

**THE QUALITY OF OUTREACH WORKERS AND THE SERVICES THEY PROVIDE
FOR THE NSEP PROGRAM IN MALAYSIA**

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Abstract

Outreach workers (OW) have been the focal point for the success and failure of the Needle Syringe Exchange Program (NSEP program) in Malaysia. If the outreach workers remain to be the backbone of the NSEP program, it is necessary to know how well they can cope with the work and what are some of the challenges they have faced in delivering services to the PWID. We also need to assure the quality of services that the outreach workers have provided to their clients. This study focuses on factors influencing the quality of services provided to the PWID by the outreach workers through the NSEP. Qualitative research was employed in order to explore a very wide expression of information that can be obtained from the stakeholders or informants, particularly from outreach workers, PWID and organizations that are providing NSEP. Stakeholders or informants for this study consist of outreach workers who were currently involved in the three sites of NSEP in the northern region of Peninsular Malaysia, particularly in Penang, Perak, and Kedah. Sixteen (16) outreach workers from the three sites were involved in the in-depth interviews. Findings showed that factors influencing quality of services are associated with budget cuts which had affected the three sites. Budget cuts has influenced, a) supervision and management of the OW, b) a lack of commodities, c) a lack of OW training, d) policy limiting or allowing the OW involvement in the services, e) referrals, procedures and, f) location of services. The biggest challenge for outreach workers is that they don't know whether the NSEP will be discontinued. Developing a good relationship with the police is another challenge faced by the outreach workers. Stigma and discrimination from some segments of the community remains a challenge for outreach workers. In order to enhance outreach services to PWIDs and continue to be effective, Malaysia needs to sustain the NSEP. NSEP can also be further improved by building better cooperation among the stakeholders especially with MOH, police and AADK. This research used qualitative data and one of its limitations is that the findings cannot be generalized. Findings from this particular data enable us to understand the in depth problems that exist in the three sites of the NSEP mainly in Perak (ARG), Penang (AARG) and Kedah (Cahaya Harapan). The researchers suggested that we need to conduct quantitative research that can handle bigger sample areas of study where we are more able to make generalizations. Finally, the NSEP will have a strong impact for its quality of services if all stakeholders continue to provide support for the program.

INTRODUCTION

Outreach workers have been the focal point for the success and failure of the Needle Syringe Exchange Program (NSEP program) in Malaysia. They are the back bone and considered the front line workers for the NSEP program in Malaysia. They are instrumental in providing all of the services that have been stipulated under the NSEP program and the rightly so individuals to deal with people who inject drugs (PWID) in the community. Outreach workers often face many daily challenges when they work with PWID. Additionally, they also have to face stakeholders who completely reject or give very little support to the NSEP in Malaysia. Outreach workers are often stigmatized and discriminated against because of the work they do. For outreach workers who are ex-drug users, this can be an occupationally hazard for them. Every time they distribute needles and syringes to the PWID they are being reminded that they were once injecting drugs themselves. Lacking in emotional strength as well as psychologically and socially, they can easily revert back to their old habit. For the outreach workers who are new, naïve and inexperienced they are often being manipulated by the PWID. Having to deal with stakeholders who have very little understanding of the program can be tiresome and may lead to burnout. Thus far, very few studies have been done to examine the role of the outreach workers providing services to the PWID in Malaysia or anywhere else in the world. If the outreach workers remain to be the backbone of the NSEP program, it is necessary to know how well they can cope with the work and what are some of the challenges they have faced in delivering services to the PWID. We also need to assure the quality of services that the outreach workers have provided to their clients. Once the study is completed we would be able to identify how we can improve the quality of services that are needed for the NSEP in Malaysia.

Outreach workers involved with the NSEP in Malaysia consist of former PWID and some on the methadone program. However, there are a large number of them who have never used or have never been involved with drugs before. In some sites, many of them are graduates of social work programs and other related fields in the social sciences. The rational of having two cohorts of outreach workers is mainly to give the opportunity to the former PWID to be re-employed as well as help them fit back into society. This is so that they can be accepted and lead a more normal life.

By hiring graduates from social work backgrounds, the NSEP in Malaysia hopes to enhance the quality of services since we know that these graduates already possess the skills, knowledge, and positive values to work with various areas of the population. By having the two cohorts, both groups can complement each other in providing the best social services to the NSEP clients.

Although NSEP in Malaysia has been introduced since 2006, there is no specific study that looks into the quality of services that these outreach workers provide for the drug users in the community. It is assumed that outreach workers are able to provide good services as they have undergone a series of training organized by relevant agencies with regards to drug rehabilitation. However, there are no concrete findings that show whether outreach workers are able to offer the best quality services to this specific target group, being drug users.

RESEARCH QUESTIONS

The primary research question for this study therefore would be: “*What are the factors influencing the quality of services provided to PWID by the outreach workers through NSEP?*” Exploring the factors will then help to contribute to the improvement of the NSEP outreach workers in providing the best services to the drug users (clients).

RESEARCH OBJECTIVES

The general aim of this study is to examine factors that can influence the quality of services provided by the outreach workers to the PWID through the NSEP program. Specifically, the study aims to explore the following:

- a. To identify what services are involved in providing for the NSEP to the PWID.
- b. To examine what factors influence the quality of services provided by the outreach workers through the NSEP.

- c. To explore what kinds of training outreach workers have received in the NSEP.
- d. To analyse how the outreach workers define quality when working with the NSEP program.
- e. To explore what challenges are faced when providing services to PWID.
- f. To analyse in what ways they are motivated to provide better services to PWID through the NSEP.

LITERATURE REVIEW

Harm Reduction in the context of HIV and AIDS epidemics are primarily aimed to reduce the rates of HIV infections among drug users [IDUs] (Hughes, 2008; Denning, 2000). The central focus of harm reduction is to alleviate the negative consequences associated with drug use to individuals, groups and communities (McVinney & Hamid, 2008; Hughes, 2008). Roe (2006) has emphasized that harm reduction as a *"technology of agency", through which at risk populations becomes the target of programmes to transform their status, to make them active citizens capable, as individual and communities, of managing their own risk (p. 246)"*. He regarded harm reduction program as a bottom-up approach that empowers individuals and communities to address their addiction problems by gaining the necessary knowledge and ways to overcome. One of the prevention efforts towards reducing the transmission of HIV among IDUs and their partners include the Needle Syringe and Exchange Program which, in fact, is a program created that was regarded as an effective approach for the prevention of HIV and AIDS (Denning, 2000). The success of Harm Reduction, particularly within the NSEP, however, primarily depends on the systematic and effective efforts by many other parties.

The implementation of NSEP heavily relies on the continuous efforts or intervention provided by the relevant stakeholders. The operation of NSEP for example will depend on the commitment of the staff working to provide direct services to the drug users. This is inclusive of the time involved, the passion shown as well as the interest and quality of the services provided. In the context of NSEP, reaching out to

the substance abuser is one of the main modus operandi in its operation. The services of the outreach workers become the primary focus in ensuring the distribution of clean needles and syringes to people who inject drugs (PWIDs). The employment of outreach workers must be those who have some knowledge of drug addictions and also the necessary skills in dealing or providing direct services or intervention to the PWIDs. The outreach workers have important responsibilities in the implementation of the NSEP and outreaching for the PWIDs.

The dependency on outreach workers can, at times, contribute to various issues and challenges. Outreach workers, for example, will experience issues of burnout due to stress when dealing directly with PWIDs. At the same time, being given a heavy workload and the need to fulfill role expectations in meeting the objectives of the NSEP, outreach workers are also prone to experience possible burnout periods. Other factors that have also been found associated with possible burnout are frustration of the available resources, work demands, enumeration or wages, inadequate social support, personal issues. Educational status and some related to the recovery status for ex-drug users in addition to working as an outreach worker are also contributing factors (Broome et. al, 2009; Ducharme, Knudsen & Roman, 2008; McNulty et. al, 2007).

Social stigma and discrimination associated with drug use will influence both the clients and service providers who provide treatment. Society may view related drug as immoral behaviour rather than a medical problem. Drug use remains socially stigmatized, often times, providing treatment and services to individuals with a substance abuse is both considered as a low prestige and low paying occupation for some communities (Oser, Biebel, Pullen & Harp, 2013). Such findings may also be found among the outreach workers, being on the front line providing services to the PWID. There is also some probability that outreach workers may be exposed as social stigmas including receiving low enumerations or wages.

Burnout issues can lead to other consequences within the operation of the NSEP organization as well as the client. Operation for the NSEP, for example, will face

some difficulties if there is a high turnover rate due to burnout that contributes to a high rate of absenteeism, a lack of continuity, and a decreased quality of services. All of these factors will further contribute to clients prematurely withdrawing from existing treatment (McKay, 2009; Schaefer et. al., 2005). This is supported by McKay (2009) which states that clients receiving positive therapeutic relationships from their counsellor will engage in lower drug use and are abstinent for longer periods of time.

Although burnout may occur in all types of occupations, it is most commonly observed among those working in the human services industry. This is because those working in human services have to deal with emotional aspects of the relationships between the caregiver and client (Ducharme, Knudsen & Roman, 2008). This is also supported by Maslach, Jackson & Leiter (1997) who supports that the occurrence of burnout is associated to work that is demanding and involves significant emotional investment. These research findings are greatly connected to the possibility of outreach workers to experience all kinds of challenges which can lead to burnout when providing needles and syringes to the PWIDs.

Based on the various research findings, it is the aim of the study to examine the factors that can or may influence the quality of services provided by outreach workers. It is also aimed to explore and analyse different challenges faced by the outreach workers when giving their services. In addition, the study hopes to understand, in greater depth, the different motivational factors and training needed for outreach workers in order for them to provide the best services to the PWIDs.

METHODOLOGY

This study focuses on factors influencing the quality of services provided to the PWID by the outreach workers through the NSEP. Qualitative research was employed in order to explore a very wide expression of information that can be obtained from the stakeholders or informants, particularly from outreach workers, PWID and organizations that are providing NSEP.

Sampling and Data Collection

Stakeholders or informants for this study consist of outreach workers who were currently involved in the three sites of NSEP in the northern region of Peninsular Malaysia, particularly in Penang, Perak, and Kedah. These three states provided an acceptable basis for data collection as the NSEP program was first introduced in the State of Penang. This is in light of the sites in Perak and Kedah being the newest / current sites that run the NSEP program. Selection of these three states was able to provide a thorough picture on the implementation of the NSEP program when it first started in 2006 until today.

