

SEKTOR HIV/STI/HEPATITIS C  
BAHAGIAN KAWALAN PENYAKIT  
KEMENTERIAN KESIHATAN MALAYSIA

**PENGURANGAN  
MUDARAT & HALATUJU  
PERKHIDMATAN**

*DR FAZIDAH BINTI YUSWAN, MD, MPH  
PAKAR PERUBATAN KESIHATAN AWAM  
BAHAGIAN KAWALAN PENYAKIT  
KEMENTERIAN KESIHATAN MALAYSIA*

# PEMBENTANGAN



- Program pengurangan mudarat
  - Apa, kenapa, bila, siapa, bagaimana  
(what, why, when, who, how)
- Keberhasilan & Keberkesanan
- Hala tuju
- Kesimpulan / Penutup



# HARM REDUCTION: DEFINITION BY IHRA



*“policies and programs which attempt primarily to reduce the adverse health, social and economic consequences of mood altering substances to individual drug users, their families and the communities”*

*International Harm Reduction Association (IHRA) 2002  
<http://www.ihra.net/index>*



# HARM REDUCTION

## - PUBLIC HEALTH DEFINITION

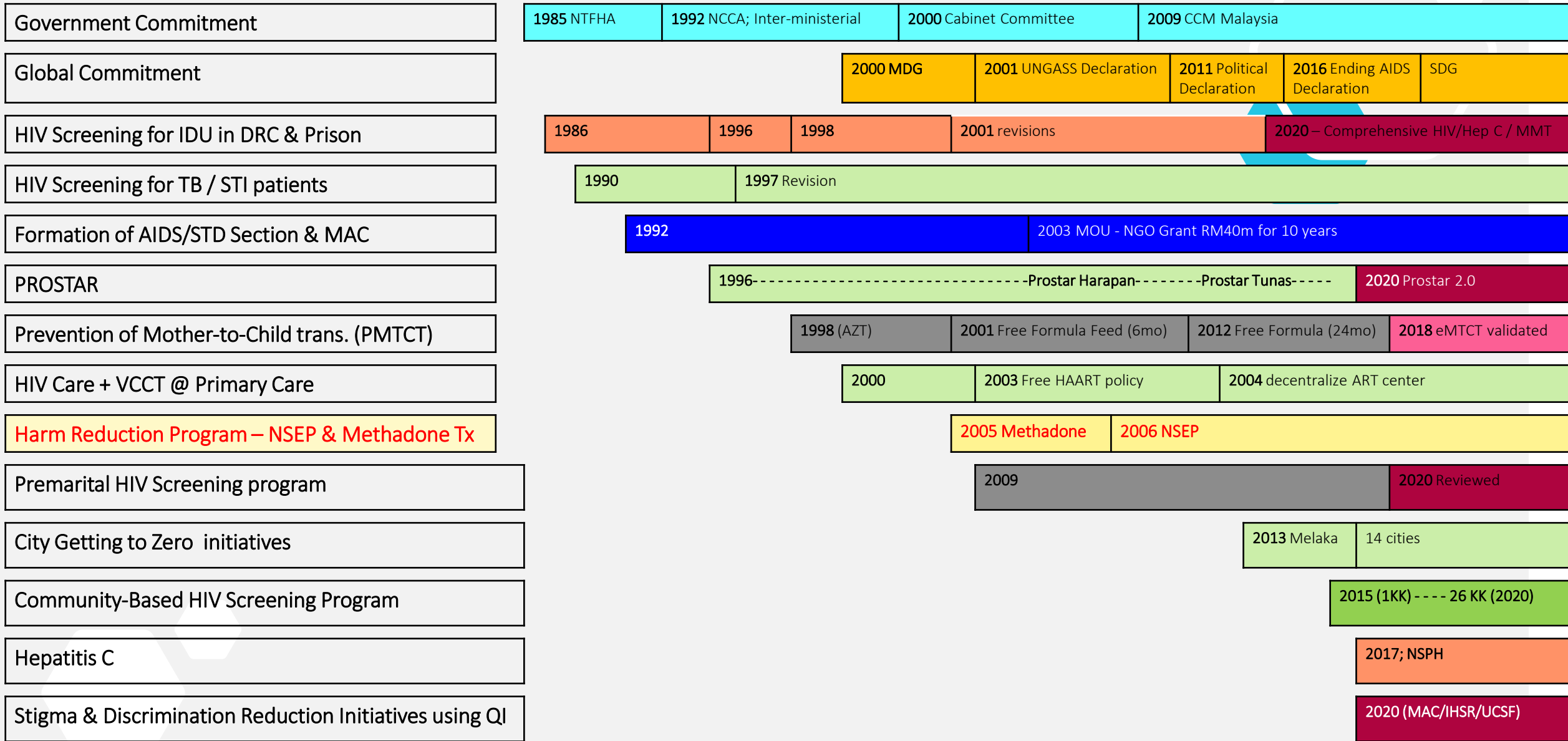


In public health harm reduction is used to describe a concept aimed at **preventing or reducing negative health consequences** associated with certain behaviours.

In relation to HIV and injecting drug use, harm reduction aims at preventing the transmission of HIV and other infections that occur through sharing of non-sterile injecting equipment and drug preparations.





# Major Milestone of National HIV/STI/Hepatitis C Responses 1985 - 2020



# **OBJEKTIF UTAMA PROGRAM PENGURANGAN MUDARAT**




Mencegah / mengurangi  
jangkitan HIV dalam kalangan  
orang yang menyuntik dadah  
(PWID) dan pasangan.



# KENAPA? PROGRAM PENGURANGAN MUDARAT



- ❑ Epidemik HIV di Malaysia – disumbang oleh orang yang menyuntik dadah (tingkahlaku berisiko berkongsi jarum / alat suntikan)
  - ❑ TIADA rawatan menyembuhkan HIV – pencegahan adalah terbaik
- 

# PUNCA KUASA



## □ **13 Januari 2005**

- Mesyuarat Majlis Tindakan Membanteras Dadah Kebangsaan (pengerusi : YAB TPM)
- meluluskan pelaksanaan program rintis rawatan terapi gantian menggunakan methadone untuk rawatan penagihan dadah di negara ini

## □ **12 April 2006**

- Kelulusan Kabinet (Pengerusi : YAB PM)
- meluluskan pelaksanaan program pengurangan mudarat (program pertukaran jarum & alat suntikan dan rawatan methadone) dengan objektif utama untuk mengekang jangkitan HIV dalam kalangan pengguna dadah suntikan.



