INTRODUCTION
Malaysia’s experience in combating HIV/AIDS among the injecting drug user (IDU) in the past indicate the need for more effective methods instead of traditional ways (Malaysian AIDS Council-MAC and Burnet Institute, 2004; Sarnon et al., 2011). In 2005, the government announced two programs of the Harm Reduction by two methods of the Needle Syringe Exchange Program (NSEP) and the Methadone Maintenance Therapy (MMT) (Malaysian AIDS Council and Burnet Institute, 2005). The first NSEP was implemented in 2006 by the AIDS Action Research Group (AARG) in Pulau Pinang, the Pink Triangle Foundation (PTF) in Kuala Lumpur and the welfare body known as the Intan Zon Kehidupan (INTAN LIFEZONE) in Johor Bahru. Presently, there are 240 NSEPs; 12 are on fixed sites orientation and 206 are outreach (United Nations General Assembly Special Session-UNGASS, 2010). Nowadays, the NSEP expanded to other eight states and 1.8 needles distributed to more than 12000 IDUs along with seven health centers (Kamarulzaman, 2009).

This paper concentrates only on the NSEP because of its uniqueness. The Ministry of Health in collaboration with the NGOs who provide services directly to the community administers NSEP. The NSEP is an effective program to reduce the HIV spreading among the IDUs (World Health Organization-WHO, 2004) and to enable both governments and non-governmental organizations to reach out

ABSTRACT
This study aims to identify the intrapersonal and interpersonal characteristics of the injecting drug users (IDUs) who were involved in the Needle Syringe Exchange Program (NSEP). A total of 13 respondents took part in an in-depth semi-structured interview. Results showed that there were five intrapersonal characteristics of IDUs; (i) negative self concept, (ii) unwillingness to abstain from injecting drug, (iii) fear of being arrested, (iv) depressed, and (v) self-efficacy in practice safe injecting. The four interpersonal characteristics of IDU were (i) the practice of sharing drug paraphernalia, (ii) stigmatized by others, (iii) too dependent on case workers, and (iv) estranged relationships with family members. In conclusion, it is vital for IDUs to seek help from professionals such as social workers and psychologists for their positive survival.

Keywords: Injecting drug user (IDU), Needle Syringe Exchange Program (NSEP), harm reduction, social work
drug users. Furthermore, this program has had a number of impacts in term of reducing the act of sharing injecting drug equipment and declining number of the IDUs using the “port doctors” to facilitate their drug use (e.g. supplying used needles) which initially, susceptible to HIV infection (Bernama, November 2007).

The Harm Reduction Program aims to reduce the risk associated with the use of psychoactive drugs by individuals who are unable or unwilling to stop using drug (International Harm Reduction Association-IHRA, 2010). Its goal is to focus on behavior changes among selected high-risk in order to reduce the transmission of HIV/AIDS (United Nations Office on Drugs and Crime-UNODC et al., 2004) including the IDUs. It is an effort to reduce harmful negative effects due to the drug injection behavior (MAC and Burnet Institute, 2005; De Simone, 2005). The related theories on association of behavior and network-based intervention are Theory of Reasoned Action and Theory of Planned Behavior (Ajzen and Fishbein, 1980) which describe behavior as a function of attitudes, peer norms and motivation. Whereas, the Health Belief Model (Strecher and Rosenstock, 1997) applied in individual-based interventions that contain the elements of perceived susceptibility, perceived severity, perceived barriers, perceived benefits, and self-efficacy.

