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Reaching out to drug users

In conjunction with International AIDS Memorial Day today, *Sunday Star* highlights the work of the Health Ministry and the Drugs Intervention Community (DiC) in preventing HIV/AIDS among drug users.

AUDREY EDWARDS

HIS "affair" with drugs began way back in the 1970s when the drug of choice was *candu* (opium). Through the decades, Kiman (not his real name) switched to heroin.

The 50-year-old gets his highs now by mis-using *suboxone* (a drug used to treat opioid dependence).

Normally taken under a doctor's supervision in tablet form, injecting drug users (IDUs) like Kiman have managed to obtain the medication which they crush and mix with water.

The IDUs heat up the mixture and then "shoot it up".

"Yes, I have thought of kicking the habit, especially after seeing my friends who have managed to do it," says Kiman, resignedly.

"It has come to a point where I am embarrassed that I am still on drugs."

While some may view IDUs like Kiman in a very negative light, they are members of society who deserve help especially in reducing their risk to falling ill due to infectious diseases like HIV and Hepatitis C.

The programme also helps to curb those already infected from spreading the diseases.

With this in mind, the Government started its harm reduction programme about three years ago through the methadone maintenance therapy (MMT) and the needle syringe exchange programme (NSEP).

Kiman, who has been HIV positive since 1994, is currently a client of Drugs Intervention Community (DiC) in Kuantan, Pahang, a non-governmental organisation which has NSEP, among its many other services.

DiC carries out the programme through Persona Grata, its drop-in centre and outreach network.

Besides providing sterile needles and syringes to reduce HIV transmission, the centre also carries out services like referrals (to places like MMT clinics, Welfare Department or National Registration Department), and demonstrations on safer injecting practices and vein care. It also gives out condoms, upon request, to married or sexually active clients.

First timers to the NSEP are shown how to use the kit, which includes needles and syringes, alcohol swabs, cotton balls and a "cooker".

DiC's training and capacity building manager P. Guganesan says the centre sees about 80 drug users daily, out of which about 40 are under the NSEP.

"It is not just about giving the needles and syringes. We engage them here and start the education process," he says.

Beyond the NSEP, the centre is somewhat of a haven for drug users. They can come between 9am and 5pm to rest, have a meal (breakfast, lunch and tea) and do daily chores like washing their clothes or to shower.

The rules at the drop-in centre are: "No drugs, no sex, no fighting, no selling and no buying."

A record is kept on the number of needles and syringes given to each client. They are also given an identification card that allows them to carry the paraphernalia without getting into trouble with the law.

"If they take the needles on a regular basis,

it is a success. If they don't share them, it is another success. Another is if they go for methadone.

"And if they give it up, that's like hitting the jackpot," says Guganesan.

He is quick to emphasise that everything is done on a voluntary basis and nothing is forced on the clients, such as taking an HIV test.

"It is focusing on their needs rather than what we want," he adds.

Guganesan says there are noticeable differences in their clients, who seem to be taking care to clean, shave and keep themselves neat.

DiC carries outreach work in areas within a 60km radius of Kuantan.

Dandan Mohamad, 46, who has been an outreach worker for the past year, normally starts his day at 8.30am with a briefing after which he and the other workers get their stock and head out to the different "zones", each of which has four sites. Each zone is visited twice weekly.

"We wait for the clients to show up. We also help the wives or children if they are facing any problems. And if our clients have sores, we also help to do the dressing for them," he says.

The "meeting the clients" session is normally carried out in a secluded area of the village, like a hut.

He says permission has to be obtained from the village and police first.

A scheduled time is given for the needles and syringes exchange to be carried out.

The volunteer's day normally ends at about 4pm after visits are carried out to each site.

After this, the group heads back to hand over their remaining stock and meet for a debriefing session.

Dandan, a recovering IDU for the past two years, says he decided to kick his more than 20-year-old habit simply because he felt he had had enough.

"I saw the rest of my group giving it up and joining DiC. But I just didn't feel like doing it until I got sick and was in hospital for two weeks," he says.

Upon his discharge, he called his friends at DiC to tell them he wanted to enter their rehabilitation programme.

"Maybe *Allah* opened my eyes. I went in willingly," he says, adding that he had never shared needles during his days as an IDU.

Dandan says his decision to quit could also possibly be attributed to the fact that heroin was becoming harder to come by.

"It is also more expensive. What used to cost RM5 when I started is now RM50. The quality is also not good," he adds matter-of-factly.

"I used to be able to get high for a long time just by taking two 'chases' back then."

He admits his friends who are still abusing drugs have tried to tempt him when he goes on his outreach rounds. He always says "no, but in a polite way."

"There is a change in how people look at me too. Previously, people in my village wouldn't even look at me with one eye. Now some of them, like the village head, wave at me before I do," he adds.

"I have also become closer to my family. And I hope to get married within this year."



Positive approach: Dandan (left) and Guganesan help drug users like Kiman (right) through harm reduction programmes like the needle syringe exchange programme, a drop-in centre and an outreach network.