# KOLABORASI : PEMEGANG TARUH UTAMA

## NASIONAL

Kementerian Kesihatan Malaysia (MOH)

Jabatan Kesihatan Negeri /

Pejabat Kesihatan Daerah

Penasihat Undang-Undang

University

Pengawal Perubatan Swasta

Polis DiRaja Malaysia (PDRM)

Agensi Anti Dadah Kebangsaan (AADK)

Jabatan Kemajuan Islam Malaysia (JAKIM)

Jabatan Penjara Malaysia

Yayasan AIDS Malaysia (YAM)

Majlis AIDS Malaysia (MAC)

## Negeri : JK Pengurangan Mudarat

Pengerusi : Pengarah Kesihatan Negeri

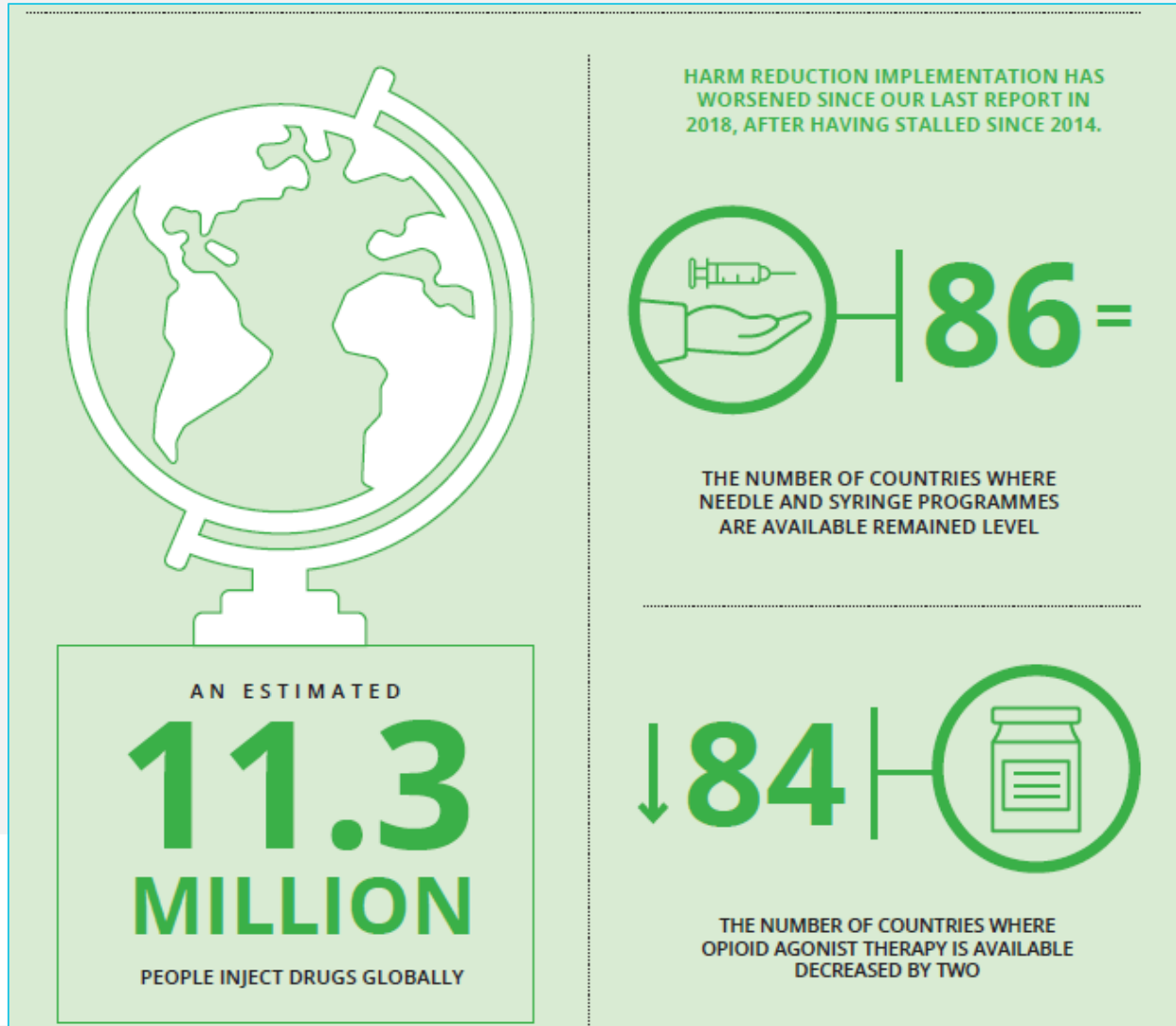
JKN / NGO / AADK / PDRM / Jab Agama / Jab  
Penjara / Jab Kebajikan / Jab Buruh etc

## Daerah: JK Pengurangan Mudarat

Pengerusi : Pegawai Kesihatan Daerah

PKD / KK / NGO / AADK / PDRM / Jab Agama  
/ Jab Penjara / Jab Kebajikan / Jab Buruh etc

# GLOBAL - HARM REDUCTION\_HIV & HEPATITIS C



## BLOOD BORNE DISEASE PREVALENCE AMONG PWID

HIV : 12.6%

Hep C : 48.5%

Hep B : 8.3%

Source : The Global State Of Harm Reduction 2020, 7th Edition

# PENGURANGAN MUDARAT\_PAKEJ

D  
H  
S  
K  
P

Out-  
reach



Screen



Linkages  
to Care &  
Support



Treat-  
ment



1. Medication-Assisted Therapy (MAT) - Methadone
2. Pertukaran Jarum & Alat Suntikan / *Needle and syringe Exchange programmes* (NSEP)
3. Saringan, rawatan dan jagaan HIV
4. Saringan, rawatan dan jagaan STI
5. Saringan, rawatan dan jagaan hepatitis
6. Pendidikan dan promosi kesihatan
7. Pemberian kondom
8. Kaunseling
9. Rujukan : lain<sub>2</sub> rawatan eg mental, kebajikan, pekerjaan

# Rawatan Methadone

- Menggunakan methadone (syrup)
- Perintis : October 2005 di 10 fasiliti
- Pelaksana - hospital & KK Kerajaan, klinik swasta, fasiliti di bawah AADK dan Jabatan Penjara



# Harm Reduction Program

- Medication-Assisted Therapy ( Inception : Oct 2005)

**Table 1 : Number of OST Treatment Center and Patient at Government Setting, Malaysia 2018 - 2022**

	2018	2019	2020	2021	2022
Treatment center	511	504	515	515	499
Cumulative Patient	46,239	49,456	51,137	51,637	52,050
No. Active Patient	19,419	19,358	18,174	16,681	16,780

