

**Reality Bytes: On drugs in Southeast Asia**  
**A podcast series on experiences of drug treatment and rehabilitation**  
**Episode 2: On understanding community needs**  
**Transcript**

**Gloria (Interviewer):**

Welcome to the Reality Bytes on drugs in Southeast Asia podcast. In this episode, I'll be chatting with an expert in managing drug use and drug dependence. His name is Mr. Thomas Cai. He's worked for many years in the health sector in Asia, Southeast Asia in particular, with a focus on providing treatment for people who use drugs and people who are dependent on drugs in the region. Hello, Thomas. How are you?

**Thomas:**

Hi, Gloria. I'm good.

**Gloria:**

Thank you very much for joining us today. So to just start off would you mind telling us a bit about why you decide to work in on these issues. They're quite complicated issues, so what motivates you to work on drug treatment issues?

**MOTIVATION FOR WORKING ON DRUG TREATMENT ISSUES**

**Thomas:**

I started to work in the NGO area because of HIV AIDS. In the year 2002, when I just started to step into the HIV/AIDS work, I found out that there are a lot of less fortunate people living with HIV, especially in my hometown: Guangzhou city, China. I see a lot of homeless people and that they become homeless for two reasons. One is that they're drug users and the second they are HIV positive. So I think, but I don't see any other positive people being kicked out of family. So the main problem for them is drug use. And so, people have a lot of strong prejudice against the drug users and in the Chinese language, when we talk about drug they call they call it poison. Poison material. So I think this is like putting a label on this behavior. That the people are crazy. Taking the toxic ingredients. And the second thing is, in a lot of public understanding, think that the people use drugs and make them drunk make them crime and after years of working on HIV AIDS, because at the first wave of the epidemic, so a lot of people and you have HIV positive, they are drug users. So where are we providing treatment literacy, care and support with them, I found out is a big issue. And also because some of the policy on and strategy on the drug rehabilitation, some of our clients, they will suddenly disappear and turned into the closed settings. So in many cases, their treatment ART had to be interrupted, because of that. Also I think people wants to taking a drug medicine, and with good compliance, they needs to have a belief means you do something every day. You have to believe that the life is good and the world is worth for you to survive and continue. But when you talk to drug users, most of them just say, I live one day, just one day, I just enjoy today. I don't care about tomorrow. So this is a tragedy. I think this ended up is we, we eventually up to 10, almost 10 years of working on HIV/AIDS only, we also step into the harm reduction work. See how to change the living environment and condition of the people who use drugs. I

think this is a very challenging topic and we tried to do something on this. That's why we actually started looking into the harm reduction issue from year 2000.

**Gloria:**

Thanks very much, Thomas. It's really admirable actually to hear about your work and but also the very the kind of these layers of difficulties and complexities that are faced by the people you talked about. Can you talk a bit more about what you mean when you say harm reduction?

**Thomas:**

Yes, I think I was naive when I just started in this field. I remember in my first job in the NGO, actually I found my organization by myself and with no donor. I volunteered myself to work on this for a few years.

## **UNDERSTANDING METHADONE MAINTENANCE TREATMENT**

I talk with the people because I never use heroin before. And, by that time, I just remember one thing I say, why don't we have methadone? Because the drug users told me that they can access to methadone in the black market. Methadone make them feel calm and stable. and then I started running around to looking for solutions. So why don't we have the methadone? That was year 2002 and 2003. And then I getting some answer. I remember one of the NGO staff talk to me say a to mention about this - methadone is illegal. Right? So I said why, but Hong Kong has it? So I do some research online, I found that methadone is a good substance to replace for the heroin, making the people functional and stay alive. Why we don't have it? So a lot of things made me confused. So I think for the harm reduction was when China started to have the methadone. I was so happy about that. And then so after a few years when we getting into the real harm reduction work in 2010, one of the topic came to us is why do people not comply with the methadone use? And then one is the cost. And we do another study on these, because there was a debate in China, they charge five yuan – it's equivalent to 70 cents per day. Some of the clients, the drug users say, we don't take methadone because it's too expensive. The government officials argue and tell me that no, heroin is much more expensive, right. So this is a debate. And then even a lot of my colleagues doubt maybe the people are lying. They are just making an excuse. They don't want to take the methadone. So one day, when we are sitting down with a group of drug users together in a meeting room, we started discussing this issue. There's no government official, no medical staff there. And then it's a quite private place. So when they started to talk, I find one answer. The people talk to me say, why I'm going to take methadone, because I want to change my life. I want myself to be functional. I don't want to commit crime. I want to stay with the family. I don't want to go to jail.

