



NEEDLE SYRINGE EXCHANGE PROGRAM IN MALAYSIA

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ABSTRACT

The pilot Malaysian Needle Syringe Exchange Program (NSEP) commenced operations at 3 sites in February and March 2006. The sites involved are AARG Alternatif Community Centre in Jelutong, Penang (ACC); Intan Life Zone in Ngee Heng, Johor Bahru (ILZ); Pusat Komuniti Ikhlas in Chow Kit, Kuala Lumpur (PKI). From February 2006 to February 2007, the sites distributed approximately 83,800 NSEP kits (containing 4 needles and syringes, antiseptic swabs and cotton balls). The rate of return of used injecting equipment for new ones steadily increased since the program started, and now approximates at 60%, which is commendable for a new program. Needle syringe exchange has occurred through more than 34,300 contacts with more than 4,300 different clients. IDUs who have participated in needle exchange are male (96%), Malay (76%) and over the age of 30 (77%). The majority (72%) of needle exchanges have occurred through the outreach; the drop-in centres provide a wider range of referrals and some other services that cannot be provided in the outreach setting. Other services provided through the NSEP include discussions with clients on safer usage (27,947), and safer sex (8,832), as well as written resources (3,238) and sessions with a case worker (1,259). There have been numerous referrals to other services, including health/medical services (281), voluntary counselling and testing for HIV (130), drug/alcohol treatment (51), methadone (119) and welfare or legal services (72). There have been some positive signs of behavioral change occurring amongst injecting drug users (IDUs) in the 3 pilot NSEP areas. There has been a significant reduction in the number of IDUs passing on their injecting equipment to others, and also a reduction of the use of street/port doctors. However, there is much more that needs to be done. There are still many IDUs who are reusing injecting equipment of others and are not always using a new and clean needle. The behaviour survey also showed that knowledge of Hepatitis C is very poor amongst these IDUs, with approximately 40% of them who have not heard of Hepatitis C, and very few who know how the virus is transmitted.

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A high proportion of participants reported risky sexual behaviour in the last month. As such the first year of the pilot NSEP has seen the successful commencement of NSEP activities at all 3 sites, with adherence to the National Standard Operating Policy and the Sites Standard Operating Procedures.

ABSTRAK

Program Pertukaran Jarum Suntikan (NSEP) Malaysia diadakan secara percubaan (perintis) pada bulan Februari dan Mac di tiga tempat. Tempat atau kawasan yang terlibat membabitkan AARG Alternative Community Centre (ACC) di Jelutong, Penang; Intan Life Zone (ILZ) di Ngee Heng, Johor Bahru; dan Pusat Komuniti Ikhlas (PKI) di Chow Kit, Kuala Lumpur. Sejak Februari 2006 hingga Februari 2007, ketiga-tiga pusat berkenaan telah mengagihkan lebih kurang 83,300 kit NSEP (yang setiap satu mengandungi 4 jarum dan syringe, cecair antiseptik dan kapas). Kadar pemulangan set alat suntikan yang telah digunakan bagi mendapatkan set suntikan yang baru menunjukkan peningkatan yang berterusan, sejak program tersebut bermula sehingga mencecah 60 % sekarang. Pertukaran peralatan suntikan tersebut sekarang telah melibatkan seramai 34,300 perhubungan dengan lebih daripada 4,300 klien yang berbeza. Para penagih yang menggunakan jarum suntikan (IDUs) yang terlibat di dalam program ini adalah lelaki (96%), Melayu (76%) dan berusia sekitar 30-an (77%). Sebahagian besar daripada program pertukaran jarum penyuntik (72%) dilaksanakan melalui 'outreach'; pusat 'drop in' yang menyediakan lebih banyak kemudahan rujukan dan perkhidmatan yang tidak dapat disediakan di tempat-tempat lain. Kemudahan-kemudahan lain yang turut disediakan melalui program NSEP ini termasuklah penerangan kepada klien tentang peri pentingnya penggunaan jarum suntikan secara yang lebih selamat (27,947), dan hubungan seks secara lebih selamat (8,832), selain daripada penyediaan rujukan bertulis (3,238) dan sesi bersama pekerja kes (1,259). Terdapat juga beberapa keadaan di mana rujukan terhadap perkhidmatan lain turut dilakukan termasuklah perkhidmatan kesihatan dan perubatan (281), kaunseling secara sukarela dan ujian HIV (130), rawatan bagi ketagihan arak dan alkohol (51), methadone (119), serta khidmat perundangan dan kebajikan (72). Terdapat beberapa perubahan perlakuan yang positif dikesan di kalangan para penagih yang terbabit dalam projek perintis di ketiga-tiga kawasan di atas. Bilangan perkongsian jarum suntikan di kalangan para penagih dadah mengalami penurunan yang ketara serta penurunan penggunaan jarum suntikan secara jalanan (port doctors). Di sebalik perubahan-perubahan positif tersebut, masih banyak yang perlu dilakukan. Masih ada penagih dadah yang tidak menggunakan jarum suntikan yang baru, sebaliknya berkongsi jarum suntikan atau mengitar semula jarum suntikan yang telah digunakan oleh penagih lain. Kajian perilaku turut menunjukkan bahawa pengetahuan tentang Hepatitis C di kalangan para penagih yang menggunakan jarum suntikan adalah amat rendah, dengan hampir



40% daripada mereka sama sekali tidak pernah mendengar tentang Hepatitis C serta hanya sejumlah kecil daripada mereka yang tahu tentang bagaimana virus tersebut disebarkan. Sebilangan besar daripada peserta pada bulan lepas dilaporkan mengamalkan hubungan seks secara berisiko. Walau bagaimanapun, dapatlah disimpulkan bahawa Projek Perintis NSEP pada tahun pertama di tiga buah tempat telah menampakkan kejayaan, dengan mematuhi peraturan-peraturan yang ditetapkan di bawah 'National Standard Operating Policy' dan 'Sites Standard Operating Procedures'.

INTRODUCTION

The report is the final progress report for the Needle Syringe Exchange Program (NSEP) pilot. The three sites currently operating the Pilot NSEP are AARG Alternatif Community Centre in Jelutong, Penang (ACC); Intan Life Zone in Ngee Heng, Johor Bahru (ILZ); and Pusat Komuniti Ikhlas in Chow Kit, Kuala Lumpur (PKI).

The aim of the evaluation of the pilot NSEP is to assess the feasibility of NSEP in the Malaysian context and whether the pilot NSEP can act as an appropriate model for future expansion in Malaysia.

The objectives of the evaluation of the pilot NSEP are to assess whether:

1. the sites have successfully implemented the pilot NSEP according to the Standard Operating Policy (SOP)
2. the pilot NSEP has reached the targeted injecting drug users in the 3 selected areas
3. the pilot NSEP has brought about a change in unsafe injecting behaviour amongst injecting drug users (IDUs)
4. the pilot NSEP has improved access for IDUs participating in this project to HIV prevention education and health and welfare services and community criticism

OBJECTIVE 1: IMPLEMENTING THE NSEP ACCORDING TO THE SOP

Needle and Syringe Suitability

At the start of the program, the clients from the 3 NSEP sites complained about the quality of needles and syringes provided. In response to these complaints, the Monitoring and Evaluation Unit undertook an assessment



of the acceptability of needles and syringes. Over time, this problem was addressed and has largely been overcome by working together with State Health Office (JKN) and the MOH at large.

As a follow up to the previously conducted needle assessment, a client satisfaction survey was conducted amongst 150 clients in February 2007. Clients were opportunistically recruited (50 from each site; 40: outreach clients, 10: DIC clients). The survey showed that 79% of client agreed that the quality of needles given out now is good, 88% that the syringe quality is good. At ACC and ILZ, about 90% - 95% of clients are happy with the currently provided needles and syringes. But, this is not the case at PKI, where 38% of clients disagree or slightly disagree that the quality of needles currently provided is good and 24% of clients had similar opinions on the quality of the syringes provided currently. This indicates that quality issues have largely (but not completely) been resolved in the view of the clients, with issues remaining for PKI clients. A staff survey on the issue of needle and syringe suitability showed that 76% of staff agree or slightly agree that the quality of needles and syringes given out now is good. Approximately 14% of staff disagreed, emphasising the fact that in the view of the staffs, this issue has not been completely resolved. Overall the two surveys showed that the needles and syringes provided since the initial batch of NSEP kits have improved considerably and been of a more acceptable quality and more suitable sizes for clients. The pilot program has highlighted the importance of obtaining regular client input from all sites and target areas before selecting needles and syringes to procure and distribute.

