

**Addressing
drug problems in Myanmar:**

5 key interventions that can make a difference



About this paper

This policy briefing was drafted by a group of local and international organisations¹ with in-depth knowledge and extensive experience of drug-related issues in Myanmar. It is structured around a set of five strategic interventions, each of which comes with concrete recommendations that are adapted to the Myanmar context. It contains reliable, up-to-date information and examples of evidence-based practices from Myanmar and around the world.

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Sterile syringe for injection and aluminium capsule containing heroin.

Credit: Transnational Institute (TNI)

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“I believe that drugs have destroyed many lives, but wrong government policies have destroyed many more.”

Kofi Annan,

former Secretary General of the United Nations

EXECUTIVE SUMMARY

Myanmar's drug policies are out-dated and inadequate to respond to the great challenges posed by problematic drug use and production in the country. The 1993 Narcotic Drugs and Psychotropic Substances Law has failed to eliminate - or even reduce - drug use, trafficking and production. Worse, the implementation of harsh policies and penalties has caused immense additional harm to Myanmar people and communities.

Thousands of people have been unnecessarily exposed to the risk of infectious diseases and premature death as a direct result of those policies. Myanmar prisons are filled with drug users serving long-term sentences for mostly non-violent small drug offenses, while major traffickers are left undisturbed. Entire villages of impoverished poppy farmers have been targeted by forced eradication campaigns and pushed further into poverty, without any viable livelihoods alternatives to survive and pay for healthcare and education of their children.

Fortunately, successful interventions have also been conducted in the country. HIV prevalence among people who inject drugs started to decline following the implementation of health and harm reduction services for drug users. The lives of thousands of drug users and their families have hugely improved, thanks to the benefits of methadone programmes initiated by Myanmar Ministry of Health and Sports. Several isolated communities from Eastern Shan State that were included in alternative development

programmes voluntarily abandoned opium cultivation and successfully transitioned towards licit livelihoods strategies.

These domestic experiences add up to a growing body of evidence from all around the world, which indicate that policies grounded in public health, human rights and development, can yield an impressively wide range of benefits. Indeed, such policies not only improve people's health and support livelihoods, they also lower levels of drug related crime and corruption, reduce violence, conflict, and pressure on the criminal justice system, and ultimately result in greater social cohesion.

Existing good practices are no doubt positive steps but are yet to be implemented at scale. Overall, the lack of adequate response by previous Governments has led to great frustration among affected communities and the Myanmar population at large, as drug related problems have continued to mount and have become a key national concern.

Time has come to learn from such failures, embrace a different approach and adopt policies that are based on public health, community safety, human rights and development. Only such policies will deliver on the promise to improve people's lives; only such policies will truly allow Myanmar to reduce the harm caused by problematic drug use, trafficking and production.

“The war on drugs has been an utter failure.”

Barack Obama

INTRODUCTION

Situated within the “Golden Triangle”,² Myanmar is the world’s second largest producer of illicit opium after Afghanistan.³ Poppy cultivation is primarily concentrated in the mountainous areas of Shan and Kachin States, where an estimated 300,000 households are growing opium,⁴ mostly as a result of poverty.⁵ Part of the opium produced is consumed locally for traditional and medicinal purposes;⁶ however, a large share of the production is refined into heroin for the domestic and international markets.⁷ Myanmar has also become a major producer of amphetamine-type stimulants, more commonly known as “Yaba” or “Yama”.⁸



Blooming opium poppies in Shan State

Photo credit: Transnational Institute (TNI)

Although there is no reliable data on the overall number of drug users in the country, the prevalence of problematic drug use is thought

to be high, in particular in Kachin and Northern Shan States.⁹ The main health consequences of problematic drug use include high rates of HIV and Hepatitis B and C transmission, as well as lethal overdoses, due to unsafe injection practices.¹⁰

Beyond the questions of production and use, drug-related problems in Myanmar appear to be complex and deeply interconnected with numerous other issues such as conflict, poverty, food insecurity, lack of development, limited access to land and weak governance or rule of law. Overly simplistic solutions are regularly proposed, the most common of all being to wage another “war on drugs”. However, evidence shows that such strategies have failed and have actually caused problems much greater than those they intended to address.¹¹

“We must recognise the global drug problem as a set of interlinked health and social challenges to be managed, rather than a war to be won.”

The Global Commission on Drug Policy¹²

The suffering of individuals and families affected by drug-related problems are real, and as a result deserve drug policies that are pragmatic, effective and grounded in evidence. Myanmar’s drug policies must be based on available scientific and empirical evidence and no longer under the influence of emotions and ideology. Addressing problems linked to drug use, trafficking and production will require long-term, multidimensional approaches that focus on public health, community safety, human rights and development.

KEY STRATEGIC INTERVENTIONS

1. Increase access to health, harm reduction and voluntary drug treatment for people using drugs

Protecting people's health is the main aim of the international drug control system: it is precisely because of the health problems potentially caused by drug use that Member States have attempted to reduce drugs availability and consumption. The 1961 UN Single Convention on Narcotic Drugs states that its ultimate objective is "to improve the health and welfare of mankind." But despite the imperative to

Did you know?