They said methadone is expensive, they can't afford. So by that time we start to talk with the local health authorities say, how about let's call back those who dropped off. Instead of five yuan, they only pay two yuan for methadone. The methadone clinic, they reduce 1.5 yuan, and then our program subsidized 1.5 yuan for each dose, making sure the methadone clinic is not losing money. When we try this, we increased about more than 100 people back to the methadone is like almost like a 30% increase of the people on methadone. So we continue, we find out that it works. General people think:

oh it's 1 yuan – that's 10 cents, 15 cents, 20 cents - it doesn't matter, but for these people who are in financial hardship, it matters. So we did this for more than a year.

## **INTRODUCING TAKE HOME METHADONE**

### **Thomas:**

One year later, we found out another issue to further increase access is: the methadone clinic opened in the fixed sites and people have to come to the clinic every day. So a lot of people have to go every day, say even holiday, Chinese New Year I have to go there raining, storm, I have to go. Also the people say, if I'm taking methadone, I can't go outside to work. I can't travel. So I'm totally tied up. So I think then, based on their demand, we make another pilot: take home dose of methadone. And at least now, there are thousands of people in Yunnan Province already enjoying this policy.

### **Gloria:**

How often do they have to go to the clinic now, for people on the take home methadone?

### **Thomas:**

they have different criteria, at the beginning they can take home two days. So they come back every three days. And then and then the second one is four days. Every five days. Right. Okay. The highest one is one week. After we doing this, some pretty, very strict study on that is we do urine test, and after they take off after they returned from the take home dose, and then we find out that the relapse rate drop down a lot. And then the urine test positive rate drop down a lot. And that means that compliance is getting much better. So I think this is like a consultation with the community, and then can help government making good policies - working together. So we need to share the synergy between the client and the service providers, that is how to make the things better – it's a partnership. Harm reduction is not just one-sided approach it's a joint effort between the community and the service provider.

## **WHY HARM REDUCTION WORKS**

I think in our pilot size area, because of the take home dose, it increased the methadone use compliance in that area. The local police say drug user related crime reduced about 60% in one year. So I think this is a very good evidence, that we can reduce the crime rate without arresting the people and put them into the closed settings. I think we need to generate this evidence to say you lock up the people yes you treat the symptom but you pay a lot and in government, they pay a huge price. In China, I have done some basic assessment that one drug user in the closed setting costs the government more than \$6,000 to maintain. Keeping somebody in the closed setting is I guess treating the symptom but not cure the disease. It is because the crime rate reduced by locking up the people but the price is too high - it's not durable. We've got the harm reduction strategy, we can really drop down the crime rate, step by step. And then it works.

### **Gloria:**

And it's sustainable.

**Thomas:**

Yes. And I think the governments should really try to review the demand of drugs and why and how harm reduction works better. A lot of governments they learn from each other. They try to show their political commitment by calling for a drug-free world. And I think, that's a dream, that is not a reality. Something we have to think about is substance abuse - there must be a reason why people love it. At the same time, I think we have to catch the word 'substance abuse' - abuse isn't the key issue. Methadone has become a very good substitution treatment for heroin, and then for the methamphetamine, I think similar things, research should be done.

