

**YANGON UNIVERSITY OF ECONOMICS  
DEPARTMENT OF ECONOMICS  
MASTER OF DEVELOPMENT STUDIES**

**ANALYZING EXISTING DRUG-RELATED HARM REDUCTION  
STRATEGIES AND NEEDED HARM REDUCTION  
INTERVENTION FOR DRUG USERS IN TAUNGGYI  
TOWNSHIP, SOUTHERN SHAN STATE**

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A thesis submitted in partial fulfilment of the requirements for the Master of  
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## **ABSTRACT**

This research paper titled "Analyzing Existing Drug-related Harm Reduction Strategies and Needed Harm Reduction Intervention for Drug Users in Taunggyi Township, Southern Shan State" aims to provide an in-depth analysis of the current harm reduction landscape and assess the community's demand for new or modified interventions. Utilizing a mixed-methods approach, primary data was gathered through structured questionnaires distributed to drug users at the Taunggyi Drop-in Centre, operated by the Myanmar Anti-Narcotic Association, complemented by secondary data from the Taunggyi Drop-in Centre, the UNODC and CCDAC. The study reveals findings including significant engagement from young adults in harm reduction programs and notable disparities in service utilization across gender and education levels. Methamphetamine and heroin are identified as the predominant substances used, highlighting the need for targeted intervention strategies. Drug users have expressed a strong demand for more comprehensive drug treatment and rehabilitation services and identified several barriers to accessing current harm reduction services, such as limited awareness and legal concerns. These insights emphasize the necessity for multifaceted and inclusive harm reduction strategies that address the specific needs and barriers within Taunggyi Township.

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## LIST OF ABBREVIATIONS

AHRN	Asian Harm Reduction Network
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ATS	Amphetamine-type Stimulants
CCDAC	Central Committee for Drug Abuse Control
CBOs	Community-Based Organizations
DCRs	Drug Consumption Rooms
DDTRU	The Drug Dependency Treatment and Research Unit
DIC	Drop-in-center
EAOs	Ethnic Armed Organizations
FSW	Female Sex Worker
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
IBBS	Integrated Biological and Behavioral Surveillance
IEC	Information, Education, and Communication
KII	Key Informant Interviews
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MANA	Myanmar Anti-Narcotic Association
MOHS	Ministry of Health and Sports
MMT	Methadone Maintenance Therapy
MYET	Myanmar Youth Empowerment Opportunities Trust
N/S	Needles/syringes
NAP	National AIDS Programme
NGO	Non-governmental Organization
NSEP	Needle Syringe Exchange Programme
OPD	Outpatient
OAT	Opioid Agonist Therapy
OST	Opioid Substitution Therapy
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
STD	Sexually Transmitted Disease

STI	Sexually Transmitted Infection
TB	Tuberculosis
TNI	Transnational Institute
UNAIDS	United Nations Programme on HIV/AIDS
UNODC	Nations Office on Drugs and Crimes
WHO	World Health Organization

# **CHAPTER I**

## **INTRODUCTION**

Myanmar is well-known for being one of the largest global producers of illegal narcotics, and it is strategically positioned within the Golden Triangle, a region that has historically been a centre for drug trafficking in Southeast Asia. Myanmar, situated between China and India—both major chemical producers—is a significant global source of opium and methamphetamine. To combat the growing drug issue, Myanmar has implemented two key legislative measures: the revised 1993 Narcotic Drugs and Psychotropic Substances Law and the inaugural National Drug Control Policy. Despite revisions aimed at reducing prison penalties for drug use and enhancing access to health services, including rehabilitation and reintegration programs, the legislation continues to face criticism. It is perceived as overly reliant on criminal justice approaches, imposing harsh penalties for small-scale drug users and subsistence poppy farmers, and mandating detoxification, which infringes on individual freedoms and the right to health.

Myanmar's drug issues are complex, characterized by extensive and isolated regions of opium poppy cultivation and heroin manufacturing, escalating production and trafficking of methamphetamine, cross-border trafficking of precursor chemicals, and increasing drug consumption and related adverse effects. To address these issues, the Myanmar Union Government has made significant efforts to amend the Narcotic Drugs and Psychotropic Substances Law and develop a more integrated National Drug Control Policy. The previous approach primarily focused on supply reduction, neglecting other critical areas and failing to achieve the desired outcomes. Thus, understanding the significant changes in the amended law and the related policy is crucial in addressing the narcotic drugs and psychotropic substances crisis.

The Amending Narcotic Drugs and Psychotropic Substances Law 2018, enacted by Pyi Daung Su Hluttaw, and the New National Drug Control Policy, announced by Myanmar's Ministry of Home Affairs in February 2018, represent

major legislative and policy shifts. These amendments include significant revisions, additions, substitutions, and repealing certain sections. While the amended law incorporates several positive recommendations and criticisms, the National Drug Control Policy is noted for its comprehensive and evidence-based approach, to addressing urgent needs.

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Despite numerous positive improvements in the newly amended law, which focuses on demand and harm reduction and establishes a sustainable financial system and fund, questions remain about its effectiveness. The law repeals compulsory registration, eliminates prison penalties, and facilitates access to medical treatment for drug users. The first National Drug Control Policy, developed by the Central Committee for Drug Abuse Control (CCDAC), is a comprehensive framework emphasizing health interventions for drug users, rural development programs for opium growers, international cooperation, and research for a clear understanding of drug problems. Nonetheless, the effectiveness of this approach in meeting its objectives—creating safe and healthy communities by reducing the health, social, and economic damages associated with drugs—has yet to be demonstrated.

## **1.1 Rationale of the study**

Taunggyi Township, the commercial and communicative heart of Southern Shan State in Myanmar, confronts significant issues stemming from its central role in the regional drug trafficking network. Its strategic location, combined with porous borders and challenging terrain, facilitates the extensive cultivation and trafficking of drugs. This activity has led to notable substance abuse problems, impacting individuals, families, and the broader community. The Myanmar Narcotics Control Annual Report (2022) highlights a deficiency in harm reduction facilities in Southern

Shan, a sharp contrast to the better-equipped Northern and Eastern Shan regions. In Taunggyi, there was a drug-related harm reduction project that was funded by 3 diseases fund and implemented by Myanmar Anti-Narcotic Association (MANA). The project was started in 2016 and ended in 2023 June. However, Taunggyi Township has neither a residential detoxification centre nor a structured residential rehabilitation centre till 2023.

The Myanmar Narcotics Control Annual Report (2022) reveals a troubling disparity in the availability and functionality of harm reduction and treatment facilities across Shan State. Despite having 14 major drug treatment centres in Myanmar, none are located in Southern Shan, underscoring a significant resource gap. Additionally, of the 86 methadone clinics across Myanmar, Southern Shan's sole clinic is non-operational, severely restricting treatment options for opioid dependency in the area.

The scarcity extends to centre-based rehabilitation facilities essential for comprehensive drug user treatment and rehabilitation. Of the 14 national centres, Southern Shan has only one, and it is also non-functional, mirroring the situation of the methadone clinics. This lack of facilities severely hinders effective responses to substance abuse and its consequent health and social issues in Southern Shan.

This study seeks to delve into the drug-related harm in Taunggyi Township, examining prevalent drug types and HIV rates, and the need for effective harm reduction strategies. The glaring absence of functional harm reduction services underlines a critical support gap for affected individuals, stressing the urgency for focused research to inform policy changes and develop intervention strategies. Although organizations like the Myanmar Anti-Narcotic Association have made efforts, essential harm reduction facilities such as residential detoxification or structured rehabilitation centers remain inaccessible or unobtainable for drug users in Taunggyi Township. Aiming to offer precise insights into the efficacy of existing harm reduction strategies and the local demand for enhanced detoxification and rehabilitation services, this study underscores the importance of understanding the local context and community needs. Understanding the local context and community needs is crucial for developing targeted interventions and policies.

The recent amendments to Myanmar's drug law place public health at the heart of the country's drug control strategy and it means to focus more on harm reduction and demand reduction which further motivates this study. Harm reduction is

an effective means to reduce Human Resources wastage among drug users. These changes are intended to decrease drug use among various populations and alleviate the health and social harms linked to drug use, highlighting the study's potential to create targeted solutions specifically designed to address the particular problems associated with substance abuse in Taunggyi Township.

## **1.2 Objectives of the Study**

The two main objectives for the study are as follows:

To analyze the current landscape of drug-related harm in Taunggyi Township, including the types of drugs commonly used, HIV prevalence rates, and associated risks.

To assess the demand for needed harm reduction interventions for drug users in Taunggyi Township.

## **1.3 Method of Study**

The method of study is descriptive based on the primary and secondary data. This study employs a mixed-methods approach to gather empirical data from drug users accessing services at the Taunggyi Drop-in Centre (DIC) operated by the Myanmar Anti-Narcotic Association (Southern Shan State Branch). Descriptive research is utilized to provide an overview of the drug-related harm landscape in Taunggyi Township, while analytical methods facilitate in-depth examination and interpretation of the collected data. To fulfil the objectives of the study, both primary and secondary data sources are utilized. A structured questionnaire survey serves as the primary data collection tool, allowing for both qualitative and quantitative insights. Secondary data are gathered mainly from Drop-in Centre (Taunggyi) including reputable sources, internet websites, research papers from previous studies, and publications from organizations such as the United Nations Office on Drugs and Crime (UNODC), Asian Harm Reduction Network (AHRN), Ministry of Health (MoH) and the Central Committee for Drug Abuse Control (CCDAC) Myanmar.

Survey analysis employs a simple random sampling research method to ensure the findings are representative and valid. Data collected through the questionnaire survey are subjected to qualitative and quantitative analysis techniques to provide a comprehensive understanding of the current drug-related harm landscape and the

demand for needed harm reduction interventions for drug users in Taunggyi Township.

#### **1.4 Scope and Limitation of the Study**

The scope of this study is centred on examining the current drug-related harm landscape and evaluating the demand for additional or alternative harm reduction interventions within Taunggyi Township, Southern Shan State. The primary focus is on gathering empirical data through a survey conducted among drug users and other stakeholders. To encourage broad participation, the survey involves in-person interviews using questionnaires and aims to gather data from 108 respondents. This sample reflects the client base at the Taunggyi Drop-in Centre (DIC) based on their previous data (over 800 clients). Specifically, 95 participants are current clients accessing services at the DIC and 13 key informants selected for Key Informant Interviews (KII).

The secondary data includes (7) years of data (i.e. 2016-2023) from the Taunggyi Drop-in Centre (DIC) operated by the Myanmar Anti-Narcotic Association (Southern Shan State Branch).

#### **1.5 Organization of the Study**

This thesis is organized into five chapters that explore the current status of harm reduction programs and their impact. Chapter One describes the introduction of the paper, rationale, objectives, scope, method, and limitations of the study. Chapter two consists of a literature review on Harm Reduction including previous studies on it. Chapter three presents the current status of harm reduction programs. Chapter four describes the analysis on the research analysis of the study. Chapter five presents the conclusion, which synthesizes the findings and discussions. It includes suggestions derived from questionnaire results and offers recommendations.

