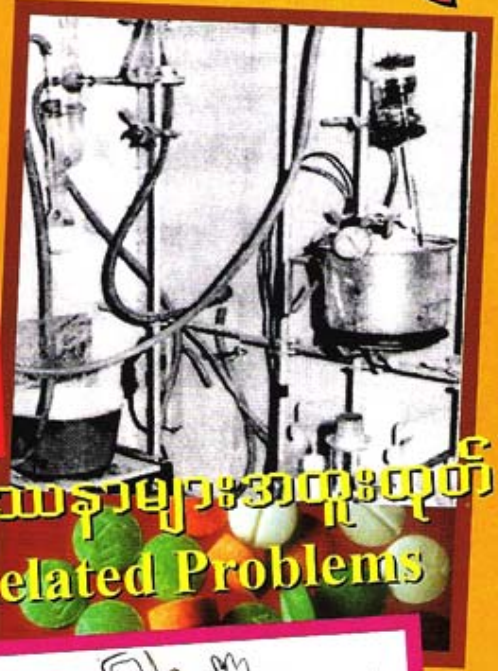
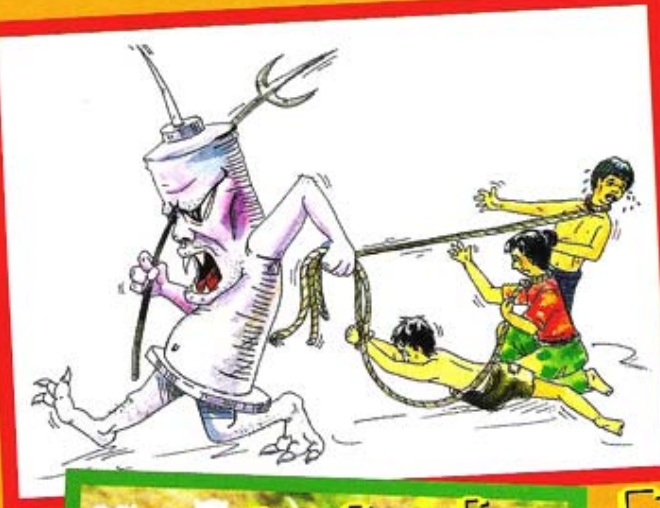




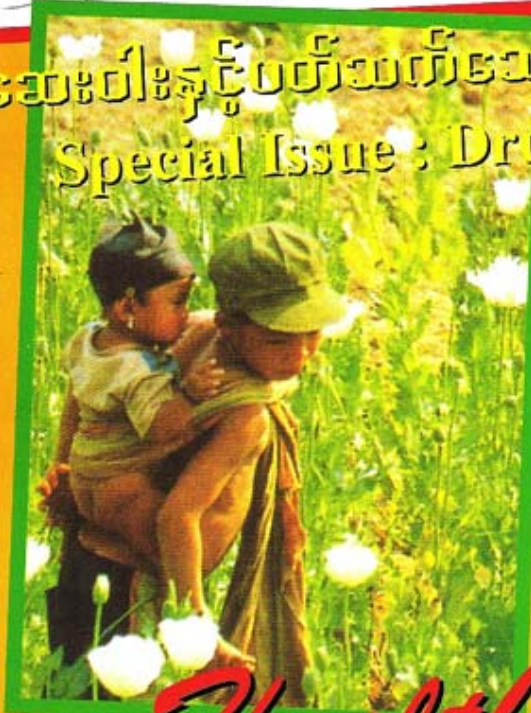
ကျန်းမာရေး

စေတမာန်

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ဆေးဝါးနှင့်ပတ်သက်သောပြဿနာများအတူးဖော်
Special Issue : Drug Related Problems



Health Messenger

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Drugs Used Along The Thai-Burma Border

Health Messenger Team in Collaboration with Willy De Maere, Free Clinic, Antwerp, Belgium



*This article describes the drugs commonly used in the Southeast Asian region,
and their effects on the body.*

WHAT ARE DRUGS?

ANY SUBSTANCE WHICH, WHEN TAKEN INTO A LIVING ORGANISM, MODIFIES ONE OR MORE OF ITS FUNCTIONS (WHO).

There are three main categories of drugs:

- Sedatives (having a calming effect) such as alcohol, heroin and tranquilizers.
- Stimulants (that increase the body activity) such as amphetamines, caffeine, ecstasy and nicotine.
- Hallucinogenics (they provoke visions or false perceptions) such as LSD, magic mushrooms and to a lesser extent cannabis & ecstasy.

The body gets used to drugs slowly , so the people dependant on drugs have to take an always-bigger amount of the substance to attain the same effect. This is called **tolerance**.

People dependent upon one substance experience diverse signs and symptoms when they stop using it. This is called **withdrawal**. Withdrawal symptoms can vary from being unpleasant to life threatening.

THE MOST COMMONLY USED DRUG IN THE WORLD AND THE OLDEST KNOWN IS ALCOHOL.

See our special issue on Alcoholism, Issue No 11, December 2000



Tobacco

What is it?

Tobacco is a plant, whose leaves have been used by Native Americans in religious and social occasions for more than 1000 years. The use of tobacco spread to the entire world after the 17th century. Nicotine, found in tobacco, is one of the most addictive substances known. Nicotine is a stimulant of the central nervous system.



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p o l v i p a r f r o n f y l l t a & j u b o n ?

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o n f v s j r e p d j z p a y a p y D b e j j z E S l u l i f w l k u f
y l l j r e f e p d j z p a y a p w w b n ?

a & E j b l p a j c i f j z w l v l u l v # f a c j f r j c i f / t v e p o l v i
w j c i f / t m & l p l p l u E l l c i f / p o l v r c l j c i f E S f t y r a y s j c i f
w l l z p l w w b n ? a q ; & E j J d t m ; j z w l y l a e m u f j y e b l
c s i p o l v b n f w o u l v l j z p a y a e e l l b n ?

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o n ? o l o w e j y l c u f s m; t & a q ; v l f a o m u f
o l b l i g q , & m c l E e f t x u b n f a q ; & E j J d
o l p j c i f a = u m i h c p m ; & o n f a & m * j z i l t c e f w l l f
r l a p m l a o q l k v d r n ?

u f o d

u f o d o n f r n b n f t & m j z p b e n f ?

u f o d o n f a t & l u u w d t (Areca Catechu)
[k a c : o n h u e f o d y i f s t o l j z p b n ? u f o d w l f
a t & l u l v i f (arecoline) [l c : o n h A [l A a = u m l l
t e n f i , E l l u a p a o m (a q ; & E j J d w l f y g o n f e L l v i f
u l l t m e b i f b n f ' g v y j o i b n ? u f o d u l l t E N d
E S h w l l O r f t y g t O i f t a S ' a w m i f t m & s v O f w f e f u s , f
u s , f j y e f y e f o l p o u o n ? x l a = u m i h a t & l u l v i f
(arecoline) o n f u r B m a y : w l f t o l l t r s m ; q l l
p o l v l u a q ; (Stimulant) w c j z p b n ?

u f o d t m ; r n l u b l l o l p b e n f ?

u f o d u l l v y f y q w f q w f o l l [l v f t a j c m u f l y D

y g p y z i O g p m ; E l l b n ? u f f & E S f x l w l l i f a q ; & E j J d
a & m y D u e f , m t j z p l v n f p m ; o l l u o n ?



u f o d Betel nut

u f o d w l f r n b n f t m e b i f b e n f ?

u f o d o n f p o l v i a y s m & f r u l l z p a p o n ? u f o d
o n f t p m v r f a = u m i f & E j J y g a u m i f s m ; t a y : t m e d
o i f b n ? r s v f m % E S h o i f u m ; e m , r u l l a u m i f r e f
a p o n ? y l l f b l p a & # f y g p y l o b i ; z E S h o b i ; w l l u l l e l l
a p o n ? t v e f t u l l p l p a & # f r l a O j c i f / a c j f a e m u f c i f
u l l z p a p o n ? a & E j b l p a j c i f o b i ; E S h y g p y l w l l x d l l f
a p o n ?

aq;ajcmufol l l v f r m & d n e m ;

r n b n f t & m u l l a q ; a j c m u f l l c : o e n f ?

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p u l l r s m ; / t O w f t x n f s m ; / t O w p r s m ; j y l v y b n h
t y i E S f t r n l w j z p b n ? u r B m a y : w l f t o l l t r s m ; q l l
a q ; O g v n f j z p b n ? a q ; a j c m u f u l l t o l b l r s j z i h
a w e l l b n ? Marijuana r m & d o r e m ; t r n l w l b n h
a q ; a j c m u b n f t & E S f t y e l u l l t a j c m u t l k m ; y D
t m e b i f t e n f q l l z p b n ? Hashish [u e f i a c :
a q ; a j c m u b n f y e f z i x y l a p ; y p a o m t q l l u l l , l l
t a j c m u t l y D a v ; a x m i f y l l t a p ; w l l u l l a c : o n ?
t m e b i b n f r m & d o r e m ; x u f y l u m i f o n ? [u e f i
t q l b n f a q ; a j c m u f y i l t a p ; r s k w j c i f j z p b n ?
t m e b i f t a u m i f q l l a q ; a j c m u f j z p b n ?

aq;ajcmuft m; r n l u b l l t o l l y b e n f ?

aq;ajcmuft m; r s m ; a o m t m j z i l v u l v y p d u & u f
o l l [l v f a q ; w l l u l l t o l l y k y d & o n ? a q ; a j c m u f w l l
E S f a q ; a j c m u b l u l l o m r m e p d u & u f o l l [l v f t p m ;



How is it used?

Tobacco leaves can be smoked in a cigarette/ cigar or a pipe, or can be chewed. Tobacco leaf powder can also be sniffed.

What are its effects?

When tobacco is consumed in the form of smoking, chewing or as a snuff, the nicotine provokes a narrowing of the blood vessels, which has the effect of raising the heart rate and blood pressure. Nicotine gives a self-confident feeling, and decreases appetite.

Tobacco diminishes the sensation of taste and smell, and irritates the lungs.

Prolonged use of tobacco can cause lung, heart, blood vessel damage and cancer.

Physical dependence on nicotine and more importantly, psychological dependence on cigarettes, develops very fast. Tolerance to the effects of nicotine develops rapidly, faster than that of heroin and cocaine.

Withdrawal after long term use can result in headaches, severe irritability, inability to concentrate, nervousness and sleep disturbances. Nicotine craving may last a lifetime after withdrawal.

The World Health Organization estimates that smoking is responsible for 1 out of 5 deaths, or 3 million per year. Research has shown that over 50% of smokers will die prematurely as a result of illnesses caused by tobacco.

Betel Nut

What is it?

The nut of the Betel palm tree (also called Areca Catechu) contains arecoline, a mild central nervous system stimulant. It is widely used all over Southeast Asia, as well as in India and Taiwan. Therefore, Arecoline is one of the most widespread stimulants in the world.

How is it used?

Betel nut is most often chewed, fresh or dried, wrapped in leaves with lime.

What are its effects?

Betel nuts produce a mild euphoria. It can also improve learning and memory as well as counteracting intestinal parasites. Regular use stains the mouth, gums and teeth a deep red. Excessive use can cause drunkenness and dizziness. Long-term use damages the teeth and soft tissue of the mouth.



aq;ajcmuf Cannabis

Cannabis / Marijuana

What is it?

Cannabis is a product of the plant with the same name, whose stem is also used in the manufacture of hemp rope, string, paper, textiles and clothing. It is one of the most widely used drugs in the world. Three forms of cannabis exist: **Marijuana** is the dried leaves and flowers of the plant and is usually the least potent. **Hashish** forms as a sticky oil coating



t p m (u w / b p u p / u u b m ; [i f) w l v f x n l o l p b u o n ?

a q ; a j c m u b n f r n b n l t m e b i & b e n f ?

t e n f i , f # o l p g u p w h a y n & j c i f / y i y e f r a j y a p c i f / & , a p c i f / t i f t m ; E s h / y b a q m i r _ w l y f r ; a p c i f / c h v f a u m i f a p c i f E s h t m & p l u f _ y s u f y m ; a p c i f w l j z p b n ?

a q ; c h l l n & j c i f o n f t a & ; u o n ? w c g v & h a & s h o l p b n f t p o l o p b n h a q ; a j c m u f y r m % x u f t q 20 c e f o l p s y l f t m e b i & o n ?

a q ; a j c m u f z w l v # i f t p y l f y y i y e f E f f e , f y p a e m u f y l f y a e r x d x l f r o m j z p c i f / y i y e f E f f e , j c i f / t v e p w l ' g w l u s q i j c i f / p l & f y e j c i f E s h v c g v & h a q ; a j c m u f y e b l p & / j c i f w l j z p b n ?

a & s h o l p g u t m [m & c h v j c i f / y i y e f E f f e , j c i f / p w l ' g w l u s q i j c i f E s h p w h o ' e m c p m ; & j c i f ? O y r m / r f r , f o n l t x i ?

a q ; a j c m u & j c i f o n l v n f a q ; v y a o m u b u l b t q l y f t m ; x d l u a p o n ?



*b e f & a e y l O p i u m s m o k i n g
r k i f S o u r c e : U N O D C*

b e f

b e f o n f r n b n l t & n j z p b e n f ?

r s m ; a o m t m ; j z i h y i v , j y i r s t j r i r d v m 800 t x u & f t m & s v f a y g u a o m b e f y i f r r h o ; o n h t o l r x l u b n f y i f w a o m t a p ; u l b e f [h c : o n ? b e f w f a r m z e f " g v f 7 - 15 & m c l E e f c e f y o i b n ? t q l y g a r m z e f t m ; b e f u l u t s u j c i f j z i f , e l l b n ? b e f . a & m * g y s m u l i f r E s h p w l y l q l l & m t m e b i u l v e t h o m E s h a y g f 4000 a u s t r f w i l y l a w a b n ?

b e f t m ; r s m ; a o m t m j z i r l r d y d y p y z i l l u o n ? t c d o n f b e f t m ; O g r f p m ; o l u o n ? t c d v n f

t p m ; t p m E s h t p m a - u a t m i f c s u j y l v p m ; o l l u o n ? t x l o j z i l b e f x l u & b n h ' o r s m ; w f t & n h a z n l v n f a o m u b l u o n ?

b e f w f r n b n l t m e b i & b e n f ?

b e f o n f t v e a y n & s b g a u m i f a o m t a j c t a e u l z e w l e l l b n ? a e x l l a u m i f a o m t a j c t a e u l c p m ; & E l l b n ? p w l u l p w l b e f v n f y l l l u m i f a p o n ? e m u s i r u l b o u b m a p l p l & p w l E s h - u m u & f p w l r s m ; u l l v n f e n f y g a p o n ?

b e f o n f O r f u l s y a p y d v l p w l u l e n f a p o n ? y l l o l p g u c E < m u l l f Z D u p P y l f t & p l r f r u l z e w l a p o n ? p w l y l l f q l l & m t & v n f p l r f a p o n l t j y i f w j z n f j z n f b e f u l v l l o l p b j c i f u l l v n f j z p a p w w l o n ?

b e f j z w j c i f . v u Q % m r s m ; r f r w l e l v b j c m u l j c m ; j c i f / p l & f y e j c i f / t y f r a y s j c i f / O r f A l u E s h u l u b m ; r s m ; e m j c i f w l j z p b n ? p w l ' g w l u s q i j c i f u l l b e f j z w l v l f t a w a r s m ; o n ?

a & s h b e f u l b l p g u p w l y l l E s h f y l l p e f a q m i f E l l f r s m ; u s q i f y d c h v f y s u j c i f c E < m u l l j u l l y e c h j c i f w l j z p a p w w b n ?

b e f j z l

b e f j z l o n f r n b n l t & n j z p b e n f ?

b e f j z l t m ; 1874 c E s l w f t * l v l ' g v h A ' y n m & s f w o p p w i a w a b n ? t q l y g b e f j z l o n f b e f w f y o i b n l t " l u y p n f j z p a o m a r m z e f t m ; o m r m e f p u r o l t u p p z i l f ' g v f y l a p y d j z p a y : a p c i f j z p b n ? o e l p i a o m b e f j z l o n f t j z l a & m i f a y g f g e f t - u r f E s h w l y l r o e l p i v # i f t ! l l & m i f j z p b n ? 19 & m p k t u l e f y l l f w f b e f j z l t m ; e m u s i h o ' e m u l h a y m u l i f a p o n h a q ; t j z p f t r s m ; t j y m ; x l v l y l c l o n ?

b e f j z l t m ; r n l u b l p b e n f ?

b e f j z l t m ; r s m ; a o m t m j z i h a o f a - u m (a o f y e f a - u m) x b l l w l u l u x l o f - u o n ? o l l o m f E b a c g f j z i l l j c i f / a q ; v y a o m u b u l b & j c i f w l j z i l v n f o l p E l l b n ? x l a q ; t o f i t o l y l y g u / a q ; o l o l a i a u ; E s h a q ; & f a y : r l v n y l d w c x l v # f 4 r l v d r f s 8 r l v d r f t x d t o l y l v w l y l d 4 e m & d r s 6 e m & j c m ; x l a v l a b n ?



on the flowering tops of the plant, which is collected and made into small blocks of dried resin. It has a stronger effect than marijuana.

Hashish oil is the extraction from the resin of the cannabis and is the most powerful of all the cannabis forms.

How is it used?

Marijuana is usually smoked in hand rolled cigarettes or in a pipe. Hashish and hashish oil are often smoked with ordinary cigarettes or incorporated into food substances such as cakes and biscuits and eaten.

What are its effects?

Low doses can result in a sensation of euphoria, relaxation and laughter, increased energy and activity, reduced appetite and self-confidence.

Tolerance can be important, and some long time users may need 20 times the initial dose to produce the same effect. Withdrawal symptoms during the initial period may be exhaustion, followed by irritability, lethargy, deep depression, anxiety attacks and episodic craving.

Long-term use can lead to malnutrition, exhaustion, depression and mental problems like paranoia.

Smoking marijuana can also cause the same damage to the lung as smoking tobacco.



b&f Opium, **r&f** Source: AHRN

Opium

What is it?

Opium is the gummy sap from the unripe capsule of the poppy plant that usually grows in Asia, in areas over 800 metres high. The raw opium sap contains 7-15% morphine, which can easily be precipitated from the poppy sap after simple boiling. The psychological and healing effects of opium have been known for around 4000 years.

How is it used?

Opium is usually smoked, but it can also be chewed and cooked with food for digestion. Particularly in the countries of origin, it can be drunk as an infusion.

What are its effects?

Opium can produce intense euphoria, a strong feeling of well being, increased imagination. It also relieves pain, and decreases fear and anxiety.

Opium also provokes constipation and reduces sex drive.

Regular use creates high physiological addiction, lasting psychological dependence as well as increasing tolerance and the need for greater quantities of the drug.

Withdrawal symptoms include agitation, irritability, anxiety, insomnia and abdominal and muscle pain. Depression, after the physical withdrawal, is not uncommon.

Long-term use results in decreased mental and physical capacities with loss of appetite and body wasting.

Heroin

What is it?

First discovered by a British chemist in 1874, heroin is a bonding of opium's active ingredient, morphine with a common industrial acid. It looks



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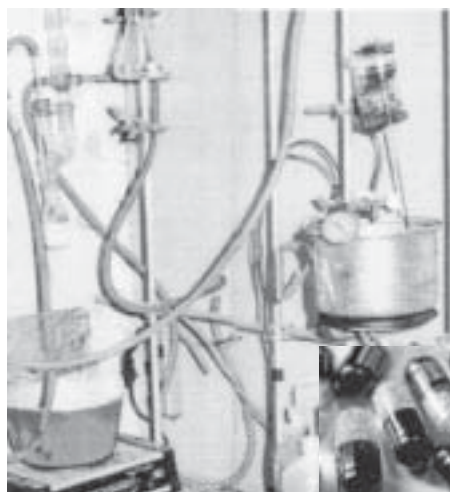
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Manufacturing amphetamine, r66f Source: AHRN

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like a coarse-grained white powder in its purest form, brown when impure. By the end of the 19th century, it was being mass produced as a painkiller.

How is it used?

Heroin is mostly injected directly into a vein, but it can also be sniffed or smoked. When it is injected, it is often used every four to six hours in doses of 4 to 8 milligrams each, depending on the availability of drug and finances of users.

What are its effects?

Heroin provokes an intense feeling of sleepy but pleasant euphoria that lasts for 3 to 5 hours, called the "rush," followed by total indifference. It totally relieves the user from stress, anxiety, hunger, sorrow and cold. It is a very powerful sedative and painkiller. It also causes constipation.

Heroin creates high physical addiction and lasting psychological dependence.

Strong withdrawal symptoms commence within 8 to 12 hours after the last dose. They are usually not life threatening, but can however be very distressing. They include digestion problems, muscle cramps, and flu-like symptoms. Withdrawal symptoms can be severe enough that when the users obtain heroin, they may inject it as rapidly as possible, sometimes without concern for possible HIV, hepatitis B or C risks.

Health problems related to long-term heroin use include collapsed veins, abscesses, tetanus, HIV/AIDS, hepatitis B or C (all these if injected); as well as heart, chest and bronchial problems and constipation. It can also induce a reduced resistance to infection (e.g., TB) and malnourishment.

Possible overdose (see page 45) can occur with or without long-term use.



ပရိုမီတိုင်း; Amphetamine
ရန်ကုန် Source: Where there is no doctor

Amphetamines, methamphetamines & amphetamine-type stimulants (ATS)

What is it?