- Nearly 1 in every 3 injecting drug users in Myanmar is living with HIV. This is 48 times higher than the prevalence in the general population.¹⁵
- In some parts of Kachin State, nearly 1 in every 2 injecting drug users is living with HIV.¹⁶
- For every 10 new HIV infections in the country, nearly 3 occur among people who inject drugs. The highest number of new HIV infections for the period 2015-2020 is projected to be among people who inject drugs.¹⁷
- Only 1 in every 7 people who inject drugs currently has access to methadone maintenance therapy.¹⁸

Sources: *Integrated biological and behavioural survey among people who inject drugs, Myanmar, 2014. HIV Estimates and Projections. Asian Epidemic Model, AEM (2015) Myanmar. National Drug Abuse Control Programme, Ministry of Health, 2015.*

protect health, Myanmar has prioritised drug demand and supply reduction strategies based on repression for decades, while little effort has been made, and even fewer domestic resources allocated, to establish evidence-based health and social interventions.¹³

Devastating HIV and Hepatitis C epidemics continue to rage among drug users.¹⁴ The Myanmar Ministry of Health and Sports has long acknowledged that this situation represents the biggest challenge the country is facing to reduce and prevent a further spread of HIV, and has again included harm reduction services for people who inject drugs as a key priority of its new national strategic plan for HIV / AIDS (2016 – 2020).

To respond to this major public health crisis, the Myanmar Ministry of Health and Sports has supported the provision of specific health services for drug users in regions most affected by injecting drug use – Kachin and Shan States, and Mandalay, Sagaing and Yangon divisions. Known as harm reduction, these programmes aim at reducing the harms associated with drug use. Services include needle and syringe exchange programmes, opioid substitution therapy (methadone maintenance therapy in



Health education session at a health centre offering harm reduction services to drug users, Kachin State

Photo credit: Médecins du Monde (MdM)

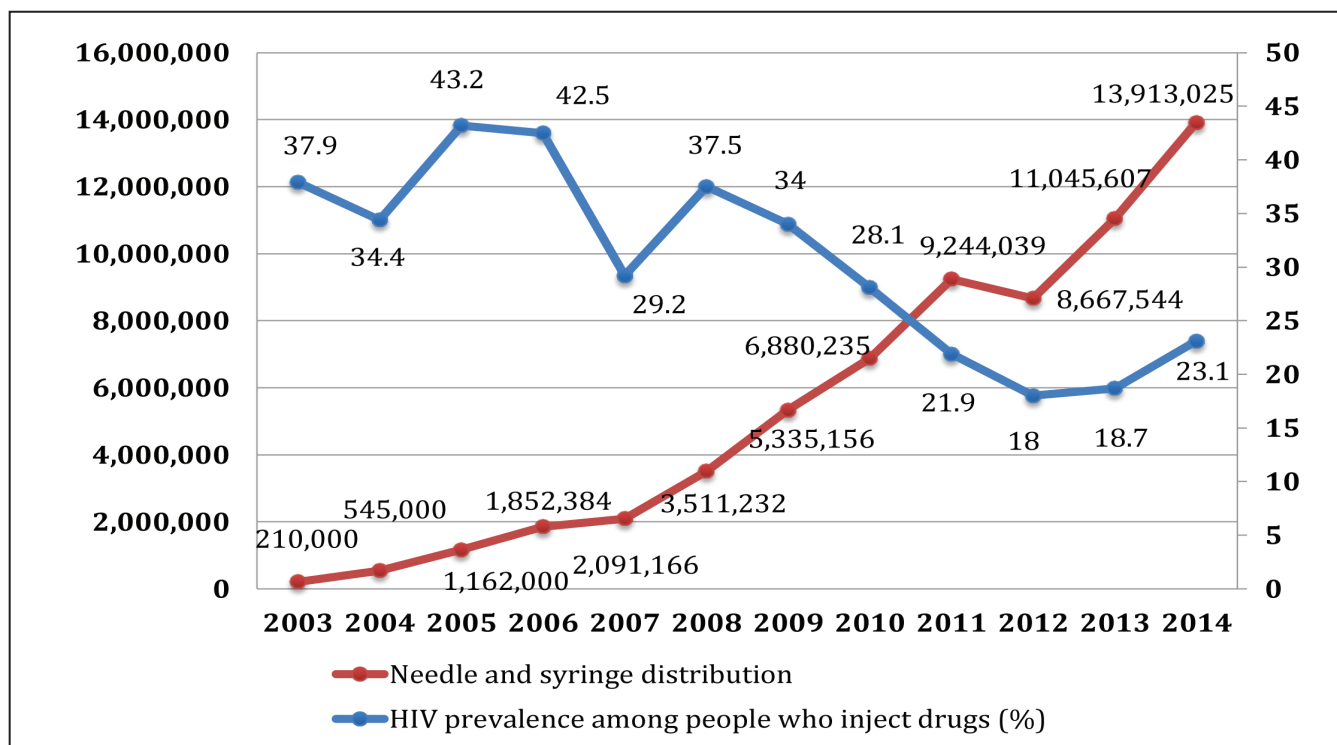
Myanmar's context), HIV testing and treatment and overdose prevention and management.

The results are encouraging, as HIV prevalence among young injecting drug users (under 24 of age) fell from 66% in 2000 to 17% in 2014;¹⁹ however, coverage is still insufficient. It is therefore urgently required to scale up those services to better protect Myanmar people's health and ensure safer communities.

“Even if some may disapprove drug use, let’s not forget that drug users are also members of our communities. They are sons and daughters, husbands and wives, fathers and mothers... Public health is everyone’s concern. A community that is free from HIV and other blood borne disease is fundamentally a safer community”.

Eamonn Murphy, UNAIDS Country Director in Myanmar²⁵

Needle and syringe distribution and HIV prevalence among people who inject drugs (2003 - 2014)



Source: Global AIDS Response progress report (2015), Myanmar, National AIDS Programme

Figure 1: The provision of sterile needles and syringes has increased rapidly following the start of harm reduction services. Meanwhile, HIV prevalence among people who inject drugs has started to decrease.

