

A Harm Reduction Approach to HIV/AIDS and Drug Use in Malaysia

Introduction

In 2006, the Malaysian government introduced harm reduction as a strategy to address the growing HIV/AIDS epidemic among injecting drug users (IDUs) in Malaysia. The country's harm reduction approach comprised of two initiatives: methadone maintenance therapy and the needle syringe exchange program.

The introduction of harm reduction marked the government's shifting attitude from one that viewed drugs as a national security issue towards one that treated drugs as a public health concern. But Malaysia's harm reduction initiatives still faced numerous challenges. Such strategies were viewed as being counter to the Islamic laws of prohibition and thus faced opposition from some religious leaders and organizations. Further, the public generally took a negative view of IDUs, and law enforcement agencies and public health initiatives sometimes came into tension. The challenges involved in scaling harm reduction efforts had wider implications for the treatment and rehabilitation of drug dependents in Malaysia.

Addressing Addiction

The Malaysian government had set the ambitious goal of becoming a drug-free society by 2015, which was a goal in line with the Drug-Free ASEAN initiative.¹ Drug abuse and trafficking became a major problem for Malaysia in the 1970s. "Hippy culture" and the Vietnam War, during which Malaysian youths adopted some of the drug habits of foreign soldiers, contributed to the introduction of cannabis and heroin into the country.² Prior to this, drug use in Malaysia had been limited to opium smoking.³

By the 1980s, heroin use among Malaysian youth had risen considerably, with nearly three quarters of registered drug users being under 30 years of age.⁴ As drug users struggled to support their habit, there was an increase in drug-related violence and crime such as burglary, car thefts, extortion and mugging.⁵ International Islamic

¹ United Nations Office on Drugs and Crime, "Drug-Free ASEAN: Status and Recommendations," 2008, https://www.unodc.org/documents/southeastasiaandpacific/Publications/ASEAN_2015.pdf.

² Abdul Rani Kamarudin, "The misuse of drugs in Malaysia: Past and present," *Malaysian Anti-Drugs Journal* 1, no. 2 (2007): 1-24.

³ Central Intelligence Agency, "Malaysia's War on Drugs," United States of America, 1986, <https://www.cia.gov/library/readingroom/docs/CIA-RDP86T01017R000201200001-5.pdf>.

⁴ Ibid.

⁵ Siriporn Wajjwalku, Chong Ho Kong, and Osamu Yoshia, eds., *Advancing the Regional Commons in the New East Asia*. Routledge, 2016.

This case study has been written by Jade Goh and has been funded by the Lee Kuan Yew School of Public Policy (LKY School), National University of Singapore. The case does not reflect the views of the sponsoring organization nor is it intended to suggest correct or incorrect handling of the situation depicted. The case is not intended to serve as a primary source of data and is meant solely for class discussion.

University Malaysia professor Abdul Rani bin Kamarudin noted that drug addiction and trafficking threatened not just the nation's socioeconomic status, but also its spiritual well-being.⁶

Then-Prime Minister Mahathir Mohamad identified drugs as a national security threat that was "on a par with Communism"⁷ and declared a "War on Drugs" in 1983. This view towards drugs reflected the mainstream consensus at the time, as outlined in the 1961 UN Single Convention on Narcotic Drugs.^{8,9} Malaysia launched some of the "toughest drug laws in the world",¹⁰ including death penalties for those in possession of heroin or marijuana. At the time of writing, over 229 death-row inmates convicted for drug crimes had been executed.¹¹

The Ministry of Home Affairs (MHA) was tasked with curbing the substance abuse problem. Under this ministry, what is now known as the National Anti-Drugs Agency (NADA) was formed, and the narcotics division under the Royal Malaysian Police was upgraded to a full department.¹² Law enforcement efforts focused on reducing drug supply and demand.¹³ The police arrested people who used drugs as well as those who dealt drugs on a small scale. The punishment for drug-related offences was a prison sentence, often accompanied by judicial caning. Drug users were also sentenced to a compulsory two-year treatment and rehabilitation program. Additionally, the government increased its border security.¹⁴

Meanwhile, the health sector provided little support for drug addiction. Pharmacists were encouraged to identify and monitor potential drug abusers.¹⁵ Medical practitioners were prohibited from treating patients for drug dependency, and were required to report drug-addicted patients to the Director General of the Ministry of Health.¹⁶

⁶ Abdul Rani Kamarudin, "Drug Dependents' Treatments and Rehabilitation: From 'Cold Turkey' to 'Hot Turkey'," *Jurnal Antidadah Malaysia* 2, (2007): 193-226.

⁷ Steven Erlanger, "Intensive War on Drugs by Malaysia and Singapore Shows Mixed Results," *The New York Times*, December 15, 1989, <http://www.nytimes.com/1989/12/15/world/intensive-war-on-drugs-by-malaysia-and-singapore-shows-mixed-results.html?pagewanted=all>.

⁸ Suresh Narayanan, Balasingam Vicknasingam and Noorzurani Mohammad Haris Robson, "The transition for harm reduction: Understanding the role of non-governmental organizations in Malaysia," *International Journal of Drug Policy* 22, no. 4 (2011): 311-317.

⁹ Count the Costs, "The War on Drugs: Threatening public health, spreading disease and death," <http://www.countthecosts.org/sites/default/files/Health-briefing.pdf>.

