



Legacy Brief

DRUG POLICY REFORM EFFORTS IN MALAYSIA

Documenting Our Approach, Achievements
and Lessons Learned (2022-2025)

This document is part of a series of legacy briefs capturing key learnings, achievements and approaches from the SKPA-2 program. This brief focuses on advocacy to support drug policy reform in Malaysia.

The Sustainability of HIV Services for Key Populations in South-East Asia (SKPA-2) program is designed to improve the sustainability of HIV services for key populations in Bhutan, Malaysia, Mongolia, the Philippines, and Sri Lanka. The objectives of SKPA-2 are to:

1. Accelerate financial sustainability
2. Improve strategic information availability and use
3. Promote programmatic sustainability
4. Remove human rights- and gender-related barriers to services

BACKGROUND

For many years, Malaysia's drug control efforts have relied on a punitive model that makes little distinction between the types and circumstances of drug use and possession. This approach overloads the criminal justice system with low-level cases, taking time, attention and resources away from underlying issues such as drug trafficking and related organized crime.

As of 2024, 75,000 individuals were incarcerated in Malaysia, of whom 55,000 were imprisoned for drug-related offenses.



In the same year, the Government spent **RM1.15 billion (\$278 million)** on incarcerating drug-related offenders.



Among individuals who are imprisoned for drug-related offenses, **70% are arrested for drug use and minor possession.**

For such cases, decriminalization and harm reduction programs are more effective responses, which can enable early public health-based interventions before drug use escalates and reduce the costs associated with treatment or imprisonment.

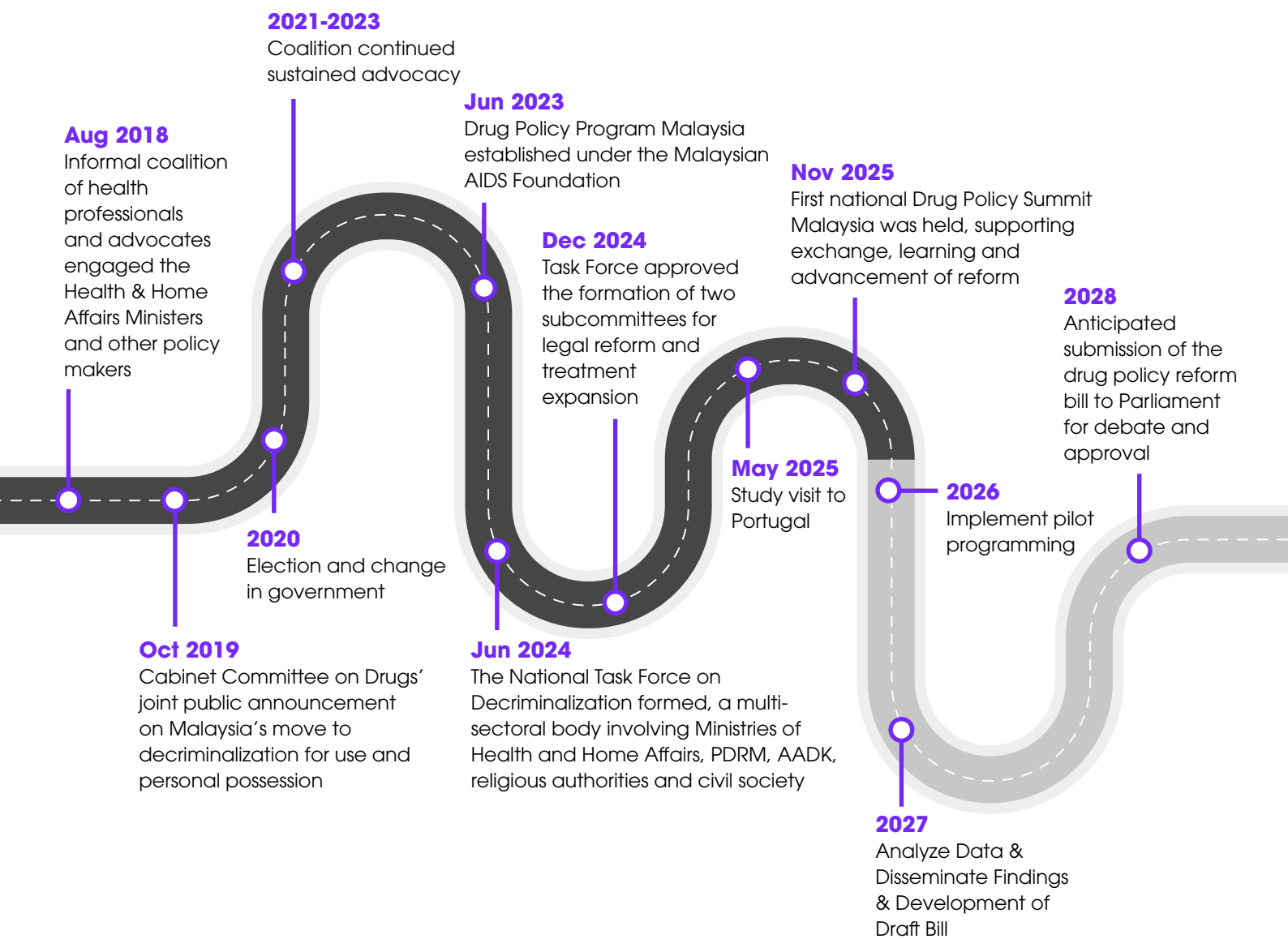
With the aim of creating alternative, non-criminal pathways for individuals found in possession of drugs for personal use, the country's decriminalization and drug policy reform¹ efforts have evolved from informal conversations to official actions developed by government agencies, civil society and technical partners working together. Although these efforts were briefly interrupted in 2020, by 2022 it was clear that the current policy was neither responsive nor effective against the growing drug problem in the country. In 2023, the Drug Policy Program Malaysia (DPPM) community-led secretariat was created, bringing together a focused advocacy strategy towards reform.