The outreach workers consisted of two cohorts, those who were injecting ex-drug users and university graduates with a background in social work and sociology. Outreach workers can be defined by those who work directly with the PWID who are not living in the institution and delivering services that are stipulated under the NSEP. Other stakeholders or informants include the police, families of the PWID, health workers, social workers who were working at the drug rehabilitation centers, and other relevant individuals.

In-depth fact to face interviews with the stakeholders or informants were used to allow probing, clarifying, summarizing, and confronting any information given that may have appeared unclear. In-depth interviews were done several times until the researchers were satisfied with the information or at least up until there was no more new information (data saturation) which could be gained from the stakeholders/informants.

In this qualitative research, a total of 16 respondents (outreach workers) were selected for the study. Purposive sampling was used to select the informants as

researchers were only interested in people who were genuinely concerned and directly involved with the issue under study.

Focus group discussions (FGDs) were also conducted to several groups of stakeholders, mainly with the police, health workers, social workers and family members of the PWID. A total of three (3) FGDs were carried out, one in each state, in Penang, Perak and Kedah to allow researchers to identify, explore and analyse the feedback of the stakeholders on the quality of the outreach workers and the services they provided in the NSEP program.

All interviews were recorded using tape recordings. The researchers managed to secure the necessary permission from the informants/respondents before any taping was carried out. Informants and stakeholders were given full written and oral information about this study and were given the choice to sign the consent forms if it was agreed to participate the study. The informants and stakeholders of this study were able to represent the relevance of the phenomenon that the researchers wanted to study based upon their experiences and concern.

The study used enumerators for the data gathering process. The selected enumerators were given a sensitization training to allow them to engage and gain accurate information from the informants and stakeholders. The training was specifically focused on the purpose / objective of the research and the overall structure on the running of the NSEP program. Interpersonal skills in dealing with the NSEP workers and stakeholders and the steps needed to be taken upon rejection of the informants or stakeholders was analyzed. The importance of getting consent from the informants and stakeholders as well as other necessary areas which needed to be addressed was to preserve the confidentiality and accuracy of the research. A series of sensitization training was conducted for the study. The sensitization training was conducted in stages prior and during the study and when handling any issues that may have emerged from the data collection process. The researchers themselves conducted the sensitization training for the enumerators.

The study did not employ or use any structured questionnaire. Rather, the study was guided by relevant topic areas that addressed the research questions and objectives. The guided topic areas included the following:

5.2.1 What kind of training have you received?

- What did you learn there?
- Who provided the training?

5.2.2 What kind of services did you provide?

- NSEP
- Referral to MMT, Legal & ART
- VCT
- IEC
- Counselling

5.2.3 Do you think you have given a level of good quality services to your clients?
(Define good quality?)

- How often do you see your clients (week, month)?
- How frequently do you follow up with your clients?
- Can you describe them as examples: Do you know their faces/homes, etc.?
- Describe your usual interaction with your clients.
- Do you ask them about their health/family & etc.?
- How often do you refer people to MMT/ART/Legal Services?
- Do you get enough support from your supervisors/MAC/MOH?

5.2.4 What are the challenges you face when providing services to your clients?

- Have you experienced stigma and discrimination?
- What happens when you relapse and feel burnout?
- What happened the last time you were arrested?
- Who were you with?

5.2.5 What motivates you when delivering services to your clients?

- How do you feel when your client disappear or get arrested?
- How do you feel when clients don't return their needles?

- How did the MMT Clinic respond when you were referred?
- How did that make you feel?
- How do you feel when your clients comply with the services rendered?

5.2.6 What about job satisfaction as an outreach worker?

- Remuneration
- Salary
- Job-security
- Career progression.

Data Analysis

Research data was transcribed and eventually content analysis was employed according to appropriate themes and sub-themes. These themes were able to determine the research questions and objectives of the study. Data was analyzed based upon individual interviews. An interview is often seen as a construct of knowledge. Through a symbolic interaction, the informants / stakeholders are able to reflect their experiences in the form of meaning-making which can then be used as a way of understanding issues for this research.

In data analysis the researchers have compared interviewees with each other. A typology was developed to view similarities and dissimilarities of the interviewees. For example, how did each interviewee define the factors influencing the quality of services provided to PWID by the outreach workers through NSEP?

From the interview, the researchers also expected several forms of internal generalization. From this point, researchers would be able to conclude what the interviewees thought and said.

Data from focus group discussions were used to compare how groups of people thought and what was said. Information from the FGDs served as data triangulation for the information that was been captured from the face-to-face interviews.

FINDINGS

Introduction

Outreach workers play a major role in the effectiveness of the NSEP program in Malaysia. They serve as the front line workers for the NSEP program. There have been very few studies done in Malaysia in examining what factors influence the quality of services to the PWID by outreach work. Since the introduction of the NSEP in 2006 very little knowledge exists in terms of what challenges are faced by outreach workers when dealing with the PWID and other stakeholders. Findings from this study, hopefully, would be useful to the people concerned, particularly. If we want to sustain the NSEP program as well as reduce the number of HIV infections, hepatitis, STIs via the PWID in Malaysia.

Research Question and Objectives

As mentioned earlier the primary research question for this study would be; what are the factors influencing the quality of services provided to the PWID by the outreach workers through NSEP? In order to answer this main question the researchers have identified several objectives for the study. The objectives are as follows:

- a) Examine what factors influence the quality of services provided by the outreach workers through the NSEP
- b) Identify the services involved in providing NSEP to PWID.
- c) Explore what kinds of training the outreach workers received in the NSEP.
- d) Know how the outreach workers define quality when working with the NSEP program.
- e) Explore the challenges faced when providing services to PWID.
- f) Examine the way that motivates better services to PWID through the NSEP.

A qualitative data was used in the study to address issues related to the quality of services provided by the outreach workers to the PWID. Through this qualitative data the researchers were able to explore a very wide expression of information that could be obtained from the informants such as outreach workers, PWID and other related stakeholders directly and indirectly involved in providing services to NSEP.

Sampling and Data Collection

Informants or respondents from this study consisted of stakeholders of the NSEP. They were mainly outreach workers from three sites of the NSEP in the northern region of Peninsular Malaysia mainly in the states of Penang, Kedah and Perak. These three (3) states provided good baseline information for data collection on the NSEP program. The NSEP was first introduced in the State of Penang in 2006 followed by the State of Kedah in 2008. Perak's NSEP is the newest site and was established in 2010. Selection of these three sites helped the researchers to provide a thorough picture of the NSEP program from the time when it was first introduced until the present day.

Sixteen (16) outreach workers from the three sites were involved in the in-depth interviews. They were selected based upon their experiences and duration of involvement with the NSEP program. For the purpose of data analysis, each outreach worker was given a code so that specific references and citations could be drawn from their in-depth interviews. There were eight (8) outreach workers from Perak (PK) and they were coded from PK1 to PK8. Another four (4) outreach workers were from Penang (PG) and were coded from PG9 to PG12 as well as four (4) outreach workers from Kedah (KD) coded from KD13 to KD16.

Purposive sampling was used in the selection of the informants. Purposive sampling was employed simply because the researchers were only interested in informants who were genuinely concerned and directly involved with the related issues under the study. The outreach workers who participated as informants in the study consisted of two cohorts. The first cohort was ex-injecting drug users and the second cohort consisted of graduates of a social work program with an exception of a few from the field of sociology. The outreach workers could be defined by those

delivering services that are stipulated under the NSEP and worked directly with the PWID not living in institutions. Other informants were individuals from the stakeholders involved in the focus group discussions (FGDs) which included the police, family members of the PWID, medical doctors, nurses, health workers, social workers, officers from the Islamic religious department as well as others representing government and non-government organizations. In addition, the PWID was also invited to participate in the FGD. Three FGDs were conducted to mainly identify, explore and analyse feedback on the quality of the outreach workers and the services that the outreach workers provided in the NSEP program. Two FGDs were from the stakeholders and another one was among the PWID.

All interviews were recorded through tape recorders after having received written consent from the informants. Prior to the study, all informants received written and oral information about the study and were asked to sign consent forms.

The study employed six (6) research assistants or enumerators for the data gathering process. These research assistants consisted of four PhD candidates, one master's student, and a graduate in a social work program. All of them were given sensitization training so that they were able to engage and gain accurate information from the informants. The training specifically focused on the purpose and objectives of the research; the overall structure on the running of the NSEP program; interpersonal skills when dealing with the informants; steps to be taken upon rejection of the informants; the importance of getting consent from the informants and other areas that needed to be addressed in order to preserve the confidentiality and accuracy of the research. Six (6) sensitization trainings were conducted for the study. Two training sessions were conducted prior to the data collection stage, another two were given in the midst of data collection for handling any issues that have emerged from the study, and another two were given after all data had been collected in helping to identify themes that emerged from the study.

In-depth face-to-face interviews with the informants were conducted. Six trained qualitative research assistants were involved in the data collection and served as the main instrument for this study. Probing, clarifying, summarizing and confronting any information given were used during data collection to ensure the information was properly collected. In-depth interviews were done several times in some cases until the researchers were satisfied with the information or at least until there was no more new information (data saturation) which could be gained from the informants.

Data Analysis

Research data was transcribed and content analysis was used accordingly in order to identify appropriate themes. These themes determined the research question and objectives of the study. Data was analyzed based upon individual interviews and through FGDs. Interviews were used as a construct of knowledge. Through symbolic interaction the informants were able to reflect on their own experiences which helped the researchers form the real meaning-making used as a way of understanding issues related to the quality of the NSEP services.

In data analysis, researchers compared and analyzed findings from each interviewee. A typology was set up to view similarities and dissimilarities of the interviewees. For example, how did interviewees define the factors influencing the quality of services provided to the PWID through the NSEP? From these interviews, researchers also identified several forms of internal generalizations, thus, enabling the researchers to conclude what the interviewees thought and said. Data from the FGDs was used to compare what groups of people thought and said. Information from the FGDs served as data triangulation for the information that had been captured from the face-to-face interviews.