¹⁰ Central Intelligence Agency, "Malaysia's War on Drugs," p.1.

¹¹ Yingyos Leechaianan and Dennis R. Longmire, "The Use of the Death Penalty for Drug Trafficking in the United States, Singapore, Malaysia, Indonesia and Thailand: A Comparative Legal Analysis," *Laws* 2, no. 2 (2013): 115-149.

¹² Balasingam Vicknasingam and Mahmud Mazlan, "Malaysian drug treatment policy: An evolution of total abstinence to harm reduction," *Jurnal Antidadah Malaysia* 3, (2008): p 107-121.

¹³ Fifi Rahman, Nur Afiqah Mohammad Salleh, Olga Golichenko and Karsten Lunze, "Public Health and Drug Policing in Malaysia: Using Empirical Evidence for Advocacy," *Asia Pacific Dispute Resolution Working Paper Series* 3, no. 1 (2016): 2-14.

¹⁴ *Ibid.*, 3.

¹⁵ Universiti Sains Malaysia, "Total War Against DADAH," *The Professional Bulletin of the National Poison Centre*, accessed December 12 2017, http://www.prn.usm.my/old_website/mainsite/bulletin/2003/prn37.html.

¹⁶ Balasingam Vicknasingam and Suresh Narayanan, "Malaysian Illicit Drug Policy: Top-Down Multi Agency Governance or Bottom-up Multi Level Governance," *University Sains Malaysia* (2008): 1-12.

Rehabilitation efforts reflected the law enforcement background of the MHA staff.¹⁷ The *Drug Dependents (Treatment and Rehabilitation) Act* (1983) established 28 compulsory drug treatment centres, or *Pusat Serenti*, across the country. Anyone who tested positive for heroin or cannabis—regardless of whether they were drug addicts or recreational users—was required to undergo a two-year rehabilitation program, which incorporated abstinence with psychosocial services and a physical program that resembled military training.¹⁸ A presentation by the non-governmental organisation Harm Reduction International and the Malaysian AIDS Council criticized Malaysia's “Break You Down to Build You Up” approach, arguing that the methods were both ineffective and inhumane.¹⁹ Figure 1 depicts some of the disciplinary tools used in the *Pusat Serenti*.²⁰

Figure 1: Discipline strategies at *Pusat Serenti*. Figure from Harm Reduction International at https://www.hri.global/files/2010/05/02/Presentation_21st_M2_Umar.pdf



Drug rehabilitation focused on physically severing addicts' links to illicit drugs. No medical treatment followed this “cold-turkey” approach,²¹ and estimated relapse rates within the first year following discharge were between 70 and 90 percent.²²

¹⁷ Vicknasingam, and Mazlan, “Total Abstinence,” 112.

¹⁸ *Ibid.*, 110.

¹⁹ Malaysian AIDS Council, “Break You Down to Build You Up: The Malaysian Experience,” *Harm Reduction International* (2010), accessed December 10, 2017, https://www.hri.global/files/2010/05/02/Presentation_21st_M2_Umar.pdf.

²⁰ *Ibid.*

²¹ Kamarudin, “From ‘Cold Turkey’ to ‘Hot Turkey’”.

²² Gary Reid, Adeeba Kamarulzaman, and Sangeeta Kaur Sran, “Malaysian and harm reduction: the challenges and responses,” *International Journal of Drug Policy* 18, no. 2 (2007): 136-140.

Despite the government's efforts, drug use continued to rise. Initially, the war on drugs appeared to be successful. From 1983 to 1985, the number of new detected drug users fell from 14,624 to 6,119.²³ This success was short-lived, however. In 1986, the number of new detected drug users rose to 63,585,²⁴ signifying an approximately 1,000 percent increase from the previous year. The numbers continued to increase, and in 2016, there were a total of 131,841 drug addicts registered in Malaysia.²⁵

Experts argued that drug addiction was a complex disease. "It is not a moral problem," International Medical University Associate Dean and substance abuse specialist Philip George explained. "There are medical or psychological problems that could be the result or the cause of their drug use." Studies had suggested that the brains of drug dependents experienced neurochemical changes that disturbed the normal hierarchy of human needs and desires.²⁶ A drug dependent's inability to stop abusing drugs was associated with a deficit in the prefrontal cortex—the part of the brain that was responsible for self-monitoring and decision-making.²⁷

Some argued that drugs should not be viewed through the lens of criminal justice. Former President of the United States Barak Obama argued that "the most important thing to do is reduce demand. And the only way to do that is to provide treatment—to see it as a public health problem and not a criminal problem."²⁸ This view had been echoed by countries like Uruguay, the Netherlands and the Czech Republic, whose policies decriminalised drugs for personal use and focused on rehabilitation rather than punishment.²⁹

A Concentrated Epidemic

One serious repercussion of drug use in Malaysia was the spread of human immunodeficiency virus (HIV). Malaysia was one of five countries described in a 2010 *The Lancet* article as having a "megaepidemic" in HIV among injecting drug users.³⁰ A

²³ Low Wah Yun and Khairuddin Yusog, "Drug addiction—current trends," *Medical Journal Malaysia* 43, no. 1 (1988).

²⁴ Ibid.

²⁵ Farhana Syed Nokman, "More than 130,000 drug addicts in Malaysia to date, figures show," *News Straits Times*, April 19, 2016, <https://www.nst.com.my/news/2016/04/140154/more-130000-drug-addicts-malaysia-date-figures-show>.