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **2.1 Harm Reduction**

Harm reduction (also called damage limitation, risk reduction, and harm minimization) is a social policy aimed at decreasing the negative effects of drug use. Harm reduction is an alternative to abstinence, which focuses on decreasing the prevalence or incidence of drug use. Harm reduction is rooted in scientific public health, humanitarianism, and libertarianism, while abstinence is based on punitive law enforcement and medical/religious paternalism. Abstinence in the context of drug policy refers to a strategy focused on achieving abstinence from drug use, primarily through punitive law enforcement and a framework often supported by medical or religious paternalism. Harm reduction approaches focus on minimizing the adverse effects linked to drug use, without insisting on complete abstinence. Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs. Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support. Harm reduction strategies are designed to lessen the negative social and physical consequences associated with drug use. This approach is fundamentally a public health response to the issues of drug use, focusing on strategies like needle and syringe programs (NSP), opioid substitution therapy (OST), and safer drug consumption facilities. (Harm Reduction International, 2022)

#### **2.2 Principles of Harm Reduction**

The core principles of harm reduction encompass a broad range of strategies, including safer use, controlled use, and abstinence. These strategies focus on addressing the specific conditions surrounding drug use, rather than solely aiming to

stop drug consumption entirely. This approach recognizes that drug use is a multifaceted issue and seeks to engage individuals where they are in their journey, offering practical solutions to reduce associated harms.

Drug abuse requires individualized approaches, as there is no universal solution. While therapy and medication are often integral to addiction treatment, they may not be effective for everyone. Sandu (2023),

Harm reduction offers an alternative by focusing on minimizing the risks and negative consequences associated with drug use, rather than emphasizing complete abstinence. This approach often proves more successful in helping individuals reduce their drug use and enhance their overall well-being. There are eight fundamental principles that guide harm reduction:

1. **Acceptance:** This principle emphasizes the need to acknowledge addiction and its related behaviors as realities of life. Instead of ignoring or condemning individuals who struggle with substance use, harm reduction advocates for working together to compassionately and respectfully mitigate the adverse effects of drug abuse.
2. **Safe Use:** Harm reduction acknowledges that drug use exists on a spectrum, ranging from severe abuse to complete abstinence. It encourages safer practices, such as using smaller quantities, pacing oneself, or using substances in safer environments, such as supervised settings. By recognizing improvements in individual behavior, even if drug use continues, harm reduction validates positive changes.
3. **Flexibility in Recovery:** A key tenet of harm reduction is recognizing that not everyone can or will quit abruptly ("cold turkey"). Forcing rapid cessation may cause more harm, as severe withdrawal symptoms can be debilitating. Instead, harm reduction meets individuals where they are, allowing them to set personalized goals that give them autonomy over their recovery process.
4. **Non-Judgment:** Central to harm reduction is its non-judgmental and non-coercive nature. Individuals struggling with substance abuse are treated with dignity and respect, without stigmatization. The approach recognizes that shaming or judging individuals only exacerbates the problem, while compassionate support can promote healing.
5. **Proactive Solutions:** Harm reduction recognizes that recovery is often a process filled with setbacks. It is important to empower individuals during relapses by encouraging proactive planning and maintaining confidence in their treatment.

Providing a supportive environment allows individuals to communicate openly if their treatment methods are not effective.

6. **The Value of Mutual Support:** Addiction is difficult to face in isolation, and harm reduction underscores the importance of social support. This principle asserts that individuals who use drugs can still contribute positively to their communities and support others, even as they work through their own recovery.

7. **Consideration of External Factors:** Harm reduction acknowledges that addiction is often influenced by external factors such as poverty, trauma, and social inequality. Understanding that each individual's circumstances are unique is essential to providing personalized and compassionate care.

8. **Acknowledging the Dangers of Drugs:** One of the common misconceptions about harm reduction is that it encourages drug use. In reality, harm reduction does not downplay the risks associated with drugs. Like abstinence-based approaches, the ultimate goal is to improve individuals' health and well-being, with sobriety as the desired outcome.

### **2.3 Harm Reduction Programmes**

Harm reduction programs worldwide are designed to promote the health and well-being of marginalized populations, including people who use drugs, sex workers, sexual and gender minorities, and prisoners. These programs aim to overcome legal, social, and cultural barriers that contribute to the exclusion of these groups from essential healthcare services. Globally, harm reduction programs vary in scope but share a common goal of reducing the health risks associated with drug use, risky behaviors, and marginalization.

Globally, harm reduction initiatives include a wide range of interventions such as:

1. **Needle and Syringe Programs (NSP):** Widely implemented in many countries, including the United States, Australia, and parts of Europe, these programs provide sterile injecting equipment to reduce the spread of bloodborne infections, such as HIV and hepatitis C.
2. **Opioid Substitution Therapy (OST) and Methadone Maintenance Therapy (MMT):** Common in countries like Canada, the UK, and New Zealand, OST and MMT help individuals manage opioid dependence, reducing overdose risk and improving long-term health outcomes.

3. HIV Counseling and Testing (HCT): Available globally as part of harm reduction, these services provide testing and counseling to mitigate HIV transmission, especially among drug users.
4. Antiretroviral Therapy (ART): Implemented globally to treat individuals living with HIV, ART reduces the viral load in the body, improving the health of those infected and decreasing the likelihood of transmission.
5. Prevention and Treatment of Sexually Transmitted Infections (STIs) Programs targeting sex workers and at-risk populations offer STI screening and treatment, reducing the incidence of infections.
6. Condom Programming for People Who Inject Drugs (PWID) and Their Sexual Partners: This intervention, found in both developing and developed countries, aims to prevent the transmission of HIV and other STIs among drug users and their partners.
7. Prevention, Vaccination, Diagnosis, and Treatment for Viral Hepatitis: Common in Europe, Australia, and parts of Asia, these programs address the high prevalence of hepatitis B and C among drug users.
8. Targeted Information, Education, and Communication (IEC) for PWID and Their Partners: These programs provide information about safe practices, drug use risks, and sexual health, focusing on education and behavioural change.
9. Utilization of Peer Workers: Peer support is a key element in harm reduction strategies globally, where individuals with lived experience of drug use or sex work are employed to provide outreach, education, and support.

In Myanmar, harm reduction programs mirror many of these global interventions and focus on addressing the country's specific public health challenges related to drug use and marginalized communities. Initiatives such as Needle and Syringe Programs, Opioid Substitution Therapy, and targeted education are part of the national approach to minimizing the harms faced by vulnerable populations.

## **2.4 Review of Previous Studies**

Harm reduction offers a compassionate and scientifically supported alternative to traditional drug treatment methods, emphasizing human rights and public health improvements over punitive measures. This approach continues to gain recognition and implementation worldwide, reflecting a shift towards more humane and effective drug policy frameworks.

One stated that harm reduction marked a significant pivot from the conventional strategies that dominated the field of drug intervention. Unlike traditional methods which emphasize abstinence and often campaign under the mantra of "just say no," harm reduction approaches drug use from a health promotion perspective, similar to strategies used for managing alcohol consumption, dietary habits, and disease prevention. This approach suggests that while absolute abstinence might be ideal, it is not always practical or effective given the global rise in drug use and the limited success of prohibitive measures. O'Hare comments in his introduction to the book that harm reduction emerged in response to critical challenges: the role of injecting drug use in the spread of HIV and the recognition that traditional anti-drug strategies might actually worsen the problem. The philosophy behind harm reduction acknowledges drug use as an enduring part of human society, proposing that rather than stigmatizing or ignoring drug use, effective, practical measures should be implemented to reduce its harm. These measures can range from providing clean needles and syringes, and offering safer drug administration techniques, to prescribing legal, regulated alternatives to street drugs (Pates, R. 1991).

Harm reduction, also referred to as risk reduction or harm minimization, represents a social policy approach focused on reducing the adverse impacts associated with drug use. This approach has increasingly become recognized as a viable alternative to abstentionism, which traditionally seeks to reduce the prevalence and incidence of drug use. Originating from the scientific public health model, harm reduction also draws from humanitarian and libertarian principles, distinguishing it from abstentionism, which often relies on punitive law enforcement strategies and is influenced by medical and religious paternalistic views (Newcombe, IN P O'Hare et al., 1992).

Critique the traditional drug use treatment frameworks which solely valorize abstinence as unrealistic. They argue for a broader recognition of harm reduction's practicality and its role in fostering a safer community environment through non-coercive, non-judgmental support for individuals who use drugs. Buning et al. (1992)

Chronic opiate dependence, characterized as a long-term relapsing condition, responds best to treatments that are extensive and reintegrative. Historical therapies, ranging from abstinence-centred counselling to methadone maintenance, show varied effectiveness, suggesting a need for a spectrum of therapeutic options (Burnet Institute, 2006).

The effectiveness of joint efforts of donors, government organizations, UN agencies, and National and International Non-governmental organizations to reduce injecting drug use and its harmful consequences, studying strengths and weaknesses of harm reduction activities and giving some suggestions for better improvement of harm reduction activities to reduce HIV/AIDS. The methodology used in the study is secondary data and descriptive methods. This means the study relied on existing data and did not collect new data itself. Descriptive methods are used to analyze and describe the data. The study found that Myanmar faces challenges with drug use, including a shift towards more harmful methods like heroin injection, raising concerns about HIV transmission. Efforts involve collaborations for increased access to services, but legal constraints hinder harm reduction initiatives. Transparency and ongoing evaluation are crucial. Prioritizing demand reduction, supply reduction, and enhancing harm reduction efforts are essential for curbing drug-related harms and promoting societal well-being (Soe Ohnmar Aung 2007).

Harm reduction is not about condoning addiction but about preserving lives and enabling recovery. Evidence strongly supports that needle exchange programs significantly cut down HIV and Hepatitis C transmission among injectors. Furthermore, safe injection sites are proven to reduce overdose fatalities and the disorder linked to drug use in public spaces (Gabor Mate 2009).

Drug abuse and the associated harms have been a persistent problem worldwide, and in Myanmar, the issue has escalated due to the rising use of opium and heroin, especially among injecting drug users (IDUs). The harm reduction programs initiated in Myanmar during the early 2000s were supported by international agencies like the European Commission, AusAID, and the Global Fund. However, these programs have only reached about 15% of the target population, leaving a significant gap in addressing the socio-economic problems posed by drug misuse and the HIV epidemic among IDUs. The main objective of these harm reduction initiatives was to prevent drug misuse, reduce risky behaviours, and mitigate the transmission of blood-borne viruses, especially HIV. The programs emphasize community involvement, peer-based interventions, and a rights-based approach to healthcare access. Advocacy efforts, although slow, have been somewhat effective in expanding services across various regions of Myanmar, particularly in areas affected by the drug trade, such as Kachin and Shan states. The colonial-era drug laws and public health policies that, rather than focusing on harm reduction, push

drug users underground. The punitive nature of these policies exacerbates the social and health risks faced by drug users. In addition, the boom in the jade and gold mining industries after 1996 and cross-border trade has fueled the drug trade, further complicating harm reduction efforts. This study provides a comprehensive look into the state of harm reduction in Myanmar, revealing several gaps in the existing framework. The study underscores the importance of tailoring harm reduction services to meet the diverse needs of drug users, including those who use multiple substances, suffer from mental health issues, or face social ostracism. However, in Myanmar, drug laws focus on abstinence and a drug-free lifestyle, which often neglects the broader public health approach required to mitigate the harm of drug misuse. Despite these challenges, the harm reduction programs introduced between 2002 and 2010 made notable progress, particularly with the introduction of methadone maintenance therapy (MMT) and needle and syringe programs (NSPs). However, the study found that service coverage was still insufficient, with only a small percentage of the drug-using population accessing these critical services. The limited infrastructure, insufficient resources, and legal constraints have hindered the scale-up of these programs, and more systemic changes are needed to improve accessibility and effectiveness. In conclusion, while harm reduction initiatives in Myanmar have made strides, especially with international support, much more is needed to address the underlying legal, social, and health issues faced by drug users. Expanding harm reduction services, improving community involvement, and advocating for policy reform are critical steps in ensuring these programs' sustainability and effectiveness (War War Myint, 2010).