Source : Programmatic Data Program, MoH Malaysia

## PERANCANGAN 2023

- Pengukuhan program harm reduction

**Table 2 : Number of GP with OST\* Services and Number of Patient, Malaysia 2018 - 2022**

	2018	2019	2020	2021	2022
No.of GP	278	259	257	233	234
Cummulative Patient	53,276	59,374	51,223	55,524	68,096

Note : \* MAT include using methadone, Buprenorphine, etc

Source : mySPIKE, Pharmaceutical Service Pogram, MoH Malaysia

# PERTUKARAN JARUM DAN ALAT SUNTIKAN (NSEP - NEEDLES AND SYRINGE EXCHANGE PROGRAM)

- 3rd. Jun 2005: KKM mengumumkan akan melaksanakan program NSEP & pemberian kondim bagi membendung jangkitan HIV dlm kalangan PWID
- Projek perintis : February 2006 & dilaksanakan oleh NGO
- 2008 : Inisiasi NSEP di klinik kesihatan
- Bantuan kewangan : KKM, Global Fund (2011-2014), MAC, MAF



# Harm Reduction Program (NSEP)

Needle & Syringe Exchange Program (inception : Feb 2006)

## Pelaksanaan 2022

29 projek harm reduction oleh 11 NGO

HCV	2022
Hep C screening	6,151 (CBT : 5,466)
AntiHCV positive	1,026 (16.7%)
Hep C mula rawatan	89

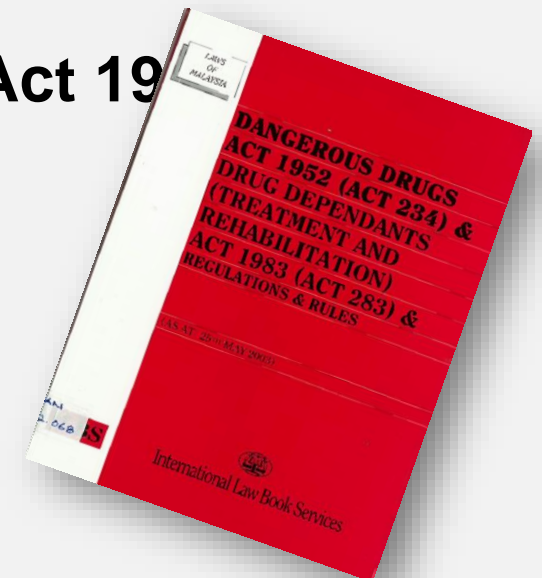
Table 3 : Needle Syringe Exchange Program (NSEP) , Malaysia 2018 - 2022					
	2018	2019	2020	2021	2022
Number of Outreach Points	407	421	304	290	278
New Client	3,312	4,170	2,138	1,545	2,822
Active Client	5,418	5,732	3,888	5,540	3,440
Total Contact	138,819	124,957	87,624	82,568	85,332
HIV screening (VCT)	3,723	2,756	2,783	576	654
Community Based Test (HIV)	3,700	1,812	1,342	3,417	7,330
Referral_Methadone treatment	2,043	1,066	684	507	589
Total Needle Distributed	1,349,604	1,174,881	863,744	780,841	642,409
Total Syringe Distributed	1,339,194	1,172,384	863,401	728,276	644,425

Source : Programme M&E, Disease Control Divison, MoH Malaysia

# Law Related to Harm Reduction



- ❖ **Poison Act 1952**
- ❖ **Dangerous Drug Act 1952**
- ❖ **Dangerous Drug Act (Special Preventive Measures) 1985**
- ❖ **Dangerous Drug Act (Forfeiture of Property) 1988**
- ❖ **Drug Dependants (Treatment and Rehabilitation) Act 1996**
- ❖ **NADA Act 2004**






# ***KEBERHASILAN & KEBERKESANAN***



# Increase / Improve Patient's Quality Of Life



*(Ref : 1. MoH Malaysia , 2006; 2. WHO, Country Cooperation Strategy 2009-2013, 2010; 3. Asia-Pacific Journal of Public Health, 2011; Norsiah Ali et al, 2016)*

- Urine positivity for opiate – reduced ;
    - 45% to 3% a year after treatment (MoH,2006).
    - 2.4% to 1.4% a year after treatment (Ramli et all, Asia-Pacific Journal of Public Health, 2011)
- 

# Increase / Improve Patient's Quality Of Life

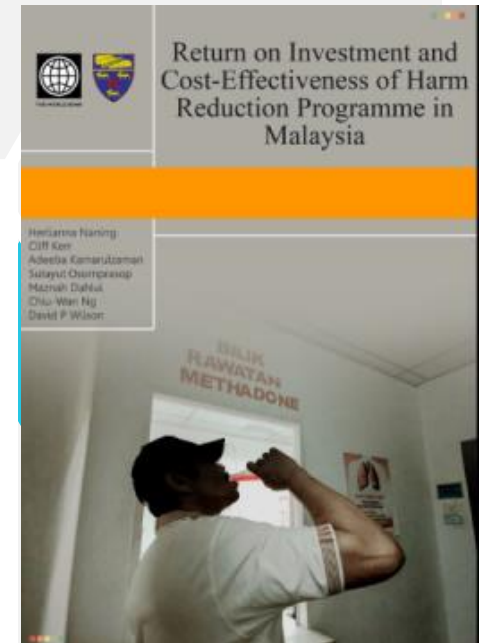
- Employment – increased
  - 47.6% (before) to 66.3% (a year after treatment) (MoH,2006).
  - 70.1% (before) to 77.6% (2 years after treatment)  
(Ramli et al, Asia-Pacific Journal of Public Health, 2011)
  - 76.3% (before) kepada 88.9% (after) (*myToS, Norsiah Ali et al, 2016*)
- Reduced *Incarcetion*) (Ref : *MyTOS, Norsiah Ali et al, 2016*)
  - Arrested & Locked-up : decreased from 58.3% (before treatment) to 25.1% (after treatment)
  - Imprisonment : 57% (before treatment) kepada 9.1% (after treatment)
  - Admission to rehabilitation center : 27.6% (before treatment) kepada 1.6% (after treatment)

# COST EFFECTIVENESS...1

## Results

**Combined MMT and NSP:** Over a period of 2006 to 2013, the combined MMT and NSP programmes were found to be cost-effective. The programmes implemented to date will have long term epidemiological and economic benefits.

Outcomes	2006-2013	2013-2023	2006-2050
Number of infections averted	12,653	23,241	103,717
Healthcare cost saved (mil)	RM47.06	RM209.53	RM909.47
QALYs gained	51,565	393,526	2,164,809
ICER (RM/QALYs gained)	2,456	1,611	1,482
ROI	RM0.51	RM1.07	RM1.13



# COST EFFECTIVENESS..2

**NSP only:** It was found that implementing NSP alone would be cost-effective and cost-saving within all the observed time frames.