²⁶ National Institute on Drug Abuse, "Comorbidity: Addiction and Other Mental Illnesses," accessed December 7, 2017, <https://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/drug-addiction-mental-illness>.

²⁷ Michael Bierer, *Harvard Health Blog*, "Is addiction a 'brain disease'?" (blog) posted March 11, 2009, accessed January 15, 2018, <https://www.health.harvard.edu/blog/is-addiction-a-brain-disease-201603119260>.

²⁸ Timothy Pratt, "Obama: Drug Addiction is a health problem, not a criminal problem," *The Guardian* March 30, 2016, <https://www.theguardian.com/us-news/2016/mar/29/barack-obama-drug-addiction-health-problem-not-criminal-problem>.

²⁹ Drake Baer, "5 countries experimenting with liberal drug laws," *Business Insider*, March 30, 2016, <http://www.businessinsider.com/countries-experimenting-with-liberal-drug-laws-2016-3////?r=AU&IR=T/#the-country-most-closely-associated-with-drug-use-and-drugged-out-tourists-is-probably-the-netherlands-1>.

³⁰ Daniel Wolfe, M Patrizia Carrieri and Donald Shepard, "Treatment and Care for injecting drug users with HIV infection: a review of barriers and ways forward," *The Lancet* 376, no. 9738 (2010): 355-366.

report by the World Health Organization highlighted that more than half of the reported HIV cases in Malaysia were attributed to injecting drug users (IDUs).³¹

The HIV epidemic in Malaysia escalated quickly. Malaysia's first HIV case was reported in 1986. By 2002, the HIV infection rate had risen to 28.5 per 100,000 people³² and in the subsequent year, UNAIDS reported that Malaysia was experiencing "the fifth fastest HIV infection rate in the Asia-Pacific region".³³ Over 20 years after the HIV epidemic began in Malaysia, a 2008 United Nations General Assembly Special Session report revealed that 75% of the cumulative HIV cases were attributed to IDUs.³⁴

The common practice of sharing injecting equipment contributed to the high concentration of HIV among drug users.³⁵ The low purity of street heroin made injecting drug use common amongst Malaysian drug dependents. A study examining heroin use in Malaysia and Singapore estimated that what was being sold as heroin only contained three to five percent of the drug—Malaysian sellers typically used caffeine to bulk up their product and increase profits.³⁶ Injecting was thus the most efficient way to administer low-purity heroin because the drug entered the blood stream almost immediately and produced the most intense high compared to other methods of consumption.³⁷

The criminalization of drug users may have encouraged high-risk behaviour such as sharing needles.³⁸ Over two thirds of IDUs reported sharing needles, while only 79 percent of this number used water to clean the needles.³⁹ IDUs were reluctant to be caught in possession of injecting equipment or purchase needles and syringes from the pharmacy for fear of being identified as a drug user by law enforcement,⁴⁰ and were therefore more likely to pick up abandoned needles or share needles with their peers than to purchase sterile needles.⁴¹ A study about needle sharing practices suggested that IDUs were also motivated to share needles because they had limited funds.⁴²

³¹ Herlianna Naning, Cliff Kerr, Adeeba Kamarulzaman, Maznah Dahlui, Chiu-Wan Ng, and David P. Wilson, "Return on Investment and Cost-effectiveness of Harm Reduction Programme in Malaysia," *Washington DC: World Bank* (2014).

³² Ministry of Health, "Global AIDS Response Progress Report Malaysia 2016," Malaysia, 2016.

³³ Reid, Kamarulzama and Sran, "Challenges and Responses," 139.

³⁴ "UNGASS Country Progress Report 2008—Malaysia," United Nations General Assembly Special Session on HIV/AIDS, accessed February 9, 2018, http://data.unaids.org/pub/report/2008/malaysia_2008_country_progress_report_en.pdf.

³⁵ *Ibid.*, 17.

³⁶ Maimonah Sulaiman et al, "Heroin in Malaysia and Singapore," *Drug Testing and Analysis* (2017).

³⁷ The Department of Health, "Speed of drug effect," Australia, 2004, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front6-wk-toc~drugtreat-pubs-front6-wk-secb~drugtreat-pubs-front6-wk-secb-5~drugtreat-pubs-front6-wk-secb-5-2>.

³⁸ Count the Costs, "The War on Drugs," p3.

³⁹ "Country Report Malaysia," United Nations General Assembly Special Session on HIV/AIDS, accessed December 1 2017, http://data.unaids.org/pub/report/2006/2006_country_progress_report_malaysia_en.pdf.

⁴⁰ Reid, Kamarulzama and Sran, "Challenges and Responses," 137.

⁴¹ Norulhuda Sarnon et al, "Psychosocial reactions of injecting drug users (IDU) towards needle syringe exchange program," *World Applied Sciences Journal* 12, no SPL ISS (2011): 80-84.

⁴² Wallace Mandell et al, "Correlates of needle sharing among injection drug users," *American Journal of Public Health* 84, no. 6 (1994): 920-923.

