

15 DISEMBER 2017

Debunking myths: You're an addict, you're weak

28 **Fit For Life** The Star, Friday 15 December 2017

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PETALING JAYA: Universiti Malaya's Centre for Addiction Sciences director Dr Rusdi Abd Rashid (*pic*) debunks the myth: Addiction means you are weak, and have no self-control.

In your experience as a consultant psychiatrist, what are the addictions that you have come across?

Dr Rusdi: Addiction problems that I have come across include addiction to substance use, whether licit or illicit substances, such as nicotine, alcohol and opiates. They also include amphetamine-type stimulants such as methamphetamine-syabu, cannabis (marijuana, ganja), hallucinogens such as ketamine and solvents/inhalants (gum sniffing). I also see behavioural addictions such as addiction to gambling, the Internet, shopping, food and sex.

What are among the main causes of addiction?

Dr Rusdi: Among the most common risk factors are genetic, underlying psychiatric illnesses, environmental factors and personality disorders. Studies on monozygotic twins confirm that twins with an alcoholic father end up becoming alcoholic even though they grew up under the care of non-alcoholic guardians.

Underlying medical or psychiatric illnesses such as chronic pain, depression, anxiety disorders, attention deficit hyperactive disorder, schizophrenia, bipolar disorder, if left untreated will predispose individuals to self-medicate with illicit substances.

Is addiction a sign of weakness and a lack of self-control?

Dr Rusdi: Addiction is not just about moral and will power issues. It is a medical problem. Evidence-based medicine shows that addiction is a chronic relapsing brain disease. At the initial phase, individuals experiment with substances out of curiosity, with no negative impact on their lives. At this stage, they are still able to control their substance use because there is no brain damage yet. However, once their substance use becomes regular, they advance further into the dependence stage. At this stage, they are no longer able to control their substance use as the damage to the brain becomes irreversible and permanent. They then suffer from tolerance and withdrawal symptoms that enslave them to the substances.

Can people prevent addiction from happening from the very beginning?

Dr Rusdi: Modifying vulnerable factors include underlying medical/psychiatric illness and environmental factors can play a role. Early diagnosis and treatment for underlying medical/psychiatric illness can prevent people from self-medicating with the wrong substances. Proper treatment for chronic pain, depression, anxiety disorders, post-traumatic stress disorder, phobias, obsessive compulsive disorder and so on will prevent patients from self-medicating using illicit substances. Appropriate awareness programmes that educate the public about drugs is crucial to prevent addiction, and this should start as early as possible, at the primary school level. Educating about the dangers of drugs and their complications should be put into the school syllabus at primary level because we see a younger age group of people getting involved in drugs. The drug campaign that uses fear methods should stop and be replaced with a non-stigmatised, educative strategy that encourages people to come for treatment. Improving the socioeconomic status of citizens is also vital in the prevention of addiction.

What can people do to overcome an existing addiction? Can they overcome it on their own or should they see a psychiatrist?

Dr Rusdi: Psychiatrists can offer comprehensive treatment and most of the treatments are available in all health clinics and hospitals in Malaysia, through pharmacotherapy options and a range of psychosocial interventions. Unfortunately, we do not have an evidence-based treatment in the form of medication for amphetamine-type stimulants. However, psychosocial interventions such as motivational interviewing and cognitive behavior therapy can be offered by addiction psychiatrists and clinical psychologists. Other treatment options include joining Alcoholic Anonymous, Narcotic Anonymous, the therapeutic community and seeking treatment at the National Anti-Drug Agency's facilities such as the Cure and Care Service Centres and the Narcotic Addiction Rehabilitation Centre (Puspen).

Do you have other observations and comments about the problem of addiction?

Dr Rusdi: In Malaysia, treating addicts using the medical model sometimes interferes with, and may be in conflict with, the laws in our country. The Dangerous Drug Act 1952 and the Rehabilitation Act 1983 are based on an "total abstinence approach", which sees drug addiction as a moral issue rather than a medical problem. The current approach does not help drug addicts or patients but denies their rights to proper treatment in health service facilities. Most of the Puspen centres and prisons do not have proper health services. Many of these patients are not treated and, in fact, to make matters worse, infectious diseases such as HIV, hepatitis C, TB spread faster in an overcrowded environment. A combination of medications and a counselling programme is the most effective treatment for the addiction problem.