The primary objective of "A Study on Drug Related Harm Reduction Programme in Myanmar (2002 - 2010)" was to address critical issues related to drug misuse, the transmission of viruses among injecting drug users, and risky behaviours within youth clusters. It aimed to address the overarching objective is to examine the impact of harm reduction programs, the advocacy efforts, and the challenges posed by the public health policies and colonial-era drug laws still prevalent in Myanmar. These laws not only perpetuate punitive measures but also fail to emphasize the essence of public health in addressing drug addiction and related issues. The context of this study is deeply tied to Myanmar's growing drug trade, fueled by the jade and gold mining industries and the trans-border trade after 1996. The peacekeeping agreements with armed ethnic groups have led to the rise of drug trafficking, creating

further complications for harm reduction efforts. Despite slow but steady advocacy efforts, the harm reduction program has only managed to cover 15% of the population, indicating the need for broader community commitment and participation. The findings of this study highlight the cross-cutting nature of injecting drug use, which intersects with issues of sex work, social dysfunction, poverty, and border trade. The study suggests that effective harm reduction strategies must focus on a rights-based perspective, addressing the complex needs of drug users, including medical, psychiatric, and social services. However, Myanmar's current drug policies emphasize abstinence and drug-free lifestyles, often neglecting the diverse needs of drug users and pushing them further underground. Ultimately, this study underscores the necessity of comprehensive, community-driven approaches to harm reduction, advocating for more flexible policies and sustainable interventions. The study concludes that strengthening the capacity of affected populations and advocating for policy change at the national level are critical steps toward improving the effectiveness of harm reduction programs in Myanmar (Khin Khin Htwe and War War Myint 2011).

The advocates for transforming compulsory treatment systems into voluntary ones, emphasizing the need to empower drug users through accessible, affordable, and diverse treatment options that encompass both mental and physical health care. This approach aligns with a broader movement to decriminalize drug-related behaviours and reduce the stigma and legal barriers faced by drug users. (Central Committee for Drug Abuse Control (2018).

One argues that harm reduction, which is based on the realistic acceptance of non-medical drug use, has proven more effective in reducing health risks and drug use-related harms than prohibitionist policies (Jeffrey A. Singer 2018).

In a study whose focus was on understanding the socioeconomic impact of drug use, particularly in Wine Maw township, Kachin State, with an emphasis on HIV, AIDS, and related diseases. The objectives of the study were to investigate the prevalence of drug dependency and its effects on the community, utilizing a quantitative approach through face-to-face interviews with 102 individuals identified as drug dependents. The study revealed that addressing the complexities of drug dependency requires a comprehensive approach beyond solely relying on law enforcement and criminal justice interventions. Findings emphasized the necessity of collaboration across various sectors to effectively tackle the issue. Furthermore, the

study underscored the challenges associated with implementing solutions, highlighting the need for substantial resources beyond the capacity of governmental bodies and donor commitments. Hnin Hnin Yu (2019).

Stigma and legal consequences considerably affect methamphetamine users, often preventing them from seeking health services due to the fear of arrest. Harm reduction is vital in not only reducing these fears but also in avoiding risky behaviours like transitioning to injection use (Cachia & Myint Lwin, 2019).

In the paper "Public Awareness on Drug Problems Among Youths in Selected Townships in Kachin State" the author explores the acute issues of drug abuse impacting the youth in Myitkyina, Moe Gaung, and Mohnyin townships. Through a descriptive methodology employing in-person surveys, the study uncovers significant gaps in public awareness and identifies critical risk factors contributing to youth drug abuse. The thesis highlights the lack of comprehensive governmental and international support for drug issues in Kachin State, showcasing the community's inadequate response to increasing drug use. This detailed examination serves not only to map the landscape of drug abuse but also emphasizes the dire need for enhanced rehabilitation and preventive services aimed at reducing the youth's involvement in drug activities. Ya Min Thu (2019)

For decades, the primary method of addressing addiction in the United States has centred on abstinence-based recovery models. These models advocate for total cessation of drug use as a precondition for recovery, suggesting this as the sole route to a healthier life. However, research indicates that such programs often see high relapse rates, as they may inadvertently discourage individuals from seeking treatment due to the fear of failure. In contrast, harm reduction strategies present a more inclusive approach by prioritizing the minimisation of drug use's adverse effects over the cessation of use itself. These strategies, which include needle and syringe programs, medication-assisted treatments, and safe injection facilities, aim to maintain health, reduce overdose risks, and facilitate access to additional support services (Szalavitz, 2021).

There exists a misconception that harm reduction programs encourage drug use. Travis Rieder, a bioethicist at Johns Hopkins University, counters this by explaining that such initiatives, including the distribution of clean syringes and supervised drug consumption spaces, do not promote drug use but rather mitigate its inherent risks. Without these interventions, drug use persists but becomes more

perilous. Contrarily, Susan Sherman emphasizes that harm reduction also plays a critical role in connecting individuals to treatment services, thus acting not only as a protective measure but as a bridge to recovery (Coulson & Hartman 2022).

In the Philippines, despite some evidence-based initiatives, drug treatment and rehabilitation are predominantly compulsory, lacking scientific support and adequate human rights protections (Lasco & Yarcia 2022).

Similarly, in Thailand, legislative reforms hint at a move towards voluntary drug treatment, reflecting a broader acceptance of harm reduction principles rooted in human rights rather than punitive measures (Gloria 2022).

Recent literature underscores that harm reduction is grounded in solid evidence, proving its efficacy, safety, and cost-effectiveness across various socio-cultural and economic contexts. These interventions not only support public health but also uphold the human rights of drug users, advocating for equitable access to services regardless of one's lifestyle or socio-economic status (Harm Reduction International 2023).

Harm reduction as a crucial element of substance use care, distinct from treatment models focused purely on abstinence. Research has consistently shown that harm reduction strategies like syringe services and naloxone distribution not only prevent overdose deaths but also reduce the transmission of infectious diseases, thereby diminishing healthcare costs and integrating users into health and social services (The National Institute on Drug Abuse 2023).

The importance of harm reduction, recognizing the complex reasons behind drug use and the variety of its consequences. While it supports prevention and abstinence-oriented treatments, it acknowledges the persistent reality of drug use. Harm reduction strategies are crucial in addressing risks such as HIV transmission among injecting drug users, engaging in risky sexual behaviors, and other related activities like transactional sex, which can fund drug habits. The effectiveness of these strategies in curbing HIV and other blood-borne viruses is well-documented, alongside their benefits in reducing overdoses, criminal activities, and social exclusion (The World Health Organization's Eastern Mediterranean Region office 2023).

Harm reduction as a set of pragmatic tactics aimed at diminishing the negative outcomes associated with drug use. This approach is rooted in social justice and respects the rights of individuals who use drugs, acknowledging the need for

strategies tailored to individual and community needs without a one-size-fits-all solution. It also recognizes the complexity of drug use, which can range from severe abuse to managed and safe use, focusing on improving life quality rather than mandating complete drug cessation (National Harm Reduction Coalition, 2024).

In the book, “The Harm Reduction Gap: Helping Individuals Left Behind by Conventional Drug Prevention and Abstinence-only Addiction Treatment”, the author explores the significant shortcomings of traditional drug prevention strategies and abstinence-only treatment approaches in the United States, particularly in the context of an ongoing overdose crisis claiming over a million lives. She critiques the ineffective “Just Say No” messaging promoted by DARE during the Reagan era, a time marked by fear-based prevention methods that failed to adapt to the realities of drug use in society. The author introduces the concept of the “harm reduction gap,” which identifies a lack of adequate services for individuals who experiment with, socially use, or are dependent on drugs but are not prepared or able to cease use. This gap highlights the limitations of current care models that do not meet the needs of most Americans touched by drug use issues. The author provides a historical analysis of drug policy in the United States, illustrating how racial, xenophobic, and social control motives led to the criminalization of certain substances, thereby creating a bifurcated system of drug policy. This system criminalizes some users while offering medical solutions to others, perpetuating a cycle of stigma and marginalization for those using criminalized drugs. The author also discusses various harm reduction initiatives that have emerged both in the United States and internationally as responses to these policy failures. These include Syringe Service Programs, Overdose Prevention Programs, Harm Reduction Psychotherapy, and other critical interventions. She emphasizes the importance of these programs in providing evidence-based alternatives that can significantly reduce the risks associated with drug use and improve public health outcomes by filling the harm reduction gap. This comprehensive examination sheds light on the essential role of harm reduction strategies in a landscape dominated by punitive measures and provides a crucial perspective on the need for a more inclusive and effective approach to drug policy and treatment. Vakharia (2024).

## **2.5 Global State of Harm Reduction**

The chapter is supported by a comprehensive overview of the global state of harm reduction, detailing the extent to which various programs—ranging from Needle and Syringe Programs (NSP) and Opioid Agonist Therapy (OAT) to newer interventions such as safe consumption rooms and take-home naloxone kits—are implemented and supported by national policies in various countries. This discussion

lays the groundwork for a more in-depth examination of the effectiveness of these programs, which will look at data on their impact on reducing drug-related harm, such as the spread of infectious diseases and overdose deaths.

The chapter's subsequent sections delve into regional differences in harm reduction practices, looking at how cultural, political, and economic factors influence the adoption and success of various strategies. The chapter also discusses how harm reduction can be integrated into broader health and social services, as well as the role of international cooperation and advocacy in moving the harm reduction agenda forward.

### **2.5.1 Background of Global Harm Reduction Process**

The harm reduction concept emerged in the late 1980s as a practical response to the HIV/AIDS epidemic among drug users. This approach marked a significant shift away from punitive drug-use policies, focusing instead on public health strategies designed to mitigate the negative effects of drug use without requiring abstinence. The underlying principles of harm reduction are founded on pragmatism, human rights, and public health.

Formal harm reduction efforts first gained traction in the Netherlands and the United Kingdom. In the Netherlands, this approach was integrated into a broader drug policy framework that included cannabis decriminalization and regulation, as well as the implementation of needle and syringe exchange programs (NSP) to combat HIV transmission. In the United Kingdom, harm reduction strategies were developed to address the HIV epidemic among heroin users, with the government supporting the distribution of sterile needles through pharmacies and specialized services, indicating a significant shift in policy.