Stigmatization can reduce the effectiveness of prevention and harm reduction interventions among IDUs. It affects how they are treated and prevent them from fully utilized the services offered. The IDUs also seem to enhance their own self-esteem and reinforce their own sense of ‘responsible members of society’ by being in their own group rather than with outsiders who attribute stigma behaviors on the IDUs (Simmonds and Coomber, 2009). It is common for heroin addicted individuals to distinguish themselves from the ‘out of control dope fiend’; distancing themselves in order to restrain from negative judgments of the society (Furst et al., 1999). This practice may also contribute to them mitigating against their own guilt regarding their own risky behaviors, which in so doing the goal of harm reduction may be further undermined (Simmonds and Coomber, 2009). For that matter, it is important to identify the disequilibrium between the IDU and their environment (Sarnon et al., 2007). The influence of biology, psychology, and emotional process as well as social development of the client is important to be looked at (Woods and Robinson, 1996). Meanwhile, the intervention based on the psychosocial approaches should contain four principles such as who is the client real self, client’s strength and limitation, the real needs of client and what can be done to help the clients to achieve their goals (Turner, 2002). Many researchers (e.g., Braine et al., 2004; Guydish et al., 2000; Des Jarlais et al., 2000) were interested to study the IDU high-risk behaviors. Most studies emphasized on demographic characteristics and risk behaviors such as education, age, ethnics, mode of using the drug, source of income and injecting, and sexual behaviors. Only few studies (e.g., Roberts and Crofts, 2000; Rousev and Barendregt, 2004) have looked at the characteristics of the IDUs who are involved in the NSEP, particularly in developed countries. Hence, this study aims to identify the intrapersonal and interpersonal characteristics of the IDUs in order to improve NSEP services particularly in Malaysia.

**METHODS**

This qualitative research is an exploratory and self-perception oriented. The method used was an in-depth interview with semi-structured questions. In this study, the respondents were thirteen hardcore drug users at One Stop Centre IKHLAS, Lorong Haji Taib Kuala Lumpur. Purposive sampling method was used to select respondents. They were among the injecting heroin users who were involved in the NSEP for more than ten months. Thematic analysis obtained the important themes about the intrapersonal and the interpersonal characteristics of the IDU.
RESULTS AND DISCUSSION

The results showed that there were five intrapersonal characteristic of the IDU who were involved in NSEP: i) negative self-concept, ii) unwillingness to abstain from injecting drug, (iii) fear of being arrested, (iv) depressed, and (v) self-efficacy in practice safe injecting (but not in using condom).

Most of the IDUs involved in the NSEP have inferiority complex and feel stressful as drug addicts. Almost all of them had negative impression towards themselves. They lacked confidence in themselves and sometimes they felt they do not deserve to be friends with others. This study found that there were some differences between the positive HIV respondents and their counterparts in how they viewed themselves where the former showed more negativity than the latter. Previous studies (e.g., Habil and Mohd, 2003; Rahim and Herman, 1996) showed that IDUs have low self-esteem and in most cases, they blamed themselves for being drug addicts (Wynn et al., 2009). They also felt that their problems were unsolvable and will remain as such (Connors, 1994). According to Gamella (1994), feelings of despair and inferior would lead drug addicts to keep consuming drug without any effort to improve their condition.

Most of the HIV positive respondents viewed themselves as having no chance to recover. Table 1 shows the themes of reflection of the IDUs towards themselves according to their HIV status in sequence to its level of seriousness based on respondents’ perspective. Half of them blamed themselves for being involved in drug addiction.

Another intrapersonal characteristic was the unwillingness to abstain themselves from injecting drug. Almost all of the respondents found it impossible to stop injecting themselves. Given the choice, they would rather be completely drug-free than stop injecting. Sham (the names presented in this paper are pseudonymous) explained: “rather than stopping using needles, I’d be better off by not taking drugs completely...I’m trying to change myself but for now I still can’t... I’ve been thinking to find a way out but until now I can’t find anything....” He was just not prepared to abstain from drug and found it very difficult to do so. Many respondents claimed that they wanted to quit consuming drug due to weariness of being labeled as “drug’s victim”, but it remains as a wishful thought. Previous studies have identified the fact that most of drug users would continue consuming drugs despite the awareness of its catastrophe effects (MAC and Burnet Institute, 2004). The respondents in this study confessed of their constant intention to quit drug especially when they were alone and tired of their lives. From their point of view, it is not worth to be drug addicts as they have no purpose in life. Their lives revolved around addiction and hence had to “work” hard to get money to fulfill their addiction. The activity of consuming drug had turned from being a pleasure to avoidance of withdrawal syndrome. Zack explained,
We play with this drug, can ask any drug addicts, there will be a day that we get fed-up, unable to play. The drug doesn’t feel like drug, then it’s so tough to find money, automatically I will be fed-up. When the time comes I’ll change and stop (from using drug). Injecting drugs caused bleeding all over the body. Just like that. Sometimes it came across my mind that I had enough. Not that I never thought about it. I want to stop but don’t know how, it just can’t stop...