- Amphetamine is a chemical stimulant originally synthesized in Germany at the end of the 19th century. It has been used since the 1930's to treat some health problems such as epilepsy, depression and hyperactive children. It has been also used during the Second World War as a stimulant for soldiers. Amphetamines appear in a number of forms, and when manufactured illegally can be found in powder, tablets, capsules or liquid. Amphetamines can be easily manufactured in a mobile laboratory with ephedrine, which is a legal substance, as a starting material.
- Methamphetamines called Yaa Baa ['crazy drug'] in Thailand, has been developed from its parent drug amphetamine and was originally used in nasal decongestants, and in the treatment of obesity. This synthetic drug is a powerful stimulant of the central nervous system. It is illegally produced and sold in pill-form, capsules, powder and chunks (ice).
- Amphetamine Type Stimulants (ATS) such as ecstasy, MDMA.; are synthetic drugs closely related to both amphetamines and LSD. They were used in the USA in the 1970s by the psychiatrists for therapy, and were banned in the mid 1980s.

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How are they used?

These drugs are mostly swallowed as tablets or capsules, but some experimentation of injection and inhalation have been reported.

What are their effects?

- Amphetamines have a stimulant action similar to the natural hormone adrenaline, which stimulates the activity of the brain. They increase the body function such as temperature and blood pressure, blocking both hunger and the need for sleep. Therefore, it is often used as a self-medication among truck drivers, students, fishermen, and factory workers, to stave off normal fatigue, enabling them to work for days with little sleep or food. Effects from amphetamines vary, and depend on dosage, mode of administration, the individual and the circumstances in which the drug is taken. Low doses can result in a sensation of happiness, increased alertness and energy, reduced appetite and a strong self-confidence. Tolerance can be strong, where a long time user may need 20 times the initial dose to produce the same effect. Withdrawal symptoms during the initial period may be acute tiredness, and for regular users, it may be followed by irritability, deep depression, anxiety attacks and episodic craving. Long-term use can lead to malnutrition, exhaustion, depression and mental problems. Death from the stimulant use is rare but is more likely to occur with intravenous injection.
- Methamphetamines have similar effects as amphetamines, but act faster. They can kill by causing heart failure, brain damage and stroke. They can cause extreme mental symptoms, such as panic attacks or paranoia with hallucinations, which may lead to suicide and murder. These mental problems can

sometimes last for several months.

- The effects of ATS are close to the ones of amphetamines. Little is known about long-term effects of ATS, but is thought that it may damage some type of brain cells.

Pharmaceuticals



*ull if - acsmifqphymubq; & nif Codeine - cough syrups.
r& if Source: Where there is no doctor*

Certain medicines, when taken without medical monitoring and/or with wrong doses can become addictive drugs.

What are they?

- Barbiturates or benzodiazepines (this is the name of the chemical group): tranquilizers, sleeping tablets. These include Diazepam. (Valium 10)
- Codeine: cough syrups. This is a product extracted from opium seeds. (Comethazine and Phensylldyl)
- Painkillers: Buprenorphine; Methadone; morphine. Methadone was created in Germany in the early 20th century and has been used in the hospitals since the end of the World War 1. THESE MEDICINES CAN ALSO BE USED AS SUBSTITUTION TREATMENT FOR HEROIN, UNDER MEDICAL MONITORING (see page 73)

How are they used?

Most of them are consumed in the ways they are marketed, but with higher dose and without any medical monitoring.



What are their effects?

- Barbiturates have a relaxing effect. Benzodiazepin combines with certain parts of the nerve cells in the brain to enhance inhibition. It creates a state of calmness, slowing down physical, mental and emotional reactions. Both barbiturates and benzodiazepins induce sleep. Side effects include confusion, mood swings, nausea, disturbing dreams and can cause irritability and anxiety. Mixed with other drugs, they can reduce judgement of time, space and distance. **BENZODIAZEPINES COMBINED WITH ALCOHOL CAN CAUSE DEATH.** After a high dose continued for about two months, or a low dose taken for a year or more, withdrawal can be extremely severe and prolonged. Feelings of craving for the drug, anxiety, sleep disturbance and possible hallucinations can occur.
- Codeine is used as a cough medicine, but can create a powerful addiction.
- Morphine, methadone and other painkillers can lead to dependence. Side effects are sweating, constipation, muscular cramps, decreased sex drive, fluid retention, loss of appetite and fluid decay. Withdrawal symptoms often include abdominal cramps, nausea, vomiting, and irritability.

Solvents, inhalants and volatile substances

What are they?

Since ancient times people have inhaled the vapours of perfumes, ointment and burning spices as part of their religious ceremonies. Solvent misuse, as we know it, started during

the 1950s in the USA and has since spread to most parts of the world. The three main types of inhalants are organic solvents, volatile nitrates and nitrous oxide. They can be found in glue, aerosol spray cans, paint thinner, petroleum products, chrome based paints, felt pens.

How are they used?

Inhalation is either through the mouth or nose. Often the product can be sprayed into a plastic bag or soaked onto a rag and then inhaled. But it can also be inhaled directly from the original container.

What are their effects?

Inhalants are absorbed through the lungs into the blood stream, which then carries the chemicals rapidly to the brain. They slow down the activity of the brain and central nervous system. Their effects include excitement, dizziness, stupor, confusion of the sight. The effects are usually intense but last no more than 30 to 60 minutes.

Long-term use, particularly of leaded petroleum products, can cause brain, liver, kidney, and especially lung damage. Death can occur from respiratory arrest and cardiac problems.

MANY DRUG USERS NOW USE SEVERAL TYPES OF DRUGS (POLY-DRUG USE); NOT JUST ONE. WHEN THEY ARE CRAVING FOR DRUGS; THEY WILL USE WHATEVER TYPE THEY CAN FIND. THE COMBINATION OF SEVERAL DRUGS CAN CAUSE ADDITIONAL HEALTH RISKS AND ENHANCES THE RISK OF ACCIDENTAL OVERDOSE.

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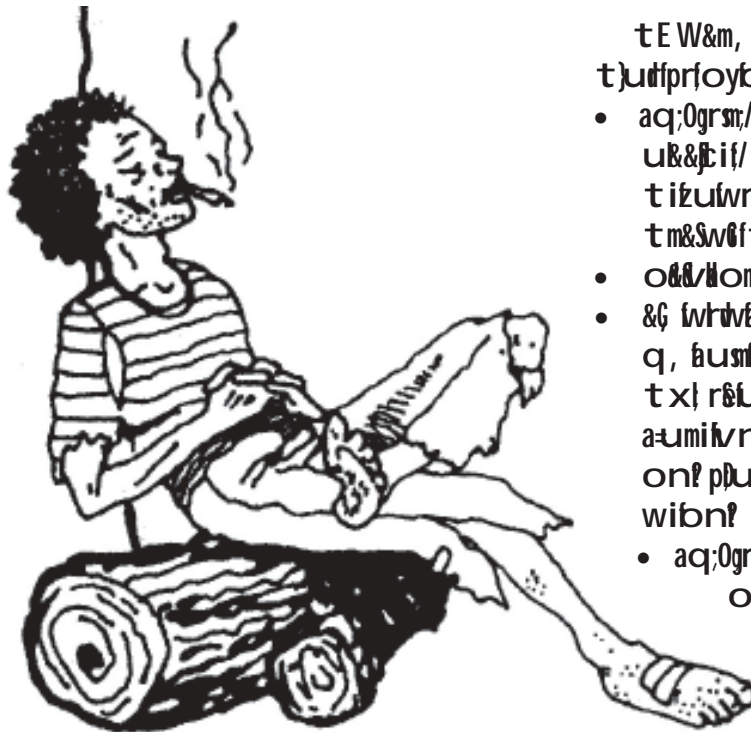
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Why do People Use Drug?

Health Messenger Team



In order to provide care for drug users efficiently, both social workers and health workers have to understand why people do take drugs. This article will help them to understand and avoid stigmatizing the drug users.

Drug use is usually a very complex issue, and as many people do not understand its causes, they tend to stigmatize the drug users. When the drug users feel that people judge them as wrongdoers or criminals, it is normal that they tend to isolate themselves from the community, and it is as such more difficult to try to reach them. This is especially important for the social workers and health workers: if they do not try to understand the drug users and judge them as "bad" persons, then they will not be able to establish a relationship of trust with them. The drug users might try to escape from them. They will not be able to provide quality care for them.

The social worker also cannot help a drug

user if he does not know the reason for his/her habit. For instance, if a forced sex worker uses drugs as a result of depression because of her work, she will not quit if no alternative income generating solution is given to her.

Experimental drug use

People first try drugs without really understanding or caring for the risks:

- Because the drugs are easily available most of the time like alcohol and tobacco, but recently also (meth)amphetamine in Southeast Asia, for instance.
- Because they are curious.
- Because of peer pressure. This is especially



~~ta-umxlaq;oklrm~~ IVDUs (Intra-Venous Drug Users), ~~r&iif~~ Source: WHO



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true of teenagers, who often belong to peer groups. If the group they wish to belong to is using drugs, then they will have to do it as well. Most cigarette smokers started like this.

- Because most drugs are forbidden, it is a form of protest. This is again the case for many teenagers, who at one stage want to challenge the authority of their parents, teachers or the community.

Regular drug use

People regularly use drugs:

- To have fun, as some drugs make you feel happy, relaxed, sexy and sometimes full of energy.
- To identify themselves with a certain kind of [youth] culture. This might be the case with ecstasy and yaba, but also for alcohol in many countries including Thailand.
- To increase their performance at work or at school.

Dependant drug use

People become dependant on drugs in many different ways according to the types of drugs they use. Drug dependence is a very complex condition with often different and sometimes numerous social and psychological causes. People become dependant of drugs if they are facing big problems that they feel they cannot solve, if they feel powerless and hopeless, if they loose their self-esteem.

- Poverty is one of the main roots of drug dependance. Most drug users are found in the poorest parts of society. For instance, in times of economic hardship, people will not hesitate to use drugs that increase their performance in order to have more chances of keeping their jobs. People whose income is too small will also do the same to work longer and harder to increase their income.

This can be the case of plantation and factory workers, truck and taxi drivers, fishermen and sex workers. If people fail to escape from poverty, if they feel useless for the community and their family, they might give up hope and turn to drugs to escape from reality. This is often the case with alcoholism. Therefore, often the best way to fight drug abuse is to fight poverty. Good jobs are the strongest defense against drug abuse.

- Social disintegration the break-up of traditional social links such as the family, the village or any community can also cause drug abuse. This can happen because of social changes, such as for rural migrants arriving in a big metropolis; because of changes of values, such as for a society shifting from traditional values to modern mass consumption values; because of a crisis such as war. People cannot in such situations benefit from the solidarity of the group to which they used to belong when they face big problems. Isolated, they run a higher risk of becoming drug dependent.
- Too strong social pressure can also cause drug abuse for those who cannot withstand it. For example, in many Asian countries, like Thailand, there is a harsh competition in the education system. Parents put enormous pressure on their children to succeed during their studies. The students, fearing failure, are then easily tempted to use performance enhancing drugs, such as yaba, to be able to work more and increase their chances of success. If they fail at their exams, they might lose hope and self-esteem, and turn to drugs.

Strong social structures such as the family, the village, etc. and meaningful employment are the best protection against drug dependance.



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Understanding Addiction

Pam Rogers, CARE Project



This article explains how addiction develops itself and what its dangers are .

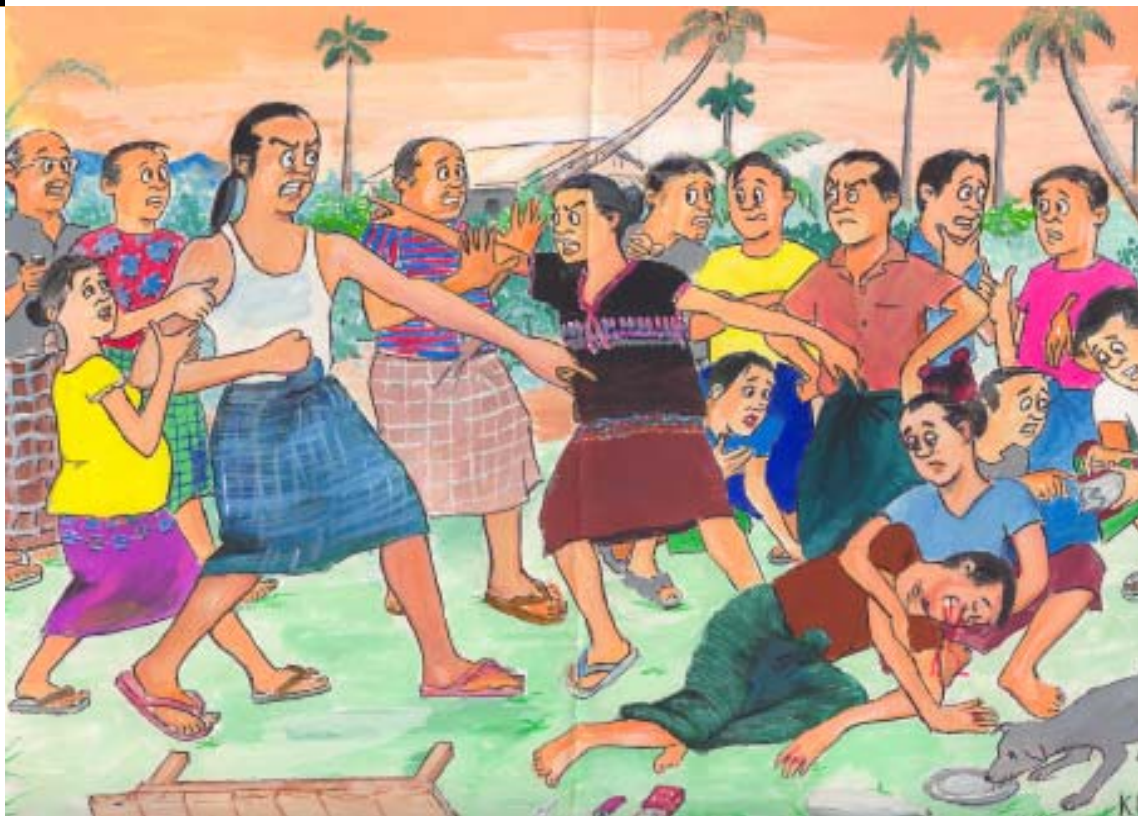
Everyone wants to know about drug and alcohol addiction. How does it happen? How to “cure” it. Drugs and alcohol are available all over the world. Drug addicts and alcoholics can also be seen all over the world. They are in every walk of life. Addiction doesn’t discriminate according to education, race, religion, gender, nationality, or income. The people who like to count things always want to know how many drug addicts or alcoholics there are in this place or that place. Counting addicted people is a very difficult thing to do because most drug and alcohol abusers don’t want other people to know about their addiction. Why? Because of shame, rejection, or possible violence or arrest. So in most places, addicts are not holding up their hands to be counted.

That being said, the people who like to count things estimate that approximately 10% of the general population is addicted to alcohol or drugs. This is based on treatment statistics, court reports and social surveys. This percentage goes up to 25% or even more in countries facing a big crisis, either economical or political, or both; or for communities that have lost their traditional way of life. Easy availability of drugs and alcohol also contributes to these statistics.

People can become, physically and psychologically addicted to a substance. People can also become addicted to behaviours other than alcohol or other drugs, such as gambling and sex. In some cases, addiction is related to how a person reacts to his or her experience and environment. If there is addiction in the family, the possibility of children also becoming addicted increases.

Addiction is directly related to loss and negative emotions. When some people are feeling sad, depressed, angry, afraid, hopeless, helpless, jealous, ashamed among other emotions, they may find that they feel better if they have a drink, smoke tobacco, take a drug or chew betel nut. These substances change the chemicals in the person’s brain and help them forget about the situations that cause their negative feelings. They feel better. This good feeling lasts as long as the alcohol or other drug is in the person’s body. When it wears off, the person may feel bad again because the situation hasn’t changed or they are thinking the same way about it. But they have learned that if they use the alcohol or drug, they can feel better, so they do it again. It works. Slowly some people come to depend on drugs to help them with all their emotions. Even happy ones. They then need to use these substances in most situations in order to feel good because they have not developed healthier ways of managing their reactions and emotions in their lives.

At this point, for some people, the body also begins to be dependent on having alcohol or other drugs in its system in order to feel “normal.” This is when physical addiction begins. Soon the person not only feels emotionally unhappy without the alcohol or other drugs, the body also is unhappy without these substances. The addict then experiences withdrawal symptoms. These may be mild to start with such as hangovers or in the case of drugs irritability, anger, and anxiety. These symptoms can progress to greater anxiety, shaking, and memory loss. Eventually some people can become very frightened, hear or see



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o l b [l w f o l w b n f, c i f t w l f p o f p m; u l j z p b n?
o l b o n f o l w b n f n t & u b l [l w f a q; o l v # f
o u b m r & a = u m i f j z p b n? x l = u m i f o l w b n f x y h
v l y a q m i f u o n? t v l y l v n f j z p b n? v l w l p v f

c b m; r t m; t a x m u f t u l y l a p & e f t c & l w l b n f a q;
t a y: w j z n f j z n f r l l u o n? a y s r f & b r s m; v n f y g
o n? o l w b n f a q; O g r s m; c b m; r a u m i f a p & e f t w l f
r s m; a o m t m; j z i h o l u o n? t a = u m i f r l u m; o l w l b
b o w f p v t c b m; r E s h w l y e r w l u b x e f o n f & e f t j c m;
u e f r m a & E s h n h w b n b n f r s m; r o l r d l j z p b n?

T t c s l w f t c & l w l b n f i f s j z p a p & e f t w l f
c E < m u l l b x l w f t & u b l [l w f a q; O g r s m; & d e f v l t y f
v m o n? c E < m u l l b n l v n f t & u b l [l w f a q; O g
t a y: r l l v m o n? x l t c s u b n f i f y l l f q l l m p l v e f j c i f
t p j z p b n? q u l v u l l o l w l b n f t & u b l [l w f
a q; O g r o l p & v # f r a y s m & s h a w m a y? x l t c g c E < m u l l f
v n f r a y s m & s h a w m a y? p l v e f o b n f a q; j z w j c i f
v u Q % m r s m; u l t c b m; & o n? t p y l l f w f i v e p n r q l
& b; a y / O y r m t & u e m u j c i / p v l v i t c i / r c l s r c l b m
j z p c i f E s h p l d y y e j c i f w l z p b n? q u l v u l l q l b d;
y g u c E < m u l l l w l e j c i / o w a r j c i / w j z n f j z n f t c &
o r s m; o n f t v e h = u m u l v e j c i / t r s f & d o m t & m
r s m; u l l r i j c i / = u m j c i f E s h w c g w h t v e f u r f w r f p h
j y l j c i f w l z p b n? p l v e f o r s m; o d d m o n f n o l w l b



things that are not real or in some cases become very violent. The addict learns that the only thing that seems to help is to take more of the drug or drink more alcohol. But in the end, even this doesn't work anymore as the body has built up a tolerance to the drugs or the alcohol. The drugs and alcohol have also affected the chemistry in the brain of the alcoholic or drug addicts. These changes stimulate a craving for more drugs and alcohol. It takes a long period of abstinence for the brain chemistry to return to normal.

When someone becomes addicted, they begin to experience more loss. For example, they may lose the affection of their families and the respect of their neighbours or community. They may begin to lose their good health as the drugs or alcohol harm their body. Money that normally would go to their family goes to maintain

their addiction. If they have a job, they may lose it or lose their ability to perform it well. They may start to experience shame and lose self-respect. In other cases, some addicts may lose their freedom through punishment for violent behaviour, theft or accidents from their substance abuse. With all these additional losses, the addict tries to help himself feel better in the only way she/he has learned. By using more drugs or alcohol. And so it becomes a cycle of negative feelings, increased usage, temporary relief and then negative feelings again. In all of this, it is important to know that the addict's intention is only to feel good, like every other human being. The intention is not to be a "bad person."