Standard Operating Policy

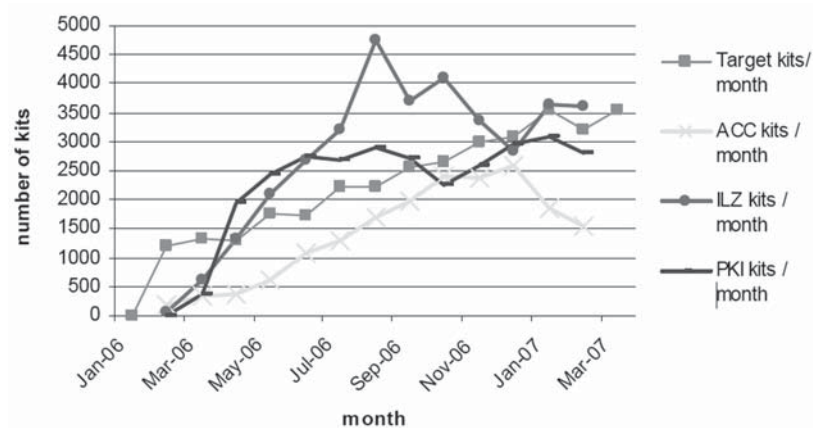
All sites have exceeded the target number of clients doing needle exchange by the end of the pilot program (target 400 clients at each site by Feb 2007: actual figures = ACC 1109; ILZ 2285; PKI 1600). However, on average each client has attended less than once per week, with the number of contacts per month for clients ranging from 2.2 to 3.4 for this past 1 year, rather than the forecast number of 8 to 9. Therefore the expected number of contacts per month with clients has not been reached (target - 3600 contacts in February 2007: ACC 810, ILZ 900, March 2007: PKI 1010). However, these figures do satisfy the latest WHO definitions of "regular client" as discussed below.

Staffs are aware that some clients will not meet them twice in some weeks, so discussions with clients and judgement regarding demand



informs how many NSEP kits are provided for individuals. As a result, the average number of kits provided at each contact is approximately 2 per visit according to data collected from February 06 to February 07 (ACC 1.4; ILZ 2.7; PKI 2.6). The reasons for providing more than 1 kit at a time include: one needle could be used for no more than 1 or 2 injections before it became blunt (remembering that most IDUs in Malaysia inject 3-5 times per day); clients who have veins that are difficult to find may pierce the skin a number of times before finding a vein, making the needle blunt after only one drug injection. In addition most of these clients are mobile, and the service is only available for a limited number of hours, so they may not come into contact twice per week and therefore need the equipment to cover a longer time period. In combination with the number of client contacts for needle exchange, this has resulted in less than the expected number of kits per month being distributed in the first few months, but more than expected in July to September in ILZ and PKI on average (Figure 1). From October 2006 to March 2007, the number of kits distributed per month in PKI fell below target, as the number of contact was much lower than expected. ILZ was continuing to distribute more kits per month than expected till December 2006. ACC has continuously distributed fewer kits than expected throughout the programme. An alternative to providing only kits is to also stock and encourage clients to take additional needles. A single syringe per day for a number of injections is probably usually adequate, but as needles may become blunt faster, more than one needle per day may be needed. This may be a good compromise between cost constraints and best public health practice.

Figure 1 : Target and Actual Number of NSEP Kits¹ Distributed by Each Site Each Month



¹ A kit contains 4 needles and 4 syringes, disinfectant swabs and cotton balls.



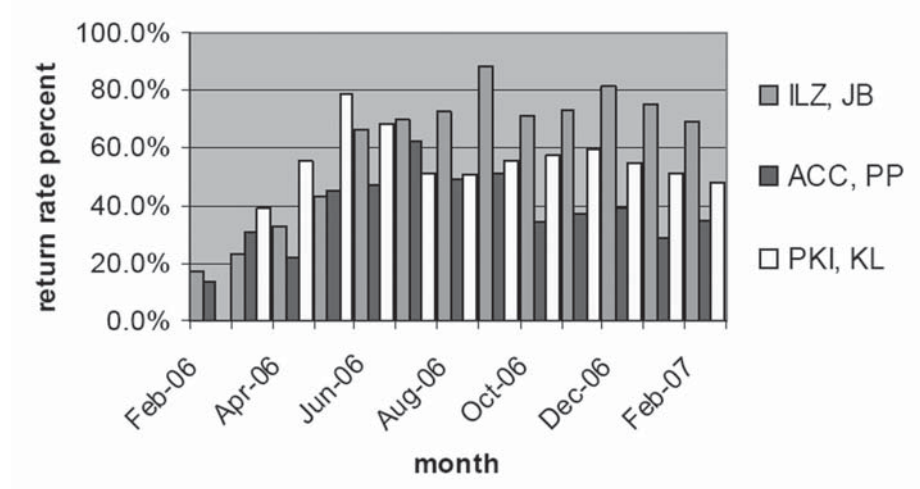
Numbers of Needles and Syringes Provided and Returned

Approximately 83,830 NSEP kits (670,640 needles and syringes) have been supplied since the program began (Table 1). The return rate of used injecting equipment returned by clients for disposal has been 58% of the quantity of needles and syringes distributed since the start of the program. Overall, since the beginning of the program the return rate has gradually improved (Figure 2). More than 4,500 used items have been collected by the staff from the ground, giving a slightly higher overall return rate of 60%, and particularly raising ACC’s return rate to 43% through collection of nearly 3,700 items. Many things influence return rates, including client trust, understanding of the need to return items and mobility, relationship with port doctors, and especially police activities.

Table 1 : Provision of Sterile Needles and Syringes, and Disposal of Used Needles and Syringes

Site	Number of kits’ given to clients	Number of extra needles	Number of used needles returned for disposal	Number of used syringes returned for disposal	% Return rate (items returned / items given out)
ACC, PP (17/02/06 - 17/02/07)	18307	106	30276	27352	40.4
ILZ, JB (24/02/06 - 24/02/07)	36014	784	99980	98430	69.7
PKI, KL (23/03/06 - 23/03/07)	29508	998	65778	64684	56.2
Total	83829	1888	196,034	190,466	58.6

Figure 2 : Return Rates of Used for New Injecting Equipment at Each Site by Month

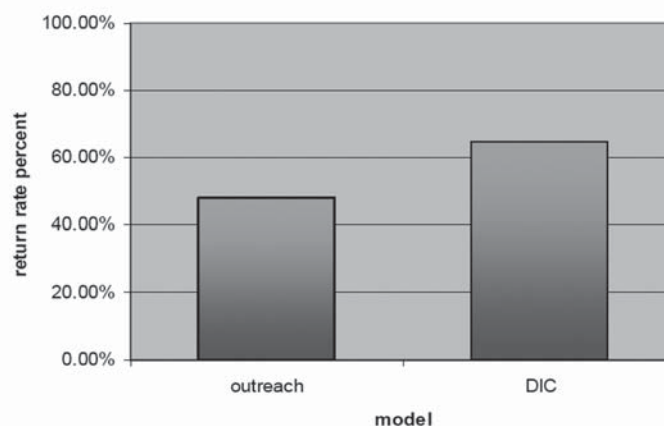




In the last quarter, all sites showed a decrease in return rates. This can largely be attributed to a sizeable port with a busy port doctor becoming inactive following police raids, and regular clients from there becoming hard to find. The fear of being caught with injecting paraphernalia is another significant factor affecting return rates. Even though the Guidelines for Police in relation to NSEP have been signed and the said document has been widely distributed to all police stations, there are still police officers who are unaware and have little knowledge of the programme. Given the relative short period of this programme and the coverage that is expected, this is not a surprising finding. This is further discussed in the section below on Client ID cards.

Overall the return rate at the DIC is higher than the outreach despite more needle exchanges occurring on the outreach at all 3 pilot sites (Figure 3). This could be due largely to the education provided to the clients on the importance of returning used needles and syringes. DICs provide a relatively safe and enabling environment which allows lengthy discussion with clients to ensure return. This can be a challenge at the outreach, where clients, and potentially the outreach workers, are exposed to the threat of arrest. At times the bustling activities at the ports amongst clients can be distracting for clients to discuss with the outreach workers as the clients' main priority is to use drugs to avoid withdrawal. Therefore, the outreach workers have to be patient to allow clients to complete their activities before engaging in discussions and exploring with clients the challenges in returning used injecting equipment. Considering all these factors, an overall return rate that is close to 60% after one year of the pilot program is encouraging as reported return rates for different NSEP programs worldwide have varied widely between 15 -115%.