Outcomes	2006-2013	2013-2023	2006-2050
Number of infections averted	12,191	22,257	101,081
Healthcare cost saved (mil)	RM45.53	RM200.88	RM881.76
QALYs gained	28,591	316,852	316,852
ICER (RM/QALYs gained)	Cost-effective	Cost-effective	Cost-effective
ROI	RM1.35	RM3.18	RM3.35



# COST EFFECTIVENESS..3

**MMT only:** During the 2006-2013 periods, the MMT programme alone is cost-effective

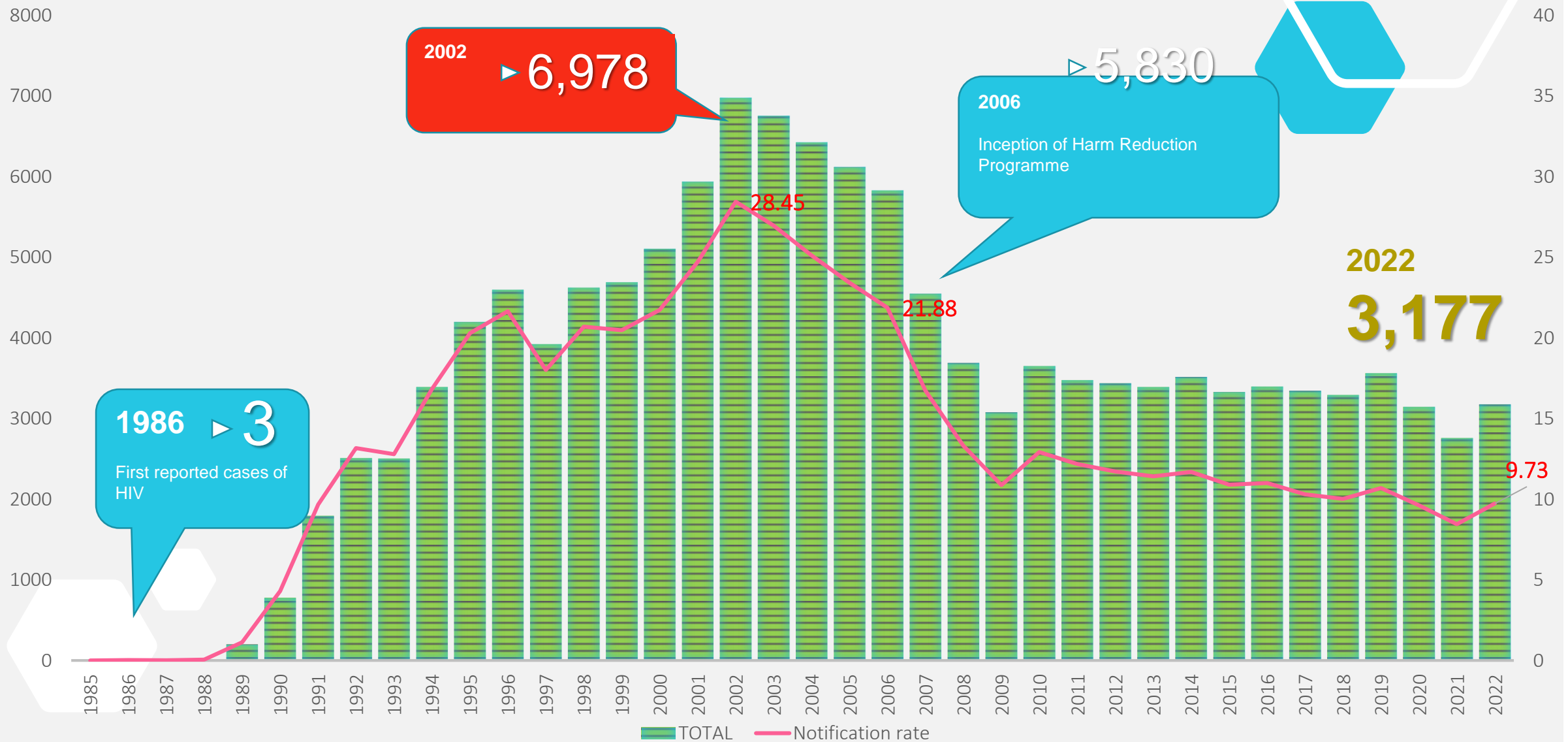
Outcomes	2006-2013	2013-2023	2006-2050
<b>Number of infections averted</b>	1,597	6,787	38,092
<b>Healthcare cost saved (mil)</b>	RM3.85	RM41.56	RM265.11
<b>QALYs gained</b>	22,996	123,422	901,351
<b>ICER (RM/QALYs gained)</b>	2,354	723	308
<b>ROI</b>	RM0.07	RM0.31	RM0.49