The government was aware of the HIV epidemic and had made HIV testing compulsory at every drug rehabilitation centre. However, HIV prevention education was limited to a short briefing about safe injecting practices and safe sex practices upon entry.⁴³ A University of Malaya survey found that IDUs in *Pusat Serenti* admitted to having sex with multiple partners without a condom even though they were aware of their HIV status,⁴⁴ suggesting a possible lack of understanding about the epidemic. However, the government found it challenging to introduce a broad and comprehensive prevention program for all drug users.⁴⁵ Despite the correlation between HIV and drug use, both problems fell under different jurisdictions: the MHA was responsible for drug use and the Ministry of Health dealt with issues related to HIV/AIDS. As such, there were no specific measures that targeted the spread of HIV among IDUs.

The consequences of drug use were complicated by local social and religious norms. Malaysia was a predominantly Muslim country, and HIV was often associated with practices that were prohibited in Islam such as extramarital sex and drug use. Writer Sima Barmania and University College London Professor of Science Education Michael Reiss describe the response to the epidemic as being “shrouded in denial and taboo”.⁴⁶ The social stigma attached to “risk behaviours” such as drug taking and illicit sex were more pronounced in Muslim cultures because these behaviours violated religious doctrine.⁴⁷ This discouraged groups who engaged in such practices—for example, injecting drug users and sex workers—from voluntarily seeking counselling, testing and other services that could prevent the transmission of HIV.⁴⁸ Many IDUs had internalized the stigma: a 2014 Ministry of Health study found that around half of the proportion of IDUs surveyed felt ashamed and guilty because of their behaviour and appearance.⁴⁹ Society did not generally take kindly to IDUs, with many viewing them as unproductive members of society whose drug addiction was self-inflicted.

The use of mandatory testing in government-run rehabilitation centres further reinforced the stigma against IDUs and people living with HIV. It was common for the number of people living with HIV to be underreported in Muslim countries.⁵⁰ Many were reluctant to declare their HIV status, fearing the discrimination that could follow. The mandatory screening in rehabilitation centres could thus create statistical biases:⁵¹ in obligating drug users to report their status, the numbers could suggest that drug users constituted a larger proportion of those living with HIV than was the reality. This encouraged the misconception that HIV was confined only to “high-risk” groups like IDUs, sex workers, homosexual people or transgender people.⁵²

⁴³ World Health Organization, “Assessment of compulsory treatment,” 19.

⁴⁴ Adeeba Kamarulzaman, “Taking stock of two decades of the HIV/AIDS epidemic in Malaysia,” *Medical Journal of Malaysia* 60, no. 1 (2005).

⁴⁵ Reid, Kamarulzama and Sran, “Challenges and Responses,” 139.

⁴⁶ Sima Barmania and Michael J. Reiss, *Islam and Health Policies Related to HIV Prevention in Malaysia* (New York: Springer International Publisher, 2018).

⁴⁷ Memoona Hasnain, “Cultural Approach to HIV/AIDS Harm Reduction in Muslim Countries,” *Harm Reduction Journal* 2, no. 1 (2005).

⁴⁸ Barmania and Reiss, *Islam and Health Policies*.

⁴⁹ Ministry of Health, “Global AIDS Progress Report,” 27.

⁵⁰ Barmania and Reiss, *Islam and Health Policies*.

⁵¹ Marina Mahathir, 2004, “HIV/AIDS in Malaysia,” In *AIDS in Asia*, edited by Yichen Lu, Max Essex, and Ellen Stiefvater, 83-90, Boston: Springer.

⁵² “Country Report Malaysia,” 18.

In 2005, a United Nations report noted that Malaysia had failed to meet one of the Millennium Development Goals (MDG) set by the World Health Organization (WHO): to “combat HIV/AIDS, malaria and other diseases”.⁵³ The report asserted that the prevalence of HIV/AIDS in Malaysia was troubling: every three years, the reported number of HIV cases doubled.⁵⁴ Prime Minister Datuk Seri Abdullah Badawi commented on the seriousness of the situation: “We have not been able to halt and reverse the spread of HIV/AIDS,” he said. “This is especially disturbing given that reported cases continue to increase.”⁵⁵

Introducing Harm Reduction

Harm reduction is an approach that focuses on the prevention of harm associated with drug use, rather than the prevention of drug use itself.⁵⁶ It refers to a set of strategies that aim to reduce the adverse health, social and economic consequences of drugs on those who use them, their families as well as the community.⁵⁷ The European WHO identified harm reduction as integral to the prevention of HIV infection among IDUs,⁵⁸ and countries like Germany, Switzerland and Spain had successfully employed harm reduction since the 1990s.⁵⁹ Malaysia introduced its first harm reduction initiative twenty years after the first HIV case was reported.

The Malaysian government recognized that HIV was not only a public health concern, but also a socioeconomic issue. A 2010 study had suggested that the HIV epidemic had an adverse effect on household labour supply and family income.⁶⁰ The government coordinated a multisectoral approach that involved the health, education and drug agency sectors in the prevention, treatment and care of HIV.⁶¹ Non-governmental organizations (NGOs) played an important role in offering support and resources to high-risk groups.⁶² In 1992, the Ministry of Health established the Malaysian AIDS Council (MAC) to coordinate all NGO outreach activities related to HIV.⁶³

⁵³ United Nations, “The Millennium Development Goals Report,” New York, 2005, <http://www.un.org/webcast/summit2005/MDGBook.pdf>.

