 2004, p2). Money laundering harms innocent individuals but can also impose serious costs on national economies (Ashin, 2012).

Within the circle of drug traffickers, the group that earned the most are the traders. The following figure shows the distribution of income among the drug traffickers. The ratio of income distribution is 1:1:150.

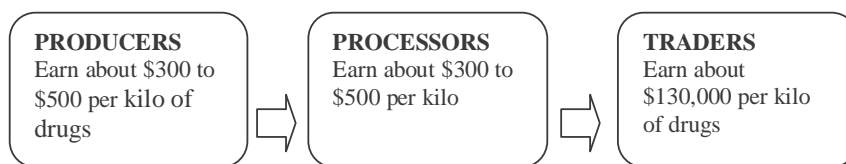


Figure 1: The wealth distribution of drug trafficking industry

DRUG ABUSE

Drug abuse is a global problem (Kavan, 2003) that can create socio-economic and political instability apart from undermining sustainable development and the countries effort to reduce poverty and crimes. It forced many countries to incur a large amount of long term costs. The following literature will give an insight of how much drug trafficking affected the developed countries. Table 1 shows the costs of combating drugs abuse according to the respective authors.

A larger percentage of the countries' spending went to law enforcement, which is very necessary and form the first step to control the activities of drug trafficking and drug abuse.

Table 1: Costs of combating drugs abuse

COUNTRY	AUTHOR	COSTS	% of GDP	Proportion
CANADA	Henrick J. Harwood (1994)	US\$1.1 billion	0.2	29% law enforcement, 6% on health care, 60% productivity loss
AUSTRALIA	David J. Collins, Helen M. Lapsley (1996)	\$1.2 billion	0.4	32% on reduced productivity, 26% deaths, 18% justice, 13% drug consumption, 9% police and customs
UNITED KINGDOM	Commission of the European Communities (1990)	\$3.2 billion	0.4	85% stolen property, 9% law enforcement, 5% prison costs, 2% harm reduction
GERMANY	Karl-Hans Hartwig, Inge Pies (1996)	\$9.6 billion	0.4	50% productivity loss, 23% property damage, 13% police costs, 10% justice system, 5% treatment and prevention activities
UNITED STATES	C. Parsons and A. Kamenca (1992)	\$76 billion	1.3	26% stolen property , 17% health and productivity loss, 14% health care for drug abuse, 8% welfare and disability.

In Malaysia, for example, the government has spent a lot on enforcing the law to combat drug trafficking. The government has been successful in confiscating drugs that were brought in by foreigners, especially those coming into the country using either the student visa or the tourist visa. Drugs were also confiscated from the local dealers. These were possible because the government obtained relevant information from the public and the alertness of the other governing bodies like the police, the immigration officers, the AADK etc.

The following table shows the amount of drugs confiscated by the authority for the year 2011 and 2012.

Table 2: Drugs confiscated by the Malaysian authorities

Drugs	2012	2011
Heroin (kg)	402.71	738.79
Cannabis (kg)	843.06	991.0
Opium (kg)	123.38	0.86
Cocaine (kg)	3.36	1.76
Ketamine (kg)	796.67	1080
Ecstasy(powder)(kg)	464.6	26.46
Ecstasy (pill)	765947	97200

Sources: The Royal Police Department, The Malaysian Maritime Enforcement Agency and The Ministry of Health

The drug trafficking activities can harm the users directly both physically and mentally. Drug abuse can be detrimental to addicts and those around them. The following table shows the harm that drug trafficking can cause to the users and others.

Table 3: Effect of Drug Abuse

Mental health	Physical Health
<ul style="list-style-type: none"> • Schizophrenia, • Manic depression, • Paranoia, • personality disorder, • depression, anxiety, • panic attacks, agitation, • lower self esteem 	<ul style="list-style-type: none"> • Physical symptoms related to abuse like states of dependency, abuse, psychosis, poisoning or overdose • Indirect effect of drug use like nutritional and metabolic disorders, viral infections like HIV/, AIDS, accidents • Loss of earnings, depletion of savings • Death

In Trinidad and Tobago for instance, paranoia, depressions, low self-esteem and anxiety are the major symptoms found among the drug users.

