Impact of HIV Prevention Programs on Drug Users in Malaysia

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Abstract: Faced with a rising HIV epidemic among injecting drug users, harm reduction policies and programs were introduced in Malaysia in 2005. The positive impact seen since the introduction of these programs comprise the inclusion of the health aspects of illicit drug use in the country's drug policies; better access to antiretroviral therapy for injecting drug users who are HIV infected; reduction in HIV-risk behavior; and greater social benefits, including increased employment. Despite these achievements, tension between law enforcement and public health persists, as harm reduction exists alongside an overall drug policy that is based on abstinence and zero tolerance. Unless there is harmonization of this policy, sustainability and scale-up of harm reduction programs will remain a challenge.

Key Words: AIDS/HIV, drug policy, injection drug use, harm reduction, malaysia

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Although Malaysia is not a major producer of illicit drugs, its proximity to the Golden Triangle and other Southeast Asia countries that produce heroin and other illicit drugs has resulted in a longstanding domestic drug use problem in the country.[1,2] The government has expended many financial resources in its attempt to respond to this problem, which it views as a security issue and has labeled "public enemy number one."[3]

Until recently, Malaysia's response to drug use has largely been through the criminal justice system. The Dangerous Drugs Act of 1952 (revised in 1980) provides the principal legal basis for controlling the use and availability of illicit drugs.[3] Anyone suspected of being a drug user and found in possession of drugs or with drug-taking paraphernalia can be arrested without a warrant. Drug dependence, defined by a positive urine test for opiates or cannabis, will result in a sentence of 2 years' mandatory treatment in a drug rehabilitation center and, after return to the community, an additional 2 years under the supervision of a rehabilitation officer. In 2007, 7135 drug users were incarcerated in drug rehabilitation centers, where there is little access to primary health care, opiate substitution, or antiretroviral therapy (ART). Another 16,237 or 38% of the prison population were imprisoned during the same year for drug-related offenses.[4]

A recent global review indicated that the prevalence in Malaysia of injection drug use (IDU) was 1.33% of the population aged 15–64, which is among the highest in the world.[5] Heroin and morphine are the drugs of choice, accounting for 62%, followed by cannabis. Use of amphetamine-type stimulants is reported to be on the increase and currently accounts for 8% of the drugs used in the country.[4]

The first case of HIV was diagnosed in Malaysia in 1986.[6] By December 2008, the cumulative reported cases of HIV numbered 846,307 of a total population of 27 million in 2008, with more than 2 of 3 HIV infections associated with IDU. In 2008, 57% of the 3693 new infections detected were traced to IDU.[7,8] Among those attending government methadone centers, the HIV prevalence rate is 25%,[9] whereas prevalence among street drug users accessing needle exchange sites ranges from 25% to 45%.[9,10] Approximately 4% of the current prison population have been diagnosed with HIV.[11]

HARM REDUCTION PROGRAMS

Despite the widespread problem of illicit drug use and an HIV epidemic that was largely driven by IDU, substitution therapy and needle exchange programs were consistently rejected by the Malaysian government on the basis of its zero tolerance and drug-free policy. Amid an escalating IDU-driven HIV epidemic and release of a report on the Millennium Development Goals[12] showing that of the 8 Millennium Development Goals, halting the spread of HIV/AIDS was the only goal that Malaysia had not yet achieved, together with advocacy from nongovernmental organizations (NGOs),[3] the government consented to the implementation of pilot methadone maintenance and needle/syringe exchange programs in 2005. A National Task Force on harm reduction, composed of officials from the Ministries of Health, National Anti-Drugs Agency, Royal Malaysian Police, and Prisons Department and academics and representatives of NGOs, oversees these programs' implementation. Since its inception, the national methadone maintenance treatment program has been expanded and established in 59 government facilities and 9 private clinics, with 7065 clients registered nationwide. An additional 10,000 individuals are receiving methadone through private practitioners.[9] In 2008, a pilot prerelease methadone program was initiated in prisons and has subsequently

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expanded to 4 additional prisons and 3 drop-in centers managed by the National Anti-Drugs Agency.[9] A needle/syringe program, which began with 3 pilot sites in 2006, has been expanded to 8 states, and 1.8 million needles and syringes were distributed in 2008 to more than 12,000 clients.[9] Although NGOs are the primary implementers of this program, 7 government primary health care centers began providing clean needles in 2008, with a plan to expand to a total of 12 centers by the end of 2009.[9]

IMPACT OF HARM REDUCTION PROGRAMS

Although the harm reduction program in Malaysia is still new, with relatively low coverage, and an assessment of its impact on HIV incidence and prevalence has not yet been carried out, the programs' positive impact is already apparent.

