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Drug therapy on wheels

Methadone drug substitution therapy is available at hospitals and clinics as part of a successful 'harm reduction' programme. Now it's time to take it on the road, an expert tells JENNIFER GOMEZ



WE NEED VANS OR MINI BUSES TO GO INTO FELDA SETTLEMENTS AND REMOTE MALAY VILLAGES BECAUSE THAT'S WHERE YOU WILL FIND DRUG ADDICTS IN BIG NUMBERS. AND THEY ARE NOT COMING OUT, SO WE MUST REACH OUT TO THEM. ☹☹

— Dr Mohd Khafidz Mohd Ishak
Persatuan Insaf Murni Malaysia
president

FUNDS for mobile methadone clinics. That tops Dr Mohd Khafidz Mohd Ishak's wish list in his efforts to treat drug addicts in the interior.

And his first target would be Fel-da settlements.

Dr Khafidz wants to do this as president of Persatuan Insaf Murni Malaysia (PIMM), a non-government organisation under the Malaysian AIDS Council.

This mobile methadone treatment plan is a collaboration between PIMM and University Malaya Medical Centre's Methadone Research Clinic.

"We need vans or mini buses to go into Fel-da settlements and remote Malay villages because that's where you will find drug addicts in big numbers.

"And they are not coming out, so we must reach out to them," explains the expert on addiction.

At present, Dr Khafidz administers methadone daily at his clinic in Semenyih, Selangor, to some 100 drug addicts mainly from nearby villages in the Hulu Langat area.

Methadone, like heroin, is an opiate approved by the government for use in treating drug addicts under the Methadone Drug Substitution Programme (MDST).

The Health Ministry's disease

control division director Datuk Dr Hasan Abdul Rahman says the ministry was open to ideas to improve coverage of MDST.

According to Dr Khafidz, drug abuse was rampant in remote areas, mainly in Fel-da settlements, where there was limited entertainment for youth. These villages are

also a haven for drug pushers and addicts as chances of being caught are slim.

He hoped the relevant bodies and agencies working to combat drug abuse would come forward with financial aid to get the mobile clinic plan on the road.

Dr Khafidz says this was crucial

as the number of HIV cases related to intravenous drug users was on the rise.

According to the Universiti Malaya Centre for Addiction Sciences, about 80 per cent of the 80,000 HIV/AIDS cases in 2006 were intravenous drug users.

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

Dr Khafidz says the programme would be conducted by PIMM members, including professors, doctors and recovering addicts.

Their counsellors will first meet up with the community leaders of the particular Fel-da settlement, imam or village head to explain their intentions.

"Our counsellors can then go in and educate the family members of drug addicts about the methadone treatment.

"Our recovering addicts will be the ones able to identify the addicts in a particular area and get them ready in line for the methadone bus."

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QUICK FACTS

- The government introduced the Methadone Drug Substitution Therapy (MDST) to treat heroin addicts in October 2005, with the aim of placing 25,000 addicts on the programme by the end of 2010.
- Methadone, like heroin, is an opiate. However, heroin is a short-acting opiate while methadone is long-acting. The difference is that you can easily develop tolerance to the former.
- But you cannot become addicted to methadone as it is difficult to develop tolerance to it and your dose, unlike in the case of heroin, will not have to be increased over time.
- Withdrawal symptoms for heroin users surface after three hours, meaning they would need their fix within that time. But in the case of methadone, the symptoms come after 38 hours. That's the reason why those under MDST can perform daily functions such as holding a job and taking care of their family.
- Methadone is currently available in the form of syrup.
- A majority of general hospitals and certain health clinics provide MDST, and a number of private clinics have also been given the go-ahead to administer the therapy.