For this reason, they continued injecting drug even though they realized the risks and effects. The respondents did try to abstain from drug but not drastically. They had the intention to be drug free but lack of courage to do so. A respondent name Lan stated that he often thought about his uncertain future of being a drug user.

I used to think of not sharing. But because of number one (firstly), this needle lasts for sometime. I can feel it when I want to play with the needle. Injecting here and there. Even though my friend told me that playing with needles are dangerous … somehow I don’t know what will happen to me in the future…”

In addition, ten respondents claimed that they were reluctant to carry many injecting equipments (especially the needles) due to fear of being arrested by the police. This is also supported by many studies such as by Cz et al. (2007), Hien et al. (2000), Klee and Faugier (1990), and Strathdee et al. (2005). Drug users preferred to embark in a risky behavior (sharing needles) due to fear of being arrested. For example in Zaman’s case, he was placed in rehabilitation centers seven times and found the experience as “useless” and just “a waste of time”. Zack stated,

That’s how I feel. That’s the reason I don’t want to carry this thing. Sometimes in the midst of ‘work’ I got arrested. Many of my friends were arrested while riding on their motorbikes. The police stopped us not only to do simple check-up, they will also check the body. When checking (searching) the body, if they found the needles even when there was no drugs... were arrested there and then ...

Therefore, they left the equipments somewhere else to prevent from being caught. Besides, they preferred to use injecting services at the ‘port’, which provided the drugs and a ‘doctor’ who helped them with injecting drugs. As Sham stated,

We all sometimes have to leave the thing ... we do not bring (any) ... worried to bring the needle, worried to bring it anywhere, when the police stopped us, and if they found the needle, we would get arrested ... we all decided not to bring needles. We all sometimes brought or bought the drug near the port where a doctor is already there.

This study also found that there were five respondents who can be categorized as depressed considering their negative verbal expression. Among them were HIV positive individuals and those estranged by their families. They felt hopeless and deserved to die. Zaman who was stressful due to his chronic disease and without family support stated that “I don’t care anymore. My organs can be taken away. I’m useless. I give-up. If there’s anyone who needs my kidneys or even my heart, they can take it. I don’t have anything anymore. I’m not being my own self recently, I assumed I’m not human anymore...” A few of the non HIVs also felt that they were useless, “I feel useless... I do not benefit anyone...I’d rather die.”
Some of the respondents ended up consuming more drugs to cope with their depression. They seemed to lack the knowledge in managing their stress and consuming drug as a short cut to discard problems occupying their mind. Din stated that, “Who wants to listen to our story? I don’t have any girlfriend... but if I take drug... I can forget... what can I do, except take the drug... I don’t bother anyone.” Brienza et al. (2000) found that the NSEP participants experienced more depression compared to the MMT participants. It can affect their mental health. The stressful responses slowly develop inside the drug users in the same way as those experienced by neglected, poor and abused persons (Connors, 1994). Moreover, drug users’ depression is the consequent of risk image attributed on them by other people. This process plays a very complex role to be solved (Gerrard et al., 2008).

