

Malaysian Study Tour: HIV Prevention Services in Sydney

19th to 23rd September 2005

Hosted by

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PROGRAM OF INTERNATIONAL
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INTRODUCTION

At the end of 2005, there were 40 million people worldwide living with HIV. Almost 5 million of these were infected in the previous twelve months (UNAIDS, 2005). Ten percent of the world's HIV cases have been attributed to injecting drug use (IDU) (Aceijas, Stimson, Hickman & Rhodes, 2004). In Asia, IDU is driving the HIV epidemic. Risky injecting practices lead to the spread of HIV within the injecting community. Injectors' unsafe sexual activity, both commercial and non-commercial, results in further transmission to non-injectors (UNAIDS, 2005). This pattern of HIV transmission is occurring across South-east Asia, particularly in Indonesia, Viet Nam and parts of China.

In 2004, there were 52,000 HIV positive people in Malaysia. Three quarters of these were IDUs (Reid, Kamarulzaman & Sran, 2005; UNAIDS, 2005). HIV prevalence among Malaysian IDUs has been estimated at 10-40% (Aceijas et al., 2004).

Malaysia is still in a position to prevent a widespread HIV epidemic. However, heterosexual transmission is increasing, suggesting that HIV is spreading from risk groups to the wider community (UNAIDS, 2005). In order to prevent a widespread epidemic, it is necessary to implement a range of HIV prevention measures targeting both risk groups and the general community. Measures targeting IDUs should include needle and syringe programs (NSP) and methadone maintenance treatment (MMT).

NEEDLE AND SYRINGE PROGRAMS

Cost effectiveness

A 2002 review of HIV and hepatitis C prevalence in 103 cities around the world before and after NSPs were introduced found that NSPs were highly cost-effective (Commonwealth of Australia, 2003).

Australian Governments invested A\$130 million in NSPs between 1991 and 2000. This resulted in:

- An estimated 25,000 cases of HIV infection being prevented
- An estimated 21,000 cases of hepatitis C infection being prevented
- An estimated 4,590 lives being saved by 2010
- An estimated saving to the health system in avoided treatment costs over a lifetime of between A\$2.4 and A\$7.7 billion (Commonwealth of Australia, 2002).

If the United States had adopted NSPs in 1987 as Australia did, and continued their expansion until 1995 at the same rate as Australia, then between 4,400 and 10,000 HIV infections would have been prevented. This would have saved the United States health care system between US\$240 and US\$540 million (Lurie & Drucker, 1997).

Needle and Syringe Programs do not encourage drug use

Despite numerous research studies investigating the possibility of serious negative consequences, there is no convincing evidence that NSPs increase illicit drug use (Guydish, Bucardo, Young, et al., 1993; Wolk, Wodak, Guinan, et al., 1990). A 2004 review of potential unintended negative consequences associated with NSPs found that the Programs:

- Do not encourage more frequent injection of drugs (Watters, Estilo, Clark, et al., 1994)
- Do not increase syringe lending to other injecting drug users (Schechter, Strathdee, Cornelisse, et al., 1999)
- Do not increase recruitment of new injecting drug users (van Ameijden & Coutinho, 2001)
- Do not increase transition from non-injecting drug use to injecting drug use (Guydish, Bucardo, Young, et al., 1993)
- Do not affect injecting drug users' motivation to reduce drug use (Bluthenthal, Gogineni, Longshore, et al., 2001)

In Australia, the proportion of the population who reported having injected drugs in the last 12 months remained at 0.6% to 0.7% between 1995 and 2001 and had decreased to 0.4% in 2004 (Commonwealth of Australia, 2002). If NSPs encouraged injecting drug use, it would be expected that, all other factors remaining equal, the proportion of the population reporting recently injecting drugs would have increased rather than decreased.

Needle and Syringe Programs can help drug users access treatment

NSPs can be important points of contact for the highly marginalised population of injecting drug users as they provide harm reduction education and referral to drug treatment, medical, legal and social services. The Australian NSP Survey 2000-2004 found that the proportion of who participated in drug treatment had increased from 68% in 2000 to 76% in 2004 (National Centre in HIV Epidemiology and Clinical Research, 2004).

