

Towards Decriminalization in Malaysia

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g Use, HIV and Drug Policy in Malaysia

The changing landscape of drug use in Malaysia:

- Dangerous Drugs Act 1952: Five years before independence
 - Harsh punishment including mandatory death penalty (until 2023)
- 1990s: Heroin Epidemic quickly followed by HIV
- 2005: National Harm Reduction Program bringing HIV down from 80% to 1%
- Since 2010 _ a move from Heroin to Amphetamine
 - Increase use and HIV rates among MSM and TG (chemsex) The communities face double criminalization
 - Fear of arrest/incarceration inhibits these communities from seeking services/treatment
 - Lack of harm reduction and treatment for ATS use/injecting
 - Increase in injecting will impact the gains made since 2005 in harm reduction
 - Drug Policy Reform will ensure sustainability of harm reduction (success)





Timeline Drug Policy Movement and Related Funding

UNODC







Oct 2018

Meeting with Minister of Health













Drug Policy Program Malaysia

- A Civil society movement to lead the advocacy for drug policy reform.
- Experts, researchers, academicians, community activists and people who use drugs
- The Strategy:
 - A secretariat with partners concerned about the impact of drugs
 - A leading alternative voice to the War on Drugs narrative by the law enforcement
 - A credible and courageous alternative to the current narratives considering the sensitivities, there
 is no alternative to DPPM
- The objectives:
 - Reform Dangerous Drugs Act 1952
 - Address other laws and acts
 - Support MOH in the implementation





DRUG POLICY PROGRAMME

Secretariat

- Palani Narayanan; Director
- Nadia Khadijah A&F
- Shereen Syed A&F
- Farid Ismail Law enforcement
- Megat Syamil Government Liason
- Safia Alia Research
- Arshad Begum Media

Advisory board

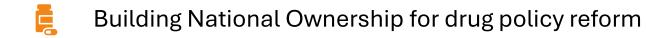
- Prof. Adeeba Kamarulzaman
- Prof. Vickna Balasingam (Centre for Drug Research, USM)
- Dr. Fadzli Isa (Pakar Psikiatri, HKL)
- Hafizi Harun (President, PENGASIH)
- Dr. Sangeeth Kaur (Doktor, Projek Harapan)
- Dr. Siva Thurairajasingam (Monash)
- Dr. Iqa Salleh(VP Insaf Murni, Pensyarah Perubatan Awam UM)
- Samantha Chong (Legal Expert)











- Legal review and changes
- Capacity Building
- Improve treatment options and services
- Support the development of Decrim structures Preparations of Pilot Sites
- Monitoring and evaluation

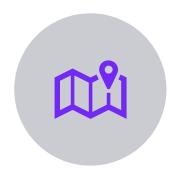




National Ownership







NATIONAL STRATEGY AND ROADMAP



DOMESTICALLY FUNDED PILOT



DOMESTIC INVESTMENT
IN TREATMENT
EXPANSION











AREA 1: National Task Force on Decrim

- Building ownership
- Set Up 19th June
- By MOH
- DPPM continuing to provide technical leadership

National Task Force Meeting









- National Workshop
 6,7,8th August
- Agreements:
 - Decrim should be done...
 - But in stages, careful consideration
 - Study the evidence

 visit to Portugal
 - Pilot Programs
 - Evaluations









Area 2: Revision of Laws

Dangerous Drugs Act 1952



Sections 6, 12, 15, 39C eliminated

Drug Dependent Act 1983



This was revised in July 2024 but without revision of DDA1952, will contradict

Registration of Criminal and Undesirable Person's Act 1969



Remove registration of PWUD and expunge previous records











- 1. Parliamentarians
- 2. NGOs and Community-based Organisations
- 3. Media
- 4. Religious Circle
- 5. Law Enforcement





pacity Building: Changing the Public Discourse from War on Drugs to Decriminalisation

Legislators

- 62 members of Parliament met individually
- Target of a 170 out of 222
 MPs
- Parliamentary strategies that worked:
 - Whats App campaign
 - Personal meetings
 - Help MPs raise questions

Media

- 10 Malay Media and
- 6 English Media trained
- A change in language and tone of reporting
- Social media
- Media advisory team

Community leaders

- Resolution from Community Led Organisations
- Resolution from 36
 Women's NGOs
- Religious Roundtables
- 36 community events in 24 months







AREA 4: IMPROVE TREATMENT ACCESS AND AVAILABILITY



Treatment Gap Analysis



Expanding Treatment Options with MOH/AADK



Funding for Community Based Treatment facilities





AREA 5: Building a Malaysian Model & structures

March: Public Health Roundtable

April: Building Pilot Models for Malaysia

May: Portugal Visit to study Models

• June: M&E Framework for the Pilots







AREA 6: Monitoring and Evaluations

Working with Monash University, Burnet Institute and UNSW

Dr.Paul Dietze and Dr.Alison Ritter – advisors

Budget from MOH





- Why a pilot?
- The western model vs the Malaysian Model
- A decision at the National Task Force that the change in drug policy must be carefully considered and in stages
- Understand implementation challenges before expansion to the whole country
- Learn from the mistakes of Thailand's Cannabis Regulation and Oregon's Decrim Experiment

criminalisation Pilot Sites



ting a Decriminalisation policy

- The plans for Malaysia: 3 States chosen based on: geography, services and stakeholder buy-in
- 2006-2007
- Steps and stages:
 - Pilot design development
 - Budget from MOH
 - State and Federal level agreements
 - Development of a civil/public health models in each state
 - National SOP
 - MoUs with Police/law enforcement

criminalisation Pilot Framework

What needs to be piloted?

