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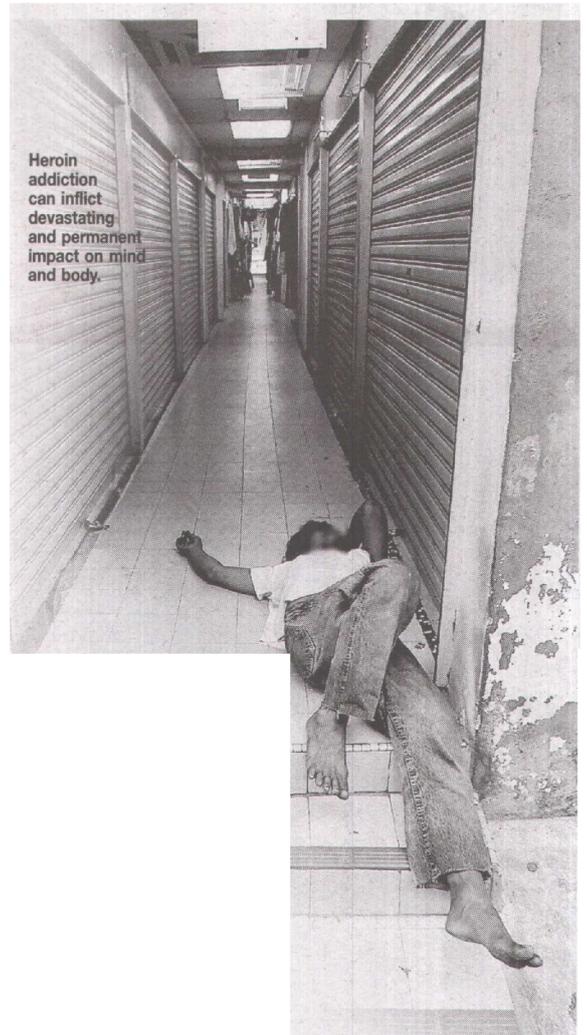


The truth about methadone

Methadone drug substitution therapy plays an important role in treating heroin addiction, writes **RIZAL SOLOMON**.



Dr Rusdi says drug addiction falls into the category of psychiatric illness.



Heroin addiction can inflict devastating and permanent impact on mind and body.

OFFICIALLY set up in February this year, the University of Malaya Centre for Addiction Sciences' (UMCAS) objectives are broad. They include training programmes and consultation services for government agencies and collaboration with addiction research centres locally and internationally.

However, it is its work in Methadone Drug Substitution Therapy (MDST), where it collaborates closely with University Malaya Medical Centre's (UMMC) Methadone Research Clinic, that is gaining it a lot of attention. UMCAS's Coordinator Dr Rusdi Abdul Rashid has been working with addicts for six years and it's a job that can be exhausting.

When asked what drives him to give so much of himself to help drug addicts, the jovial exterior turns serious as the 37-year-old doctor explains that when growing up in Kelantan, he saw friends and even some family members consumed by drug addiction.

That also fuels his drive to let people know that MDST can be remarkably effective in treating heroin addiction as methadone can help addicts overcome cravings for the drug.

Q: What is the methadone drug?

A: Methadone is an opiate. It is something similar to other opiates. For example, heroin is an opiate.

However, even though methadone comes within the same group it is quite different in terms of functions. Heroin is a short acting opiate. Methadone is a long-acting opiate.

The difference between short and long acting opiates is that you can easily develop tolerance to the former.

But the long-acting one, like methadone, is different. People cannot become addicted to it because it is difficult to develop tolerance to it.

If a patient takes 80mg of methadone daily, it will remain at that dosage daily for months and even years. The dose will not increase over time.

In the case of heroin, tolerance can develop and people can become addicted to it.

For example, if they take RM10 worth of heroin today, in a month's time RM10 won't be enough.

They will require more dosage to get the desired effect. Heroin has euphoric effect. Methadone doesn't.

You don't get high from methadone.

I've been treating drug addicts for six years and I have never seen a drug addict get addicted to methadone.

