SUMMARY REPORT

AICHR TRAINING ON THE INTERSECTION OF DRUG POLICIES WITH HUMAN RIGHTS AND HEALTH IN SOUTHEAST ASIA

6 to 7 October 2025
Kuala Lumpur, Malaysia

Introduction

1. The Association of Southeast Asian Nations ('ASEAN') has maintained a longstanding commitment to addressing illicit drugs, beginning with the 1976 ASEAN Declaration of Principles to Combat the Abuse of Narcotics Drugs. This commitment evolved through successive declarations, culminating in the ambitious goal of a "drug-free ASEAN" — first targeted for 2020 at the 1997 Informal Summit, then accelerated to 2015 at the 33rd ASEAN Ministerial Meeting on Drug Matters ('AMMD') in July 2000.

2. The ASEAN Work Plan on Combating Illicit Drug Production, Trafficking, and Use (2009–2015) aimed to achieve significant reductions in illicit crop cultivation, drug manufacturing and trafficking, and drug use prevalence. However, the 2014 final assessment conducted by the United Nations Office on Drugs and Crime ('UNODC') found the drug situation was worsening, driven by the proliferation of methamphetamine and new psychoactive substances. The assessment called for a more holistic and multi-dimensional approach.

3. In response, ASEAN adopted the Work Plan on Securing Communities against Illicit Drugs (2016–2025), which broadened the scope of activities to include preventive education, treatment and rehabilitation, research, alternative development, and extra-regional cooperation alongside law enforcement. As this Work Plan concludes in 2025, a final review of its implementation and outcomes is being conducted for the AMMD, facilitated by the Philippines as Chair of the ASEAN Senior Officials Meeting on Drug Matters ('ASOD').

4. Despite substantial investments in drug law enforcement, the UNODC's 2024 World Drug Report indicates that the supply of drugs in the region continues to increase and diversify. The predominant punitive approach, heavily based on criminalisation and punishment, has carried significant human rights and health consequences, disproportionately affecting vulnerable and marginalised communities including women, young people, and people who use drugs from lower socio-economic backgrounds.

5. In recent years, several ASEAN Member States have begun acknowledging the limitations and harms of highly punitive policies, taking steps toward more proportionate responses and expanded access to health services:

(i) Thailand has scaled down penalties for drug offences to reduce prison overcrowding while transitioning toward voluntary treatment and rehabilitation programmes.
(ii) Viet Nam has expanded methadone maintenance therapy, a critical harm reduction intervention for people who inject opioids.
(iii) Malaysia has removed the mandatory application of the death penalty and is considering reforms to decriminalise drug use and possession for personal use in favour of a health-led approach.

6. Multilateral engagement on drug policy and human rights has also intensified. In April 2023, the Human Rights Council adopted a resolution on the human rights implications of drug policy, calling for compliance with international law, the promotion of harm reduction, and alternatives to punitive measures. The Office of the United Nations High Commissioner for Human Rights issued a report in August 2023 on human rights challenges in addressing the world drug situation, and the June 2024 report by the UN Special Rapporteur on the Right to Health called for a transformation in the global approach to drugs.

7. Dialogues on the intersection of human rights and drug policies are also gaining traction in Southeast Asia. In November 2023, the National Human Rights Commission of Thailand and the Southeast Asia National Human Rights Institutions Forum ('SEANF'), in collaboration with the UN Committee on Economic, Social and Cultural Rights, organised a Regional Consultation on the General Comment on Human Rights Impacts of Drug Policies in Bangkok.

8. Against this backdrop, the ASEAN Intergovernmental Commission on Human Rights ('AICHR'), led by Malaysia, convened the two-day regional training on the intersection of drug policies with human rights and health in Southeast Asia in Kuala Lumpur, Malaysia. It aimed to facilitate the exchange of knowledge, experiences, and good practices as well as to strengthen the capacity of ASEAN sectoral bodies, particularly law enforcement, medical, and rehabilitation agencies, to critically assess and enhance drug policies through a human rights-based lens. The training is also particularly significant as the ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016–2025 will conclude, and preparations are underway for its final review by the ASEAN Ministerial Meeting on Drug Matters ('AMMD').

9. The programme brought together over 50 participants and speakers representing a wide range of organisations, both in person and virtually. These included AICHR Representatives, Alternate Representatives, representatives of Timor-Leste, ASEAN Sectoral Bodies such as ASOD, the ASEAN Senior Officials Meeting on Transnational Crime ('SOMTC') and ASEAN Senior Officials' Meeting on Health Development ('SOMHD'), the ASEAN Secretariat, national human rights institutions (NHRIs), civil society organisations, representatives from relevant government agencies of AMS whose portfolios intersect with drug policies, public

health, human rights, and law enforcement, academia, as well as experts from the United Nations Committee on Economic, Social and Cultural Rights (CESCR) and UNODC. The training was jointly supported by ASEAN through its AICHR Fund, the Embassy of Switzerland to Indonesia, Timor-Leste and ASEAN, International Drug Policy Consortium ('IDPC'), Harm Reduction International ('HRI'), and the Collective of Applied Law and Legal Realism ('CALR'), and in collaboration with the Drug Policy Programme Malaysia ('DPPM') and *Persatuan Insaf Murni Malaysia*.

Welcome and Opening Session

10. In his welcoming remarks, **H.E. Edmund Bon Tai Soon**, AICHR Chair 2025 and the Representative of Malaysia to AICHR, welcomed participants and emphasised the timeliness of the training programme in addressing the intersection of drug policy, human rights, and public health in Southeast Asia. He reaffirmed ASEAN's longstanding commitment to combating drug abuse and trafficking since 1976, while noting that existing approaches, largely centred on criminalisation, prohibition, and punishment, have not achieved their intended outcomes. Instead, he observed that the illegal drug market has continued to expand and diversify, particularly with the rise of methamphetamines and new psychoactive substances, while punitive approaches have also created barriers to essential health services, especially for vulnerable and marginalised communities.

11. He highlighted that global developments, including the 2019 UN Common Position on Drugs, have acknowledged the limitations of punitive drug policies and called for alternatives grounded in human rights and public health, including decriminalisation for personal use. Emphasising that the long-standing "war on drugs" paradigm has failed to deliver safety, he urged a shift away from binary and stigmatising narratives towards more inclusive, evidence-based approaches that recognise the complexity of drug use and dependency.

12. At the regional level, he noted that the ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016–2025 already reflects a broader, more balanced framework encompassing prevention, enforcement, treatment, rehabilitation, research, and cooperation. As the Work Plan approaches its conclusion, he stressed that the training provides a timely platform to engage regional bodies, including ASOD and SOMTC, in advancing human rights-centred and evidence-based approaches for future policy development.