The results of the present study also revealed most of the respondents showed positive self-efficacy in safe injecting behaviors. They had not shared needles since the time they were involved in the NSEP. To them, the NSEP had helped them to practice safe behaviors and to reduce their financial burden. However, they did not have good self-efficacy in using condom. Some of them revealed that they were ashamed to bring condom because of sarcastic response from their friends. Lan explained from his experience “Sometimes if I bring condom, my friends said... hey why do you bring condom? They make fun of me... why do you want to bring condom, do you have girls? So it makes me think, it’s true that there is no girl...”

Fig. 1 shows the self-efficacy in safe injecting behaviors and in using condom of each respondent. The results show that although respondents have positive self-efficacy in safe injecting behaviors, it is not so in using condom. They were reluctant to use condom because of feeling ashamed, lack of confidence and worried about their partner’s reaction. The findings are consistent with other studies such as by Emmanuel and Mehreen (2008) and Phillips and White (1993) which revealed that although the IDUs received condoms from the NSEP for free, more than 60% of the IDUs who were active sexually refused to use it. Consistent with the findings of the studies by Hien et al. (2000), the respondents in the present study only used condom when being forced by sex workers. Three of the respondents revealed that they found it hard to initiate discussion on condom usage with their partner and opted to avoid the subject totally. A respondent, Haikal revealed that “When talk about this ... it’s difficult, dont know how to say ... how to start ... cannot expect how her reactions.” However, they would conform to sex workers who coerced them to use condoms.
The findings showed that there are four interpersonal characteristics among IDU who were involved in the NSEP in Malaysia, (i) the practice of sharing drug paraphernalia including lending needles for the sake of group acceptance, (ii) stigmatized by others, (iii) too dependent on NGO case workers, and (iv) estranged relationships with family members.

Most of the respondents confessed that they were happy and have a sense of belongingness when they were in a group. They shared the paraphernalia equipment and lend the needles to be accepted by the group. The interaction and activities within the group made them feel loved especially when they received none from their own families. Lending needles was also viewed as a considerate action towards friends and a way to help their friends. It is indeed a sub-culture norm which represent trust and unity towards other drug users and sharing is a must to avoid unnecessary risks among group members (Klee and Faugier, 1990).

The respondents admitted that sharing paraphernalia was a ritual activity in a group. Haikal explained, “It’s fun...when gathered with a lot of friends... sometimes even many people played with their own needles, sometimes they couldn’t inject themselves so they asked for help... then everyone shared the needles... its normal... we share everything.”

Sometimes, some of the IDUs had drugs but without sterilized needles, while some had no drug but with sterilized needles, thus they exchanged among themselves. In a group, contributing practices known as ‘payung’ is normal. Respondents admitted that they would “help” each other because others would take revenge if one refused to share (both drug and equipment). Khai said “Sometimes there is a grudge, they said used needles also can (be used). So many ways, they want to borrow from other people as long as they get that thing... don’t be stupid, damn.”

Additionally, the respondents felt disappointed of being the target of stigmatization especially from members of the society who disapproved the government’s decision to provide free sterilized needles to them. As Carl mentioned; “We are disgraced by outsiders ... police, society... they look down on us, when the government gave us needles, they insult and are angry at us, they questioned why do they give needles to drug addicts, some are sent to rehabilitation centers but some are given needles. I told him, you have no idea actually ...”

Many Malaysians have negative impression towards the NSEP (Edward, 2009, May 17). Various hypotheses and assumptions made by some of the stakeholders and members of the society that the NSEP will encourage drug addiction, a waste of money and against religious ideology.

Subsequently, the stigmatization of the society led to IDUs’ isolation and discrimination from the community. Therefore, the IDU embraced the NGO like the NSEP, which provides social support and services to them. The results showed that the respondents rely on the NSEP staff, especially the management of drug injecting. The respondents looked forward to sterilized needles provided by the NSEP and taking safety precaution into account. However, when they were running out of supply (of sterilized needles), they did not buy them from any authorized retail outlets. Instead, they continued using the contaminated needles. They also admitted to keep sharing needles if the NSEP stops providing the sterilized needles.

