National Drug Substitution Therapy

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The Addiction Medicine Association of Malaysia (AMAM) is proud to announce that we have more than doubled our number of trained registered doctors of only 300 to 692 who offer Drug Substitution Therapy (DST) compared to 2006. This is made possible through the committed team from both the Federation of Private Medical Practitioners' Association of Malaysia (FPMPAM) and AMAM.

The real-time net-based self-regulating National Drug Substitution Therapy (NDST) registry was the result of the directive of the Director-General of Health in 2006 and was developed by FPMPAM and AMAM in conjunction with the relevant sections of the Ministry of Health (MoH) as well as the Agensi Anti Dadah Kebangsaan aimed to monitor and regulate all DST programme in the private sector. Data from the NDST Registry shows that it has been effective in curbing doctor-hopping by patients and ensuring good clinical practice by doctors which were the two major problems threatening to derail the programme in 2005/2006.

To date we have registered 23,573 heroin addicts and placed them into a accessible, affordable, dependable and sustainable community-based treatment programme delivered by a nation-wide network provided by 483 trained registered private medical practitioners. In total we have trained 692 doctors who are now able participate in this programme.

Of the 23,573 registered opioid dependent patients in Malaysia currently undergoing treatment; 23,125 were males while 448 were females. The statistics also revealed a racial demographic mix comprising 71% Malays, 16% Chinese and 6% Indians.

As expected, the majority of patients are in the economically important age group from 25 years to 54 years old. Around the world, Community-based DST has been shown to be the most cost-effective way of getting these people back into economically useful lives.

The number of younger patients age 16 to 22 years has shown a decreasing trend indicating that early detection and treatment is important. At the same time, the continued increase in the number of older patients, those 54 years and above, seeking treatment clearly shows that even in late established disease, there is still hope and a positive role for community-based DST.

In community-based DST, the combination medication of buprenorphine/nalaoxone remain the option of choice with, 18,152 out of 23,572 patients opting for this medication compared to methadone.

Community-based treatment was started by the Federation and then AMAM in 2002. By 2005 we have noted HIV infection rates and drug related arrest rates (as reported by AADK)

to fall significantly. This improvement was further supplemented by the government's Harm Reduction and Needle Exchange programs.

The overall treatment retention rate of 60% (over a 5 year period) and yearly treatment retention of more than 80% since the year 2009 clearly indicates that community-based DST works and that the NDST Registry provides the sustainable monitoring platform for a stable treatment environment.

To tackle the stigma attached to the disease and to encourage more hidden patients to seek help and treatment, more awareness and public education programmes are necessary. This is clearly shown by the surge in number of patients following the two-year Jiwa Baru campaign of 2009 and 2010.

For the future, it would be appropriate for us to rename this programme as "Medication-Assisted Treatment" rather than DST. This new term truly reflects what we are doing for these patients without attaching the stigma of "drugs" to the process.

With the success of this programme I do believe that the time have come to re-look at specific provisions of the Drug Treatment and Rehabilitation Act 1983 to make "Medication-Assisted Treatment" a proper legal option so as to provide for proper safeguards for the patients choosing this option and the practitioner who have volunteered their services to treat these patients. AMAM would like to urge the Government to seriously and urgently study and act on this proposal.

Despite its proven success, the NDST monitoring of community-based DST and indeed the entire program itself now faces an important challenge. The recent amendment to the Poison Act (Psychotropic) 2011 now statutorily requires the medical practitioner to revert back to the old archaic, time-consuming, tedious and cumbersome method of manual recording in order to qualify for a permit to store and to prescribe DST medications. With this new system, it is clearly not possible to monitor and curb doctor hopping and misuse of DST mediations.

Furthermore, this tedious new system with its endless paper-work puts the practitioner in real danger of criminal prosecution for what is merely administrative failure in documentation. This is punishable by a severe fine and or a jail sentence.

This will deter new doctors wishing to offer their services to future MAT and have already resulted in some doctors withdrawing their participation in existing community-based DST programme.

AMAM calls upon the Ministry of Health to seriously consider using the NDST Register as the platform to implement this new regulation so as to build on the strength of this proven self-regulating system.

In conclusion, we are of the view that the original directive of the MoH for the NDST Registry to monitor all DST in the private sector should now be provided with the proper administrative support.