It is incalculable the impact of drug used has on the society. Ultimately, it is the society that will have to face the music. It is the public money that is being used to pay for any costs associated as a consequence of the bad habits.

DRUG ABUSE IN MALAYSIA

The drug trafficking activities has led to the increase number of drug addicts globally and Malaysia is no exception. The demand is encouraging that the suppliers are always willing to provide at a higher price. Despite effort by the government to declare war against drugs, the numbers of drug addicts are increasing. Recently, it was reported that a school boy aged 12 years old were among those who were apprehended by the police and tested positive for drugs. Statistics prepared by the Anti-Narcotic Agency and SAHABAT showed that most of the drug addicts are at the prime age. Their involvements in these bad habits are affecting their productivity. Statistics showed that heroine is the most popular drugs and the needles and syringes is one of the popular modes of consuming drugs since it will give the drug users instant effect. In 2005, when NSEP was first introducing by the Malaysian Government, the incidence of HIV transmission was the highest among the Injecting Drug Users (IDU).

Rusdi et al. (2008); Chawarski et al. (2007); Mazlan et al. (2007) and Habil et al. (2001) reported that drug addicts that enter the rehabilitation centre, Serenti Centre, may be detained for two years. They will not be able to work. By the time they are released, they will lose the jobs. The hardship may force them to commit other crimes like stealing to support their families and to fulfil their craving. At Serenti Centres, the drug addicts may abstain from their bad habits, however upon their release, they may go back to their old habits. These social costs affect the family adversely.

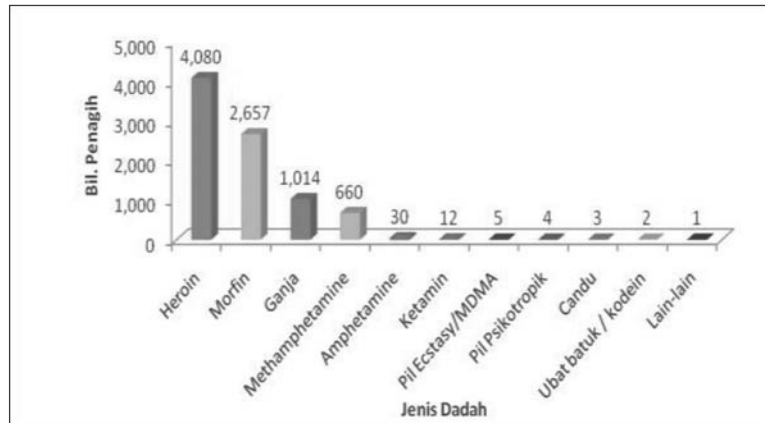


Figure 2: Types of Drugs during 2012

Most of the drug addicts in Malaysia are school leavers that have discontinued their studies. They may either failed their Lower Certificate of Education (PMR) and not able to pursue to secondary four or they were not able to get a place in the Universities after Malaysian Certificate of Education (SPM).

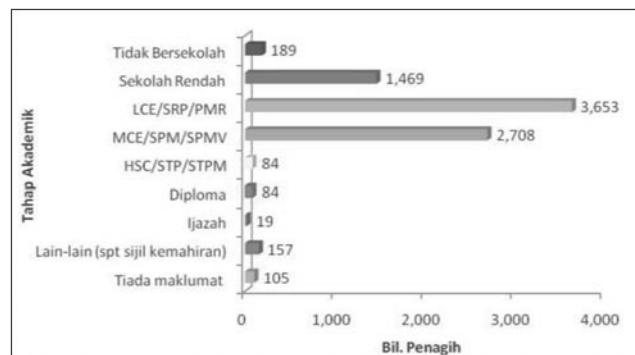


Figure 3: Education Level of Addicts

HIV/AIDS

HIV/AIDS is a worldwide problem that affects mostly young people at their most productive life. Millions of people all over the world are living

with HIV/AIDS and many have died. ABD/UNAIDS (2004) reported that there has been rapid growth in HIV/AIDS infection among special populations such as injecting drug users, commercial sex workers and mobile populations.