Q: Is methadone used to treat only heroin addicts or is it used to treat other forms of drug addiction too?

A: Only heroin addicts.

Q: How does the patient take methadone?

A: Methadone is currently available in the form of syrup. You can't inject it.

Q: How does a heroin addict join MDST?

A: Many of them receive favourable feedback from their friends who are already on treatment.

At UMMC, we have more than 400 patients on MDST. It is beginning to get overcrowded. The clinic at UMCAS is to help with that patient load.

Patients will come here for an assessment — a full body checkup and they will be assessed for eligibility for the MDST.

After that we will prescribe methadone. The dose is dependent on how long the patient has been taking heroin.

If the patient has been taking heroin for a long time at a high dose, then they will need a higher dose of methadone.

Q: So an addict can just walk into the hospital to seek this treatment?

A: At UMMC, we have a waiting list registration. Those who are interested can put their name on the waiting list and they can later buy methadone there after being prescribed by the doctors.

A patient's category of dependence will be assessed. Not every patient on heroin will be started on methadone.

Q: How many places in Malaysia offer MDST?

A: At the moment, for the universities, we have University of Malaya and University Science Malaysia in Kelantan.

But the majority of general hospitals have MDST. So do some health clinics.

Our national methadone programme involves more than 50 clinics throughout the country.

Some of the clinics can only take about 50 to 100 patients. For general hospitals, such as Hospital Kuala Lumpur, some can accommodate 300 patients.

It depends on the capability of the place. If it has many doctors and adequate staff then it can take more.

Q: What's UMMC's patient load?

A: UM is handling an existing patient load of 400. It can take more. But the only problem now is the pharmacists. We don't have enough pharmacists. We are planning to use machines to dispense methadone.

Q: Like a vending machine?

A: It's what we call a Methadone Dispensing Machine. It will be located in the hospital and perhaps in UMCAS as well.

We are trying to order two units. If we can get the units then we can have more patients.

Q: Who's running the national programme?

A: The Ministry of Health runs it. UMCAS is one of the participating centres.

Q: What's the percentage of heroin addicts who are also HIV positive?

A: Looking at the national methadone programme that we piloted in 2005, about 30 per cent are HIV positive.

Q: How many heroin addicts are there in the country?

A: An estimate, according to data from the National Anti-Drug Agency, is about 250,000 cases.

But for every case that is reported, there are about three cases that are not reported.

The rough estimate is that there can be as many as one million heroin addicts in the country.

Heroin addicts fall into many stages. Those that go into the hospitals and Pusat Serenti are mostly the chronic cases. But we also have those who are just beginning to experiment and abuse.

Q: How long will they have to be on methadone? Is it for the rest of their lives?

A: No. It depends on the individuals. Our suggestion is at least two to four years.

After four years, they can consider tapering off until they completely stop their methadone.

But they will still need to have continuous psycho-social treatment. That means they will still have to go for counselling for the rest of their lives.

If they have a relapse then they will have to restart the MDST.

In Melbourne, Australia, there are patients who are 50 to 60 years old who had been taking methadone for years.

I met a patient there who had been taking it for 20 years and he's doing okay and his family is happy.

Q: So is psychiatric disorder and drug addiction linked in some cases?

A: If we look at the research, many of these addicts didn't become so because of peer pressure.

About 30 to 50 per cent become addicts because they have psychiatric illness such as depression and anxiety disorder.

This group of people keep relapsing. They don't get proper treatment for their psychiatric disorder.

Even drug addiction itself falls into the category of psychiatric illness. Many of us just blame the drug addicts.

However, they may have, for example, a pre-existing endorphin problem.

That's why we screen them for psychiatric co-morbidity.

Q: So for UMCAS, it's not just about the MDST?

A: We tackle the patients' medical needs but we also try to engage them with the community. We try to help them improve their relationship with their family.

We provide support in the form of group therapy. We have a drug substitution therapy support group here. We try to help them in terms of finding jobs and solutions to their problems.