In order to answer the main research question as well as meet the objectives of this research, the researchers have identified seven (7) themes that became the major points of our findings. Through these themes, the researchers were able to look at various issues in which factors influenced the quality of services provided to the PWID. The seven themes were:

Theme 1

How the policies and stakeholders' environment which covers the broader context in which outreach work occurs.

Theme 2

Focus on the individual outreach worker covering factors that include: a) discrimination, b) stress and burnout, c) lack of motivation, d) lack of confidence, e) lack of skills, f) qualification, g) personal experience of injecting drugs, h) promotion of approaches not linked to evidence i.e. abstinence, i) sources of support of outreach workers, and j) relationship with partner of an outreach worker.

Theme 3

Addressed related issues of how the PWID helps to shape the quality of outreach work.

Theme 4

The way the relationship between the PWID and outreach workers appears. This theme looked at how their relationship shapes and determined quality of service of NSEP.

Theme 5

Explored factors specific to the services and health system that shape the quality of outreach.

Theme 6

Covered community and delivery of context a) family, b) drug pusher and c) community.

Theme 7

Viewed future challenges of the outreach workers.

Findings from the themes

Theme 1

Policy and stakeholders' environment cover the broader contexts in which outreach work happens. In this particular theme the researchers have identified sub-themes that include: a) Lack of budget and financial support from key stakeholders, b) opposition to outreach by the police, c) stakeholders not following Standard Operating Procedures (SOPs), and d) stigma and discrimination towards the PWID.

a) Lack of budget and financial support from key stakeholders.

Budget and financial support from the Ministry of Health (MOH) and the Malaysian AIDS Council (MAC) continue to be an issue especially for sites that have been asked to reduce the number of outreach workers. Outreach workers (PK1, PK12, PK5, PG10, PG11 & PG12) who were affected spoke about their salary that has been cut and reduced. They also felt that some of their colleagues were retrenched due to budget cuts. Outreach workers who have served NSEP since 2006 felt that the rate of inflation has increased and this has influenced their income and standard of living. Many were not able to get any salary increase since they joined the NSEP. Some felt this had an implication towards the quality of services they have provided for the NSEP. When the workers were retrenched, many clients were left without receiving the services they once did. For those who had the chance to continue on working, they were no longer able to claim their traveling and other allowances as before. Cut backs on these allowances has only limited their movements; such as visiting sites and clients. One outreach worker (PG9) felt that he was still lucky and fortunate that he still has a job despite budget cut backs.

One FGDs showed that an informant tried to assure that even though there are cut backs in the NSEP budget, the government had no intention of closing the NSEP program down. This informant suggested that each site should try to do more advocacy work in order to get higher budgets allotments, especially when the NSEP

has proven to be a very successful program in this country. Furthermore, it has been proven to reduce the number of HIV infections in the country.

b) Opposition to outreach by the police

Almost all outreach workers have felt that their outreach activities did not get the needed support from the local police (PK1, PK2, PK3, PK4, PK5, PK6, PK8, PG9, PG10, PG11, PG12, PG13, KD14, KD15, KD16, FGD Perak, FGD in Penang and FGD among PWID). Many felt that the police merely arrested their clients in all of the three sites. Many also felt that members of the local police, especially the lower rank officers, were not well informed about the NSEP. In some instances, outreach workers were mistakenly detained by enforcement officers while performing their duties in the field (PG, KD15, and KD16). Even though SOP had already been established between the MOH and the police, obstacles between the police and outreach workers continued. According to outreach workers, many clients of the NSEP were afraid to return their used needles for fear that they would be arrested for carrying them. Furthermore, those who were arrested were forced to undergo urine tests. In most cases these tests were more likely to be positive. Some of the findings also showed that the higher rank enforcement officers were well informed on the NSEP (KD15 and FGD in Perak).

According to the FGD in Perak, there seemed to be a conflict of interest by the police when it came to the NSEP. It was the duty of the police to arrest people who used and sold drugs. By having so many arrests in a month or a year this also served as a Key Performing Indicator (KPI) for the police department. However, the MOH and NSEP defined the PWID of who was “sick” and needed help in terms of treatment and care (PK4 and FGD in Perak).

Many members of the police still perceived that the NSEP encouraged the PWID to continue to take drugs. As long as this perception continued there would always be a conflict between the outreach workers and members of law enforcement (PK1 and KD16).

Within the FGD conducted in Perak, a representative of the police indicated that the possibility of the PWID being arrested is always there even though the urine test shows a negative result. This is because these clients may be involved with certain wrong doings in the past and therefore should be detained and remanded for 14 days before they could be released. Whatever the reason, many agreed that a good rapport was needed between the outreach workers and members of the police.

c) Stakeholders not following SOP

Even though all stakeholders have been briefed and agreed on certain terms and conditions on how they should play their roles there would be perceived problems that would need to be addressed. For instance, MAC, being the coordinating body has, to some extent, failed to play its roles in monitoring and evaluating in all three sites (PK5, PK6, PK8, PG9, PG11, PG13, KD14, KD15, FGD in Perak and Penang). All sites had been pressured to achieve a certain number of clients each month and yet very little attention was given in terms of what is going on in the field.

Members of the enforcement also somewhat failed to observe the SOP that they agreed upon. Some reported police occasionally arresting clients of the NSEP once the outreach workers left the ports or “shooting gallery” of the PWID. Thus, clients of the NSEP often felt betrayed and unable to trust the outreach workers. Once a port is ambushed it will take some time to re-establish a relationship and trust between the outreach workers and the PWID. Furthermore, in the eyes of the PWID, outreach workers are seen as “spies” for the police. The outreach workers felt that it would also take a while before new ports develop or spring up in the community, therefore, disrupting the NSEP services. (PK5, PG9, KD14. PK6 and PG11).

Due to the constraint of staff to mend the NSEP sites, many outreach workers were unable to keep to their own SOP. It has been stipulated in the SOP that the outreach workers must always enter ports of the PWID with their partner. However, the numbers of outreach workers were cut back and some sites were unable to keep up with their SOP. Some sites even had to allow their outreach workers to enter ports without their partners which created a new set of problems to the program (PG11).

d) Stigma and discrimination towards PWID

Stigma and discrimination continues to be a problem in all sites (PK1, PK2, PK3, PK4, PK7, PK8, PG11, PG13, FGD Perak and FGD Pinang). Some members of the enforcement, hospital, and even the community still blame the PWID for not wanting to change their behaviour and continue to rely on drugs. Many felt that the NSEP would not solve the problem of the PWID. Many viewed that the PWID would continue with their old habits of using drugs and that the NSEP is also being labelled for encouraging and supporting the PWID's behaviours in using drugs.

Theme 2

In theme 2 the researchers focused on the individual outreach worker covering factors which include a) discrimination, b) stress and burnout, c) a lack of motivation, d) a lack of confidence, e) a lack of skills, f) qualifications, g) personal experience of injecting drugs, h) promoting approaches not linked to evidence i.e. abstinence, i) sources of support for outreach workers, and j) relationships with partners of outreach workers.

a) Discrimination

Generally, the community has not become fully aware of the NSEP program in the three sites. Therefore, when people came to know outreach workers providing free needles to the PWID they began to have negative feelings towards the outreach workers. Discrimination still exists in the community even among educated individuals, health workers in MMT clinics, and some drug users who do not inject drugs. Many are unable to accept the NSEP. They go as far to believe that the program will encourage people to inject drugs.

b) Stress and burnout

Stress and burnout among outreach workers exists a lot due to work related issues. One outreach worker has stated that he was very frustrated when his clients were unable to return their used needles (PK6). Another outreach worker felt helpless for

not being able to reach out to his clients that live far from the service center (PG11). Whereas KD13, and KD14 and PK2 felt that there seems to be so many obstacles in providing NSEP. He not only faced problems with the police and AADK but also from the PWID which never kept promises or appreciated the services that had been given to them. Another outreach worker (KD15) and an ex-PWID expressed the high level of stress because of having to deliver clean needles to clients.

c) Lack of motivation

Motivation came in different forms to the outreach workers. Some of the outreach workers who are ex-PWID felt that every time they saw clients who wished to switch from injecting drugs to methadone, they felt motivated to continue their NSEP work. This was viewed as a positive change on the part of the PWID. Other ex-PWIDs felt so fortunate that besides having the chance to help clients change towards a healthy life-style they also had a regular job with a decent income and perks. Many felt that some of their ex-PWID friends are still struggling; looking for a job as some even reverted back to injecting drugs. Many also felt highly motivated whenever they received positive support and a warm welcome by the PWID at the ports (PK3, PK4, PK6, PK8).

Motivation to perform tasks for the NSEP showed a reduction when, at times, the MAC failed to focus their attention towards the problems faced by the outreach workers. Many felt unmotivated whenever they heard that the budget for the NSEP and their salaries had been cut. Many had no other choice except to face whatever decisions were made for them (PK1, PG11, KD14, KD 15, KD16 and PG12)

d) Lack of confidence

Working for the NSEP was considered an occupational hazard for the ex-PWID and, therefore, some outreach workers were not totally confident in delivering some of the services that have been stipulated to them. Some even admitted from time to time they do have the urge to inject drugs and went ahead to join their clients injecting drugs. "The fear of going back to the old habit always exists" confessed some of the outreach workers (PK1, PK3, PK8, PK 16). It is also felt by some that they were

inadequate being unable to fulfil the needs of their clients (PK8, KD16). Some felt that they would feel more confident in their job if they were given more training to deal with the PWID. A few felt more confident when they received a lot of positive feedback from clients (PK5, PK7, PK8, PG11 and KD16).

e) Lack of skills

Overall, the majority of outreach workers bore the skills that are important to improve services to the PWID. For the trained outreach workers in social work, they were able to utilize some of their skills in communication and how to work with individuals, families, groups and community. However, some outreach workers who had no previous experience in handling the PWID faced some difficulties at the beginning of their career. Once they gained the necessary knowledge for working with the PWID from their partners (ex-PWID), they seemed to excel quite well. Some of them felt somewhat strange providing needles to the PWID; more so on how to teach them how to properly manage their veins (PK4, PK5, PK7, PG12, PG13).

Those that did not have the needed background in social work or counselling confront difficulties when working with the PWID. Many wanted to learn so that they could become effective outreach workers (KD14).

