



## **A Call for Sustainable Leadership Charting the Harm Reduction Roadmap: a Report**

Sunday 18 October 2015 | Held in Kuala Lumpur, Malaysia  
in conjunction with the 24<sup>th</sup> International Harm Reduction Conference



Malaysian AIDS Council & the Centre of Excellence for Research in AIDS (CERiA)

## A Call for Sustainable Leadership:

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#### EXECUTIVE SUMMARY

“I can assure you that funding for harm reduction will continue. The Ministry of Health is committed towards realising harm reduction targets.”

Datuk Dr Lokman Hakim Sulaiman  
Deputy Director-General of Health

“We will not be able to realise the full extent of the benefits of harm reduction without removing barriers, including our laws and policies that criminalise drug use and restrict access to treatment and harm reduction services.”

Prof Dr Adeeba Kamarulzaman  
Director, Centre of Excellence for Research in AIDS (CERiA)

“The evidence on the efficacy of methadone treatment is undeniable. However, the fact is that some patients simply adhere better to buprenorphine.

*Harm reduction in Malaysia has seen growth from the year 2005 to where we stand now in 2015. Collaborative efforts between the Ministry of Health, the Ministry of Home Affairs, the Prisons Department, the Malaysian AIDS Council and many nongovernmental organisations (NGOs) have allowed access to Opioid Substitution Therapy (OST) and Needle Syringe Exchange to 74,816 and 85,593 clients cumulatively.*

*On October 18<sup>th</sup>, 2015, stakeholders from all sectors of the harm reduction strategy convened in the margins of the International Harm Reduction Conference at the Royale Chulan Hotel Kuala Lumpur. Notably, these stakeholders included: Datuk Dr Lokman Hakim Sulaiman, the Deputy Director-General of Health, Ministry of Health; Professor Adeeba Kamarulzaman, Director of the Centre of Excellence for Research in AIDS (CERiA); Yatie Jonet, PWUD representative from AIDS Action Research Group (AARG); Associate Professor B Vicknasingam, Drug Research Centre, Universiti Sains Malaysia; and international experts Dr Christian Rowan, an addiction specialist and politician from Queensland, Australia; and Mr Steve Kraus, UNAIDS Regional Director. Also in attendance were representatives from the HIV/STI unit from the Ministry of Health, family medicine specialists dispensing methadone from Ministry of Health community clinics, the University of Malaya, the National Anti Drugs Agency, the Narcotic Crime Investigation Department of the Royal Malaysia Police, and private practitioners specialising in addiction.*

*Discussions centered around existing challenges such as improving access to rural populations and women who use drugs, as well as new upcoming challenges such as the rise in amphetamine type stimulants (ATS) use and the introduction of buprenorphine as an alternative to methadone therapy. Several key takeaway messages emerged: that Malaysia was a leader in harm reduction strategy in the region, and is well placed in taking the region to the next level (Kraus, UNAIDS), reinforcement of the MOH's commitment to harm reduction, in the form of both financial resources and harm reduction infrastructure (Datuk Dr Lokman, Deputy DG, MOH); the need for major review of Malaysian drug laws and policies as necessary for the way forward (Prof Adeeba Kamarulzaman, Dr Norsiah Ali); that women who use drugs needed gender-sensitive harm reduction services (Yatie Jonet); that treatment options, including buprenorphine, should be included in national harm reduction programs (Assoc Prof B Vicknasingam, Dr Sivakumar Thurairajasingam) and that there was a need for a unified drugs strategy with a single point of accountability, as all stakeholders currently work in silos (Dr Philip George, Dr Christian Rowan).*

*Key actions and recommendations from the meeting included the decision to reinvigorate the National Harm Reduction Taskforce created in 2005, using the representatives present at the roundtable discussion. Other recommendations included introducing buprenorphine into the Harm Reduction Strategy, provision of gender sensitive services for women who use drugs, to incorporate MMT services into lockup facilities and to include Hepatitis C and ATS dependence as foci within the Harm Reduction Strategy.*

There is an urgent need to include buprenorphine as an option in this national harm reduction programme.”

Dr Sivakumar  
Thuraijasingham  
Addiction Specialist  
Monash

“Harm reduction is not only about reduction of HIV. We need to include targets of functionality and stability into our harm reduction targets.”

Associate Professor  
Dr B Vicknasingam  
Drug Research  
Centre, Universiti  
Sains Malaysia

“This is the first time I’ve been included in a meeting like this. I’m worried about us continuing to work in silos.”

Dr Philip George  
Consultant  
Psychiatrist and  
Addiction Specialist  
International Medical  
University

“There needs to be a single point of accountability in the national drugs strategy. Else, Malaysia risks fragmentation of services.”