Health Equity Matters became involved in Malaysia's drug policy reform work since 2017 through its earlier initiatives, including the Sustainable HIV Financing in Transition (SHIFT) Program and SKPA-1 program, in which the Malaysian AIDS Council served as a key implementing partner. In 2023, the Malaysian AIDS Council requested additional targeted technical support as national momentum around decriminalization began to grow, supported by renewed interest from the Ministry of Health and continued advocacy from leading experts. Given the importance of drug policy to a sustainable HIV response for key populations and Health Equity Matters' established partnerships in the country, Malaysia was included in the SKPA-2 program through the Malaysia AIDS Foundation to strengthen the public health and economic case for drug policy reform.

The DPPM advocacy strategy is shaped by evidence, dialogue and the growing recognition that more effective outcomes are achieved through combined legal, health and community perspectives. The new model represents a shift towards a more coordinated, locally grounded approach to decriminalization and drug policy reform, which offers a practical, sustainable and responsive foundation for change in Malaysia.

¹ It is important to note that the proposed drug policy reform model is not equivalent to legalization. The efforts described here are relevant only to small-scale possession, personal consumption and other minor offenses. Malaysian drug laws still maintain strict criminal penalties for drug trafficking and supply.

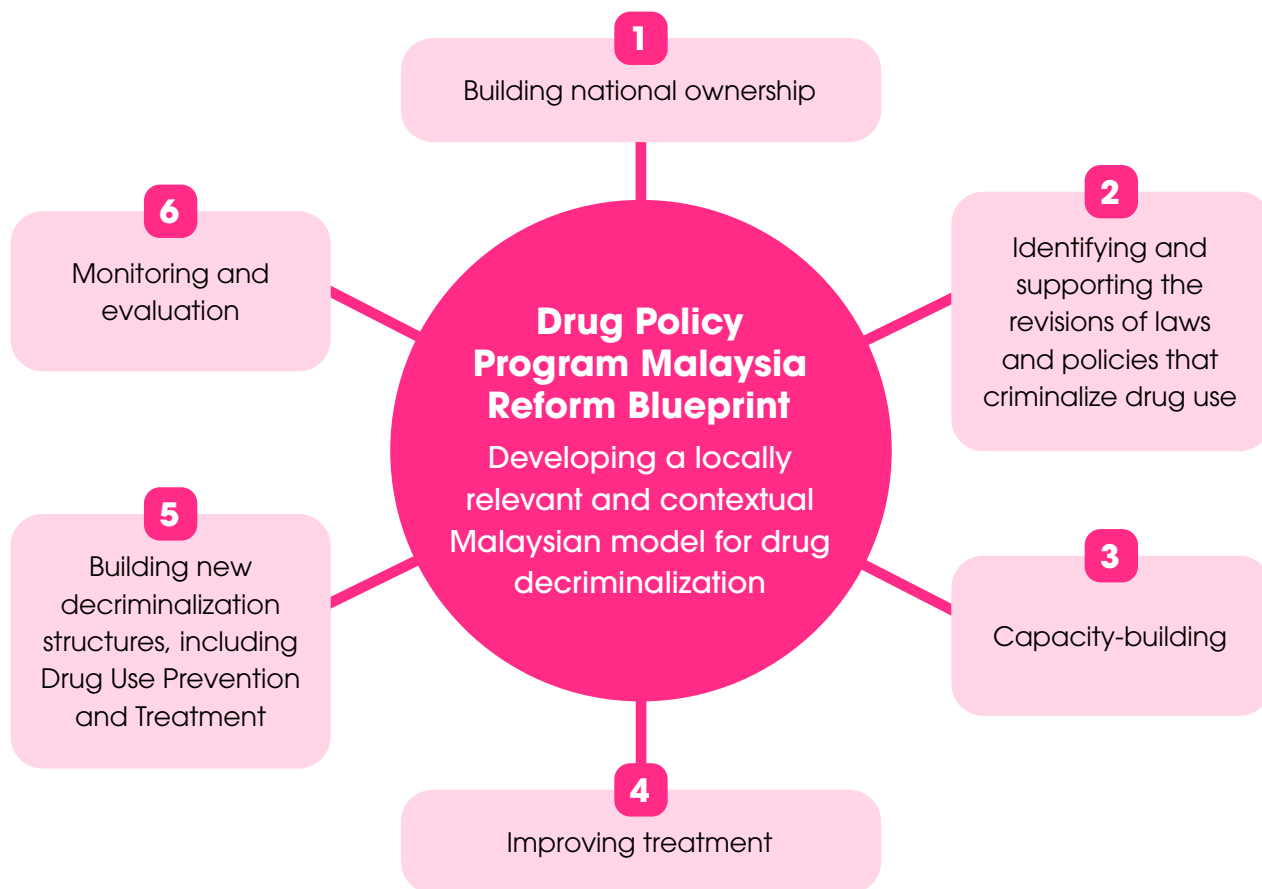
Malaysia's Drug Policy Reform Timeline



Achieved 50 national meetings, workshops and training sessions to support drug policy reform.



THE DRUG POLICY REFORM BLUEPRINT: SIX CRITICAL ELEMENTS



As the driving force behind Malaysia's push for drug policy reform, the DPPM developed a blueprint of six critical elements to create an environment for focused objectives and advocacy strategies. This blueprint was based on local needs and context and the desire for an inclusive response grounded in evidence, public health and human rights principles.

These six elements are crucial because effective drug policy reform depends on the following conditions being in place:

- Bipartisan national political ownership, which is critical for sustainability.
- Clarity on which laws and policies need to be revised and support for revisions.
- Clear understanding among all key stakeholders of drug policy based on a public health approach.
- Structural changes that support decriminalization including establishment of a treatment infrastructure that supports the shift from a criminal justice centered model to a public health-centered model.
- A structured monitoring and evaluation framework to ensure and support ongoing evolution and improvement in policy and legislation.



1 Building National Ownership

A year after the DPPM was established, the National Task Force on Decriminalization was formed. This is a multistakeholder body that includes representatives from the Ministries of Health and Home Affairs, the Royal Malaysian Police, the National Anti-Drugs Agency (AADK), Royal Malaysia Police (PDRM), religious authorities and civil society. The task force met with over 60 members of Parliament to build legislative support. It also engaged with the media and people who use drugs, and this engagement has been central to success.

Task force discussions in 2024 led to agreement to implement decriminalization in stages, starting with state-specific pilot programs. That same year, the task force accepted the DPPM's proposal to create two subcommittees: one to address legal specificities and the other to improve treatment options and shift people who use drugs away from the criminal justice system towards the public health system. The establishment of these two subcommittees allowed more experts to get involved, explore options and formally outline ways to achieve these two goals.

With SKPA-2 and Ministry of Health support, the DPPM led a study visit to Portugal in May 2025, during which task force members, community and expert groups, and high-ranking representatives from the Ministries of Health and Home Affairs, AADK, and the Royal Malaysian Police saw the Portuguese decriminalization model firsthand. Upon return to Malaysia, the chair of the treatment subcommittee proposed three models based on what they learned and adapted to the local context. The current recommendation is a hybrid of these three models.