13. He further emphasised the need to reframe drug use and dependence as public health issues, grounded in the right to health and aligned with broader socio-economic considerations such as poverty, discrimination, and access to education. He highlighted encouraging reforms within ASEAN Member States, including efforts by Thailand, Viet Nam, and Malaysia to adopt more proportionate responses and expand access to health and social services. In particular, he noted Malaysia's steps in implementing harm reduction initiatives and abolishing the mandatory death penalty for drug offences as indicative of a broader regional shift.

14. H.E. Edmund Bon stressed that effective drug policies must "do no harm" and should prioritise community-centred, evidence-based, and stigma-free approaches, while maintaining the necessary role of law enforcement in addressing organised crime. He called for non-discriminatory frameworks that uphold human dignity, distinguish between drug use and dependence, and ensure proportionate sentencing, with success measured by improved health and social outcomes rather than enforcement metrics alone.

15. He also highlighted the importance of partnerships with civil society, particularly organisations led by people who use drugs, noting that lived experiences are critical to informed policymaking. The inclusion of a site visit to Klinik Kesihatan Kuala Lumpur was cited as an example of community-based care and multi-stakeholder collaboration in practice.

16. In concluding, he expressed appreciation to ASEAN Member States, partners, and supporting organisations, and noted the significance of the training as the first formal engagement between AICHR, ASOD and SOMTC on drug policy from a human rights perspective. He encouraged participants to use the platform to openly exchange views and contribute towards developing a pragmatic ASEAN roadmap that prioritises health, reduces harm, and upholds human rights while effectively addressing drug-related challenges in the region. His remarks appear as **Annex A**.

17. In her remarks, **Gloria Lai**, the Regional Director (Asia) of IDPC, expressed appreciation for the opening address and introduced both herself and the work of her organisation. She explained that IDPC is a global network of civil society organisations dedicated to promoting drug policies grounded in social justice, human rights, and sustainable development, and noted her longstanding engagement in the field over the past 14 years. She emphasised that a central priority of IDPC is to ensure that the voices of those directly affected by drug policies are meaningfully included at every stage of policymaking, from design to implementation. These include people who use drugs, individuals impacted by criminalisation, and communities involved in drug crop cultivation, such as opium farmers. She further highlighted the intersectional nature of drug policy issues, noting that factors such as gender, sexuality, migration status, and livelihoods significantly shape individual and community experiences. Reflecting on regional engagement, she observed that civil society organisations have long sought to engage ASEAN stakeholders on the nexus between drug policy and human rights. In this regard, she described the training programme as a historic milestone, marking the first official ASEAN-level meeting dedicated to this issue. She expressed her appreciation to AICHR, HRI, and DPPM for co-organising the programme, and conveyed her anticipation for constructive and meaningful discussions over the course of the training.

18. **Ajeng Larasati**, Human Rights Lead of Harm Reduction International, welcomed participants and highlighted the significance of the training as a milestone initiative that brings together drug policy, human rights, and public health at the ASEAN level. She introduced HRI's vision of a world where drug policies uphold health, dignity, and human rights, and emphasised the organisation's use of data and advocacy to promote evidence-informed and harm reduction-based approaches. She acknowledged the diverse participation across

government agencies, civil society, academia, and expert networks, noting that such inclusivity is critical for meaningful dialogue. Framing the discussions within a broader reflection on peace and regional well-being, she encouraged participants to critically assess whether current drug policies contribute to sustainable peace and to identify practical, rights-based pathways forward. She expressed hope that the training would lead to concrete outcomes and serve as the first of many similar engagements in the region.

19. **Palani Narayanan**, Director of DPPM, emphasised in his opening remarks the need for a fundamental reassessment of prevailing drug policies, drawing attention to the harms that can arise from ineffective or punitive approaches. Referencing global evidence, including findings from the UNODC, he noted that despite longstanding enforcement efforts, drug markets have expanded, with increases in supply, use, and associated harms. He highlighted the regional realities of overcrowded prisons and human rights concerns, and stressed that such outcomes necessitate a shift towards evidence-based, humane, and science-driven policies. He emphasised the importance of grounding policymaking in research, lived experiences, and on-the-ground realities, including the perspectives of people who use drugs. He also acknowledged ongoing collaboration among Malaysian government agencies as a positive step towards reform and expressed optimism for constructive dialogue during the programme.

20. In her opening remarks, **Dr. Noor Afiqah Mohd Salleh**, Deputy Vice President of *Persatuan Insaf Murni Malaysia* and Senior Lecturer at the Department of Social and Preventive Medicine of Faculty of Medicine at Universiti Malaya, emphasised the importance of grounding drug policies in health, human dignity, and community realities. Drawing on the work of *Persatuan Insaf Murni Malaysia*, she highlighted the organisation's engagement with communities affected by drug use, including formerly incarcerated individuals and those in recovery, and the critical role of compassion, inclusion, and evidence-based interventions in achieving positive outcomes. She noted that while ASEAN has demonstrated strong commitment to addressing drug challenges, there remains a need to ensure that responses are aligned with human rights principles and effectively address gaps in access, support, and understanding. She stressed the value of community-based approaches, including peer-led outreach and family engagement, in rebuilding trust and connecting individuals to care. Emphasising the importance of multi-stakeholder collaboration, she called for stronger partnerships between governments, health providers, and civil society. She also highlighted the upcoming site visit to the Insaf Murni Kabin at the Kuala Lumpur Health Clinic as an opportunity for participants to observe integrated, community-led harm reduction and reintegration models in practice, and expressed hope that the training would catalyse continued regional cooperation.

Session 1: Overview of Drug Policies in ASEAN *[ASEAN Workplan on Securing Communities Against Illicit Drugs 2016-2025 and ASEAN Initiatives]*

21. Session 1 was moderated by **H.E. Ambassador Yong Chanthalangsy**, Representative of Lao PDR to AICHR. When opening the session, he stressed the seriousness and evolving nature of the illicit drug problem in the region. He noted that while ASEAN has established

mechanisms such as AMMD and ASOD, drug trafficking continues to increase, with new substances and supply chains emerging, particularly following the COVID-19 pandemic. He further highlighted subregional cooperation efforts, including those within the Mekong framework, and observed that while earlier successes had reduced opium cultivation, the market has since shifted towards synthetic drugs such as methamphetamine, which are cheaper and easier to produce. This shift, he noted, has expanded drug access across all segments of society. He emphasised the need for ASEAN to reflect on how its policies can respond effectively to these evolving challenges while remaining grounded in regional realities.

22. The first speaker in this session was **Zalwani binti Zalkaply**, Director of Policy and International Relations at the National Anti-Drugs Agency (Malaysia), representing ASOD and SOMTC Malaysia. Zalwani provided an overview of ASEAN's progress under the ASEAN Work Plan on Securing Communities Against Illicit Drugs 2016–2025. She highlighted key achievements across prevention, enforcement, and rehabilitation, including enhanced engagement with civil society and external partners, the establishment of the ASEAN-NARCO database to facilitate data sharing, strengthened cross-border cooperation, and improvements in treatment and rehabilitation practices. Looking ahead, she noted that ASEAN faces new and evolving challenges, particularly the rise of new psychoactive substances, which require adaptive policy responses. She also outlined Malaysia's recent legal reforms, including amendments to the Dangerous Drugs Act 1983 to allow voluntary and free access to government treatment centres, as well as expanded collaboration with non-governmental organisations to improve inclusivity. She stressed that future ASEAN strategies must be agile and responsive to rapidly changing drug markets.