⁵⁴ “Malaysia: Achieving the Millennium Development Goals,” United Nations Development Program, 2005, http://www.my.undp.org/content/malaysia/en/home/library/mdg/MDGPub_MDGSuccessChallenge.html.

⁵⁵ “AIDS Timeline: Global and Malaysia,” UNICEF, accessed December 2 2017, <https://www.unicef.org/malaysia/Factsheet-AIDS-Timeline-Malaysia-and-Global.pdf>.

⁵⁶ “What is Harm Reduction?” Harm Reduction International, accessed January 15, 2018. <https://www.hri.global/what-is-harm-reduction>.

⁵⁷ “Principles of Harm Reduction,” Harm Reduction Coalition, accessed January 15, 2018. <http://harmreduction.org/about-us/principles-of-harm-reduction/>.

⁵⁸ “Harm reduction,” European World Health Organization, accessed December 2, 2017, <http://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/policy/policy-guidance-for-areas-of-intervention/harm-reduction>.

⁵⁹ Vicknasingam and Narayanan, “Malaysia Illicit Drug Policy.”

⁶⁰ Khalid Ghailan et al, “Impact of HIV/AIDS morbidity on households economy in Malaysia,” *Global Journal of Health Science* 2, no. 2 (2010).

⁶¹ “Malaysia: Achieving the Millennium Development Goals,” 161.

⁶² Country Report Malaysia,” 3.

⁶³ AIDS Timeline: Global and Malaysia.”

In 1998, the Ministry of Health developed the first National Strategic Plan (NSP) against HIV/AIDS. This nationwide action plan promoted awareness of HIV and the lifestyle changes needed to avoid infection.⁶⁴ Though the plan recognized that the HIV epidemic was highly concentrated among IDUs, it did not introduce concrete measures that would address the spread within this high-risk group⁶⁵ and the epidemic continued to spread.

Harm reduction strategies—in particular, opioid substitution therapy and needle exchange programs—had been proven to prevent HIV among IDUs⁶⁶. Opioid substitution therapy was used to treat opioid dependence, with a focus on controlling rather than preventing drug use. It prescribed the drug dependent with a substitute drug—usually methadone—with longer-lasting, yet less euphoric, effects.⁶⁷ By preventing cravings and withdrawal symptoms, this therapy had been proven to reduce risky behaviour associated with drug use and HIV.⁶⁸ The needle exchange program operated on the same premise of reducing risky behaviour. By providing clean needles, this initiative helped to increase the availability of sterile injecting equipment as well as to remove contaminated needles from circulation. Switzerland had implemented a particularly successful harm reduction programme, with nearly three quarters of the country's opiate or cocaine users receiving some form of treatment. “The number of drug injectors with HIV has been reduced by over 50 percent in 10 years,” Emeritus Professor for Social Psychiatry at Zurich University Ambros Uchtenhagen said in 2010.⁶⁹

In 2004, the MAC established the Harm Reduction Working Group (HRWG) to champion harm reduction as a preventative programme. In the subsequent year, the HRWG was called to presented evidence for harm reduction to the Cabinet Committee on Drug Use.⁷⁰

The evidence for harm reduction may have been compelling, but gaining support for the strategies was challenging. Detractors argued that opiate substitution therapy did not completely eradicate drug dependence, and it was feared that drug addicts could begin to abuse the substitute drug instead.⁷¹ Another contention was that a needle

⁶⁴ Wah-Yun Low, Chirk-Jenn Nh, Chiu-Wan Ng, Wan-Yuen Choo, and Wen-Ting Tong (2013), In *Health Transitions and the Double Disease Burden in Asia and the Pacific: Histories of Responses to Non-communicable and Communicable Diseases*, edited by Milton J. Lewis, and Kerrie L. Macpherson, 197-215, New York: Routledge.

⁶⁵ Ibid.

⁶⁶ Alex Wodak and Lisa Maher, “The effectiveness of harm reduction in preventing HIV among injecting drug users,” *New South Wales Public Health Bulletin* 21, no. 4 (2010): 69-73.

⁶⁷ *Methadone maintenance treatment program standards and clinical guidelines*, Toronto: The College of Physicians and Surgeons of Ontario, 2011.

⁶⁸ Michelle Mermode, Nick Crofts, M Suresh Kuma, and Jimmy Dorabje, “Opioid substitution therapy in resource-poor settings,” *Bulletin of the World Health Organization*, accessed February 9 2018, <http://www.who.int/bulletin/volumes/89/4/11-086850/en/>.

⁶⁹ Stephanie Nebehay, “Swiss drug policy should serve as model: experts,” *Reuters*, October 26 2010, <https://www.reuters.com/article/us-swiss-drugs/swiss-drug-policy-should-serve-as-model-experts-idUSTRE69O3VI20101025>.

⁷⁰ Narayanan, Vicknasingam and Robson, “Understanding the role of NGO.”

⁷¹ Kamarudin, “From ‘Cold Turkey’ to ‘Hot Turkey’,” 203.

exchange program could encourage drug use by providing free needles to drug addicts⁷².

