

## Psychosocial Reactions of Injecting Drug Users' (IDU) Towards Needle Syringe Exchange Program in Malaysia

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**Abstract:** Needle and Syringe Exchange Program (NSEP) had been a hot topic since it was introduced in Malaysia, especially looking at it in the context of an Islamic country. This qualitative research was exploratory oriented. It investigated the Injecting Drug Users' (IDU) psychosocial reaction towards NSEP. In-depth interviews using semi-structured questions were conducted on 13 injecting drug users at One Stop Centre IKHLAS, Kuala Lumpur. Generally, the respondents had positive views on NSEP. They perceived NSEP as a social agent which (1) promoted the usage of sterilized needles, (2) changed their way of access to sterilized needles, (3) saved IDUs expenses and (4) made innovative effort in reducing HIV/AIDS infection in Malaysia. In order to make NSEP a success in changing IDUs behavior and reduced the spread of HIV/AIDS, this program had to be sustained and its services had to be upgraded in attracting more IDUs to join the program.

**Key words:** Needle syringe exchange program (NSEP) · Injecting drug users (IDU) · HIV/AIDS

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### INTRODUCTION

Until the year 2009 and within 22 years, the cumulative number of HIV cases in Malaysia was 87,710 cases. Fifteen cases were infected with AIDS, including 13,003 death cases. 70.6% were caused by the IDU [1]. Groups of drug users in Malaysia have been practicing risky injecting drugs and unsafe sex practices [2]. This scenario is an indicator that if the IDUs are still practicing risky behaviors and without much awareness about their risks and dangers, the risk of HIV/AIDS is also higher in the absence of any drastic efforts made.

Malaysia's experience in combating drug abuse and HIV/AIDS in the past indicates the need for more effective methods instead of the traditional. Previous studies revealed that majority of drug users would keep on taking drugs although they were aware of its consequences [3]. Hence in 2005, the government announced the implementation of the Harm Reduction program by two methods of needle and syringe exchange program [Needle Syringe Exchange Program (NSEP)] and methadone

replacement therapy [Methadone Maintenance Therapy (MMT)] [4]. Initially, the NSEP had been controversial in Malaysia and received various reactions since it involves sensitive issues [5, 6]. Many scholars and public figures as highlighted in local newspapers from May to July 2005 disagreed with the methods proposed. Some stakeholders viewed this program as wasteful, contrary to religious beliefs and law and seen as encouraging people to get involved in drugs and sexual activities [7].

In Muslim countries, the challenge in implementing this program always come from religious groups [8]. Religious groups are also stakeholders which play crucial roles in an Islamic state and they have strong influence on moral issues. Meanwhile, Islam also has high standards for general conduct and behaviors, thus making behaviors such as homosexuality, drug use and sex before marriage as unacceptable. However, some other countries such as Uganda, Senegal, Iran and Indonesia are more flexible with the use of condoms and clean needles in accordance with the teachings of Quran and Sunnah [8].

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The social stigma against drug users is caused by their associations with illegal activities and violations of the norms of society committed by them [9]. The stigmatization of IDUs occurs along many dimensions such as: are unemployed; frequently have deficient personal hygiene as a result of homelessness; are held to be responsible for their addictions; can be violent, belligerent or unpredictable after consuming drugs, when in withdrawal and/or because of an existing mental illness; have difficulty achieving and maintaining sobriety; and/or are perceived to have feared infectious diseases such as Hepatitis B and C and HIV [9]. When individuals assume responsibility for their own illnesses, community responses are often negative and/or more or less compassionate toward them. For these reasons, it is difficult to get rid of the stigma of this group [10].

This situation also occurred in Kabul, Afghanistan. Although the NSEP has been implemented, there are still many IDUs who did not acquire full advantages of the NSEP [11]. The IDUs reported that they felt isolated from the community because the community is suspicious of drug users by giving them negative labels which lead them to a certain degree of social stigma and moral condemnation. The situation is closely related to the 'not in my backyard' phenomenon [12]. This phenomenon reflects the attitude of the local community who opposed the facility for drug users in their community. There is a unique relationship between stigmas against drug users and the organization that issued the next place of service for them. The factors contributing to this phenomenon: safety of the individuals and families, property and the negative impact on their quality of life [13]. Society usually considered any program involving drug users as a waste because history reveals that many drug users did not recover fully. Accordingly, the NSEP in Malaysia was controversial when it was introduced because it involved public sensitivities, especially for the community where the NSEP was located. While the views of the community were important, the IDUs reaction was even more pertinent. Thus, this study aimed to investigate the Injecting Drug Users' (IDU) psychosocial reaction towards NSEP.