23. The second speaker, **Dr. Zin Ko Ko Lynn**, Drugs and Health Officer of UNODC Regional Office for Southeast Asia and the Pacific, presented an overview of regional and global drug trends, highlighting the rapid expansion and diversification of the drug market. He reported record-high methamphetamine seizures in 2024, amounting to 236 tonnes, alongside increasing availability of new psychoactive substances and a resurgence of heroin and opium. He noted that falling prices and rising purity levels indicate abundant supply, which is contributing to increased demand. Globally, he shared that approximately 360 million people use drugs, with 64 million experiencing drug use disorders, yet access to treatment remains critically low — particularly in Asia, where only around 5 per cent receive treatment. He emphasised that this reflects persistent gaps in realising the right to health, and reaffirmed UNODC's commitment to supporting ASEAN Member States in advancing evidence-based, public health-oriented, and human rights-based approaches to drug control.

24. The final speaker of the session was **Palani Narayanan**, Director of DPPM. He offered a civil society perspective on the ASEAN Work Plan 2016–2025, acknowledging its positive elements, including the recognition of evidence-based prevention, the importance of addressing corruption, and a shift towards treatment approaches that go beyond incarceration. However, he highlighted key gaps, particularly the absence of harm reduction, insufficient attention to the human rights impacts of criminalisation, and the lack of focus on mental health. He also questioned the continued use of the "Drug-Free ASEAN" goal, noting that it is not realistic

given current trends. He strongly suggested that ASEAN adopt more progressive and evidence-based strategies, including harm reduction, regulation, and the decriminalisation of drug use and possession for personal use, in line with evolving global standards and UN guidance.

25. During open floor discussion, participants highlighted the need to contextualise drug policy reforms within Southeast Asia's unique cultural, religious, and social landscapes, cautioning against directly transplanting models from other regions. **H.E. Ambassador U Nyunt Swe**, Representative of Myanmar to AICHR, shared ongoing efforts in cross-border cooperation and intelligence sharing with neighbouring countries and international partners. The representative from ASOD and SOMTC Malaysia further noted the complex socio-economic dimensions of drug-related issues, citing research indicating links between drug offences and broader criminal activity, and emphasised the need for holistic responses that include education, employment, and social development. The representative from UNODC reiterated that drug use disorders should be addressed primarily through health and social systems, while maintaining appropriate enforcement and international cooperation. The representative from DPPM reinforced the importance of evidence-based reforms, drawing on Malaysia's experience with harm reduction programmes such as methadone treatment and needle–syringe initiatives, which were initially met with resistance but proved effective when adapted to local contexts.

26. In his closing reflections, the Representative of Lao PDR to AICHR emphasised the importance of adapting international best practices to ASEAN's specific historical, cultural, and religious contexts rather than adopting them wholesale. Drawing from his experience in public health programmes, he noted that interventions such as condom use and needle-exchange programmes were once highly sensitive but ultimately became accepted due to their effectiveness. He also cautioned that while harm reduction models from other regions may offer valuable lessons, they must be carefully calibrated to local conditions. Referring to UNODC data on methamphetamine seizures, he highlighted the vast scale of the drug market and the limitations of enforcement alone. He concluded by stressing the need for a balanced approach that integrates legal frameworks, enforcement measures, and health- and human rights-based strategies tailored to the ASEAN context.

Session 2: Overview of the Current Assessment on the Impacts of Drug Policies on Human Rights and Health

27. Session 2 was moderated by **H.E. U Nyunt Swe**, Representative of Myanmar to AICHR, who opened by framing the discussion as an in-depth examination of how ASEAN drug policies intersect with human rights and health outcomes, particularly for vulnerable groups. He emphasised the need to move beyond general discussions on drugs and human rights towards a more focused assessment of policy impacts.

28. The first speaker, **Dr. Seree Nonthasoot**, Member of the UN Committee on Economic, Social and Cultural Rights ('CESCR'), highlighted that current punitive drug policies, particularly those centred on criminalisation of personal drug use, raise significant human

rights concerns. He noted that such approaches undermine the right to health by restricting access to harm reduction services and drug dependence treatment, and also affect rights related to adequate living standards, social security, and access to scientific progress. He further emphasised that individuals who use drugs often face long-term discrimination in employment and social services, even after rehabilitation. Dr. Seree stressed that vulnerable groups, including women, children, indigenous peoples, and persons deprived of liberty, are disproportionately affected. He referenced concluding observations from the CESCR on various countries to illustrate systemic concerns, and underscored the importance of embedding a human-rights-based approach within drug policy, including decriminalisation and harm reduction. He also encouraged ASEAN to move towards a more unified regional approach aligned with international human rights obligations.

29. **Assistant Professor Dr. Apinun Aramrattana**, Chairperson of the Substance Abuse Academic Foundation (SAAF) and Retired Assistant Professor of Family Medicine at Chiang Mai University, who joined virtually, presented Thailand's experience, particularly the consequences of its "war on drugs" between 2003 and 2016. He explained that the punitive approach led to prison overcrowding, increased health risks such as tuberculosis and HIV, and did not achieve sustainable reductions in drug use, as evidenced by persistent recidivism rates. He highlighted the shift towards community-based rehabilitation and harm reduction, including methadone programmes and non-punitive community interventions supported by local stakeholders. He noted that Thailand's legal reforms, including the 2021 amendments, moved towards the decriminalisation of personal use and the expansion of health and social support services. However, he also cautioned that challenges remain, particularly in relation to emerging drug markets, synthetic substances, and the need for stronger data systems. He emphasised that policy effectiveness depends on community participation and local acceptance.

30. The third speaker, **Praveen Premnath** of IWRAW Asia Pacific, focused on the gendered impact of punitive drug laws. He explained that women who use drugs represent a highly diverse group, including marginalised populations such as migrants, sex workers, women living with HIV, and incarcerated women. He highlighted that punitive drug enforcement disproportionately exposes women to incarceration, violence, stigma, and denial of services. He further noted serious human rights violations, including abuse by law enforcement, barriers to legal representation, and discriminatory practices in healthcare and shelters. He also drew attention to cases raised in CEDAW shadow reporting, including allegations of torture, sexual violence, and disproportionate sentencing, including the imposition of the death penalty in drug-related offences affecting women. He called for gender-responsive, intersectional approaches grounded in harm reduction and human rights standards, including non-custodial measures and improved healthcare access for women in detention.