Further, while there was support for harm reduction amongst key government officials, including the Prime Minister and members of the Royal Malaysian Police Force, some religious organizations in Malaysia condemned harm reduction strategies as a Western liberal idea.⁷³ Harm reduction was seen as an expression of acceptance of illicit drug and sex-related practices. For example, Datuk Abu Bakar Ismail, an Islamic Religious Committee member from the state of Perlis, claimed that the provision of condoms and syringes was not appropriate for HIV carriers and drug addicts, especially those who were not married, as these harm reduction strategies would only promote free sex amongst such individuals.⁷⁴ Other religious leaders echoed this sentiment. A religious cleric from the state of Perak said that people with HIV should be “cast away on an island”, noting that sufferers of diseases such as leprosy and tuberculosis had once been isolated from others.⁷⁵ Religious leaders and groups held considerable influence in the country, given its predominantly Muslim population, and the government was reluctant to dismiss these concerns. Authorities were also concerned about the possibility of the Islamic-based opposition party “capitali[sing] on any move considered contrary to Islamic law”.⁷⁶

The failure to achieve just one of the Millennium Development Goals in 2005 finally opened the door for harm reduction. The MAC executive director highlighted the need to tackle the high rates of HIV infection among IDUs by adopting “evidence-based approaches...particularly harm reduction methods”.⁷⁷ The government also recognized the need for drastic action. The HIV situation was at a critical state: in 2005, it was estimated that 200,000 to 300,000 people would be infected in the next few years.⁷⁸ Then-Deputy Prime Minister Datuk Seri Najib Tun Razak argued that under Islamic jurisprudence, anything that was forbidden—in this case, a program that accepted that drug use was part of society—was permissible in an emergency situation that could lead to death.⁷⁹ The success of harm reduction schemes in traditionally Muslim countries like Iran and Indonesia, as well as the worrying HIV numbers, finally convinced the authorities to introduce similar measures.⁸⁰

⁷² Paramjit Singh Jamir Singh et al, “Implementation dilemmas of the Needles Syringe Exchange Program (NSEP): Between the law and prevention,” *Pacific Science Review B: Humanities and Social Sciences* 2, no. 2 (2016): 53-57.

⁷³ Ibid.

⁷⁴ “Pemberian kondom percuma perlu bersyarat,” *Utusan Online*, June 9, 2005, http://ww1.utusan.com.my/utusan/info.asp?y=2005&dt=0609&pub=Utusan_Malaysia&sec=Muka_Hadapan&pg=mh_08.htm.

⁷⁵ Kuldeep S. Jessy, “Mufti: Place AIDS patients on island,” *The Star*, April 22, 2005, <https://www.thestar.com.my/news/nation/2005/04/22/mufti-place-aids-patients-on-island/>.

⁷⁶ Narayanan, Vicknasingam and Robson, “Understanding the role of NGO.”

⁷⁷ Ivy Soon, “Malaysia’s foresight shows,” *The Star*, January 30, 2005, <https://www.thestar.com.my/news/nation/2005/01/30/malaysias-foresight-shows/>.

⁷⁸ “Islamic way for needle, condom programme,” *The Star*, June 27, 2005, <https://www.thestar.com.my/news/nation/2005/06/27/islamic-way-for-needle-condom-programme/>.

⁷⁹ Ibid.

⁸⁰ Baradan Kuppasamy, “Malaysia: Gov’t Blasted for Bold Steps Against AIDS,” *Inter Press Service*, June 15, 2005, <http://www.ipsnews.net/2005/06/malaysia-govt-blasted-for-bold-steps-against-aids/>.

Scaling Up Harm Reduction Efforts

It had become clear that it was time to implement a harm reduction programme. To do so without alienating the Muslim community, however, was challenging. NGOs played an integral role in introducing harm reduction strategies, conducting advocacy and implementation while the government took the backseat role of providing financial support and supervision.⁸¹ In addition to being well-positioned to address sensitive issues, NGOs had been at the forefront of the harm reduction movement since the late 1990s and were “closest to the ground”, having built relationships with drug users that helped encourage the users to attend counselling and treatment services.⁸²

The harm reduction policy consisted of two initiatives: methadone maintenance therapy (MMT) and the needle syringe exchange program (NSEP). Methadone, a type of drug known as an opioid, reduces drug dependents’ withdrawal symptoms and cravings for other opioids,⁸³ which helps discourage risky practices such as sharing injecting equipment.⁸⁴ The MMT programme involved a medical officer prescribing drug dependents with daily doses of methadone, typically in a pill form, in accordance with the Ministry of Health’s National Methadone Maintenance Guidelines.^{85 86} Because only medical practitioners were authorized to administer methadone, the MMT program was run by public and private healthcare facilities rather than traditional enforcement agencies.⁸⁷

In October 2005, the Ministry of Health approved the implementation of a pilot MMT programme involving 1,200 drug users in three states.⁸⁸ The programme’s success led to the expansion of the MMT program in several phases. In the first phase, the MMT was administered in specialized clinics for people with drug dependence; in the second phase, it was expanded to the general healthcare setting.⁸⁹ The third and final phase saw the MMT program expand to prisons.⁹⁰ In 2015, there were more than 80,000 registered clients on the MMT programme.⁹¹

Meanwhile, the Ministry of Health-funded NSEP was introduced in 2006 and implemented by NGOs using an outreach model.⁹² Outreach workers comprising of

⁸¹ Narayanan, Vicknasingam and Robson, “Understanding the role of NGO.”

⁸² Ibid.

⁸³ Kate Dolan, “Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings,” *Addiction* 105, no. 7 (2010).

⁸⁴ Wickersham et al, “Methadone maintenance in prison.”