## MATERIALS AND METHODS

This is a qualitative research and exploratory oriented. The data was gathered by in-depth interviews with semi structured questions. In this study, the

respondents were 13 hardcore drug addicts at One Stop Centre IKHLAS, Lorong Haji Taib, Kuala Lumpur, selected by purposive sampling method. They were selected among the injecting heroin who were also involved in the NSEP for more than 10 months. Analysis of data reduction is used to obtain the important themes about their views on the NSEP.

## RESULTS AND DISCUSSION

All respondents were found to be satisfied with the existence of NSEP. Most of them understood the purpose of NSEP and that its objective is to prevent the spread of HIV/AIDS. They were also well informed about the NSEP. The following section focuses on the results and discussions based on the themes that emerged from the interviews.

### **NSEP as Social Agents to Use Clean Needles:**

NSEP is recognized as a way to help the IDUs to conduct safer behavior by using clean needles or not sharing needles. Many of the respondents who were involved with the NSEP have stopped using clean needles and or have not shared needles. They also stated that they used clean needles. It was also found that NSEP had been successful in changing IDU risk behavior to safer behaviors [14, 15]. In addition, the NSEP has completed a harm reduction model of Information, Education and Communication (IEC) in providing needles and condoms in the implementation of safe behavior (see Figure 1).

IEC serves to provide more accurate information to increase IDUs' knowledge of HIV/AIDS. IDUs who have undergone media campaigns, networking and peer drug users and outreach workers were found to be taking less risky behaviors [17]. However, the information and skills that the IDU received will only be complete if they also received clean needles and condoms. This shows that the NSEP was in compliance with the IEC model which encourages the IDUs to practice safe behavior.

In addition, free needles and condoms are extrinsic rewards that can motivate and boost IDUs' confidence in practicing safer behaviors. Respondents who used needles and condom supplied by the NSEP could also reinforce safe behaviors. Extrinsic compared to intrinsic rewards provide a more practical medium and a greater incentive to change behavior [18]. Generally, IDUs had seen NSEP as very helpful in changing attitudes towards HIV/AIDS.

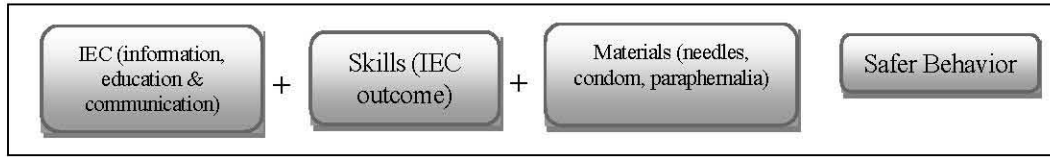


Fig. 1: NSEP-IEC Model

Table 1: Ways Drug Users adopt to obtain the needle before involvement in NSEP

Ways To Get Needles & Syringes	Risk
Picked the abandon needles	Probability of infected needles, increase spread of HIV/AIDS
Asked from friends	Probability of infected needles; increase spread of HIV/AIDS
Used needles bought from pharmacy/shop	Need money to buy; they don't have permanent job and do random job such as collecting cans, parking guide, stealing or robbing.
Paid for needles from 'doctor'	The same needles used by 'doctor'; increase spread of HIV/AIDS
Borrowed from friends	Sharing needles; increase spread of HIV/AIDS

**Changing the Way to Access Needles:** Respondents acknowledged that NSEP has changed their way in getting needles. Before participating in NSEP, respondents used to practice a variety of risky methods in getting needles such as requesting for needles from friends, borrowed from friends, stole needles, took needles that had been abandoned and others. Respondents also used to face problems in obtaining syringes from pharmacies. Table 1 shows risk analysis to explain how respondents obtained needles prior to participation in NSEP.

The way the respondents of this study obtained their needles was similar to the respondents in the study by Beverly *et al.* [16]. The study found that 73% of IDUs who practiced risky behaviors obtained their needles from pharmacies and shops and they admitted that they stole from friends, family members, hospital or picked from the trash. Respondents also recognized that if they had extra money on a certain day, they would be more willing to purchase additional drugs rather than to buy new needles. Or, they would steal money and purchase their needles. Further, respondents also said that they were no longer using used needles because used needles were blunt. Blunt needles can cause fever which was referred by them as 'needles fever'. This scenario shows that the respondents had a better way of getting their supply of needles through the NSEP. Thus related criminal activities such as stealing and the risk of being infected by HIV / AIDS and other diseases are reduced.