The DPPM is also working closely with a legal team to review key legal provisions governing drug-related punishment. Other discussions are underway to finalize the operational steps for the state pilot programs.

2 Identifying and Supporting the Revisions of Laws and Policies that Criminalize Drug Use

The drug policy reform strategy focuses on modifying two key laws that criminalize drug use related to minor possession that currently account for most drug arrests and offenses. The first part of the strategy is the repeal of the punitive sections of the Dangerous Drugs Act, 1952 and the alignment of outdated legislation with the revised Drug Dependent Act, 1983. The second is to address the Registration of Criminals and Undesirable Persons Act, 1969, which creates a permanent criminal record and causes lifelong stigma for the offender.

During the November 2025 National Task Force meeting and Drug Policy Summit, there was growing consensus among public health experts to recognize drug use and dependence as a public health issue and not a criminal justice issue. However, reforming these laws will take time. Agreement must be reached not only within the Ministry of Health but also with the Ministry of Home Affairs, and then any proposed changes will need to gain cabinet approval. There is also a need to change public opinion and media reporting which reinforces the stigmatization of people who use drugs.



3 Capacity Building with Stakeholders

Successful reform requires the support and mobilization of ministries, communities and grassroots organizations that interact with people who use drugs, and the capacity of these stakeholders to engage in dialogue and advocacy. To this end, SKPA-2 has employed a strategic approach focused on diplomacy and capacity building to secure buy in and encourage stakeholders to play a leadership role. In addition, SKPA-2 helped to convene a series of strategic dialogues that played a catalytic role in shaping Malaysia's drug policy reform agenda.

Through these platforms for cross-sectoral involvement, SKPA-2 is creating opportunities to break down traditional silos and foster collaboration in new ways, and to transform discussions into coordinated action.



Parliamentarians and Senators

To reach elected officials, SKPA-2 held one-on-one meetings with over 100 parliamentarians and senators over a year and a half, building legislative support and advocating for drug law reform. Engagement is ongoing to connect with the other members of Parliament and the Senate and build additional support.



Religious Leaders

A conscious effort was made to work with Islamic organizations such as IKRAM, which has since become a key partner. We learned, through a roundtable discussion, that Islamic non-governmental organizations and religious leaders can play an important role in drug policy reform efforts and in enhancing community rehabilitation programs. Based on its understanding of the need to integrate Islamic values of compassion, support and dignity into treatment and rehabilitation initiatives, DPPM is planning to continue to mobilize religious leaders across Malaysia to promote a public health approach.



Law Enforcement Organizations

Given that law enforcement organizations are often seen as a barrier to reforms, we developed a politically neutral and inclusive approach to building relationships with and engaging law enforcement stakeholders. This included ongoing efforts to clarify and emphasize that the proposed interventions are about health care, not drug legalization and to involve key stakeholders, such as the Royal Malaysian Police and the AADK, in national events related to drug decriminalization. In addition, SKPA-2 provided support to bring law enforcement agencies from other countries, for example, from Portugal, and international organizations, such as the Global Law Enforcement Public Health Agency, to meet with Malaysian law enforcement agencies.



The Media

It was important to build a platform with the media around responsible reporting, because of its ability to manage public perception and clarify misinformation. Through workshops with major media outlets, progress was made on approaches to counter the public misconception that decriminalization is the same as legalization, as well as on how to shift reporting towards a health-based approach. Following success in securing support from English-language media, efforts in 2026 will focus on Malay-language media.



Non-Government and Community-Led Organizations

During the initial stages of the push for drug decriminalization, efforts faced resistance from the Malaysian Substance Abuse Council (MASAC), a network of 49 local NGOs focusing on people who use drugs, because of the belief that DPPM aimed to legalize drugs. Through the message of “nothing about us without us” and working in partnership with advisors from PENGASIH, an NGO focused on addiction treatment, rehabilitation and prevention, the program gained the trust of MASAC. The program helped to educate MASAC members on the healthcare goals of drug decriminalization and empowered them to participate in conversations about rights for people who use drugs.

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4 Improving Treatment

As Malaysia moves toward decriminalization and drug policy reform, the public health system will need to have adequate psychosocial and community-based services and treatment options in place to meet rising demand.

However, the health system is not yet able to meet this demand. A treatment gap analysis conducted in 2023 identified a severe lack of facilities and highlighted the need for different treatment types for different people. Ownership responsibilities are being re-evaluated, with some advising that the Ministry of Health be repositioned as the lead agency for addiction treatment services. Further health system strengthening, including through research, support and investment, is needed to ensure the future availability of responsive services and facilities.

