

ONE STOP CENTRE FOR ADDICTION (OSCA)

DR. NORLI ABDUL JABBAR
PUBLIC HEALTH MEDICINE SPECIALIST
DISEASE CONTROL DIVISION
MINISTRY OF HEALTH MALAYSIA

CND VIRTUAL CONFERENCE
16 APRIL 2021

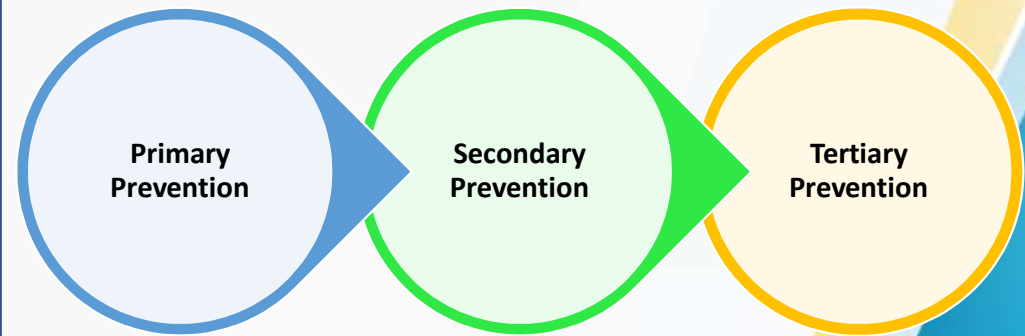
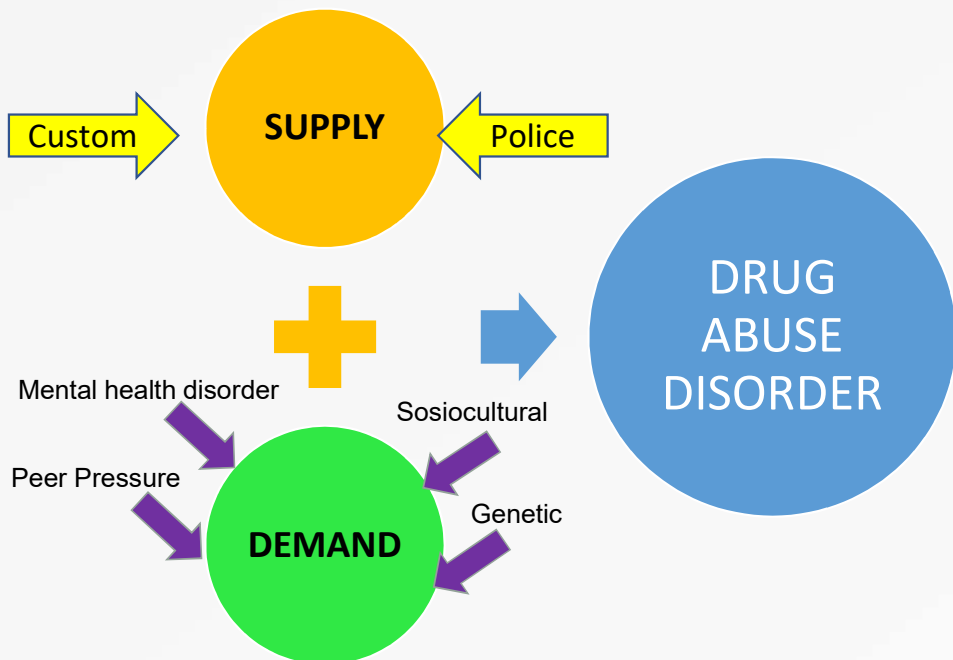
CONTENTS

- Conceptual framework on prevention of drug use disorder
- Malaysia situational analysis on drug use disorder
- International Standards for the Treatment of Drug Use Disorders
- One Stop Centre for Addiction (OSCA)
- Conclusion
- Issues and challenges