Drug addicts and alcoholics cannot stop using when other people can. For example, a group of friends may be drinking. Most of them stop after 2 drinks, but one or two of them cannot do



xixit (Eh) Htoo Htoo Ai (Nu Poh) aq:0g:Esit E W&m, f Drug and danger (ykyjlyjs From Drawing Contest)



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aq; Ogulyllolp; iijzpon? aemuqllwfiyilbpf
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p& vefrpwif / f x lb onfq & h r sr; yll& p m; vm
& on? Oyr m r b m; pk c p t i r / ywDefusi ES hvxk
w b av; p m; r u l q & h r sr; on? t & u ES haq; Og onf
c E mu l f t m; x d l u a p l u e f r m a & ; q & h r u l v n f
p w i a w e l l o n ? r o m ; p k t m ; a x m u l h o m a i a u ;
onlvnf p& vefr t w u f o l e f j z p b n ; on? t v l y f
& l / i l v n f t v l y j k v j c i f o l [kvf w m O e a u j e p h
r x r f a q m i E l j c i f v n f j z p E l l o n ? o l w o n i t t & u f
& y d r i d u l f r i d e l l o r r & a w m a y ? t c p l e f o l w o n f
v o v y r u l q & h r sr; on? c h r / u r f r i z p h y / t j y p a y ;
c & E l j c i f a u m i h j z p o n ? T u b l e q & h r sr; E s f t w l
p l e f o b n i r i d u l f r i d e l l o r r o u b m a p e f a v l v m
c h r o n i t w i l f j y k b n f r n a q ; o l [kvf t & u u l y l l o
p l e i j z p o n ? p o v h p l y b l p s / f a c w W c % o u b m
r & y d a q ; y s , l v f p w j y e h p & o n ? a q ; y l b p & o n ?
T u b l p u d l l y r m y w j c m v n e o n ? T t c s u i v e f
p l e f o p w o n i t r s r ; o l i g u l b a u m i f a p v b n p w f
j z i f o l p l e i j z p a u m i f o e f t a & ; u d o n ? y i u l p o v f
x m ; o n i f v b l j z p l v l r [kvf a y ?

p& vefor sr; onf t j c m ; o r s r ; r o l p j a e o n i u b l e
r a e E l j c i j z p o n ? O y r m j y & v a f o l i , c s i f r s r ; t y p k e
l t & u a o m u & m w e f t r s r ; p o n i E s t e f r # a o m u l y d
& y o n ? o l o m f w a , m u f E s h , m u b n f r E l l y g
t r i v e b n i t x d o l [kvf t & u u l e b n h t x d
a o m u b n ? t & u p b b n f a e w l f a o m u b l u o m
q l l j c i f r [kvf y l l e a o m u l y d t r i v e b r s r ; v n f
y d i o n ? t x u l y g t a u m i f & m u l t & u f t v e f t u l
a o m u j c i f [k a c : o n ? a e w l f a o m u b r s r ; u b l e
t & u f t m ; t v b l p m ; j y c i f j z p o n ?

t c l o m o r s r ; , l u n f u o n f r n t & u u l t v e f
a o m u j c i f o n l y l l e j z p o n ? , O h a s r u l l u n l v f i
a w e l l o n ? r e l z v m t & t & u E s h a q ; O g O y r m
b e f u l t o l y k u o n ? o u l u d O g u d r s r ; u l l a r ; u n h
y g v f r e l z v m t & t & u u l t e n f i , l u l a o m u b l
u o n ? r e l z v m y l r f r s r ; o n i t & u f t m ; t v b l p m ;

j y E l l e f t c l h & a y ; o u b l z p o n ? t c s u m v m a o m
t c g v l t c l o n f r e l z v m u p P r s r ; w e f t & u u l y l l o l p
v m y d t v b l p m ; j y l o n ? a j m & r n b l l v f i t & u f t j y i f
r e l z v m u p P u l l v n f t v b l p m ; j y k u o n ?

v l r s r ; o n f a q ; O g r s r ; u l l a u m u f u o n ? & m r
(& m b) / b e f E s h b e f j z l w l t m ; t m % m y l l w b n f p p t i f
u o n ? a q ; O g r s r ; o n f t E W & m , & y d a u m u p & m
a u m i f o n f r n a r ; p & m r v l y ? w & m ; O y a ' E s h v n f
r n a y ? w & m ; O i a o m l v n f w v b l y g u w & m ; r O i b n h
y p n f r s r ; u l l e l u Q a y ; o n i t & m r s r ; v n f & o n ? O y r m
a q ; & l u l d / t & u E s h u b a q ; r s r ; j z p a o m ' l l i , m Z y i f
b e f y g o n h a q ; E s h t y h a q ; r s r ; j z p o n ? a q ; O g x u f
v l r s r ; t v b l p m ; j y c i f u y l l o n i t j y i f a q ; p l e f u
t x y l l m o n ? T u b l e t x e m i c i f u l w l z s u f o m
a q ; p l e f r u i f a t m i f j y k v y l l & r n ?

x l e u m i f a q ; p b r s r ; t m ; r n u b l u h e l l f r n f
e n f ? t q l y g r ; c e f u l l a r ; y g u v l t r s r ; o n f " a q ; p l
o l t m ; q & m O e b l [kvf a q ; c e f o l p l e [k q l u r n ?
q & m O e b l [kvf a q ; z u D e x r f o n f t q l y j z w f
a v m u j c i f j z i o m u h e l l o n ? t v e q l e b n ; p h a q ; p l
o n i t c s f t a e o n b m a q ; b u l q l l e m t u l t n d
v l b n ? (a q ; o l p l e _ a v m u s a p a & ; a q m i f y g w l f
u n l y) a q ; p l e i f o n f u b r & y g a e x l l o n l b O y p h
a j m i f y d o l p l e u l l r & y g u a q ; p l e i f o n f q u l v u f
w l l u v j z p a y ; a e w w b o n ? e m v m & h a m * g u l b l z p l y d
a o q l w w b o n ? E s h a m * E s h q l c l y p l u b l z p o n ?
t q l y j z w a w m u j c i f w c l v n f E s h t & u E s h a q ; O g
u l l y w a t m i f j y l l r & y g a & & s n p l e f r _ u b j c i f E s h
j y e l v n b l p l e u m u c j c i f u l b q m i & l u h y ; & r n ? o l w
o n l y n m a y ; r E s h v l t r s r ; p k t a x m u f t u l l i v l t y f
o n ? p l e f j c i f u l w l z s u e f t m ; v l l . w m O e j z p l
o n ? t z l t z h r s r ; s u a v ; i , f s r ; t x d v m O e l b o n ?
v l x r s r ; / b m o m a & ; a c j f a q m i f r s r ; / r o b m ; p k r s r ; /
r n h a q b l i , c s i f r s r ; w e f w m O e l b o n ? t x u l y g u b l e
j y k v y l v f i t v l y j z p i r n ? t a & ; u d o n i t c s u o n f
a q ; o l [kvf t & u p b r s r ; w e l v n f w m O e l b o n ?
a q ; p l e i f u l w o l w a , m u l v n f w l u t l u l l r & y g
t m ; v l l t u l t n l u l l y g n ?

t & u b l [kvf a q ; p b b n f o i b l [kvf u l f y l u
o l v b m ; w a , m u j z p o n i u l o w & y g " a q ; p b l
j z p l y g v m ; " [k a r ; v f i t r s r ; p o n f " r j z p l y g "
[k a j z u r n ? r n d u l f r i d o u a w m i l u b u m j z p a t m i f
j y k v y j c i f a u m i f p l e f o b j c i f j z p o n ? r e l z v m t &



aq:0guhvLi&eft m;vH. wmoDef Everyone's responsibility to fight drug , r&lf Source: Issue 11 Saytaman Magazine

this and must drink until they are drunk or the alcohol is gone. Alcoholics are not just people who drink everyday, but also people who regularly or from time to time, drink to get drunk. This is called binge drinking and is as abusive of alcohol as someone who drinks everyday.

Some people believe that it is normal to drink a lot. It is in the culture. It is true that traditional practices include the use of alcohol and in some cases drugs such as opium. If you speak to your elders, you may discover that only a small amount of alcohol is to be used in these traditions. Over time, some people have used more and more alcohol in cultural activities until, for them, traditional ceremonies offer an opportunity to abuse alcohol. Perhaps we might say that such a person not only abuses alcohol but that she/he also abuses the culture.

Many people fear different drugs. Yama (Yaba), opium, and heroin have become the centre of the authorities' war on drugs. There

is no question that these drugs are dangerous and deadly. They are also illegal. Equally destructive, if they are abused, are some legal drugs. These are nicotine (tobacco), alcohol, and some medical drugs such as diazepam, opiates, and sleeping medications. It is not the drug that matters so much as the person's abuse of the drug and the process of addiction that keep people trapped in pain. Only by addressing this pain can people become free of addiction.

So how can we help addicted people? When asked how to help an alcoholic or drug addict, many community members will say, "Send him to the doctor or the clinic." While a medic or doctor can help detoxify an addict, it is usually only necessary to have medical help in the case of severe addiction (see our other article for detoxification at page 89). Addiction cannot be "cured." It is a progressive, chronic disease that results in death if lifestyle changes are not made to halt the progression, much like heart disease



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workers)ES0h0v0l0y0i0y0g



and diabetes. Also, detoxification is not enough to keep an addict free of drugs and alcohol in the future. They must have longer-term addiction therapies and relapse prevention work. They need educated support from their communities. It is everyone's responsibility to help the recovering addict, from the oldest grandmother to the smallest child. It is the responsibility of the community and religious leaders, families, and neighbours. It is the only way it can work. Most importantly, it is the responsibility of the alcoholic or addict her/himself to try for themselves. But no one can do this alone. Everyone needs help.

Remember that an alcoholic or a drug addict is a human being just like you and me. If you ask them whether they want to be addicts, most of them will say no. Their substance abuse is a result of their trying to help themselves feel better. Traditionally it is believed that alcoholics and drug addicts are bad people and that they should be shamed, rejected or sent out of the community. Some people feel that they can shame the addict into stopping. They criticize, punish and demean the addicted person. The result of this is that the alcoholic or addict will have more negative feelings such as fear, shame, or anger. To manage these feelings, they will do the only thing they know how to do and that is to use more of it.

Remember also, the alcoholic or addict feels worse about her/himself than anything someone else can think about her/him. To help someone recover from addiction, we need to build them up, not tear them down. We need to use care and compassion, not rejection or violence. People do not stop using from fear, but because they eventually feel good enough about themselves that there is no longer any need to abuse drugs or alcohol. The community can help them feel good by accepting them, caring about them, getting them treatment, supporting them, being their friends, keeping them active, giving

them some purpose so they feel that they are valuable. Like all of us they need love. If you need to hate something, hate the drugs and alcohol, not the person using them. This will reduce the demand for drugs and alcohol in the community. Sometimes relapse is part of recovery. It doesn't mean the person has failed. When the whole community involves itself in recovery from drugs and alcohol, the success rates increase to 80%. When the community takes no responsibility, only about 20% stay free from drugs for the long-term.

Drugs and alcohol have been used by human beings since the beginning of time and will continue to be used by us. They will not go away. Many drugs are useful and alcohol in moderation can be healthful. But a drug addict or alcoholic will find it increasingly difficult to use in moderation. Although there are some advocates for this, controlled drinking often ends in a return to alcohol abuse. Safe drug use is a step to abstinence by the use of disposable needles and controlled places to use. However, unless these practices are accompanied by addiction treatment, a return to unsafe practices and increased use often occur. Reducing the risk of HIV and crime is important, but commitment to being drug and alcohol free is the most certain way to insure this reduction.

Recovery from drug and alcohol addiction returns people to their communities. It sets examples for young people and prevents future addiction. Beyond this are the drug dealers and their masters, who want people to use drugs and to get drunk because it is then much easier to control them. Freedom from drugs and alcohol is freedom of mind, body and spirit. Recovery is a powerful weapon against those who benefit from the drug trade. A healthy community is a strong community. It is everyone's responsibility. If you have questions or think you might have an addiction problem, talk to the addiction workers in your community.

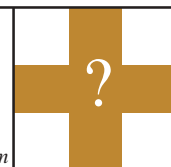


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Drug Related Health Problems

Health Messenger Team in Collaboration with Willy De Maere, Free Clinic, Antwerp, Belgium



***Drug use can cause a lot of specific health problems for the drug user.
This article will help the Health Workers to identify those problems
and give the appropriate treatment.***

The drugs used by the drug users, and more importantly the way they are used can cause various health problems that can become life threatening.

Woman and Drugs

- The use of drugs can have an influence on the sex life and the menstrual cycle.
- While high on drugs, there is a greater chance for risk taking and thus unsafe sex.
- Certain drugs, like (meth-) amphetamine, cocaine and XTC ecstasy can give rise to prolonged and/or 'violent' sex and enhances the risks for STIs.
- Women can suffer from a 'dry' vagina when using certain drugs (e.g., amphetamines). The use of a lubricant is strongly advised to avoid wounds and injuries.
- Eating disorders are not uncommon with drug using woman and should be addressed by health workers.
- Drugs do not change fertility: drug using woman can still become pregnant, even though the menstrual cycle might be disrupted.
- It would be ideal to stop using drugs during the pregnancy and breastfeeding period.
- Nevertheless a sudden stop in drug use might be very difficult or impossible to achieve. Relapse occurs quite often. If possible, medical follow-up is to be recommended.
- Health workers should be very conscious that feelings of guilt and depression are not uncommon during and after pregnancy. Relapse or suicidal thoughts are a real risk and should be addressed in counselling and medical follow-up.
- Stimulants, like amphetamines and cocaine, are the most dangerous drugs to use during pregnancy. There is a higher risk for miscarriages, premature birth and birth defects. Breastfeeding has to be discouraged: stimulants enter directly into the mother's milk, which can make the baby restless, cause sleeping disorders, epileptic seizures and even an overdose.
- With opiate use, miscarriages and premature birth can occur, especially when the mother is sick or goes into withdrawal. It has adverse effects on the foetus: through lack of oxygen, the risk for a miscarriage becomes greater. After birth, most babies will, after one, two or three days, experience withdrawal effects. Breastfeeding has to be discouraged.
- During the first three months of the pregnancy the risk for possible birth defects is the highest.



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Vein blockage and collapse, r&f Source: AHRN

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A. HEALTH PROBLEMS CAUSED BY INJECTING HABITS

Injecting is the most dangerous way of using drugs.

Vein and other local damage

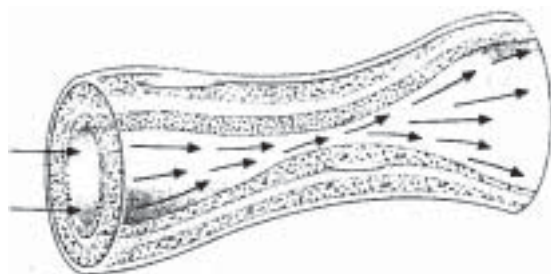
Evidence suggests that most people injecting drugs experience at least one of these complications and tend not to access appropriate treatment for them. Furthermore, healing of injecting injuries may further be affected due to poor diet and nutrition, stress, poor accommodation and drug use. It would be desirable that health workers get acquainted with these complications and integrate them in primary health care when working with people injecting drugs.

There are strong arguments for advocating that these and other health care needs will be best addressed by primary health and outreach workers because:

- People using/injecting drugs may tend to believe that health problems are to be expected and so do little about them.
- They are less likely to receive discriminatory treatment.

Furthermore, discussing these issues is quite often not so sensitive as, for instance, HIV and might be a good way to build up trust.

Vein blockage and collapse



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 Vein blockage and collapse, *r&f* Source: AHRN

Veins may become temporarily blocked if the internal lining of the vein swells in response to repeated injury or irritation.

Permanent vein collapse occurs as a consequence of:

- Long term-injecting.
- Repeated injections, especially with blunt needles.
- Poor technique.
- Injection of substances which irritate the veins.

Smaller veins (like in the fingers) may collapse when too much suction is used when pulling back against the plunger to check if the needle is in the vein.

Removing the needle too quickly after injecting can have the same effect.

Thrombosis

If the smooth blood flow through the vein is disrupted, clots can form on the lining of the vein. This process is called thrombosis. Over time, continuing to inject and the clots themselves will encourage further clotting. Eventually the vein can become completely blocked by the clot.

Wherever there are blood clots in a vein (or elsewhere), it will eventually be transformed into scar tissue. When it occurs on the inside of a vein, it leads to narrowing and blockage of the vein. Following this process, the vein appears to collapse.

A vein that is filled with scar tissue seldom recovers its ability to carry blood.

Treatment

- Use elastic stockings or elastic bandages to help hold the veins. Be sure to take them off at night.
- Give anti-inflammatory, like Aspirin
- This care will help prevent ulcers!



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Child under 12 years	Oral	if possible, do not use Aspirin (use Paracetamol)
Child over 12 years	Oral	10-15 mg/kg QID
Adult	Oral	300-900 mg/kg QID *Maximum 4 g/day

Deep vein thrombosis (DVT)

A DVT is a clot, which completely or partially blocks a deep vein. The most common site for a DVT is in the lower limbs. More rarely it can also occur in the arms. Over time a DVT, which is not treated, can cause a condition called post-phlebitic syndrome. The blockage of the vein and the destruction of valves lead to increased pressure in the remaining veins and give rise to: chronic pain, oedema, eczema and/or ulceration.

To prevent DVTs as much as possible, injectors should be encouraged to avoid injecting in the groin and regularly changing injection sites.

DVT signs and symptoms

- Swelling (oedema) of the affected limb.
- Pain, usually in the back of the calf.
- Redness.
- Bluish discoloration(cyanosis) of the limb, indicating impaired blood supply.
- Dilated superficial veins.
- Low grade fever.
- Pulmonary embolism.

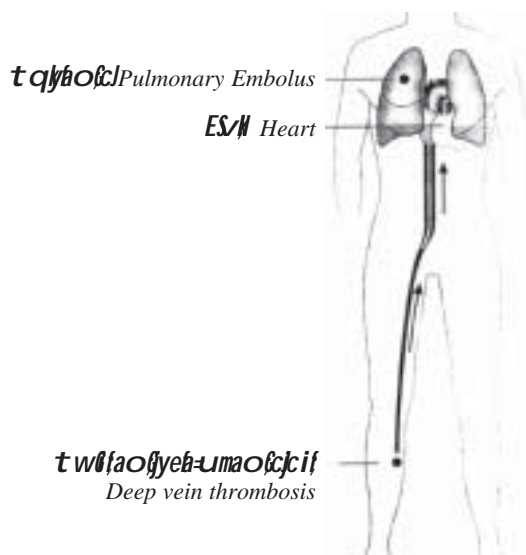
Management

- Bed rest.
- Raising the affected limb above the level of the heart when seated or lying down in order to encourage venous return.
- No exercise! This could lead to part of the clot breaking off and causing a pulmonary embolism.

Standard treatment is intravenous heparin (blood thinning therapy), which can only be done in a hospital:

REFER TO HOSPITAL!

Pulmonary Embolism



Pulmonary Embolism
Source: AHRN

It is the name given to a blood clot that gets stuck in the blood circulation of the lungs. seventy to eighty per cent of pulmonary emboli occur as a result of the detachment of a clot from a deep vein thrombosis in the leg. A large embolus can be immediately fatal.

Signs and symptoms

- Chest pain
- Breathlessness
- Cold clammy skin
- Fast pulse rate (tachycardia)
- Low blood pressure
- Coughing up blood
- Unconsciousness

URGENT REFERRAL TO HOSPITAL!



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jynlwn&m Abscess, r&l f Source: Where there is no doctor

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The risks of local infections will be greatly increased by

- Sharing of needles and syringes.
- Sharing of paraphernalia (like spoons, filters,...).
- Reuse of un-sterile equipment.
- The use of contaminated equipment in the sharing of drugs.
- The use of non-pharmaceutical medication.
- Unhygienic preparation of drugs.
- Poor personal hygiene.



temrm; Ulcers

Social Workers: Providing injectors with an understanding of the ways in which infection may be introduced is crucial!

the ulcer is dark blue, shiny and very thin.

Ulcers may take months to heal and may require frequent attendance for treatment.

'Lumps and Bumps'

People injecting drugs often have various 'lumps and bumps' on their skin. These have differing causes:

- Blocked veins can leave hard 'knots' under the skin.
- Injecting irritant substances like crushed tablets can give sterile abscesses or granulomas (benign growths of scar tissue). Injecting crushed tablets should be discouraged.

Long-term consequences of vein collapse: ulcers and local infections (abscesses).

Ulcers

Severely reduced circulation of blood through the tissues constituting the body leaves them vulnerable to inflammation. Then painful areas of broken skin known as ulcers often form, following progressive damage to the veins from repeated and inexpert injecting. The skin around

Treatment

- Ulcers heal very slowly, and only if great care is taken!
- Put warm compresses of weak salt water on the ulcer (1 teaspoon salt to a liter of boiled water). Cover the ulcer loosely with sterile gauze or a clean cloth. **Keep it clean.**

Local infections

Injecting carries the risk of introducing bacterial and fungal infections to the tissue surrounding the injection site. Often local infections are caused by bacteria living harmlessly on the skin, which is picked up by the needle and forced below the skin where they multiply.

The most common of these local infections experienced by people injecting drugs are:

Abscess

An infected abscess is a localised collection of pus that is encapsulated within inflamed tissue. It can be caused by a wide range of bacterial and fungal infections.



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Prevention Tips for Abscesses

1. *New needle and syringe for every injection.*
2. *Use clean injection material and clean injection site.*
3. *Clean with alcohol or water and soap.*
4. *Rotate injection sites regularly.*
5. *Always inject in the vein.*
6. *GOOD HYGIENE: wash hands before injecting, clean injection sit and use sterile equipment.*

An abscess is characterised by:

- Raised skin surface.
- Localised heat.
- Tenderness and pain.
- Redness of the skin.
- Pus formation.
- A foul smell if it has begun to discharge.

1. First Stage: the skin is hard.

Treatment

- Apply warm compresses four times per day.
- Treat the pain with Paracetamol or Aspirin.
- Usually, no antibiotic is needed.
- Give Cloxacillin for 5 days (or Erythromycin if allergic to Penicillin) in case of:

I. Cellulitis.

II. General symptoms (fever, chills).

III. Abscess on the face, head, neck or hand, multiple abscess.

2. Second Stage: very painful, one point on the skin is soft and ready to open.

Treatment

- Use gloves and sterile material.
- Cut a hole in the skin over the abscess with a sterile blade.
- Remove the pus. Clean inside the cavity
- Wash with Normal Saline.
- Insert a gauze dressing soaked with normal saline into the hole.
- Change dressing daily until the hole begins to close. Do not clean with gauze and Iodine: you will destroy all the new tissue! Only wash gently with Normal Saline until clean water comes out.

