

**OPENING SPEECH**

**BY**

**THE RIGHT HON. DATO' SERI DR. AHMAD ZAHID BIN HAMIDI**

**DEPUTY PRIME MINISTER CUM**

**MINISTER OF HOME AFFAIRS**

**THE 4TH ASEAN MINISTERIAL MEETING ON DRUG MATTERS**

**THURSDAY (29TH OCTOBER 2015), 8.30 AM**

**LANGKAWI INTERNATIONAL CONVENTION CENTRE**

**LANGKAWI, KEDAH**

Your Excellencies,

Distinguished Delegates,

Ladies and Gentlemen,

1.Selamat Datang, or welcome to Malaysia and to this beautiful Island of Langkawi. Malaysia is honoured and pleased to host this 4th ASEAN Ministerial Meeting on Drug Matters, (4th AMMD) since 2015 marks the culmination of the ASEAN Drug Free Work Plan which runs for the period of 2009-2015. Throughout this period we have achieved quite substantial successes and substantive achievements.

2.Firstly, I wish to highlight this morning the official institutionalisation of AMMD during the 26th ASEAN Summit held in Kuala Lumpur from 26 to 27 April 2015. The official institutionalisation of AMMD marks a new milestone for AMS, where the ASEAN Senior Officials Meeting on Drug Matters (ASOD) now has a higher level of accountability towards the AMMD. Furthermore, this will heighten and strengthen the efforts and work of ASOD.

Excellencies,

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3.The 4th AMMD is the second meeting at the ASEAN level hosted by the Ministry of Home Affairs, Malaysia, for this year. Last month, we hosted the 10th ASEAN Ministerial Meeting on Transnational Crime and Its Related Meetings (10th AMMTC) in Kuala Lumpur. Indeed, it has

been a hectic year for the Ministry hosting these two important meetings and which has never happened in the history of the Ministry. Notwithstanding the institutionalisation of the AMMD, AMMTC will continue to monitor and assess drug issues as one of the components of transnational crimes.

4.This 4th AMMD is a very important meeting, because it is being held before the United Nations General Assembly Special Session on the World Drug Problem in April 2016 or UNGASS 2016. We must be well prepared and organise our effort for that.

5.ASEAN must have a clear direction, collective actions and a firm position, in addressing drug problems in our region, as well as in our own states. In the upcoming UNGASS 2016, we must voice out our common position - ASEAN position - on the world drug problem and, in particular, the way we deal with drug problems in our region. Your presence and participation here, shows our strong commitment towards these efforts, and I have no doubts that this objective can be accomplished today, in our 4th AMMD, under the spirit of ASEAN – one vision, one identity, one community.

6.The ASEAN Secretariat, the United Nations Office on Drugs and Crime and its regional office in Bangkok have supported our regional efforts in curbing the threat of drugs. Through their reports, surveys and analysis, we are kept abreast of regional trends, provided assessments of potential threats and proposals of actions to address these threats. From an analysis of these resources, some of the areas of concern can be identified.

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7.Afghanistan opiates appeared to reach new markets. West Africa appears to become a source of methamphetamine, smuggling it into East and South East Asia via Southern Africa or Europe, with new trafficking routes linking previously unconnected regional methamphetamine markets. Last year, global opium poppy cultivation reached its highest level, although this was not accompanied by an increase in supply in most regions. The World Drug Report indicates that, at the global level, opiates use was stable, in spite of the increased production, while South East Asia noted an increase in methamphetamine use.

8.The number of people requiring treatment for Amphetamine Type Stimulants or ATS, is increasing in tandem with the increasing demand for such synthetic drugs globally, with a high

prevalence in Asia. This has presented us with a situation where, while the requirement for ATS treatment is high, the expertise in ATS use disorders is not as well developed as is for opiates.

9. Of increasing concern is also the growing list of the New Psychoactive Substances (NPS), which is being promoted as an alternative to controlled drugs. Currently, there are estimated to be more than 500 substances. This will pose a major health threat to people who use drugs, and place increasing demands on health and treatment facilities.

10. While addiction is recognised as a chronic health condition, public perception of addiction is generally negative, and drug users are left stigmatised. Drug Prevention programmes are generally still seen as ineffective, in spite of the fact that, many current interventions are target-specific, and focus on personal and environmental vulnerabilities of the young or youth at risk.

11. We also need to be vigilant with our success as well. What I mean is that, we need to be aware of the impact of regional economic integration to the drug situation in this region, the dark side of international trade. Liberalisation of trade does not only bring financial growth, physical development and prosperity to this region, but also the access and opportunity for international drug syndicates and transnational criminal syndicates to widen their operations. Enforcement, reducing supply or better still, cutting of the supply, is important and should be balanced with efforts to reduce demand.

Ladies and Gentlemen,

12. In this regard, the ASEAN Regional Review in February 2015 and its list of recommendations would serve as the basis in outlining the way forward for member states from 2015 - 2025. Since the Commission of Narcotic Drugs meeting in 2008, Malaysia has introduced changes to its existing drug policies as part of the Government Transformation Program. As an example, we have been implementing, for many years, compulsory detention centers for drug users. In 2010, we started a voluntary treatment facility known as 1Malaysia Cure & Care Clinic or C&C Clinic to give an opportunity and options for drug users to receive treatment and rehabilitation services. This new approach has improved accessibility to services. To date, we have ten C&C Clinics throughout the country.