Figure 3 : Return Rate at DIC and Outreach.





OBJECTIVE 2 : TO ASSESS WHETHER THE PILOT NSEP HAS REACHED THE INJECTING DRUG USERS IN THE 3 SELECTED AREAS

Number of Clients and Contacts With Services

The total number of contacts and the number and proportion of these contacts that are specifically for needle syringe exchange (NSE) services are shown for each site in Table 3 for the entire time of operation as a NSEP site. The total number of contacts varies substantially between sites, probably related to how established the DIC for each site was before NSEP services commenced, rather than the amount of time the NSE service has been functioning. The proportion of contacts that involved NSE was also substantially different between sites, but did not correlate to the number of contacts. In PKI, this proportion was much lower than the other sites, reflecting PKI's historical role in providing many other services to a range of client types. More than 51,500 contacts with the NSEP sites for various services have occurred in 1 year, with nearly 34,400 of these involving needle exchange.

Table 2 shows the total number of clients (based on counting the client ID code as unique) and the number and proportion of clients using the NSE service. A high proportion (74%) of all clients in ACC and ILZ are accessing the NSE service, indicating that the majority of clients are part of the target audience. The same is not true for PKI, again reflecting the fact that PKI has had a long established DIC that is utilised by a wide range of people. DIC data collection forms were adjusted after the program commencement to collect client drug use status (IDU, DU and non drug user). Data indicates that 30- 40% of PKI clients, 80- 90% of, ACC clients, and 70-80% of ILZ clients are IDUs.

Table 2 : Number of Clients and Contacts - Total and Subset Using Needle Exchange Services

Site	Number of Contacts (client may be counted many times)	Number of Contacts for Needle Syringe Exchange	% of Contacts Involving Needle Syringe Exchange	Number of Unique Clients (based on client ID code)	Number of Clients Who Have Done Needle Exchange	% of Clients Who Have Done Needle Syringe Exchange
ACC, PP 17/2/06 - 17/2/07	16484	11378	69	1340	992	74
ILZ, JB 24/2/06 - 24/2/07	15674	11795	75	2800	2074	74
PKI, KL 23/3/06 - 23/3/07	19373	11184	57	2803	1291	46
Total	51531	34375	66	6943	4375	62

* Based on client ID code where needles and syringes have been taken and/or returned. Note: a client code will only be counted once in the entire 12 months, so the total will not equal monthly totals added together because a client may be counted in more than one month.



While focusing their efforts on IDU clients using the NSE service, the pilot sites are keen to provide a comprehensive and holistic service that also allows services access to non-IDUs. This is particularly relevant as an individual's using behaviour may change repeatedly over time, and it is important that they feel welcome to access services that will minimise the harm of their activities. There is, however, some potential harm with having a DIG where ex-IDUs (including those on MMT) mix with current IDUs, and the sites should be mindful of this and refer non-IDU clients to other agencies wherever possible. Given that there is limited services that meet the needs of ex-IDUs, development and funding of these additional services such as skills training and job placement are urgently required.

Number of Regular and Irregular Client

A recent technical paper from WHO and UN defines "regular at tenders/clients" as those who are in regular contact with NSEP. The principle behind this definition is to capture IDUs who come at least once a month or more over a period of time and not just IDUs who come regularly on a weekly basis compared with those who only came once (one off visit). Therefore, taking into consideration this definition, clients for this, pilot NSEP is divided into 2 broad categories, i.e. "regular clients" and "irregular clients". "Regular" clients are defined as having attended NSEP more than once monthly (at least 2 times) since February 2006 to January 2007. Whereas "irregular clients" are defined as having attended once only (one off visit) during the entire program. Overall, 62% of NSEP clients are regular clients and 38% are irregular clients (Figure 4). The proportion of regular clients at all sites in the first quarter was between 38% to 60% (Figure 5). ACC maintained higher number of regular clients followed by PKI and ILZ. For all sites, there are a substantial number of irregular clients, which may be influenced by many factors including client mobility, drug supply and availability, police raids and arrest, acceptability of NS equipment, length of time since that first NSE, trust and rapport with NSEP staff, operation hours and frequency of contact opportunities (Figure 6). The reality of the needle exchange client contact is considerably different from the target that was set at the beginning of the program, but confirms to the latest WHO/UN recommendations. Therefore, it is important to consider the internationally recommended definition together with the reality of clients' pattern of use of the services to redefine the term "regular" and "irregular" client in the SOP.



Figure 4 : Regularity of Service Use Over

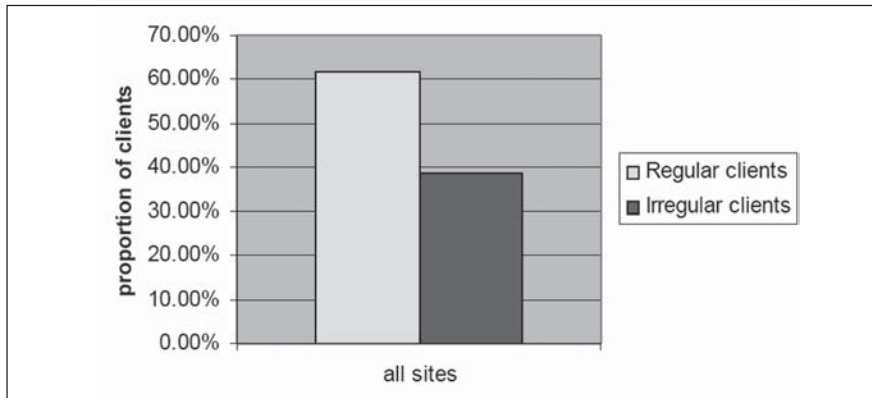


Figure 5 : Regular Clients at Each Site by Months

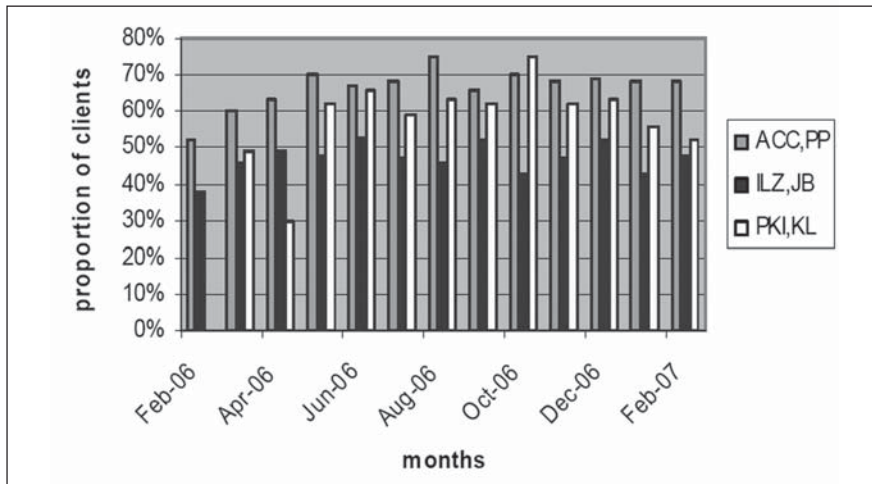
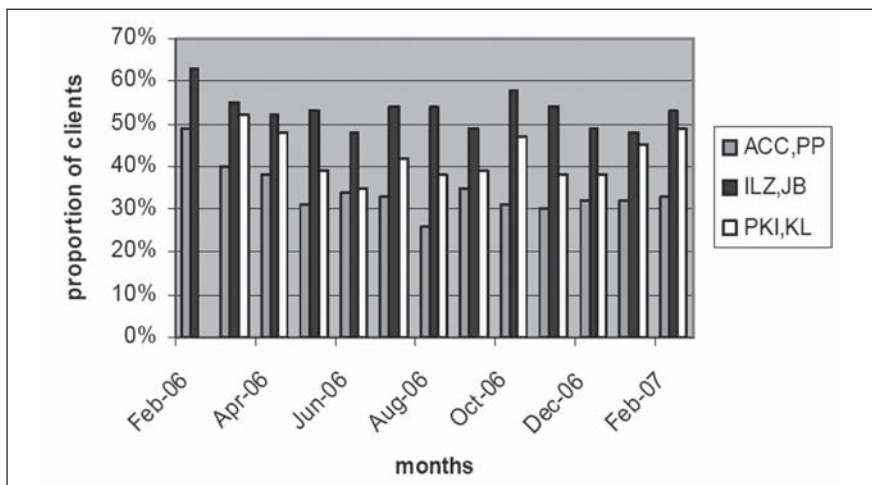


Figure 6 : Irregular Clients at Each Site by Month





Client Demographics

The vast majority of clients who have done needle exchange in the one year of the pilot NSEP are male (Figure 7). There are very few clients below the age of 20 years (Figure 8), with the age group proportions similar for sites after 12 months as they were after 6 months; ACC has had a significant increase in the number of clients aged 40 and above; ILZ served a significantly large number of clients aged 30 -39 years and 20 -29 years in the last quarter; while PKI has had a significant shift to more clients aged 40 and above. The majority of clients who have done needle exchange are Malay, with a higher proportion of Chinese and Indian in ACC than elsewhere (Figure 9). Ethnicity proportions are similar to those at 12 months; at ILZ and PKI there has been an increase in the proportion of Chinese and Indian clients.