**Reduce the Financial Burden:** Heroin is an expensive drug and the tendency to be dependent is very high. NSEP has helped in reducing the respondents' financial pressure due to the availability of free needles. In

addition, the needles are provided free of charge, thus they do not need to spend money. As stated by one respondent:

*Ok la.. When we go to the 'port' they said that they will give syringes, right? So..relax... no need to buy, can keep our money, it's not easy to get money. It's troublesome. That's the problem with sharing syringe. Can't buy syringe without money..no choice la..*

Drug users in Malaysia are estimated to spend an average of between RM30 to RM50 per day or RM900 to RM1500 per month for the drug [19]. The respondents admitted that NSEP has helped them save costs; at least they do not have to think of ways to earn money to buy drugs. They considered the purchase of needles is not important compared to getting heroin [20].

Respondents also revealed that stolen money was used to buy syringes. Stealing is the easiest way to get money. Many researchers [21-23] agreed that most drug users were involved in illegal and criminal activities. Consequently, all respondents agreed that the NSEP had reduced their financial burden. They did not need to allocate more money to buy their own needles. Apart from that, they also did not have to take the risk of being detained by the police for their wrong doings (such as stealing).

Findings also supported previous studies and showed that since the launching of NSEP, stealing and picked pocket activities have decreased [24, 25]. Thus, as an example, one respondent who wanted to be identified only as a 'doctor' volunteered to supply needles obtained from the NSEP in preventing HIV/AIDS. This encouraged

IDU's to gain clean needles from NSEP at no cost. However, none of the respondents reported selling the needles to other drug addicts to obtain money in order to reduce their financial burden as compared with the study conducted by Golub *et al.* [26]. It was found that 9.1% of IDUs sold needles or traded-in with friends or other interested individuals. Hence, this NSEP had helped to reduce IDUs financial burden slightly. They did not need to allocate more money to purchase needles and reduce the risk of police detention.

**NSEP as an Innovation:** Most respondents were happy with the introduction of NSEP by the government. They expressed happiness because NSEP not only reduced their financial burden by giving free needles but it also made them feel appreciated even though they were not ready to quit drugs. This means NSEP do not put the stigma or discrimination against IDUs.

Most respondents also had the confidence and trust in the NSEP because as NGOs they are not seen as agents who would report their activities to the police. However, they are seen as those who are willing to help drug users in getting a better life. Drug users' self-esteem has a strong correlation with the stigma and social discrimination [27]. Moreover, when a person is punished by society for deviant behavior, the punishment leaves a stigma on the person and he may face with social isolation [28]. At the same time, punishment has the effect of marginalizing a person by the society. Social discrimination experienced by drug users also causes them to worry about interaction with other people who are non drug users [29].

This situation could complicate the interaction between drug users and the service provider [30]. Respondents in this study were satisfied with the NSEP and they had changed their perception that society had stigmatised marginalized people like them. Respondents claimed that NSEP can be very beneficial to those who want to practice safe behavior. For some respondents, they found that this is a good program because this is the first time Malaysia conducted a program that does not involve punishment for drug users and force them to abstain from using drugs. In addition, respondents found that NSEP is not very strict about their rules and when necessary they can be very flexible. NSEP also offer various methods which does not involed a fixed case worker. Therefore, in order to deliver services to this group of IDUs, the case workers have to accept the IDUs. Thus, IDUs can achieve higher self-esteem and feel better about themselves. This philosophy of harm

reduction which is not focused on the abstinence helps to deliver services more effectively. NSEP staffs should have the attitude of non-judgmental in ensuring fair services to this group. It can also reduce the occurrence of "second crime" that can increase harm to others. In conclusion, NSEP had been very innovative in rendering their services since they did not make abstinence as their main goal while at the same time, they accept IDUs as they are.

## CONCLUSION

It can be concluded that IDUs who are involved in the NSEP are satisfied with its presence in Malaysia. Although there were mixed reactions of the general public towards the NSEP, for the IDUs, the NSEP program had given them confidence to reduce HIV/AIDS in the community through the usage of clean needles. The NSEP also made them feel appreciated and cared by the community. Accordingly, it is necessary to continue this program in Malaysia. However, the program should be improved in order to attract more IDUs to participate while at the same time it will prevent further spread of HIV / AIDS.

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