CONCEPTUAL FRAMEWORK: PREVENTION OF DRUG/ SUBSTANCE ABUSE/ ADDICTION

- Supply & Demand

- Drug use disorder is a public health issue



MALAYSIA SITUATIONAL ANALYSIS ON DRUG/ SUBSTANCE USE DISORDER

Drug and Substance Abusers and Addicts in Malaysia

YEAR	2018	2019
Number of Drug and Substance Abusers and Addicts	130,788	142,199
Ratio	404 : 100,000 100,000 population there are 404 abusers 1 : 247 1 addicts equivalent to each 247 inhabitants	436 : 100,000 100,000 population there are 436 abusers 1 : 229 1 addicts equivalent to each 229 inhabitants

Source: National Anti-Drug Agency, Malaysia (NADA)

Comparison data by each category, 2018 & 2019

GENDER

2019:
135,869

2018:
125,320



↑ 8.4%

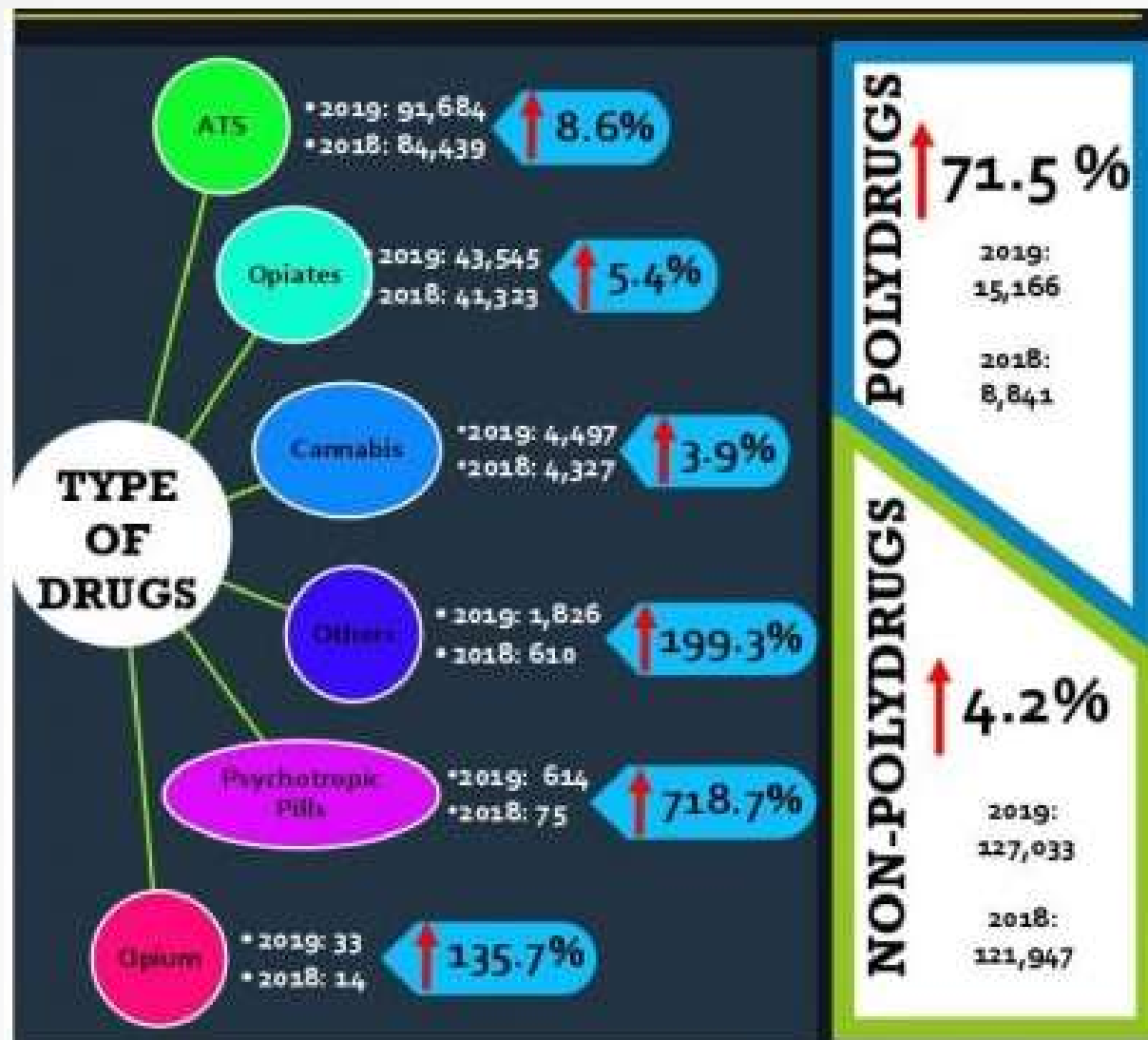


↑ 15.8%

2019:
6,330

2018:
5,468

Source: National Anti-Drug Agency, Malaysia (NADA)