The number of HIV positive people in Malaysia has increased dramatically between 2002 to 2007 (Table 4). The first recorded case of AIDS was detected in 1986. Malaysian Ministry of Health reported that IDU accounts for a largest proportion of HIV transmission in Malaysia. 75% of all HIV infections have resulted from needle-sharing in IDU. The real figure may be higher.

The statistic below shows that there were increasing number of reported HIV cases and death due to HIV cases for a period of ten years prior to the introduction of interventions by the Malaysian Government in combating HIV. The death cases did not confine to the drug users only, but it also include the family members in particular the wives.

Table 4: Total number of new HIV infections

	2002	2003	2004	2005	2006	2007	2008
Female	629	673	696	737	875	745	704
Male	6349	6083	5731	5385	4955	3804	2988
Total	6978	6404	6427	6859	5830	4549	3692
Cumulative	6978	13377	19804	26663	35156	39705	43397

Table 5: Number of AIDS cases and death due to AIDS from 2002 to 2008

	2002	2003	2004	2005	2006	2007	2008	TOTAL (1986- 2008)
AIDS cases	1193	1076	1148	1221	1842	1130	941	14576
Death due to AIDS	887	700	1065	984	976	1179	900	11234

Source: *AIDS/STI Unit, Ministry of Health Malaysia*

The increasing number of HIV victims among the female who are not sharing needles, was a major concern. The fear is that they may transmit the virus to their foetus.

The government of Malaysia had spent millions of ringgit to treat patients infected with AIDS. Funds are provided domestically via Malaysian Aids Council (MAC) and other NGOs or internationally via the World Health Organisation (WHO). The following table shows the sources of funding for the treatment AIDS patients.

Table 6: Source of approximate AIDS expenditure 2008 – 2009

Sources of funding	Year 2008	Percentage	Year 2009	Percentage
Domestic Public	83 993 000	96.95%	92 661 000	96.71
Domestic private	1 619 000	1.87	1 629 000	1.70
International	1 020 000	1.18	1 520 000	1.59
Total	86 632 000	100.0	95 810 000	100.0

Source: UNGASS Country Progress Report (Malaysia) 2008 & 2010

HIV INTERVENTION

Several case studies conducted by Nick Crofts, Genevieve Costigan, Palani Narayanan, Jennifer Gray, Jimmy Dorabjee, B Langkham, Manisha Singh, Aaron Peak, Carmina Aquino and Paul Deany (1998), revealed that several countries in Asia had established programmes to reduce the HIV infections. For example, NSEP were introduced by the Lifesaving and Life giving Society (LALS) in Nepal, the Save the children Fund, HoChi Minh City, Vietnam, the Aids Surveillance and Education Project (ASEP) Phillipines and Mae Chan, Thailand. Whilst, IDUs were given bleach, iodine, gauze, information and counselling about HIV/AIDS, food and medical attention. However, in India, the Society for Serving the Urban Poor established a trial programme of sublingual buprenorphine that was acceptable by the heroin addicts. Drop in centre were also established in these Asian countries where the IDU can receive their syringes, medical aid etc.

NEEDLE AND SYRINGES EXCHANGE PROGRAMME (NSEP)

Ukraine is one of the few countries that started harm reduction activities. Back in September 1999, the activities involved promotion of safe drug use practices and sexual behaviour through provision of condoms, syringes and information materials (Vickerman et al., 2006).

After going through the programme, the addicts felt appreciated and found that the programme did not put any stigma against the IDUs (Simmonds & Coombur, 2009). In the long run NSEP helps to increase the IDUs self-esteem and slowly abstain them from using drugs (Denga, Lib, Springeyuange & Zhanga, 2007).

