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## Treat it as a health problem

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WHENEVER I hear calls for the criminalisation of an addiction as a method of prevention, I get nervous. I do so because such simplistic and harmful reasoning drove our response to the war on drugs in the '80s and '90s.

Legislation was enacted and anti-drug enforcement and police powers strengthened. Traffickers were sentenced to death by hanging and thousands of drug users were detained and incarcerated for rehabilitation

Millions of ringgit were spent on public campaigns, advertisements and fear-mongering programmes which accomplished very little except stigmatise and cause dis-crimination to recovering or rehabilitated drug users, leading to their relapse and continuing on a vicious cycle

Countless lives were lost and families were broken up. To this day, many Malaysian families have been touched by drug use.

We only managed to get somewhere when we embraced the fact that drug addiction is a medical condition which should be treated as a disease, not a crime requiring punishment.

Since 2006, the National Anti-Drug Agency through its Cure and Care clinics and service centres, and the Health Ministry have taken pragmatic approach to drug addiction. Through a combined

strategy of providing voluntary comprehensive client-centred treatment and support services as well as harm reduction programmes, recidivism has been reduced to less than 40%.

This is a stark contrast to the earlier compulsory detention and forced rehabilitation method which recorded more than 90% of its internees relapsing.

The current approach has been responsible for a dramatic decrease in drug-related HIV infections where thousands of new cases were prevented and millions in direct healthcare costs saved. It has been able to do so because we

know it works. Malaysia is now frequently showcased internationally as an example of what can happen when resources are invested in a programme supported by proven strategies and evidence-backed interventions such as needle exchanges and opioid substitution therapies, which is why criminalising glue sniffing or inhalant addiction in general is a bad idea.

The problem of glue sniffing, a type of inhalant addiction, has been around for as long as man discovered chemicals, invented solvents and paint, and used adhe-

It is a problem common among young people as glue is very cheap and easy to obtain. Other inhalants

include paint thinner, petrol, lighter fluid, hairspray, cleaning fluids, nail varnish remover, shoe polish and model glue.

Sniffing the vapours produces a feeling of euphoria and exhilara-tion. Those addicted to them are compelled with the need to sniff glue and suffer withdrawal symp toms if they try to stop. Side effects could include depression, hallucinations, headaches and muscle weakness.

Long-term effects include damage to the heart, lungs, liver and kidneys. Heart failure or brain damage could ultimately lead to

Inhalant addiction is a serious problem, but treating it as a crime rather than a health problem would actually do more harm than good.

It would cause children, teenagers and their families to avoid or delay seeking treatment in the belief that they could be incarcerated and prosecuted under the law. Would children need to be detained in rehabilitation camps? This approach would also caus immeasurable harm through stigma and discrimination.

Criminalising the sources of inhalant addiction is not realistic. Where do you even begin to con-trol or regulate the many sources of inhalants, such as the ones listed earlier, which would need to have

their production or sales be limited, restricted or banned outright? These substances are widely used and available in everyday life.

Will the UHU glue widely used in school and acetone nail polish remover be banned?

There definitely should be a more organised and structured commitment to raising awareness and education on this problem but it must be done without the fear-mongering and threat of criminal prosecution and punitive punishment. It must be done with compassion.

Children and young people struggling with inhalant addiction and dependency require treatment and therapy. Parents and teachers should be exposed to such realities and be equipped with knowledge on how best to recognise symptoms and seek help.

Addiction treatment utilising the methods already in use at our Cure and Care clinics is undoubtedly the best way to help them to be free from such dependency. We know it

When responding to the children and young people who suffer from inhalant addiction and dependency, let us first do no harm.

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