Figure 7 : Gender of Clients Who Have Done Needle Exchange in 12 Months of NSEP Pilot at Each Site

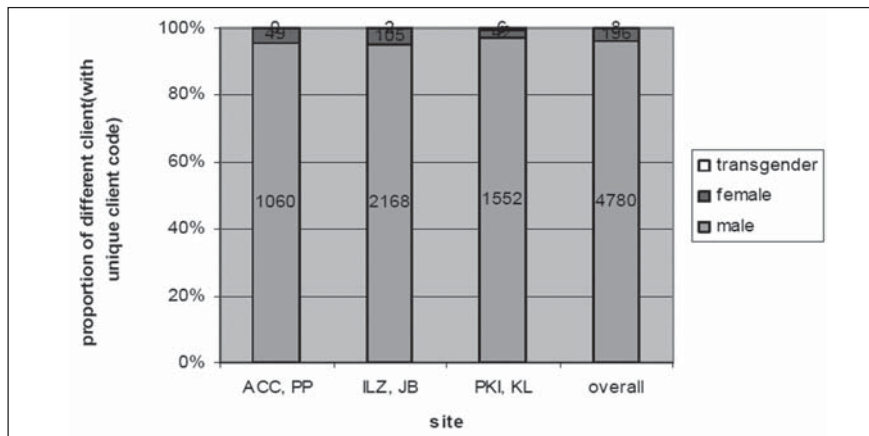


Figure 8 : Age Group of Clients Who Have Done Needle Exchange in 12 Months of NSEP Pilot at Each Site

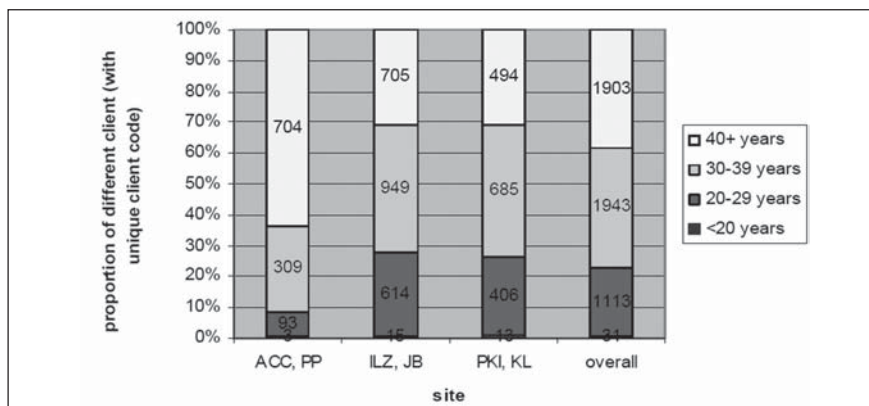
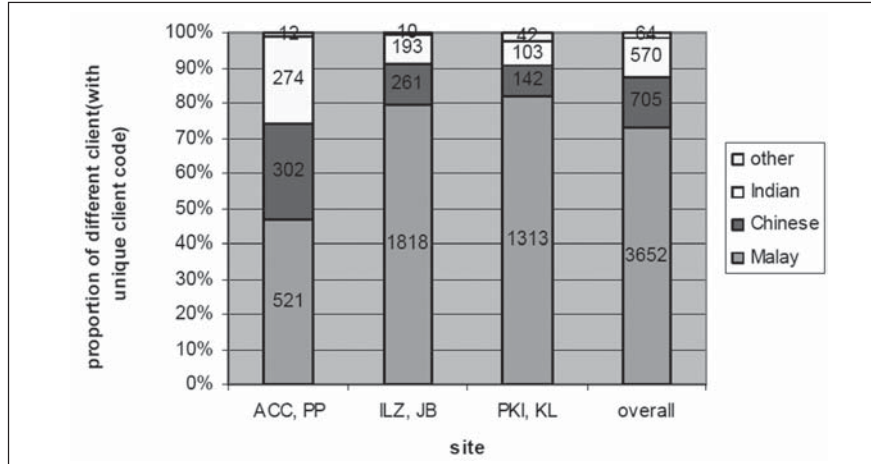




Figure 9 : Ethnicity of Clients Who Have Done Needle Exchange in 12 months of NSEP Pilot at Each Site



Two Models (DIC and outreach) for Reaching the Population

The two models being used for the NSEP pilot have different advantages and disadvantages, and in combination should facilitate the provision of a comprehensive harm reduction service. Staffs said the DIC is a safe place for clients where their needs can be taken care of, however the fixed location and hours may reduce accessibility, and entering the DIC may mark a client as an IDU. The outreach can reach more clients, and in their own space where they may feel more comfortable; however it can be difficult or dangerous to find clients.

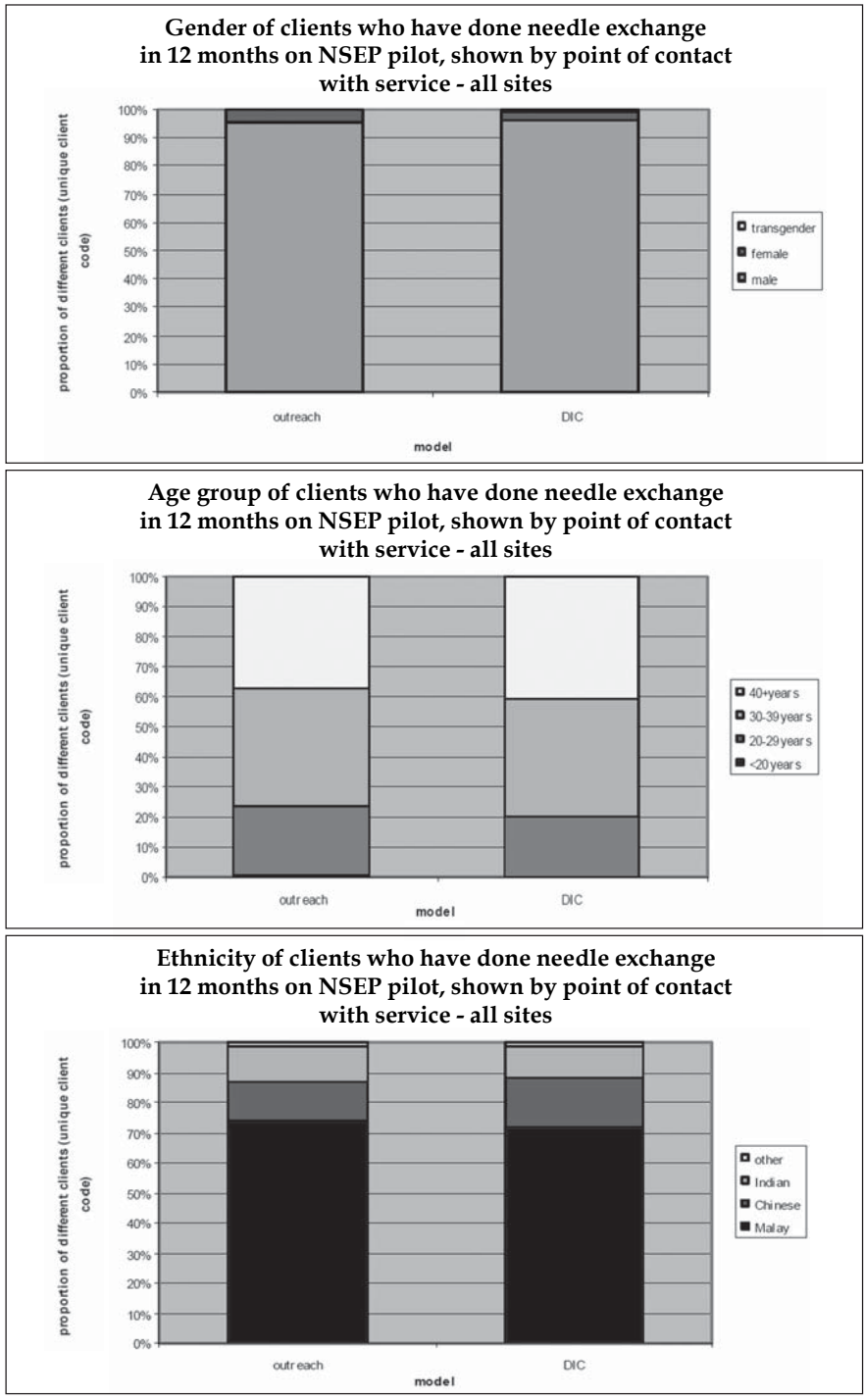
Overall there is little difference in demographics (gender, age, and ethnicity) of clients using the outreach and the DIC in the 12 months (Figure 10).