Malaysia policy of zero tolerance and total abstinence in drug use was the reason why harm reduction have not been given much emphasis. The introduction of harm reduction, particularly needle exchange, was met with much public opposition (Kamarulzaman, 2009). However when about 70% of IDU were found to be HIV positive or AIDs, harm reduction strategies were considered by the Government.

Drug users that went through the harm reduction programme in Malaysia were receptive towards NSEP. They felt appreciated and the programme did not put any stigma against the IDUs (Simmonds & Coombur, 2009). In the long run NSEP helps to increase the IDUs self-esteem and slowly abstain them from using drugs (Denga, Lib, Springeyuange & Zhanga, 2007).

METHODOLOGY

To determine the direct costs of drug abuse, data from SAHABAT were used. The data contained details of needles distributed to the patients during the outreach. With these needles, the clients will inject the drugs that they would have bought from the peddlers. Financial Statements for the years 2009 to 2013 were the basis in determining the costs of harm reduction, which is classified as indirect costs of drug abuse.

Sample Case

SAHABAT was established in December 2007 when the number of HIV/AIDS cases increased and Kelantan was ranked first in Malaysia. The major contribution then was through the sharing of needles among the Intravenous drug users. SAHABAT is a non-governmental organization that introduced the NSEP working for and with drug use community in Kelantan. The mission of SAHABAT is to help the IDUs that are HIV positive/AIDs to live a life without stigma and discrimination. The vision is to help the public in Malaysia free from stigmatization and discrimination towards the HIV/AIDs and promote harm reduction.

Costs Associated to Drug Abuse

For the purpose of determining the costs associated to drug abuse, the following were considered.

1. Costs of consuming the drugs. This would be the costs of purchasing the drugs.
2. Costs of reducing the negative effect of using drugs (harm reduction costs). Costs of HAART (Highly Active Antiretroviral Therapy) for treating AIDS patients, costs of rehabilitations, costs of imprisonments, costs of treating HIV related diseases, loss of earnings are examples.
3. Other non-financial costs especially relating to mental and physical health of the users.

Drug abuse can bring about a wide array of social, economic and health problems. Drug usage stains the nation's budget not only due loss of workforce, but also due to the cost of carrying out rehabilitation programs, medical costs, legal costs and loss due to crimes (National Methadone Maintenance Therapy Guidelines, n.d).

The following figure shows the consequences costs of drug abuse.

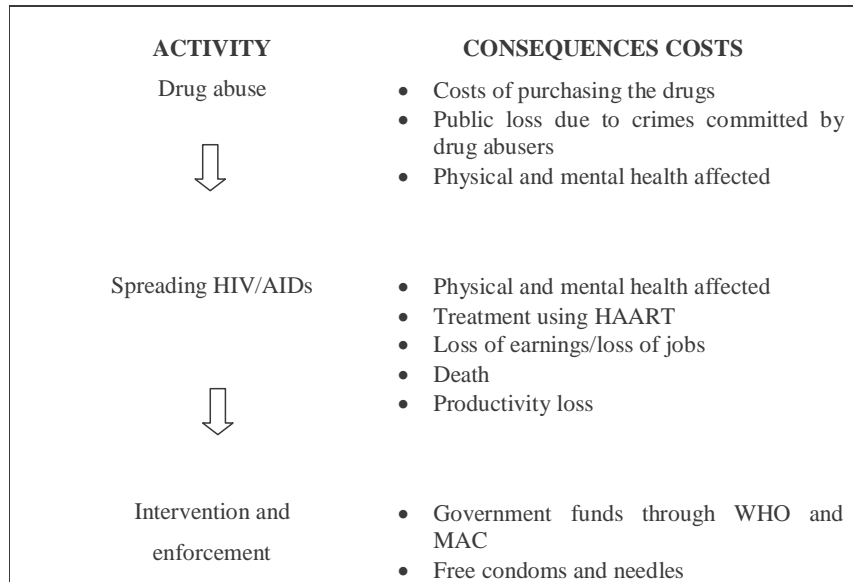


Figure 4: Consequences costs of drug abuse

FINDINGS

The intervention activities in SAHABAT include distribution of needles and syringes, pamphlets and condoms as well as counselling. Every year, SAHABAT will receive funds from Malaysian Aids Council to conduct these activities. The cost is mainly to finance the outreach activities that the workers at SAHABAT must conduct.