People injecting drugs should be told never to try to lance or puncture themselves, and avoid injecting in an abscess. This can spread infection and without proper antibiotics, they can quickly develop blood poisoning.

Phlebitis

Phlebitis is irritation of the smooth inner lining of a vein. The roughening of the vein lining can encourage the formation of clots.

Phlebitis can occur as a result of:

- Injecting irritant substances.
- Poor injecting technique.
- Infection.
- Accidental injury (i.e., knocks or blows).

An important complication is Deep Vein Thrombosis [see above].

Treatment for phlebitis includes resting and raising the affected limb, antibiotics and anti-inflammatory drugs.

Cellulitis

Cellulitis refers to a painful spreading inflammation of the skin, which appears red and swollen with fluid (this is known as oedema).



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Cellulitis can occur as a result of infection and/or irritant substances lodged in body tissues.

The risk from cellulitis is septicemia (blood poisoning, when the bacteria spread into the blood).

To prevent septicemia it is important to diagnose and start antibiotic treatment.

Treatment

- Immobilization and elevation of the limb.
- Cool and wet dressing.
- **Do not cut open.**
- Give ASA to adults for pain and inflammation.

I. Mild Cases

- Penicillin V po x 5 days and regular follow-up.
- For Penicillin allergic patients, use Erythromycin orally.
- If NO improvement after 3 days or the patient is getting worse: admit to IPD / refer to hospital; add Cloxacillin and follow regularly to look for signs and symptoms of septicemia.

II. Severe Cases: high fever, patient unwell

- Admit to IPD/ refer to hospital.
- Start intramuscular or intravenous Penicillin.
- If NO improvement after 48 hours or patient's condition is getting worse, add Cloxacillin (po / iv).

If the cellulitis is associated with an abscess or open wound, start treatment with Cloxacillin (iv or po depending on the severity).

Prevention

People injecting drugs need to be given advice on:

- The dangers of arterial injection.
- The signs and symptoms of injecting into arteries and first aid (if the drug user sees blood pumping into the syringe, she/he should immediately withdraw the needle, and not complete the injection. Strong pressure should be put on the site for minimum 15 minutes. If possible raise the affected limb and seek medical advice).
- Discouragement on injecting crushed tablets;
- Being made aware that it is a serious complication that will not go away unless they get medical help.
- Medical treatment has urgency.

Septicemia

A generalized bacterial infection of the blood, often called blood poisoning.

Symptoms

- Feeling generally unwell or very ill.
- High temperature

Also

- Become confused.
- Have convulsions.
- Go into a state of circulatory shock.
- Anyone in whom deterioration is rapid or unexplained can be suspected of having developed septicemia.

Treatment : **urgently refer to a doctor: intravenous antibiotics need to be given.**

Endocarditis

An inflammation of the valves and/or smooth tissue lining in the heart.

Many of the wide range of organisms which cause endocarditis in people injecting drugs can be present on the skin or in the mouth. **One more reason to make the injecting process as hygienic as possible.**



Gangrene of the foot

If untreated, endocarditis prevents the heart valves from operating properly and leads to heart failure.

Gangrene

Gangrene is the death of body tissues caused by decreased or absent blood supply. The effects of gangrene can be disastrous, leading to loss of limbs, blood poisoning or death. Gangrene can occur as a result of arterial injecting (when injection is made into an artery instead of a vein, which can more easily occur by injecting in the groin or the smaller arteries in the arm) or by serious venous damage (slower to develop than arterial).

The signs and symptoms include

- Pain.
- Loss of feeling and control in an area of skin.
- A foul-smelling gray or brown liquid forms on the wound.
- The flesh of the wound initially becoming white, and then black with air bubbles in it.

- Dark blisters forming on the skin near the wound.
- If untreated affected flesh will dropp off, and it can cause death in a few days.

Treatment

- Open up the wound as wide as possible. Wash it out with cool, boiled water and soap. Clean out the dead and damaged flesh. If possible, flood the wound with hydrogen peroxide every 2 hours.
- Inject penicillin (crystalline if possible); 1,000,000 units every 3 hours.
- **Leave the wound uncovered so that air gets to it.**
Refer to hospital if possible.

Tetanus

Tetanus is an acute disease of the nervous system caused by tetanus toxin. Tetanus toxin is made if tetanus bacteria grow in the body. This bacteria normally lives in the intestine of animals and in the dirt. It can enter the body through deep or dirty wounds, and with dirty needles while injecting. It can also be transmitted by sharing injection equipment.

It is characterised by rigidity of muscles and convulsions (fits). Early symptoms may be stiffness at the wound site, which may be followed by general muscle pains. The temperature and conscious level are normal. The stiffness of the jaw may lead to difficulty in opening mouth wide and difficulty in swallowing.

There are no tests to make the diagnosis.

Treatment at a health centre is not usually possible. If you make the diagnosis, immediately arrange urgent transfer of the patient to hospital.

Management before transfer includes

1. Give intra-muscular injection; chlorpromazine 100 mg immediately.

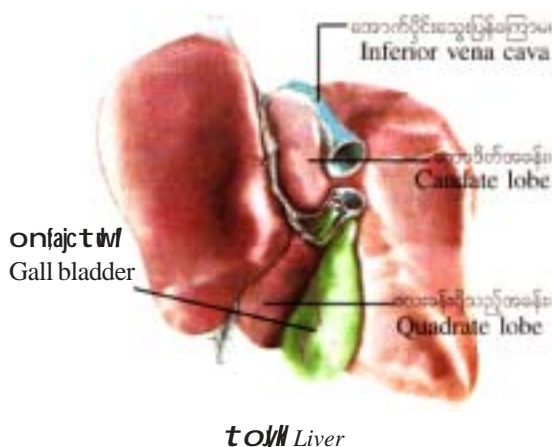
2. Give intra-muscular injection phenobarbitone 100 –200 mg immediately.
3. Set up a intravenous drip.
4. Give intravenous diazepam 10mg slowly when necessary to control the spasm
5. Give intra-muscular immunoglobulin; 500 units immediately if available.
6. Give benzyl penicillin; 2,000,000 units immediately.
7. Nurse the patient on his side with head lower than the chest. Gently sucks out the patient's airway if it is blocked, or if (s)he is breathing noisily.
8. Give nothing to eat or drink by mouth.
9. Clean and dress any wounds.
10. A good health worker must go with the patient to the hospital. This person will care for the patient's airway if necessary and give more of the above drugs for spasm if necessary.

Prevention by immunisation

Immunisation can be provided to all adults with DT or tetanus toxoid three times and then give tetanus toxoid every 10 years.

B. BLOOD BORNE VIRAL DISEASES

Blood borne diseases are the illnesses that can be transmitted through blood contacts.



HIV (Human Immune deficiency Virus)

(See Saytaman Magazine issue 9 and VCT article page 49) It is spread through blood, sperm or vaginal juice. It can be spread through:

- (Unprotected) sex
- From [infected] pregnant mother to unborn child
- Through HIV infected blood products (transfusion,...)

Through sharing the same injecting equipment such as needles, syringes, tourniquets, spoons, water, filters and surfaces.

Hepatitis

Hepatitis means inflammation of the liver. The liver is a large organ of the digestive system, which main role is to remove toxic substances from the body. When the liver is inflamed, it does not work properly and can lead to cirrhosis and liver cancer.

Hepatitis can be caused by many factors, including through viruses. In that case, it is called viral hepatitis. Viral hepatitis causes a flu-like illness with fever, nausea, loss of appetite, loss of weight and may be accompanied by jaundice. The severity of the symptoms can vary greatly, as does the time involved to recover from the illness. Hepatitis A, B and C are viral hepatitis.

Hepatitis A Virus infection

This form of hepatitis has long been known as epidemic hepatitis. It causes a non-fatal hepatitis of varying severity. There is no long-term carrier of hepatitis A.

The virus is present in the stool, and is therefore transmitted through eating and drinking contaminated food or drink.

Hepatitis B Virus infection

Hepatitis B tends to be more severe than Hepatitis A, with a longer illness recovery. In



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(Anaphylactic Shock)

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some cases, it can cause death. A small but significant number of people will develop long-term diseases and may become infectious carriers of hepatitis B virus for life and may develop long-term liver diseases.

Hepatitis B is transmitted by contaminated blood products, using needles contaminated with infected blood, sharing of injecting equipment, sexual transmission and from infected mother to child at the time of birth.

Hepatitis B is prevented by safe sex, safe injection practices and vaccination
Very effective vaccination is available for Hepatitis A and Hepatitis B.

Hepatitis C virus infection.

In 1989, the hepatitis C virus was discovered. Before it was known as non-A non-B

The transmission of hepatitis C is entirely by blood to blood transmission:

Sharing of any injecting drug equipment is the most common way of becoming infected. Sharing of any injecting equipment like needles, syringes, spoons, filters, water, tourniquets and swabs are high risks. Hepatitis C has worldwide a very high prevalence rate among people injecting drugs.

Tattooing with unsterile equipment also poses risks for transmission of hepatitis C.

The risk of transmission of hepatitis C from mother to child is unknown, but appears to be around 10%.

Although hepatitis C is not considered as a STI, it can be transmitted through sexual contacts involving blood-blood transmission.

The diagnosis of hepatitis C can be done through blood (antibody) test. The test usually does not become positive for 2 to 3 months

after exposure. There can be “false” positives and negatives.

There is no vaccine available for hepatitis C. 20-25% of adults recover completely. 75-80% retain the virus and the remaining infectious for life. 25% of chronic carriers are at risk of developing liver cirrhosis or liver cancer.

C. HEALTH PROBLEMS CAUSED BY ALLERGIES

Anaphylactic Shock

An anaphylactic is caused by a violent allergy.

Symptoms

- A symptom of anaphylaxis can start from 5 minutes to several hours after.
- Oedema (swelling) of lips and throat, which makes breathing difficult.
- Wheezing (noisy respiration).
- High Blood Pressure before it drops to low levels.
- Sometimes an itchy rash spreading quickly over all the body.
- Sometimes vomiting and diarrhoea.

Treatment

- A = Airway(Keep clear the airway - mouth, throat and trachea).
- B = Breathing(Give high flow Oxygen if available).
- C = Circulation(Put in 2 intravenous cannulas – biggest as possible)(Start Normal Saline).
- Adrenaline - intramuscular (im) 1:1000
1 vial = 1cc = 1mg.

This is the most important drug in the treatment of anaphylactic shock.

Child < 6 months	im	0.05 cc
6 months – 6 years	im	0.12 cc
6 – 12 years	im	0.25 cc
> 12 years and adults	im	0.5 cc



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- Repeat dose at 5 – 10 minutes intervals until BP and pulse are back to normal.
- Intravenous fluids as per blood/ fluid loss.
- Dexamethasone - Intravenous (iv) – 1 vial = 1 cc = 4 mg.

Child < 8 kg	iv/im	0.25 cc
8 – 15 kg	iv/im	0.5 cc
> 15 kg	iv/im	1 cc
Adult	iv/im	1-2 cc

- Chlorpheniramine (intravenous) – 1 vial = 10 mg.

Child: not recommended. Adult: 1 – 2 vials iv (over 1 minute or give orally).

OVERDOSE (OD) Prevention

An overdose is the taking of more of a drug than is required or safe. The line between enough and too much of a certain drug is indeed very thin.

It might be thought that a fatal overdose would be more likely to affect younger, less experienced drug users. However, an overdose can happen to everyone, even very experienced users.

By dispelling the myths surrounding overdose and giving appropriate information and advice, health workers can, indirectly, save lives.

Information and advice

- A ‘cocktail’ of many different drugs. Poly-drug use (example: heroine combined with alcohol) enhances the risk on an overdose. Especially any combination of many drugs with a respiratory depressant effect will increase the likelihood of overdose.
- A heroine OD is the most common: it is sensible for injectors to smoke a small amount of heroin to gauge its strength before injecting.
- The highest risk on an OD is related to

injecting, but you can also OD through smoking, sniffing,....

- Allergic reaction can lead to an OD.
- Lowered tolerance of the individual, especially on release of prison, relapse from detoxification or any other break from use, increases the likelihood of an OD.
- Unfamiliar surroundings may lead to higher than normal stress levels or changes in the normal drug-taking routines, and enhances the risk on a OD.
- If a user injects alone, the risk on sharing is of course greatly diminished; but if a OD occurs, there will be no one to take appropriate action.

Signs and symptoms of a heroin overdose

- Recent opiate use – especially combined with other depressants.
- Pinpoint pupils.
- Cyanosis (bluish tinge to the skin) – especially around the lips.
- Shallow or absent breathing.
- User feels cold to the touch.
- User is un-rousable.

Treatment of heroin overdose

Treatment of overdose requires that the respiratory depressive effects of the drug(s) be countered as **quickly** as possible.

Immediate actions could/should include

- Ensuring that the airway is not blocked with vomit or the tongue.
- Placing the person in the recovery position.
- Attempting to rouse the person.
- Keeping the person awake if you could rouse her/him.
- Refer to hospital as soon as possible.
- Giving cardiac massage and mouth-to-mouth resuscitation if necessary. (Use

protection by mouth-to-mouth resuscitation).

- Do not try to make the person vomit: airways might become blocked and the person might choke.

Some injecting myths

- Injecting salt water to counter an overdose: this fairly widespread myth is dangerous as it will offer no help at all to someone and might even give rise to septic shock.

Other potentially dangerous responses to an OD include: injecting milk, putting ice in the groin and injecting directly into the heart.

D. MENTAL PROBLEMS CAUSED BY DRUGS

Amphetamines and related drugs can cause severe and lasting mental problems (amphetamines psychosis):

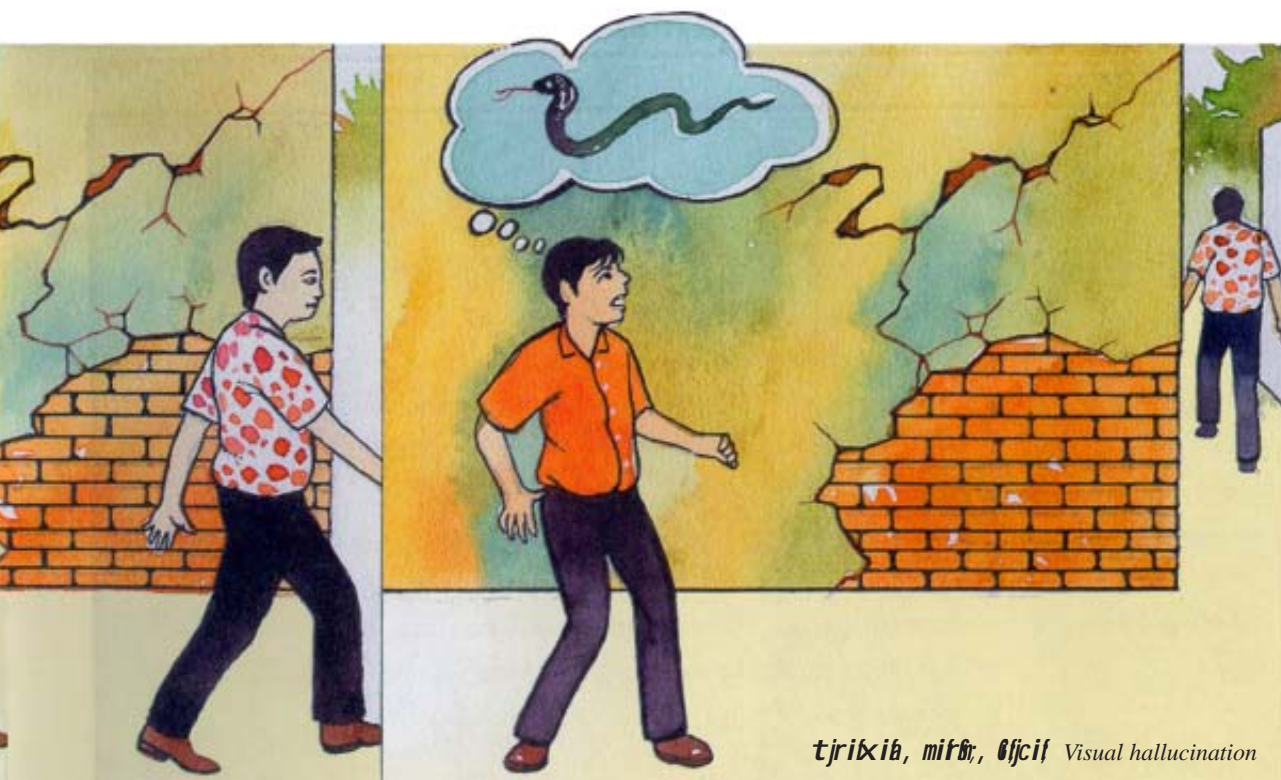
Symptoms and signs

- Very tired.
- Not sleeping.
- Anxiety reaction.
- Severe reaction with possibility of suicide or very aggressive reactions.
- Auditory and visual hallucinations:
 - Paranoia = wrong idea about what people think of you.
 - Persecution = feeling of being the victim.
 - Omnipotence = feeling of having power over everything and everyone.

Treatment

Chlorpromazine 25-50 mg intramuscular injection rapidly reverses the acute agitation. Ammonium chloride 500 mg orally every 4 hours (make urine more acidic and so facilitate the elimination of the amphetamine).

Refer to detoxification centre.





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HIV Volunteer Counselling and Testing

Kristian Olson, ARC International, Thomas S Durant Fellow in Refugee Medicine



The global HIV epidemic continues to worsen. This article will discuss an important component of comprehensive HIV programmes called Volunteer Counselling and Testing.



at the top of the page Stop AIDS

damage that the immune system has a lot of difficulty fighting off infections. An HIV infected

HIV \neq AIDS \neq Death

person is at a much higher risk of illness and death when they have AIDS.

Though there is still no cure for HIV, it is important to recognize that there is **hope** for people who are infected with the virus. Even without treatment, a person may continue to lead a productive life for many years with their families and in their communities before they develop AIDS or die. Also, people infected with HIV may receive medicines to help prevent common infections that might attack their weakened immune system. Such infections are called **Opportunistic Infections (OIs)**. In some places, medicines are available that can help decrease the amount of HIV in a person and improve their immune system's ability to fight infection. These medicines are called **Anti-Retroviral Medicines (ARVs)**. A combination of safe delivery practices, ARVs, and safe infant feeding can greatly decrease the chance that a pregnant woman with HIV will pass the virus to her baby.

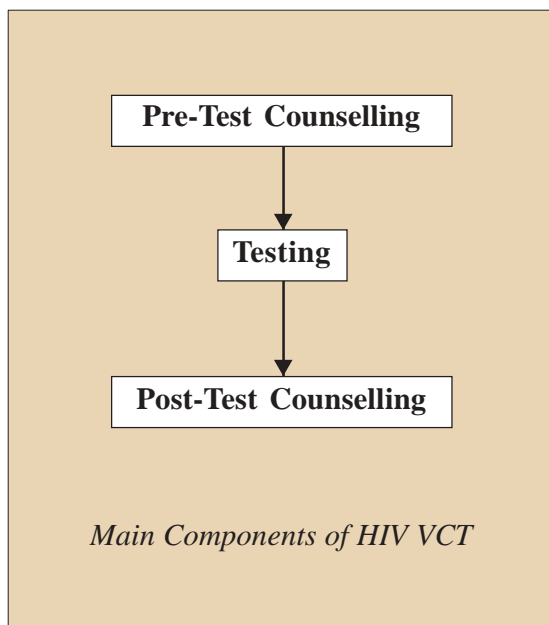
A person might still look healthy even though they have HIV. The only way to tell if someone has HIV is with a blood test.

Introduction

About 42 million people worldwide and more than 6 million people in Asia are infected with HIV. More than 90% of infections are in people aged 15 to 49 years of age.

HIV refers to the **Human Immune Deficiency Virus**. This virus causes progressive damage to the immune system over time. It is transferred from one person to another by only three methods: (1) in blood, (2) in body fluids, and (3) from some (not all) HIV infected mothers to their children during pregnancy or by breast-feeding.

AIDS means **Acquired Immune Deficiency Syndrome**. A person infected with HIV has AIDS only when the virus has caused so much



VCT Overview

HIV Volunteer Counselling and Testing (VCT) refers to an important part of HIV control programmes that has been shown to be effective worldwide. VCT refers to more than simply having a blood test and getting an HIV test result. It is a *confidential system* of counselling before a person decides whether to have an HIV test;

testing for HIV; and then having another counselling session in which the test result is given, future plans are addressed, and referrals for care made if they are needed.