The rising prevalence of HIV among drug users prompted international organizations to recognize harm reduction as an essential component of global health policy. Organizations such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Office on Drugs and Crime (UNODC) have all endorsed harm reduction as a critical strategy for HIV prevention in drug-using communities, making it easier to incorporate into national policies, particularly in regions with high HIV prevalence among injectors.

Over time, harm reduction has expanded to include not only NSP and opioid substitution therapy, but also a broader range of services aimed at lowering the risks associated with various types of drug use. These include creating safe consumption

areas, distributing naloxone to prevent overdose deaths, and providing testing and treatment for blood-borne viruses.

Despite its effectiveness in reducing drug-related harms, harm reduction faces opposition and remains a contentious issue in many areas where strict drug prohibition policies are still enforced. However, the global harm reduction movement continues to grow, fueled by the demonstrable benefits of these strategies and the dedicated advocacy of both international and local organizations.

### **2.5.2 Global Harm Reduction Programmes**

In terms of drug consumption, an estimated 5.5% of the world's population has used drugs at least once in their lives, with approximately 275 million people identified as drug users. According to these figures, approximately 36.3 million people require treatment services, including over 11 million who inject drugs. The annual death toll from drug overdoses has steadily increased. Furthermore, according to the 2021 World Drug Report, the prevalence of infectious diseases associated with drug use has increased, including HIV, Hepatitis B, and Hepatitis C.

Between 2020 and 2022, there was a significant increase in the global adoption of risk-reduction interventions. For the first time since 2014, the Global Harm Reduction Report shows an increase in the number of countries providing essential harm reduction services. This growth is due to the implementation of new needle and syringe programs (NSPs) in five African countries, as well as the establishment of officially sanctioned drug consumption rooms (DCRs) in four more countries, including a facility in Mexico that received local approval in 2022 after operating informally since 2018. Furthermore, for the first time, three countries implemented opioid agonist therapy (OAT).

Since 2020, no country has ceased to implement NSP, OAT, or DCR programs. By 2022, the global reach of these programs has increased to 92 countries, up from 86 in 2020; 87 countries operate at least one OAT program, up from 84 in 2020; and 16 countries maintain legally sanctioned and operational DCRs, up from 12 in 2020. Furthermore, the number of countries that provide naloxone for take-home use and through peer-distribution models has increased. Although year-on-year comparisons are difficult due to changes in definitions and research methodologies, the Global State of Harm Reduction 2022 report states that 35 countries now offer take-home naloxone, while 21 countries have peer-distribution naloxone programs.

A significant increase. 105 countries now include harm reduction-supporting statements in their national policy documents, up from 87 in 2020. This increase in commitment and implementation reflects the ongoing advocacy and resilience of community groups, civil society, and international organizations that promote a health and human rights-based approach to addressing drug use in resource-constrained settings. Table 2.1, titled "Global Implementation of Harm Reduction Measures (2022)", provides a comprehensive overview of the adoption and operational status of various harm reduction strategies in various countries.

Table 2.1: Global Implementation of Harm Reduction Measures (2022)

Harm Reduction Measure	Number of Countries
Explicit Supportive Reference to Harm Reduction in National Policy Documents	105
Needle and Syringe Programs (NSP) Operational	92
Opioid Agonist Therapy (OAT) Programs Operational	87
Drug Consumption Rooms Operational	16
Take Home Naloxone Available	35
Naloxone Peer Distribution Programs Operational	21
Safer Smoking Kit Distribution Programs Operational	19
Stimulant Prescription Available	2
NSP in at least one Prison	9
OAT in at least one Prison	59

Source: (Global State of Harm Reduction 2022)

The table quantifies the global spread and acceptance of critical harm reduction measures by listing how many countries have implemented specific programs and policies. These measures highlight the progress and prevalence of harm reduction initiatives worldwide, reflecting a growing recognition of their importance in public health strategies.

#### **(a) Needle and Syringe Programs (NSPs)**

The "Global State of Harm Reduction 2022" report emphasizes the critical role of needle and syringe programs (NSPs) in reducing the transmission of blood-borne viruses like HIV and hepatitis C among people who inject drugs. By 2022, NSPs were active in 92 countries, indicating an increase in global adoption, particularly in several African countries where such programs had recently been launched. This expansion reflects a growing acceptance and commitment to harm reduction efforts in previously underserved areas. However, the implementation of NSPs continues to face challenges such as restrictive legal and policy frameworks, insufficient funding, and

social stigma, all of which limit the programs' reach and effectiveness. The report emphasizes the important advocacy work done by community groups and civil society organizations to promote NSP integration into national health policies. It advocates for increased governmental and international support to expand NSP coverage, particularly in low- and middle-income countries, and suggests better integrating NSPs into broader health and social services to improve accessibility and impact. Since 2020, the implementation of harm reduction programs in prisons has largely stalled. Currently, only a few countries, specifically Armenia, Canada, Germany, Kyrgyzstan, Luxembourg, Moldova, Spain, Switzerland, and Tajikistan, offer needle and syringe programs (NSPs) within their prison systems. (See Appendix E.)

### **(b) Opioid Substitution Treatment (OST)**

Furthermore, the "Global State of Harm Reduction 2022" report provides an update on the status of opioid substitution therapy (OST) worldwide. As of 2022, OST is available in 87 countries, indicating an increase in adoption and recognition of its efficacy in managing opioid dependence and reducing opioid-related harms. Despite this progress, the report acknowledges that OST is not universally available, with significant disparities, particularly in many low- and middle-income countries. Regulatory restrictions, a lack of funding, and the ongoing stigma associated with drug use all serve as barriers to broader implementation. The report emphasizes the need for increased support and funding to expand OST programs, which are critical for reducing drug-related harm and facilitating the social reintegration of people struggling with opioid addiction. The number of countries providing OAT (a type of OST that involves the use of drugs that are agonists at the opioid receptor) in prisons remains at 59. While OAT programs are now available in prisons in Kosovo, Macau, and Tanzania, new data show that Georgia, Hungary, and Jordan only provide opioid agonists for detoxification. (See Appendix E.)

### **(c) Viral Hepatitis and HIV**

Primary healthcare and harm reduction facilities can effectively manage viral hepatitis and HIV, including Hepatitis B and C, which are preventable and treatable diseases. However, the global initiative to eliminate these as major public health concerns by 2030 is faltering, as evidenced by the World Health Organization's (WHO) missed viral hepatitis targets between 2016 and 2021—with the exception of

a reduction in hepatitis B among children under five. Currently, 80% of high-income countries are unlikely to meet the WHO's 2030 targets, with two-thirds set to be delayed by more than two decades. The exclusion of drug users from national health programs makes a significant contribution to these shortcomings. Moreover, factors such as a lack of safe injecting equipment, societal violence, legal penalties, and restrictive policies impede this group's access to hepatitis C diagnosis and treatment. Furthermore, factors such as a lack of safe injecting equipment, societal violence, legal penalties, and restrictive policies impede this group's access to hepatitis C diagnosis and treatment. Discrimination based on gender, ethnicity, and race, as well as stigma in medical settings, alienate those in greatest need, discouraging them from seeking further care. Nearly 40% of people who inject drugs have active hepatitis C, while 8.3% have active hepatitis B. (See Appendix E.)The shared use of non-sterile injecting equipment promotes the spread of these blood-borne viruses, including HIV, and is a major contributor to the community's high rates of illness and death. Eastern Europe and Latin America have the highest rates of hepatitis C among drug users, highlighting the critical need for improved healthcare interventions and increased access to harm reduction services.

Several countries are developing coordinated responses to improve harm reduction and hepatitis C management for people who inject drugs. Many successful interventions have a decentralized, community-driven approach. These initiatives frequently incorporate hepatitis C testing and treatment into primary care and harm reduction settings, significantly increasing their reach and effectiveness. In India, the CONE Manipur pilot represents a community-based effort that has been effective in enhancing hepatitis C care. This initiative enables on-the-spot testing and the commencement of treatment for hepatitis C at drug rehabilitation centers. Initial results show high screening and treatment initiation rates, implying that this model could be applied across the national healthcare system to improve outcomes. Thailand's C-FREE program, another community-based initiative, provides regular HIV and hepatitis testing and treatment at drop-in centers for drug users and their partners. The program's design helps to eliminate common barriers to treatment, as evidenced by high rates of treatment initiation and completion, with many patients achieving a sustained virological response.

Vietnam has integrated hepatitis B and C care into broader harm reduction and preventive health measures for high-risk populations, such as HIV patients and

methadone users. This inclusive approach has already met its initial treatment targets and intends to expand further with support from global health funds. In 2019, Malaysia decentralized its hepatitis C services, allowing primary healthcare centers to perform screenings and treatments, thereby improving access for vulnerable populations, including prisoners. Malaysia is looking into new approaches, such as hepatitis C self-testing, to meet its 2030 elimination targets. These examples demonstrate the efficacy of community-based hepatitis care, and they call for national health systems to adopt similar models to reduce mortality and prevent transmission among drug-using populations. People who inject drugs have a 35 times higher risk of contracting HIV than adults who do not inject drugs. Despite this, less than 1% of these people live in countries that provide UN-recommended coverage for needles, syringes, and opioid substitution therapy, which are critical components of harm reduction required to combat AIDS effectively. In many areas, harm reduction services are completely absent.

Furthermore, there is a significant funding gap in low- and middle-income countries for harm reduction programs. Currently, only 5% of the required funding is being provided. If there is a genuine commitment to ending the AIDS epidemic and protecting human rights—as reaffirmed by global leaders in the 2021 Political Declaration on HIV/AIDS—it is critical to increase investment in community-driven solutions. These solutions must take into account legal, policy, and societal challenges, as well as the various forms of discrimination that disproportionately affect women who use drugs.

According to Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV and AIDS (UNAIDS), "Change is possible and within reach, as long as governments and donors invest in community-led solutions that work." It is critical to repeal laws that criminalize drug use and possession for personal purposes. According to the most recent reports, 115 of 128 countries continue to criminalize these actions. Evidence from countries such as Czechia and the Netherlands, which have either decriminalized drug use or implemented effective diversion strategies in collaboration with communities, demonstrates significant progress—between 2009 and 2018, there were fewer than twelve new HIV cases among people who inject drugs. The Global AIDS Strategy 2021-2026 advocates for the elimination of all laws that criminalize drug use and possession. This recommendation is part of a wider initiative to lessen stigma, discrimination, and

violence toward individuals who use drugs. Only by ensuring that drug users have access to necessary HIV and harm reduction services will the fight against AIDS truly progress. Community-led organizations play an important role in program design, implementation, and delivery, allowing diverse groups such as women, youth, Indigenous communities, LGBTQI individuals, and incarcerated people to access critical harm reduction services. These grassroots efforts demonstrate effective strategies for combating the AIDS pandemic worldwide.