Harm reduction services have an impressive record of effectiveness, supported by extensive scientific evidence from around the world. In fact, harm reduction services have been proven to:

- ✓ Significantly reduce the transmission of blood-borne diseases such as HIV and Hepatitis C;²⁰
- ✓ Improve the uptake of medical, legal and social services and medical treatment for drug dependence;²¹
- ✓ Result in reduced criminality.²²

In addition, a large body of evidence also shows that harm reduction services:

- ✓ Do not increase drug use;²³
- ✓ Are highly cost-effective. For example, a study conducted in Australia recently documented how the Australian Government saved as much as 4 USD for every 1 USD invested in harm reduction services.²⁴

The need for voluntary and evidence-based drug treatment

The United Nations has called on all States to close compulsory drug detention and rehabilitation centres and implement voluntary, evidence-informed and rights-based health and social services in communities.²⁶



Methadone dispensing at a Government-run hospital in Kachin State. Access to methadone, a highly effective treatment for opiates dependent users, is still insufficient and should be further scaled-up.

Photo credit: Médecins du Monde (MdM)

The number of hospitals and specialised facilities currently offering evidence-based drug dependence treatment services in Myanmar is disproportionately low, especially in regions that are severely affected by injecting drug use. In addition, compulsory treatment is still being extensively used despite there being no evidence that it is effective in treating people with drug addiction problems.

Depriving people of their liberty, or forcing them to undertake treatment without their consent, does not create an environment that is conducive to long term recovery, and relapse rates as high as 90% have been reported following release from those centres in China and Cambodia.²⁷ Moreover, compulsory drug treatment necessarily takes place in closed settings, where both human rights and health-related concerns, such as increased vulnerability to HIV and TB infection, often arise.

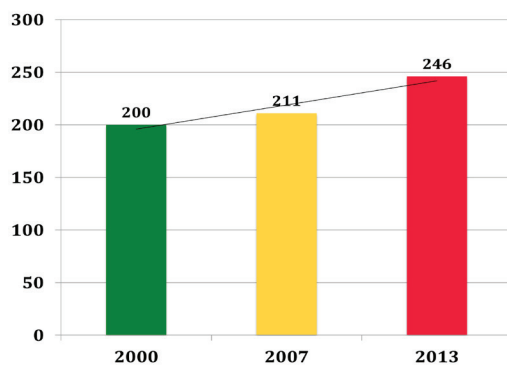
Intervention 1 - Key recommendations

- ⇒ Explicitly recognise the protection of public health and community safety as a central objective of drug policies.
- ⇒ Provide a legal basis, through specific provisions in the Law, for evidence-based prevention, voluntary treatment and harm reduction interventions.
- ⇒ Increase public expenditure for the provision of essential health services, including harm reduction, for drug users. Pro-actively support and facilitate the implementation of health services for drug users by non-state actors (NGO's, CSO's etc.) in all affected areas.
- ⇒ Scale up voluntary and evidence-based drug treatment, including methadone programmes, and rehabilitation for drug users. Explicitly ban the use of forced or compulsory treatment as a systematic alternative to incarceration for drug use.

2. End the criminalisation of drug users and small-scale farmers

The criminalisation of drug use and poppy cultivation largely relies on the assumption that fear of being arrested and punished will deter people from using drugs and growing illicit crops. Myanmar policies are still based on this principle, and severe punishment for drug-related offences were introduced as early as 1974.²⁸ Sanctions were greatly reinforced in 1983,²⁹ and the current 1993 Narcotic Drugs and Psychotropic Substances Law remains one of the harshest drug policies in the world.³⁰

Estimated number of drug users in the world (Millions)



Source: *World Drug Report 2015, UNODC*

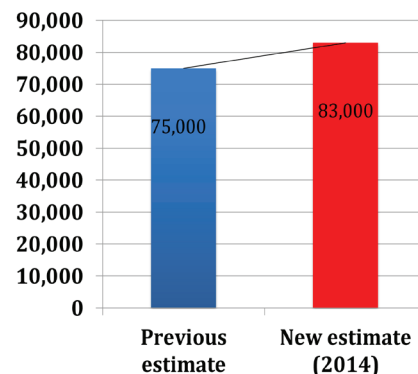
Figure 2: the overall number of drug users in the world continues to increase despite the intensification of global efforts to reduce drug supply and demand.

The UN Conventions and the criminalisation of drug use

Prison penalties for drug use are falsely believed to derive from the obligations contracted by Myanmar under the UN Drug Control Conventions. In fact, the UN Conventions do not require Member States to criminalise drug use itself or its possession for personal use.³¹

Today, evidence clearly indicates that this theory – that harsher punishments will result in lower drug use and availability – is incorrect. Drugs are widely available in Myanmar and high rates of problematic drug use continue to prevail in many regions,³² despite thousands of arrests³³ and a significant intensification of poppy eradication campaigns in the past few years.³⁴ This phenomenon is not specific to Myanmar and has also been documented internationally. Several studies conducted around the world show that there is no correlation between the severity - or the intensity - of law enforcement and the prevalence of drug use in a given country.³⁵

Estimated number of People Who Inject Drugs in Myanmar



Source: *Myanmar Ministry of Health*

Figure 3: there are no estimates for the overall number of drug users in Myanmar. However, estimates for the number of injecting drug users suggest the population is increasing.