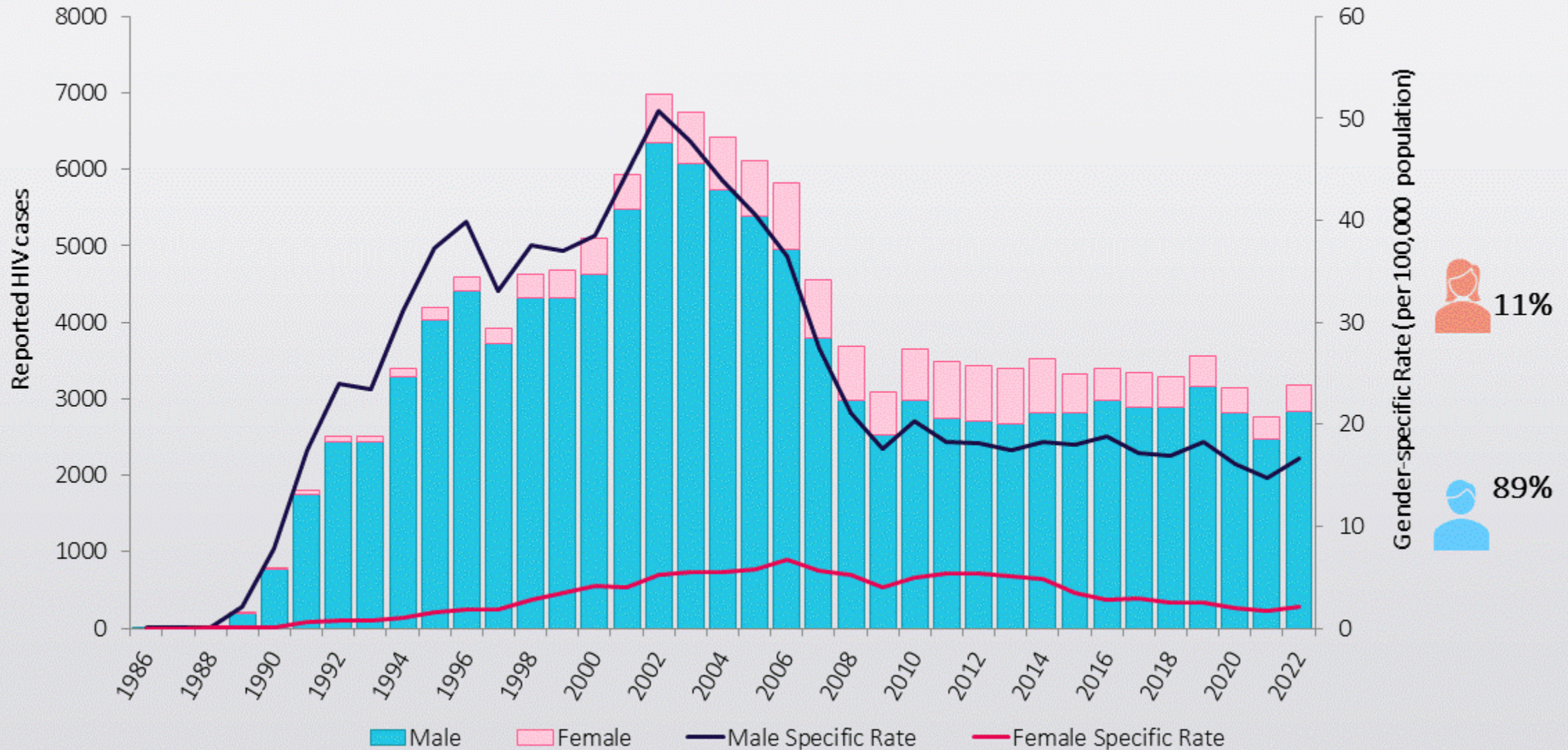
**Conclusion:** The study provides strong evidence that even with the present moderately low coverage, MMT and NSP programmes are an effective and cost-effective strategy for averting HIV infections in Malaysia.

(Source : Return on Investment and Cost-Effectiveness of Harm Reduction Programme in Malaysia, 2013, CERIA, UMMC, World Bank)

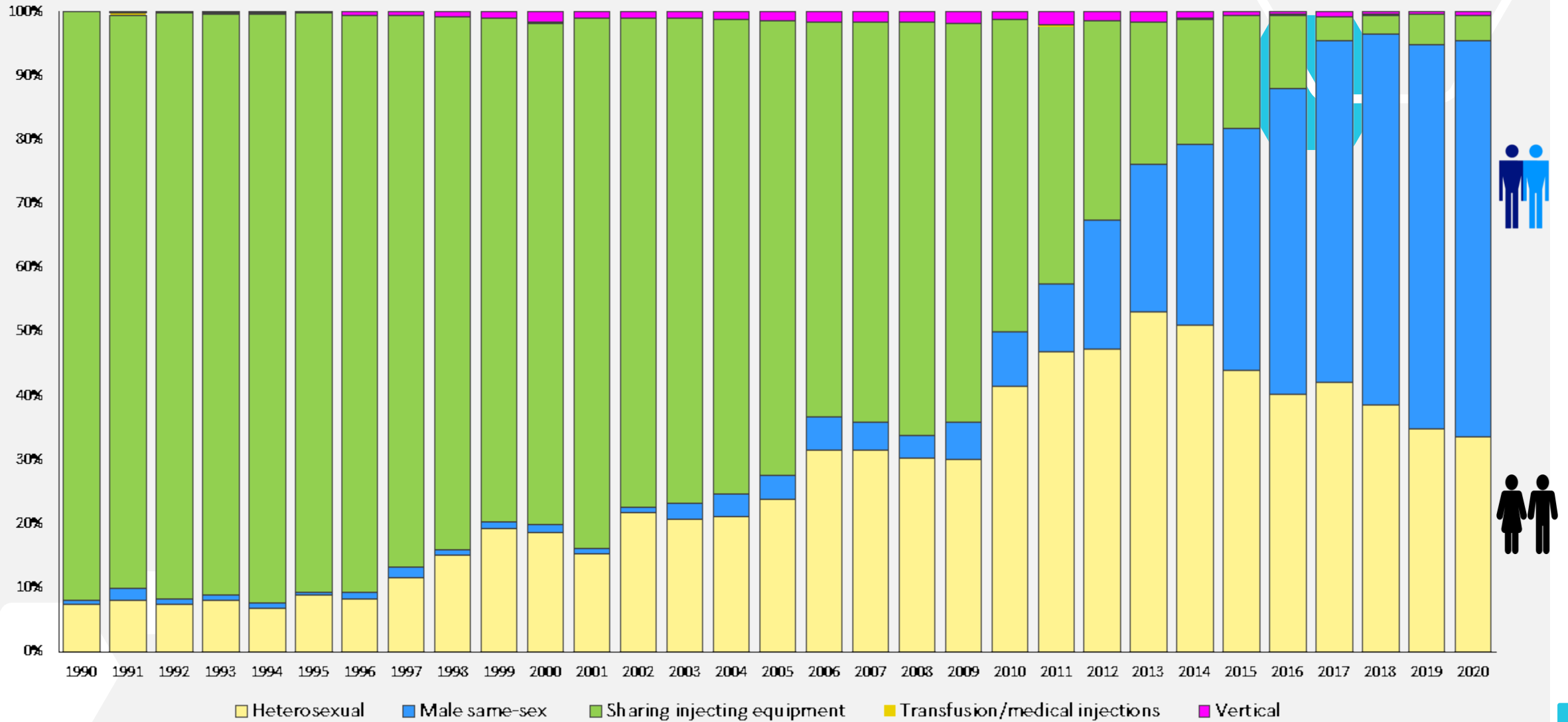
# Annual reported cases (ALL), Malaysia (1986 - 2022)