31. The final speaker of the session was **Gloria Lai** from IDPC. She provided a civil society perspective, critiquing ASEAN drug policies for their continued reliance on punitive enforcement. She referenced large-scale human rights violations, including extrajudicial killings in the Philippines' "war on drugs" and earlier similar experiences in Thailand. She also

highlighted that in many ASEAN countries, a significant proportion of prison populations are incarcerated for drug-related offences, with particularly high rates among women. She raised concerns about coercive "rehabilitation" systems that function as detention in practice, and about policies that deter individuals from seeking health services due to fear of arrest or mandatory reporting. Gloria clarified distinctions between decriminalisation, depenalisation, and legal regulation, and argued that true decriminalisation requires the removal of all punitive measures. She emphasised that drug policy should prioritise health, safety, and dignity rather than punitive outcomes.

32. An intervention from **Meng Moniruoth**, representative from the Cambodian Human Rights Committee and AICHR Cambodia, shared national experiences in transitioning towards community-based treatment and harm reduction. It was noted that while legal reforms have introduced alternatives to punishment and mechanisms for record clearance upon treatment completion, implementation challenges and social stigma remain significant.

33. In his closing summary, Dr. Seree Nonthasoot reiterated that the discussion was not an endorsement of drug use but a call for more effective, humane, and evidence-based approaches. He highlighted consensus among speakers that punitive approaches have largely failed and that harm reduction, decriminalisation, and community-based responses should be considered alongside supply-control measures. He concluded by emphasising the importance of ASEAN cooperation towards a more coherent and human-rights-aligned regional drug policy framework.

Site Visit to Klinik Kesihatan Kuala Lumpur and Kabin Harapan

34. Following the morning sessions, participants conducted a site visit to the Klinik Kesihatan Kuala Lumpur (KKKL), a public health facility that integrates harm reduction and addiction care services in partnership with *Persatuan Insaf Murni Malaysia*. The visit was facilitated by **Dr. Sathya Rao Jogulu** from the Ministry of Health Malaysia and **Afiq Khairi**, Outreach Coordinator of *Persatuan Insaf Murni*, with support from Dr. Noor Afiqah Salleh.

35. During the briefing, participants were informed that the clinic operates under Malaysia's One-Stop Centre for Addiction (OSC) model, which brings together government health services and NGO-led community outreach within a single coordinated framework. The model integrates opioid substitution therapy through methadone maintenance, HIV and tuberculosis screening and treatment, counselling services, and referrals to social welfare support. It was further noted that outreach workers actively engage clients in the community, including on the streets and at drop-in points, and facilitate their linkage to treatment through a non-judgmental, walk-in approach. Clients are able to access daily methadone, general medical care, and psychosocial support in one facility.

36. The role of community partnership was highlighted through *Persatuan Insaf Murni*'s long-standing collaboration with the Ministry of Health since 2006, including the operation of Kabin Harapan, a peer-led support space located adjacent to the clinic. This space provides a

safe environment for clients to rest, receive counselling, and access services, and was presented as an important complement to formal clinical care. The integration of peer workers and outreach staff within the service delivery system was found to improve engagement and reduce treatment dropout, particularly in contexts where stigma remains a significant barrier.

37. **Dr. Sathya Rao Jogulu** further explained that the Klinik Kesihatan Kuala Lumpur is one of the earliest public facilities in Malaysia to integrate harm reduction within a government healthcare setting. The clinic currently serves approximately 150 to 200 clients on methadone maintenance therapy, in addition to individuals accessing HIV, tuberculosis, and counselling services. He described a coordinated, team-based approach involving nurses, counsellors, and peer workers who worked closely together, with systems in place to track attendance and enable outreach follow-up for missed doses.

38. During the visit, participants engaged in discussions on several operational issues, including access for undocumented migrants and women, with clarification that services are open to all clients, although documentation can present challenges in practice. Questions were also raised regarding data privacy and consent, with confirmation that clients provide written consent for the sharing of relevant records. In addition, coordination with law enforcement and local authorities was discussed, with the clinic maintaining communication channels to help ensure that individuals seeking treatment are not subjected to harassment.

39. ASEAN delegates observed that the OSC model demonstrates the potential value of peer involvement and integrated service delivery, and several expressed interest in the possibility of adapting similar approaches within their respective national contexts. Dr. Sathya Rao Jogulu emphasised that the effectiveness of the model depends on sustained political commitment, inter-agency coordination, and the development of trust between service providers and the community.

40. Overall, the visit provided participants with practical exposure to Malaysia's evolving approach towards a more health- and community-oriented response to drug dependence. While participants noted ongoing limitations, including space constraints, resource pressures, and persistent stigma, the model was seen as functioning effectively due to strong commitment from service providers and continued engagement from clients, offering a tangible example of how harm reduction and primary healthcare can be integrated within a public health system.

Session 3: Intersection of Drug Policies with Human Rights and Health, Challenges, Critiques and Good Practices

41. Session 3, moderated by **H.E. Ambassador Nguyen Trung Thanh**, Representative of Viet Nam to AICHR, built on the previous day's field visit and shifted the discussion from policy review towards reform, with a focus on integrating health-based and human-rights-based approaches into ASEAN's drug policy. He emphasised the importance of translating policy into practice and highlighted the value of learning from both government and civil society experiences across the region.

42. The first speaker, **Dr. Farahana binti Mohamad Pilus**, Public Health Medicine Specialist and Senior Principal Assistant Director at the Disease Control Division of the Ministry of Health Malaysia, presented Malaysia's evolving approach to drug dependence, describing a shift from punitive and compulsory detention models towards voluntary, health-centred, and rights-based services. She explained that harm reduction was first introduced in 2005 in response to high HIV prevalence among people who inject drugs, through Methadone Maintenance Therapy and needle-syringe programmes. These interventions significantly reduced HIV transmission linked to injecting drug use. She noted that harm reduction has since been mainstreamed into primary healthcare services and is now funded through national budgets following the end of international donor support. She further explained that Malaysia is currently reviewing its Dangerous Drugs Act with a view towards decriminalisation of personal use and expanded treatment-based responses. While acknowledging past reliance on compulsory detention centres, she highlighted their closure due to poor outcomes and human rights concerns, and the transition towards "Cure and Care" facilities and community-based treatment models. She also underscored persistent challenges, particularly stigma, discrimination in employment and healthcare, and the need for stronger inter-agency coordination.

43. Second speaker, **Sasipim Arampibulkit**, Director of International Human Rights Affairs Bureau of the National Human Rights Commission of Thailand ('NHRCT'), reflected on Thailand's experience, noting that drug-related issues remain one of the largest sources of human rights complaints in the country. She recalled the legacy of the 2003 "war on drugs," during which over 2,500 extrajudicial killings were reported, and described its long-term social and human rights impact. While acknowledging legal reforms, including the 2021 Narcotics Code, which introduced more proportionate sentencing and promoted voluntary treatment, she highlighted ongoing concerns such as excessive pre-trial detention, continued reliance on punitive enforcement practices, and high incarceration rates for drug offences, particularly among women. She stressed that many individuals continue to face discrimination after release and called for stronger implementation of alternatives to incarceration, full decriminalisation of drug use for personal use, and expanded community-based treatment approaches.