Moreover, most of the respondents also rely on the NSEP staff when dealing with personal problems. They also preferred to get assistance from the NSEP staff if they acquire illnesses such as fever, cough, abdominal pain and wounds rather than seeking treatment from clinic or hospital. Sometimes they expressed their feelings by complaining of various problems such as financial problems. Usually, the individuals who depend on the NGO’s services are those who are outcast by their family members and communities (McIntyre-Mills, 2006). By receiving services from the NGOs, they feel safe, being cared for, have a sense of belongingness, respected apart from having non-judgmental friends who cared for their health and
well-being. However, the researchers believed that the relationship between the IDU and their family can still be improved.

The respondents involved in the NSEP are mostly those who do not have close relationships with family members and thus lacking some ‘pillar of strengths’. They confessed on being addicted to drugs, spent more time on taking drugs rather than communicating with their family and hence affecting their relationship with family members. However, they yearn to be accepted and want to be part of their family although some of them have totally lost contact with theirs. Many respondents seemed to be sad when discussing about this matter especially when mentioning about their mother. Sham had a close relationship with his mother who already passed away and Zaman also remembered and recalled the word ‘mother’ during withdrawal syndrome. In fact, the interview session was interrupted for a short while when they became moved by the topic and they were too choked to say anything. As Zaman said, “If I miss them, I passed by the house … my grandma’s house in the village ... I walked in front the house, look at the house from a distance ... heard my nieces and nephews’ voices, sometimes I really want to see them like crazy ... but if I’m still the same, I’m not going back…”

The act of consuming drugs is a separating factor between the drug users and their family. There were respondents who felt humiliated by their family members by calling nasty names such as a ‘beast’. However, a few respondents were lucky to be accepted by their family members. However, they had their own sense of isolation and inferiority that distant the relationship further. Carl mentioned, “They also know that I was involved with this thing but they did not bother. Its just me who wanted to be alone because I felt ashamed of myself, even my nephews are all grown up so I don’t want to be a bad example to them, so I decided to move out.” The perception of being useless and self-blamed made the IDUs felt that they were unable to perform family and community roles. When these attitudes embedded inside them, the IDUs found that it is not important to change for a better behavior. If this issue remains unresolved, the awareness to change amongst the NSEP participants will not last long. Besides, the pressure to get drugs and financial problems would increase their stress level.

From this study, it is vital for the NSEP to provide a referral service of the IDUs to mental health professionals. Many studies suggested that the NSEP would be better if mental health services and health education programs were offered to the IDUs (Braine et al., 2004). In Malaysia, mental health services are beneficial to mental health clients such as receiving emotional support through counseling services, gaining information and practical knowledge, experiencing sense of community as well as financial aids (Mohamad et al., 2011).

The functions of the NSEP also can be enhanced and improved from only providing sterilized needles to offering aids such as health services, financial assistants, “shooting gallery” and emotional support. The researchers believe that the NSEP with fixed-site operations could extent their function by implementing the Drug Consumption Room (DCR). The DCR or the supervised injecting room is a facility for IDUs who still depend on drugs or in the process to reduce the drug intake (Rhodes et al., 2006; Strang and Fortson, 2004). This would assist the IDUs who refuse to bring injecting equipments due to fear of being arrested by the police. It is also important to promote safe self-injecting behavior and avoid needles sharing.

Besides, the IDUs need help to develop positive perception, self-esteem and motivation in themselves. The NSEP has to handle and organize every case systematically to ensure the needs of the IDUs are fulfilled. Therefore, it is suggested that the roles of social workers and counselors in the NSEP are crucial for the NSEP to run effectively.

**CONCLUSION**

In conclusion, there are differences in characteristics between HIV and non-HIV respondents. The IDUs are also stigmatized by their family and society, resulting them to have
high dependency on NSEP workers especially to obtain sterilized needles and sharing their personal problems. It is vital for IDUs to seek help from professionals such as social workers and psychologists for their positive survival.

REFERENCES