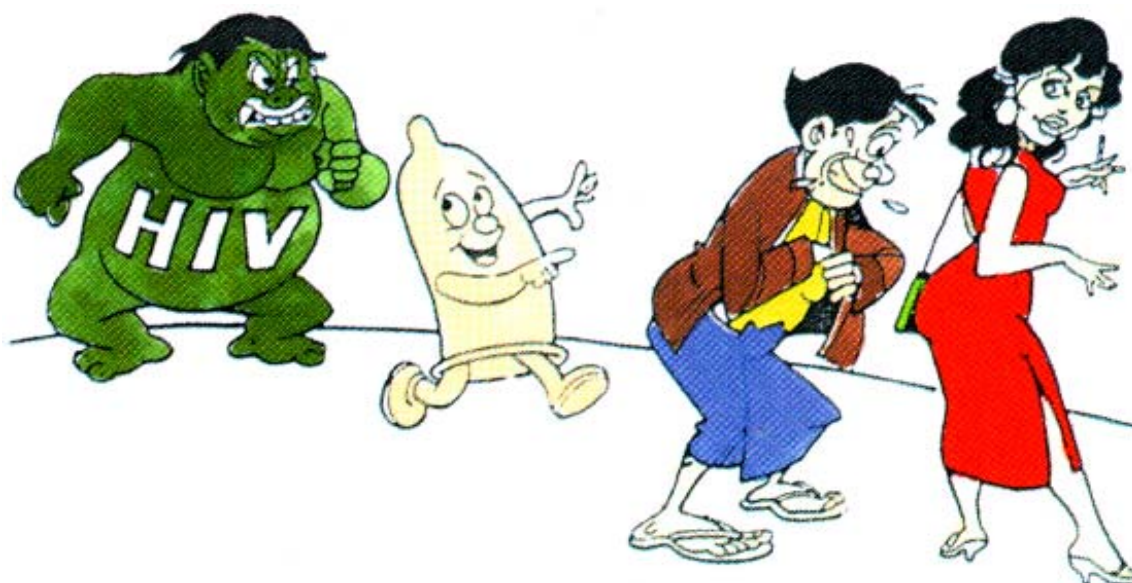
Counselling is a new concept in many communities. A counsellor is an important community member. Rather than giving information, like a teacher, or telling someone what they should do, like an advisor or consultant; a counsellor provides information and support to help a person make decisions that are best for them and their individual circumstances.

Tests for HIV, while very good, are not perfect. Sometimes blood needs to be taken more than once in order to get a correct result. A VCT counsellor will also explain the testing process to their clients.

Benefits and Risks of VCT

The goal of a VCT programmes is to benefit:

- (1) Those testing negative for HIV.
- (2) Those testing positive for HIV.
- (3) The community as a whole.

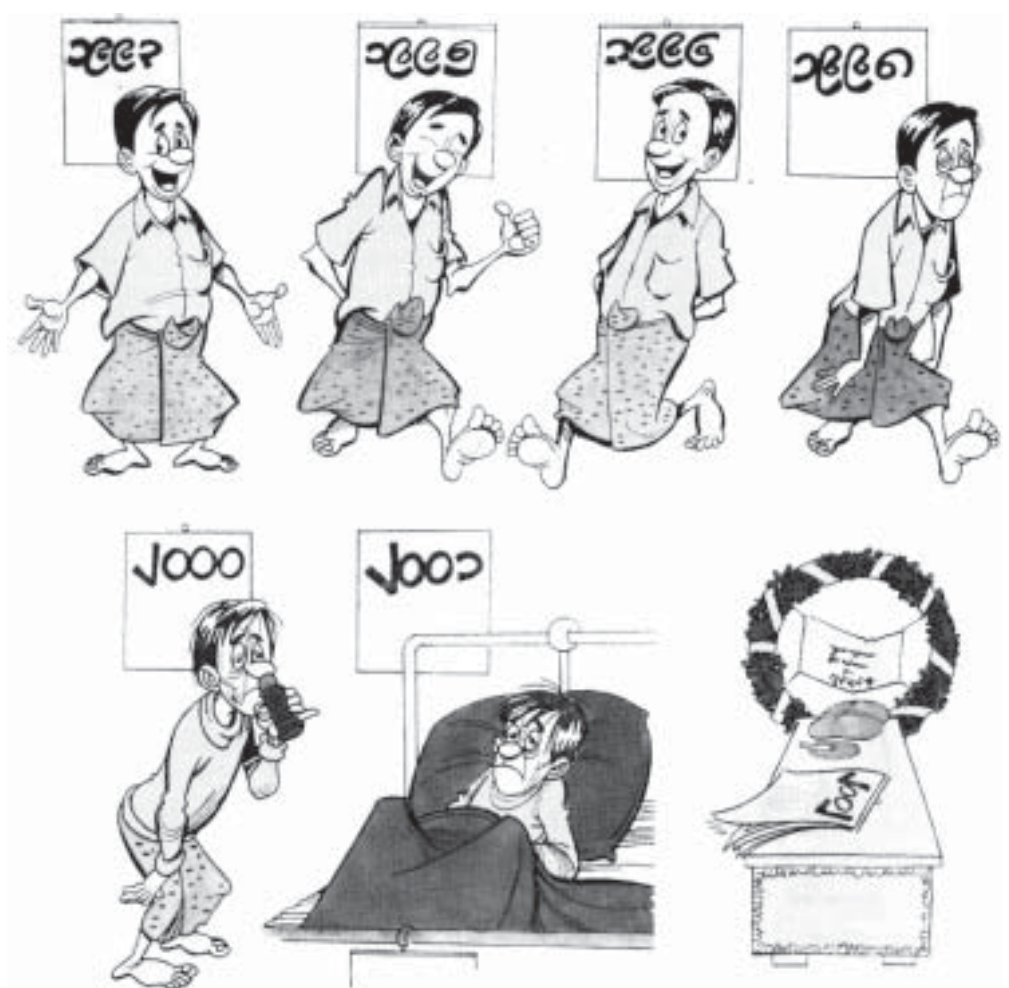
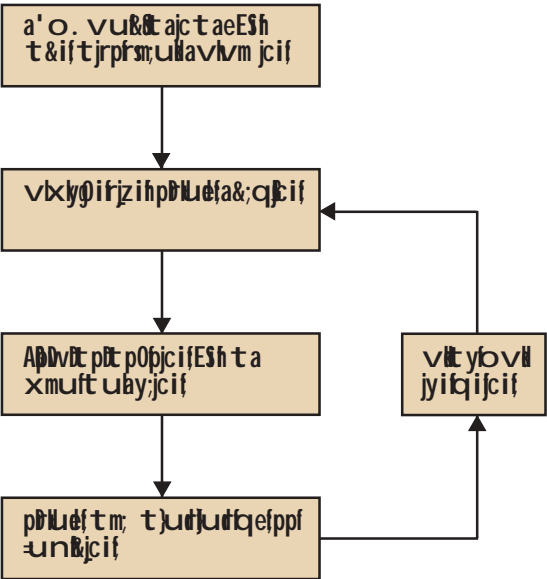


r&if Source: AZG/MSF-Holland Myanmar

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r&i f Source: AZG/MSF-Holland Myanmar

Those not tested or testing negative may **benefit** from VCT by having decreased anxiety, increased knowledge, and motivation to prevent getting infected with HIV. VCT benefits HIV infected individuals by allowing earlier access to support and care services, facilitating behaviour change to decrease the chances that a person will give HIV to someone else, as well as allowing individuals to make realistic plans for their future. Finally, these services can benefit the entire community through increased knowledge, stigma reduction, as well as decreased overall HIV burden and TB transmission.

It is important to recognize that HIV VCT services have some **risks**. Some of these risks include: depression, suicide, or discrimination of a person or their family and possible stigmatization on an entire community.

The two main components that decrease the chances of doing harm include:

- (1) An effective system of **confidentiality** including during counselling, testing, giving results, and providing care.
- (2) Quality **counselling** training and support.

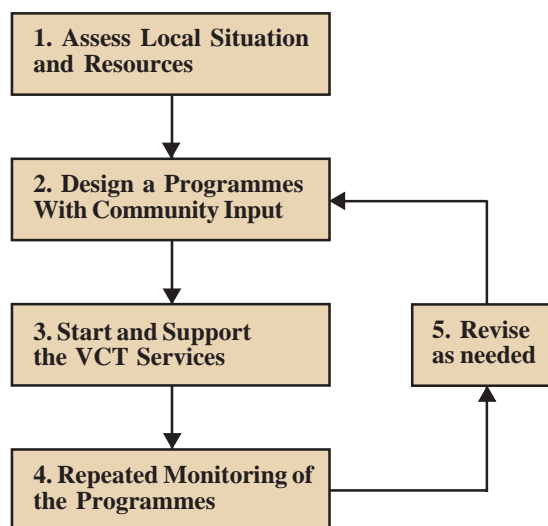
Starting a VCT Programme

Any HIV VCT program must be adapted to the cultural context it is in and have the support of the community. A person's decision to participate in VCT depends on their assessment

of the advantages and disadvantages of knowing their status and the quality of the available program. Given this, it is important to involve the community in the design and implementation from the earliest stages. A VCT program needs to continue to measure its effectiveness and improve on its weaknesses to be effective.

Today, there is no cure yet for AIDS, but we can prevent it and treat some of the diseases that affect the body. In some countries like Thailand, Anti-retroviral drugs (ARV) that temporarily stop the infection from getting worse can be available.

The Process of Starting an HIV /VCT Programmes



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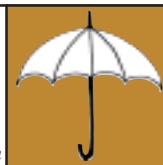
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Harm Reduction Strategies For Injecting Drug Users

Willy De Maere, Free Clinic, Antwerp, Belgium



This is an important article for both health and social workers. It will give them ideas and tools to help the people injecting drugs reduce the health risks related to their habits.

Safer injecting

Injecting drug use is by far the most risky way of introducing drugs into the body. Research has proven over and over again that it creates health risks from:

- blood-borne viruses
- bacterial infections
- fungal infections
- damage to the circulatory system
- increased likelihood of overdose
- increased dependence

It is clear to say that the best way of reducing the harm associated with injecting is to stop injecting.

But, it may take a very long time for an injecting drug user to stop injecting while periods of relapse are very common.

We also know that some injectors, for whatever reason, do not want to stop injecting.

Accepting this fact and giving correct information on safer injecting techniques is, as such, a very important harm reduction strategy. It can help the drug user **now** to avoid the risks of injecting while keeping open long-term solutions. Teaching the drug user safer injecting techniques can also help the social worker to build up trust with its client in order to have a better relationship for long-term activities.

Trying to reduce risk behaviour and associated health problems by discussing safer injection practices, with the user is, as such, also good practice. By giving people information about safer drug using practices a health worker

is not condoning drug use. The worker/counsellor is instead protecting the health of the individual, her/his friends and partners, and the health of the wider community.

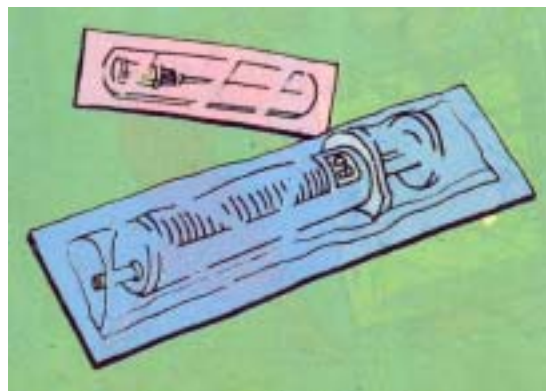
Safer injecting can prevent the transmission of blood-borne viruses like HIV, Hepatitis B and C, but also malaria and tetanus (which are endemic in certain regions of Myanmar/ Burma).

It is evident that an IDU infected with HIV will have a even bigger chance to get stigmatized and will be less motivated to ever stop injecting.

Safer injecting can, furthermore, prevent bruises, poisoning of blood and abscesses.

THEREFORE, HEALTH WORKERS AND SOCIAL WORKERS SHOULD BE ABLE TO TEACH DRUG USERS SAFER INJECTING TECHNIQUES:

When injecting, it is important to do so safely and carefully.



Disposable needle and syringe
Source: MSF-H

The best way is to always inject with a new needle and syringe, sterile water, a clean

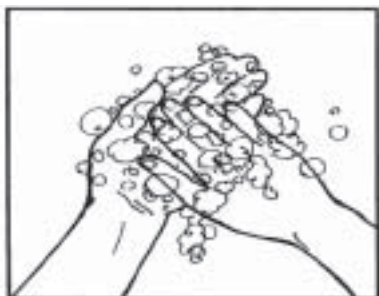


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Drug user should wash her/his hands

rkif Source: UNICEF-Myanmar

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tyl aq;xhy& Zef needle, syringe, spoon

rkif Source: AHRN

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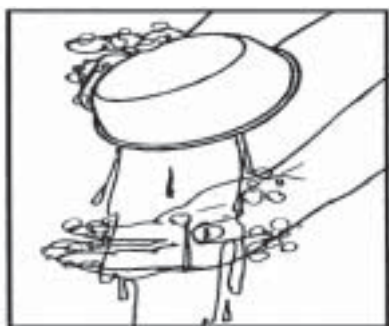
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tourniquet, a clean spoon, a clean filter, clean hands and in a clean space - and make sure the part of the body to be injected is clean.

All the 'rules' of safer injecting that are mentioned below will, of course, not always be possible in Myanmar due to specific legal, personal, social, economical situations. Nevertheless, it is important to be well aware of all these guidelines and disseminate all the information to IDUs. Every step that can and will be followed by an individual user will be good harm reduction.



Drug user should wash her/his hands
Source: UNICEF-Myanmar

1. Preparation

The drug user should try to choose a safe and clean location to inject, a place where she/he cannot be disturbed. Having enough privacy and time lowers the chance on risky injections and overdose. Availability of enough light and running water are a good bonus.

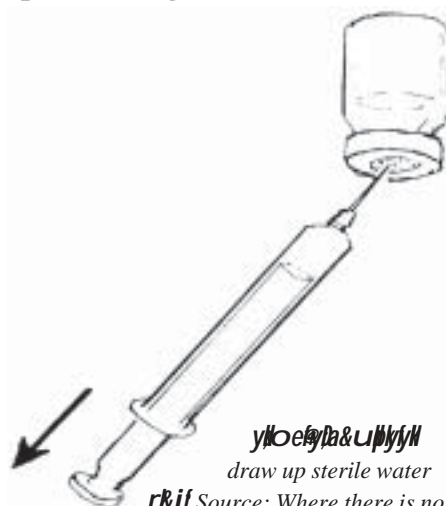
- All injecting equipment (needle, syringe, spoon, ..) needs to be free of dust or dirt. After selecting the location to inject, place the injecting equipment on a piece of plastic or newspaper that covers the ground or surface.
- The drug user should wash her/his hands before injecting and ensure that the part of the body she/he is injecting into is also clean. Washing the hands is important as it can remove viruses, bacteria and dirt when injecting. Everything should be within reach: new sterile injecting equipment; sterile water if to be mixed

with a drug (or cooled-down boiled water); clean spoon; clean filter; clean tourniquet (if used); and clean sterile swabs (if available).

2. Mixing the drugs

- If the drug user uses a spoon to mix the drugs, she/he should clean the spoon first. If no specific disinfecting equipment (i.e., hot water or bleach) is available, she/he should rinse it at least thoroughly with cold water. If she/he has to use the bottom of a tin can, it should also be cleaned.
- She/he should use new injecting equipment to draw up sterile water. If sterile water is not available, cooled-down boiled water should be used.
- She/he should not lick the tip of the needle: the mouth contains organisms, especially fungal infections, which can cause infections when injected.
- No matter how well injecting equipment has been cleaned, the drug user should never let her/his equipment be used by others, and the needle and syringe should not be in contact with a drug mix that is used by other drug users. It is best that each drug user has their own injecting equipment.

There is only one good basic rule: do not share any part of the injecting equipment, drugs included.



draw up sterile water
Source: Where there is no doctor



t o l l y K y D u d m r s n ; t m ; y l l o e p i j c i f

aq; x l l w l l f y l l r n ; u i f a o m u d d m r s n ; u l l t r b l l p l c i f o n f t a u m i f q l l t a v l t u s i j z p b n ?
t x u l y g u b l r u s i b l v f i u l p u a m * g & l l e f t c l l t v r l & l l b n ? t m ; v l l r [l w a o m l v n f j r e f m E l l l l l l
a ' o t r s n ; p l v l l v l f y l l u i f i a o m a q ; x l l u d d m r s n ; r & l l l l l a y ? t m ; v l l r [l w a o m l v n f a q ; o l l
t r s n ; p l t m ; a q ; x l l o n l u d d m r s n ; u l l y l l o e p i a t m i f y l l o n l n f t a u m i f o w i f a y ; & e f y n m a y ; & e E s h
j z p E l l y g u y l l l a y ; & e f t a & ; j u b o n ? o l l o m b e p i f t a u m i f t o d y ; E l l l a ; o n l a ' o t a j c t a e a y ; w l f
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a x m u l y l l m w l f x d & m u r _ t & l l q l l l l k i & o n ? x l l t p l t p o E s h t w l y n m a y ; j c i f / p l v t & a o m p e
j y p c i f w l l v n f w l v l y E l l b n ? t q l l y g u b l t p l t p o b n f j r e f m E l l l l l l v l l l l l a o m l v n f O y a ' t &
w & m ; r o i b j i l t v e e n f a o m t p l t p o j z p r n ?

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aq; x l l u d d m r s n ; t m ; y l l o e p i & e n f 2 e n f & l l b n ?

- t y a y ; j c i f u l t o l l y j c i f (r e p l 2 0 c e q u i w l u f y l y l y l y q a t m i f a & u l l u l t s u j c i f)
- " g v l a ' y p P n f u l t o l l y j c i f / O y r m / t a m i t l w a q ;

y l y l y q a t m i f y l l v j c i f o n f z e a q ; x l l y e E s h o i a o m l v n f / y v y p w p a q ; x l l y e f t m ; 1 c g 2 c g c e l o m
o l l l b n ? w c l l l 1 c g / w b n E s h y u p l o b ; w w b n ? t j z p r l w l f a q ; o l l a o m o l w b n f o l w
u d d m r s n ; u l l o l l p l e f t w l f t c e l u m j r i p a r a p m i l l u a y ?

t y E s h a q ; x l l y e l w l l t a & m i t l w a q ; j z i l l o e p i a t m i f r n b l y l l y r n e n f ?

t q i l 3 q i l l b n ?

1? a & j z i l 3 c g a q ; y g

2? c l w a q ; j z i l 2 c g a q ; y g

3? a & j z i l 6 c g a q ; y g

a & - water



c l w a q ; - Bleach



a & - water



r & i f S o u r c e : W E A V E

t q i l 1 - a & j z i l 3 c g a q ; y g

o e l s f v w l q w a o m a & u l l x r c l u f a q ; x l l u d d m (t y l y e l j z i l y l f , l y g (a & y l l a c g f r & E l l l v # i , l y g ?
a & y o l l [l w l t v e a t a o m a & u l l o l l y f s h a o l u a q ; x l l u d d m x l l v l f c l y p u y a p w w b n ?

- x l l e m u f a & u l l v e f x l v l y g
- a e m u l x y f 2 j u l f t x u l y g u b l y l l y l y g
- v l l t y l v # l a o l p a o l e r s n ; r j r i & o n f t x d y l v l y g

t q i l 2 - t a & m i t l w a q ; j z i l 2 j u l l a q ; y g

' l v d c l u f s t a & m i t l w a q ; j y i f t m ; 0 ~ 5 ~ (a q ; r o , l a o m j y i f t m ; 6 ~ & l l w a q ; 1 q u l l & 9
q a & m y l u l l q ; x l l u d d n j z i l y l f , l y l y y g p u U e l 3 0 r s p u U e l 3 0) / t e n f q l p u U e l 3 0 c e l t a & m i t l w a q ;
o n l a q ; x l l y e l w l f & l l e r n ? t c l r s v l e f e m l l l l l # l

- y g p y r f z n l j z n l j c i f a & w l y l y g O y r m w p a x m i f / E p l a x m i f [l l a & w l y l y g 3 a o m i f t x d & w l y l y g
- a & w l y l y c i f o n f t a & ; j u b o n ? t a & m i t l w a q ; o n f A l l f & y p l y E s h p U e l 3 0 t e n f q l x d w e s
t q l l y l l f & y p l y s u p l a o q l r n ?



The Disinfection of Used Equipment

The best practice is to always use sterile equipment for every injection. Anything short of this carries some risk of infection. But in most, if not all, regions of Myanmar/Burma sterile equipment is unavailable most, if not all, of the time. In this case it is important to inform, educate and if possible, provide the means for drug users to disinfect their injecting equipment. However, the success of any cleaning message depends greatly on the local circumstances. Although **Needle and Syringe Exchange Programs are probably the most effective way to supply users with sterile equipment**, messages and promoting safe disposal, the implementation of such programs are, due to legal constraints, very scarce, if available at all in Myanmar/Burma.

What are effective ways to disinfect injecting equipment?

Two effective approaches for disinfecting injecting equipment are:

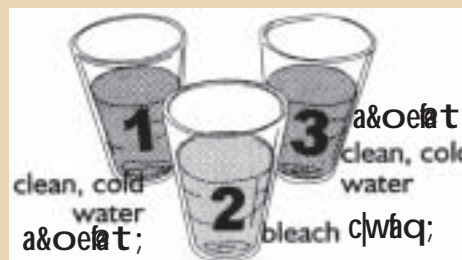
- the use of heat (continuous boiling for 20 minutes)
- the use of chemicals such as bleach

The boiling method is particularly suitable for glass syringes but can only be used once or twice for disposable plastic syringes. Even then some disposable syringes will perish the first time they are boiled. Furthermore, the reality is that drug users are rarely in a situation where they are able or willing to boil their equipment for long periods of time.

How to clean needles and syringes with bleach?

Three stages are involved:

1. Water x 3 (rinsing with water 3 times)
2. Bleach x 2 (rinsing with bleach 2 times)
3. Water x 6 (rinsing with water 6 times)



Source: The User's News

Stage 1 - Water x 3 (rinsing with water 3 times)

- Draw up fresh clean cold tap water from the first container (or straight from the tap if available) into the needle and syringe. Do not use hot water or water too cold as this may cause blood to congeal inside the needle and syringe.
- Squirt the water out.
- Repeat this process 2 more times.
- If required, keep rinsing until you cannot see any traces of blood.