13. We are also improving our aftercare programmes, to ensure that recovering drug users are provided with a continuum of care, that helps sustain their recovery and facilitates their re-integration into society. Malaysia has reviewed and improved its aftercare programmes

provided at the Client's Integration Centre, CIC. The CIC acts as a platform for clients from compulsory treatment centers, to practice and enhance their coping skills prior to their release and reintegration into the community. In addition, the Caring Community House or CCH, which operates in most of the districts throughout Malaysia, is a community-based program which engages the community to support and assist the recovering substance users. Malaysia is also undertaking a comprehensive review of the national drug policy and the final documents are expected to be ready by the end of this year.

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14. During the AMMD, we reiterate, enhance and further strengthen the existing cooperation and coordinated actions among ASEAN member states in tackling the drug situation in our region, to pursue the shared regional aspiration of a Drug Free ASEAN. Thus, today, we must consider the current and anticipated challenges posed by illicit drugs, learn from our past mistakes and formulate the way forward post 2015. The way we do business today, may not be appropriate anymore and therefore, our policies must be reviewed from time to time.

15. Adopting evidence-based drug policy and measures as well as scientifically proven prevention and treatment interventions is much of a challenge to us. Many research findings are not translated into policy and practice. Very often, we keep doing the same things, following past practices even if the outcomes are disappointing. To get different results, we must dare to change!

16. To safeguard the general population and the high-risk groups, innovative prevention programmes must be planned and implemented effectively. Otherwise, more and more people will get into drug problems to the point that, treatment will become near impossible.

17. Realising that the involvement of all sections of the society is a key to a successful prevention programmes, our approach in implementing prevention programs must involve many different groups of people in the community. Here in Malaysia, we have introduced the 1Malaysia Squad. They are mostly youth, who voluntarily participate in promoting anti-drug work as well as promoting healthy lifestyles. Through this approach, what is most important is to prevent a person from being involved in drug from the start. This would be the most cost-effective, common-sense approach to promoting safe and healthy communities. Therefore,

drug prevention must be seen within the context of addressing the factors that can contribute to a person abusing drugs.

18. Prevention efforts must be prioritised and focused. Prevention should be intensified at high risk areas with the cooperation and participation of the local community and according to the needs of high risk groups in a particular area.

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19. It is worth noting that the illicit cultivation of drug crops occurs in areas of grinding poverty and where illicit crop cultivation fulfills the basic need for cash income in cash strapped, subsistence economies. Thus, as a result of the Commission on Narcotic Drugs resolution 58/7 early this year, the Government of Thailand is organising the 2nd International Conference on Alternative Development or ICAD2 next month. This would provide a distinctive opportunity for participants of the Member States of the United Nations and the international community to build linkages, and to foster alliances and cooperation on Alternative Development towards the post 2015 development agenda, and the UNGASS 2016 process. It is my hope that, the meeting would focus on outcomes that are people centric, address issues of poverty eradication, environmental sustainability, and the promotion of healthy lifestyles. This is one example of how Thailand, as an ASEAN member state, is able to share its experiences and contribute to international efforts to curb illicit drug cultivation. We congratulate Thailand on the hosting of ICAD2.

20. If this can be done at a world level, I strongly believe that we, ASEAN member states, can do equally well on all other aspects which are related to illicit drugs at the regional level. This has already been shown through reports such as the "Drug Free ASEAN 2015: Status and Recommendations" as well as the current "Report of the Regional Review on the implementation of Drug Free ASEAN 2015". We must continue to share our knowledge, experiences, best practices and research outcomes among ourselves. A clearinghouse, or some sort of mechanism, is really needed for ASEAN member states to highlight best practices similar to what Thailand has done.

21. The role played by NGOs must also not be underestimated or ignored. We must engage as many NGOs as there are outside there, to assist us and participate in our efforts to address the

drug problems in this region. For this reason, Malaysia has formed MASAC or Malaysian Substance Abuse Council, aimed at gathering all drug-related NGOs under one umbrella so as to better manage and coordinate efforts to ensure that, they are stronger partners, who contribute to effective drug demand reduction interventions, especially in treatment and rehabilitation.

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22. One of the areas that need to be strengthened is the capacity of our workforce, especially in demand reduction. We must train and professionalise our prevention and treatment workforce to improve our efforts and outcomes in demand reduction. With the development of prevention science and the provision of proper training to our workforce, the quality of services provided to the population at large, high-risk groups and the drug users can be improved, and extended further.

23. The allocation of sufficient funds for prevention and treatment workforce development is crucial. To provide a continuous education for the professionals in the field of demand reduction, Malaysia has, for the last few years offered postgraduate diploma for substance abuse at two local universities, the Islamic Science University Malaysia and Universiti Malaysia Sabah. Recently, together with some ASEAN member states, Malaysia also collaborates with the Colombo Plan International Center for Credentialing and Education of Addiction Professionals, ICCE, to provide training and credentials to our demand reduction workforce through the Universal Treatment and Prevention Curriculum training series.

24. On top of that, cooperation and cross-border collaboration among ASEAN member states must be strengthened through a clearly defined regional mechanism. Apart from that, we could engage our neighbours like Japan, China and Australia, in the planning and implementation of our strategies through collaborative efforts, since drugs know no boundaries, and is a global problem. Malaysia remains committed to work with its regional and international community within the framework of the three international Drug Control Conventions in dealing with all issues related to drugs.

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25. In conclusion, I believe that, the only way to deal with drug problem is through a balanced, multi-discipline approach, partnerships with all sectors of society within the country, and strengthening cooperation and collaborative efforts with all countries. I am confident that, this 4th AMMD can provide the lead and direction, for ASEAN to collectively deal with the very many complex issues surrounding the drug situation in our region. I am sure that, through the sharing of your experience and strong commitment at this meeting, many issues would be addressed for the benefit of our ASEAN Community.

I wish you all a fruitful and successful deliberations.

Thank you.

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