⁸⁵ Ministry of Health, “Methadone Replacement Therapy,” Malaysia, 2013,

<https://www.pharmacy.gov.my/v2/en/content/methadone-replacement-therapy.html>.

⁸⁶ Ministry of Health, “National Methadone Maintenance Therapy Guidelines,” Kuala Lumpur, 2005.

⁸⁷ Mahmud Mazlan, Richard S. Schottenfeld, Marek C. Chawarski, “New challenges and opportunities in managing substance abuse in Malaysia,” *Drug and Alcohol Review* 25, no. 5 (2006): 473-478.

⁸⁸ Vicknasingam and Mazlan, “Total Abstinence,” 113.

⁸⁹ Jeffrey A. Wickersham et al. “Implementing methadone maintenance treatment in prisons in Malaysia,” *Bulletin of the World Health Organization* 91, no. 2 (2013): 124-129.

⁹⁰ Roz Azinur Che Lamin, Che Noriah Othman, and Nursyuhadah Othman, “Behavioral study on methadone maintenance therapy awareness amongst public in Malaysia hospital,” *Procedia-Social and Behavioural Sciences* 101 (2013): 159-169.

⁹¹ Ministry of Health, “Global AIDS Progress Report,” 11.

⁹² S. Chandrasekaran et al, “Enrolment and retention of people who inject drugs in the Needle & Exchange Programme in Malaysia,” *Public Health Action* 7, no. 2 (2017): 155-160.

former drug users and people enrolled in the MMT provided clean needles and syringes to IDUs to reduce sharing of contaminated needles. In addition, all NSEP clients received safe injecting paraphernalia such as alcohol swabs and cotton balls.⁹³ Clients were also given referrals to rehabilitation, health, MMT and welfare services.⁹⁴ The NSEP also helped to introduce safe injecting practices through peer education. Previously, drug dependents admitted to borrowing needles from their friends, stealing needles and using abandoned needles.⁹⁵ However, a 2016 report found that more than 90% of IDUs surveyed had used clean needles since their last injection as a result of the NSEP program.⁹⁶ Since its inception in 2006, the number of registered NSP clients had increased from 4,357 to over 100,000 in 2015.⁹⁷⁹⁸

Though it had come from cautious beginnings, the harm reduction programme became the cornerstone of national HIV prevention strategy and redefined Malaysia's approach to drug policy.⁹⁹ It signalled changing attitudes towards drug treatment: the government recognized that there was a public health aspect to what was initially understood as a security concern. Tellingly, the National Task Force on Harm Reduction comprised of law enforcement officers as well as health care personnel.¹⁰⁰ Drug users were no longer solely managed by the criminal justice system.¹⁰¹ Furthermore, the treatment of drug dependents was shifted to the jurisdiction of the Ministry of Health, which meant they could receive treatment from a medical standpoint.¹⁰²

Overall, the MMT and NSEP were instrumental in addressing the spread of the HIV epidemic through drug use in Malaysia. Since the introduction of harm reduction, the risk of transmission amongst IDUs fell from 66 percent in 2005 to 11 percent in 2016.¹⁰³ A WHO report attributed this fall to the integration and acceptance of public health imperatives within what it described as a repressive approach to drugs.¹⁰⁴ Based on the success of the harm reduction policy, the report called for similar approaches based on sensitized and evidence-based practices that address the needs of the drug dependent.¹⁰⁵

⁹³ Naning et al, "Return on Investment," 16.

⁹⁴ Paramjit et al, "Implementation dilemmas of the (NSEP)."

⁹⁵ Sarnon et al, "Psychosocial Reactions of IDUs," 82.

⁹⁶ Ministry of Health, "Global AIDS Progress Report," 10.

⁹⁷ World Health Organization and Ministry of Health Malaysia, "Good practices in Asia," 29.

⁹⁸ Ministry of Health, "Global AIDS Progress Report," 11.

⁹⁹ Ministry of Health, "National Strategic Plan on HIV and AIDS 2011-2015," Malaysia, 2011, http://www.moh.gov.my/images/gallery/Report/NSP_AIDS_2011_2015.pdf.

¹⁰⁰ Adeeba Kamarulzaman, "Impact of HIV prevention programs on drug users in Malaysia," *JAIDS Journal of Acquired Immune Deficiency Syndrome* 52 (2009): 17-19.

¹⁰¹ *Ibid.*, 18.

¹⁰² *Ibid.*, 18.

¹⁰³ Malaysian AIDS Council, "Snapshot of HIV & AIDS in Malaysia 2016," Malaysia, 2017, <http://www.mac.org.my/v3/snapshot-of-hiv-aids-in-malaysia-2016/>.

¹⁰⁴ World Health Organization and Ministry of Health Malaysia, "Good practices in Asia," 12.

¹⁰⁵ World Health Organization and Ministry of Health Malaysia, "Good practices in Asia," 13.

Moving Forward

The war on drugs brought about a war on people who use drugs. Conversely, harm reduction aimed to minimize the harms associated with using drugs.¹⁰⁶ While the harm reduction policy in Malaysia succeeded in reaching over 85% of IDUs in 2016, there were initial concerns that the government would not be able to scale up or sustain the initiatives.¹⁰⁷¹⁰⁸ The challenges that the harm reduction program faced—and continues to face at the time of writing—evinced the prevailing attitudes surrounding drug use and addiction.