44. **H.E. Yanti Kusumawardhani**, Indonesia Representative on Children's Rights to the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC), who joined virtually, emphasised the gendered and child-rights impacts of drug policies. She explained that women who use drugs are often criminalised, separated from their children, and subjected to stigma and lack of social protection. Many women in detention, she noted, are also victims of trafficking or domestic violence, yet these circumstances are often not considered in criminal proceedings. She highlighted cases involving pregnant women and mothers with newborns who lack adequate care in detention. She called for gender-responsive and child-sensitive drug policies, including non-custodial measures for women, and shared examples of small-scale community rehabilitation initiatives in Indonesia that integrate childcare and vocational training. She further emphasised the need for closer collaboration

between ASEAN mechanisms to ensure that women and children's rights are systematically integrated into regional drug policy frameworks.

45. **Ajeng Larasati**, the Human Rights Lead at HRI provided a civil society perspective, highlighting the continued dominance of punitive drug policies in Southeast Asia and their severe human rights consequences. She noted that drug offences remain a primary driver of incarceration in the region and raised concerns about the continued use of the death penalty for drug-related offences in several Asian countries. She also pointed to the persistence of compulsory detention and so-called rehabilitation centres, which often function as coercive environments rather than treatment facilities. Ajeng stressed that such approaches deter people from seeking healthcare and contribute to stigma and exclusion. She argued that harm reduction remains underfunded and overly reliant on international donors, and called for greater government ownership and budget allocation. She further emphasised the importance of meaningful participation of people who use drugs in policy development and urged ASEAN to align its policies with the UN Common Position on Drugs, focusing on health, human rights, and sustainable development.

46. The final speaker of the session was **Ngeow Chow Ying**, Deputy Convenor (Executive Committee Member) of Anti-Death Penalty Asia Network ('ADPAN'). She focused on the application of the death penalty for drug offences, particularly in Malaysia and the wider region. She highlighted that while Malaysia has abolished the mandatory death penalty, over 1,300 individuals remain on death row, with the majority convicted for drug offences, many of whom are foreign nationals and from marginalised backgrounds. She described cases involving lack of legal representation, language barriers, and coerced confessions, particularly affecting women and migrant workers. The representative from ADPAN stressed that evidence does not support the deterrent effect of the death penalty and argued that current application disproportionately impacts the most vulnerable. She called for proportional sentencing and reforms that focus on targeting major traffickers rather than low-level couriers and exploited individuals.

47. During the open discussion, **H.E. Associate Professor Eugene Tan**, Representative of Singapore to AICHR explained Singapore's strict drug enforcement framework, including the use of the death penalty for serious trafficking offences, stating that it is applied under strict legal safeguards and is intended to protect society from the harms of drugs. The Representative of Lao PDR to AICHR emphasised the severity of methamphetamine-related challenges in the country and stressed the need for strong enforcement alongside treatment and prevention efforts, expressing concern that external perspectives may not fully reflect local realities.

48. The representative from NHRCT acknowledged differing national contexts but emphasised the importance of aligning drug control measures with human rights obligations and proportional enforcement. The representative from HRI reiterated that evidence does not support the deterrent effect of punitive measures, particularly the death penalty, and stressed that people who use drugs are often themselves victims of structural inequalities, coercion, and

poverty. She further noted that ASEAN data and international evidence show no correlation between harsh punishment and reduced drug prevalence.

49. In closing, the Representative of Viet Nam to AICHR emphasised that while views differed significantly, the session demonstrated the importance of continued dialogue and mutual understanding. He reiterated that all stakeholders share a common interest in safety, dignity, and effective policy, and encouraged continued engagement across differing perspectives to strengthen ASEAN's approach to drug policy reform.

Session 4(a): Breakout

50. This session was facilitated by **Dr. Lee Edson P. Yarcia**, Senior Lecturer of Law at the University of the Philippines, together with Gloria Lai of IDPC, Dr. Nadhir Adi Azahar of Department of Social and Preventive Medicine at the Faculty of Medicine, Universiti Malaya, Tham Jia Vern of HAYAT and Dr. Nur Afiqah Binti Mohd Salleh of *Persatuan Insaf Murni Malaysia*.

51. The participants were divided into four working groups, each assigned a scenario involving a different marginalised population affected by drug-related issues. The exercise was for participants to analyse the scenarios and identify the human rights concerns arising in each case as well as to propose initial responses to address those violations when identified. The scenarios involve different segments of society being involved with drug use:

(i) Group A: The scenario concerned a child who had experimented with marijuana use.
(ii) Group B: The scenario depicted a male truck driver who used drugs to sustain long working hours.
(iii) Group C: The scenario concerned a migrant woman arrested for carrying a large quantity of drugs.
(iv) Group D: The scenario showed an indigenous community living on land where poppy plants were cultivated and used for traditional purposes.

Session 4(b): Breakout

52. This session was facilitated by **Dr. Lee Edson P. Yarcia**, Senior Lecturer of Law at the University of the Philippines.

53. Following the group discussions, three representatives from each group were selected to present their reflections through a structured role-play exercise simulating engagement with AICHR. Participants assumed the roles of a civil society representative, an AICHR representative, and a State representative, with the objective of exploring how such cases might be presented and addressed within ASEAN human rights mechanisms. The exercise also aimed to deepen participants' understanding of AICHR's functions and the respective roles of states and civil society in regional human rights engagement.

54. In the presentations, civil society representatives consistently emphasised the importance of de-stigmatisation, access to treatment over punitive measures, and sensitivity to the intersecting vulnerabilities of individuals involved in drug-related situations. They highlighted that each scenario reflected multiple layers of vulnerability, including children, migrant workers, women in detention, and indigenous communities facing exploitation and marginalisation. Civil society participants also expanded the discussion on relevant human rights, including the rights of the child, the right to health and medical care, the right to legal representation, labour rights, the rights of migrant workers and women in custody, and the rights of indigenous peoples to their ancestral lands. Across the groups, they underscored the need to examine the root causes of drug use and related involvement, including social and economic precarity, and stressed the importance of addressing these through education, social protection, and non-punitive approaches.

55. State representatives in the role-play generally focused on broader structural and contextual factors, including socio-economic and environmental dimensions, while similarly acknowledging the importance of education and prevention. They explored policy responses aimed at strengthening protections for vulnerable groups such as children and migrant workers, and considered ways to assess the effectiveness of existing approaches. While engaging with civil society perspectives, they highlighted the need to balance humanitarian considerations with regulatory and enforcement frameworks and, in several instances, recognised the importance of adopting a more holistic approach that critically examines punitive responses.