#### **(d) Covid-19 and harm reduction**

The COVID-19 pandemic has significantly affected the health of individuals who use drugs and has also impacted the accessibility of harm reduction services. According to the *Global State of Harm Reduction 2020*, the pandemic has forced changes in service delivery, such as telehealth, take-home treatments, and 24-hour needle access, but challenges remain, particularly in low-income countries. Misinformation has contributed to vaccine hesitancy among drug users, while structural and global inequalities limit vaccine access. By September 2022, there was a significant difference in vaccination rates between high and low-income countries. The pandemic has increased risks such as overdose, which has been especially harmful to women who use drugs. During the pandemic, service adaptations ensured access to essential harm-reduction interventions like opioid agonist therapy (OAT) and naloxone. In response to these ongoing challenges, the World Health Assembly began work on a pandemic preparedness treaty in December 2021 to establish international standards for future crises, though community and civil society participation has been limited. Moving forward, harm reduction must be recognized as critical in public health crises, with community-based organizations playing an important role in decision-making and service adaptation. Continued funding for harm reduction programs and research into effective service delivery adaptations is critical. Furthermore, improving transparency and resources for COVID-19 vaccinations in prisons is a major concern, with many countries falling short on adequate coverage.

## **CHAPTER III**

### **OVERVIEW OF DRUG-RELATED HARM REDUCTION PROGRAMS IN MYANMAR**

This chapter, titled " Overview of Drug-Related Harm Reduction Programs in Myanmar" explores the contemporary landscape of harm reduction initiatives in Myanmar. This chapter examines the effectiveness, reach, and diversity of harm reduction strategies that are employed to combat the negative consequences associated with drug use and addiction. By analyzing current programs and policies, this chapter seeks to assess the progress made in reducing harm among drug users and to identify ongoing challenges and opportunities for enhancement in this critical area of public health.

#### **3.1 Harm Reduction State in Myanmar**

In Myanmar, the endorsement of harm reduction strategies by the Central Committee for Drug Abuse Control (CCDAC) and the Ministry of Health and Sports (MOHS) over a decade ago marked a significant shift in the country's approach to managing drug abuse. This initiative has seen the collaboration of an extensive network of stakeholders, including government bodies, international and local non-governmental organizations (NGOs), drug user networks, community-based organizations (CBOs), development partners, and United Nations agencies, all contributing to a collective harm reduction effort.

Over the past ten years, these collaborative efforts have led to notable advancements and commendable achievements in the field of harm reduction. This period has witnessed a substantial increase in the number of harm reduction projects executed by both international and local NGOs. There has also been a noteworthy increase in the leadership and involvement of governmental sectors in these initiatives, coupled with a strengthened commitment from development partners, donors, and supporting agencies to enhance services for people who inject drugs (PWID).

The expansion of service delivery has been particularly significant, with programs such as needle and syringe programs (NSP), methadone maintenance therapy (MMT), HIV Testing Services (HTS), antiretroviral therapy (ART), services for sexually transmitted infections (STI), hepatitis, and tuberculosis (TB) seeing dramatic increases. The geographic coverage and the population served by these services have expanded extensively, now reaching PWID and people who use drugs (PWUD) who previously had no access to harm reduction interventions.

Despite these advances, challenges remain, particularly in the battle against HIV among PWID. After initial successes in reducing HIV prevalence through early harm reduction efforts starting in the 2000s, recent data indicates a troubling reversal. HIV prevalence among PWID, which had decreased to 23.1% in 2014, alarmingly rose to 34.9% by 2017, according to the Integrated Biological and Behavioral Surveillance (IBBS) data. This resurgence underscores the need for ongoing evaluation and adaptation of harm reduction strategies to ensure they effectively address the evolving dynamics of drug use and associated health risks in Myanmar.

The global issue of illicit drug use is growing, leading to significant health, social, and economic impacts that affect the development of numerous countries. According to ASEAN Drug Monitoring Report 2022, Drug Use Disorder is recognized as a chronic relapsing mental illness, leading to the establishment of 29 Major Drug Treatment Centers and 56 Minor Drug Treatment Centers that offer patient-centred biopsychosocial treatment for individuals using drugs in Myanmar. Additionally, Methadone Maintenance Therapy, initiated in 2006, has expanded to 86 clinics dispensing methadone by 2022. In that year, 26,196 patients received methadone treatment. Furthermore, Drug Treatment Centers administered drug treatment interventions to 9,026 new patients in 2022. In the region, only Myanmar and India provide take-home naloxone or peer distribution of naloxone, and even these programs are quite restricted. The table below provides a comprehensive overview of Harm reduction measures and the prevalence of HIV and hepatitis among people who inject drugs in Myanmar, detailing the available interventions and their respective statuses as of the latest reporting year.

Table 3.1 Epidemiology of HIV and viral hepatitis, and harm reduction responses in Myanmar (2022)

Country	People Who Inject Drugs	HIV Prevalence Among Inject Drugs (%)	Hepatitis C (Anti-HCV) Prevalence (%)	Hepatitis B (HBsAg) Prevalence (%)	NSP	OAT	Peer Distribution of Naloxone	DCR	Safer Smoking Equipment
Myanmar	96,000	26.4	75.6	7.7	✓	Methadone	✓	✗	✗

Source: (Global State of Harm Reduction 2022)

As a participant in United Nations drug conventions, Myanmar implemented the 'Narcotic Drugs and Psychotropic Substances Law' in 1993 and revised it on February 14, 2018, to address changing conditions and requirements. Simultaneously, the government of Myanmar introduced a new strategy for drug control by unveiling a National Drug Control roadmap in 2016 and adopting the National Drug Control Policy on February 20, 2018. The policy emphasizes a health-oriented approach to drug issues, incorporating the reduction of adverse impacts of drug use as a central element (Myanmar Narcotics Control Annual Report, 2022). Priority areas involved in the policy are:

- (a) Supply Reduction and Alternative Development
- (b) Demand Reduction and Harm Reduction
- (c) International Cooperation
- (d) Research and Analysis and
- (e) Compliance with Human Rights

By the amendment of the 1993 Narcotic Drugs and Psychotropic Substances Law, the Central Committee for Drug Abuse Control established committees for specific sectors and the drug treatment sector was formed. To ensure effective and successful implementation of drug treatment measures, the goals of the Drug Dependency Treatment and Research Unit (DDTRU) are outlined as follows:

- (a) To improve the quality of integrated, innovative and voluntary-based comprehensive drug treatment services
- (b) To promote continuity of care to improve the response to the chronic and relapsing nature of drug dependency

- (c) To promote and support the development of community-based comprehensive drug treatment response
- (d) To strengthen coordination, collaboration and capacity building to improve drug treatment service response
- (e) To strengthen and share cross-cutting strategic information and research of evidence-based practices to improve comprehensive drug treatment response

Harm reduction services are offered to people who inject drugs (PWID) and people who use drugs (PWUD) at drug treatment centres and methadone clinics. These services include HIV testing (HTS), anti-retroviral therapy (ART), distribution of condoms to PWID, PWUD, and their partners, testing for Hepatitis B and C, vaccination for Hepatitis B, as well as diagnosis and treatment of tuberculosis and sexually transmitted infections. These harm reduction initiatives are carried out in collaboration with partner organizations such as AHRN, MANA, MDM, SARA, and Metta. The following table of Myanmar Narcotics Control Annual Report (2022) presents comprehensive data related to healthcare and preventative measures among Methadone Maintenance Therapy (MMT) patients and people who inject drugs (PWIDs).

Table 3.2 Overview of Harm Reduction Services Provided to Patients in Methadone Maintenance Treatment (MMT) Programs (2022)

Achievements	Male	Female	Total
Number of MMT patients who received and HIV test and who know the result	2199	27	226
Number of partners of MMT patients who received an HIV test and who know the result	1	12	13
Number of MMT patients who received HBS Antigen rapid test	1862	15	1877
Number of MMT patients who received vaccination with rapid schedule for Hepatitis B infection	547	1	584
Number of MMT patients who received Hepatitis C test (HCV Antibody)	1943	22	1965
Number of IEC materials distributed to PWIDs			70000
Number of condoms distributed of PWIDs			85000
Number of PWIDs referred for ART			261
Number of PWIDs referred for TB treatment			32
Number of PWIDs referred for STI treatment			6

Source: (Myanmar Narcotics Control Annual Report, 2022)

It details the number of individuals who received various health services, including HIV, Hepatitis B, and Hepatitis C testing, and indicates whether the patients know their test results. Additionally, the table shows the distribution of educational materials and condoms to PWIDs, as well as referrals for antiretroviral therapy (ART), tuberculosis (TB) treatment, and sexually transmitted infections (STI) treatment. The data is segmented by gender, providing insight into the reach and impact of these health initiatives among male and female participants.

To meet the goals of the drug treatment sector, drug treatment initiatives will be carried out in a continuous and enhanced manner. There will be a focus on expanding the reach of drug treatment services by utilizing proven prevention and treatment approaches. Appropriate actions will be taken to maintain the quality of drug treatment services at international levels. Additionally, partnerships with pertinent sectors will be sought to minimize the adverse health effects of drug use and improve the efficiency of drug dependency treatment. The following Table provides a detailed breakdown of new patients registered in 2022 who use opioids, specifically heroin and opium, categorized by age groups. The data are presented to show the distribution of these patients across different age brackets, indicating the prevalence of opioid use among various demographic segments.

Table 3.3 New registered patients who use Opioid (Heroin, Opium) by age groups 2022

No	Age Group (years)	Male	Female	Total
1	10-14	3	0	3
2	15-19	71	2	73
3	20-24	637	6	643
4	25-29	1114	14	1128
5	30-39	2380	45	2425
6	40-49	1825	40	1865
7	50-59	1027	18	1045
8	60 and above	267	22	289
	<b>Total</b>	<b>7324</b>	<b>147</b>	<b>7471</b>

Source: (Myanmar Narcotics Control Annual Report, 2022)

The table categorizes the patients into seven distinct age groups ranging from 10-14 years to 60 and above, highlighting the number of males and females within each category as well as the total count. This data helps in understanding the demographic spread of opioid use and can assist healthcare providers and policymakers in designing targeted interventions to address substance use among specific age groups more effectively. It underscores the gender and age-related dynamics of opioid use, providing crucial insights for public health strategies aimed at combating opioid dependency. The following Table provides a comprehensive overview of the number of in-patients receiving drug treatment across various major treatment centers in Myanmar for the year 2022. The data are organized by state or region and the corresponding major drug treatment centers within those areas. It distinguishes between patients who are receiving treatment for the first time and those who are undergoing treatment for the second time or more.

Table 3.4 Total number of in-patients for Drug Treatment in 2022

No.	State/Region	Major Drug Treatment Center	First Time	Second Time and Above
1	Yangon	Mental Health Hospital, Yangon	31	16
2	Yangon	Thingunyun General Hospital	-	-
3	Mandalay	Drug Dependency Treatment Hospital (Mandalay)	135	156
4	Sagaing	Monywan General Hospital	-	-
5	Sagaing	Kalay General Hospital	-	-
6	Tanitaryi	Myeik General Hospital	-	-
7	Kachin	Drug Dependency Treatment Hospital (Myitkyina)	65	31
8	Kachin	Nahmo District Hospital	-	-
9	Shan (North)	Lashio General Hospital	-	-
10	Shan (North)	Namhkam General Hospital	113	-
11	Shan (East)	Kentung General Hospital	-	-
12	Mon	Mawlamyine General Hospital	6	1
13	Kayin	Hpa-An General Hospital	-	-
14	Rakhine	Kyaukphyu General Hospital	3	1
<b>Total</b>			<b>353</b>	<b>205</b>

Source: (Myanmar Narcotics Control Annual Report, 2022)

This table highlights the distribution and frequency of drug treatment across different regions, indicating the capacity and reach of each facility. The data can help identify regions with higher recidivism rates (i.e. Mandalay and Shan North) and those that might require additional resources or targeted interventions to enhance drug

rehabilitation services. It serves as an essential tool for health officials to assess the effectiveness of current drug treatment programs and to plan future strategies to combat drug addiction more effectively.