Studies in London, New Haven, USA and Seattle, USA have found that NSPs acted as 'gateways' to more traditional medical treatment for drug dependence for many clients (Carvel & Hart, 1990; Hagan, McGough, Thiede, et al., 2000; Heimer, 1998). A 2000 study in America found NSP attendance was associated with substantially reduced injecting or cessation of injecting compared to injecting drug users who had never attended an NSP (Gibson, 2000).

In 2004, a policy brief published by the World Health Organization concluded that NSPs involving face to face contact increased the enrolment of drug users into drug treatment and primary care services (World Health Organization, 2004).

Needle and Syringe Programs around the world

NSPs currently operate in the following countries: Argentina, Australia, Austria, Belarus, Belgium, Brazil, Bulgaria, Canada, China, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, India, Indonesia, Iran, Italy, Kazakhstan, Kyrgyzstan, Latvia, Luxembourg, Malaysia, Moldova, Myanmar, Nepal, Netherlands, New Zealand, Norway, Philippines, Poland, Portugal, Russia, Slovak Republic, Salvador, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Thailand, Ukraine, United Kingdom, United States of America and Vietnam.

BACKGROUND TO THE STUDY TOUR

It was recently announced that Malaysia will introduce community based NSP and MMT in early 2006. The Program of International Research and Training was selected to devise and oversee a program (Appendix 1) for a Study Tour from Malaysia to Australia to investigate HIV prevention programs in Sydney.

The Tour took place over five days from the 19th to the 23rd September 2005. On Thursday 22nd of September, the Malaysian Minister of Health, Dr. Chua Soi Lek, joined the Tour for a briefing on NSP and a site visit to an NSP within a primary health care service.

OBJECTIVES

There were five objectives for the study tour:

1. To understand the justifications, principles and overall need for needle and syringe programs in preventing HIV/AIDS among injecting drug users;
2. To understand the benefits of conducting NSPs as part of a comprehensive harm reduction program;

3. To observe NSP implemented through various models in Sydney and understand factors that make programs successful and factors that can contribute to their failures;

4. To understand the legal issues related to NSPs, for example, the illegality of drug use, policing around NSPs and local narcotic laws;

5. To provide basic understanding to the participants about evaluation and research and its use in scaling up of NSP.

PARTICIPANT DETAILS

The participants were all members of the Malaysian Ministry of Health Taskforce on Harm Reduction. The Taskforce was established to investigate NSP internationally and develop and implement NSP in Malaysia. Names and affiliations of participants are below.

Name	Organisation
Mr. Abdul Samad Salleh	Narcotics Department, Malaysian Police Force
Dr. Adeeba Kamarulzaman	Malaysian AIDS Council
Dato' Dr. Faisal b. Hj. Ibrahim	AIDS/STD Section, Ministry of Health
Dr. Jalal bin Halil Khalil	Disease Control Division, Ministry of Health
Mr. Lasimon bin Matokrem	Anti-Drug Agency, Ministry of Home Affairs
Mr. Lenny Ng	IKHLAS Drop-In Centre
Dato' Mohd. Zaman Khan	Prisons Department of Malaysia (retired)
Dr. Hjh. Rohani bte. Ali	AIDS/STD Section, Ministry of Health
Dr. Rushidi Ramly	Disease Control Division, Ministry of Health

The tour was organised and conducted by Dr. Kate Dolan and Ms. Sarah Larney of the Program of International Research and Training. Mr. Palani Narayanan of the Malaysian AIDS Council provided invaluable assistance by conducting daily debriefs and promoting discussion and debate around controversial issues.

DELIVERABLES

The study tour participants gained an increased knowledge and understanding of the importance of a comprehensive harm reduction program, including needle and syringe programs, in preventing HIV among injecting drug users. All aspects of establishing and managing an NSP were considered, including accreditation and accountability issues, practicalities of delivering NSP services, developing relationships with police services and monitoring and evaluation.

Fixed site and outreach models of NSP were visited. Participants also gained insight into methadone maintenance treatment (MMT) in the community, drug user organisations, the Sydney Medically Supervised Injecting Centre, MMT and harm reduction in prison and support services for the families of drug users.