56. AICHR representatives were portrayed as playing a bridging role between state and civil society perspectives, facilitating dialogue and encouraging constructive engagement. In one scenario discussion, particularly in relation to the case involving the truck driver, the AICHR representative incorporated multiple perspectives, including industry-related pressures, societal stereotypes, and the need to humanise individuals affected by drug policies, while encouraging states to work towards practical and rights-respecting solutions. Across the exercises, AICHR representatives also referenced relevant ASEAN human rights instruments and declarations relating to drug policy and human rights. They further reinforced the importance of creating enabling and supportive environments that balance public health, human rights, and social well-being.

Session 5: Plenary on Findings

57. The final reflection session was facilitated by **Dr. Lee Edson P. Yarcia**, Senior Lecturer of Law at the University of the Philippines, who guided participants through a structured set of reflection prompts intended to consolidate learning from the workshop and encourage continued critical engagement with drug policy and human rights in the ASEAN context.

58. Dr. Yarcia invited participants to reflect on their own experiences and identify which practices in drug policy had been most effective, as well as which approaches required reconsideration or reform. He further encouraged participants to distil their learning by

identifying their top two key insights or takeaways from the sessions, and to consider any new or remaining questions that had emerged through the course of the discussions and site visits. Finally, he prompted participants to reflect on the broader institutional and regional implications of the workshop, specifically how ASEAN and AICHR could continue to advance dialogue and cooperation on human rights and drug policy.

59. In the ensuing discussion, **Thong Sokunthea**, representative from the Cambodian National Authority for Combating Drugs, reflected that the most important takeaway was the need to view drug-related issues not solely through a law enforcement lens, but also through health and human rights perspectives. He shared Cambodia's experience with community-based treatment through "Community Counselling Centres," where individuals who use drugs can voluntarily access counselling and vocational training in collaboration with local authorities. While noting positive outcomes in terms of reintegration into work and education, he also highlighted ongoing challenges, particularly limited funding and persistent punitive attitudes among some law enforcement officers. He further emphasised the importance of improved coordination between the health and justice sectors, noting instances in which individuals arrested by the police were already enrolled in treatment programmes, underscoring the need for stronger communication mechanisms. Dr. Yarcia acknowledged the Cambodia delegate's reflections, noting that the community counselling model was similar to approaches discussed in other contexts, and reiterated that coordination and mindset change remain essential but gradual processes.

60. **Ma Inez Feria Jorge**, a delegate from the Philippines, speaking from a civil society perspective, highlighted the importance of partnerships between government, communities, and civil society organisations in developing effective drug treatment and rehabilitation programmes. She referenced the evolution of community-based rehabilitation initiatives that involve local government units, health and social workers, families, and peer volunteers, noting that community ownership strengthens the sustainability of recovery efforts. She also reflected on the persistent misunderstanding of harm reduction, emphasising that it should be understood as an approach focused on saving lives, health, and dignity rather than encouraging drug use. She further emphasised that the training reinforced the principle that human rights apply to all individuals, including people who use drugs. Dr. Yarcia responded by affirming the importance of community ownership and clarifying that misconceptions about harm reduction are common across contexts, stressing the need for continued advocacy to communicate its life-saving objectives.

61. The Representative of Viet Nam to AICHR, reflected on the need to consider drug policy in its broader multidimensional context, including social, economic, political, and cultural factors. He emphasised that drug issues cannot be separated from concerns such as trafficking, national security, and border development challenges. While acknowledging the relevance of health and human rights perspectives, he stressed the importance of maintaining balance between different policy priorities, cautioning against approaches perceived as overly focused on a single dimension. He further noted that each country must develop its own approach in accordance with its national context and legal framework. Dr. Yarcia responded

by reiterating that balance between health, security, prevention, and care remains a central challenge for ASEAN Member States, and that no single model is applicable across all contexts.

62. The Representative of Lao PDR to AICHR, similarly emphasised the severity of drug-related challenges, particularly methamphetamine use among young people, and underscored the importance of strong enforcement alongside treatment and prevention efforts. He highlighted concerns regarding drug trafficking and supply reduction, arguing that addressing supply is essential to reducing harm. He also expressed the view that discussions on human rights should be balanced with considerations of responsibility towards families and communities affected by drug use and drug-related crime. In addition, he stressed the importance of respecting national sovereignty and local context in determining appropriate policy responses. Dr. Yarcia acknowledged the enforcement perspective and reiterated that enforcement and health-based approaches are not mutually exclusive, but should be complementary to ensure that individuals in need of assistance can access services without fear.

63. **Thong Sokunthea**, representative from the Cambodian National Authority for Combating Drugs, responded further by emphasising that enforcement alone is insufficient to address drug-related challenges, noting that Cambodia's experience shows the importance of complementing law enforcement with community-based treatment. He clarified that such approaches do not imply leniency towards trafficking, but rather a differentiated response between traffickers and people who use drugs, with the latter receiving health-oriented support.

64. The Representative of Lao PDR to AICHR reaffirmed that policy approaches must remain context-specific and aligned with national systems and cultural realities, while recognising the value of shared learning within ASEAN.

65. The representative from UNODC contributed by reaffirming respect for national sovereignty while referencing the UN Common Position on Drugs, which calls for alignment of drug policies with human rights and evidence-based approaches. He emphasised that effective responses typically involve integrated cooperation between law enforcement, health services, and community actors. He also highlighted the importance of including people who use drugs in policy discussions, noting that their engagement can improve the effectiveness of interventions. Dr. Yarcia responded by emphasising that protecting society and upholding human rights are not mutually exclusive objectives, and that both must be considered together in developing effective drug policy. He also noted that while enforcement perspectives are important, it is equally necessary to recognise the rights and vulnerabilities of individuals affected by drug use.

66. As a synthesis of the two-day programme, it was highlighted that the region continues to face five overarching challenges:

(i) rapidly evolving drug trends that outpace national responses;

(ii) tensions between resource-intensive enforcement and the need to differentiate users from traffickers;
(iii) disproportionate impacts on marginalised and economically vulnerable groups;
(iv) gender-blind justice and treatment systems; and
(v) unequal access to public health services, medical personnel, and harm reduction tools across ASEAN Member States.

Whereas new and unanswered questions that emerged from the training were as follows:

(i) how ASEAN can adapt harm-reduction models to stimulant-dominated markets;
(ii) how to balance community safety with service provision for people who use drugs;
(iii) how to evaluate programme effectiveness in the context of limited scientific data;
(iv) how best to link national reforms with regional frameworks addressing trafficking, corruption, and organised crime; and
(v) how ASEAN can sustain inclusive policy dialogues involving civil society, affected communities, law enforcement, and health professionals.

67. Member States shared effective practices such as early harm-reduction measures, community-based outreach, and inter-ministerial coordination. Discussions also flagged the rapid shift from heroin and opium to synthetic drugs, especially methamphetamine, noting that existing opioid substitution therapies do not adequately address stimulant use disorders and that more research-driven, context-specific treatment is needed. Participants raised concern over the scale of organised crime networks behind record amphetamine-type stimulant seizures, stressing that most individuals apprehended are low-level traffickers rather than people who use drugs, and called for closer cooperation across ASEAN mechanisms (ASOD, AMMD, AMTC) and with neighbouring regions. Participants agreed that no single pillar — health, human rights, enforcement, or community safety — can address the issue alone, and underscored the importance of community and peer-led involvement, despite challenges such as stigma, resistance, and the risk of criminalising people who use drugs.