The following table 3.5 presents a summarized account of the patients participating in Methadone Maintenance Therapy (MMT) programs across a specified region or center (total 86) in 2022. The table is organized to show both new patients who joined the programs within the year and current patients who continued their treatment from previous years. (see Appendix D for the detailed account that consists of the names of methadone clinics).

Table3.5 Total number of New and Current patients who receiving Methadone Maintenance Therapy in 2022

No	Methadone Clinic	New Patients			Current Patients		
		Male	Female	Total	Male	Female	Total
Total	86	7768	149	7917	25786	410	26196

Source: (Myanmar Narcotics Control Annual Report, 2022)

This information is crucial for understanding the scale and effectiveness of MMT programs aimed at treating opioid dependency. By distinguishing between new and continuing patients, the table provides insights into program growth, retention rates, and the ongoing commitment to supporting individuals struggling with addiction. Health officials and policymakers can use this data to evaluate the reach of MMT programs, identify needs for expansion, and assess the sustainability of treatment efforts in various regions. This table is an essential tool for tracking progress and planning future initiatives to enhance drug rehabilitation services.

### **Rehabilitation**

In 2019, the newly established Department of Rehabilitation under the Ministry of Social Welfare, Relief, and Resettlement oversaw nine Social Rehabilitation Centres and three Youth Correction Centres. Despite these efforts, several of these centers were not fully operational, hindered by challenges such as inadequate funding, a limited number of participants ("trainees"), and precarious security conditions. Additionally, some social rehabilitation activities were carried out

at Drug Treatment Centres in key locations including Yangon, Kengtung, and Myitkyina.

Complementing the government's efforts, several programs and initiatives have been implemented by organizations such as the United Nations Office on Drugs and Crime (UNODC), Myanmar Anti-Narcotic Association (MANA), and Myanmar Youth Empowerment Opportunities Trust (MYET). These initiatives encompass a range of services from literacy and vocational training to relapse prevention meetings and small-scale income generation programs, aimed at facilitating sustainable rehabilitation and social reintegration.

Furthermore, a number of rehabilitation centers have been established by faith-based organizations, ethnic armed organizations (EAOs), and civil society organizations in recent years. While these centers represent a growing commitment to addressing the needs of affected individuals, they often operate independently of government efforts and typically suffer from a lack of coordination, as well as deficits in technical and operational expertise. This fragmentation highlights a critical area for improvement in ensuring more integrated and effective rehabilitation services across the country.

The Department of Rehabilitation has opened the Social Rehabilitation Centers with the following objectives:

- a) To carry out the mindset improvement of the ex-drug users,
- b) To train the ex-drug users to have a good relationship with their communities, to train the physical development of the ex-drug users, to provide the suitable vocational training, and to train the ex-drug users to be part of the labour force through their accomplished vocational skills.

The Department of Rehabilitation has been implementing rehabilitation services in accordance with the three following strategies: centre-based Rehabilitation, Semi-community-based Rehabilitation, and community-based Rehabilitation. The Department of Rehabilitation run in total (14) centers. They are:

- (a) Drug Rehabilitation Center for Ex-Drug Users (Yangon) in Yangon Region
- (b) Drug Rehabilitation Center for Ex-Drug Users (Mandalay) in Mandalay Region
- (c) Drug Rehabilitation Center for Ex-Drug Users (Myitkyina) in Kachin State
- (d) Drug Rehabilitation Center for Ex-Drug Users (Lashio) in Northern Shan State
- (e) Drug Rehabilitation Center for Ex-Drug Users (Kyaingtone) in Eastern Shan State

- (f) Drug Rehabilitation Center for Ex-Drug Users (Tachileik) in Eastern Shan State
- (g) Drug Rehabilitation Center for Ex-Drug Users (Namlat) in Southern Shan State
- (h) Drug Rehabilitation Center for Ex- Drug Users (Myawaddy) in Kayin State
- (I) Drug Rehabilitation Center for Ex-Drug Users (Kawthaung) in Taninthayi Region
- (j) Drug Rehabilitation Center for Ex-Drug Users (Watthteekan) in Western Bago Region
- (k) Drug Rehabilitation Center for Ex-Drug Users (Phekon) in Southern Shan State
- (l) Drug Rehabilitation Center for Ex-Drug Users (Hpa-an) in Kayin State
- (m) Drug Rehabilitation Center for Ex-Drug Users (Kalain Aung) in Taninthayi Region
- (n) Drug Rehabilitation Center for Ex Drug Users (Myeik) in Taninthayi Region

At Drug Rehabilitation Centers for Former Drug Users, several programs are actively underway to aid in the recovery and rehabilitation of individuals. The programs commence with the collection and documentation of biological data from the participants. This is followed by assessments that evaluate the nature and extent of drug use among the individuals. Integral to the rehabilitation process are structured social work practices that encompass a variety of support mechanisms: Mental rehabilitation at the centers involves a comprehensive suite of counseling services aimed at addressing both personal and interpersonal challenges faced by individuals. This includes individual counseling, group therapy sessions, and family counseling, all designed to navigate and resolve complex personal issues.

In addition to these counseling options, the program offers mental and emotional support activities such as meditation and preventive education that is specifically tailored to the types of drugs the individuals previously used. Therapeutic activities further support mental health, with options including occupational therapy, religious therapy, and various recreational activities, all aimed at promoting personal growth and mental stability. In parallel, physical rehabilitation is emphasized through a variety of engaging activities. Participants are encouraged to take part in physical exercises, sports, and social games, which not only help in physical conditioning but also foster teamwork and social interaction. Moreover, comprehensive healthcare services are integral to the program, ensuring that participants' physical health needs are met and that any health issues related to past drug use are addressed effectively. The overarching goal of these rehabilitation efforts is to adopt a holistic approach

that nurtures both the mental and physical aspects of recovery. By providing a balanced suite of services that cater to the comprehensive needs of ex-drug users, the program aims to facilitate a smooth and sustainable recovery process.

Throughout 2022, a total of 80 trainees underwent rehabilitation at various Drug Rehabilitation Centers across Myanmar. Specifically, the Yangon, Mandalay, Myawaddy, and Waththeekan centres each successfully rehabilitated 20 trainees. This effort is part of a broader initiative to provide vital support and training to individuals recovering from substance abuse.

Additionally, these centres offer a range of vocational training programs to both centre-based and community-based rehabilitation trainees. These programs are designed to equip them with practical skills that can aid in their reintegration into society. The vocational training includes diverse courses such as liquid soap production, silk-screen printing, bricklaying, hair cutting, basic motorcycle and car repair, and agriculture. These skills not only foster self-sufficiency but also improve employability, contributing to the holistic recovery and personal development of the participants.

### **The National Strategic Framework on Health and Drugs (2020)**

Myanmar's National Strategic Framework on Health and Drugs (2020) is a multifaceted strategy designed to reduce the health, social, and legal consequences of drug use in the country. A refined summary of its core drug-related harm reduction strategies is provided below. The Primary Prevention of Drug Use strategy proactively aims to prevent or delay the onset of drug use, particularly among youth. It aims to reduce the risk factors that predispose individuals to drug use through comprehensive interventions implemented in a variety of settings, including schools, homes, and community centers.

Harm Reduction, a key component of the framework, focuses on implementing practical policies, programs, and practices to reduce the negative health, social, and economic consequences of drug use without necessarily aiming to reduce drug consumption itself. Needle and syringe programs, widespread HIV testing and treatment options, opioid substitution therapy, and effective measures for preventing and treating sexually transmitted and blood-borne infections are all critical components. The strategy emphasizes the importance of reducing the prevalence of HIV, hepatitis B and C, overdoses, and drug dependence.

Evidence-Based Drug Dependence treatment framework encourages voluntary, scientifically supported pharmacological and psychosocial interventions to aid in the rehabilitation of drug addicts. Community-based treatment services are prioritized because they are cost-effective and minimally disruptive, allowing for a more seamless reintegration into society.

The strategic direction for Rehabilitation and Social Reintegration emphasizes the support required for individuals to achieve optimal health, psychological stability, and societal well-being following drug dependence. To improve social reintegration and facilitate long-term recovery, the strategy incorporates a number of psychosocial and social interventions, including psychotherapy, vocational training, and legal support.

The Laws, Policies and Enabling Environment sector advocates for legal and policy changes that are in line with public health and human rights principles. This strategy promotes drug decriminalization and the amendment of laws that limit drug users' access to essential health and social services.

These strategies are intended to address Myanmar's complex drug dynamics, which include widespread use and production of opiates and methamphetamines, particularly in conflict-affected and isolated areas. The strategic framework is intended for integrated implementation across multiple sectors, including health, social welfare, and law enforcement, to significantly reduce the diverse effects of drug use on individuals and communities. This comprehensive approach addresses immediate health concerns and encourages long-term societal and legal changes to assist those affected.

### **3.2 Harm Reduction State in Shan State**

Harm reduction initiatives in Shan State, Myanmar face significant challenges due to the region's complex interplay of drug production, trafficking, and consumption. Given its proximity to the Golden Triangle and history as a major site for opium and methamphetamine production and trafficking, the state is a hotbed of drug activity. Harm reduction programs in Shan State seek to address the health consequences of drug use, such as HIV transmission among injecting drug users. These programs, which are frequently funded by international donors and carried out by both local and international non-governmental organizations, include the

distribution of clean needles and syringes, methadone maintenance therapy, and HIV testing and treatment services.

Despite significant efforts to implement harm reduction initiatives in Shan State, a number of factors severely limit their scope and effectiveness. Geographically and politically, the mountainous terrain, combined with limited government control in some areas, presents significant challenges to providing health services uniformly throughout the region. There is a widespread stigma surrounding drug use and harm reduction strategies. Some communities and ethnic armed organizations are skeptical of harm reduction measures like needle exchanges, viewing them as enabling drug use rather than promoting health.

Furthermore, the range of harm reduction services available is insufficient in relation to the magnitude of the drug use problem. Many parts of Shan State lack adequate health infrastructure and funding for comprehensive harm reduction programs. Effective implementation of harm reduction is hindered by legal and policy barriers. Local enforcement often prioritizes punitive drug laws and practices over health-focused strategies. This complex web of challenges emphasizes the importance of taking a multifaceted approach to addressing and supporting harm reduction in Shan State.

The challenges are exacerbated by the ongoing conflict and the involvement of various armed groups in the drug trade, which affects both drug market dynamics and the feasibility of implementing effective harm-reduction measures. To improve the situation, harm reduction advocates must collaborate closely with all stakeholders, including government bodies, local communities, and armed groups, to develop culturally appropriate, politically feasible, and community-supported health interventions.