**Gloria:**

Just to clarify Thomas, for methadone that is a substitution for heroin only, but not for other substances like methamphetamine that are being used much more commonly. You're saying that there needs to be research done into providing a similar form of substitution treatment for people who use methamphetamine - is that what you're saying?

**Thomas:**

Yes, we need to find methods to treat the people. Actually, methamphetamine, it was used for medical purposes before; in some of the medicine they contain these ingredients. And I think what we need to deal with is the abuse.

**Gloria:**

How would you talk about when you say abuse, what do you mean?

**Thomas:**

I think people can abuse anything, right? Like, I'm getting fat, because I've abused my food. I'm eating too much, without doing exercise. For drugs, we don't have any proper guidance and advice for the people. I'm very inspired by what I saw in Europe, I see many pill-testing sites. They can test a pill and tell the users what you've got, is there any harmful things there. Furthermore, we can see the purity of it, what dosage is contained in it. They can prevent overdoses. I think in the future we should really take this as a medical issue based on the Pill testing model and giving advice to them. I remember when in Vienna for a conference I joined a visit organized by Frontline AIDS to a pill testing site. They said that is an NGO run Pill testing site. They said they did a survey to the clients after the people getting the counseling based on the Pill testing report. About 72% of the people will say, oh, I should use less, use less drugs. They are controlling it, right? And then and then about 12% often people will say, Okay, I try to stop using drugs.

**Gloria:**

Okay, that's so interesting.

**Thomas:**

Yes, only 16% of people say, I don't care. I'm going to continue using. Yeah. So I think with simple pill testing, I think we definitely should have some guidelines, how to step by step. Then also maybe we could do something for controlling the quality. Yeah, do some quality check on the black market drugs, and then use this one, to helping the people to avoid overdose and the risk of their life.

**Gloria:**

Yeah, that's definitely, that would be amazing. Like, I understand that pill testing is something that is talked a lot about in a number of other countries, I think in Canada, for sure. In Australia in New Zealand's also talked a lot about and in those countries methamphetamine is also used quite widely. So it'd be interesting to see more discussion about that.

Can I ask you a bit about, you said before about how some of the ways in which governments often try to deal with drug use and dependence, you said that they can't succeed in addressing the kind of root causes of problems with drug use. What do you think are those root causes for people who have problems with their drug dependence or use?

**RETHINKING POLICY APPROACHES FOR DRUG DEPENDENCE**

**Thomas:**

I think for the people with the drug dependence, and after so many years, we can find out that some of the drugs like a heroin addiction is very difficult to get rid of. For this, we can consider it a medical issue. We should support them. We don't have enough study on the function of these drugs to human beings. I think we should really try to think about providing substance, medical treatment to them instead of abstinence based treatment. Now I see a lot of country, their policy, they all talk about harm reduction, but on the drug treatment and rehabilitation, they have something in common. And I think this is the fundamental problem of these policies is, it's abstinence-based approach and want the people to clean free from drugs. I think this is something not achievable. I think we should turn back to the reality, that we should try to allow these people to use healthcare services, which they feel friendly, and then to step by step to treat their addiction. The first approach is deal with the abuse issue. So I believe that people who use drugs if they can use under the medical advice and guidance, their life will be peaceful.

So I think it is important to say that we have friendly to guiding the peoples to demand and provide support and all these issue could be addressed. And then now is like a confronting, we force the people to detox. It doesn't work, it spends a lot of money, and the impact is very limited.

**Gloria:**

and Yeah, a lot of resources, I guess from quite a most countries in the region to try to make people stop using drugs. It's been going on for quite a long time. Actually, it's been amazing to hear of your work that has also been going on since, well, almost 20 years now. Thank you very much for sharing that. Your experiences and your recommendations have given us very important insights into how we should consider moving forward on drug use and dependence issues. Thank you, Thomas.

**End of Interview**