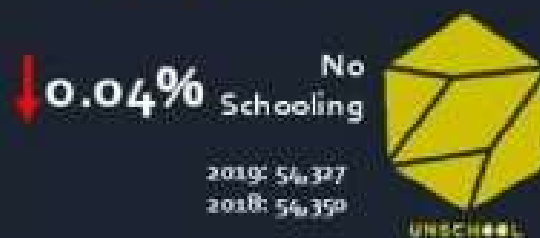


Source: National Anti-Drug Agency, Malaysia (NADA)

AGE CATEGORY



LEVEL OF EDUCATION



***International Standards for the Treatment of Drug Use Disorders
(Revised Version 2020)-
7 key principles and standards for the treatment of drug use disorders***

1. Treatment should be available, accessible, attractive and appropriate
2. Ensuring ethical standards of care in treatment services
3. Promoting treatment for drug use d/o through effective coordination between the criminal justice system and health and social services
4. Treatment should be based on scientific evidence and respond to the specific needs of individuals with drug use d/o
5. Responding to the special treatment and care needs of population groups
6. Ensuring good clinical governance of treatment services and programmes for drug use d/o
7. Monitoring and evaluation.

Models of service organization

- A One Stop Shop Approach
- Community-based network approach
- Sustained recovery management



WHAT IS OSCA?

(One Stop Centre for Addiction)





TYPES OF SUBSTANCES

Amphetamine Type Stimulants (ATS)

Opiate
(Heroin & Morfin)

Cannabis

Ketum Leaves

Benzodiazepines (Sedatives)



Alcohol

Nicotine



Inhalant

KKM



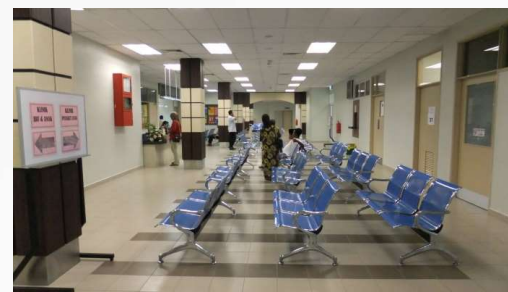


2.0 OSCA OBJECTIVE (One Stop Centre for Addiction)

To provide **screening**, **intervention** and **treatment** services for substance abused and dependents at primary care level which is **comprehensive**, **holistic** and **intergrated** approach that cover all types of substance abuse such as Amphetamine Type-Stimulants (ATS), Inhalant, Opiate, Marijuana, Benzodiazepine and Ketum Leaves apart from alcohol & nicotine addiction.



Bahagian Kawalan Penyakit, KKM





RATIONALE / JUSTIFICATIONS FOR OSCA



- ❖ **Changing trend** of drug abused from traditionally opiate-based to synthetic drugs (ATS) and New Psychoactive Substances (An **increase of 218%** past 6 yrs in Malaysia. While existing Medication Assisted Therapy (MAT) services are only for opiate-based drug dependents
- ❖ Issues of **Polydrug User**
 - studies revealed an increase of consumption of several / multiple illicit drugs together



RATIONALE / JUSTIFICATIONS FOR OSCA



- ❖ To provide a **holistic, comprehensive** and **integrated** services for the management of drug abuser / dependents which include screening, intervention & treatment at primary care level.
- ❖ To address the issues of **Dual Diagnosis** (Drug dependents & mental disorders) in particular Drug-induced Psychosis and high **co-morbidities** among drug abuser / dependent (such as HIV / AIDS, Hepatitis C, Tuberculosis, Sexual Transmitted Infections etc) at primary care level



RATIONALE / JUSTIFICATIONS FOR OSCA



- ❖ OSCA is **community based** & serves as a “Flood Gate” to control the influx of hospital admissions.
- ❖ Studies also revealed the importance of **Psychosocial** Counselling, **early intervention** & **family** involvement in the management of drug dependents and relapse prevention.
- ❖ **The rights** of the drug abuser or dependents to be treated and taken care of.