68. Participants called on ASEAN to adopt more coherent, scientifically grounded, and rights-based drug policies, with key recommendations including:

a) Evidence-based policymaking: using real-time data on drug trends and health outcomes.
b) Legal reform: removing barriers to voluntary treatment and ensuring proportional sentencing.
c) Scaled-up harm reduction: needle-syringe programmes, opioid agonist therapy, naloxone, and drug-checking services, with legal barriers to their provision removed.
d) Gender-responsive approaches: addressing the disproportionate imprisonment of women for low-level offences and other gendered impacts.
e) Health investment: more mental health and psychosocial support, treating drug dependence as a health condition

f) Regional cooperation — shared data platforms, harmonised treatment standards, and better cross-border service continuity, potentially through a more unified ASEAN drug policy approach

69. In his closing synthesis, Dr. Yarcia reflected that the two-day training demonstrated the value of dialogue among diverse stakeholders, including government officials, human rights institutions, civil society, and international organisations. He reiterated that drug policy is fundamentally about people and their lived realities, including health, safety, family unity, and trust between governments and communities. He stressed that reform does not require abandoning law enforcement, but rather finding an appropriate balance between enforcement, health, and human rights. He concluded by encouraging participants to continue these conversations in their respective countries and institutions, noting that the willingness to engage openly and respectfully, even amid differing perspectives, represents an important step towards more humane and effective drug policy in ASEAN.

Way Forward and Closing

70. The closing remarks were delivered by **H.E. Edmund Bon Tai Soon**, Representative of Malaysia to AICHR, who expressed appreciation to all participants for their engagement over the two-day training on the intersection of drug policies with human rights and health in Southeast Asia. He reflected that the primary objective of the training had been to create a genuine and safe space for open dialogue among government representatives, human rights institutions, and civil society actors, and noted that this objective had been successfully achieved through the range of perspectives shared throughout the sessions.

71. He emphasised that the diversity of views expressed during the training, including differing and at times opposing perspectives, was a positive outcome, as it reflected the complexity and importance of the issue. He emphasised that meaningful reform does not emerge from uniform agreement, but from continued willingness to listen, engage, and learn from differing experiences and positions. He further stressed that sustained dialogue between civil society and government is essential, noting that progress cannot be achieved if stakeholders remain within separate spaces without meaningful interaction.

72. The Representative of Malaysia to AICHR highlighted that ASEAN Member States are not starting from a zero baseline, noting that many ongoing initiatives in health services, community outreach, and human rights advocacy already exist across the region. He stated that the current challenge lies in strengthening coordination among these efforts and ensuring that drug policies are aligned with, rather than contradictory to, existing human rights commitments. He observed that the discussions demonstrated that it is possible to balance enforcement with respect for human rights, and to protect communities while also upholding the dignity and rights of people who use drugs.

73. He also expressed appreciation to all supporting partners of the programme for their role in co-organising the training, as well as to the Ministry of Health Malaysia for its support

and facilitation of the field visit. He further acknowledged the contributions of the AICHR Malaysia organising team and the Ministry of Foreign Affairs of Malaysia, the ASEAN Secretariat, moderators, speakers, facilitators, note-takers, and all parties involved in the programme.

74. He concluded his remarks by thanking all participants from ASEAN Member States and civil society organisations for their active engagement and constructive participation, including moments of respectful disagreement, noting that such dialogue is both challenging and necessary. He encouraged participants to continue these conversations within their respective national contexts, including ministries, human rights institutions, and civil society networks, with a view to strengthening cooperation and advancing more balanced, evidence-based, and compassionate drug policies.

75. He emphasised that reform is a gradual process that occurs through incremental steps, and that each dialogue, partnership, and shared experience contributes to broader regional progress. He expressed pride that Malaysia had hosted the training and hoped it would serve as a foundation for continued collaboration and future exchanges among AICHR, ASEAN bodies, and civil society on drug policy, human rights, and health.

ANNEX A

WELCOME AND OPENING REMARKS BY EDMUND BON, AICHR CHAIR AND REPRESENTATIVE OF MALAYSIA TO AICHR, AT THE AICHR TRAINING ON THE INTERSECTION OF DRUG POLICIES WITH HUMAN RIGHTS AND HEALTH IN SOUTHEAST ASIA

6 OCTOBER 2025
KUALA LUMPUR, MALAYSIA

Nor Shah bin Mohamed, Undersecretary of the Prisons, Anti-Drugs, and RELA Division, Ministry of Home Affairs, Malaysia,

Dr. Seree Nonthasoot, Member of the United Nations Committee on Economic, Social and Cultural Rights (CESCR),

Gloria Lai, Regional Director (Asia), International Drug Policy Consortium (IDPC),

Ajeng Larasati, Human Rights Lead, Harm Reduction International (HRI),

Palani Narayanan, Director, Drug Policy Program Malaysia,

Dr. Nur Afiqah binti Mohd Salleh, Deputy Vice President, Persatuan Insaf Murni Malaysia,

AICHR Representatives, distinguished colleagues and friends.

Selamat pagi and welcome to Kuala Lumpur.

As the current ASEAN Chair and on behalf of Malaysia, I am glad to host this AICHR training programme that addresses the intersection of drug policies with human rights and health, focusing on the need for a more human rights-based approach to drug policy. It comes at a pivotal moment for ASEAN. ASEAN has been committed to addressing drug abuse and trafficking since 1976, beginning with the ASEAN Declaration of Principles to Combat the Abuse of Narcotic Drugs, followed by successive work plans led by the ASEAN Ministerial Meeting on Drug Matters (AMMD) and ASEAN Senior Officials Meeting on Drug Matters (ASOD).

I am heartened to see representatives from ASOD and ASEAN Senior Officials Meeting on Transnational Crime (SOMTC) in attendance. I welcome your active participation along with officers from the Malaysian National Anti-Drugs Agency (AADK).

Our governments have largely focused on eradicating drug supply and demand through criminalisation, prohibition, and punishment. Despite substantial enforcement investments, the illegal drug market has not shrunk; instead, it has expanded and diversified, evidenced in part by the rise of methamphetamines and new psychoactive substances. These punitive approaches also deter access to essential health services — especially for vulnerable and marginalised groups who already face barriers to healthcare, legal protection, and support.

Measures taken by States to decrease and suppress the supply and use of illicit drugs have been justified on the premise that the threat of criminal sanctions will reduce, and eventually eliminate, drug use and will improve public health as a result. In 2019, the United Nations published a common position on drugs that, among other things, calls on governments to promote alternatives to conviction and punishment — including decriminalising possession for personal use. It noted that punitive drug policies have been ineffective in reducing drug trafficking or addressing non-medical drug use and supply, while undermining human rights and well-being.