The majority of the outreach workers received some basic training on how to work with the PWID in relation to HIV and AIDS. All of them were equipped with the knowledge on the NSEP. Many were also trained on how to secure data for the purpose of monitoring and evaluating purposes. A few of them were not able to gain the knowledge and skills related to the NSE because they were new on the job and their training did not seem to be the priority; especially when the budget for training had been slashed dramatically.

f) Qualification

Outreach workers in all three sites were divided between those who had a bachelor degree in social work or sociology and with those who were former PWID. Outreach workers trained in social work could easily adjust and accept the job situation much

easier compared to those who did not have a degree in social work. This was especially true when handling difficult clients. Trained workers were quite at ease to apply their knowledge, skills and values of social work to their clients. They were also very comfortable with the paper work and the use of computers. They felt very comfortable attending workshops, training and presenting papers at conferences and seminars.

The other cohort of outreach workers who were ex-PWID felt very comfortable working with clients of the NSEP. Many of them already knew some of the NSEP clients and knew exactly what to say and do when dealing with them. They were not afraid to confront their clients and tend to be blunt or outspoken at the time. Their only limitation was that they were not well versed with the paper-work and IT functionality. This was also the reason why they were not very communicative and did not partake actively in the workshops, seminars or conferences.

g) Personal experience of injecting drug

Outreach workers who were ex-PWID used their own personal experiences in handling clients of the NSEP. They knew exactly what to say and do when dealing with the NSEP clients and understood how their clients deal and the struggles they have faced in their daily lives. At the same, they were familiar with the PWID and have had been exposed to many negative elements associated with the job and PWID (PK2, PG10, PK3, PG9, KD14, PG11).

h) Promotion of approaches not linked to evidence – e.g. abstinence)

There were outreach workers that felt that it was their duty to promote the NSEP through personal contacts with the stakeholders in the community, especially, to those who were somewhat ignorant about the program. (PK1)

i) Sources of support for outreach workers

Several outreach workers believed that they were able to bond nicely as workers regardless of their academic qualifications and able to share and help each other.

They even socialized together after work. Both cohorts learned from each other in terms of experiences, knowledge, skills, and even positive values. Outreach workers also felt some members of the police were very supportive and willing to help them. They also understood the struggles that they had to face when dealing with the PWID from time to time. Legal aid services had also been given a lot support to outreach workers on how to mediate and advocate for the NSEP clients. Therefore, the outreach workers were not alone when they had to deal with their clients' legal issues. In recent years the Cure & Care under AADK has also managed to work closely with the NSEP. This type of collaboration was almost nil in the past (PK2, PK4, PK5, PK8, PG11, PG12, KD130)

j) Relationship with outreach worker's partner

The SOP stated that the outreach workers must conduct their jobs in pairs. Outreach workers from Perak and Penang have come up with a policy where graduates must be paired with an ex-PWID when they go for outreach. The outreach workers from Kedah did not employ such a policy but still conducted their outreach pairs. Outreach workers in Penang and Perak deemed that the pairing system between graduates in social work and an ex-PWID was a good system. They said that they could both learn from each other's trade. Disagreements did exist on both sides but they also learned to respect one another. They were also able to provide emotional support for each other (PK2, PK5, PK3, PK7, PK8, PG10, KD15, KD16).

Theme 3

In theme 3 the researchers tried to address issues related about how the PWID helps to shape the quality of outreach work. Some of the issues covered in this theme include: a) Resistance or support for NSEP, b) Resistance or support for MMT, and c) Resistance or support for HIV care (VCT, counselling, ART)

a) Resistance or support for NSEP by PWID

Based on the interviews, most PWIDs in all three sites supported the NSEP program. However, due to unforeseen circumstances it was difficult at times for

clients of the NSEP to continue to support the program. For instance, all NSEP clients were issued with a special identification card (ID) so that they did not have to use their real name. This was to ensure confidentiality and encourage them to participate in the NSEP. Each card was issued a special code. All NSEP clients were required to carry this card with them or, at least, remember their code especially if they needed to deal with the office of the NSEP. The problem was that the PWID often failed to carry their IDs or did not remember their assigned codes. The problem mainly arose when they were arrested by the police and did not have their card with them or were unable to remember their codes. Therefore, when they tried to call the NSEP office for help it became difficult for the outreach workers to advocate for them.

Resistance for the NSEP could've also been due to the frequent arrest and harassment record from the police. PWIDs have been very supportive towards the NSEP; otherwise, it would have been difficult to achieve a return rate as high as 70% for used needles. In Perak, the return rate reached 90%. Support for the NSEP also existed when the PWID came willingly to request services such as counselling, information on HIV/AIDS and STIs, anti-body testing for HIV, advice on vein management, information and referral (I&R), condoms, NSEP kit and legal aids services (PK1, PK2, PK3, PK4, PK5, PK6, PK 7, PK8, PG 9, PG 10, Pg 11, KD 13, KD 14, KD 15 and KD 16).

b) Resistance or support for MMT

Resistance to an MMT exists due to a long waiting list to be enrolled in the MMT program as mentioned by the PWID. Some were considered not welcome due to their stigma or discrimination. Some PWIDs felt that the MMT program is too far away from their homes where they do not have access to public transportation. Some claimed that they were not given enough dosage once they signed up for MMT. As a result, some went back to injecting. Some clients of the NSEP who have received methadone were very happy and welcomed the MMT program. Many NSEP clients became better adjusted with methadone. Many have returned to work and are able to hold on to their jobs. Methadone also helped them to be more in control of their lives and they were able to continue to be responsible citizens. Some

have suggested that they would be happier if an MMT can be placed under the same roof of the NSEP program. (PG10, PK1, PG12, PK1, PK5, PK3, PK7, KD12 and KD 13).

c) Resistance or support for HIV care (VCT, counselling, ART)

Resistance or support for HIV care mainly depends on experience, knowledge, training, skills of each outreach worker and the site that they are in. It appeared that the PWID were more likely to support and shape the quality of the outreach work if the outreach workers were experienced, knowledgeable, had better skills, non-judgmental approaches and offer better services. The sites that had more of these characteristics of outreach workers were more likely to shape the quality of outreach work. For instance, PG9, PG10 & PG11 had conducted VCT. These outreach workers were more experienced and have received rigorous training in the VCT. Whereas PK3, PK5, PK6, KD15 referred the NSEP clients to the nearest hospital for the VCT simply because they did not have the training and were also told that they were no longer allowed to conduct VCT.

Theme 4

Theme 4 looks at the relationship between PWID and outreach workers. This theme examines how their relationship shapes and determines the quality of service of the NSEP. Some of the issues include a) trust, b) communication and, c) length of relationship.

a) Trust

Initially, it is difficult to develop trust between outreach workers and a PWID. A feeling of distrust can develop due to a lack of rapport between a PWID and outreach workers. Many clients of the NSEP have found that it is hard to believe that a NSEP can provide free clean needles. Some even think this could be a trap so that the police can arrest them or the NSEP workers are police themselves. Once a trust has been established many NSEP clients are more likely to open up and share their problems and even willing to receive help from the outreach workers (PK3, PK4,

PG11, PK1, PK3, PK4, PK5, PK8, PG 10, PK9, PG11, dan KD 15.) However, mistrust can also reappear towards outreach workers in the case of an arrest even long after a rapport or a relationship has been established.

b) Communication

Communication becomes easier between outreach workers and a PWID when trust and rapport have developed. Many PWIDs have come to outreach workers for social and emotional support. They have shared personal and family problems. The outreach workers would usually take this opportunity to discuss HIV, safer sex, vein management, VCT, the MMT program and other services that have been given in order to improve their social wellbeing. During the communication process, the outreach workers would normally use simple language easily understood by the PWID. Nonetheless, communication between outreach workers and the PWID has not always been positive sometimes depending on the mood of the PWID. The outreach workers are fully aware of this and take steps on how not to worsen the situation. (PK3, PK4, PG11, PK1, PK3, PK4, PK5, PK8, PG 10, PK9, PG11 and KD 15).

c) Length of relationship

The length of the relationship between outreach workers and the PWID depends upon the PWID receiving the NSEP service long term. The PWID often disappears due to an arrest or moving to another place then switching to a MMT. Some outreach workers continue to see the PWID even after they have been referred to a MMT. In some cases the PWID welcomes NSEP workers to their homes to meet other family members. Some family members accept the PWID once they have received the right information about the NSEP through other outreach workers.

Theme 5

Exploring factors specific to the services and health system that help shape the quality of the outreach a) supervision and management of OW b) a lack of

commodities c) a lack of OW training, d) policies limiting or allowing OW involvement in services e) referrals and procedures and, f) location of services.

a) Supervision and management of outreach work

Almost everyone agrees that supervision and proper management are crucial in shaping the quality of outreach work. Outreach workers feel that stakeholders must play their role and not be the MAC, partner organizations or managers of the NSEP.

Since the MAC has been given the mandate to run the NSEP by the MOH it would be logical that the MAC must be responsible for the monitoring and evaluation of the NSEP. For outreach workers who have been involved with the NSEP, ever since the inception of the NSEP they had received much training by the MAC. Unfortunately, these types of training have been reduced due to a lack of manpower and cost. Furthermore, it is always assumed that each partner of the organization can continue to play their role in training, monitoring and evaluation. Some outreach workers have claimed that the MAC did not provide training like they have in the past.

Managers of the NSEP are the key persons in shaping the quality of outreach work. They are at the frontline level and should know exactly what is happening in the field. However, some outreach workers have complained that their managers failed to carry out certain tasks that had been given to them. For example, briefing and debriefing is an important process for the NSEP no longer practiced by some managers. If carried out, however, it's too short or not enough to address some important issues happening in the field. Many felt that this process is very important in order to hear and share problems from other outreach workers. This process is also good to enhance the support and good relationships between the workers. A few also knew that they never had the opportunity to be supervised by their managers.

Outreach workers have played an important role in shaping the quality of the NSEP as well. Some outreach workers have experienced burnout. Others felt that the remuneration received every month is not enough, especially, with the level of inflation today. The situation has become worse since their salaries have been cut

and have increased anger towards their colleagues as they were retrenched due to budget cutbacks. In one site, they used to have sixteen outreach workers and now have been left with only four. They thought that it was almost impossible to maintain good quality work that they once had.