One of the biggest barriers to the implementation of a harm reduction approach was that harm reduction had to be integrated into an existing framework that heavily criminalized drug use.¹⁰⁹ Law enforcement activities and public health initiatives were sometimes in tension with one another. A presentation by MAC President Adeeba Kamarulzaman described harm reduction in Malaysia as “a “sandcastle” built up by community organizations and then torn down by enforcement activities.”¹¹⁰

According to the National Drug Policy, drug use was still a criminal offense. This included the possession of needles containing traces of illegal drugs.¹¹¹ It was therefore common for police to confiscate needles and arrest drug dependents near NSEP sites.¹¹²¹¹³ Officers also sometimes harassed outreach workers who worked at NSEP sites.¹¹⁴ As a result, drug dependents sometimes did not attend the NSEP program for fear of being arrested.¹¹⁵ It remained at the discretion of police officers whether to arrest drug users or direct them to rehabilitation services.¹¹⁶ The backlash from the police force echoed the negative attitudes that the public had towards drug dependents¹¹⁷. In a study that interviewed police officers from the Penang Narcotics Department, one responder said “the drug addicts will increase their drug consumption because they get a free needle from the NGOs... I do not care whether they have the programme card or not, my responsibility is to arrest and charge them under section 3 (1) of the Drug Act.”¹¹⁸

¹⁰⁶ “What is harm reduction?” Harm Reduction International, accessed December 20, 2017, <https://www.hri.global/what-is-harm-reduction>.

¹⁰⁷ Kamarulzaman, “Impact of HIV Prevention.”

¹⁰⁸ Vicknasingam and Narayanan, “Malaysia Illicit Drug Policy.”

¹⁰⁹ Kamarulzaman, “Impact of HIV Prevention.”

¹¹⁰ Adeeba Kamarulzaman, “Rolling out The National Harm Reduction Programme in Malaysia,” United Nations Office on Drugs and Crime, accessed December 10, 2017, https://www.unodc.org/documents/southeastasiaandpacific/2009/08/symposium/scaling_up_HR_in_Malaysia_ICAAP_AK_100809.ppt.

¹¹¹ Paramjit et al, “Implementation dilemmas of the (NSEP),” 54.

¹¹² Ibid.

¹¹³ Wickersham et al, “Implementing MMT in Prisons.”

¹¹⁴ Su-Lyn Boo, “Study: Needle exchange, methadone programme shows signs of success,” *The Malay Mail*, December 18, 2013, <http://www.themalaymailonline.com/malaysia/article/study-needle-exchange-and-methadone-programme-shows-signs-of-success#k0zzmzxxi40d44Al.97>.

¹¹⁵ Paramjit et al, “Implementation dilemmas of the (NSEP),” 54.

¹¹⁶ Rahman et al, “Using Empirical Evidence for Advocacy,” 10.

¹¹⁷ Wah-Yun Low et al, “Knowledge, Attitudes and Perceptions Related to Drug Abuse in Peninsular Malaysia: A Survey Report,” *Asia Pacific Journal of Public Health* 8, no. 2 (1995): 123-129.

¹¹⁸ Paramjit et al, “Implementation dilemmas of the (NSEP).”

However, George, who established Malaysia's second MMT clinic in Malaysia, said he had noticed changing attitudes towards the treatment of drug dependents over time. "The clinic staff saw the patients get jobs, drive cars and even plan to get married after just a few months in treatment," he said. Nevertheless, he noted that the general public opinion had not changed drastically, likely because drug use was still a criminal offence. He hoped for drug use to be decriminalised. "When we do that, medical treatment and counselling can be better accessed," he said.

Member of Parliament Nancy Shukri echoed these sentiments. "Instead of looking at drug dependents as criminals, we should actually look at them as patients," she said. "Instead of bringing them to jail, we bring them to the clinic."¹¹⁹

At the time of writing, the Malaysian government had taken steps in that direction. In November 2017, the Malaysian House of Representatives removed the mandatory death penalty for drug offences.¹²⁰ In the following month, Deputy Prime Minister Dato' Seri Ahmad Zahid Hamidi pushed for a more holistic approach to tackling the drug problem, pledging RM10 million to drug eradication programmes. "We have only been seeing the smaller picture, instead of looking at things at a wider perspective," he said.¹²¹ However, the Deputy Prime Minister drew the line at decriminalising drugs for personal use, and asserted that drug addiction needed to be completely eradicated.¹²²

¹¹⁹ "Malaysia moves to decriminalize drugs," *The Star*, June 30, 2013,

<https://www.thestar.com.my/news/nation/2013/06/30/malaysia-moves-to-decriminalise-drugs/>.

¹²⁰ Ram Anand, "Parliament removes mandatory death penalty for drug offences, judges to get discretion," *The Malay Mail*, November 30, 2017,

<http://www.themalaymailonline.com/malaysia/article/parliament-removes-mandatory-death-penalty-for-drug-offences-judges-to-get#pCFL5YDPphxcXm2B.97>.

¹²¹ Ida Nadirah Ibrahim, "Zahid: We have failed in our war on drugs," *The Malay Mail*, December 17, 2017, <http://www.themalaymailonline.com/malaysia/article/zahid-we-have-failed-in-our-war-on-drugs#QK1oGF98diEXiQBw.97>.

¹²² *Ibid.*