Stage 2 - Bleach x 2 (rinsing with bleach 2 times).

Draw up bleach from the second container into the needle and syringe and shake it for at least 30 seconds. (Remark: it is not uncommon to say 60 seconds instead of 30. The rationale is that it enhances the chance that the bleach would be in the syringe for a minimum of 30 seconds);



- If you do not have a watch, count slowly so that the bleach has enough time in contact with any virus present. For example, count "one thousand, two thousand, "up to thirty thousand."
- ***The counting is extremely important as the bleach must be in contact with the virus for at least 30 seconds for the virus to be destroyed.***
- Squirt the bleach out of the needle and syringe.
- Repeat the bleach process at least 1 more time.

Stage 3 - Water x 6 (rinsing with water 6 times)

- Draw up fresh clean tap water from the third container into the needle and syringe.
- Do not use water from the first glass as it may be contaminated with blood.
- Flush the water out of the needle and syringe.
- Repeat this process at least 5 more times, until all of the bleach is removed.

Remember the formula - 3 x 2 x 6. It is very important to stress that it should be 3 x 2 x 6. And it only takes about five minutes to perform the whole procedure. Although the efficacy of bleach against HIV has been proven, its effects on the transmission of HCV is still unproven. Nevertheless, it is still good harm reduction and HIV prevention practice, when sterile equipment is unavailable and sharing becomes unavoidable.

To introduce the bleach method to people injecting drugs, it is recommended that, certainly in the beginning, along with the information free bleach should be handed out by health workers, outreach workers and peer supporters.

The sterile water (if possible) should be added to the drug and then mixed. The blunt end (the plunger) of the clean syringe can be used for mixing. Fingers or sticks picked up from the floor should never be used. The water should also never be shared.

- The drug user should draw up the drug solution through a filter in order to avoid impurities. The best filters are a cotton bud or cotton wool. If possible, a cigarette filters should not be used, as they may contain tiny glass fibres which can damage veins. If there is no other choice but to use a cigarette filter, then filters from menthol cigarettes must be avoided. The filter should never be reused or shared; it might contain bacteria and blood residue. If no filter is available, the drug user can slowly and carefully turn over her/his spoon to one side, so that the residue stays on one side.

- She/he should remove air bubbles by

pointing the needle skywards and gently flicking the syringe on the side near the needle. She/he should push the plunger up slowly until the air bubbles escape through the eye of the needle.

3. Injecting

- The injecting site should be cleaned with soap and water, and a sterile swab (or with a clean piece of material that is moist). The drug



aq:xjci/ Injecting, rki/ Source: Care



urci fay: r's' kvácni f t m; rnbnft cg# r o l y f s n
a&u l v n f r n b n f t c g s w o f e s i v o d w f o l y f s n

t n p f t a u; r s r; r y g e f a q; a z s r x m; o n f t & n l u l
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* f i v l o b [l w f f a r g z p b n? j z p e l l v # f p d u & u f t p d
c h t m; r o l o i h y? p d u & u f t p d l v f a o; i, h o m z e f
t j r s r s r; y g v w l a o f a u m r s r; y s u p f e l l b n? a& p & m
r & l p d u & u f t p d h t m; o l & v # f y & l y g o m t p d h t m;
r n b n f t c g s r o l y f s n o l y d o m; t p d u l r n b n f t c g
r j y e f r o l y f s n w o f e s i v o d w f d a o i f o l y f s n t p d l v f
b u l w d d, m; e s f a o f r s r; y g l l b n? a& p p r & e l l v # f
a q; o l b b n f z e f u l l w j z n f j z n f j c i f o w d k m; l
w z u b l a p m i f c y g x l t c g t e, f t e p r s r; o n f
t j c m; w z u l w f u e c l n?

t y u l l r l a y: a x m i f y d a q; w e f y d i b n f j r l y p d
a y g f r s r; u l l a q; x l y e f s j z n f j z n f j c i f w e f x l w y g
a e m u b l a v y h a y g f r s r; t y a y g u f s x l u b n; o n f t x d
j y k v l y g

3/ a q; x l c i f

- a q; x l r n h e & m t m; a& e s l q y j m o l y d o e f s f
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p o v p l o m t & m j z i)? a q; o l b o n f x l e & m u l l w z u f
w n f o l o m y o v l o e f s f o i b n? t o b r; t j y e f
w y l l e u f w n f r y o v b i h y? a q; x l r n h e & m o l l z s r;
b u l w d d, m; r s r; a e m u f y e r y l o i h y?

- a o f x e f y g v j u l l o l y g a q; x l r n h e & m e s l u y l
t x u l w f i w y w l v c n b i o n? t c s t u m j r i p b r
x m; & / w r e p x u r y l? t c s t u m j r i p b r x m; y g u o u f
q l l & m a j c e s l v u h a c n i f r s r; o l b a o f a & m u e n f r n?
t v e f q l a o m t a j c t a e w f t o m; y l y a & m * g v d r n?
a o f a u m & r a w o v # f a o f x e f y g v j u l l a v s n h y d
a e m u b x y l v j u l l j u l p m; o i b n?

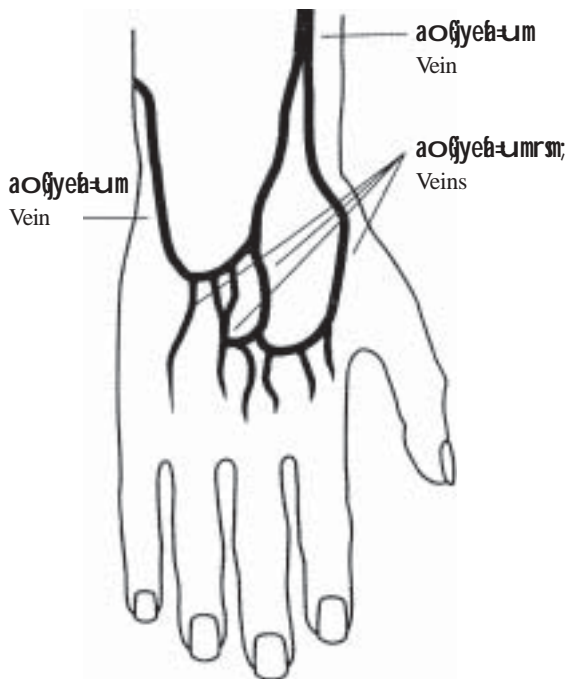
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o l o i b n? q l l v b n f r i j n l v n e m r & t e m t q m
r & u l p u f j d i c i f r & o m a o f y e h a u m u l o i b n?

- a o f y e h a u m u l l & e l c u t l v # f a q; x l r n h e & m
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v m y g n? o l [l w f v u l u h a u s v l u q e l v l u f y k v l y d
a q; x l r n h e & m u l l b j z; n s f p h v u j z i j l w a y; y g t j c m;
e n f r s r; r f v u l u l c m; & [w u b l v s h a p c i f o l [l w f
a v l u s i b e f j y i f y i f v l y a p c i f w l z p b n?

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u l l t o l j y l y g (1 p p d o b [l w f 2 p p)

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o f y g t y b l o n h a x m i l u s, l v # f a o f a u m u l z u f
v l a z g u l v d r n? a q; x l y e f x l w f a o f j r i & v # f
t y o n f a o f a u m w o l l v d r n? [l w a y? t y e s f a o f
x e f y g v j u l l v u a r m i f r s r; & f y g t y u l l x l v l u l
v # f x l e & m t m; * f o l [l w f o e f s f o n l p u l p i z i h
z d k m; & r n? a o f r x l u a p & e f j z p b n? t y o n f
a o f a u m x l w o l l u m i f a o c s n v # f (a o f t e l, f
a q; x l y e f l v f a w o r n)? x l t c g a o f x e f y g v j u l l
a v s n h l u l y d a q; x l y e f l u l l a j z; a j z; w e f y g e m v # f
o l [l w f c h t m; & l v # f a o f a u m e s l v d e j c i f j z p r n?
a e m u b x y l e p y g

- a q; o l b o n f a o f v s v a u m (artery) x b l
r n b n f t c g v f r s r x l o i h y? a o f v s v a u m x b l
r f r; y d t y a & m u l v # f (a o f o n f v s j r e p b a q; x l y e f
x b l w e f t m; j z i f a & m u l v d r n)? x l t c g t y u l l v # f
j r e p b l v o i b n? a q; x l c i f y l a t m i f q u r v l y f s n
x l e & m u l l r s k m; y d a q; b u b l l & m t) u l l m % o l, l y g



vuhemubulyl f& aofyehaumrns;

The veins on the backs of the hand

rkif Source: AHRN



user should rub the area in one direction, not backwards and forwards, to avoid putting dirt and bacteria back onto the injecting site.

- If she/he uses a tourniquet, she/he should place it around and just above the injection site. She/he should not leave it on too long - never for more than one minute. If left for too long, it can cause a limb to be deprived of its blood supply and, in extreme circumstances, cause gangrene. If she/he has trouble finding a vein, she/he should release the tourniquet and try again.

- The drug user should use a vein that is in good shape, without abscesses or other damage or infections.

- If it is difficult to find a vein, she/he can try to run warm water over the injecting site as this may help to raise the vein, or she/he can open and close her/his hand in a pumping action. It can also help to gently pat the area where she/he is trying to inject. Other techniques include: 'windmilling' the arm or any vigorous exercise.

- The drug user should use the highest gauge (thinnest) needle she/he can find, to make the smallest puncture wound possible (1cc or 2cc).

- The needle should be slowly inserted into the arm at a 15-35 degree angle with the hole of the needle (bevel) facing upwards. The wider the angle of insertion the greater the chance the needle will go straight through the vein. If there is no visible blood in the syringe, then your needle is not in the vein and the tourniquet and the needle must be removed from the arm. When the needle is removed pressure should be applied (using a cotton ball, tissue or toilet paper) to stop the bleeding.

When she/he is sure that the needle is in the vein (a small amount of blood enters into the barrel of the syringe), she/he should loosen the tourniquet and gently push down on the plunger. If there is any pain or resistance, she/he may

have missed the vein and will need to start again.

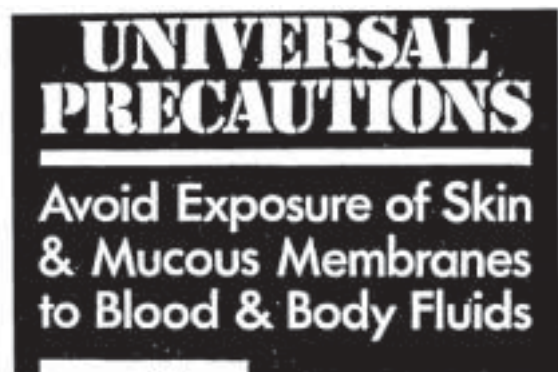
- The drug user should never inject in an artery. If she/he hits an artery by mistake (blood is pumping into the syringe) she/he should immediately withdraw the needle. Do not complete the injection. She/he has to put strong pressure on the site for minimum 15 minutes. If possible, she/he should raise the affected limb and seek medical advice.

- The tourniquet should always be loosened before injecting. If not, she/he might have to use extra pressure to get the solution into the vein, which can lead to leakage into the tissues or to rupture of the vein.

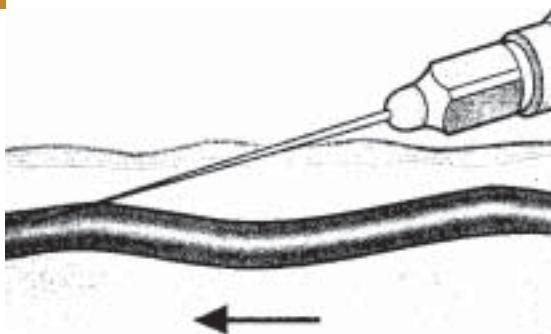
- The drug user should always inject slowly.

- She/he should always inject in the direction of the body's blood flow (toward the heart).

- If injecting has been successful, she/he has to remove the needle slowly and keep her/his arm straight, in order to avoid bruising. Pressure should be applied to the injection site



*clifsur&lmuc; jcifra; Universal precautions
r&lf Source: SMRU*



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for a couple of minutes (using a cotton ball, tissue or toilet paper).

4. Injection Sites

- The drug user should regularly change her/his injection site to prevent bruising, abscesses and damage to the vein. It also allows veins to rest and recover. If she/he does not regularly change her/his injecting site, vein damage may be irreversible. Irreversible damage can also occur through poor technique, injection with blunt needles, injection with needles that are too large and the injection of irritant substances.

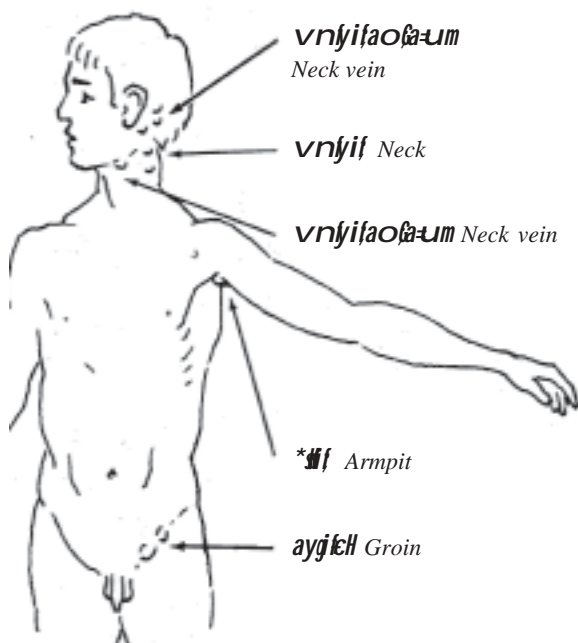
- Arms are the site of first choice for injecting. The veins in the hands are highly visible, but small and fragile. Injecting there also gives clear marks that are difficult to hide.

Fingers should be avoided since the veins are very small and the artery that supplies the finger lies just below the vein. If the artery is damaged, the finger can die.

- The superficial leg veins contain more valves and can be damaged. It is also more

difficult to inject upwards in the direction of the heart. Furthermore, since they are furthest from the heart, and due to gravity, blood flow through the leg veins is very slow. When you inject too fast, the veins cannot cope and part of the drug solution escapes from the vein, causing a 'miss.' Healing of injection site damage and resistance to infection is less reliable because the blood flow is slow. Thus creating a greater risk for abscesses and other infections.

- Feet are sometimes used, but are to be discouraged. The venous blood flow is slow; local infections might lead to loss of mobility; injuries might heal slower and the chance that fungal infections are introduced in the body is increased.



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Dangerous injection sites

- Highly dangerous injection sites: always to be strongly discouraged!!!

- Groin (femoral) injecting: injecting in the groin is highly practiced, but very dangerous. The vein, artery and nerve lie very close together; you can easily hit the artery and hitting the femoral nerve can cause immense pain and even paralysis. Circulatory damage to the leg, including deep vein thrombosis can also occur.

- Breasts : very small veins, liable to break, accidentally filling of milk ducts (drug solution stays there with the risk of abscesses, mastitis, infections).

- Deep veins: 'digging around'.

- Armpit: chance of hitting nerves and/or artery.

- Neck: chance of hitting nerves (including vocal chord paralysis), arteries, tendons. Difficult since it requires a mirror. An abscess in the neck can cause dangerous pressure on nerves or obstruct the airway.

- Penis: local infections almost impossible to avoid. Priapism (permanent, painful erection) possible.



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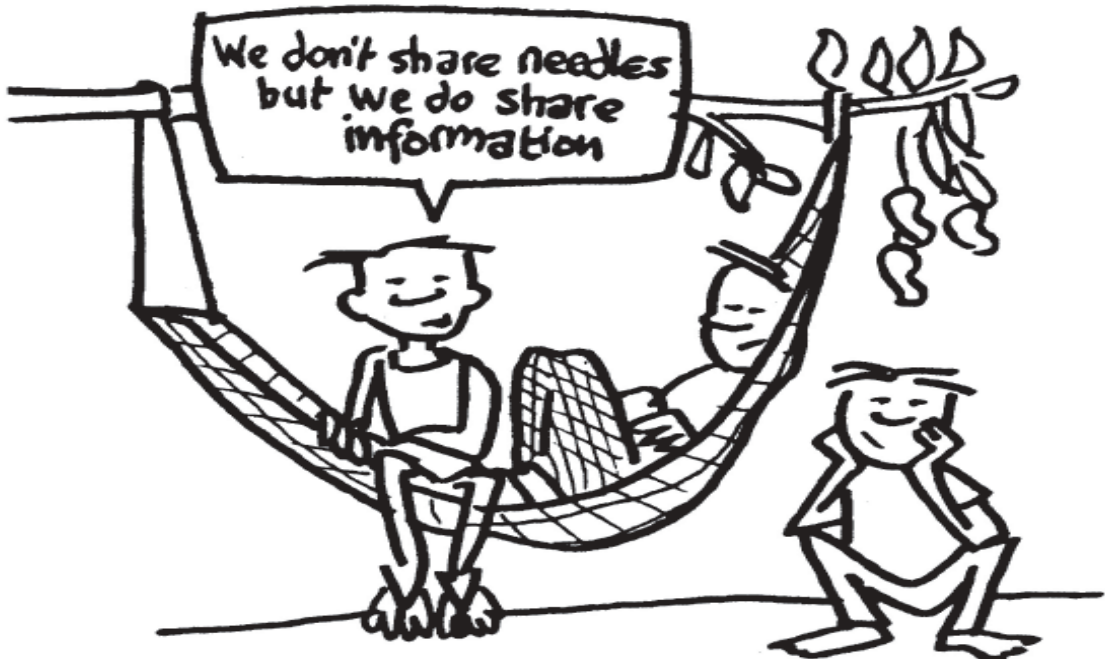
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r&f Source: Care of the Critically Ill Patient

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r&f Source: Manual for reducing drug related harm in Asia



5. Cleaning up

- Even if the drug user does not intend to reuse her/his injecting equipment, she/he should rinse the needle and syringe several times with cold water, straight after injecting - the more the better. This will remove most of the blood and prevent the needle from blocking with dried blood in case she/he is forced to use the needle and syringe again.

- She/he should dispose of the rinsing water immediately so that no one else can use it and prevent others from becoming contaminated with her/his blood.

- The needle should be disposed into a puncture-proof container like a hard plastic container or glass jar (a used soft drink can might also be used) should be ensured, or the drug user should return the injecting equipment to an outreach worker. She/he should NEVER throw used needles and syringes in the street.

6. Disposal

Drug users should be encouraged to practice safe disposal of used and unsterile equipment in a good way, and never to throw them away on the street/ in the park/...

Although this may be hard to implement in Myanmar/Burma, setting up of disposal sites in health services, pharmacists, local hospitals or by equipping outreach workers and peer supporters with containers for safe disposal, should be encouraged.

What are the aims of disposal?

- To recover used equipment.
- To ensure that clean equipment is being used.
- To avoid re-sale of clean equipment.
- To ensure appropriate disposal of used equipment.

Used syringes lying around upsets both the general community and the police, and is an extra reason for communities to exclude and stigmatize drug users even more. Safe disposal can be one issue to discuss with the local police and politicians to persuade them of the benefits of NSEPs.





Preventing needlestick injuries

The risk of needlestick injuries to people working with injecting drug users, as well as to the users themselves, is always a possibility. Since used needles and syringes can have blood particles remaining on/in them, there is always a risk that a particular viral infection can be transmitted when you have a needlestick accident that penetrates your skin.

The risk of a particular viral infection by needle stick injury from an infected needle varies

HIV-0.3%

HBV-30%

HCV-2.7-10%

Although some of these percentages might seem very low, it must be stressed that the odds might be against you, and that infection through a needlestick accident can happen very fast. To prevent those and minimise the risks the following precautions should be taken:

- Consider used syringes/needles, blood and body fluids of all persons to be infectious. Take precautions to prevent exposure to blood or body fluids. The presence of cuts in the mouth and over the skin increases the risk of transmission through saliva and skin.

- If possible or available, protect your hands with impermeable, disposable gloves. These may be vinyl or latex (there are fewer allergies/ sensitivities when using vinyl). Use these when blood contact is inevitable- rendering first aid, cleaning up blood spills or when blood contact is probable.

- If you don't have gloves, be especially careful when you have accidental exposure to areas with broken or cut skin, scratches, rashes, acne, chapped skin or fungal infections. Wear a bandage/band aid if you have broken or cut skin on your hands/fingers.

- Take special care to prevent yourself from becoming punctured by possible contaminated sharp objects like glass or needles;

- Never pick up a discarded needle/syringe by the needle; never try to bend or break the needle; never try to put some protection over the needle tip or carry it around in your pocket or a plastic bag.

- If you do get a needle prick injury, immediately encourage bleeding if the skin has been broken; for example, by pushing hard on the punctured finger (no sucking or cutting).

- Wash off splashes on the skin with soap and running water.

- Dry the skin and disinfect (example: household disinfectant or a diluted bleach and water solution).

- By accidental splashes on mucous membranes (eyes and mouth), clean thoroughly with water.

- Health workers should always report the accident; contact their occupational health department to obtain post-exposure prophylaxis and obtain hepatitis B vaccination.

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HARM REDUCTION

Harm reduction can be viewed as the prevention of adverse consequences of illicit drug use without necessarily reducing their consumptions.

For years drug policy has been focusing on two kinds of activities: 'supply reduction', fighting against the production of drugs, and 'demand reduction', discouraging people to use drugs.

Reducing the supply of drugs is extremely difficult and takes a long time.