RESOURCES

Participants were provided with a resource kit containing drug information leaflets, Australian Government policy documents and relevant journal articles and reports. Several presenters and agencies also provided resources, such as research reports, guidelines for policing around NSPs and outreach materials designed to educate IDUs about HIV and safer injecting. All participants also received a University of New South Wales pen as a gift.

PRACTICAL ISSUES

Transport, accommodation and lunch for participants were arranged by PIRT. Participants were accommodated in a four-star apartment hotel in the Sydney Central Business District. A chartered bus transported participants to NDARC and the site visits each day.

EVALUATION

Participants were asked to complete a Pre and Post Study Visit Questionnaire (appendix 2), before and after the Study Tour and an overall evaluation of the Study Tour at the completion of the Tour. Results were as follows:

Pre/post questionnaire

Participants completed the questionnaire on the first and last days of the tour. Pre-tour, the mean score on the questionnaire was 80%, reflecting a good level of knowledge of harm reduction. Post-tour, the mean score was 89%, suggesting that most participants increased their knowledge of harm reduction as a result of the tour. In particular, knowledge and understanding of methadone maintenance treatment improved. Curiously, more people post-Tour agreed that "drug dependence is a moral failing". It is not certain why this was the

case; the question may have been confusing. Detailed questionnaire results can be found in appendix 2.

Tour evaluation

The Tour evaluation asked participants to rate each presenter and site visit according to how interesting, relevant and informative they were. Participants were also asked to rate the tour overall. Results were as follows.

Day 1

Participants heard from three presenters and visited two sites. The presenters were:

Mr. Gino Vumbaca, Executive Officer, Australian National Council on Drugs (ANCD). He discussed the role of the ANCD in Australia's drug policy and drug trends in Australia. All participants rated Mr. Vumbaca's presentation as somewhat or very interesting, relevant and informative.

Mr. Owen Westcott, Manager, AIDS and Infectious Diseases Branch, New South Wales (NSW) Health. He discussed the history and development of NSPs in NSW. All participants rated Mr. Westcott's presentation as somewhat or very interesting, relevant and informative.

Ms. Gillian Booth, Harm Minimisation Manager, HIV and Related Diseases Unit, NSW Health, gave an overview of the accreditation and accountability processes for NSP in NSW. All participants rated Ms. Booth's presentation as somewhat or very interesting, relevant and informative.

The two site visits were to:

Rankin Court Treatment Centre, St. Vincent's Hospital. This service is a methadone maintenance treatment clinic located in a high drug use area. Participants heard from Ms. Carol Stublely, Nursing Unit Manager and observed methadone dispensing. Rankin Court also kindly allowed one participant to return later in the week for more in-depth discussion and observation. All participants rated this site visit as somewhat or very interesting, relevant and informative.

NSW Users and AIDS Association (NUAA), a drug user organisation that offers peer education and NSP. Mr. Greg Turner, Policy Officer, explained the role of drug user organisations and participants observed NSP services. All participants rated this site visit as somewhat or very interesting, relevant and informative.

Day 2

Participants heard from two presenters and made one site visit. The presenters were:

Ms. Annie Malcolm, Projects Manager, Kirketon Rd. Centre, who presented on models of NSP and practical issues associated with running an NSP. All participants rated Ms. Malcolm's presentation as very relevant and somewhat or very interesting and informative.

Dr. Kate Dolan, Associate Professor, PIRT, NDARC, who presented research evidence around the effectiveness of NSPs. All participants rated Dr. Dolan's presentation as somewhat or very interesting, relevant and informative.

The site visit was to Kirketon Road Centre (KRC) and its satellite service, K2. KRC is a primary care facility for IDUs that offers medical care, methadone maintenance treatment and NSP. K2 provides NSP and referrals. Ms. Annie Malcolm provided tours of KRC and K2 and a discussion of the services provided. All participants rated this site visit as somewhat or very relevant, interesting and informative.

Day 3

Two site visits were made on this day:

Sydney Medically Supervised Injecting Centre (MSIC), a medically supervised environment in which IDUs can inject drugs and receive counselling. Dr. Marianne Jauncey, Acting Director, provided a tour of the facility and discussed the role of safer injecting centres in harm reduction. All participants rated this visit as somewhat or very interesting and informative. Seven participants rated the visit as somewhat or very relevant, while two rated it as not relevant.