Outreach is conducted 4 days a week and for every visit there will be two staffs involved. Every outreach day, two locations will be visited and for each visit the staff will spend around one hour with their clients and not more. This is because they do not want to be caught distributing the syringes by the police who will normally make their rounds near the IDUs 'port. The fear to accidentally meet with the police is one of the contributing factors that during some days the number of clients that appear at the port to exchange their needles and syringes are small. However, on average the outreach workers will meet about 30 clients per day per visit. The table below shows the actual number of registered SAHABAT's clients and the number of condoms and needles and syringes distributed during the outreach.

Table 7: The number of clients, needles and syringes, condoms distributed at SAHABAT

Year	2013	2012	2011	2010	2009
Condoms (units)	1,076	3,549	6,242	12,783	12,214
Needles and syringes (units)	145,519	179,828	227,041	241,718	289,252
Number of clients	6,881	6,382	5,902	5,465	4,685

Condoms Costs

Condoms are given free to the drug users to ensure that they practice clean and safe sex. The market price of condom is about RM3.00. The costs are incurred by the Government.

Needle and Syringes Costs

Every time the outreach workers from SAHABAT visited the drug users, they will distribute and collect the needles and syringes. They can either distribute kits or loose needles. One kit consists of 4 needles and syringes and cotton swabs. The market price of the kit is RM3.00 while the price of loose needle and syringe is @RM0.70.

The following table shows the number of SAHABAT's clients that were infected with AIDs and as a result there required HAART. From previous statistics the percentage of death cases were about 15% of the total number infected with AIDS.

Table 8: Number of clients infected with AIDS and die due to AIDS at SAHABAT

Year	2013	2012	2011	2010	2009
AIDS (clients)	34	27	69	68	32
Death due to AIDS (15%)	5	4	10	10	5

Loss of Salary

Normally, when persons are infected with HIV, their productivity level will be adversely affected. They may lose their jobs because of poor health. The cost associated to loss of jobs/earnings is as follow:

According to Sharifah Fadzlon Abdul Hamid, Wee Shu Hui, Normah Omar, Suzana Sulaiman, Norhazeera Mohd Zan, Nur Shahida Ab Fatah (2011), the average salary is RM516 per month. 40% of these drug users lose their jobs when they were either sent for rehabilitation or when they were fired by the employers.

RM516 x 12 months = RM6192 p.a

Salary loss is an opportunity cost since the salary can be used to finance the daily household expenditure if these addicts are healthy and working. Children are able to attend schools, there will be food for the family and the wives do not have to work. And most importantly they will not have to feel ashamed and alienated.

HAART (Highly Active Antiretroviral Therapy)

The other costs that are related to drug addictions and HIV/AIDS infections would be the cost of treating these patients. The patients are given HAART that will cost the government around RM300 to RM500 per patient per month. For the purpose of calculation the cost applicable is average costs of RM400 per month.

Table 9: Number of times drugs are injected by SAHABAT clients

Year	2013	2012	2011	2010	2009
No of times drugs are injected	436,557	539,484	681,123	725,154	867,756

Costs of Drugs bought by IDUs

The intervention activities are not meant to stop the drug use but specifically for preventing the spreading of HIV/AIDS virus. Thus, the needles distributed will be used to inject drugs. Each needle will be used three times although the drug users are advised to only use once. One dose of heroin costs about RM10.

COSTS OF DRUG ABUSE AT SAHABAT

1. **Direct Costs:** Total cost of purchasing the drugs for the year.