First, at a policy level, the government now views drug use as a health issue as well as an issue of law enforcement. This signals a significant shift from previous policy that put drug users under the sole management of the criminal justice system and made drug policy the responsibility of the Internal Security Ministry and its National Anti-Drugs Agency. Responsibility for drug treatment now rests with the Ministry of Health, the Cabinet Committee on AIDS, the National Advisory Committee on AIDS, and the Technical Committee on AIDS.[3,13] This policy shift has been reflected in the composition of the National Task Force on Harm Reduction, whose membership now includes law enforcement officers from both the Royal Malaysian Police and the National Anti-Drugs Agency, together with health personnel. Furthermore, ongoing training on harm reduction for law enforcement officers is being carried out through the police training academy and Prisons Department. At local level, better collaboration between law enforcement officers and harm reduction service providers is developing, with a goal of creating a better understanding of harm reduction principles among law enforcement officers. A standard operating procedure was developed between the Malaysian Ministry of Health and the Royal Malaysian Police to guide police in dealing with drug users attending methadone clinics and needle syringe exchange sites, given that existing drug laws and policies are not supportive of such programs. Although other contributing factors may be involved, the number of drug users incarcerated in the drug rehabilitation centers has decreased since the introduction of the harm reduction programs from an average of 10,000 clients in 2003 and 2004 to 7100 in 2007.[4] A reduction in the number of drug users at these centers—mostly former camps of the paramilitary forces used against communist terrorist operations[13]—could significantly reduce the chronic overcrowding that may contribute to the dissemination of infectious diseases, including HIV, hepatitis C virus, and tuberculosis.[14,15]

Second, the availability of methadone maintenance treatment will enable more HIV-infected drug users to be initiated on ART. Concern for poor adherence related to current drug use made physicians reluctant to treat HIV-infected injecting drug users (IDUs). Better adherence to ART has been reported in drug users receiving opiate substitution treatment in developed countries. By end of 2006, 25% of those receiving ART were drug users, an increase from 7% in 2003.[16] Currently, 4 government-operated drug treatment centers provide ART to their residents. Plans are now underway for a scale-up of the antiretroviral program that will include HIV-infected prisoners and those at drug rehabilitation centers.[13,17]

Before the introduction of harm reduction, the level of unsafe injecting was very high among Malaysia's street drug users. Since the introduction of needle exchange, changes in unsafe injecting behavior have been reported. In a biobehavioral surveillance before the introduction of the needle/syringe program, approximately 56% of IDUs reported passing their used injecting equipment to their colleagues, compared with 43% in a second biobehavioral surveillance at the end of the year-long pilot program ($P < 0.01$).[10] The second study also showed a reduction in the proportion of IDUs using the services of street doctors (known as port doctors in Malaysia) from 42% during the first biobehavioral surveillance to 33% in the second ($P < 0.025$).[10] These "doctors" are generally located at ports, akin to North America's "shooting galleries," where drug users congregate. This represents a significant positive change as port doctors have been acknowledged as a major factor in accelerating HIV transmission among IDUs.[18,19]

The social benefits and impact of methadone treatment has also been seen among those attending the government methadone maintenance program, with 66% reporting full-time employment, an increase from 47% at the beginning of the program.[9] This benefit has also been reported in similar programs elsewhere.[20]

CONCLUSIONS

Although substantial progress has been made in harm reduction programs in Malaysia and despite endorsement and support from the highest level of government, many challenges and barriers remain to sustaining and scaling up these programs. The most significant barrier is that the harm reduction policy coexists with drug policies that remain punitive. Despite a standard operating procedure and an understanding with health and law enforcement at senior levels, police raids and arrests of those attending the methadone and needle exchange projects continue. The persistent tensions between drug control and harm reduction may negatively affect programs until a fully harmonized policy environment is established. Ongoing program evaluations and increased levels of multisectoral training, collaboration, and support are needed.

A further significant impediment to a rapid scale-up of both methadone maintenance treatment and the needle exchange program is the lack of skilled staff to provide quality services. Innovative models of delivery service utilizing various members of the health care workforce need to be explored. Several studies in Nepal, Myanmar, and China have explored the role of community-based nurses, who have proven essential to the effective implementation of harm reduction programs.[20] Members of the drug-using community are often recruited as outreach workers and peer educators for these programs. Training to all service providers in harm

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reduction programs needs to be sufficient to ensure that quality services are provided.

Finally, because of decades of criminalization and labeling as "public enemy number one," the stigma and discrimination surrounding drug use in Malaysia remains extensive.[21] The negative impact of a war-on-drugs policy in countries such as Thailand on the stigmatization and discrimination of illicit drug users in general and HIV prevention among injectors more specifically has been reported by several authors.[22,23] The introduction of harm reduction, particularly needle exchange, was met with much public opposition. Extensive awareness and education regarding the benefits of harm reduction and efforts to dispel the myths surrounding it are required. The double stigmatization of drug use and HIV, especially in health care settings, may discourage HIV-infected drug users from coming forward to access prevention, treatment, care, and support services.[21,22] More effort and research on interventions to reduce the stigma associated with drug use and HIV need to be undertaken to diminish its negative impact and minimize current barriers to implementing these effective harm reduction programs.

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