## SESSIONS

### **Session 1: Malaysia’s Harm Reduction Journey: From Pilot to International Recognition**

**Dr Fazidah Yuswan, Senior Principal Assistant Director, HIV/STI Sector, Ministry of Health (MOH)**

The MOH response to HIV/AIDS began in 1985, and efforts have been continuously scaled up since. Political leadership was key for the launch of the Opioid Substitution Treatment (OST) program in 2005 followed by the Needle and Syringe Exchange Program (NSEP) in 2006. Since then the MOH has committed to upscaling the program, expanding the OST services not only within MOH facilities, but also to the National Anti Drug Agency (NADA) facilities and Prison. NSEP has been expanded to health clinics, while previously they were limited to nongovernmental facilities, specifically with the Malaysian AIDS Council (MAC). Policies put in place such as the National Strategic Plan (NSP) provide a clear mechanism for stakeholders to achieve goals that are set. Dr Fazidah described existing MMT and NSEP Guidelines and Standard Operating Procedures (SOP) as created specifically for stakeholders and implementers and that they were designed to be flexible so they can adapt to the environment, at the same time remaining consistent to relevant laws presently in force. Lastly, it was reiterated that teamwork and cooperation between multiple stakeholders have been key to the success of the harm reduction program, notably stakeholders such as MAC that have been continuously involved in policy and decision-making.

### **Session 2: Cost Effectiveness of Harm Reduction in Malaysia** **Professor Adeeba Kamarulzaman, University of Malaya**

The session began with Prof Adeeba underlining the importance of evaluating not only health outcomes, but also the cost effectiveness of the programs involved in harm reduction. Prof Adeeba presented findings from three separate studies that displayed the cost effectiveness of harm reduction. A World Bank-funded study titled “Cost-effectiveness and Return on Investment of Harm Reduction Programs for People Who Inject Drugs in Malaysia” aimed to determine whether harm reduction has prevented transmission of HIV, to what extent and whether these interventions had been cost effective and/or had a return on investment. The data showed that harm reduction measures would have already prevented 39% of new infections by 2013, and when extrapolated through to 2050, would prevent 79% of new infections. The direct health care cost savings are estimated to be RM47.06 million up to 2013, and RM909.47 million by 2050. In terms of cost effectiveness, Quality Adjusted Life Years (QALYs) were calculated to be 2,465 by 2013 and 1,482 by 2050. It was calculated that over the next 10 years, every ringgit spent in harm reduction program would give a return of RM1.07 in direct health care costs. The next two studies looked at the transformation of Compulsory Drug Centers into Voluntary and Evidence Based Care centers, and a comparison of the two. The comparison study between compulsory and voluntary treatment centres found that community OST was six times more effective in preventing relapse and twelve times more cost-effective when compared to compulsory detention.

### **Session 3: The International Harm Reduction Model of Success** **Associate Professor Dr Christian Rowan, Addiction Specialist & Member for Moggill, Queensland, Australia**

Dr Rowan began by stating that the time is ripe to be discussing new and revised strategies for harm reduction, in both Australia and Malaysia. Australia is finding emerging issues with ATS dependence and co-occurring disorders, similarly to Malaysia. Dr Rowan emphasized that drug use needs to be looked at as a health problem and not a criminal justice problem. In addition, there should be a single point of accountability. In an approach where so many stakeholders are involved, fragmentation can occur easily without constant consolidation of actions. The next



Dr Christian Rowan  
Addiction Specialist  
and Member for  
Moggill,  
Queensland,  
Australia

“Women like me  
(women who use  
drugs) are scared to  
access the harm  
reduction services.  
We need specialised  
services – services  
designed just for  
women.”

Yatie Jonet  
PWUD  
Representative  
AIDS Action  
Research Group  
(AARG)

“There are still a lot  
of misconceptions  
about harm  
reduction even  
within clinical  
settings. We need  
training for health  
professionals on  
this.”

Dr Norsiah Ali  
Family Medicine  
Specialist  
Masjid Tanah  
Community Clinic,  
Melaka

step should include investing money in shared care models, including training of nursing and allied health staff. Any movement forward for the harm reduction strategy would include a Hepatitis C key focus; upskilling medical staff on new medications, education and awareness regarding safe injecting practices.

#### **Session 4: My Story: A Patient's Journey Ms Yatie Jonet, AIDS Action Research Group (AARG)**

Currently a Program Manager for an NSEP operated by the AIDS Action Research Group (AARG), Ms Yatie Jonet recounted her journey as a woman who uses drugs in Malaysia. Ms Yatie highlighted that women who use drugs in Malaysia are a hidden population and face many challenges accessing existing harm reduction programmes. Ms Yatie called for gender-sensitive harm reduction services i.e. safe spaces for women free from societal stigma. A women-friendly service would include treatment, care, support as well as domestic violence counselling, vocational training, parental support, sexual and reproductive health services and childcare.