In addition to its ineffectiveness to curb drug use and availability, considering drug use as a crime and subsequently punishing drug users has highly negative consequences for public health and community safety: Evidence collected in Myanmar shows that the fear of arrest and detention pushes drug users underground and drives them away from harm reduction and other essential health services.³⁶

Punishment hinders access to sterile injection equipment, fuels riskier injecting practices – such as sharing injecting equipment – and subsequently leads to higher transmission of HIV and Hepatitis C.³⁷ Moreover, the regular harassment of drug users for the possession of needles and syringes pushes them to discard used needles in the open,³⁸ thus increasing the risks of needle prick injuries for children or other members of the community.

“Criminalisation is the opposite of a pragmatic, health-centred, harm reduction approach – it is, in effect, a policy of harm maximization.”

The Global Commission on Drug Policy

In contrast, countries that have abolished prison penalties for minor drug offences - such as drug use or possession for personal use - have achieved impressive health and social outcomes, especially when they have simultaneously invested in health and social interventions.³⁹ The key benefits include:

- ✓ A decrease of blood-borne virus transmission and lethal overdoses;
- ✓ An increased uptake of drug dependence treatment;
- ✓ Reduced costs to the criminal justice system.⁴⁰

The example of Portugal

Portugal experienced a severe epidemic of heroin use during the 1980s and 1990s. In 2001, the Government decided to experiment a different approach to drug control based on health, human rights and support rather than repression. The new law reclassified drug use and possession for personal use as an administrative offence, as opposed to a criminal offence. It also allocated significantly greater resources to health and social services for people using drugs.

While some groups warned the government that drug use may increase, none of those fears turned out to be justified. Instead, Portugal’s drug policy has been recognised as one of the most successful in the world due to its wide range of benefits:

- ✓ HIV infections dramatically decreased;⁴¹
- ✓ Deaths by overdose plummeted;⁴²
- ✓ The number of people entering drug dependence treatment programmes increased dramatically;⁴³
- ✓ The number of drug users and problematic users, especially among adolescents, fell.⁴⁴
- ✓ Overcrowding in the criminal justice system reduced;⁴⁵
- ✓ Crimes related to drug consumption, especially petty thefts, declined.⁴⁶

Similarly, criminalising small-scale poppy farmers has not led to a reduction in poppy cultivation.⁴⁷ On the contrary, such policies have often resulted in fuelling corruption with law enforcement and Government officials extorting money from poppy farmers in return for not arresting them or refraining from eradication.⁴⁸

“Alternative Development requires an appropriate policy-legal framework, one that allows illicit-crop growers to be treated first as candidates for development rather than as criminals.”

Evaluation of Commission on Narcotic Drugs (CND), 2005

Intervention 2 - Key recommendations

- ⇒ Abolish criminal penalties for minor, non-violent, drug offences – drug use and possession for personal use, and small-scale cultivation. If full decriminalisation is not deemed possible, reclassify low-level drug offences as administrative violations, for which no incarceration is foreseen.
- ⇒ Develop alternatives to prison sentencing for minor drug offences - drug use or possession for personal use - such as drugs confiscation, warnings, fines, referral to health and treatment services, or community service. Explicitly rule out the use of forced treatment as a systematic alternative to incarceration.
- ⇒ Provide a solid legal basis for the provision of harm reduction services, including specific references in the new law to needle and syringe exchange programmes, peer education, opioid substitution therapy and overdose prevention and management.
- ⇒ Abolish the death penalty for drug-related offences.

3. Refocus law enforcement efforts on violent organised crime and large-scale drug production and trafficking

Myanmar's current legal framework categorises all drug offences as criminal offenses that are subject to heavy prison penalties. Law enforcement agencies therefore primarily focus their efforts on low-level violations such as drug use, drug possession for personal use or small-scale poppy cultivation. In fact, drug users, petty dealers or small-scale poppy farmers are simply easier targets than major traffickers, who may benefit from high-level relationships and can use their money and influence to obtain protection.⁴⁹ In practice, the criminalisation of low-level drug offences today results in the monopolisation of the police's limited human and financial resources to deal with minor, mostly non-violent law violations, while only few efforts are being made to fight organised and violent crime and large-scale drug production and trafficking.

“Look at the arrests taking place [in Myanmar]. It's the truck drivers, the couriers, the relatively easy [targets]. Myanmar needs to concentrate on those running the businesses ... those making all the money.”

Jeremy Douglas, UNODC regional representative for Southeast Asia and the Pacific⁵⁰

Another seriously negative consequence of Myanmar's drug policy is the huge strain it puts on the criminal justice system. Thousands of arrests are conducted every year and a large proportion of Myanmar's nearly 60,000 prisoners are people who were sentenced to long-term jail terms for mostly small drug-related offences.⁵¹

Myanmar's prison population

- There were 5,740 drug-related arrests in Myanmar in 2012 alone,⁵² and 6,414 drug cases brought against 9,188 suspects in 2015.⁵³
- In Myitkyina, more than two thirds of all prisoners are incarcerated for minor drug offences.⁵⁴
- Myanmar prisons are currently occupied at 150% of their maximum capacity.⁵⁵



Drug user held in custody in Kachin State

Photo credit: Transnational Institute (TNI)

In contrast, the decriminalisation of low-level, non-violent drug offences – drug use, possession of small quantities for personal use or small-scale cultivation – would allow refocusing law enforcement efforts on more disruptive forms of criminality, such as violent and organised crime, large-scale trafficking, corruption, or money-laundering. This change of focus would greatly alleviate the burden of law enforcement agencies and reinforce their ability to effectively reduce more serious forms of crime. In addition, some of the resources that are currently used for punitive drug control activities - police, justice and prisons –could be reallocated to far more cost-effective health and social interventions for drug users.