Most needle exchange service occurs through the outreach, with 79% of needles & syringes given out through the outreach, 77% of needle exchange clients being seen through the outreach, and 72% of all needle exchange contacts being through the outreach (Figure 11). Based on client codes, there are many needle exchange clients who have used services at both DIC and the outreach (ACC 171, ILZ 329, PKI 309).

Despite more needle exchanges occurring through the outreach, overall the return rate of used for new injecting equipment is higher at the DIC as discussed in objective 1 on the needle and syringe suitability (Figure 3). At ACC and PKI, the proportions of NSE contacts are about



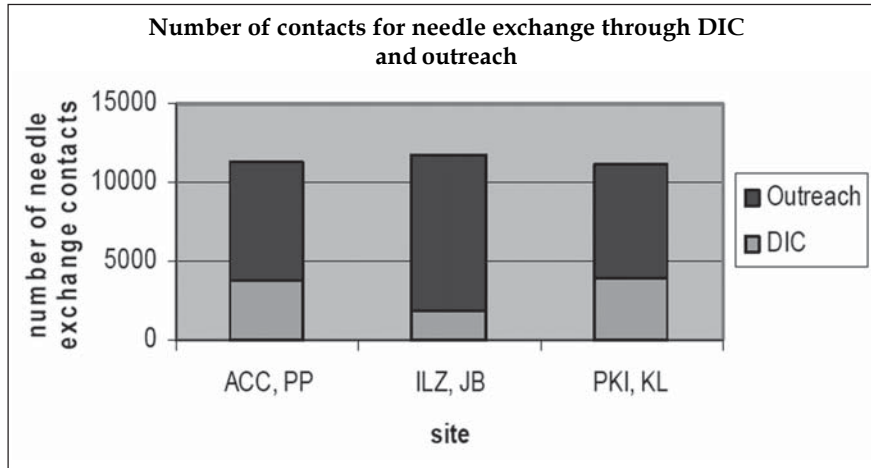
Figure 10 : Demographics of Clients Who Have Done Needle Exchange in 12 Months of NSEP Pilot, Comparing the Outreach and the DIC Service Models [A: gender, B: age group, C: ethnicity] (Outreach, n = 3822 ; DIC, n = 1162)





the same for both the outreach and DIC. At ILZ, the contacts for NSE at the outreach are significantly higher than DIC. Overall, the outreach model is more effective in reaching the target population and must be emphasized during the scale up.

Figure 11 : Number of Contacts for NSE Through DIC and the Outreach



OBJECTIVE 3: TO ASSESS WHETHER THE PILOT NSEP HAS BROUGHT ABOUT A CHANGE IN UNSAFE INJECTING BEHAVIOUR AMONGST IDUS IN THE 3 TARGET SITES

Assessment of Behavioural Changes

A behaviour surveillance survey (BSS) of 300 IDUs in the three cities (100 per location) where pilot sites operate was conducted shortly after the NSEP commenced at all three sites in April 2006. A second BSS was repeated in February 2007, 12 months after the commencement of NSEP by the M&E Unit. Participants were selected through the targeted snowball sampling. It is important to note that this was not a longitudinal cohort study and therefore the participants from the two studies were not necessarily the same individuals. As personal information was not collected for the purposes of the study, identification of individuals who may have participated in both surveys was not possible. This method of recruitment is acknowledged and accepted, as it is the only alternative way to gather data from population whose members do not congregate in fixed location such as IDUs. The purpose of doing the BSS at the start of the programme and upon conclusion of the pilot was to get some baseline data of HIV risk behaviour at the start and for assessment of behavioural changes that may have occurred.



Participants were asked standardised questions about their drug use habits, sexual behaviour, and knowledge of HIV and Hepatitis C. Rapid tests for HIV were also conducted at all locations. Although ideally the first round of BSS should have been conducted prior to the commencement, in reality it was only conducted after NSEP had commenced at all 3 sites, due to the lack of manpower and capacity within the unit.

Unsafe Injecting Behaviour Amongst IDUs

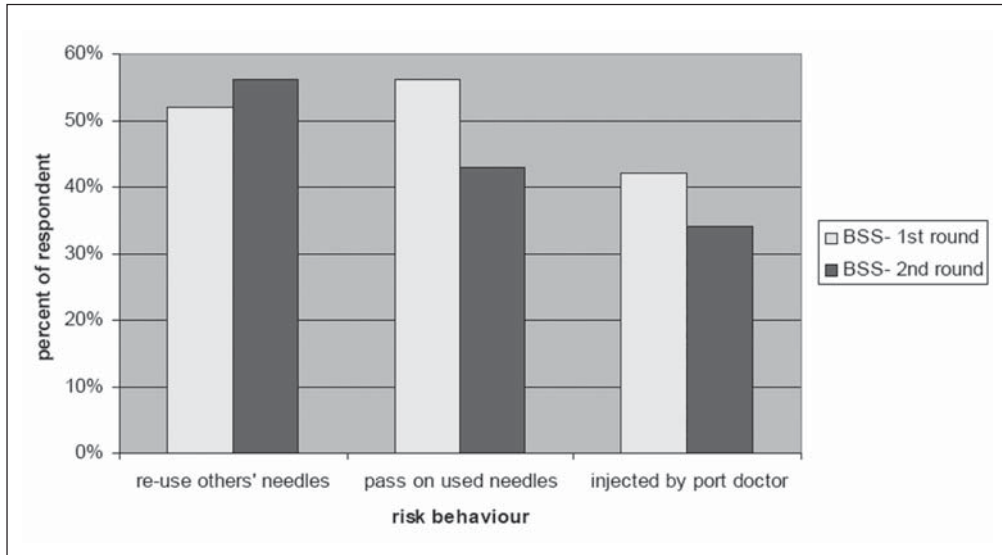
From the two BSS, the majority (88%) of participants were male, the average age was 38, and the average time of injecting drugs was 12 years. During the 1st BSS, approximately 44% of IDUs interviewed had obtained needles and syringes from the NSEP, while in the 2nd BSS about 88% of IDUs were clients of the NSEP.

A high proportion of participants reported injecting risk behaviour in the last month, being ever re-using someone else's needle or syringe (52%) in the 1st BSS. The 2nd round of BSS indicated (56%) of participants reported of having ever used someone else's needle and syringe in the last month. This reported increase was not statistically significant. However, it points to the need to ensure consistent risk reduction and behaviour change messages are given alongside the needle and syringe exchange. It is also important to remember that behavioural change is gradual and the provision of clean injecting equipment alone does not appear to be sufficient to motivate major changes in contextual risk behaviors. Other factors such as sample size and study design business whereby the 1st round BSS was only conducted after the commencement and police activities might have an impact why a significant change was not observed.

However, more detailed data analysis revealed positive results. About 43% of IDUs in the 2nd BSS reported passing on their used equipment, a significant decrease compared to 56% during the 1st BSS ($p < 0.01$). The 2nd BSS showed a reduction in the proportion of IDUs using the services of street/port doctors from 42% to 33% during the 1st BSS. This was a significant ($p < 0.025$) positive change, as street / port doctors have been acknowledged as a major factor in accelerating HIV transmission amongst IDUs.



Figure 12 : Reported Injecting Risk Behaviours Within the Preceding 1 Month Amongst IDUs (1st round, n = 300 and 2nd round, n = 300 BSS results)



Those whose HIV rapid test was positive were more likely to report passing on their used equipment (58%) within the preceding 1 month during the 1st BSS. The 2nd BSS indicated that there has been a significant reduction ($p < 0.021$) in the proportion (44%) of HIV positive IDUs reporting this risky behaviour. This represents a vital step in the efforts to interrupt HIV transmissions.