#### **Discussion Session 1: Current Harm Reduction Challenges in Malaysia**

**Dr Sivakumar Thurairajasingham**, from the Addiction Medicine Association of Malaysia, highlighted the benefits of buprenorphine when compared to methadone. Currently in government-run programs only methadone is available. He explained that while the evidence on methadone efficacy was undeniable, there were more risks associated with methadone treatment and that buprenorphine has been found to be a relatively safer drug. Dr Sivakumar strongly suggested introducing the choice of buprenorphine within the national harm reduction program, and adaptively shift to methadone only if needed.

**Mr Shamshudin Mohd Nor**, an Outreach Manager at Intan Lifezone, a partner organisation of the Malaysian AIDS Council, brought his on the ground outreach experience to the discussion. He described significant challenges related to the increased use of amphetamine-type substances (ATS) and new psychoactive substances (NPS) in terms of the change in risk behavior patterns. These new clients are home-based and thus do not gather at sites and are not keen to join support groups. These considerations and the persisting legal environment make access to treatment programs harder to execute. In addition to these barriers, in rural areas, this population tends to be mobile.

**Dr Norsiah Ali**, a Family Medicine specialist practising in an MOH community clinic in Melaka, outlined the many challenges caused by misconceptions in harm reduction programs. She spoke about stigma and discrimination towards the program not only from external stakeholders, but also internally within the clinical and allied health staff members. She recommended a review of the existing drug law specifically a revision of arrest quotas on petty users, more training for staff on MMT, an update of the MMT SOP, and a review of MMT dispensing times to accommodate for clients' working hours.

**Dr Veena Pillai**, from CERiA, discussed the challenges of MMT provision in closed settings. The main challenges in prison include the lack of staff administering MMT and the labourious and time intensive nature of MMT provision, allowing only a limited number of prisoners to be on it at any one time. Insufficient dosage is also a common occurrence in the program, as some doctors and pharmacists may intentionally keep the dose of methadone low for fear of the client becoming addicted to methadone. This misconception must be urgently addressed by comprehensive training on medically assisted treatments. Hesitation and slow scaling up of doses also results in inability to reach the desired dose before release. There is also no MMT provision in lockup (pre-charge/pre-trial police custodial facilities) - this interruption in care can lead to relapse risk on release. More attention is required to ensure linkage to community methadone clinics.

## Discussion Session 2: Objectives and Strategies for the Way Forward

“The way forward in harm reduction should include buprenorphine. In addition, while methadone is widely available in community health clinics and private clinics, psychosocial support and interventions are lacking. Also, drug laws in Malaysia do not blend well with harm reduction programmes.”

Dr Rusdi Rashid  
Addiction  
Psychiatrist  
Universiti Malaya  
Centre of Addiction  
Sciences (UMCAS)

**Dr Rusdi Rashid**, Addiction Psychiatrist, University of Malaya Medical Centre, reinforced that buprenorphine should certainly part of the way forward. In addition, drug laws in Malaysia do not blend well with the current harm reduction programs. There remains stigma among providers, NGOs and certain government agencies. There needs to be specialized treatment for women, and access needs to be made to rural areas like Felda plantation areas. Although methadone is delivered on quite a large scale, psychosocial support and interventions are lacking. More emphasis and training is needed in this area.

**Datuk Lokman Hakim Sulaiman**, Deputy Director-General of Health, Ministry of Health described AIDS epidemic modelling conducted in the MOH as having helped us understand that if Malaysia continues the current approach of ‘business as usual’ health outcomes such as new infections and occurrence of opportunistic infections will stabilize. He continued by stating that it is clear that if we want the situation to improve further, a big investment needs to be made. He further commented on prison management and that filling staff positions in the prison is a major challenge for the MOH. There has been focus and a commitment to improving career pathways for doctors in this post, by providing incentives to work in prisons. MOH is continuing to work closely with general practitioners (GPs) to strengthen their partnership. MOH will also look into establishing a drop-in centre for women who use drugs. 2016 will be difficult for the government as Malaysia is in a turbulent economic situation, but the MOH has committed to securing funding for MAC and other HIV related issues.

**Associate Prof B Vicknasingam**, Drug Research Centre, Universiti Sains Malaysia spoke about how it must be acknowledged that ATS is on the increase, and that as currently only psychosocial interventions are available to treat ATS users, it is necessary to build a stronger psychosocial platform for this population. In addition, there are ATS users who also use opioids, and that neglecting this population would mean that adherence and engagement in current harm reduction programs would be undermined.

**Wan Addenan bin Mohd Nor**, Director of Treatment and Rehabilitation, National Anti Drugs Agency (known by its Malay acronym AADK) also reinforced that there was a need to focus on psychosocial interventions as AADK staff are not well trained in this area. A request for more support from the MOH in terms of improvement in this area was put forward.