South Court Primary Care Centre, Nepean Hospital, an NSP located in a suburban area of Sydney. Ms. Felicity Sheaves, Co-ordinator Western Sydney NSP, provided a tour of South Court. Participants were able speak to several NSP clients about their use of the service. All participants rated this visit as somewhat or very interesting, relevant and informative.

Day 4

Participants heard from one presenter and made two site visits on day 4:

Mr. Tony Trimingham, Chief Executive Officer of Family Drug Support, discussed harm reduction from the perspective of families affected by drug use. All participants rated Mr. Trimingham's presentation as somewhat or very interesting, relevant and informative.

Site visits were to:

Long Bay Prison, a large prison complex in which methadone maintenance treatment, condoms and bleach are available to inmates. Participants were allowed access to the prison clinic where methadone dosing is conducted and also saw condom vending machines and bleach dispensers in inmate areas. Ms.

Sue Henry-Edwards of the Department of Corrective Services provided an overview of HIV and harm reduction programs available to inmates. Dr. Virginia Noel and Dr. Catherine Silsbury of Justice Health discussed the prison methadone maintenance program in detail. All participants rated this site visit to be somewhat or very interesting and informative. Eight participants rated the visit as somewhat or very relevant, while one participant rated the visit as not relevant.

Resource and Education Program for Injecting Drug Users (REPIDU), an NSP servicing a largely indigenous population. Ms. Lisa O'Brien, Acting Manager, took participants to observe the REPIDU outreach bus. All participants rated this visit as somewhat or very interesting, relevant and informative.

Day 5

Participants heard from only one speaker on day 5, Superintendent Frank Hansen of Drug and Alcohol Co-ordination, NSW Police. He discussed the importance of co-operation between NSPs and the police. Superintendent Hansen's presentation was rated as somewhat or very interesting, relevant and informative by all participants.

Eight of the nine participants reported learning "a lot" during the Study Tour. One participant reported learning "some" during the tour. Four participants rated the presentations and site visits overall as "excellent" and five participants rated them as "good". The majority of participants reported no difficulties in understanding the presenters, with only two reporting difficulties "sometimes". Five participants rated the tour overall as "good" and four participants rated it as "excellent". Other comments provided included:

"Excellent. Well thought out with various levels of services being shown and different aspects of an NSP addressed"

"...very informative. If given the opportunity in the future, other relevant agencies and stakeholders should be able to attend so that they can see the real implementation and problems related to the programs."

"The study visit was timely and very relevant to us. I have gained a lot of knowledge and enjoyed the visit."

"Include more on counselling which focuses on methadone treatment and include more on treatment and rehabilitation."

RECOMMENDATIONS FOR FUTURE TOURS

The selection of appropriate study tour participants is vital to the success of any such tour. The broad range of backgrounds of the tour participants was an

asset to the Tour and future visits should seek to replicate this diversity. Improving the representation of women in future tour groups should be a priority.

The evaluation of the Tour by the participants provided valuable feedback. Most of the presenters and site visits were considered relevant and would be included in future tours. Participant suggestions to include information on counselling and other treatments for drug users, especially those in MMT, will be considered.

There was some confusion among participants completing the knowledge questionnaire, caused by the ambiguous wording of one question. Future tour knowledge and evaluation questionnaires will be more clearly written.

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APPENDIX 1: Program of presentations and site visits

Monday, 19th September

	Location	Activity	Presenter
9:00	NDARC	Orientation to NDARC	Ms. Sarah Larney & Ms. Julie Hodge
9.30		Introduction to study tour	Mr. Palani Narayanan
10.00		Pre-course questionnaire	Ms. Sarah Larney
10:30		The role of the ANCD and drug trends in Australia	Mr. Gino Vumbaca, Executive Officer, Australian National Council on Drugs
11:00		The Needle and Syringe Program in NSW	Mr. Owen Westcott, Manager, AIDS & Infectious Diseases Branch, Department of Health
12:00	Coogee Beach	Lunch	
1:15	NDARC	Accreditation and accountability for NSP	Ms. Gillian Booth, Harm Minimisation Manager, HARD Unit
2:15	Rankin Court Treatment Centre	Overview of a methadone maintenance clinic.	Ms. Carol Stublely, Manager, Rankin Court
3:45	New South Wales Users and AIDS Association	Drug user organisation and NSP.	Mr. Greg Turner, Policy Officer, New South Wales Users and AIDS Association