At the national level, an MOH normally does not go to partner organizations (POs) to conduct training for the purpose of supervision or management. They will only come if they receive a formal invitation by the MAC. However, at the state level, an MOH does play an active role in monitoring the NSEP program for each state. In fact, their officers are responsible for the HIV/AIDS and STIs and to conduct regular stakeholders meetings. In some cases, they are also involved in providing training.

The police department continues to give their support in shaping the quality of the outreach but their support is somewhat erratic and inconsistent. Members of the police department also had their own key performance indicator (KPI) with regards to number of arrests that they have achieved. Clients of the NSEP often include their KPI, whereas, has an effect on the NSEP itself. Overall, the NSEP has always managed to get good support from the higher level police officers and give advice on how the outreach workers and the police can work together.

An example of an actively involved stakeholder in supporting the NSEP is the Agensi Anti Dadah Kebangsaan - AADK (the National Anti-Drug Agency). In recent years, an AADK has somewhat changed their views towards the NSEP program. This is simply described as many formers clients of an AADK which are now clients of the NSEP and, therefore, begin to see the need to support the NSEP. The involvement of an AADK enables the NSEP to shape up its quality of service. Some outreach workers reported that an AADK is more than willing to work closely with the NSEP and even share manpower for the betterment of both programs.

Other stakeholders that come for the regular meetings have begun to understand the rationale of the NSEP and are willing to provide support if requested by the outreach workers (PK1, PK2, PK4, PK5, PK6, PG9, PG10, PG11, KD14, KD15, KD16).

b) Lack of commodities

NSEP equipment and kits are necessary in promoting the quality of outreach work. However, in recent years certain commodities such as suitable needles for the PWID are no longer available. This has made it more difficult for the outworkers to fulfil the needs of PWID. With regards to condoms, some clients are not interested in using them but others do request them. Some clients were disappointed when outreach workers failed to carry condoms and this creates a deficit in the purpose of having safer sex for the PWID. As far as needles are concerned, some clients grind their own needles to suit their needs. In the past, outreach workers have tried to fulfil the needs of their clients by providing needles they can use but this type of service has stopped.

Outreach workers have also been trained to conduct a VCT. A rapid test kits for antibody HIV have been supplied in the past but this service has also been discontinued because the MOH felt that this service should be handled by hospitals or government clinics. Many outreach workers were very disappointed since they had already developed a very good rapport with the PWID for this service. PWIDs also felt more comfortable to see outreach workers as opposed to see health screen workers who are total strangers at the hospitals or clinics. Going to the hospital can also discourage many PWIDs which would create a deficit in the purpose of persuading people to come forward for the VCT.

Another commodity that has been removed from the list of equipment was essential medication for treating minor medical conditions for the PWID such as cuts and pain-killers. Some outreach workers were deemed helpless when they were unable to provide simple medical services for their clients (PK3, PK4, PK7, PG9, KD13, KD14).

c) Lack of outreach work training

Training plays a highly important role in the NSEP but some outreach workers reported that there seems to be lack of training provided for them. Some specifically have said that training should be given once a month so that they would stay in touch with the most current knowledge and practices on the NSEP. It is also said

that outreach workers should be given training on issues related to the MMT. Many outreach workers claimed they were often referred to cases to the MMT and yet had very little knowledge about the MMT. Outreach workers currently feel that they also need to know about HIV and AIDS related issues especially when it come to treatment and care for these illnesses. All types of training enhance the quality and services to the NSEP. Outreach workers who had experienced drug injecting also felt that by having an ex-PWID in the program would help the NSEP (PK1, PK2, PK5, KD16).

d) Policy limiting or allowing outreach worker's involvement in services

With regards to policies that limit or allow outreach workers to provide services vary from time to time. As mentioned earlier, outreach workers used to be able to provide VCT but suddenly were asked to stop. They claimed that they were not informed as to why they could not conduct the VCT anymore. They only came to know when they no longer received the rapid test kits.

The NSEP sites also used to have a drop in center (DIC). This service was very well received when available. Many PWIDs have come forward for help when they had access to the DIC. Many received face to face counselling and other valueable information on the NSEP. They were also able to relax, shower, clean up and even receive something to eat. Workers at the DIC were able to make a lot of referrals, however, these services have also been stopped.

One particular site had suggested that the DIC should be allowed to provide a safe place for injecting drugs so that outreach workers could provide a safe place for injecting drug at the same time providing a vein management service. This was turned down due to the country clamining its unreadiness.

There was also the idea that the NSEP and MMT should be place under one roof but Malaysia was not yet fit for this service. Another draw back concerning the MMT was that some outreach workers complained that certain clinics had a certain quota for PWIDs to receive methadone. This particular moment is filled up, therefore, they

have to wait until the service becomes available (PK1, PK2, PK5, PK6, PK7, PG11, KD14, KD15).

e) Referral Procedures

Referral procedures vary from site to site. Sites that have proper organizational structure need to follow certain procedures. Normally, the NSEP manager would be the person who engaged in making referrals with proper evaluation and assessments of the clients. However, sites that do not have many outreach workers and a very loose organizational structure tend to have very informal procedures. Any outreach worker can refer one to whatever service is required by the client. This approach sometimes works better and is less bureaucratic. Furthermore, many of the outreach workers already know the system well and some even have personal contacts with various organizations, hospitals and clinics, therefore, making the job a lot easier for referral purposes. Another problem is that services requested by clients of the NSEP may not be available immediately. Depending on the organizations that provide for such services. Some outreach workers reported that some clients had to wait for long periods before given services such as enrollment in the MMT, legal aid, or start a HAART (PK 1, PK 2, PK 3, PK 4, PK 5, PK 6, PK 8, PG 9, PG10, PG11, PG12, KD13, KD14, KD16).

f) Location of services

The location of services play an important role in shaping the quality of outreach work. Ideally, the location of the NSEP should be where the clients are with easy access to public transport. The three NSEP sites are located quite strategically. All are situated in town itself and it would be considered more ideal if they could add the DIC as well. Unfortunately, the DIC was not supported in the program for the three sites where the study was conducted. Nonetheless, all three sites are quite strategic for the stakeholders to attend meetings, workshops, seminars and visits.

As far as providing services to the clients is concerned, all outreach workers in all three sites have to travel a nominal distance from their main office. Some sites do have sub-offices in order to serve their entire state but even if this is not effective.

One criteria to be employed in the NSEP program is that all outreach workers must have a motorbike. Travelling allowance is provided when the outreach workers visit their clients. Other allowances are also provided if something happens to their motorbikes. Despite having their motorbikes, outreach workers have to cover a large geographical area. For instance, the state of Perak has a total area of 21,035 km (8,122 sq miles) with a population of 2.3 million people but they only have 16 outreach workers to cover the entire state (<http://en.wikipedia.org/wiki/Perak>: retrieved 17 May 2014). The state of Kedah has a total area of 9,427 km (3,640 sq miles) with a population of 1.9 million but only have a few workers to serve the entire state of Kedah (<http://en.wikipedia.org/wiki/Kedah>: retrieved on 17 May 2014). Whereas, the state of Penang has a total area of 1,500 km (3,800 sq miles) with a population of 1.5 million and has only four outreach workers to cover the entire state. It was also reported that Penang has the highest number of PWIDs (<http://en.wikipedia.org/wiki/Penang>: retrieved 17 May 2014).

In terms of location of “ports” or ‘shooting galleries”, they can be found in all areas. All these ports are not permanent because they come and go. They depend very much on whether or not the ports are going to be raided or detained by the police. According to the SOP, outreach workers must inform police authorities where all the ports or shooting galleries are so that the outreach workers can be protected in case something goes wrong in the area. This has created a dilemma for the outreach workers. They are uncertain whether the PWID can be protected from harassment or arrested once the police have been informed of their ports. Furthermore, whenever a port disappear it takes sometime for the outreach workers to find a new port and more often than not, the PWID would be very uncommunicative with the outreach workers in this case. Trust between the PWID and outreach workers would normally be tarnished once their ports have been disrupted. Even when the new ports were found the outreach workers are not often welcome or allowed in. The PWID is often afraid that the outreach workers may inform the police.

Ports that are too far from the NSEP main office would not be practical for the outreach workers to visit everyday. Therefore, given the present number of outreach workers in each state outreach work can only be done once a week as it is difficult to collect the used needles from the PWID daily. The PWID certainly would not want to

keep their dirty needles longer than necessary. Furthermore, they can also be arrested if the police found they have used needles. In some sites, the PWID are left without getting anymore services.

As mentioned earlier, many PWIDs would like to be enrolled in the MMT program. However, since the locations for the MMT are not user friendly many prefer to continue injecting drugs. Some PWIDs simply could not afford to come everyday for the methadone even if they live nearby where the program is located. Many do not have the means to do so. (PK1, PK3, PK4, PK6, PG9, PG10, KD13, KD15, KD16).

Theme 6

Community and delivery context a) family, b) drug pushers and c) community

a) Family

Family plays an important role in order to enhance the NSEP and MMT programs. One of the criteria for the MMT program is family support. Families should play an active role if the PWID were to enroll in the MMT program. The problem is that many PWIDs are without families and some they have abandoned by their own families or completely lost touch with them. As a result, many have felt that they are not entitled to be in the program. In some cases, the PWIDs have to rely on the outreach workers' recommendations to be on the MMT. As far as the NSEP program is concerned some families began to accept PWIDs and have even allowed the outreach workers to deliver clean needles to their homes. In these cases, the outreach workers would take the opportunity to also educate PWID's families on how to enhance the social well being of the clients (PK 2, PK 3, PK 7, PG 9, PG 10, PG 11, KD14, FGD Penang).

b) Drug dealers

The outreach workers are fully aware of the need to work closely with the drug dealers especially when they also happen to be around when the outreach workers are doing their rounds in the ports. At times, the outreach workers need to use their

judgment and know when not to enter the ports when transactions are taking place. A feeling of insecurity or danger is always there when they have to face drug dealers. The outreach workers also do not want to be labelled as informants by the drug dealers (PK2, PK4, PK8, PG10, KD14 and KD16).

c) Community

As far as community is concerned, stigma and discrimination still exist. The overall, community still does not understand that the NSEP has already existed for more than seven years in some sites. The government, MOH, MAC and police are not doing their job extensively enough to try and educate the public about harm reduction even though the NSEP has proven to be very successful since the inception of the program in 2006. Outreach workers still receive very negative reactions from the community when they are doing their rounds. Some even called the police to report that the outreach workers are distributing drugs in their area. Many outreach workers have felt that there should be more campaigns done to highlight the success stories of harm reduction programs especially regarding the NSEP. The outreach workers are not even sure whether this is part of their role in educating the public. In the past they have been told not to say anything about the program for fear that it may not be accepted by the community. Therefore, the job is very much left to the MOH or at least people responsible to finance the service.