One of the key elements that increases and promotes episodes of safer injecting behaviour is the frequency of using new and clean needles and injecting equipment. During the 1st BSS, 49% of IDUs reported always using new and clean needles and syringes in the last month compared to (41%) during the 2nd BSS. This change was however not statistically significant. Significant change may not have been observed in IDUs reporting always using new and clean needles and injecting equipment as the 1st BSS was conducted several months after commencement, therefore clients were already accessing new and clean needles.

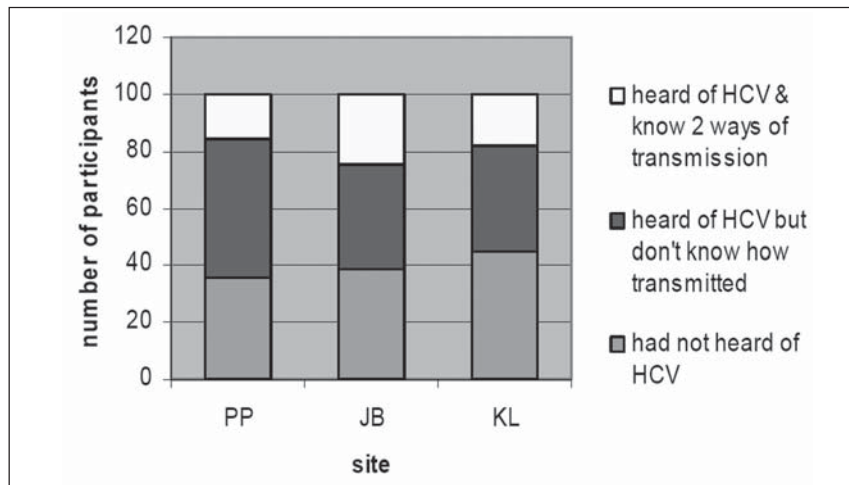


OBJECTIVE 4 : TO ASSESS WHETHER THE PILOT NSEP HAS IMPROVED ACCESS (FOR IDUS PARTICIPATING IN THIS PROJECT) TO HIV PREVENTION, EDUCATION & HEALTH AND WELFARE SERVICES

Knowledge of HIV and hepatitis among IDUs

In the 2nd BSS, all of the respondents have heard of HIV/AIDS. About 75% of respondents demonstrated correct basic knowledge about HIV 11. This is a vast improvement compared to the previous BSS (42% had sufficient knowledge on HIV/AIDS). Knowledge about Hepatitis C was considerably lower than for HIV, but the 2nd BSS did show slight improvement in the level of Hepatitis C knowledge amongst IDUs compared to the 1st. The proportion of IDUs who have heard about Hepatitis C, and know its mode of transmission (Figure 13) has increased slightly. But, more has to be done to educate IDUs as the level of knowledge regarding Hepatitis C is very low with only 40% of those surveyed knew about this virus.

Figure 13 : IDU Knowledge About Hepatitis C Virus and Transmission (BSS 2nd round results)



HIV Prevention Education

Printed information: In addition to providing verbal information, NSEP staff have provided clients with written resources on HIV, and information about the DIC and NSEP (Table 5). There is an urgent need for more Information, Education, Communication (IEC) materials tailored for IDUs, most specifically about safer usage, safer sex, abscesses and blood borne viruses.



Malaysian Aids Council (MAC) is in the process of developing more IEC materials. It is important that IEC materials are appropriate for the target audience. Focus groups with IDUs have been conducted to help ensure that the materials are suitable for the target group and effectively convey key messages. Currently there are two items on safer injecting and blood borne viruses available. More appropriate IEC materials must be developed as IEC materials can be extremely beneficial for helping to convert brief outreach encounters into potential safe behaviour promoting interactions. Written resources covering information about referrals services will also be extremely useful in helping act as a bridge to other health services. MAC must ensure that appropriate IEC materials in other topics such as vein care, abscess management and overdose are developed and made available to all sites before the scale up takes place. The delay in the development of more IEC materials has definitely hampered the ability of NSEP staff to effectively educate clients.

Case Worker Sessions and Verbal Education:

Approximately a third of all contacts with the pilot sites led to education around risk reduction and behaviour change education being conducted (Table 3). Initial education efforts have focused on the importance of not sharing needles and syringes and on explaining the appropriate use of the content of the NSEP kits. As the site staff became more experienced, other subjects were discussed with clients such as the importance of not sharing cookers, water, vein care and abscess prevention. MAC started supplying cookers (bottle caps) to ACC and PKI, while ILZ was supplied with small glass bottles used as cookers (Figure 19). The NSEP kits should consider the provision of cookers and sterile water which are vital to reduce the risk of infection to blood borne viruses (HIV and Hepatitis C) and other pathogens.

Only 1 -2% of service contacts have resulted in a client having a session with a case worker (2 case workers per site). The number of case worker sessions may be influenced by the needs of the clients, the approachability, experience and skills of the DIC staff and the rapport developed with clients. The low number of sessions may be as result of high staff turnover, as most case workers at all sites have resigned or switched roles at all sites. During this 1 year pilot program, there has been no formal training sessions conducted specifically for case workers on case management based on harm reduction principles. MAC should make this a priority before scale UD.



Table 3 : Services Provided by NSEP Sites to Clients, Number and Percentage of All Contacts

Site	Case Worker Sessions	Safer Using discussion	Safer Sex discussion	Written Resources	Total Contacts
ACC, PP 17/02/06 - 17/02/07	35 (1%)	8914 (30%)	6102 (21%)	1062 (4%)	29672
ILZ, JB 24/02/06 - 24/02/07	736 (3%)	10446 (44%)	1372 (6%)	1721 (8%)	23984
PKI, KL 23/03/06 - 23/03/07	488 (2%)	8587 (22%)	1359 (4%)	455 (2%)	38992
Total	1259	27947	8832	3238	92648

Provision of Referral to Drug, Health and Welfare Agencies at Client's Request

Referral to services :

In the first year of operation, each site has provided a range of referrals for the clients (Table 4). There have been a total of 799 referrals, with approximately 36% of referrals to health and medical services. About 9% have been welfare or legal referrals, which usually consist of obtaining IG for clients, required for job applications. When a referral is given to a client, all 3 sites usually provide transport and someone to accompany the client. This has proved very successful in helping clients to attend referrals. However, a single referral will often take between 2-4 hours time for one staff member. This can be an added burden on staffs in the longer run. Volunteers can be engaged to ensure sustainability of referrals as the client base grows. Only about 7% of referrals have been to MMT, a number far less compared to the demand and has resulted in long waiting lists. Most clients are referred for MMT to private clinics, where clients are required to pay for the methadone, which is often prohibitively expensive for most of these clients who do not have steady incomes.

There are very few appropriate services available in Malaysia to meet the needs of IDUs within a reasonable distance of the NSEP DICs, which places pressure on NSEP staff who are committed to helping clients, but in such situations are unable to. For example, ACC has provided no referrals for methadone maintenance treatment because there is no government provider of this service on the Penang Island, with the nearest provider being more than an hour away on the mainland. In addition, NSEP sites must establish links with referral agencies so



that referrals are more likely to be appropriate, efficient and supported. This requires significant time and investment in building such links.

The client satisfaction survey indicated that several clients who were interviewed did not have their National Identity Card (IC) with them (ACC: 8, ILZ: 17, PKI: 16), i.e. they have lost their IC and could not afford the fee required for a replacement IC. Having an IC is extremely important in Malaysia, as it is required for admission to hospitals, schools, and at the workplace. Clients who do not have an IC might face difficulties in seeking health and medical services and securing jobs. NSEP sites should assist clients in obtaining IC with help from the Welfare and Registration Department.

Table 4: Number of Referrals Provided by NSEP Sites for Clients

Site	Health, Medical Referrals	Voluntary Counseling & Testing Referrals	Drug/Alcohol Treatment Referrals	Methadone Treatment Referrals	Welfare or Legal Referrals
ACC, PP 17/02/06 - 17/02/07	54	22	15	0	39
ILZ, JB 24/02/06 - 24/02/07	122	96	15	98	26
PKI, KL 23/03/06 - 23/03/07	105	12	21	21	7
Total	281	130	51	119	72

Provision of Safe Sex Education and Condoms to Encourage Safer Sex Practices

In the recently conducted BSS, about 60% of participants reported having sex in the last month, but the percentage of these clients reporting that they always used condoms was low. However, the proportion of those always using condoms with regular partners has increased compared to the previous BSS (Figure 14). The proportion of those always using a condom during sex with casual partners decreased compared to the previous BSS. Overall, the number of IDUs who do not always use a condom is much higher compared to those who use condoms consistently (Figure 15). Safer sex education and appropriate condom promotion strategies need to be emphasized to promote safer behaviours amongst IDUs. Of those who reported having sex in the last month, 44% reported having sex with more than one category of partner (regular, casual, sold sex, or bought sex). These results highlight the ongoing risk of HIV transmission to the sexual partners of IDUs and into the general



community. This highlights the importance for continuing the provision of both safe sex education and condoms to IDUs.