SERVICES PROVIDED

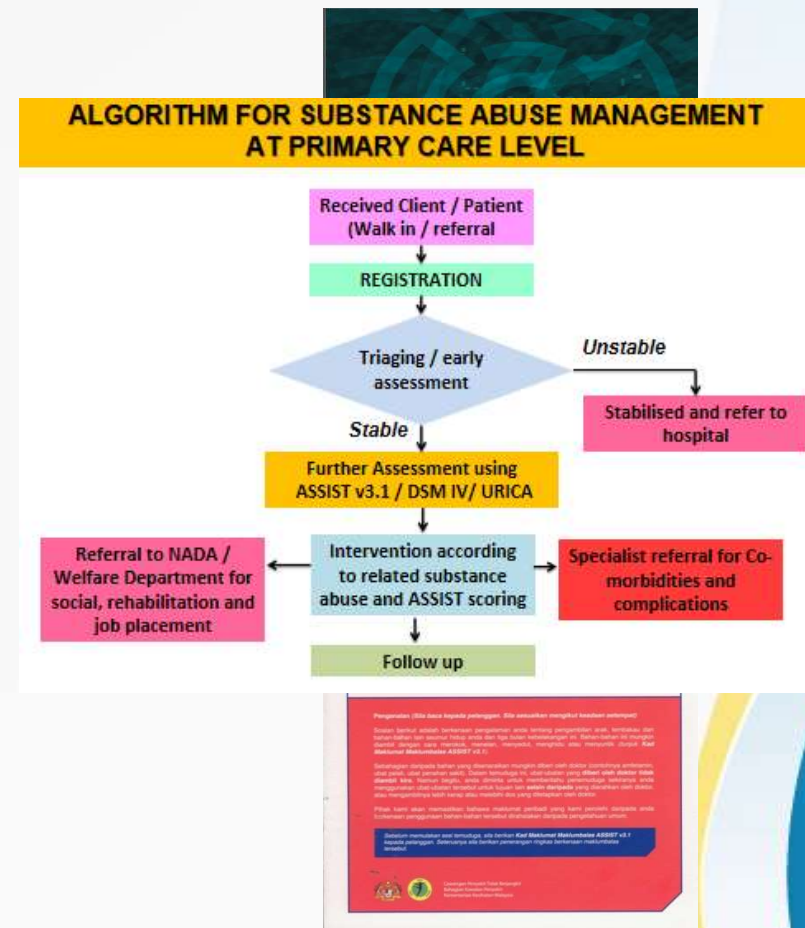


Bahagian Kawalan Penyakit, KKM

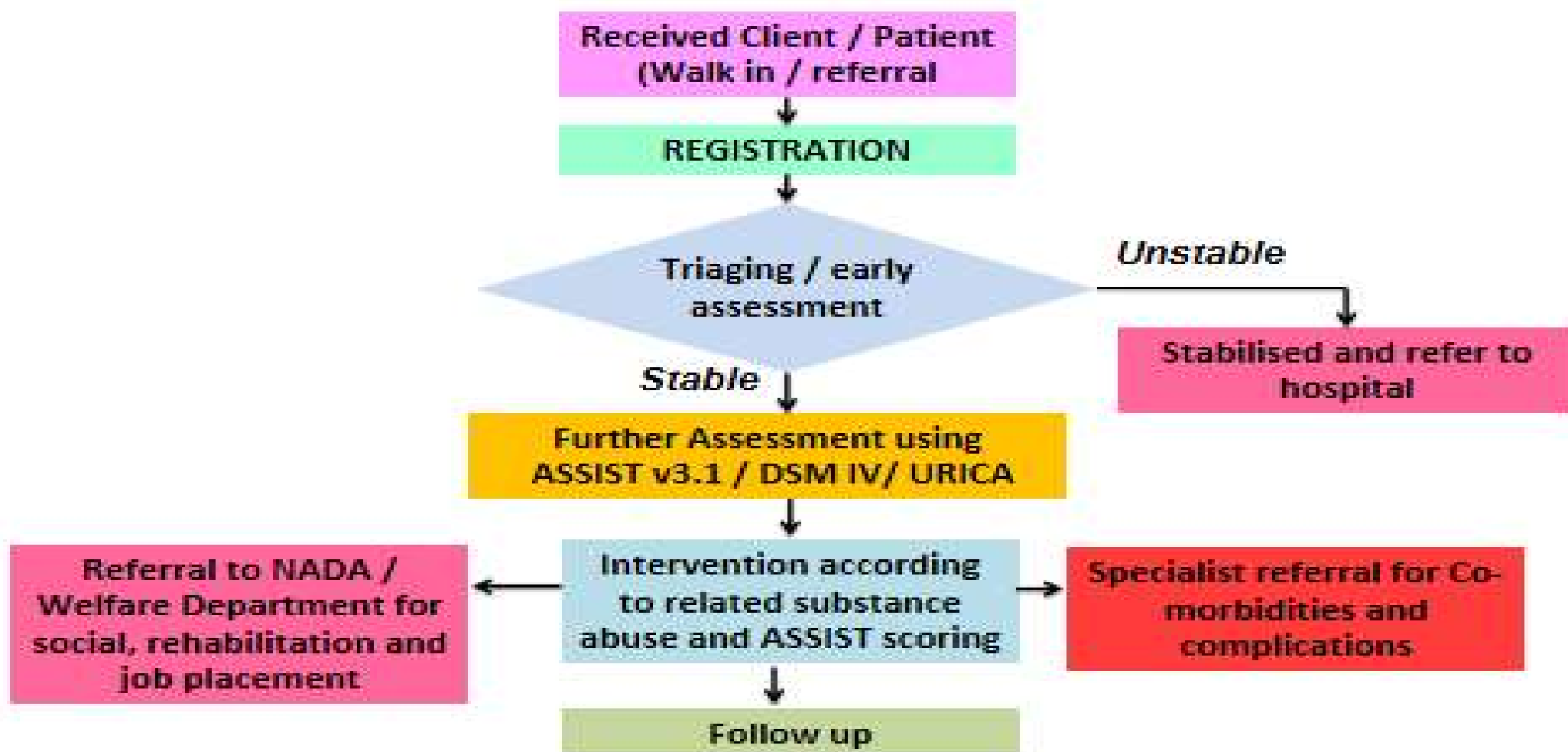


OPERATIONAL MODUS

- ❑ Screening methodology using WHO Screening Tools:
 - *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST WHO v3.1)*
 - **URICA**
- ❑ Interventional method using ***Brief Intervention WHO*** and related substance abuse intervention modules
- ❑ **Referral** depending on ASSIST Scores, diseases complications, social issues and rehabilitation needs
- ❑ Development of Monitoring and Evaluation system that involve all sectors



ALGORITHM FOR SUBSTANCE ABUSE MANAGEMENT AT PRIMARY CARE LEVEL





CONCLUSION

Harm Reduction in Malaysia has proven to be successful and beneficial especially in reducing HIV infection – no longer an issue to be debated.

It is the time – to further strengthen, expand and intergrate the program into One Stop Centre for Addiction (OSCA) for better impact and excellent results.



http://www.wpro.who.int/NR/rdonlyres/BEECB2F4-764A-42F0-9ED1-BE5672FB4C2A/0/GoodPracticesinAsia_WEB_270411.pdf



Joint statement by WHO, UNODC, UNAIDS, United Nations of Human Right, UNICEF, UNHCR and UNESCO in March 2012 to close compulsory drug detention and rehabilitation centres and implement **voluntary, evidence-informed and rights-based health and social services** in the community



ISSUES & CHALLENGERS

1. Inadequate resources and trained manpower
2. Continuous training and enhancing capacity building
3. Community empowerment in after care
4. Issues in stigmatization and criminalization
5. Strengthening and expansion of community based rehabilitation

THANK YOU