Reducing the demand on drugs through education ['say no to drugs'], social and economic development of the community, and rehabilitation and treatment of drug users, also works only in the long term.

It was during the mid 1980s that, with the recognition of the link between injecting drugs and HIV infection and the fact that HIV transmission can be extremely rapid, that a third kind of activity of drug policy emerged, 'harm reduction'.

The harm reduction approach is these days, both within the developed and developing world, more and more accepted as an integral part of an effective drug policy.

Independent of each other, the three different approaches of supply, demand and harm reduction cannot be regarded as singularly effective. However, **together** they can complement each other – resulting in a favourable environment in which it is possible to contain the problem of illicit drug misuse and address the public health catastrophe of HIV/AIDS among people injecting drugs.

Harm Reduction Activities focus on:

1. Short term, pragmatic goals.

For instance, efforts to prevent rapid HIV, hepatitis B and C transmission are implemented as quickly as possible. The rapid, potentially explosive spread of HIV, HBV, HCV infection must be prevented *first*, or the longer term goals of abstinence and vocational rehabilitation will be invalid.

2. A scale of means to achieve specific goals

- an encouragement for the drug user to stop using illicit drugs
- an encouragement for the drug users to stop *injecting* illicit drugs
- ensuring that the drug user does not *share* any of their injecting equipment, especially needles and syringes, with any other person
- lastly, if sharing does occur the injecting equipment must be disinfected between each use

3. Involvement of drug users

- drug users are not to be considered as passive recipients of services but must be viewed as playing an important role in the prevention of blood borne diseases. It has been shown that drug users can contribute greatly to the development of the programmes.

Examples of Harm Reduction activities:

- giving **information** to inform people injecting drugs of the risks (i.e. education about safer injecting, HIV prevention); this is often done through peer educators.
- establishing **drug treatment substitution programmes** (opium tincture, methadone, etc. maintenance therapy aims to make drug users re-enter legality);
- **sterile needle/syringe /distribution and disposal programmes** (these programmes do not increase drug use or recruit new injectors and have proven to reduce HIV transmission); **or** over the counter sales of injecting equipment;
- **counselling and testing for HIV** among people injecting drugs;

These programs all aim to change behaviour and thereby reduce the risks of HIV infection and other health problems among people injecting drugs or people using drugs in a chaotic way.

Harm reduction has been adopted by an increasing number of countries as it has proven to be pragmatic, humane and an effective holistic public health measure in controlling the epidemic of HIV infection among people injecting drugs.



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u b v t l l a' o w l v l x l j c y l u b y l Community treatment in Kokai area, r & i f Source: UNODC

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Methadone As Drug Substitution Therapy

Dr. Zaw Win, Yangon, Myanmar



This article introduces the application of substitution therapy for opiate drug addictions using methadone.

Treatment for the disease of addiction sometimes uses substitution therapy, also called pharmacotherapy. In substitution therapy, a legal medication is taken to replace an illegal drug, helping people with addictions to avoid the illegal one. People with addictions can begin taking the legal medication during or after detoxification. They continue the medication for a long period, often for several years.

Substitution drugs can either be the same drug used or a similar drug that the drug user is taking. Opiates are drugs such as opium and heroin. For opiate addiction, there are several legal medications used for substitution therapy these days such as buprenorphine and LAAM. The most commonly used medication worldwide is methadone. Scientific studies have shown beyond a doubt that methadone helps people with

addictions decrease illegal drug use or abstain from illegal drug use.

Methadone is also an opiate drug and is only used for the treatment of the disease of opiate addiction. It was used in Myanmar in the 1970s, but most doctors stopped prescribing it at that time as it was too expensive. Some doctors in Myanmar use Tincture of Opium to control withdrawal symptoms for people in detox.

These days methadone is rarely used in Myanmar. But there is new interest among psychiatrists working in Drug Treatment Centres to restart the use of methadone. It has been used for the last few years in community programmes in Thailand for the treatment of opiate addiction. People from Myanmar may also be familiar with methadone as it is used in Hong Kong.

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*Unlike heroin, methadone has no 'rush' or 'hit',
and the effect lasts longer, which comes slowly
and is less intense*

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*Methadone can be drank as a liquid, swallowed
as pills and rarely injected*





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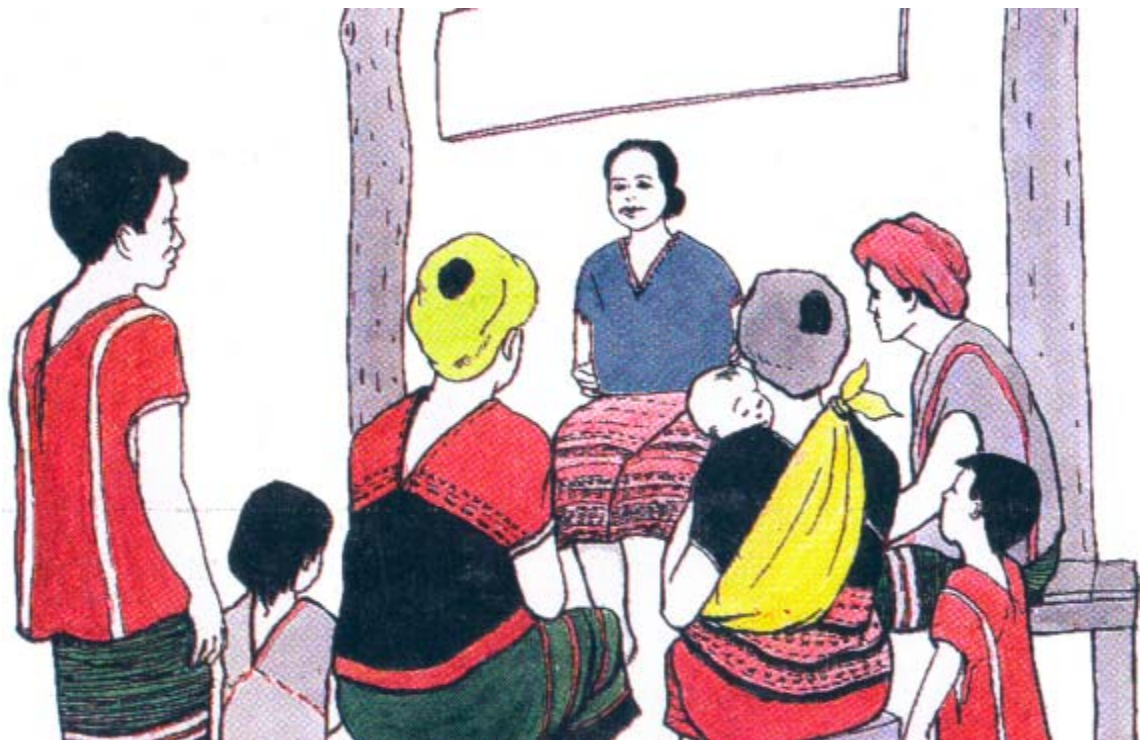
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uɛɪrma&; vɪyɔm; rɪ; Eɪɪtɪyɪpɔvɪrɪ Visit the health workers regularly.
rɪf - Source WEAVE



Methadone should be given by health care workers
r&f - Source WEAVE

Methadone is a synthetic opiate derivative that has effects on the body similar to other opiates. It is taken orally, usually as a liquid. If the dose is correct, it does not produce a high. It usually does not make a user sleepy. If it is taken regularly, the body adjusts so that other opiates also cannot produce a high. Methadone stays in the body a long time – over a day in most cases – so that it only needs to be taken once a day. The cost of methadone is lower than most of the other drugs that are used to treat people with addictions.

It takes some time for the dose of methadone to be adjusted. At first it may be too high or too low. When the adjustments are complete, a person taking methadone will not crave other opiates. And there will be no high, no withdrawal symptoms, and no sleepiness. Of course methadone causes constipation like all opiates. And some people get sweaty when they take it. Most people who take methadone stop taking illegal opiates, but a few continue with illegal drug use.

Methadone is usually started daily under the

direct supervision of a doctor or health worker. After some time the supervision is done by a community or family member. After a while, people with addictions supervise themselves in taking their methadone. Most people continue to use methadone for many years before they decide with their doctor to discontinue it. A few people take it for life.

Some people sell their methadone to others. They get withdrawal symptoms. The people they sell it to drink it or even inject it. But methadone doesn't give much of a high, so there is not so many people to sell it to. Most people who buy methadone want to use it to stop taking illegal opiates.

People who are taking methadone can study, work, and engage in recreational activities just like people who are not taking methadone. Methadone is even safe to take during pregnancy as it does not harm unborn children.

Methadone should be given by health care workers who have been trained in substitution therapy and people with addictions who are taking methadone should visit their health workers regularly.



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The 5 Steps of Counselling for Drug Rehabilitation

Health Messenger Team



One of the main tools for drug rehabilitation is counselling. This article will give some tools to counsellors to better understand the challenges that they have to face.

General Principles of Individual Counselling

- Respect for the client.
- A good understanding of the basic nature of the problem and client's ability to improve.
- Confidentiality.
- Ability to identify resources and use them for the client's benefit.
- Authenticity.
- Rapport.
- Non-judgmental attitude.
- Warmth.

I. Assessing a Person with Drug Dependence

It is important to start with gathering information about the ways that the person uses drug, and what are her/his drug related problems. This way, you can better understand her/his problems and can better decide what kinds of actions will work with that person.

**NEVER INTERVIEW AN
INTOXICATED PERSON!**



aq;rlaeyll Intoxicated person

The interviews

- The drug user should be interviewed, but as she/he may not wish to share accurate information because of fear (of victimization and ridicule) or shame, it is also very useful to interview family members (such as parents, spouse, children or relatives) or others (employers, police, etc.).
- While interviewing the drug user, you should help her/him to relax; explain the purpose of the interview, express warmth and concern. The most important is to build trust and confidence; therefore, you should adopt a non-judgmental attitude.
- The information you have to look for are the drug user's personal details (family, personal, work, etc.); the history of her/his drug use (age of the first use of drugs; reasons for starting and continuing, changes in types of drugs and quantity; the frequency of use, if the person uses more than one types; details and causes of drug-free periods; physical and mental effects of drug use on the person), and if she/he has tried treatment already and what happened.



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**A GOOD COUNSELLOR
IS A GOOD LISTENER**

The report

Based on the information obtained during the interviews, the report should include:

- Personal details.
- Main drugs used and ways they are used.
- Major consequences of drug use.
- Past treatment and family history.
- Attempt at abstinence.
- Last drug use.
- Current problems (physical, psychological and social).
- Reasons for seeking help: the motivation. Motivation is the drug user's desire to give up drugs. While evaluating the motivation, it is important to understand that a weak motivation does not necessarily mean that treatment will not be effective.

Deciding on type of intervention

According to the report, you will have to decide what kind of action should work with the drug user and if you should admit the drug user or treat as an outpatient. For instance, a drug user with high alcohol dependence in severe withdrawal is best managed only with medical support.

II. The Family and Drug Addiction

Families of drug-dependent persons face a number of problems including violence, separation, divorce and economic difficulties.

The family is very important in a

drug -dependant person's life. Family members may be closely involved with several aspects of the addiction, their response to the dependent person and influence on the course of addiction, and their role in the person's treatment and aftercare, which may either aid recovery or precipitate relapse. Often the family members just refuse to acknowledge the problem or try to help the drug dependent person in a way that makes it easier for the progression of the problem (like paying the person's debts, finding excuses for such behaviour, taking care of her/his responsibilities, etc.).

The Family's participation and encouragement during the treatment is very important. However, they are often extremely distressed and helpless, and have often exhausted all their resources. Therefore, they need a lot of encouragement and assistance to be able to support the person in treatment.

Steps in Family Counselling in Drug Addiction

- Discussion with the family members to help them unburden their pent-up emotions and feelings, and to build up confidence with them. At this stage, the counsellor is basically supportive, listening and communicating understanding to the relatives.



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- **Assessment of the Problem.** The family members' perceptions of it may be quite different from the drug user's.
- **Psycho-education.** The counsellor should educate the family members about the realities of addictions, as they might think, for instance that the drug-dependent person has a voluntary control over drug use. The counsellor can compare the drug dependence with any other physical illness that affect the ability to function normally, but can also be treated like any other illnesses. However, it is important to emphasize that the treatment is not one-time like treating cholera or malaria. It is rather an illness that needs life-long precaution and care, as with diabetes.
- **Relapse Prevention.** As most drug dependent persons will experience relapse, it is important to educate the family about it, explaining to them that drug dependence can be a chronic condition, and that willpower alone is not enough for staying sober. The counsellor can also explain to them how to identify common relapse triggers and how to handle them.

- Handling peer pressure

Explain to the family that peer pressure is one of the most important factors leading to relapse. Therefore, the family members should help the drug user to cope with peer pressure, without preventing her/him from seeing friends, as this might make the person defensive and hostile towards the family.

Handling craving

Explain to the family that craving is one of the main problems of continuing addiction, and that the person dependent of drugs is likely to come across many situations that trigger craving. The family can help by encouraging the individual to express craving to them; by not panicking and

understanding that the craving period is temporary; by distracting the person with games or going out, and by giving her/him food and drink.

- Coping with stressful situations

Generally, dependent persons tend to use drugs as a way of coping with stressful situations. The family can help by listening supportively to the person.

Substance-free lifestyle

A person who has been spending most of their time getting, using or recovering from the effects of drugs will experience difficulties in re-learning normal life in society.

- The management of finances will be especially difficult, as drug dependence is associated with many financial losses. The family can help the person clear the debts, budget current expenses and invest for the future.
- The management of time: if the time of the person is not managed wisely, it can lead to boredom, which may trigger a relapse. The family can provide support by helping the person schedule activities, not letting her/him alone too often and engaging the person in some mutually interesting activities.
- Role functions: with progressive addiction, the drug user often reduces or stops taking responsibilities within the family. Once she/he recovers, the person may be keen to take on those responsibilities again, but the family members may be hesitant because of the lack of trust, doubt, or because someone else has taken up that role. Therefore the client needs therefore to be helped to accept the lack of trust from family members due to past experiences of broken promises. The family also needs to be counselled on the need to normalize the activities of the individual and encourage her/him to accept



responsibilities. The family members should also be cautious not to constantly bring up past issues and put the recovering person down for all the problems that she/he created in the past.

Coping with relapse

Family members often find it difficult to accept that the process of recovery is uneven. They would like to believe that once the dependent person is admitted into a treatment programme, she/he would remain drug-free for life. A relapse may come as a rude shock, and the family may feel hurt and betrayed. Therefore, the counsellor should:

- Emphasize to the family that relapse is very common during recovery.
- Stress the need for continuous and regular follow-up.
- Advise the family to bring the person to the treatment centre at the earliest in the event of a relapse.

III. Recovery

Recovery is a process of change that takes place over a period of time. Receiving treatment and not using drugs is an essential step, but it is not enough for complete recovery. The treatment is just the first step and not an end in itself. It



Exercise routine

only stabilizes the client, the major part of recovery starts later.

Recovery does not occur automatically after treatment. It requires a conscious effort and continuous support for change. **Recovery means a new way of life for the drug user. It not only involves giving up drugs, but also changes in her/his thoughts, behaviour, function, relationships and lifestyle.**

ABSTINENCE IS A STEPPING STONE TO RECOVERY

The five pillars of recovery are

- Physical well-being

As a counsellor, you can provide some common sense directives to help in the client's improved health:

- Establishing a regular meal routine with at least 3 balanced meals a day is important.
- Maintaining regular sleep hours is necessary.
- An exercise routine or a brisk walk of at least 10-15 minutes each day should be encouraged. Taking pride in physical fitness is a strong motivator to staying drug-free.
- Bathing daily and dressing neatly help the client re-learn how to live and become integrated in society.
- Health problems like needle abscesses, etc. need to be treated, for physical pain and discomfort can often trigger a relapse.

- Productive Work Routine

Employment gives the recovering client a sense of fulfillment as well as financial (or food) independence. Therefore, the counsellor should help the client to find work opportunities and handle job interviews. Vocational training also needs to be considered.

- Meaningful Relationships

The counsellor should help the client to retain relationships, inside and outside of the family as



well as re-learn how to form new relationships. This is easier said than done!

- **Positive Personality Changes**

Respecting other's needs and feelings, honesty, accepting responsibility, and above all not participating in anti-social and criminal activities influence the quality of recovery. Discussing testimonies of others in recovery as well as meditation and prayer can help the client.

- **Experiencing Pleasure Without Drugs**

Going back to the client's history and identifying activities that the client used to enjoy prior to addiction is a good starting point.

IV. Aftercare Services for Drug-Dependent Persons

Aftercare refers to services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment. The issues that aftercare has to work on are: the handling of craving; the establishment of a new social network for the recovering person; the beginning or resuming new roles and responsibilities as employee or student, family member and friend; and relapse prevention.

So, after the earlier phase of treatment is completed, aftercare has to be prepared as follows:

- Specifying the person(s) responsible for providing aftercare
- Specifying time, frequency, place and nature (home visits, meeting, telephonic contacts and letters) of contact.

The aftercare services include:

- Individual counseling
- The continuation of medications. Depending on the recovery model used, maintenance or anti-craving medicine can still be used under medical monitoring.
- Psychiatric and medical treatment

- Family counselling
- Aftercare groups. Group therapy in such settings is a powerful technique of aftercare. Regular meetings should be held at least once a week, led by aftercare staff members and senior recovering addicts.
- Vocational Rehabilitation. As many drug - dependent persons start drugs because of economic difficulties, this might be an essential part of the recovering process. Also, the counsellor should maintain contact with the employer of the recovering person and make visits to her/his workplace to prevent work crisis.

V. Relapse Management

Relapse, the return of drug use, most often happens when the client faces a crisis. Crisis may be caused by family situations (lack of support, violence at home, separation, etc.); economic situation (failure to find a job or loss of job, pressures to repay debts, etc.) personal and social situations (having to face legal action because of previous theft/assault, ostracism from the community because of earlier behaviour, etc.) or even positive events (such as job promotion, marriage or the birth of a child).

- Relapse is not a sign of poor motivation.
- Relapse does not signal failure of treatment.
- Repeated relapses does not indicate that there is no hope of recovery

Relapse warning signs are:

- Irrational thoughts: The person may have recurrent thoughts of drugs (including alcohol) or try to justify its use.
- Unmanageable feelings, due to an inability to handle feelings. For instance, the person's unemployed status over a long period may



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give rise to self-pity and a sense of worthlessness. The unexpressed anger may lead to severe resentment. She/he may then be tempted to try alcohol or other drugs in an effort to handle these drugs.

- Self-defeating behaviours.
- The progressive loss of daily structure: the client may not eat or sleep on time, may overwork or just be lethargic.

The counsellor should be trained to recognize

those signs in order to prevent relapse. He should educate the client about the risks.

In case of relapse, the client will feel guilt and shame, and so hesitate to contact the counsellor again. She/he might feel that recovery is impossible. So the counsellor has to make the first move and encourage the client to take help. Postponing help may only permit her/him to sink deeper into drugs and make intervention more difficult.

The counsellor: the most important link for treatment and recovery.

The strength of the counselling relationship greatly influences the treatment and recovery process. The counsellor's professional ability to identify problems and work with the client, is based on a good understanding of the process along with an attitude that is helpful and optimistic. The supportive, non-judgmental relationship with the counsellor is often the only source of support available for the client. The counsellor needs patience and tolerance.

Treatment and recovery is like a journey that the client undertakes in unfamiliar terrain. The counsellor is working like the client's ally to accompany him along this journey.

From the beginning, the counsellor establishes contact with the client, even if she/he has not considered to stopping the use of drugs. The counsellor can at this stage give practical advice to improve the clients life (see article on harm reduction). Later, if the client wants to change, the counsellor can strengthen her/his motivation by exploring the reasons behind the motivation and then discuss a plan of action. Then, when abstinence has been achieved, the counsellor can help the client to maintain abstinence, identify the problems that may lead to relapse, and focus on a change of lifestyle (including help to find a job or vocational training). If a crisis arises, the counsellor stands by her/his client to handle the crisis without drugs. If the relapse could not be avoided, the counsellor can help the client handle it without coming back entirely to the pre-treatment stage. Then she/he can learn from the relapse to improve the treatment.

THE MORE COMPETENT AND EMPHATIC THE COUNSELLOR, THE GREATER IS THE LIKELIHOOD OF THE CLIENT STAYING IN TREATMENT, RETURNING FOR FOLLOW-UP AND CHANGING HIS BEHAVIOUR. EMPATHY AND A HUMANE AND CARING APPROACH ARE IMPORTANT ATTRIBUTES OF A COUNSELLOR, WHICH MUST BE COMPLETED WITH SPECIFIC SKILLS AND TECHNIQUES.

Source: UNODC



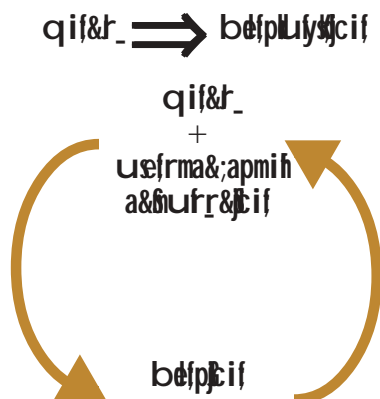
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This article will give our readers an example of a drug demand reduction centre managed by UNODC in a very remote area of Eastern Shan State.