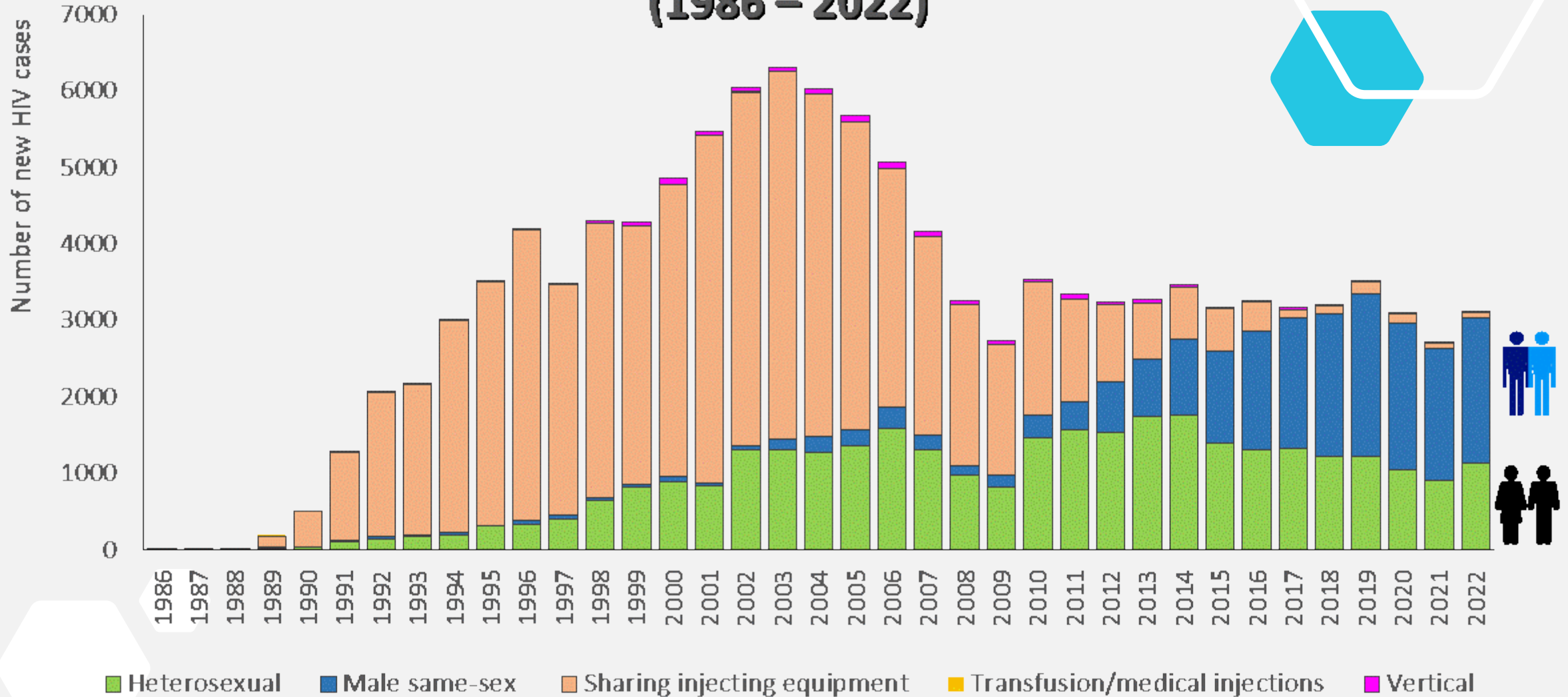
# ANNUAL REPORTED CASES BY GENDER, MALAYSIA 1988-2022



# DISTRIBUTION OF HIV INFECTION BY MODE OF TRANSMISSION MALAYSIA 1986 - 2022



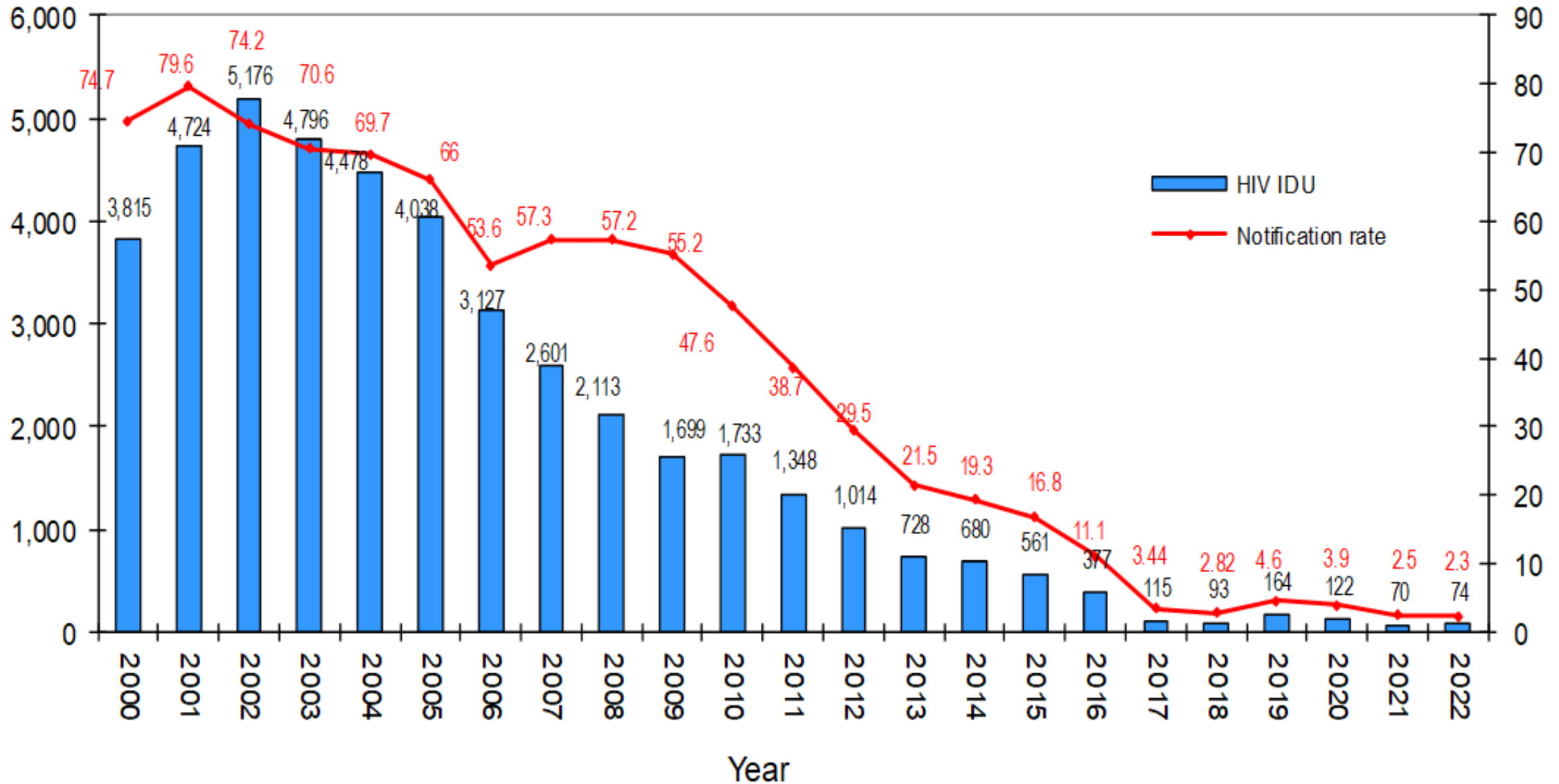
# HIV INFECTION BY MODE OF TRANSMISSION, MALAYSIA (1986 – 2022)