- (a) It is derived by multiplying the number of times drugs are injected with the cost of one dose of drugs. The result is shown below:

Table 10: Direct costs of drug abuse

Years	2013	2012	2011	2010	2009
No of times drugs are injected	436,557	539,484	681,123	725,154	867,756
Direct costs	RM4,365,570	RM5,394,840.00	RM6,811,230.00	RM7,251,540.00	RM8,677,560.00

- (b) However, the costs of drugs consumed by the clients can also be calculated by multiplying the number of clients with the costs of three doses of drugs per annum ($\text{RM}30 \times 360 \text{ days} = \text{RM}10,800$)
- (c) The costs of drugs consumed per month per person is assumed to be $\text{RM}30 \times 30 \text{ days} = \text{RM}900$. The money spent on buying drugs is found to be more than the average expected salary earned by the clients of SAHABAT. The average salary earned is RM516 per month (refer to loss of earnings). This can form as evidence that once the drug users became drug abusers, they may commit crimes to purchase drugs.

Table 11: Direct costs of drug abuse

Years	2013	2012	2011	2010	2009
Number of clients	6,881	6,382	5,902	5,465	4,685
Direct costs	RM74,314,800	RM68,925,600	RM63,741,600	RM59,022,000	RM50,598,000

Table 12: Comparing costs of drugs with the GDP per capita of Kelantan

Years	2013	2012	2011	2010	2009
Costs of purchasing drugs per person	RM10,800	RM10,800	RM10,800	RM10,800	RM10,800
GDP per capita	n. a.	RM10,617	RM10,366	RM9,322	RM8,421

The above table shows that the costs of consuming drugs in Kelantan are higher than the GDP per capita of the state.

2. Indirect costs include:

- (a) Government funding
- (b) Needle and Syringes
- (c) Condoms
- (d) HAART
- (e) Loss Of Earnings

The following table shows the indirect costs due to drug abuse incurred for the NSEP in Kota Bharu, Kelantan.

Table 13: Indirect costs of drug abuse at SAHABAT

Years	2013	2012	2011	2010	2009
Government funding	RM150,008.85	RM352,196.94	RM203,333.33	RM458,916.52	
Needle and Syringes	RM101,863.30	RM125,879.60	RM158,928.70	RM169,202.60	RM202,476.60
Condoms	RM3,228	RM10,647.00	RM18,726.00	RM38,349.00	RM36,642.00
HAART	RM163,200	RM129,600	RM331,200	RM326,400.00	RM153,600
Loss Of Earnings	RM30,960	RM66,873.60	RM170,899.20	RM168,422.40	RM79,257.60
		RM24,768.00	RM61,920.00	RM61,920.00	RM30,960.00
TOTAL	RM449,260.15	RM709,965.14	RM945,007.23	RM1,223,210.50	RM502,936.20

The direct costs of drug abuse are larger than the indirect costs of drug abuse. The amount borne by the drug users are many times more than the costs borne by the public. Consequently this will affect the household income adversely.

Table 14: The direct and indirect costs of drug abuse

Years	2013	2012	2011	2010	2009
Direct costs	RM4,365,570	RM5,394,840	RM6,811,230.00	RM7,251,540.00	RM8,677,560
Indirect costs	RM449,210.15	RM709,965.14	RM945,007.23	RM1,223,210.50	RM502,936.20
	9.7 times	7.6 times	7.2 times	5.9 times	17.3 times

These direct costs are the amount collected by the drug pedlars or traders that will be used to finance other illegal activities. Drug abusers are directly financing money laundering activities. Ironically, when government increased the taxation rate, the public are not happy. Whatever amount that government collected, bulk of it will be spent on financing the development of country.

The following table shows the consequences costs of drug trafficking as percentage to the Gross Domestic Production (GDP) in Kelantan.