Looking back at the work with HIV and AIDS related programs, it appears to be very guarded for fear it might steer conflict from the community. Outreach workers felt some of the community programs that they have involved in such as having exhibitions and talks help to create some awareness for the NSEP. They felt this type of program should formalized and be given a proper budget for such activities.(PK3, PK4, PK5, PK6, PK7, PK8, PG9, PG10, PG11, PG12, KD15, KD16, FGD Perak and FGD Penang).

Theme 7

Future Challenges, a) Possible challenges to OW involvement in the MMT, b) Possible challenges to OW involvement in anti-retroviral therapy (ART) and c) Possible challenges to OW involvement in the VCT.

a) Possible challenges to outreach worker's involvement in MMT

Another major challenge for the NSEP is manpower. If the MMT is going to be successful, the MOH must maintain and sustain the NSEP. The MOH cannot assume that the NSEP has reached its target in reducing the number of HIV infections from the PWID. The old clients may have shifted to the MMT if they continue to receive proper counselling with moral and emotional support. But the MMT cannot rely on the PWIDs' families to do this since they do not have the expertise and time to do so. Therefore, NSEP workers can continue to provide such tasks especially when they have already established good rapport with the clients from day one. It makes more sense for the outreach workers to continue with these clients even after they have referred to the MMT. Even if the MMT were to hire new counselors it will cost more money for the MOH to come up with such services (PK4, pg11, FGD Perak)

b) Possible challenges to outreach worker's involvement in ART

Some clients of the NSEP are already HIV positive and have received ART. In this case it makes more sense if the NSEP workers continue to serve their clients who are positive and receiving ART.

c) Possible challenges to outreach worker's involvement in VCT

As mentioned earlier the outreach workers were already trained by the MOH to provide VCT to their clients. It would be appropriate if such service continues so more people can come forward for the antibody HIV test. The NGOs can easily purchase these kits and conduct the VCT themselves if they can have their own budget to carry such services (PK3, PK4, PK11).

DISCUSSION, IMPLICATION AND RECOMMENDATION

Introduction

HIV and AIDS was first discovered in 1981 in the United States of America (Curran, Jaffe, Hardy, Selik, Dondero, 1988; Rockville, 2000). The first three groups that have been affected by this pandemic were homosexuals, drug users and sex workers (Markowitz, 2007; Barnett, Whiteside, 2002). Historically and socially, these groups have faced difficulties, given that their lifestyles were neither official nor legally sanctioned by society (Stulberg & Buckingham, 1988). Globally, the emergence of HIV and AIDS has created a new stigma for these groups. They not only had to deal with the issues of coming out with their real identity, but also had to face issues; such as fear of rejection, social isolation, guilt feelings, physical and emotional destruction resulting from AIDS.

As the epidemic continued the process of stigmatization carried on to reinforce Malaysians' negative attitudes towards these groups. The need to address HIV and AIDS in Malaysia came only when the epidemic began to affect the general population in this country. Since Malaysia has had many drug users and not to mention those who are injecting drugs, HIV infections became a new social and medical problem that demanded serious attention.

From 1998-2006 it was reported that Malaysia had the highest number of HIV infections that came from those who injected drugs. This had triggered the government to take radical steps on how to reduce the number of HIV infections by this group (Bernama, 17 Dec 2008; Huang, Hussein, 2004; Ministry of Health Malaysia [MOH] 2012). In 2006 Malaysia was initially faced with the decision to introduce harm reduction programs in order to reduce the danger related with psychoactive drugs used by drug users who were unable or not quite ready to stop using drugs (Faisal, 2013).

In Malaysia, the NSEP is a service model based on the philosophy of harm reduction whereby drug users can obtain hypodermic needles and other equipment free of charge in an effort to reduce the risk factors of HIV and hepatitis. Ideally, these

needles and syringes should be returned in exchange for new ones. In providing this service, Malaysia has adopted the approach of a Drop In Center (DIC) and Outreach Work. In the DIC, needle exchange, counseling, light treatment, meals and a rest place are provided to the PWID (Faisal, 2013; Sarnon, Baba & Hatta, 2007).

Quality of Outreach Workers for NSEP

Recruiting staff for the NSEP has always been difficult and a good practice does not mean the same in other NSEP programs. Some agencies or POs believe that ex-drug users are the best group to serve as outreach workers in an NSEP. While others prefer to have non drug users in their organizations simply because they believe that they can serve as good role models to those who are trying to reduce the harm in intravenous drug taking. Whatever it is, there is no rule on what is the best way to recruit outreach workers for the NSEP. Some have argued that if we can get the non-judgmental people to work with drug users and deliver the services required by the NSEP we would not have so many obstacles (Stimson, Alldritt, Dolan, & Donoghoe, 1988).

At AARG outreach workers are divided by those who were outreach workers with a background in social work and those who were the peer outreach workers. Those workers with social work background found that their peer outreach workers were very helpful and effective in helping AARG dealing with drug related issues. By pairing these two cohorts together they felt that they could provide better support and assist each other during delivery of their outreach work in the field. This system of pairing showed that the outreach workers with social work backgrounds have had better empathy towards the peer outreach workers. Since the job is very much an occupational hazard for the peer outreach workers, the trained social worker often serves as a life saver for their counterparts in case they have the craving to inject drugs. Looking at this system of pairing, the study conceptualized are the quality of outreach workers and services they have provided. In responding to the study, the researchers have come up with a research question mainly to look at what factors have influenced the quality of services provided to the PWID by the outreach workers through the NSEP. Research objectives that were identified include:

- a) Identify the services involved in providing the NSEP to a PWID.
- b) Examine what factors influence the quality of services provided by the outreach workers through the NSEP.
- c) Explore the kinds of training the outreach workers received in the NSEP.
- d) Analyze how the outreach workers define quality when working with the NSEP program.
- e) Explore the challenges faced when providing services to a PWID.
- f) Analyze the ways they are motivated to provide better services to the PWID through the NSEP.

Services of NSEP to PWID

At present, there are about 20 NSEP sites throughout Malaysia and so far more than 24,000 PWIDs registered as clients of those NSEPs as well as over 300,000 NSEP kits containing clean needles and syringes that have been distributed (Faisal 2013; New Straits Times, 22 Feb. 2010). The NSEP is a community-based health care service that provides for people who inject drugs in Malaysia. Although the NSEP program has been introduced since the early 1980s its services and activities vary from nation to nation and from site to site (Kumar, 2012). Overall, the NSEP in Malaysia provides a) exchanging used needles and syringes for disinfected ones, b) safe disposal of used injection material, c) outreach to and educating PWIDs on issues related to HIV and AIDS, d) information and referral, and f) condom use and safer sex information (Sarnon, Baba & Hatta, 2007). All NSEP sites in Malaysia are managed by partner organizations (POs) under the supervision of MAC. For the purpose of this study, three sites were identified: AARG Penang (PG), AARG Perak (PK) and Sungai Petani sites under the Cahaya Harapan, Kedah (KD).

All three sites basically have provided the same types of services as stipulated by the NSEP Malaysia. However, the AARG Penang used to have a DIC when it first started but it was closed down after a few reported incidences. At first, the program was not well received by the community when first introduced in Penang in 2006. Although the DIC Penang has proven itself and provided highly acclaimed services to the PWIDs it was unfortunately closed down (Mohamed, 2006). Other issues that

DICs require extra budgets from the MOHs to operate, and given the circumstances were not feasible at the time. AARG lost many of its clients when their DIC closed down causing them to disappear throughout the community.

The other two sites (Ipoh and Kedah) do not have a DIC. They both rely on the outreach work as discussed above. Based on initial findings these NSEPs were first introduced they had no problems in providing the complete services that the MOH had identified. Unfortunately, when there was a salary budget cut of the outreach workers and other services, the quality of the NSEP went down. Almost all of outreach workers identified with this problem. Many were told that the budget cut was due to the decreasing numbers of the PWIDs in these sites and, therefore, they also had to cut down the number of outreach workers.

Budget cuts had affected the number of outreach workers hired in these sites. In one particular site almost 70% of outreach workers were retrenched and a strong impact on the quality of services to the NSEPs. With very few outreach workers they were no longer able to provide frequent visits to the ports. This had also affected the number of returned used needles from the sites. All sites used to provide precision needles that were requested by their clients and with the budget cuts some had to grind or modify their own needles for their injecting needs. Another issue raised was condoms would only be given on request and not spontaneously as in the past. The NSEP used to receive a free supply of condoms, however, with the current practice the outreach workers are no longer able to provide this service. Although they can still provide information on safer sex but clients have to request or purchase condoms if they wanted to actually practice safer sex.

Factors Influencing Quality of Services

The NSEP will have a strong impact for its quality of services if all stakeholders continue to provide support for the program. As it has been voiced out by some of the outreach workers, factors influencing the quality of services include: a) Supervision and management of the OW, b) a lack of commodities, c) a lack of OW training, d) policy limiting or allowing the OW involvement in the services, e) referrals, procedures and, f) location of services.

Supervision and management play an important role in managing the NSEP (UNODC, 2012). All three sites each have their own managers to provide supervision and organize day-to-day events for the NSEP. However, some outreach workers have experienced little supervision due to their supervisors having too many other things to tend to. For sites with less outreach workers available they were deemed quite established so this was not a big problem. In these sites many workers do not require close supervision simply because many were already quite familiar with their tasks and duties. Nonetheless, briefing and debriefing still remained important tasks for all sites done twice daily. Once before the outreach workers leave and once when they return from their sites visits. Many sensed this as an important process not only to share some of the problems faces by others also used to build a rapport and a relationship among the outreach workers (UNODC,2012; NASCOP, 2013; Ibrahim, F., 2007).

