

Headline	A re-look at rehab		
MediaTitle	Sunday Star		
Date	16 Apr 2017	Color	Black/white
Section	Focus	Circulation	339,002
Page No	16	Readership	818,000
Language	English	ArticleSize	308 cm ²
Journalist	N/A	AdValue	RM 7,364
Frequency	Daily	PR Value	RM 22,092



REHABILITATION centres can improve the effectiveness of their programmes by increasing their areas of focus, criminologist Dr Geshina Ayu Mat Saat suggests.

The more psychosocial and criminogenic factors that are targeted, and the more varied the approach or treatment, the higher the likelihood of the programme's success.

A minimum of six factors underlying drug addiction must be addressed to reduce the likelihood of relapse after programme completion, she says. These include self-esteem and locus of control. Approaches include cognitive behavioural therapy, group therapy and expressive art therapy. For some, spiritual or moral models, are crucial in helping ex-addicts change, she offers.

Questioning whether a rehab programme that stops rather than relies on a person's effort to abstain from the substance can be considered a success, she feels that if an ex-addict has to depend on other people to prevent him or her from buying drugs, such programmes may not be sustainable. Dr Geshina, from Universiti Sains Malaysia's forensic science programme, is carrying out a study to

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determine if detaining drug addicts will lead to less crime.

"Findings outside Malaysia show that a large number of crime cases are committed by a small number of offenders. So, if the drug addicts stay off the streets, many street-related and property crime may be reduced. How far this is true here remains to be investigated."

Her research will also identify risk and vulnerability factors that are likely to contribute towards a person's decision to get involved in drug-related activities or crime.

"Without knowing this, it's impossible to determine the psychosocial factors and criminogenic needs that require attention for rehab, and to measure the success of the rehab programmes," she explains.

Injecting drug users who are committed to compulsory drug detention centres like Narcotics Addiction Rehabilitation Centres (Puspen), have a significantly higher relapse rate, and are more likely to do so quicker, compared to their counterparts who enter voluntary

establishments like Cure and Care Centres, *Sunday Star* reported in December last year.

Findings of researchers from the Universiti Malaya (UM), Yale University School of Medicine, University of Florida College of Medicine, and Burnet Institute Melbourne, suggest that compulsory detention is ineffective in getting people to abstain from drug use upon release into the community.

Unlike Puspen which entails detaining suspected drug users in a centre for two years, followed by community supervision for another 18 months after release, Cure and Care Centres are for those who enter voluntarily either by themselves or are referred by family, friends or employers, to receive methadone maintenance treatment for their opioid addiction.

UM Faculty of Medicine dean Prof Datuk Dr Adeeba Kamarulzaman, who co-authored the study, believes that rehabilitation must be voluntary, comprehensive and evidence-based.

Society, notes the Centre of Excellence for Research in AIDS (CERIA) director, can help by keeping addicts from harming themselves – like contracting HIV or Hepatitis C, but we should not lock them up unless they've harmed others. Abstinence, she adds, should not be the immediate goal.

As the former Malaysian AIDS Council (MAC) president, she was instrumental in introducing and implementing the needle and syringe exchange programme and methadone maintenance therapy in 2006, which has since halved new HIV infections among drug users.

"If the problem is heroine addiction, they need treatment with methadone or buprenorphine. If amphetamine is the issue, it gets a little more complicated as there's no effective drug equivalent to what methadone can do for heroin addicts," she says, while stressing the importance of improving community support. This, she says, includes re-training for those who have lost their jobs.

But staying clean isn't easy, says Dr Geshina. It depends on complex issues like strong internal locus of control, improved resistance towards the lure of drugs, a com-

prehensive and committed support system, reduced exposure and access to drugs, and a sustained motive to be clean. It's about psychosocial protective factors and reducing criminogenic needs, she says.

Parents, family members and friends of ex-addicts should not be part of the problem. Be part of the solution instead, urges Dr Geshina. Ensure that the ex-addict is in a protective environment so that opportunities to relapse is reduced, she suggests.

"Society must be part of the solution instead of stigmatising and labelling. Don't always blame the ex-addict for everything bad that happens in the neighbourhood because they'll use that stigma or label to relapse. Although addicts are involved in many types of crimes, they're not the only offenders."

However, with the sluggish economy, society must be more vigilant, she says matter-of-fact. Cash and anything that can be resold, become more attractive as a means to fund an addiction.

"For addicts, drugs are a daily need rather than a luxury. They turn to crime to support their habit."