Let me state it plainly. The war on drugs has not delivered on its promise of safety. The illicit trade has not ended. It has evolved — professionalising, finding new routes and new markets. ASEAN remains a major transit and production hub. That reality requires us to move away from the 'us versus them' approach that is the underlying assumption of the war on drugs. Us the nice people who have no drug addiction, us the savvy people who would never end up caught in the drug trade; and them, the gangs, those who 'choose' to be addicted, exploited, or executed despite all warnings. This binary approach has not, and will not, offer us the solution that we all so much desire. If we change the lens, we change the outcomes.

Encouragingly, the ASEAN Work Plan on Securing Communities against Illicit Drugs from 2016 and ending this year already acknowledges a broader palette of responses: prevention, enforcement, treatment and rehabilitation, research, alternative development, and cooperation beyond our borders. We hope that the new work plan will be enhanced with more human rights-centred approaches.

Relatedly, let me raise two key matters.

First, we must re-centre health as a right, not a service at the margins. It is not merely a service to provide but a right that we need to protect. The protection of the right to health, with all the defining ethical principles that come with it, must be acknowledged on equal basis as law enforcement. It must be more than just about treatment and rehabilitation, and it should be governed by health bodies.

Second, we must focus on root causes and long-term resilience. International human rights law, our national constitutions and the Sustainable Development Goals (SDGs), among others, already provide the impetus. We need not only to expand health and other social services to address drug-related problems but also to undertake measures to address the underlying socio-economic causes that increase the risks of using drugs and that lead people to engage in the illicit drug trade such as poverty, discrimination, unemployment, illness, and denial of education. Evidence-based approaches demand that we engage the drivers that make people vulnerable to risky use and to participation in the illicit market.

Globally, drug policy is shifting towards more holistic and multi-dimensional approaches to address illicit trafficking and drug use. In line with this shift, I recognise that several ASEAN Member States (AMS), such as Thailand, Viet Nam, and Malaysia, have adopted reforms and initiated measures to achieve more proportionate and equitable responses while expanding access to health and social services. They have in different ways acknowledged the health and human rights costs of punitive approaches. These positive developments do not erase our challenges; they show that reform is possible within our cultural, legal, and political contexts.

Speaking about my own country, Malaysia is pursuing drug policies with the aim of achieving health right outcomes by implementing harm reduction measures to reduce the rate of HIV

(human immunodeficiency viruses) prevalence amongst people who inject drugs and improving access to drug treatment by prioritising investment in health responses above criminalisation and imprisonment. The mandatory death penalty for drug offences has also been removed in line with the right to life.

The progress made in ASEAN reflects a promising reality that drug policies in Southeast Asia are undergoing much-needed transformations as we gain more access to scientific evidence and information on the use of drugs and what is really effective. Our approach must be up to date, while honouring the traditional policy of 'do no harm'. If our policies expose individuals to more danger, it is time that we evolve our approach. Providing community-centric solutions that are scientifically accurate, sustainable, accessible, and stigma-free can achieve the change that we all seek.

Do not get me wrong. Some might mischaracterise my remarks as going soft on law enforcement. Let me be clearer: we need to protect future generations from the harm of dangerous and illicit drugs, and to combat international organised crime. We are against violence. We oppose the negative impacts of dangerous and illicit drugs on users and dependents. I also acknowledge the victims and survivors of drug use and dependency who have suffered or are suffering, as well as their families and loved ones. I do not, for one second, downplay the importance of taking appropriate measures to protect our children and society.

But law and policy cannot ever become conduits for more harm. Human rights mainstreaming calls for the adoption of non-discriminatory frameworks that restore and protect human dignity. They must work for us to overcome structural drivers of vulnerability, stigma, stereotype, and discrimination that affect people who engage in drugs. They cannot reflect or reinforce misconceptions about drugs that demonise people who use them and their families by considering them to be mentally ill, criminal, deviant or immoral. Policies should also distinguish between the use of drugs and dependence on drugs, avoiding the presumption that all drug use is inherently dangerous and inevitably leads to dependence. Drug dependence should be treated first and foremost as a public health issue, integral to the SDGs, not solely a criminal justice problem.

Effective regulation should provide legal and safe channels for those permitted to access them without being interpreted as unrestricted access for all people to all drugs. Certain types of activities need to remain prohibited due to their harmful impact, such as the sale of certain high-risk drugs or preparations. Additionally, the principle of proportionality should be robustly applied in sentencing for drug offences even as we continue moving away from the use of the death penalty. Indicators should also be re-designed to measure health, rights, and community safety outcomes.

This training will feature a site visit to the Kuala Lumpur Health Clinic (Klinik Kesihatan Kuala Lumpur) and Kabin Harapan, a public health service platform highlighting a practical model of integrated, community-based care. It is operated by the non-governmental organisation Persatuan Insaf Murni Malaysia, in partnership with the Ministry of Health Malaysia and the Malaysian AIDS Council.

This brings me to another point. Governments cannot do this alone. We need meaningful cooperation with, and participation of, civil society — especially organisations led by people who use drugs, and by communities most affected. Their lived experience is not an optional add-on; it is essential evidence. If we want policies that work in the real world, we must build them

with the people who live in the real world. Civil society participation needs to be institutionalised in all stages of policymaking.

Thus, the first AICHR programme of this kind responds to current realities and provides a platform for AMS to assess the impact of existing policies on drug use and trafficking and develop actionable principles that mainstream the rights to life and health while effectively addressing the challenges posed by dangerous and illicit drugs. Our discussions aim to bring a human rights lens and to mainstream human rights approaches in drug policies — from punitive, criminalisation-based approaches towards evidence-based, community-centred, and health-driven strategies. Key themes include harm reduction, de-stigmatisation, education, rehabilitation, and regional cooperation.

I am grateful to each of you for your commitment. I look forward to learning from your good practices across ASEAN and together strengthening responses to drugs that champion health and human rights. Our goal is a pragmatic roadmap ASEAN can stand behind — measuring success not only by seizures and arrests, but by reduced harm, improved health outcomes, and respect for human rights. The prevalent approach so far has not only failed in protecting people in ASEAN from the harm of drugs but instead has pushed many into precarious and hazardous health situations, in being in conflict with the law, or even paying the price with their lives for a trade we states have been unable to stop.

This programme is jointly funded by AMS through the ASEAN AICHR Fund, Switzerland, IDPC and HRI. I want to thank the team led by Malaysia's AICHR Assistants — Valen Khor, Nurul Aliaa Azman, and Umavathni Vathanaganthan — for putting together this programme, and the staff from the Ministry of Foreign Affairs of Malaysia for their support.

I am confident that, together, we can chart a course where drug policy in Southeast Asia champions health, protects rights, and strengthens the rule of law. I look forward to the enriching discussions!