“Since big traffickers are difficult to catch, police officers working on the ground mostly arrest drug users and petty dealers to please their superiors with case numbers. Instead, law enforcement efforts should be focused on big time dealers and traffickers. Of course, this also means having access to more sophisticated intelligence gathering, better equipment and advanced trainings in collaboration with neighbouring countries.”

U Hkam Awng, Retired Police Colonel, former Joint Secretary and Head of Department, Office of CCDAC

The indicators that are used to measure the outcomes of current drug policies are traditionally based on the number of arrests conducted, the quantities of drugs seized, or

the level of crops eradicated. Those are merely quantitative outputs that fail to measure the outcomes or the impact of those policies.

New indicators are urgently needed to better assess the success of drug policies in terms of their harms and benefits for individuals and communities. These criteria could, for instance, include: the level of overdose deaths and the level of HIV or Hepatitis C infection among drug users; the level of corruption generated by drug markets; the level of petty crime committed by dependent users or levels of social and economic development in communities where drug production, selling or consumption are highly prevalent.

Intervention 3 - Key recommendations

- ⇒ Refocus law enforcement efforts and priorities toward the reduction of large-scale drug trafficking and organised and violent crime.
- ⇒ Define new criteria to measure the outcomes of drug policies in terms of harms and benefits for individuals and communities, rather than current quantitative-only outputs.
- ⇒ Reallocate part of the resources that are currently spent on policing efforts and criminal justice for low-level drug offences to health and social interventions.
- ⇒ Dedicate specific resources to fight against corruption, bribery and money laundering at various levels.

4. Promote development projects in opium growing areas

Myanmar's current drug policies attempt to reduce drug supply and demand primarily through a punitive approach, without addressing the driving factors of problematic drug use and illicit crops production. Opium poppy cultivation – and to a lesser extent problematic drug use – are, in fact, largely symptomatic of other underlying conditions. Those include,

for instance, poverty, food insecurity, armed conflict, lack of basic infrastructure and access to essential services, limited access to land, absence of viable employment opportunities, weak state institutions or lack of good governance.

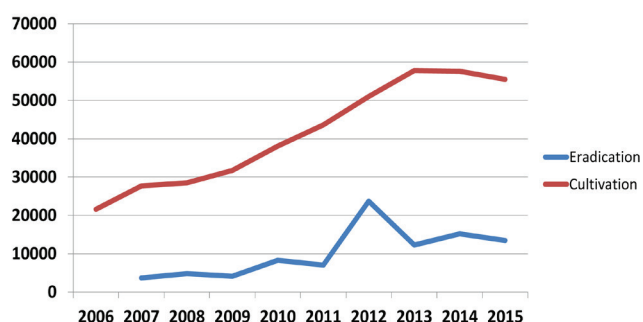
In Myanmar, the vast majority of people who grow opium are impoverished small-scale farmers from various ethnic minorities living in the remote mountains of Shan and Kachin States who grow opium as a way to survive.⁵⁶



Villagers collecting poppy seeds in dry opium bulbs

Photo credit: Transnational Institute (TNI)

Cultivation and eradication of opium poppy from 2006 to 2015, Myanmar (Hectares)



Source: GOUM/CCDAC; UNODC (Southeast Asia Opium Survey 2015)

Figure 4: Poppy cultivation almost tripled between 2006 and 2013 despite higher levels of eradication.

Forced eradication in those regions, where most of the above-mentioned underlying conditions still prevail, is a futile effort. In fact, despite the intensification of eradication campaigns in the country in recent years, opium cultivation almost tripled between 2006 and 2013.⁵⁷



Opium harvest in southern Shan State

Photo credit: Transnational Institute (TNI)

In practice, forced eradication campaigns often target the most vulnerable communities, pushing them further into poverty. Paradoxically, eradication therefore acts as a powerful incentive for farmers to move into more remote areas and increase cultivation the following year in order to compensate for losses and repay debts.⁵⁸

“The most wasteful and ineffective programme that I have seen in 40 years.”

Richard Holbrooke, former US special representative for Afghanistan and Pakistan, on US-supported poppy eradication in Afghanistan

Numerous international organisations – Governments, UN Agencies, donors and financial institutions – have acknowledged the failure of forced eradication and recognised that the driving factors of illicit crops cultivation should be addressed in the first place. In November 2015, more than 250 participants from 40 countries, including Major General Aung Soe (Deputy Minister for Home Affairs), reaffirmed at the 2nd International Conference on Alternative Development (ICAD2) in Thailand, that alternative development should be one of the fundamental pillars of international drug control.

The case of Thailand

In 1969, Thailand started implementing a long-term cooperative approach to opium control that encouraged income generation alternatives to opium cultivation - rather than law enforcement. Authorities, under the leadership of the late King Bhumibol Adulyadej, invested substantially in development programmes in poppy growing areas to ensure that ethnic groups living in the north of the country had viable alternatives to opium. By 1985, opium cultivation in Thailand had declined by 78%, from 145 metric tons to 33 metric tons - without forced eradication. Production dropped by another 50% the following year despite the fact that eradication efforts were very limited in scope. As of today, Thailand opium production has reached negligible levels.⁵⁹

Current support to alternative development projects in Myanmar is extremely limited, as only a few communities have received assistance. Several projects were implemented by UNODC in Southern Shan, and the Mae Fah Luang Foundation supported community-development programmes in Eastern Shan. However, some officials have showed a growing interest in expanding alternative development programmes and adopting a more development-oriented approach to illicit poppy cultivation.⁶⁰

“The government should not carry out any forced eradication of our opium fields unless and until they have provided access to sustainable crop substitution programmes and alternative livelihoods to our communities. [...] Instead of only eradicating our poppy fields, and demanding bribes and illegal taxation, government officials should provide basic services and long-term support to develop our communities. This should include food security, education and health services, electricity, infrastructure and communication.”