# ANNUAL HIV ATTRIBUTED BY INJECTION DRUG USE, MALAYSIA 2000-2022 & HIV PREVALANCE AMONG PWID

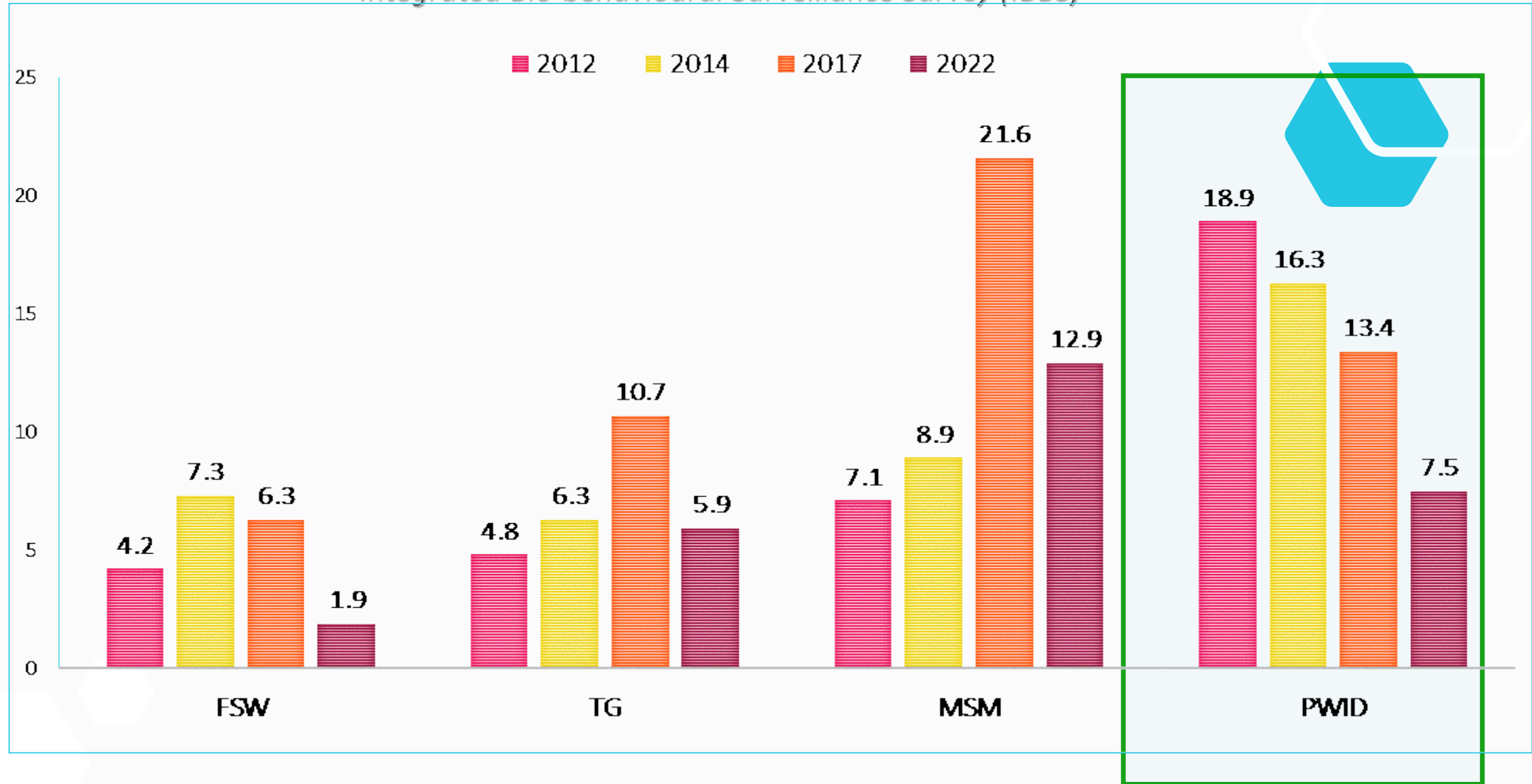
No. of case

Notification rate



# HIV Infections Among Key Populations, Malaysia 2012-2022

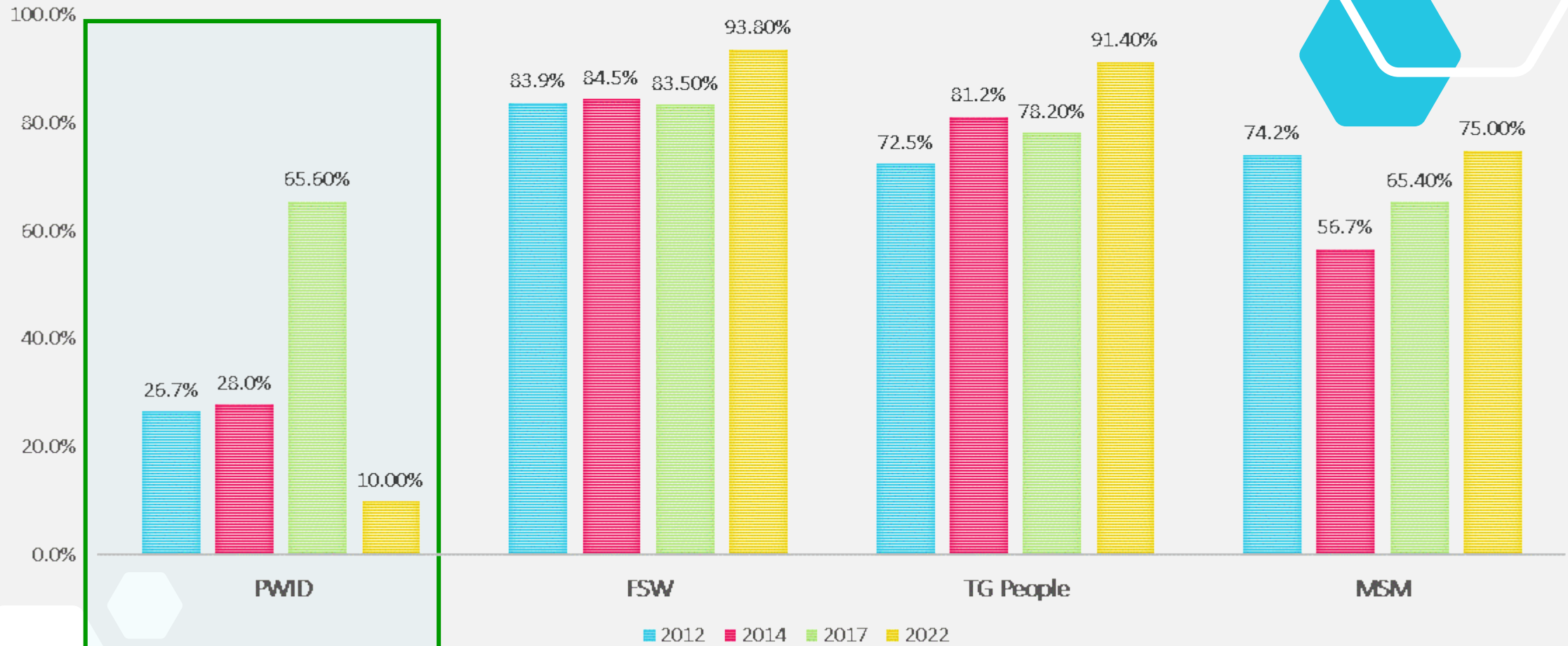
*Integrated Bio-behavioural Surveillance Survey (IBBS)*