### Key Messages

1. **The MOH has committed to maintaining the current funding for the Harm Reduction response and its stakeholders, including the Malaysian AIDS Council and their partner organisations.**
2. **The way forward needs to focus on an urgent need to reform drug policy. Drug law and policy needs to be inspected and revised, to effectively combat the issue of drug use in our society.**
3. **Harm reduction as broader than HIV infection-focused, needs to include targets on stability and functionality, and the inclusion of treatment options including buprenorphine.**
4. **The need for a single point of accountability in the national drugs strategy to prevent working in silos.**

## **Key Recommendations**

- 1. Reinvigoration of the National Harm Reduction Taskforce to be chaired by Datuk Dr Lokman Hakim Sulaiman; i.e. a team to bring the next leap forward for Harm Reduction in Malaysia. All representatives from this meeting will make the natural members of this committee. It is suggested that this Taskforce convene in the first quarter of 2016.**
- 2. Integration of buprenorphine use into the public sector's Harm Reduction Strategy**
- 3. Attention needs to be given to creating gender-sensitive harm reduction services for Women Who Use Drugs**
- 4. Provision of MMT and ARV in lock up facilities to ensure continuity of care and reduce the risk of relapse**
- 5. Investment in psychosocial intervention training for staff on the ground for not only heroin use, but also other types of drug use**
- 6. Strengthening of the private and public partnership with regards to Harm Reduction**
- 7. Inclusion of a focus on awareness and access to HCV testing and treatment within the Harm Reduction Strategy**
- 8. Inclusion of a focus on awareness and psychosocial intervention for people who use ATS**

Prepared by:

Dr Veena Pillai, Centre of Excellence for Research in AIDS (CERiA)  
Fifa Rahman, Malaysian AIDS Council

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Correspondence or enquiries pertaining to this meeting or this meeting report may be directed to Fifa Rahman, Policy Manager, Malaysian AIDS Council at [fifarahman@outlook.com](mailto:fifarahman@outlook.com)

## **ANNEX: LIST OF ATTENDEES**

1. Datuk Dr Lokman Hakim Sulaiman, Deputy Director-General of Health
2. Prof Dr Adeeba Kamarulzaman, Director, Centre of Excellence for Research in AIDS (CERiA), University of Malaya
3. Mr Steve Kraus, Regional Director, UNAIDS
4. Dr Christian Rowan, Addiction Specialist & Member for Moggill, Queensland, Australia
5. Dr Chong Chee Kheong, Disease Control Division, Ministry of Health, Malaysia
6. Dr Shaari Ngadiman, Head of HIV/STI Sector, Ministry of Health, Malaysia
7. Dr Fazidah Yuswan, Principal Assistant Director, HIV/STI Sector, Minister of Health, Malaysia
8. Mr Wan Addenan bin Wan Mohd Nor, Director, Treatment and Rehabilitation, National Anti-Drugs Agency (NADA)
9. Mr Ravi Ramadah, Treatment and Rehabilitation, National Anti-Drugs Agency (NADA)
10. DSP Sundra Rajan, Narcotic Crime Investigation Department, Royal Malaysia Police
11. Puan Zainah binti Hj Pardi, Deputy Director, Inmate Management Unit, Department of Prisons
12. Dr Mohd Nor Hayat bin Mamat, Medical Officer, Department of Prisons
13. Professor Rusli Ismail, Centre of Excellence for Research in AIDS (CERiA)
14. Associate Professor B Vicknasingam, Drug Research Centre, Universiti Sains Malaysia, Penang
15. Dr Sivakumar Thuraijasingham, Addiction Psychiatrist, Jeffrey Cheah School of Medicine and Health Sciences, Monash University
16. Dr Philip George, Consultant Psychiatrist & Addiction Specialist, International Medical University
17. Dr Rusdi Rashid, Addiction Psychiatrist, University Malaya Centre for Addiction Science (UMCAS)
18. Dr Norsiah Ali, Family Medicine Specialist, Masjid Tanah Community Health Clinic, Melaka
19. Dr Parameswaran Ramasamy, Consultant Psychiatrist & Addiction Specialist, The Mind Faculty, Solaris Mont Kiara
20. Dr Veena Pillai, Centre of Excellence for Research in AIDS (CERiA)
21. Mr Hairudin Masnin, UNAIDS, Malaysia
22. Ms Yatie Jonet, Programme Manager, AIDS Action Research Group (AARG) and PWUD Representative
23. Mr Shamshuddin Mohd Nor, Programme Manager, Intan Lifezone, Johor Bahru
24. Ms Joselyn Pang, Director, Global Fund Programme, Malaysian AIDS Council
25. Ms Fifa Rahman, Policy Manager, Malaysian AIDS Council