5 Building New Decriminalization Structures, Including Drug Use Prevention and Treatment

Decriminalization requires structural changes in governance, legal mechanisms, treatment infrastructure and data management.

A key strategy proposed by the DPPM is the Drug Use Prevention and Treatment model, an assessment and referral framework designed to support the shift in management of individuals committing minor drug offenses from punitive responses to those focused on public health.

Designed in collaboration with the Ministry of Health and legal advisors, the model is inspired by the lessons learned from the Portugal study trip and other international evidence, adapted to the Malaysian context.

To test the model and build locally relevant evidence, a series of state-specific pilots is being developed. MASAC will support the development of treatment and community-based programs.

The pilots include the Sarawak Pilot Program, which currently has the highest political buy-in. It is based on the Sarawak Model, which is running the One Stop Committee on Tackling Drug and Substance Abuse framework in the state of Sarawak. Overseen by the Social Development Council under the Ministry of Women, Childhood and Community Wellbeing, this framework offers diagnosis, referrals and access to treatment services. It relies on cross-sector collaboration between government agencies, civil society, communities, the media and the private sector.

The pilots will also support the development of the Integrated Social Issue Case Management System, which is projected to become the unified national digital case management system.

6 Monitoring and Evaluation

In June 2025, the DPPM started to develop the monitoring and evaluation (M&E) framework for the Drug Use Prevention and Treatment model pilots with SKPA-2 support. The process started with a workshop with key stakeholders including a legal advisor, a doctor from the One Stop Committee and a leading expert in drug use epidemiology. The framework builds on earlier expert consultations, model design workshops and the Portugal study visit. Challenges for M&E identified include fragmented data systems, the lack of standardized mental health data, unclear treatment definitions and poor inter-agency coordination. These highlighted the need for cross-sectoral governance and coordination to overcome institutional silos and budget restrictions.

More specifically, the program has brought together a coalition of researchers to develop the M&E framework for the Sarawak pilot. We are also working in partnership with the drug policy monitoring program at the University of New South Wales and the Burnet Institute in Australia and with Monash University and Majlis Pembangunan Sosial Sarawak in Malaysia to strengthen monitoring and evaluation efforts.



KEY TAKEAWAYS

- **Advocacy for drug policy reform must be strategically focused and targeted.** Success depends on dialogue, engagement of all key stakeholders, and promotion of a response that is effective, efficient and sustainable. Successful advocacy needs to be based on relevant national and local data in addition to global evidence.
- **Legal reform must be matched with strong health and social systems.** Reforms that decriminalize minor drug offenses and aim to shift from a punitive to a healthcare model will not succeed without accessible treatment, community-based services and a public health system that can respond to increased demand.
- **Strong leadership is essential.** Advancing drug policy reform requires committed champions and leadership across sectors who can bring diverse stakeholders together, maintain momentum and build a shared vision for reform.
- **Success depends on ongoing engagement and trust building.** Making and sustaining progress with drug policy reform requires consistent and ongoing outreach to and engagement with stakeholders from government, civil society, communities, religious leaders, and the media.
- **Support from stakeholders and the public requires accurate information and clear messaging.** Clear messaging is essential to ensure that stakeholders, in particular law enforcement agencies, the media and the wider public, understand that decriminalization is a public health strategy and not drug legalization.
- **Effective cross-sector collaboration requires dedicated resources and deliberate efforts.** Specific funding and neutral platforms are essential for bringing together representatives from different sectors and agencies and to break down institutional silos.
- **Drug policy reform must be grounded in local realities and lessons from other countries need to be adapted.** Experience and models developed elsewhere need to be adapted to the country's political, social and cultural context



The Sustainability of HIV Services for Key Populations in Asia – 2 (SKPA-2) is a three-year project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria under Agreement No. QSA-H-AFAO for the period 1 July 2022 to 31 December 2025. SKPA-2 is implemented by Health Equity Matters as the Principal Recipient in collaboration with the Malaysian AIDS Council as the lead implementor in Malaysia. SKPA-2 is also implementing with the the following subrecipients; Action for Health Initiatives (ACHIEVE Inc.), APCOM Foundation, The Family Planning Association Sri Lanka (FPASL), International Community of Women Living with HIV Asia & Pacific (ICWAP), Save the Children Bhutan and Youth for Health Center Mongolia.

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