# Safe sex practices among key population in Malaysia 2012-2022

*Integrated Bio-behavioural Surveillance Survey (IBBS)*

## SAFE SEX PRACTICES AT LAST SEX



13

Drug use continues despite strict drug laws

**300,000**

adults in Malaysia

used drugs at least once in their lifetime

**100,000**

adults in Malaysia

currently use drugs

DRUG USE (BOTH LIFETIME AND CURRENT) WERE HIGHEST IN THESE GROUPS:



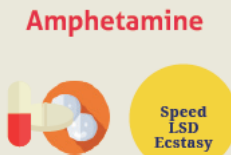
TYPES OF DRUGS (EVER) USED:



146,000 people



128,000 people



101,000 people



45,000 people



33,000 people

# MALAYSIA – DRUG USE & OPIOID

## PREVALENCE OF DRUG USE

OVERALL PREVALENCE : 1.5%

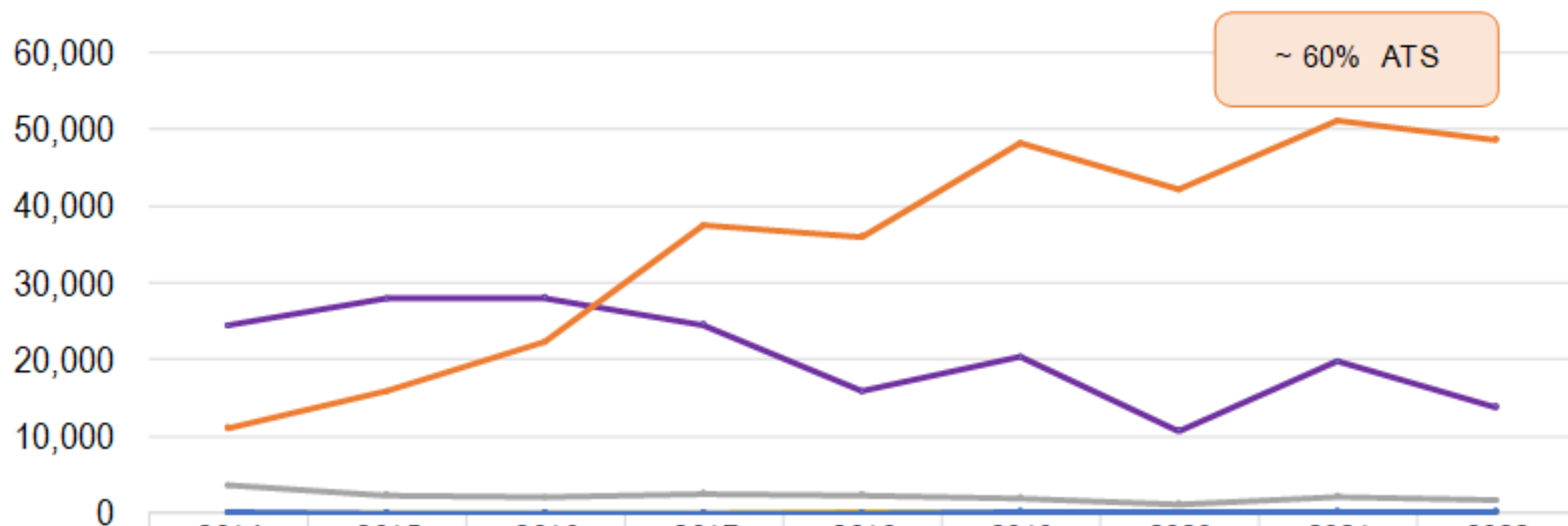
MALE : 2.8% FEMALE : 0.2%

RURAL : 2.2% URBAN : 1.3%

BOTTOM 40% HOUSEHOLD INCOME : 1.6%  
MIDDLE 40% HOUSEHOLD INCOME : 1.5%  
TOP 20% HOUSEHOLD INCOME : 1.1%

OPIATE : 0.2% MARIJUANA : 0.7%  
AMP/METH : 0.5% KRATOM : 0.6%

# LANDSCAPE OF DRUG ADDICTION, MALAYSIA, 2014 – 2022



	2014	2015	2016	2017	2018	2019	2020	2021	2022
Opiate	24,394	27,899	28,012	24,468	15,888	20,278	10,709	19,705	13,841
ATS	11,128	15,854	22,268	37,469	35,969	48,123	42,124	51,005	48,627
Cannabis	3,625	2,332	2,038	2,569	2,301	1,910	1,139	2,136	1,624
Psychotropic	15	12	30	22	53	35	34	53	51
others	66	42	38	31	39	197	115	214	192

Source : National Anti-Drugs Agency, Malaysia



# HALA TUJU



# HALA TUJU



- Memperkukuhkan, mempeluaskan program
- ❖ **FOKUS – saring, uji, rawat, jaga dan sokong-bantu (penagih dadah & ko-morbidity / dual dx)**
- Perkukuhkan MAT dengan komponen kaunseling (termasuk psikososial & terapi kerohaniah)
- Mempertingkatkan kolaborasi dengan agensi berkaitan
- Memperkukuhkan pembangunan insan dan sumber
- Pindaan kepada polisi / perundangan (jika perlu)



# KESIMPULAN

- Program pengurangan mudarat-berkesan dalam mengurangkan jangkitan HIV dan penagihan opiate
- Program perlu diperkukuhkan, diperluas dan dikekalkan
- Kerjasama dan komitmen pelbagai agensi





***TERIMA KASIH***

