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KUALA LUMPUR: Drug addiction is a serious menace in Malaysia with an average of 16 new addicts and 18 repeat addicts recorded per day for the whole of last year.

Another noteworthy fact in the 2008 statistics provided by the National Drug Information System Unit (Nadi) is that 6,413 (51.92 per cent) of the 12,352 drug addicts identified were repeat offenders.

Based on the high number of recidivist, Tan Sri Lee Lam Thye, the former chairman of the National Anti Dadah Association of Malaysia (Pepadam), rightly concluded that the rehabilitation programmes have failed to meet their objectives.

Lee expressed this during the recent Addiction Medicine Association of Malaysia (AMAM) roundtable here entitled 'Looking Into the Window of Treatment Opportunities for Drug Dependence'.

Another notable remark on the state of the rehabilitation process in the country comes from Prof James F Scorelli who in his International Journal of Psychosocial Rehabilitation cited that 'Malaysia's drug rehabilitation programme is not working as the country's relapse rate is above 50 per cent.'

Hundreds and millions of ringgit have been spent over the years in rehabilitating the increasing number of addicts, while their criminal behaviour is a real threat to the society.

Malaysians will recall the numerous Pusat Serenti, the precursor to Puspren (Narcotic Addiction Rehabilitation Centre), the drug rehabilitation centres nationwide that were often in the limelight for rioting inmates.

Drug addiction is a complex behavioural and biological disorder that can be treated as pointed out by Dr Sivakumar Thurai Rajasingam, a consultant psychiatrist and lecturer at the Monash University School of Medicine and Health Sciences campus in Malaysia.

Nevertheless, the treatment goal today is no longer total abstinence from

drugs which in reality can only be achieved by a small group but a realistic approach like harm reduction that can help a bigger group of addicts.

Hence, like in the developed nations, Malaysia too has adopted the Drug Substitution Therapy (DST) since 2002 which is a more promising option in treating addicts.

Basically, the addicts are given safe substitute drugs while they undergo rehabilitation.

However, there are some issues that need to be looked into if we are to see better results from DST.

Both Lee and Dr Sivakumar pointed out that the main treatment approach now is very regimented where the addicts are incarcerated in rehabilitation centres.

This is not an ideal approach especially when no single treatment will suffice for the different levels of addiction - novice, habitual and hardcore.

The treatment success rates of up to 20 per cent recorded by government run institutions clearly indicate the shortfall.

Lee felt that such regimented treatment only created unfounded fear and prevented other addicts from seeking treatment voluntarily.

"Treatment for drug addiction should be voluntary and the addicts should not be subjected to arrest or harassment. The best way to go about this is to give them the confidence to seek treatment," added Lee.

Another pertinent point based on Lee's observation is that parental and

community support is needed but both groups have chosen to be indifferent towards drug addicts.

Though the DST using Buprenorphine introduced here in 2002 was well received, it hit a snag in 2004 after reports of abuse.

Nonetheless, in 2005 the National Methadone DST (MDST) project was adopted by the government.

Though the MDST has its fair share of criticisms, studies conducted by University Malaya in its pilot MDST project recorded a retention rate of up to 90 per cent of the drug addicts who turned up voluntarily within one year.

The MDST is basically an office based treatment with addicts coming in to receive their oral dosage of methadone during the induction period and taking the substitute drug at home during the maintenance period.

The personnel who attends to these addicts will also monitor the treatment progress.

This therapy directly deals with the physiological processes that underlie addiction as well as psychological craving.

Studies also revealed that HIV positive addicts on MDST exhibit a higher level of compliance towards Antiretroviral treatment (ARV) with an equal success rate compared with non-drug related HIV positive cases.

With the success recorded by MDST in other nations and in keeping up with the United Nation's Millennium Development Goal, Malaysia has now embarked on methadone up scaling.

At present, there is a concerted effort in making MDST more accessible to the addicts who want to turn around voluntarily.

AMAM's president Dr Steven Chow who presided at the round table noted that since 2001 at least 600 private medical practitioners have volunteered for the MDST scheme under the Doctors-Who-Care-Programme.

Nonetheless, it is an uphill task looking at the challenges faced by the private practitioners and the addicts in the MDST Programme.

Firstly, says Dr Chow

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addiction is a stubborn disease and often involves stubborn patients and thus it is not going to be easy to convince the addicts to come forward and seek treatment voluntarily.

Secondly, there is no financial support or resources from the government for private practitioners involved in the MDST programme.

Thirdly, doctors have to deal with issues pertaining to law enforcement like their drug addict patients being arrested by police and thus their treatment cycle being disrupted.

The third scenario is clearly attested by Datuk Dr Lim Boon Sho, vice-president of AMAM, whose two patients were nabbed recently by the police while both were under suboxone, a substitute drug allowed under the Poisons Act 1952.

"A patient of mine who was brought in by the father for DST was nabbed right outside the clinic after he received the first round of treatment.

Another patient a Seberang Perai Municipal Council worker who followed DST with me religiously since the last two years had shown good signs of recovery but was also nabbed after receiving the treatment from me.

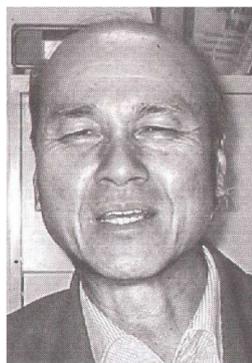
This really perplexed me and caused anxiety to the addicts' family.

"I find that there is a serious miscommunication on this substitute drug," he said.

The philanthropic doctor who has been treating drug addicts in Seberang Perai starting with opium addicts over the last 30 years says he derives great satisfaction from seeing the addicts recover and get back with their lives and loved ones.

Based on his own experience, Dr Lim stated that private practitioners providing DST recorded success rates of up to 75 per cent.

The round table also noted that there could be some miscommunication on the pertaining laws prompting the arrest of addicts under DST but a representative of the police pointed out that they were probably arrested for previous crimes. ---
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Tan Sri Lee Lam Thye