**Myanmar Opium Farmers Forum,
Loikaw, 9 May 2016**

Intervention 4 - Key recommendations

- ⇒ Recognise alternative development as one of the cornerstones of Myanmar drug control strategy. Include alternative development as a high-level priority in national drug policies, with specific references to its key principles (people-centred and long-term approach, non-conditionality and proper sequencing to ensure sustained income).
- ⇒ Invest and implement alternative development projects in impoverished poppy growing areas, and include alternative development within a broader national rural development strategy.
- ⇒ Facilitate access and administrative processes for organisations willing to implement alternative development projects in poppy growing areas.
- ⇒ Rule out the use of forced eradication until people have access to alternative livelihoods opportunities (proper sequencing).

5. Include civil society and affected communities in policy reform

The involvement of “affected communities” in policy design is a key principle of good governance and a commonly accepted practice worldwide. In fact, involving the people most affected by a particular problem in defining the response can lead to much improved long-term outcomes. In addition, it can also help reduce stigma and discrimination. Nevertheless, drug users and poppy farmers, who are by far the most directly affected by drug-related problems, today continue to be marginalised in the drug policy debate in Myanmar, and their voices are still insufficiently heard.

Policy makers and political leaders are often reluctant to adopt a different approach to drug policy, as they assume public opinion is predominantly conservative and in favour of “hard-line” strategies. This, however, is not necessarily true for the entire population – even though many have been influenced by years of authoritarian rule and punitive approaches to drug issues. In reality, Myanmar people’s apparent support for punitive actions rather derives from the frustration and exasperation that are, in fact, caused by the inefficiency of existing drug policies.

Achieving ambitious reforms always requires political courage, as Myanmar’s recent history and political transition well illustrate. Meaningfully engaging with civil society and communities directly affected by drug-related problems and policies will therefore be a crucially important step to ensure public support and backing for new drug policies.

“It’s time for change.”
Daw Aung San Suu Kyi

Intervention 5 - Key recommendations

- ⇒ Involve representatives of drug users and poppy farmers in drug policy design and reform and programme implementation.
- ⇒ Invite civil society organisations to take part in discussions on drug-related policies.
- ⇒ Sensitise and raise awareness among the public on evidence-based drug policies based on public health, human rights and development.

CONCLUSION

In November 2015, an overwhelming majority of Myanmar people voted for change. Millions of electors granted the National League for Democracy, and its leader Daw Aung San Suu Kyi, unequivocal support to initiate this change: to break from the country’s authoritarian past and adopt a different approach to politics.

It is time for Myanmar to acknowledge that punitive approaches to drug-related problems have failed to result in any tangible benefits for its people. Instead, the country should refocus efforts on proven and effective policies based on public health, community safety, human rights and development. It is time for Myanmar to become again a democratic, progressive and inclusive society that truly acts to protect its people. It is time for Myanmar to reaffirm its prominence on the international scene, and prove that more humane and effective drug policies are not only possible in distant countries, but also in Myanmar and Southeast Asia.