Tuesday, 20th September

	Location	Activity	Presenter
9:00	NDARC	Daily debrief	Mr. Palani Narayanan
10:00		NSP - Its principles, models of implementation and role in harm reduction.	Ms. Annie Malcolm, Projects Manager & Clinical Nurse Consultant, Kirketon Rd. Centre
11:30	Kirketon Road Centre	NSP & primary health care centre, walk around Kings Cross.	Ms. Annie Malcolm
1:00	Elizabeth Bay	Lunch	
2:00	NDARC	NSP questions and answers	Dr. Kate Dolan & Ms. Annie Malcolm
3:00		Evaluating and proving that NSP works: Lessons from Australia	Dr. Kate Dolan

Wednesday, 21st September

	Location	Activity	Presenter	Program for Malaysian Minister for Health, Dr. Chua Soi Lek
8:45	Medically Supervised Injecting Centre	Tour and discussion of MSIC	Dr. Marianne Jauncey, Acting Director, MSIC	
10:00	NDARC	Meeting with Dr. Chua Soi Lek, followed by briefing on NSP with Dr. Kate Dolan		10:00 Meeting with participants, followed by briefing on NSP with Dr. Kate Dolan
12:00	Nepean River	Lunch		10:45 Kirketon Road Centre, NSP & primary health care centre
1:00	South Court Primary Care Centre	Tour and discussion with NSP clients	Ms. Felicity Sheave, co-ordinator, Western Sydney NSPs.	
3:30	Gallipoli Mosque			

Thursday, 22nd September

	Location	Activity	Presenter
9:00	Long Bay Prison	HIV programs in prison: condoms and bleach.	Ms. Sue Henry-Edwards, Department of Corrective Services,
		Prison methadone: discussion and observation.	Dr. Virginia Noel, Drug & Alcohol Service, Justice Health and Dr Catherine Silsbury, Addiction Medicine Specialist, Justice Health
12:00		Lunch	
2:00	NDARC	Family Drug Support	Mr. Tony Trimmingham, Chief Executive Officer, Family Drug Support
3:30	REPIDU	Needle and syringe program: Fixed site and outreach	Ms. Lisa O'Brien, A/Manager, REPIDU

Friday, 23rd September

	Location	Activity	Presenter
9:00	NDARC	Daily debrief	Dr. Kate Dolan and Mr. Palani Narayanan
10:00		Drug policy and the police	Superintendent Frank Hansen, NSW Police
10:30		Summary of lessons learnt	Dr. Kate Dolan and Mr. Palani Narayanan
11:15		Post-course questionnaire and evaluation	Ms. Sarah Larney
12.00		Prayer time for participants	
1:00		Lunch and recreation time	
7:00	The Rocks	Farewell Dinner with speeches and presentations.	

APPENDIX 2: Pre and Post Study Tour Questionnaire & Results

	True or False	%age correct	
		Pre	Post
Most people with HIV infection in Australia are injecting drug users	F	56	100
If you have hepatitis C infection you must have injected drugs at some point	F	78	89
Condoms are an effective way to reduce sexual transmission of HIV	T	89	89
Heroin kills less people than cigarettes	T	100	100
Depressant drugs slow down your breathing and heart rate	T	100	100
You must choose between harm reduction and abstinence - you can't have it both ways	F	67	67
Drug dependence (addiction) is a moral failing	F	67	44
It is possible to use drugs without becoming addicted	T	89	78
Giving out needles and syringe encourages people to inject drugs	F	89	89
The police can not arrest drug users inside an injecting centre	F	33	89
Needle and syringe programs will lead to an increase in needles and syringes being discarded inappropriately.	F	89	89
Methadone programs just replace one drug with another	F	56	100
People should stay on methadone for one year or less	F	67	89
Giving condoms to prisoners will lead to an increase in sexual activity	F	100	89
Harm reduction strategies can be used in prison	T	100	100
Imprisonment is an effective way to deal with criminals who use drugs	F	78	89
Governments that promote harm reduction have given up on fighting drug use	F	89	100
Drug users should be involved in planning government policy	T	100	100