Figure 14 : Sex Risk Behaviour Amongst IDUs Who Reported That They Always Used a Condom

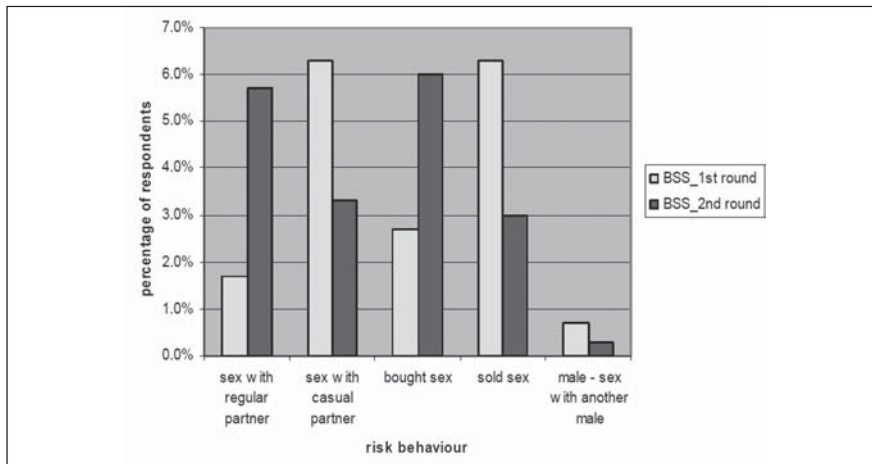
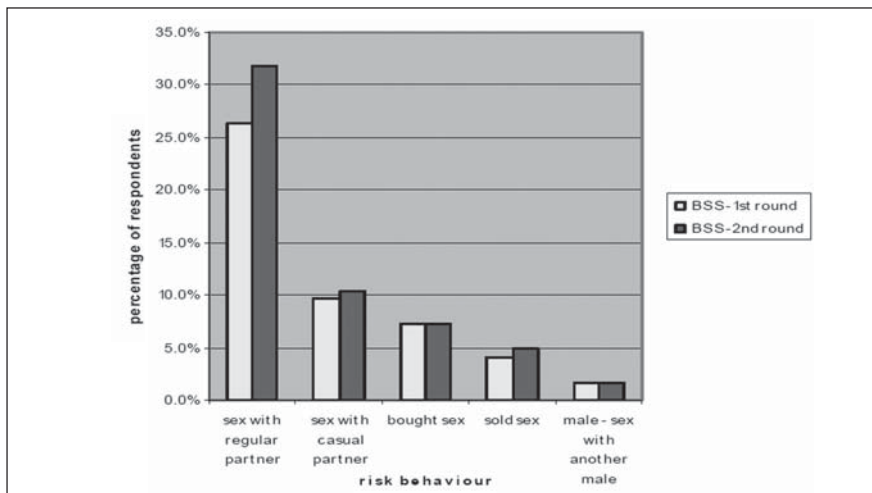


Figure 15 : Sex Risk Behaviour Amongst IDUs Who Did Not Always Use a Condom



In the staff survey, opinions about condoms varied considerably. In the 1st BSS, nearly half of the staff who were surveyed disagreed that most clients used the condoms provided in the kits, as staffs had noticed that condoms were being discarded by clients who do not use them. Therefore, condoms are currently provided to clients upon request to reduce wastage. The proportion of staff who agreed or slightly agreed that there were some clients who wanted more condoms to be provided has increased (Figure 16) compared to the previous staff survey.

Figure 16 : Staffs Opinion on Provision of Condom

OBJECTIVE 5: TO ASSESS WHETHER THERE HAVE BEEN UNINTENDED NEGATIVE CONSEQUENCES OF THE PILOT NSEP.

Increased Drug Use (Initiation/Frequency/Duration)

From the 2nd BSS, it was noted that approximately 98% of IDUs injected at least once daily compared to 95% in the 1st BSS, indicating that the provision of free needles and syringes through the NSEP has not resulted in increased drug use.

The mean duration of injecting amongst the clients in both surveys was 12 years, indicating that the majority of the clients are long term drug users. The NSEP is attracting those drug injectors who are many years into their drug "careers" and are most likely to be amenable to both harm reduction and drug prevention interventions. Interventions also need to contact drug injectors earlier in their "careers" to give them the opportunity to access services before they suffer too many adverse social and health consequences.

Reports from police officers have indicated no increase in the number of injecting drug users since the start of NSEP, but instead police have observed a rise in amphetamine type stimulant usage for the last year.



Outreach staffs are asked to observe changes in the client population and behaviours and these observations are included in the site monthly reports. There have not been any reports of people commencing drugs as a result of the NSEP, or of clients increasing their drug usage.

Public Disorder (Needle & Syringe Litter, Crime)

Discarded Needles

Prior to the commencement of the NSEP, outreach workers from all 3 NSEP sites observed discarded needles and syringes in most of the places used by IDUs for injecting. Several clients have said that they throw away needles and syringes because they are fearful of arrest if found carrying them.

The staff safely collect and dispose of discarded needles and syringes they find in areas where they conduct the outreach. At ACC a total of 3690 discarded items (needles and syringes) were collected since the start of the program. ACC outreach workers have noticed a reduction in discarded equipment after targeting areas where lots of items were found (before NSEP started) and after consistently talking to clients about the importance of returning used equipment. ILZ outreach workers have also noticed a reduction and since the start of the program have collected about 330 discarded items. PKI outreach workers have not noticed a significant change in the amount of discarded equipment, and have reported collecting a total of 532 items since the start of the program.

Stakeholder interviews conducted with the community and businesses around the outreach site and DICs have not noticed or reported more discarded needles and syringes for the past 1 year since NSEP started.

Crime Rates

Police raids of IDU ports have increased at all sites in the last quarter, as Malaysia prepares for the Visit Malaysia Year 2007. A sizeable port in Johor Bahru was closed due to constant raids and a main port in KL saw a reduction in the number of clients accessing it.

Chief Inspectors (CI) from the 3 NSEP site areas were asked whether there had been any change in crime rates in the last 12 months.



One CI said that overall there has been a 20% increase in crime involving drug users in 2006 compared to 2005. The CI in Johor Bahru commented that there has been a decrease in crime involving drug users and was not sure of the absolute figure. Another CI replied that there has been a slight increase in crime, but through his observations and talking with the staff, the crime rate amongst drug users had remained the same. Another CI said that crime amongst injecting drug users has declined.

Community Criticism

The police CIs interviewed had not any complaints about the program from their staff. Police are concerned about the possibility that clients will misuse the NSEP card, although there are no reports of this happening.

Some responses to the program have been quite positive, with police expressing that:

“No, in the first place if you tell me that the drug addicts contribute to crime, I wouldn’t agree. The NSEP doesn’t affect anything. Nobody can produce statistics to say drug addicts contribute to crime”

However, in March 2007, an article in a national newspaper that questioned the effectiveness of NSEP was published, which included comments from the Chief of Narcotics, PDRM who viewed the program as a “headache” for the police force. In Penang, some residents have signed a petition to ask for the relocation of DIC from their neighbourhood after a fire which occurred in an empty house that is regularly used by IDUs. In light of some of these criticisms, the program should implement a sound and effective media strategy to garner public acceptance of this challenging programme to ensure its continuity and sustainability.

SUMMARY OF PROGRESS

Given the socio-cultural environment in which this NSEP pilot has been operating, it can be concluded thus far the program has progressed well, although as would be reasonably anticipated, not without challenges.

Objective 1 :

The sites are successfully implementing the SOP. More than 83,800 NSEP kits of new needles and syringes have been distributed. The overall return rate of used items is close to 60% over the last 1 year. Most staffs



enjoyed their work, are confident that they know how to do their job, and think their site is being reasonably well managed and supported. Staff turnover has been relatively high and strategy is needed to address the relapse amongst the staff. Training of staffs is ongoing to continually improve the quality of services being delivered, with focus on management skills for site management and case management techniques for case workers at all sites. Staff health and safety is important, with all staff finding work sometimes upsetting, and some feeling unsafe at times. There have been improvements in the quality and delivery of various stock items; further improvement is possible through formal documentation and usage of stock tracking systems. Sites have invested time in building links with community and stakeholder groups, with clear benefits resulting from these efforts. Continued effort in this area is vital for the long term success of this program. Enhanced support from the police, particularly at recognising the credibility and validity of the client ID cards, is also essential for the program.