Endnotes

- 1 Myanmar Drug Policy Advocacy Group includes the following organisations: HIV / AIDS Alliance, Myanmar Anti-Narcotics Association (MANA), Transnational Institute (TNI), Médecins du Monde (MdM), Myanmar Opium Farmers Forum, Save the Children, Population Services International (PSI) and National Drug Users Network Myanmar (NDNM).
- 2 The Golden triangle is a major opium producing area that overlaps the mountains of three countries of Southeast Asia: Myanmar, Laos and Thailand.
- 3 UNODC, Southeast Asia Opium Survey 2015, Lao PDR, Myanmar.
- 4 UNODC, Southeast Asia Opium Survey 2012, Lao PDR, Myanmar.
- 5 “Bouncing back, relapse in the golden triangle.” – TNI - June 2014
- 6 “Found in the dark” – The impact of drug law enforcement practices in Myanmar – TNI and National Drug Users Network Myanmar (NDNM) – September 2016
- 7 Scott Green, “‘Happy Hour’ for Heroin in China,” China Digital Times, September 26, 2013, [http:// chinadigitaltimes.net/2013/09/china-demand-heroin-outpacing-golden-triangle-supply/](http://chinadigitaltimes.net/2013/09/china-demand-heroin-outpacing-golden-triangle-supply/).
- 8 Country Report: Burma, Bureau of International Narcotics and Law Enforcement Affairs, 2015 International Narcotics Control Strategy Report, US Department of State. Link: <http://www.state.gov/j/inl/rls/nrcrpt/2015/vol1/238952.html>.
- 9 “Situational analysis on drug use, HIV and the response in Myanmar: looking forward.” UNAIDS, May 2015
- 10 Global AIDS Progress report Myanmar, 2014, National AIDS Program, MoH
- 11 Public health and international drug policy, the Lancet Commissions, Vol 387, April 2, 2016. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00619-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00619-X/fulltext)
- 12 The global Commission on Drug Policy is an organisation composed of 23 political leaders and high profile personalities, including 10 former Heads of States.
- 13 Myanmar’s Government financial contribution to Harm Reduction services in the country is estimated around 12%, while the remaining 88% are funded by International Donor Agencies (UNAIDS – Do No Harm – Health, Human Rights and People Who Use Drugs – 2016). Besides the provision of Methadone services, only few Drug Treatment Centres are fully operational (only 2 for the whole of Kachin State). In addition, most rehabilitation centres under the Ministry of Social Welfare are not functioning due to a lack of funding (National HIV Legal Review – UNAIDS, UNDP, Pyoe Pin – September 2014).
- 14 HIV prevalence among PWID is estimated to be at 28.3% in 2014 – Source: Integrated Biological and Behavioural Survey among People Who Inject Drugs, Myanmar, 2014.
- 15 HIV prevalence among PWID: 28.5%; HIV prevalence among general population: 0.6%. Integrated Biological and Behavioural Survey Among People who Inject Drugs, Myanmar, 2014. HIV Estimates and Projections. Asian Epidemiological Model. Myanmar. December 2014. National Drug Abuse Control Programme, Ministry of Health, 2015.
- 16 HIV prevalence among PWID in Bamaw township: 45%; HIV prevalence among PWID in Waimaw township: 47%; Integrated Biological and Behavioural Survey Among People who Inject Drugs, Myanmar, 2014. HIV Estimates and Projections. Asian Epidemiological Model. Myanmar. December 2014.
- 17 28% of new HIV infections occur among PWID; Integrated Biological and Behavioural Survey Among People who Inject Drugs, Myanmar, 2014. HIV Estimates and Projections. Asian Epidemiological Model. Myanmar. December 2014.
- 18 12,488 people were accessing Methadone Maintenance Therapy programs as of December 2016. Methadone program annual review, December 2016, Yangon.
- 19 HIV Sentinel Surveillance (HSS), National AIDS Program (NAP), 2000 – 2014
- 20 Evidence for action technical papers. Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Geneva, World Health Organization, 2004. Wodak A, Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. Substance Use & Misuse, 2006, 41(6-7):777–813.
- 21 Evidence for action technical papers. Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Geneva, World Health Organization, 2004. World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS. Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva, World Health Organization, 2012 revision. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva, World Health Organization, July 2014.

- 22 Breaking the link: The role of drug treatment in tackling crime. London, NSH National Treatment Agency for Substance Misuse, 1997. The effectiveness of criminal justice and treatment programmes in reducing drug-related crime: a systematic review. London, UK, Home Office online report. (http://www.crim.cam.ac.uk/people/academic_research/david_farrington/olr2605.pdf)
- 23 Evidence for action technical papers. Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Geneva, World Health Organization, 2004.
- 24 Kwon JA, Anderson J, Kerr CC, Thein HH, Zhang L, Iversen J et al. Estimating the cost-effectiveness of needle-syringe programs in Australia. *AIDS*. 2012;26:2201-10.
- 25 8th Asian informal drug policy dialogue, co-organised by TNI, GIZ and CCDAC, Nay Pyi Taw, 6 - 8 November 2016
- 26 For more information see UN joint statement on Compulsory drug detention and rehabilitation centers: http://www.unaids.org/sites/default/files/sub_landing/files/JC2310_Joint%20Statement6March12FINAL_en.pdf
- 27 United Nations Office of Drugs and Crime, 2010
United Nations Office of Drugs and Crime. Evidence from compulsory centres for drug users in East and South East Asia. Background Paper prepared by UNODC RE EAP for the Regional Consultation on Compulsory Centres for Drug Users, 14-16 December, 2010, Bangkok, Thailand, 2010; <http://www.unaids.org.cn/pics/20130719153407.pdf>. (accessed 04.11.14)
Yan et al., 2013
Yan, L., Liu, E., McGoogan, J.M., Duan, S., Wu, L.T., Comulada, S. et al. Referring heroin users from compulsory detoxification centers to community methadone maintenance treatment: A comparison of three models. *BMC Public Health*. 2013; 13: 747
DOI: <http://dx.doi.org/10.1186/1471-2458-13-747>
- 28 1974 Narcotics and Dangerous Drugs Ordinance was Myanmar first Drug law.
- 29 The 1974 Narcotics and Dangerous Drugs Ordinance was amended in 1983. Penalties foreseen for failure to register as a drug user notably increased from 1 to 2 years previously to 3 to 5 years imprisonment, and death penalty was introduced for the most serious drug offences.
- 30 1993 Narcotic and psychotropic substances Law notably foresees 3 to 5 years prison penalties for failure to register as a drug user; 5 to 10 years imprisonment for the possession of illicit drugs, including for personal use only, 10 to 20 years for drug dealing offences – including relatively minor and non-violent - and the death penalty for the production, sale and trafficking (even though death penalty is currently not enforced).
- 31 Commentary on the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988, para. 3.95
- 32 Global AIDS Progress report Myanmar, 2014, National AIDS Program, MoH
“Situational analysis on drug use, HIV and the response in Myanmar: looking forward.” UNAIDS, May 2015
- 33 There were 5,740 drug-related arrests in Myanmar in 2012 alone – Patterns and trends of Amphetamine-Type-Stimulants and other drugs: Global SMART Programme, 2013 Challenges for Asia and the Pacific, UNODC, 2013.
- 34 South-East Asia Opium Survey 2015 – UNODC
- 35 Degenhardt, L., Chiu, W.T., Sampson, N., Kessler, R.C., Anthony, J.C. et al. (2008) ‘Toward a Global View of Alcohol, Tobacco, Cannabis, and Cocaine Use: Findings from the WHO World Mental Health Surveys’, *PLoS Medicine*, vol. 5, no. 7 www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0050141 Accessed 11.07.14
European Monitoring Centre for Drugs and Drug Addiction (2011) Looking for a relationship between penalties and cannabis use www.emcdda.europa.eu/online/annual-report/2011/boxes/p45 Accessed 08.07.14
Single, E., Christie, P. and Ali, R. (2000) ‘The impact of cannabis decriminalisation in Australia and the United States’, *Journal of Public Health Policy*, vol. 21, no. 21, pp. 157-186 www.ncbi.nlm.nih.gov/pubmed/10881453 Accessed 08.07.14
- 36 See National HIV legal review report, review of Myanmar’s legal framework and its effect on access to health and HIV services for people living with HIV and Key Affected Populations, September 2014, UNDP / UNAIDS/ Pyoe Pin
- 37 Global Commission on Drug Policy (2012) The War on Drugs and HIV/AIDS http://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf and, Global Commission on Drug Policy (2013) The Negative Impact Of The War On Drugs On Public Health: The Hidden Hepatitis C Epidemic www.globalcommissionondrugs.org/hepatitis/gcdp_hepatitis_english.pdf
- 38 “Found in the dark” – The impact of drug law enforcement practices in Myanmar – TNI and National Drug Users Network Myanmar (NDNM) – September 2016
- 39 Rosmarin A, Eastwood N. A quiet revolution. drug decriminalisation policies in practice across the globe. London: Release; 2012 (<http://www.countthecosts.org/sites/default/files/release-quietrevolution-drug-decriminalisation-policies.pdf>, accessed 6 April 2016).
- 40 Ibid.
- 41 Domosławski A. Drug policy in Portugal: the benefits of decriminalizing drug use. Warsaw: Open Society Foundations; 2011 (<https://www.opensocietyfoundations.org/sites/default/files/drug-policy-inportugal-english-20120814.pdf>, accessed 6 April 2016).
- 42 Hughes and Stevens, “A Resounding Success or a Disastrous Failure: Re-Examining the Interpretation of Evidence on the Portuguese decriminalization of illicit drugs”. 107 (Sicad). “Relatorio annual 2013 – a situacao do pais em material de drogas e toxicodependencias” 64

