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# Clearing the air over methadone therapy

**KUALA LUMPUR:** Since 2002 Malaysia has successfully embarked on the Drug Substitution Therapy (DST) targeted at heroin addicts but scepticism still prevails on this unorthodox treatment method.

Some segments of the public and NGOs even have denounced this method of treating drug addicts with drugs as an euthanasia for eradicating a social menace while others decry the notion of substituting one addiction with another.

But for addiction medicine proponents in Malaysia, like their counterparts all over the world, the aforementioned treatment is the best approach in harm reduction both for heroin addicts and the society.

Drug addiction is a chronic brain disorder that affects the users' psychological and physiological functions.

DST provides drug addicts with legal access to synthetic opioid like Buprenorphine and Methadone that stops craving for drugs and the withdrawal symptoms allowing addicts to carry on with life. In a nutshell, addiction can be managed by switching from illicit drugs to legal drugs obtained from physicians, hospitals and other legal avenues.

Professor Dr Mohamad Hussain Habil, Addiction Specialist and Consultant Psychiatrist with University Malaya Medical Centre's Department of Psychological Medicine, during a recent media workshop on Methadone DST (MDST) elaborated on the plus points and the cynicism on DST.

He noted that this is probably the only long term pragmatic approach in helping the addicts get on with life and at the same time help alleviate many of the problems associated with drug addiction - HIV infection, criminal behaviour and social decadence.

Though a MDST treatment duration between 2-4 years is recommended depending on the addict, some have to take this substitute drug for a longer duration and there are reports of some addicts end up depending on substitute drugs for a lifetime. This is a cause of concern for many.

Prof Dr Mohamad noted that the consternation over MDST is due to the lack of understanding on addiction and the path to recovery.

"I know even the parents of the addicts are not happy with substituting one addiction with another," added Prof Dr Mohamad illustrating the concern of many over MDST.

Such critical remarks and harassment endured by addicts undergoing MDST remain a serious setback in scaling up MDST programmes to reach out to more addicts.

"Nevertheless, we are all out to help the government in scaling up MDST. At present the MDST programme only covers 5,000 addicts and we want to see it upscale to cover 20,000 addicts by 2010," he said.

The pilot MDST project was launched in 2005 involving 1,240 patients in eight government hospitals, two community health clinics and seven healthcare private practitioners. The programme recorded excellent retention rates of up to 90 per cent in the first year, a major accomplishment when benchmarked against World Health Organisation (WHO's) retention rate standards of 55-60 per cent. Moreover, 73 per cent of the patients were also hired into the workforce. The success has prompted the government to include another 75,000 addicts in the MDST programme by 2015.

Meanwhile, Dr Mohd Khafidz Hj Mohd Ishak the president of Persatuan Insaf Murni (an NGO affiliated with Malaysian Aids Council and the one that conducts MDST, apart from the needle and syringe exchange programme among drug users in Selangor) noted that under the MDST programme the addicts have to take Methadone daily in liquid form to manage their addiction.

This is similar to how we manage other diseases of the body for example, diabetes, he added.

On the side effects of Methadone, so far no severe effects have been reported and primary addiction to Methadone is also rare.

Another important element pointed out by Dr Mohd Khafidz is that MDST allows treatment within the community, which will encourage more addicts to seek treatment voluntarily. The old way of incarcerating them is counter productive. While undergoing MDST they in fact can go to work and carry on with their lives.

Furthermore, the Methadone treatment also disrupts the illicit drug supply chain and this on the long run can help reduce addicts on the streets.

The coordinator for University of Malaya Centre for Addiction Sciences and the Methadone Research Clinic Dr Rusdi Abdul Rashid pointed out that the ideal Methadone dosage for Malaysian addicts is between 80-160mg daily.

However, as Methadone is costly and its quantity is highly regulated, addicts at government run centres only receive between 60-80mg while in the private sector the dosage is even lower 30-40mg.

MDST treatment at government clinics and hospitals is free of charge but due to the overwhelming response and limited resources, currently no new patients are being taken in.

Meanwhile, a general practitioner advocating DST since 2003, Dr Musa Jantan noted that a 45mg per day dosage at private clinics participating in the MDST costs RM30 but those seeking treatment only have to pay a consultation fee of RM10.

Dr Musa is the adviser of Pendamai, an NGO for drug users in Melaka, and is optimistic of better outcome with MDST.

"Instead of being put away from the society in a restricted setting of already limited rehabilitation centres, MDST allows drug users to lead a normal life, work and contribute to the community without being perceived as criminals or menace to the society.

Though he and his counterparts at times have been demoralised by public cynicism and harassment of their Methadone patients by authorities, more general practitioners have shown interest in helping the addicts.

Dr Alex Wordak, a physician and the director of Alcohol and Drug Service at St. Vincent's Hospital, Sydney, Australia since 1982 observed that Malaysia's MDST programme is too small as it only covers about 5 per cent of the addicts.

"To achieve convincing results the programme must cover at least 60 per cent of the addicts," he added.

At the same time there had to be greater subsidies for the MDST as it is an expensive treatment programme. He pointed out that due to the high cost involved, the prescribed Methadone dosage here is far too low.

He also emphasised on MDST's role in preventing HIV.

On Australia's experience with MDST, Dr Wordak stated that back in his country two thirds of the addicts live reasonably normal and independent life after two years of treatment.

"Nonetheless, like elsewhere there is still some misunderstanding on MDST amongst the public in Australia too," he noted.

Dr Wordak also pointed out that it is imperative that we change the way we think of people taking drugs and respect their rights.

Hitherto we have viewed them as criminals, their problem being more of a health and social problem. But one should never forget that they are somebody's son/daughter/mother/father/uncle and they are much part of a family and community.

What is important is that they are given access to treatment opportunities than can help them to lead a reasonably normal life with their families, friends and society, which brings a win-win situation for all. - Bernama