A lack of commodities have certainly influenced the quality of services. Some outreach workers have argued that they used to be able to conduct a VCT and even trained by health officers from the MOH. They felt this type of service appeared to be very popular and was perceived as a very user friendly service. Many of them knew they could no longer provide this valuable service to clients. It's been said that their clients preferred to see the outreach workers as opposed to health officers in government hospitals or clinics (Sarnon, Baba & Hatta, 2007).

With a lack of outreach work training then allowing outreach workers to venture out into new services only improved the quality of the NSEP as mentioned earlier. At the beginning there seemed to be plenty of training for outreach workers but since the cut backs in the budget there seemed to be less and less training by the respective organizations such as MAC, MOH and even the police. Some sites have on-going training and workshops, therefore, it would not be a problem to invite the outreach workers to join in. However, others have to rely very much on the MAC or MOH to provide such training. Training is important especially for the new outreach workers (MAC & MAF, 2011).

Service on information and referrals (I&R) may also influence the quality of service. Outreach workers have engaged in referring clients to the MOH for MMT or to other government agencies for related services. However, clients are turned off when they had to wait, especially, for entry into the MMT program. Some MMTs, hospitals and clinics are not user friendly because many potential clients for MMTs live far away from these hospitals and clinics that offer MMTs. MMTs have often lost their clients because they are unable to comply to certain social and personal circumstances (Mattick, Breen, Kimber & Davoli, 2009; Jones, Kaltenbach, Heil, Stine, Coyle, Arria & Fischer, 2010).

An important issue often raised is that the police continue to interfere with the work of outreach workers. Clients of the NSEP have often complained that they sometimes are arrested by the police for carrying needles, condoms or for being at their ports. Often, the outreach workers are accused of being spies for the police. Whenever this incident takes place it is often difficult to build a relationship that they had built with the PWID. The job of outreach became slower-moving and was very time consuming to find a new port. In the meantime, they lost clients due to arrests, mistrust and moving away from the NSEP coverage area (Singh, 2012).

Finally, other stakeholders, communities, and families of the PWIDs have influenced the quality of services of the NSEP by demonstrating concern over the work of the outreach workers. Many are still ignorant and not very supportive of the NSEP. Outreach workers are often looked down upon and still perceived as people who promote drug use for their family members and the community (Bluthenthal, Anderson, Flynn, & Kral, 2007)

Training Received by Outreach Workers

Outreach workers who were hired when the program was first introduced have received much training in the past. The first batch of outreach workers were trained on HIV, AIDS, NSEP, treatment and care, harm reduction, the SOP, NSEP, MMT, monitoring and evaluation of the NSEP, VCT, vein management, narcotics and counseling. Some have attended international workshops on NSEPs in Nepal,

Poland, Bangkok, and Bali. However, due to budget constraints many were not able to receive these types of training.

Definition of Quality

Overall, outreach workers are a very dedicated group of people serving the NSEPs. They are genuinely concerned, caring, empathetic, non-judgmental and hardworking individuals. Based on the interviews of many outreach workers their quality was defined differently. They were able to express the definition of quality in different terms but all towards improving the quality of the outreach work. Many felt that continuous support from the stakeholders played an important role towards the quality of outreach work. They believed that their work would be meaningless without the support of the MOH, MAC, police, AADK, community and all relevant government and non-government organizations. They were frustrated when their jobs were appreciated by people who should be supporting the program (Downing, Riess, Vernon, Mulia, Hollinquest, McKnight & Edlin, 2005).

Other outreach workers understood that the quality of service should be improved by having an easy access to the services and the services need to be more user-friendly. Many thought that everyone must listen to the PWID if we are serious about reducing the HIV infections in the country. Perhaps the NSEP and MMT should be more mobile rather than having the service stationed in one particular area with no public transportation and far from their own community (Zamani, Kihara, Gouya, Vazirian, Ono-Kihara, Razzaghi, & Ichikawa, 2005). Furthermore, they felt that we should try to minimize the long waiting list. Daily visits to the hospitals and clinics for the MMT can create problems of compliance since many of them are financially dependent and had to rely on others for transportation. For those working this is also an issue for compliance. In terms of the NSEP, many believed that the quality of services could be improved if there is less interference from the police on sites mainly in regards to providing clean needles and collecting used needles (Singh, 2012)

Stigma and discrimination remains a major obstacle in preventing HIV and AIDS work in Malaysia. Stigma and discrimination is largely due to ignorance from all

segments of society. Many think that the Malaysian government should be more proactive in providing more accurate information on the NSEP to the public especially when the program has proven to reduce the number of HIV infections among PWIDs in Malaysia and elsewhere (Salina, Hoesni, Subhi, Mohamad, Fauziah, Lukman & Alavi, 2011; Narayanan, Vicknasingam, & Robson, 2011). Stigma and discrimination should be tackled at the individual, family, group and at the community levels so that no one can escape from the process (Salina, et., 2011; Hamid, Hui, Omar, Sulaiman, Mohd, & Zan, 2012).

Competency in providing the NSEP is also one area that outreach workers have defined the quality of service. They agreed that they should sufficient knowledge on the NSEP and all related information connecting HIV and AIDS. Knowledge is a tool used for trying to persuade the PWID to change their life style. The outreach workers must be persuasive enough so that the PWID can use and share the right information with the rest of their friends. Having the knowledge alone is not good enough if the outreach workers lack the communication skills needed when dealing with PWID. They should know when and how to use their communication skills when dealing with resistance and the mistrust of clients. As mentioned earlier, building a good rapport at the beginning of the process of intervention is very significant. Along with having specific skills the outreach workers also felt that they must have the right values so that they do not appear to be judgmental when they have already been stigmatized and discriminated against (Sarnon, Baba, Mohamad, Azreena, Lukman, Subhi & Saadah, 2011; Baba, 1995).

In-service training as part of a continuing education program has also been defined as an important element for improving the quality of service (Bennett, 1999). The first batch of outreach workers used to receive training has stopped due to financial constraints. Since the outreach workers frequently come and go there is a need to provide training to the new workers. Some sites used to have one person in-charge of training but with fewer number of outreach workers training seems to be neglected.

Challenges in Providing Services to PWID

The biggest challenge for outreach workers is that they don't know whether the NSEP will be discontinued. Many of them have observed their colleagues that have retrenched and those still in the program counting the days before they would be asked to leave. The rationale of cutting the number of outreach workers seems peculiar when they themselves are seeing more and more young people using drugs (Sarnon, et, 2011). In time, this young generation will start injecting drugs as well if they are left without early intervention. Many outreach workers suspected that it is unwise to think that the number of PWIDs has reached a level of saturation where they will not be going back to drug use. They also felt that it is unwise to retrench these outreach workers just because the number of PWIDs injecting drugs have currently been reduced. Looking at the present structure, the growing number of arrests still exists and perhaps some of these PWIDs are probably serving a sentence or are forced into drug rehabilitation centers (Ismail, 2010; Mohamed, 2006). Some PWIDs have switched to the MMT but their numbers are difficult to predict since there is no direct link between the NSEP and MMT.

Developing a good relationship with the police is another challenge faced by the outreach workers. Outreach workers are fully aware that the police department needs to fulfill their KPI by demonstrating how many arrests they can make in a month or a year. This is somewhat entangled with the spirit of reducing the number of HIV infections that has been stipulated in the SOP. The top level police officers seem to know and are well versed with the NSEP and do appreciate the work of the NSEP workers. However, the front line members of the police do not seem to have a good understanding of the program (Sarnon, et., 2011; Singh, 2012). This is where the conflict lies. Perhaps there should be more dialogue with the police and the NSEP. In the past, some sites have tried to conduct workshops with the members of the police but these type of workshops are not part of the MOH budget, therefore, each site would have to finance their own training program or workshop.

Stigma and discrimination from some segments of the community has already been discussed and yet remains a challenge for outreach workers. There is a need to

develop a close relationship with the community and win their sanction for this type of work (Salina & et. al, 2011; Narayanan & et. al, 2011). Sanction from the community is important in order for the outreach workers to go into the community without looking suspicious or looked down upon. Formal and informal leaders need to play an active role in order to promote the NSEP. The outreach workers can also provide outreach work in the community once they have been given a green light to carry out such activities.

Motivation for Better Services to NSEP

Motivation for better services relies very much on job security, commodities and a stable relationship among co-workers and managers at the work place. Many are happy with the work they do but some live in fear not knowing when they will be retrenched. For the ex-PWIDs, the job appears to be the best thing that ever happened to them especially when they had to struggle looking for a job before the establishment of the NSEP. This is the biggest motivation for them to continue on working as outreach workers. Whereas, for the graduates, this is an opportunity for them to exercise their knowledge, skills and values they have learnt in social work. Being appreciated by other stakeholders is also one source of motivation for better services to the NSEP (Sarnon, et., 2011; Salina, et., 2011)

Implications for NSEP Program, Policy and Future Research

Globally, as mentioned earlier the NSEP has been the focal point for the success rate in reducing the number of HIV infections (Stancliff, Agins, Rich & Burris 2003; North American Syringe Exchange Network 2000; Centers for Disease Control and Prevention (CDC) [15 July 2005]; Tilson, et al. 2007; McDonald, 2009). The notion that the NSEP only encourages PWIDs to further inject drugs has been proven untrue. Much research has demonstrated that the NSEP has heightened the social well-being of the PWID instead. Even in Malaysia the number of HIV infections among PWIDs has shown a consistent drop ever since the NSEP was introduced in 2006. The Health Minister of Malaysia, Datuk Seri Dr S.Subramaniam stated that the new infection among PWIDs has decreased from 53 per cent in 2006 to only 22 percent in

2013. Therefore, he is quite confident that the Millennium Development Goal (MDG) of targeting 11 new infections for every 100,000 of the population by 2015 could be achieved (Daily Express [KK], 25 May 2014). Prevention and control of HIV among PWIDs through decreased drug injection use, reduction of sharing injecting equipment, and promoting safer sex has had a proven strategy to minimize the HIV transmission in the general population.

This research has some implications to the NSEP program in Malaysia. In order to enhance outreach services to PWIDs and continue to be effective, Malaysia needs to sustain the NSEP. Closing down certain sites and reducing number of outreach workers will only reinforce more social problems among the PWIDs. Even though the number of HIV infections among PWIDs has reduced in this country it does not mean the number of people who use drugs or have had relapses have dropped. The number of new cases of people taking drugs and people going back to drugs remains the same or in some years is even higher.

http://www.statistics.gov.my/portal/download_Labour/files/BPTMS/PST-Siri12.pdf.