43 Ibid

44 Hughes and Stevens, "What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?," 999-1022; Mafalda Ferreira, Margarida Gaspar de Matos, and José Alves Diniz, "Risk Behaviour: Substance Use among Portuguese Adolescents," *Procedia - Social and Behavioral Sciences* 29(2011): 486-92.

45 Ibid

46 See 26, Ibid

47 Poppy cultivation almost tripled in Myanmar between 2007 and 2013 - South East Asia Opium Survey 2015, UNODC

48 Transnational Institute, "Bouncing back, relapse in the Golden Triangle", released in June 2014

49 "Found in the dark" - The impact of drug law enforcement practices in Myanmar - TNI - September 2016

50 See interview for the Myanmar Times on the 28th of June 2016

51 Bureau of Democracy and Labor, US Department of State, Country reports for human rights practices, 2014 - Burma Link: <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm?year=2014&dliid=236428#wrapper> accessed 8/12/2015

52 UNODC - Patterns and trends of Amphetamine-Type-Stimulants and other drugs: global SMART programme - 2013 challenges for Asia and the Pacific

53 Myanmar Times, 19 October 2016. Data disclosed by Major General Aung Soe, deputy minister for home affairs. <http://www.mmmtimes.com/index.php/national-news/mandalay-upper-myanmar/23167-four-drug-rehab-centres-to-open-in-december.html>

54 September 2014, estimate by an official of the Central Committee for Drug Abuse Control (CCDAC) given to TNI

55 In February 2015 the Myanmar National Human Rights Commission reported that Insein Prison was detaining over 7,876 prisoners while the maximum capacity is 5,000. <http://www.mnhrc.org.mm/en/unofficialtranslation-the-press-statement-regarding-the-visit-to-insein-central-prison-by-the-myanmar-national-humanrights-commission-statement-no-3-2015/>
According to World Prison Brief the occupancy level was 144.3% in 2012, not taking into account labour camps. <http://www.prisonstudies.org/country/myanmarformerly-burma>, accessed 7/12 '15

56 Transnational Institute, "Bouncing back, relapse in the Golden Triangle", released in June 2014

57 UNODC - Southeast Asia Opium Survey 2015

58 UNODC, <https://www.unodc.org/southeastasiaandpacific/en/myanmar/2012/05/food-distribution/story.html>

59 Opium cultivation in the Golden Triangle, Lao PDR, Myanmar Thailand - Thailand Opium Survey - 2006 - UNODC

60 The current State of Counternarcotics in Myanmar - TNI

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 Drug Policy Advocacy Group-Myanmar

Drug Policy Advocacy Group Myanmar

The Drug Policy Advocacy Group is a discussion platform composed of a wide range of stakeholders with an interest in drug-related policies and practices. Members include representatives from the drug users' and opium farmers' communities, civil society organisations, international and local NGO's. The group's main objective is to advocate for the adoption of drug policies and practices based on public health, human rights and development.

Member organisations include: HIV/AIDS Alliance, Myanmar Anti-Narcotics Association (MANA), Transnational Institute (TNI), Médecins du Monde (Mdm), Myanmar Opium Farmers Forum (MOFF), Save the Children, Population Services International (PSI) and National Drug Users Network Myanmar (NDNM).