Table 15: The costs as a percentage to Kelantan GDP

	2013	2012	2011	2010	2009
Gross Domestic Production(GDP)	17,417 m	1,647 m	14,820 m	13,242 m	n. a.
Direct costs					
Percentage	0.03%	0.04%	0.049%	0.066%	-
Indirect costs					
Percentage	0.004%	0.0056%	0.008%	0.0038%	-

OTHER COSTS

In this paper however, the details of the costs are not provided due to lack of information from SAHABAT. However, it is worth highlighting the various costs that are borne by the family, the government agencies and the public at large.

Rehabilitation Costs

In some cases the addicts may be sent for rehabilitation that is conducted by the National Anti-Drug Organisation (AADK). The government is spending about RM3, 000 to maintain one addict at Serenti Centres for a month. Professor Rusli Ismail from Institute for Research on Molecular Medicine (INFORMM) reported that every year the government is spending around RM1 million for rehabilitation of these drug addicts. This is equivalent to RM14 per person per day. Whilst they are at the rehabilitation centre, these addicts are not able to work. Suggestion has been made by the public to reduce the stay to only six months. It is hoped that government could save on rehabilitation costs and at the same time the “ex-addicts” can seek employment and restore the economic stability of their families. It is the family that will be affected adversely, both financially and emotionally. The costs are too much to be translated into ringgit.

HIV/AIDs Infecting Family Members

The most expensive costs that the family members and partners will have to bear are when they are also infected with HIV/AIDs virus. These people are not parties to the drug trafficking-drug abuse activities. Transmission of the virus took place via sex activities and sharing needles,

in situation where the partners are forced to take drugs. The saddest situation would be when the foetus carried by these women is also victims. Thus, the family economy and health deteriorate.

Mentally and Emotionally Affected

These drug addictions may cause family members to be mentally and emotionally affected. The costs of these are indeed incalculable since the level and the seriousness of the mental and emotional being varies.

Imprisonment Costs

There are instances where these drug users will be sentenced to prisons for drug related crimes. The costs of imprisonment are borne by the government aka tax payers' money. In prison, tests will be conducted to determine the health level of the prisoners. If they are found to be HIV positive, they may need to go for HAART treatment and MMT. From an interview conducted with the health officer in charge in Kajang Prison, there are many cases of prisoners infected with tuberculosis. Those infected with HIV/AIDs are susceptible also to get infected with tuberculosis. The treatment will further increase the government spending apart from the basic imprisonment costs.

CONCLUSION

The use of drug does not automatically lead to drug abuse. There is not a specific amount to indicate that the users have misused or overused the drugs to their detrimental. However, once the drug use is causing problem in the life of the user, it is a symptom of drug abuse.

Drug trafficking activities provide the abundance supply of drugs that cause the increasing number of drug abusers in the country and in particular the state of Kelantan. As a consequence of such activity, many drug addicts and their family members are infected with HIV/AIDs virus. The drug abusers are causing community to suffer. Public have to pay for the costs related to drug abuse which include harm reduction costs.

Since harm reduction is aimed at preventing the spreading of HIV/AIDS, therefore there are still demands for drugs. The costs of purchasing the drugs are in fact higher than the costs of preventing the spreading of HIV/AIDS at SAHABAT.

The drug trafficking activities benefits a few groups of people but hurt millions of people all around the world. The dirty money obtained by the traffickers is making them richer every day. The people who finance the activities are the users of drugs. In the long run, if the activities are not controlled, the country will be economically affected. These costs can be avoided if there is no demand for and supply of drugs. Drugs trafficking are indeed detrimental to the user and user countries but very beneficial to producers and suppliers.

All over the world the government has in placed some law or enforcement to address and stop these activities. However, this requires ethics and integrities among those implementing the law to make it successful. Aggressive enforcement is very much needed at the initial stage of this type of money laundering which is the plantation and production process. This should be supported by the control over corruptions among the enforcement officers as well as the politicians. By bringing down the activities of drug-trafficking the country can also reduce the costs of harm reduction.

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