Statement of the FPMPAM on Poisons Act 1952(Amendment) Bill 2022

“Don’t lump bona fide use of medicines with criminal trafficking of drugs”

Kuala Lumpur 17 March

The FPMPAM is calling upon the members of Parliament to seriously consider the long term implications of the amendments to the Poison Act on our medical and healthcare service.

It must be remembered that the objective of the original Poison Act 1952, is to regulate the importation, possession, manufacture, compounding, storage, transport, sale and use of poisons. It was not meant to regulate the worldwide criminal use and abuse of registered substances in particular psychotropics and precursors. These criminal activities should always be dealt with appropriate laws and under the Penal Code.

Since its enactment, the Poisons Act and its Regulations have been regularly updated as needed. So the claim by some quarters that these amendments are needed as the Act is archaic is not totally correct.

The Ministry of Health should clear the air and explain the real reasons for these amendments.

In earlier discussion we were informed that the amendments were meant to specifically address the absence of provisions to address important issues like counterfeit medicines, trafficking of psychotropics, precursor diversion and computerised record transmission.

The existing Act also has no provision for specific user licence for control and curbing irregularities in the use of chemical substances for psychotropics and precursor as required under our obligations to International Convention on psychotropics and precursors.

Unfortunately, the amendments call for a blanket increase in fines and jail term for virtually all offences prescribed in the Act.

All registered items and its use, be it as part of bona fide medical and healthcare are lumped together with criminal activities and painted with the same brush.

The amended Act have no provision to differentiate proper use of medical and healthcare products and criminal activities dealing with trafficking and diversion. This opens the enforcement process to potential abuse.

In the daily running of clinics and pharmacies, minor breaches due to lapses of administration or human oversight do occur. Such lapses also occur in public hospitals and pharmacies where they are usually addressed with in-house training and administrative measures. What then is the justification for this disparate approach to enforcement when dealing with private sector?
Contrary to usual practice, the amendments have included provisions for micro-managing the storage and sales of poisons. The law should only provide broad provisions and not the micromanagement details which should subsequently be spelt out in the supporting regulations.

Offences of a technical nature, eg. recording/labeling, should be clearly identified by amendments and appropriate minimum penalty should be set and allowed to be compounded.

Surely, our MPs cannot justify blanket increase of fines from 1000% to 4000% (as in some provisions) is needed to keep bona fide medical and healthcare professionals in line. As for the increase in jail term, do our MPs really think that the ever-present threat of serving jail time for our healthcare professionals is the best way to encourage appropriate and compassionate care for our rakyat? Have the socio-political landscape of Malaysia reached a state that reasonable compliance is no longer acceptable?

The increased quantum of fines, even if compounded to a reduced 50% will mean that medical practitioners can also face deregistration by the MMC if charged under this Act for an administrative breach. Clearly, this is not good for the long term health of our rakyat.

It is clear that there is a need for more deterrent approach for offences of a criminal nature (examples: diversion, trafficking and counterfeit). This should be addressed with other appropriate laws and not just conveniently lumped into the generic amendments to the Poisons Act.

We strongly urge our MPs on both sides of the House examine closely the potential perverse long term effect on the entire medical and healthcare service and supply chain if the Bill is passed in its current form. These amendments must be subject to a Regulatory Impact Analysis involving all stakeholders. It will adversely affect the present cost effective one-stop outpatient care system which is the backbone of primary care for a large proportion of our rakyat.

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