Objective 2 :

The NSEP sites have provided numerous services, including more than 34,300 contacts for needle exchange, with more than 4,300 clients from February 2006 to February 2007. Some of these clients have only used the service once, but 62% are regular clients; with 29% of them using the needle exchange service once per week on the average. Most clients are Malay males over the age of 30. This differs a little between clients who do needle exchange through the outreach or the DICs. Most needle exchange is done through the outreach, with return rates slightly higher at the DIC than the outreach.

Objective 3 :

There have been some positive signs of behavioural change amongst IDUs in the 3 areas. There has been a significant reduction in the number of IDUs passing on their injecting equipment to others and in the use of street/port doctors. However, there is much more to be done, for instance there are still many IDUs who are reusing injecting equipment from others and not always using a new and clean needle. Further reduction in risk behaviour is crucial to interrupt HIV and Hepatitis C transmission.

Objective 4 :

Amongst IDUs surveyed, most had heard of HIV, whereas 40% have not heard of Hepatitis C and very few know how it is transmitted. Overall



there was improvement noted in the level of knowledge since the commencement of the NSEP for HIV and Hepatitis C. The NSEP pilot has resulted in numerous discussions on safer usage and safer sex, case work sessions and distribution of written resources. Many referrals to other services have also been provided, which often require substantial resources (i.e. staff time and travel costs to accompany clients to appointments). Amongst IDUs surveyed, 60% reported having sex in the preceding month, with low reported rates of always using condoms. This highlights the significant risk of HIV transmission from IDUs to other members of the community and for the ongoing need for education on safer sex and provision of condoms.

Objective 5:

There has been no major evidence of unintended negative consequences of the NSEP pilot, including increase in drug use, crime or needle and syringe litter specifically related to the NSEP. There have been 2 separate incidents in recent months of community criticisms, one reported in a national newspaper and the other a petition from residents trying to force the relocation of the DIG in Penang. A media and advocacy strategy is urgently needed to address these issues to ensure greater public and community acceptance of this challenging program to ensure its long term continuity and sustainability.

KEY ISSUES FOR PROGRAM CONTINUATION AND SCALE UP

Program Structure / Management

The program structure of NSEP has changed considerably since the SOP. The HRS and NSEP and DST Working Groups were added later onto the program structure. It is acknowledged that the formation of HRS to coordinate the communication between MAC and MOH has improved the communication and has resulted in a better and more effective working relationship. Since the start of the program, the state JKN has been a valuable stakeholder and contact point for sites in issues related to stock, coordination for stakeholder meetings and others. It is important to ensure the new program structure together with TOR for HRS, NSEP and DST Working Group and state JKNs is reflected correctly in the SOP to avoid duplication and conflicting decisions in the future.



Training Peer Education

There is a need for further “on the job” training of the NSEP site staffs especially in areas of management techniques, teamwork, dealing with relapsing staff members and others. It is crucial that case workers are trained on case management based on harm reduction principles before the scale up. Additionally, on going training must be conducted for the outreach staff on the outreach strategies, communicating with IDUs on safer usage, specifically for vein care and Hepatitis C.

Peer education is an effective method that could be used to continuously educate street IDUs and at the ports. The task of educating clients now rely solely on the outreach workers, who are responsible for distributing NSEP kits and engaging clients in safer usage and safer sex discussions. Due to constraints of time and hours of operation and manpower, the outreach worker cannot remain permanently at a particular port. Therefore, the use of peer educators, who are IDUs, can be effective in educating the clients before and after the outreach. MAC and MOH have considered the introduction of a peer education project to be implemented at the NSEP sites. As for any peer based project, it is vital to ensure the involvement of current IDUs from the planning through to the implementation stages. Many countries have been successful in implementing peer education for IDUs, and lessons from these countries can serve as a guidance in designing a well tailored local program coupled with advice from the experts in the field.

Sites

Staff turnover at all sites has been high. It is recognised that finding people with the right balance of attitude and skills can be difficult. However, the turnover of staff may sometimes indicate other underlying problems and this should be addressed. One particular issue to be addressed is how sites should respond in the event that an employee is rumoured to be using illegal drugs. It is crucial that a guideline on this issue is developed by MAC and MOH as soon as possible.

Outreach workers should develop strategies as to how they will aim to maintain and increase the repeat use of service by clients, and the return rates of used injecting equipment; monitor discarded needles and institute regular clean ups if required; use rapport from brief regular contacts with clients to create opportunities for clients; learn more about



safer injecting practices and have access to all other components of NSEP services if they require.

The quality of interaction between the NSEP staff and clients should be evaluated as the program expands and contacts more IDUs.

Relationship with Police, RELA, Local Council and AADK

The role of the police and other enforcement agencies in the success of the NSEP is extremely important. On one hand, the law has not changed, so police continue to focus as they should on upholding the law and reducing drug supply. However, extensive work between the MOH and the police has resulted in several positive outcomes. The Guidelines for the Police has been endorsed and circulated widely. More police officers through the exposure during the police trainings and workshops are supportive and in away have become valuable allies in convincing other counterparts to support the NSEP. It is crucial to ensure that these trained police officers are supported and given opportunity to train other police officers under their supervision at their respective workplace.

These ongoing advocacy efforts should also be extended to other enforcement agencies such as RELA, local councils such as DBKL, anti-Vice Department of the PDRM and AADK. AADK has recently been given sanction by the government to conduct more enforcement activities amongst IDUs.

Stock Including Needles and Syringes

Providing clients with a consistent and reliable service is critical to maintaining trust and retaining clients in the program who need needle exchange services. Part of this is having an uninterrupted supply of needles and syringes of an appropriate size and quality. Where current stock is totally suitable, changes should only be made after careful consideration and consultation with a number of regular clients. Supply forecast must take into consideration current activity levels. If this is not considered, current funding allocation to the state JKN for stocks may be insufficient and may result in service interruption.

The sharp disposal containers are not optimal for the outreach, therefore other options should be sought, taking into consideration safety



(most notably the risk of needles falling out when sharp disposals are carried in a bag), size and shape (to aid ease of carriage, rectangular shaped bins that are narrower but longer as used in other exchange programs are more appropriate).

The NSEP kit should consider the provision of other injecting equipment such as cookers and sterile water that are vehicles for transmission of blood borne viruses if shared.

Information, Education & Communication (IEC) Material

IEC materials that are appropriate for the target population are extremely important tools and can be very effective in conveying knowledge and promoting safer behaviour. It is acknowledged that MAC has produced some IEC materials, but these are not sufficient. More IEC materials have to be produced in the area of vein care, abscess prevention, overdose etc. These materials must be made available to all NSEP sites and distributed widely amongst clients at the outreach and the DIC. In addition, IEC materials should be assessed for effects on behaviour and attitudes, providing information on whether the materials can be further improved in the future.

Establishing Link with Government MMT

The NSEP must work on building a stronger link with the government MMT program. The number of clients at all sites requesting for MMT have increased considerably, but due to the limited number of patients that can be enrolled, many IDUs are still on the waiting list.

NSEP program could potentially reach an agreement with the MMT program that the NSEP clients be given priority (or, for example, 20% of each enrolment cycle is reserved for clients referred by NSEP sites). The linkage of these two programs is vital for the success of the harm reduction program in Malaysia and should be looked into before the scale up.

Media and Advocacy Strategy

The one year pilot program has provided evidence that it is feasible to conduct this program in the Malaysian context and therefore, efforts now should be focused on improving the capacity of current sites and starting



up new sites. As the program expands and progresses, it is crucial for the program to implement good and effective media and advocacy strategies. These will act to ensure better community acceptance of this challenging measure and assist in the program's continuity and sustainability in the future. The low profile approach adopted for the one-year pilot program might not be as effective when the program grows nationwide, which will undoubtedly attract a lot of media attention which may lead to negative reports and create negative consequences for the program if not addressed properly.

There are many positive findings from the monitoring and evaluation of the program that show the valuable public health impacts of harm reduction. These findings show benefits both to the individual and the community. Consequently, a dissemination strategy needs to be developed to showcase this work and educate the public and society at large as to the contribution of harm reduction in reducing the spread of HIV infection and other unwanted consequences of injecting drugs.