It is predicted that these young people will also be involved in injecting drugs or engaging in unsafe sex due to drug taking. Therefore, reducing number of outreach workers will not help the nation to curb the problem of drug taking and the spread of HIV and AIDS. What the nation needs is to provide a capacity building and better knowledge and skills on how to work with a young population with the potential to abuse drugs and engage in unprotected sex. After all, prevention is better than a cure and this would save the nation's budget for medical treatment in years to come.

NSEP can also be further improved by building better cooperation among the stakeholders especially with MOH and AADK. Harm reduction in Malaysia is divided between the NSEP and MMT. Based on the findings, a harm reduction program would be more effective if it can be placed under one program or roof especially judging from the rapport that has been built between outreach workers and PWIDs. At present, the system has no strong link in uniting the two services together. Once NSEP clients are referred to MMT the outreach workers have no more connections with them. The connection will only become visible again when they are back in the ports for drug injecting activity.

Better communication between the MOH and police need to be strengthened if we want to see more PWIDs participate in this program. The NSEP program can also be improved if the police and MOH can iron out their differences for the sake of the harm reduction program namely the NSEP. Certain laws with regards to possession of condoms and needles can be compromised. It defeats the purpose if PWIDs would not be allowed to carry these paraphernalia to dispose of used needles. Furthermore, dismantling ports of the PWIDs also does not help the NSEP program. When such things happen it takes time for outreach workers to rebuild their rapport again with the PWIDs. In the meantime, the outreach workers are left without clients.

With regards to improving services to PWIDs, the DIC and VCT should be allowed back in part and as partial NSEP services. As mentioned earlier, the DIC encourages more PWIDs to come forward for help. They do not only come for themselves but also bring other family members for VCT, Hepatitis, STIs and other related issues to HIV and AIDS. Therefore, the DIC can also be used as a focal point for information and referral service. With proper set up and supervision, the DIC can also be a place for PWIDs to inject drugs safely. Outreach workers often observe that PWIDs do not know how to manage their veins and this has endangered their lives. They should be helped on how to inject properly and have a clean and conducive environment for such activities. This would also prevent them from harming themselves in other ways. The VCT should be easily available for everyone and should be user friendly. If we are serious about encouraging people to come forward and know their status we must train as many people as possible for HIV-anti body testing. People who are at risk for HIV are more likely to see people that they are familiar with rather than going to a place that they are going to be judged and labeled. The outreach workers who are trained to provide VCT can perform this duty at the DIC or when they visiting their clients on site.

In terms of recruitment of staff for the NSEP, the combination of graduates in social work and ex-PWIDs somehow appear to be quite practical. This practice should be continued in order to bring the two diverse cohorts together. This combination seems to complement each other as well. One group that has the knowledge, skills and right values to work for PWIDs can enhance professionalism and work ethics. Whereas,

the other group who has had no formal education but has had many experience with drug taking can assist the other on how to better understand the life of PWIDs. This cohort can also teach their counterpart in terms of “do’s” and “don’ts” when work with PWIDs. The graduates, on the other hand, can help and prevent their former PWID colleagues on how to refrain from drug taking through active listening and emotional support.

This research used qualitative data and one of its limitations is that the findings cannot be generalized. Findings from this particular data enable us to understand the in depth problems that exist in the three sites of the NSEP mainly in Perak (ARG), Penang (AARG) and Kedah (Cahaya Harapan). These findings are genuine in terms of how the informants felt about the current situations of the NSEP among the three sites. However, internal generalization can be made in order to understand the problems that each site faced in trying to improve quality of the NSEP. What we need to do is to conduct quantitative research that can handle bigger sample areas of study where we are more able to make generalizations. After having discussed with several outreach workers from other sites that are not included in the study, the findings of this research somehow reflect what is happening in other NSEPs in Malaysia as well. Findings of this research have also reflected in other studies (Crofts, Reid & Deany; 1998; Wodak & Cooney, 2006).

Recommendations

In 2006, Malaysia, with the support of the government has taken a very bold and brave step in introducing a harm reduction program in order to reduce the number of HIV infections among people who inject drugs. Ever since, the number of HIV infections among PWID has dropped tremendously and the government has since saved millions of dollars from this group (Naning, Kamarulzaman, Dahlui, Wan, Wilson & Osornprasop, 2014). This has proven that the NSEP which is part of the harm reduction along with its methadone program has been quite successful in reducing HIV infections in this country. Nonetheless, Malaysia should not be so content at this stage with this achievement particularly in trying to reduce and cut services and activities pertaining to NSEP. Malaysia must continue its efforts to

sustain the reduction of the number of HIV infections among PWID. This is because the number of young people who are involved in taking drugs is still at an alarming stage and before long they will eventually move onto something that can put themselves at risk for HIV infections.

Based on our findings, the researchers would like to propose strong recommendations to the government so that NSEP continues to have an impact on the effort of HIV prevention in Malaysia. The recommendations are as follows:

- a) Strengthening monitoring and evaluation
- b) Fair remuneration for the outreach workers
- c) Sensitizing police regarding NSEP
- d) Continuous in-service training education for the outreach workers
- e) Create One-Stop Centers for Harm Reduction
- f) Full support for DIC and Mobile Services
- g) Strengthening the advocacy work with relevant stakeholders.

Strengthening Monitoring and Evaluation (M&E)

M&E should be done regularly in order to maintain the quality of service that is provided by the NSEP to its clients. Perhaps both MAC and MOH should jointly undertake this responsibility since both parties have been mandated to ensure that the harm reduction program is running smoothly. By sharing a joint responsibility, both parties will be better informed on the limitations and strengths of the NSEP in this country. MOH needs to observe what is happening in the field with regards to NSEP rather than relying on reports that are prepared for them. Recommendations to improve the NSEP quality of service can be taken more seriously and effectively.

Fair Remuneration for Outreach Workers

Remuneration appears to be an issue based on the findings. Once the remuneration for the outreach workers has been decided MOH or MAC should not try to downgrade their salary simply because of a budget cut or other factors. Remuneration should be upgraded instead. It should base itself on the yearly rate of inflation and standard of

living. Salary or staff cuts are demoralizing and would certainly affect the psychosocial status of the outreach workers which eventually would affect the quality of the NSEP.

Sensitizing Police Regarding NSEP

Overall, the police department still faces issues with regards to the NSEP. An effort was made in the past to empower and sensitize the front line police officers on the NSEP through workshops but this is not enough. In fact, outreach workers have also met with the local district police regularly in educating them about the NSEP but proved ineffective. MOH and MAC need to work directly with the head of police in each state and persuade each head to call for regular workshops for their staff to learn more about the NSEP. MOH must allocate a proper budget for these workshops rather than leaving it to each PO, MAC and the police department to bear the costs.

Continuous In-Service Training Education for Outreach Workers

The current employment status of the outreach workers in Malaysia is rather unstable. Many accept their employment as a temporary measure before they could have a better secure job elsewhere. Others are waiting for when they will be retrenched due to financial cut backs or other factors. As a result, the turnover rate of staff in some places is quite rampant. With this factor in mind, there is a need to have continuous in-service training so that all workers are at par in terms of knowledge and skills along with their senior co-workers. Continuous in-service training is also essential particularly with the latest developments on the new theories and latest innovations of harm reduction programs.

Create One-Stop Centre for Harm Reduction

It appears that clients of the NSEP and MMT would benefit better from the services if a harm reduction program can be placed under one roof. As the findings have indicated, the outreach workers in the three sites have been actively involved in referring PWID to MMT. Once these PWIDs become clients of MMT their professional relationship with outreach workers end as well unless they return to injecting drugs. Many PWIDs are not in touch with their natural family members anymore and some

were abandoned completely by their own family members. Therefore, outreach workers have played the role of the “surrogate family” to these PWIDs. The outreach workers have often made sound recommendations through their psychosocial assessments in order to be in the MMT program. By placing harm reduction in a single home the government will save a lot of money and manpower. As it is, many MMT programs do not have proper counsellors to provide psychosocial support to their MMT clients. If harm reduction is to be in one place the outreach workers can continue to provide whatever services are needed for PWID. By sharing professionals in one place the harm reduction program can provide other services such as a vein management as well as providing a safe place for PWID to inject drugs. Only through such services can the real meaning of “harm” be practiced and applied.

Reintroducing DIC and Mobile Service for NSEP

When the NSEP first began in Malaysia, DIC was part of the NSEP program. The introduction of DIC managed to bring many PWIDs for better quality of services. The NSEP workers were able to give Individuals group and family counselling. At the same time, PWIDs have a proper place or centre where they can relax and learn from each other. Given all the positive feedback, many outreach programs have felt that DIC should be reintroduced.

Some of the major findings also came from the PWIDs where many of them are not able to receive their NSEP services. Once they are referred to MMT they also have problems complying with the contract that have been set up between them and MMT. As a result, some of them defaulted on their treatment.

Strengthening Advocacy Work with Relevant Stakeholders

Advocacy work with relevant stakeholders needs to be strengthened in order to improve the quality of the NSEP. MAC and MOH need to continue working with the police, AADK, Welfare Department, and community and religious departments. At the same time, MAC also needs to advocate on behalf of the outreach workers, especially, with regards to their jobs and social well-being.

Conclusion

The estimated HIV prevalence in Malaysia is somewhat lower as compared to its neighbors such as Cambodia (2600), Thailand (1500) and Myanmar (1200). It has been estimated that Malaysia has 400 of HIV infections for every 100,000 people. This number of infections needs serious attention from the government if Malaysia really wants to reduce its infection number to 11 per 100,000 people as stated by the Minister of Health (2014). Malaysia is also struggling with substance abuse among its young population. Since the number of people taking drugs is difficult to identify due to many factors, Malaysia still needs to continue on its harm reduction program particularly on the NSEP that was introduced in 2006. By cutting down the NSEP services and number of outreach workers it will only make the problem grow. The PWIDs who have switched to MMT from the NSEP need to have continuous psychosocial support that they have once received. Malaysia needs to sustain its NSEP program so that the outreach workers can continue to provide the quality of work in reducing the number of HIV infections as well as sustain the cost-effectiveness of the program.

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