Table 3.6 Distribution of Drug Treatment Facilities in Myanmar and Shan State, 2022

Drug Treatment Facilities	Myanmar	Shan State Total	Southern Shan	Northern Shan	Eastern Shan
Major Drug Treatment Center	14	3	0	2	1
Methadone Clinic	86	21	1	18	2
Center Based Rehabilitation Center	14	4	1	1	2

Source: (Myanmar Narcotics Control Annual Report, 2022)

Table 3.6 from the Myanmar Narcotics Control Annual Report, 2022, illustrates the distribution of drug treatment facilities across Myanmar, with a focus on Shan State, categorized into three types: Major Drug Treatment Centers, Methadone Clinics, and Center-Based Rehabilitation Centers. Across Myanmar, there are 14 Major Drug Treatment Centers, with a concentration in Shan State where three are located in Southern Shan, two in Northern Shan, and one in Eastern Shan, while Southern Shan has none. Methadone Clinics, which are more prevalent with a total of 86 in Myanmar, show a distinct distribution pattern; 21 are in Southern Shan, 18 in Northern Shan, two in Eastern Shan, and only one in Southern Shan. Center-Based Rehabilitation Centers have a total of 14 facilities across Myanmar, distributed more evenly across Shan State compared to Major Drug Treatment Centers, with four in Southern Shan, and one each in Northern and Eastern Shan. This data underscores significant regional variations in the availability of drug treatment services within Shan State, suggesting that access to addiction treatment might be limited in certain areas, particularly in Southern Shan, possibly due to disparities in health resources, policy implementation, or the underlying prevalence of drug-related issues.

### **3.2.1. Methadone clinics, Drug Treatment Centers and Drug Rehabilitation Centers for Ex Drug Users**

In Shan State, a significant region within Myanmar's framework for combating drug addiction, there exists a comprehensive network of methadone clinics and drug treatment centers aimed at facilitating harm reduction. Of the 86 methadone clinics operational across Myanmar, 21 are strategically located within Shan State to address the varying needs of the local population. Specifically, the distribution of these clinics is as follows: 18 in Northern Shan State, two in Eastern Shan State, and one in Southern Shan State. This placement reflects a targeted approach to address the high prevalence of opiate use, particularly in Northern Shan State.

Additionally, Shan State hosts three of the country's major drug treatment centers out of a national total of 14. Two of these centers are situated in Northern Shan State, and one is located in Eastern Shan State. Notably, Southern Shan State lacks a major drug treatment center, which may reflect geographic, demographic, or political priorities and challenges in resource allocation. This distribution underscores the regional disparities in access to comprehensive drug treatment services, which are crucial for effective harm reduction strategies.

Furthermore, regarding facilities specifically tailored for ex-drug users, Shan State is home to four such rehabilitation centers. These include one in Lashio (Northern Shan State), two in Kyaingtone and Tachileik (Eastern Shan State), and one in Namlat (Southern Shan State). Each center is designed to cater to the unique aspects of the local drug use patterns and the rehabilitation needs of former users, aiming to reintegrate them into society as productive members. The strategic placement of these centers highlights an ongoing effort to enhance harm reduction through focused and accessible care, despite the challenges posed by regional distribution and resource availability.

### **3.3 Harm Reduction State in Taunggyi Township**

Taunggyi, the capital of Shan State in Myanmar, stands as the largest state and a significant hub for the illicit production of opium and methamphetamine in Southeast Asia. Located in southern Shan State, Taunggyi has a diverse population of approximately 250,000, encompassing primarily Shan-, Pa-O-, and Burmese-identifying groups, among other ethnicities. This diversity reflects a complex tapestry of intersectional identities that extend beyond simple ethnic categorizations. While Taunggyi has remained under the central government's control for many years, its surrounding rural townships continue to be areas of protracted armed conflict and territorial disputes.

The selection of Taunggyi as the focal point for my harm reduction analysis is driven by three primary reasons. Firstly, its role as a major educational hub with a substantial youth demographic makes it a critical area for study. Secondly, the local families and communities have been significantly impacted by shifts in drug usage patterns, notably the rise in heroin injecting and methamphetamine use. Lastly, I have established deep-rooted networks within Taunggyi, particularly with MANA organizations. These connections have built a strong foundation of trust and rapport, enabling effective engagement with young residents and facilitating the collection of detailed personal narratives that address sensitive issues related to drug use.

The increasing prevalence of drug use among youth in Taunggyi, reflective of broader trends throughout Shan State, is a significant issue. While specific data on drug use rates or associated harms are not readily available to the public, insights gathered from my interviews indicate that a diverse range of drugs is being consumed in the area. These substances include heroin, a concoction known locally as 'formula'

(a mixture of opium and cough syrup), 'yaba' (methamphetamine pills), and 'ice' (crystal methamphetamine).

Understanding the landscape of harm reduction initiatives is essential for pinpointing deficiencies and potential enhancements necessary for mitigating drug-related damages. In Taunggyi, a significant harm reduction project was launched in 2016, supported financially by the Three Diseases Fund and executed by the Myanmar Anti-Narcotic Association (MANA). This project concluded in June 2023. Despite these efforts, Taunggyi Township still lacks dedicated facilities such as a detoxification centre or a structured rehabilitation center. The absence of these facilities underscores a critical gap in the township's ability to offer comprehensive treatment and recovery services, highlighting an area in urgent need of development to adequately address the complexities of drug dependency. (see Appendix C for the data).

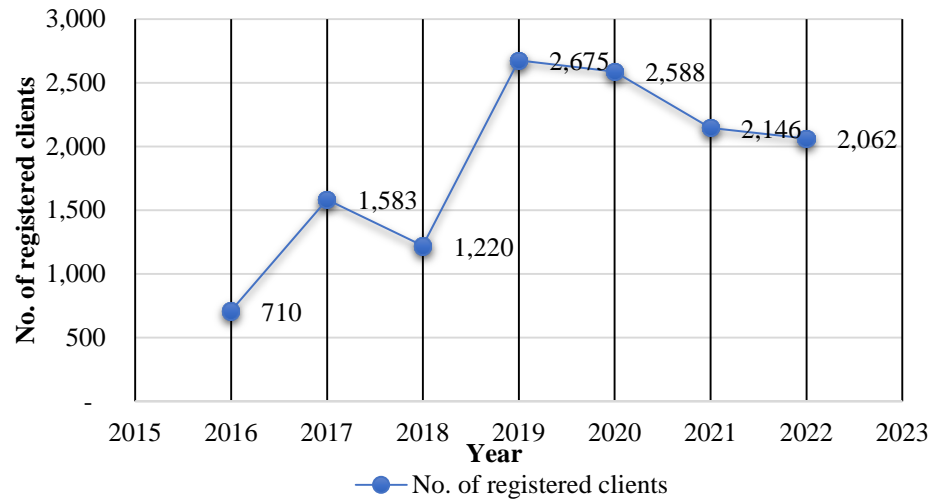
### **3.3.1 The Impact of the MANA Project on Vulnerable Populations in Taunggyi, Shan State**

The Myanmar Anti-Narcotic Association (MANA) Project, implemented in Taunggyi, Shan State, Myanmar, from 2016 to 2022, aimed to address the pressing issues of drug use and HIV/AIDS among vulnerable populations. This analysis delves into the project's data, examining trends in registered clients, their demographic characteristics, and service utilization. The MANA Project has played a crucial role in addressing the needs of vulnerable populations in Myanmar. The data analysis reveals a growing number of individuals seeking services, particularly those affected by drug use and HIV/AIDS. While the project has achieved significant progress, ongoing efforts are needed to sustain and expand its reach, ensuring that vulnerable populations continue to have access to essential healthcare services.

## Registered Clients

The MANA provided a dataset with the overview of the MANA Project in Taunggyi.

Figure 3.1 - Number of registered Clients in MANA Taunggyi by year



Source: 2016-2022 MANA (TGI DIC) Project Annual Report

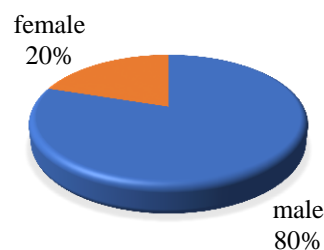
The MANA Project in Taunggyi provided a dataset showing their activities over six years. The data revealed an increase in the number of registered clients from 2016 to 2021. However, there was a slight decline in registrations in 2022, with the total number of registered clients reaching 12,984 in that 7<sup>th</sup> year. The data show a consistent increase in the number of clients accessing various services, highlighting the project's growing reach and impact.

## Demographic Analysis

(a) **Gender:** The majority of registered clients were male (80%), while females comprised 20%.

Figure 3.2 – Sex Ration among the registered Clients in MANA Taunggyi

### Registered clients by sex



Source: 2016-2022 MANA (TGI DIC) project Annual Report

**(b) Age:** The age distribution of clients was diverse, with a significant proportion falling within the 25-34 age group. However, there was a notable trend of increasing numbers of younger clients over the years.

Figure 3.3 – Age Distribution among the registered Clients in MANA Taunggyi



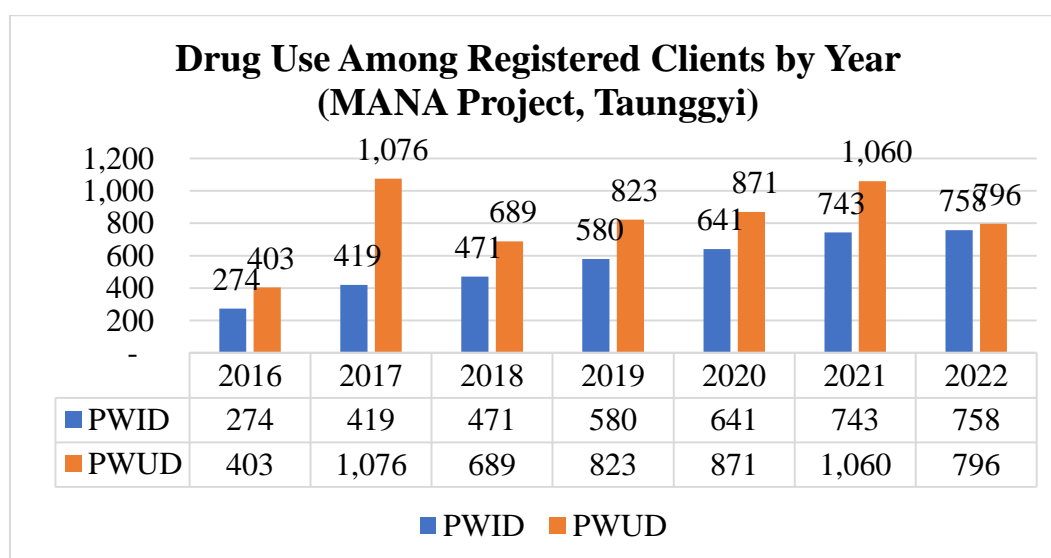
Source: 2016-2022 MANA (TGI DIC) project Annual Report

The increasing number of younger clients and the changing prevalence of drug use among different populations underscore the need for adaptable interventions to address evolving needs.