Drug Demand Reduction Centre at Mong Pawk

PanHai Village Profile

Households Cultivating Opium: 76%

UNODC started community based drug demand reduction in villages of the Mong Pawk District from May to November 2000. The Mong



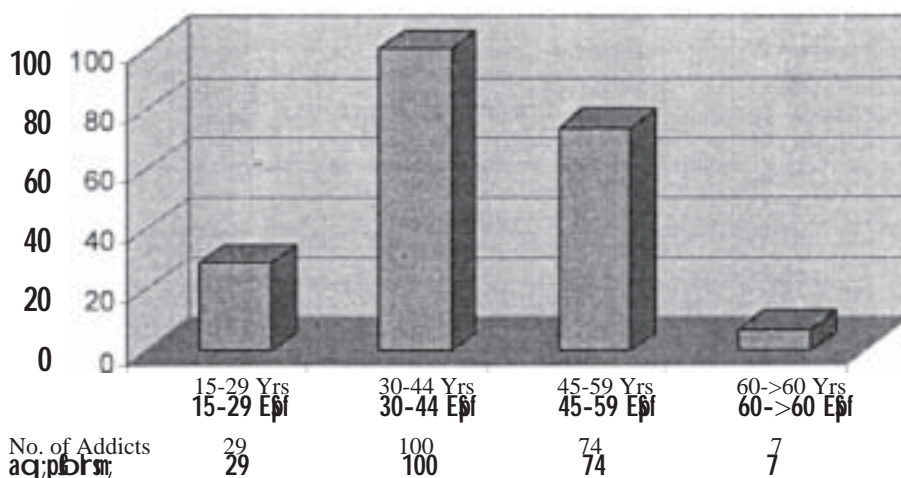
A photograph of a traditional village with thatched-roof houses nestled in a lush, green, hilly landscape. A dirt path leads towards the houses. A red timestamp '13 18:34' is visible in the bottom right corner.

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Miss Ye Ye (not her real name) is a 27 year-old Wa from Mong Lian, on the other side of the (Chinese) border. When we took the picture (see other side) she was on the 23rd day of her treatment. She told us that she had started to use amphetamines and to smoke heroin a year ago after her baby died. She had often wanted to stop, but never could until she came to the centre. She told us that the withdrawal period has been extremely difficult to endure. When we asked her what has been the most helpful at the centre, she answered that it was the friendship that surrounds her.

Age Distribution of Drug Addicts (Mong Pawk District)



Pawk District, which consists of 5 townships, have a population of around 40 000 people. Four to six per cent of the people of the district abuse drugs, so there are between 1600 and 2400 drug dependent persons. Although the use of amphetamines (4%) is rising, 96 % of the drug users use opium and there is starting to be some heroin smokers. Not a single village is escaping this problem.

In November 2000, the Wa authorities limited the access to the villages.

In February 2002, UNODC started providing demand reduction services again in a drug treatment centre attached to the Mong Pawk Hospital.

The centre can accommodate up to 35 drug users per batch. The treatment lasts for 30 days. After a period of 10 days detoxification, when

the drug users are free of withdrawal symptoms, they go through 20 days of rehabilitation treatment. The doctor and 6 DDR assistants of the centre use the *Routine Symptomatic Treatment* for detoxification. It means that the clients are given a substitution medicine, opium tincture solution 2.5 cc BID (as methadone is not available), while their withdrawal symptoms (diarrhoea, pain, etc.) are treated with supportive medicines. After the 10-day critical period, the families are allowed to visit and the 20-day physical, mental and social rehabilitation starts as follows:

- Group Psychotherapy: to raise self-esteem and re-learn to live in society.
- Counselling: to solve the problems.
- Recreational therapy: watching movies or other recreational group activities.



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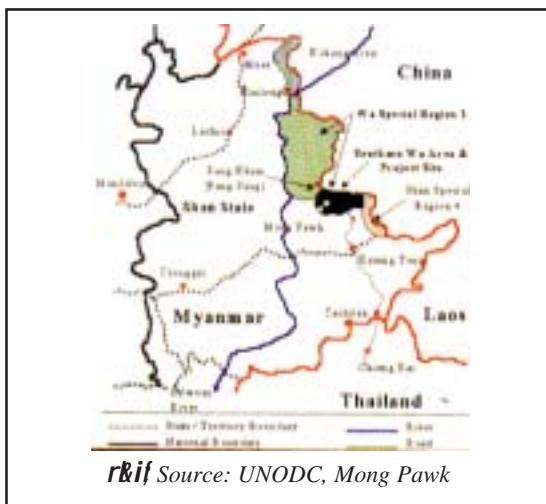
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x m; o n ?



O a' o & f f & d w & d A Shan village in Wa area



Cold Turkey Detoxification: Drug users are detained with or without forced labor and provided no medicine until they could quit drugs.

However, after the first batch had been completed, the news spread quickly about the good treatment and the smooth detoxification of the project. From that time on, many drug users kept coming to the centre, and some had to be turned away with reassurance to come back in the next batch. In November 2003, ten batches, for a total of more than 300 drug users have been treated. The relapse rate is at 43% after one year.

However, the pressure of law enforcement is still very high. The local authorities make drug users pay a fine of 15 silver coins (300 Chinese Yuan) after the first relapse and then double after the second, which is said to be the last warning. After the last warning, the local authorities declared that they would apply the death penalty.

-Occupational therapy: doing light work at the centre and in the surrounding fields to re-learn to concentrate on work and divert from craving.

-Physical exercise: sport.

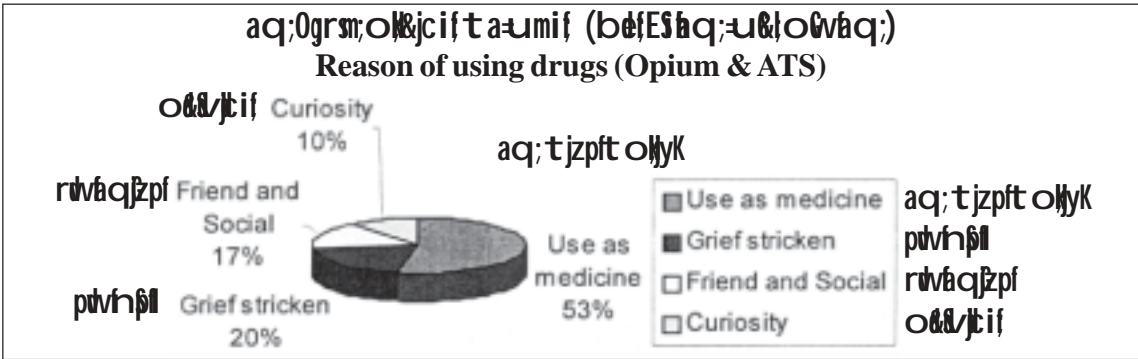
At the same time, health education activities are organized, as well as training on technical agriculture know-how. Then, at the end of the period, vegetable seeds are distributed to the recovering persons.

Following up of the recovering persons is conducted by village health volunteers weekly for 3 months, every two weeks for 3 months and monthly for another 6 months. During the follow-up, medical treatment and counselling are provided.

At the beginning the drug users were reluctant to come, owing to their long experiences of very often being tricked and forced to a detention centre for cold turkey detoxification .



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Dr. Sai Seng Tip conducting training on Drug Demand Reduction





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o i f v l y i e f y l f w 6 f r n b n l t c s u b n f t c u t b l j z p l y g e n f ?

t q f a j z j w a w m u j c i f o n f r c u t y g 10 & u m v f i v e m t m ; v l v l h a q ; j w c i f v u Q % m w l e S u i f a 0 ; o n ? o l o m f E p b h a q a E g c i f o n f t v e t u t y o n ? t x l o j i f p v l y l f q l l m j y \ e m r s ; u l a j z & s f i m w 6 f c u t h u m i f a w o n ?

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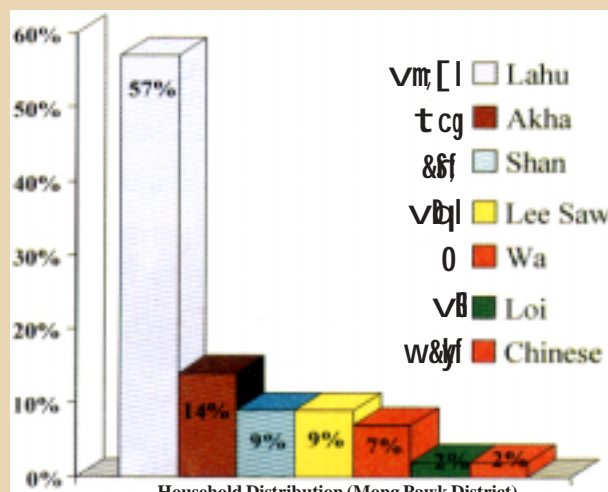
v l t r s ; o n f y \ e m . t & i f t j r p u b l e f v u r c h w y g b e f u l z w e f v g h o m l v n f t j y k t r u l a j y m i f v e f t v e t u t y o n ! T t y l f o n f t c u m v v n f t v e t u m y o n ?

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T X m e Y o i f . t a w e t j u l t & a t m i j r i h o m j y e l v n a u m i f r e j c i f t a u m i f u l e r e m a y ; E l l y g v m ; ?

y e t r f a ' o & s r f o m a o m r o m ; p k s r e f u a v ; i , l v a , m u l u l u l e a w m l u b a y ; c l y o n ? o r o n f b e f j z l E s h t r z u f r i f u l p d e o j z p l y o n ? o r o n f w & l v j y n f E p j u t w l l w l f u b r c h l h o m l v n f y x r t j u t w 6 f 7 & u E s h l v d t j u t w 6 f 6 & u f a e m u f l f a q ; j y e f o l p b n ? u l e a w m l u l X m e w 6 f u b r c h l y d t v e p d v a u e y f & l 2 v w l l w l f a p w e n d e x r f t j z p f a q ; p b r s ; u l l u h a y ; c l y o n ?



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r k i f Source: UNODC



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Drug Demand Reduction Assistant: Mr. Kham Lyan

Mr. Kham Lyan is a 23 year-old Wa. He has been working as a Drug Demand Reduction Assistant at the Mong Pawk Centre for two years.

How did you start working as a DDR Assistant?

I have always been interested in health. So when in UNODC started the EPI programme (Expanded Programme in Immunization) in the area January 2000, I applied, was trained and worked for immunization. After that, I was trained again to become Drug Demand Reduction Assistant.

What is the most difficult part of your work?

The detoxification treatment is not very difficult, as after 10 days most of the clients are already free from any withdrawal signs and symptoms. But the counselling is extremely difficult, especially when you have to solve mental problems.

Why?

Many people don't want to recognize and accept the source of their problems. It is easy to quit opium, but it is so difficult to change behaviour! It is a very long - term process.

What can help?

Group psychotherapy helps a lot. It helps to let the clients share their experiences, their individual problems. This way, everybody can participate in finding solutions to their problems

Can you give us an example of successful recovery from your experience at the centre?

Once we treated a young girl from a rich family of Pan Kham. She was addicted to heroin and amphetamines. She had already been through treatment twice in China, but relapsed seven days after the first treatment and six days after the second one. After completing the treatment at our centre, she was so relieved that she volunteered to help us two months here to treat other drug users.

What according to you are the most important elements for a successful recovery?

I think that the most important is the follow-up after the treatment has been completed. Then, providing counselling to the family of the recovering person is also very important.



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CARE (Community Addiction Recovery & Education) Project

CARE Project Staff : Ko Lo Htoo and Law La Say



This article shares the field experiences of Addiction Workers from Care Project working along Thai-Burma border.

Development and related changes in the economy, as well as in social patterns of the societies can be observed all around the world. At the same time, threats to human beings increase year after year. Among them are alcohol and other drug abuse. For example, ethnic groups residing along the Thai-Burma border are suffering from political, educational

and social pressure. They look for an escape through alcohol and other drugs and eventually become victims of these substances. The rate of addiction increases rapidly.

The world community has taken the problem into account and is trying to address the problems of drug addiction and alcoholism. It is time for all of us to join in solving these problems.



Thailand-Burma border Umpiem Camp



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e d f a j c m u j c i f / t w i f t " r R y l f a q m i j c i f / t j y p a y j c i f
o n l w u , l v u a w G Y j z w l v b t m w * E % o m t u l
t n j y E l l y d a & & s l w f t " y ` g f & g p b l u e f X m e w e f
t q p a j z w f a w m u j c i f u l t a e m u l v l f a q ; O g r s r ;
r y d e n f v r f u k l a j r m u f s r ; p a j i l v u a w G j u l p m ;
t a u m i f t x n a z : & m w f a t m i j r i f _ t a w m f o i h
& & b n ? u s i b l k h o m u k l r s r ; r f e m ; o l f t y p l u f
u b a y j c i f / & l m t E g y n m i z i E g E S j c i f / w l f & i f a q ;
j i l u b o j c i f / a c f a y g f x l y a y j c i f / t [m & " g v j z n h
p l u a y j c i f / r l , p a q ; O g E S j y w b u l y d y n m a y j c i f /
r t l u l l u j y e l v n e m ; v n a p & e y n m a y j c i f / O l f z ^ l u k l
x l u a j r m u & m v r f (1 2) o f j i l u h j c i f / t j y e f t v e f
w l l y i a q f a E g j c i f / t j c m ; u k l r s r ; p a j i z i h y l a y g f y d
u h l u b a y ; y o n ? t & u E s r l , p a q ; O g p l e f j c i f

o n l a q ; z u b q l l m ^ _ ^ a ' g l f s u n f r n b j l g u e m v m & s n f
a & m * E S i t w l v y i f z p l y o n ? x l f a u m i l t & u E s r l , p f
a q ; O g t m ; u i f & s f p h a e x l l v m E l l & e f t w l u f t c e f , l
& e f v l t y l y o n ?

ed l c s y f t a e j z i h

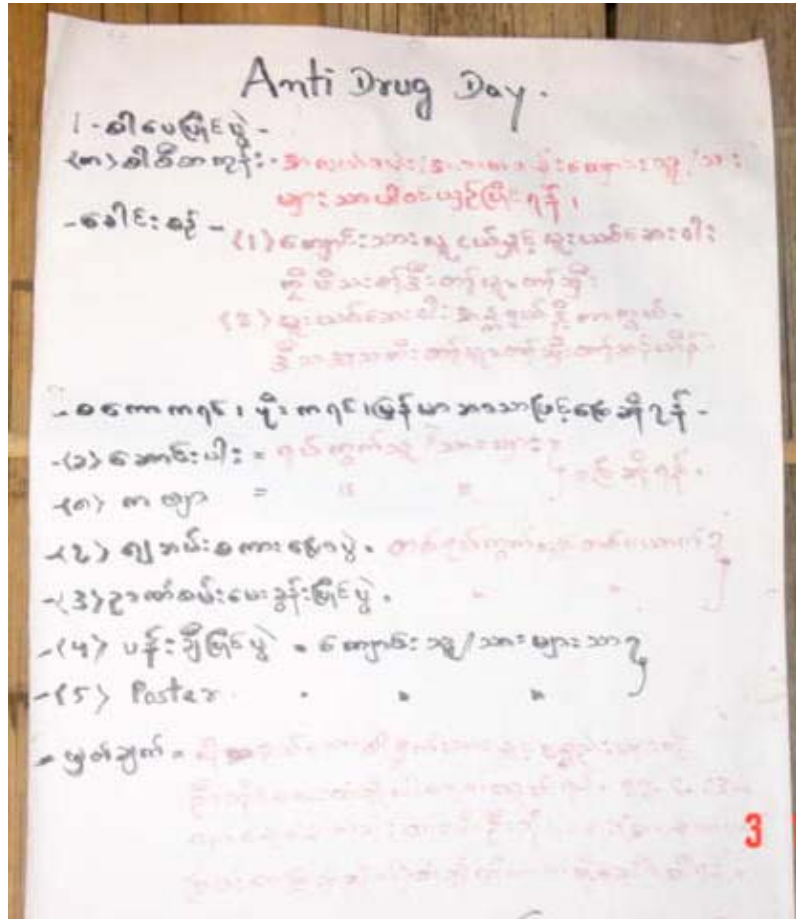
t x u l y g y l r t m ; v l u l y E l l & e u ^ e a w m l v l
C A R E p b l u e f o n l v r l p k v p b t m ; u l p m ; j y l a o m
y l k - l v r s r ; z i h C A R E p b l u e f t j u l y ; y l k - l v r s r ; u l l
z o n f y d 4 i f w l t t j u l y k v r f n e f a t m u l v l f v l y i e f
t p l t p o f s r ; u l l v l u l l t y o n ?

x l n f w p h y x r E p l ' l v d E p f o i l v e f o m ; r s r ;
o n l r t v ^ l u b u q l l m v l t z f t p n f t w f q u l v u f
v y l r ; E l l & e f t a q m u l t O j z p a p / u b o r q l l m u d m
r s r ; & l o l y p P n f r s r ; / o i l v e f a y ; & e l v l t y a o m y p P n f
r s r ; u l v n f o u b q l l m N G O s t z f r s u h l a x m u l y l
r a y ; y l l o u b q l l & m p c e f v l u d r s r . t u l t n d a y ; r _

a u m i l t c u l t c h s r ; p h u l l
& i q l l & a o m l v n f j u l p m ; y d
r t l v r s t t w l u f a p w e m d e f
x r f v l y i e f u l q u l v u f v l y i
a q m i l b n ?

x l f a u m i l u ^ e a w m l v l
C A R E p b l u e f r S a i a u ;
t a x m u l t u j k t z f t p n f
r s r ; t j u l y ; y l k - l v r s r ; N G O s
r s r ; p c e f v l u d r s r / C A R E
p b l u e f v l y o m ; r s r ; t m ; v l u l l
t x l a u s Z i w i r y g a u m i f E S h
t u l t n d q u l v u f l t y f
a u m i f a j y m v l b n ?

v l t z f t p n f w f t & u f
E s r l , p a q ; O g u l t e f y d y p l y , f
l p l e f o h s r ; u l t p t i l u h y l l
v r f ! f j c i f u l l j y k v l y E l l & e f
v l k t m ; v l . O l f o e f v u l v l
w m d e f , r _ v l t y l y o n f a w m i h
w i f c l l r m y d t & u r l , p a q ;
O g r s r ; u i l p i a o m v l t z f t
p n f j z p l v m y a p v l a r h l v i h
v l u f



E l l p c e f w l l a q ; O g q e l s i h & a e o y l r r _ A n t i - d r u g d a y c o n t e s t a c t i v i t y i n N u P o h c a m p



CARE Project along the Thai-Burma border

CARE Project started its project activity in 2000 to help solve the problems of drug abuse and alcoholism along the Thai-Burma border. Its activities include prevention, education about substance abuse, training of trainers, treatment for drug users and relapse prevention. The project is carried out in a very difficult and complex social and political context. Therefore, it needs the participation of the community, as well as advocacy and collaboration of all stakeholders in order to succeed.

Training

The CARE Project, in a very difficult context, has been able to provide training to people living in the refugee camps along the Thai-Burma border. The first and second training programmes were launched successfully during 2001-2002 and 2002-2003 and the third one will be carried out during 2004. The programme is divided in two parts, one training for Addiction Workers, which lasts 9 months, and another one for Community Addiction Workers, which is only a 3-month course. After having been trained, the trainers are training workers. After completion of training, the workers are responsible for drug abuse prevention activities in their communities, as well as counselling of family members and friends of drug users, and referral of the drug users that wish to receive treatment and to quit drugs to the CARE Centre. CARE Teams inside the camps also provide community based relapse-prevention activities.

Treatment

CARE Project applies non-violent treatment for the client who wants to quit drugs. Therefore,

it is necessary for them to be very motivated to quit, and not to be under pressure from others. Experience shows that threats, punishment and the use of force can make drug users quit only for short periods of time, never for a long time. In the CARE Project, detoxification is not supported by Western medicine, but instead uses acupuncture (on the ears), traditional massage, traditional medicine, perspiration method, good nutrition, education on drugs, relaxation, group therapy and Narcotics Anonymous-the twelve ways for freedom. Counselling and group discussions are also used during the rehabilitation phase. Alcohol and other drug abuse can be compared to a chronic disease. So it takes time to stay away from alcohol and other drugs.

Conclusion

In collaboration with the CARE Project advisors, the representatives of all ethnic groups [in the camps] advocate, guide and steer the field activities of the programme.

Volunteers, after completion of first and second year training sessions, implement project activities for their own community. Lodging, equipment, stationery and educational material have been supported by concerned NGOs. With the support of camp leaders, CARE Project has been able to continue its activities.

So we would like to thank all stakeholders, funding organizations, NGOs, advisory members, camp leaders and the project workers for their support.

Collective community participation is also necessary to hate alcohol and other drugs, and at the same time to show love, compassion and support to the drug abusers. We expect that our communities will be drug (and alcohol) free in the future!



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ye;tylyfsh;
From drawing contest

rl, p;q;0gEmubqulwG
twGf&yf
Narcotic drug and
its shadow

armiADif MaungBo Win

2003 ခုနှစ် အမျိုးသမီး-အမျိုးသား ပူးပေါင်းဆောင်ရွက်သော
 အမျိုးသမီး/အမျိုးသား ပူးပေါင်းဆောင်ရွက်သော 'လူဝတ်စုံ'

Winner of Cover-page drawing contest for 2003
 Saw Maung Hta-Community Health-Mae Khong Kha Camp



Blood supply is not sufficient due to narrowing of
 blood vessels. Some people have to be amputated.
 Smoking can also give you other diseases.

Note:

Distance
Learning
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Note:

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Learning
Health
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