

The transition to harm reduction: Understanding the role of non-governmental organizations in Malaysia

Abstract

Background: The transition of drug policy from prohibition to harm reduction has never been easy. The deeply entrenched belief in prohibition shared by policy makers and religious leaders provided little room for alternatives, and change came only slowly. The non-governmental organizations (NGOs) in Malaysia played a pivotal role in effecting such a change. Understanding how they did so may be instructive for other similarly placed countries. **Methods:** Data collected via reviews of published secondary sources, media reports and in-depth interviews with pioneers of harm reduction drawn from NGOs, medical practitioners and the police were analyzed to construct the paper. **Results:** The policy change was the outcome of competition between three groups in the drug policy subsystem - the state, the Muslim religious lobby and the NGOs. Developments such as the poor outcomes from the prohibition programs and the outbreak of HIV/AIDS did not change policy but did lead to a rethink of core beliefs in the state alliance and spawned a state-NGO partnership. The subsequent failure to meet the Millennium Development Goal with respect to HIV/AIDS in 2005 - was seen as a failure of the Health Ministry which then led the final charge for a policy change arguing that a health crisis was imminent. The NGOs played a pivotal role in this process by educating their partners in the state coalition, by drawing academics and medical practitioners into advocacy and by engaging the religious lobby (albeit with

varying success). They were also frontline players in implementing harm reduction programs and successfully deflected criticisms from unconvinced Islamic groups away from the state. Conclusion: Given their central role in the needle-syringe exchange program, the NGOs are well positioned to convince injecting drug users to opt for voluntary medical treatment. This can potentially reduce both the harm from drug use and the prevalence of it. (C) 2011 Elsevier B.V. All rights reserved.

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