- Decriminalisation of drug use only Vs Decriminalisation of drug use and personal possessions
- One district within a state Vs an entire state
- A new civil administrative system (Vs the current criminal justice system)
- The coordination between MOH & MOHA

Key Indicators

- Reduction in prison population
- Reduction in Crime
- Increase in treatment
- Reduction in Cost / Economic savings





Resources for the Pilot...it takes a village

Areas of Activity	Ministry of Health	OSF	SKPA2/OTHERS
Preparation of Pilot Sites – State-wide consensus building		Yes	SKPA2 UNODC on threshold study
Pilot Documents/SOP	National Strategy MoU between Agencies		SKPA 2: Police SOP
Specialized trainings at state level		Yes	UNODC
Developing and implementing new structures	Yes		
Research – Data collection, analysis and interpretation			Monash, UNSW and Burnet.
Implementation	Yes	Yes- Technical Advisor	



ysia



The success and impact of OSF-SKPA-MAF investment to date

Formation of the Drug Policy Program Malaysia – a successful civil society movement for drug policy reform. The increasing number of partners and collaborators demonstrates the increased capacity at local level for advocacy

The formation of NTF and the development of a roadmap for drug policy reform in Malaysia with Ministry of Health – demonstrates national level ownership

The changing media narrative and increased reporting on the need for change in the media reflects a seismic change in the national discourse

The preparations for a Pilot program within 2 years of DPPM formation









The challenges to drug policy reform in Malaysia

The continued resistance from Law Enforcement agencies to the decriminalization of personal possession

Concerns over increase in small scale sale and distribution

The lack of voluntary community based treatment facilities

• DPPM's treatment gap analysis shows only 12,500 in patient treatment places are available (for an estimated 120,000 needs)

The struggle between MOH and MOHA on ownership of drugs - drug prevention, drug treatment and drug policy

- There are two main laws owned by MOH and MOHA respectively
- It brings to question who should lead on what areas of drug policy
- This also impacts on government funding a sensitive area













- 1. Drug Policy reform is about rocking the gravy train: Too many people benefit from the status quo. The war on drugs is profitable for many agencies and therefore;
 - Even though decriminalization is logical and beneficial in so many ways; opposition continuous because it's about a well established machinery - police, lawyers, judges, prison, laboratories
 - Addressing drug policy change must address this loss of income
- 2. Drug Policy Reform is a change that the powerful don't want areas that cannot be discussed publicly includes corruption perpetuated by the current punitive measures;





Lessons

- 1. Seven decades of the 'war on drugs' have resulted in an obscene amount of investment in law enforcement and incarceration tools (including prisons) in the name of eradicating the 'number 1 enemy'
 - Is it a health issue? Or is it a national security issue?
 - The current structures are mighty and powerful; no local agency is willing to take on the fight against highly resourced agency.
 - A David and Goliath situation
- 2. Seven decades of the war on drugs has diminished the voice of people who use drugs;
 - The self stigma the community of people who use drugs feel that punishment is warranted if they 'fail' a treatment option
 - The community of PWUD feel they should accept law enforcement narrative that decrim should only be for use and not possession







Lesson for civil society

- 1. Start and people will follow: DPPM has proven that agencies and people will come together when there is a leading partner (willing to stick their neck out) they will come together as there is now safety in numbers
- 2. Build alliances with care:
 - Human Rights Organisations
 - Networks of People who use drugs
 - Women's NGOs
 - Religious bodies
- 3. Get more people to speak your talking points
- 4. Be prepared with evidence and data
- 5. Help the Ministry of Health to reclaim drugs/drug use as a health issue







Predicting the future (Insha'Allah!)



Implementation of Pilot Program in three states
Evaluation and dissemination of data



2028

Submission to Parliament
Implementation on Decriminalisation for use and personal posession

Development of revisions for DDA1952

Revision of Registrar of Criminals and Undesirable persons

Continuation of Pilots in 3 sites?



2027









nmary and Thank You

- The Open Society Foundation
- SKPA2/The Global Fund
- Health Equity Matters
- Malaysian AIDS Foundation
- Malaysian Ministry of Health
- The investment in drug policy reform is the first of its kind and the results are valuable for ensuring sustainability of harm reduction programming and financing
 - Sets a model for the region and Muslim majority countries
 - Clarifies what is an 'enabling environment'
 - Demonstrates what tangible 'human rights' activity looks like;
 - Stigma and discrimination reduction
 - Support for 'treatment not punishment'