### **Drug Use**

The data revealed the prevalence of drug use among the registered population. People who inject drugs (PWID) constituted the largest group, followed by people who use drugs (PWUD). The number of PWID and PWUD fluctuated over the years, with a general trend of increase from 2016 to 2021 and a subsequent decrease in 2022.

Figure 3.4 – Types of drug use among the registered clients of MANA by year



Source: 2016-2022 MANA (TGI DIC) project Annual Report

### Service Utilization

The MANA Project provided a range of services to its clients, including HIV testing, hepatitis B and C testing, hepatitis B vaccination, needle syringe distribution, condom distribution, referral services, syphilis testing, rapid diagnostic tests (RDT); tuberculosis (TB) screening, malaria testing, and referral services. The data show that a substantial proportion of clients accessed these services, with varying levels of utilization across different years and services.

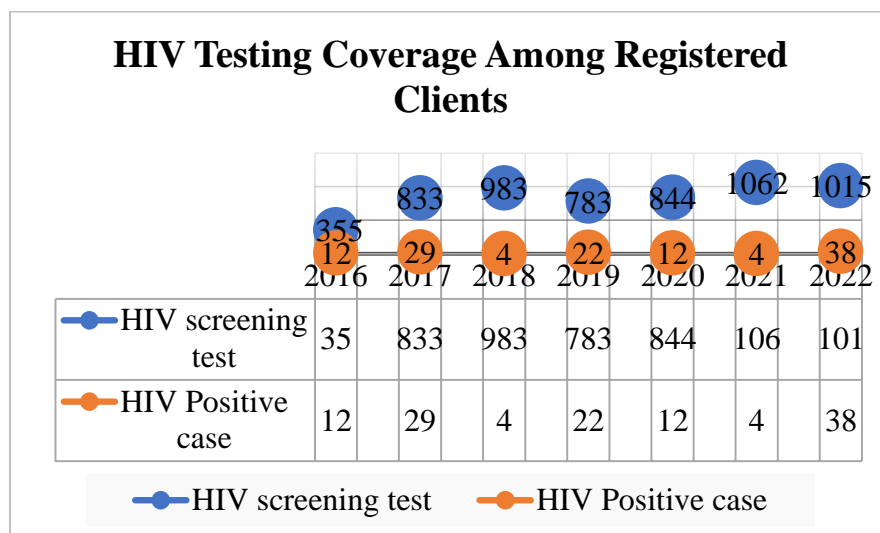
### HIV Testing and Screening

The project conducted extensive HIV testing and screening among registered clients. The data reveal a steady increase in the number of clients undergoing HIV screening over the years. Overall HIV positivity rate remained relatively low, indicating the effectiveness of the project's prevention and treatment efforts.

### Demographic Analysis of HIV-Positive Clients

The data provide insights into the demographic characteristics of HIV-positive clients. The majority of HIV-positive individuals were male (75%), and the most common age group was 25-34 (35%). PWID and PWUD were disproportionately affected by HIV, with 60% of HIV-positive clients being PWID and 25% being PWUD.

Figure 3.5 - HIV Testing and HIV Positive Rate among the registered clients of MANA in Taunggyi



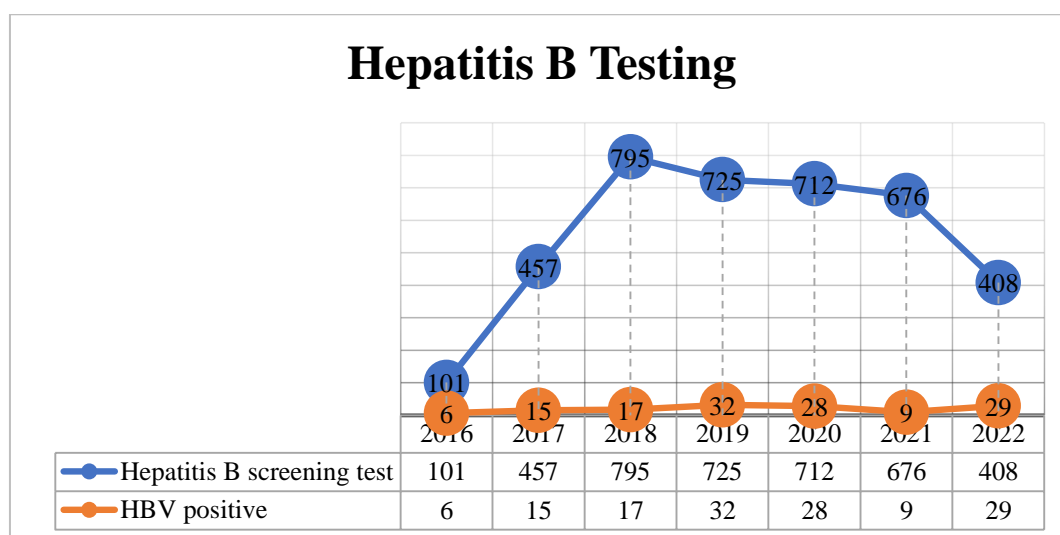
Source: 2016-2022 MANA (TGI DIC) project Annual Report

While there were fluctuations in the HIV positivity rate, the overall trend suggests a relatively stable prevalence, indicating the effectiveness of the project's prevention efforts.

### HBV and HCV Testing

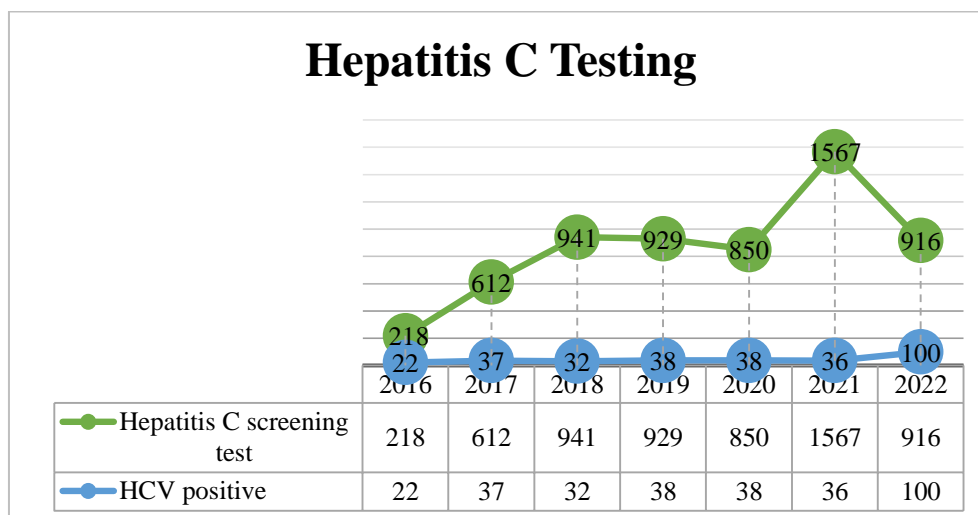
The MANA Project also provided hepatitis B (HBV) and hepatitis C (HCV) testing services to its clients. The data show a significant increase in the number of clients undergoing HBV and HCV screening over the years.

Figure 3.6 – HBV Testing and Positive Rate among the registered clients of MANA in Taunggyi



Source: 2016-2022 MANA (TGI DIC) project Annual Report

Figure 3.7 – HCV Testing and Positive Rate among the registered clients of MANA in Taunggyi



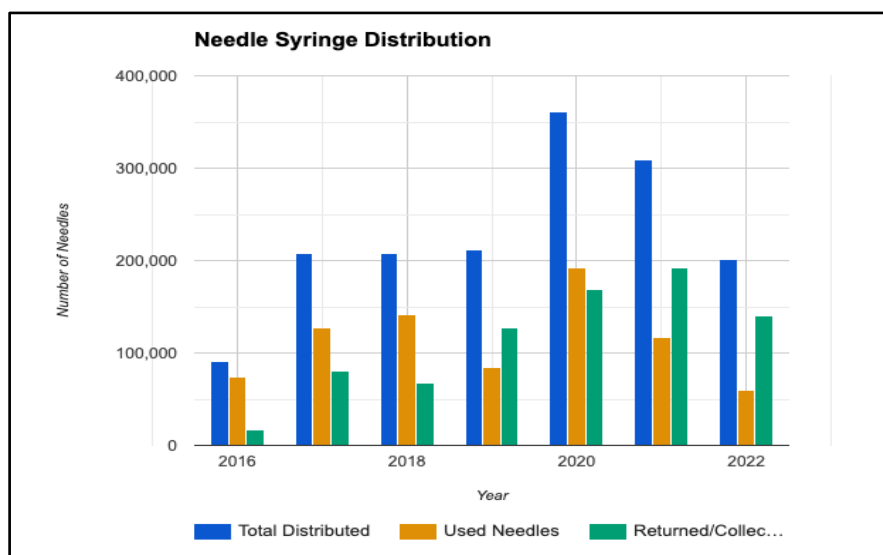
Source: 2016-2022 MANA (TGI DIC) project Annual Report

The data indicate a varying prevalence of HBV and HCV infections among registered clients and the need for ongoing monitoring and targeted prevention strategies.

### Needle Syringe Distribution

The project implemented a needle syringe distribution program to reduce the transmission of HIV and other blood-borne infections among PWID. The data show a significant increase in the number of needles and syringes distributed over the years, indicating a growing demand for these essential harm-reduction services. The number of needles and syringes distributed increased by 200% from 2016 to 2022.

Figure 3.8 – Distribution of Needles and Syringes among the clients by year



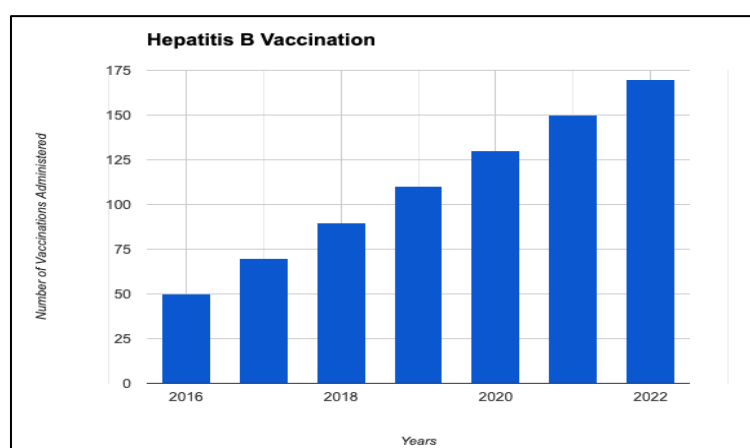
Source: 2016-2022 MANA (TGI DIC) Project Annual Report

The increasing number of needles and syringes distributed highlights the project's commitment to providing essential harm reduction services to PWID.

### **Hepatitis B Vaccination Coverage**

The project provided hepatitis B vaccination to eligible clients. The data show a steady increase in the number of individuals receiving the vaccination over the years. This is a crucial step in preventing hepatitis B infections among vulnerable populations.

Figure 3.9 – Number of Clients covered by Hepatitis B Vaccine by MANA Project in Taunggyi



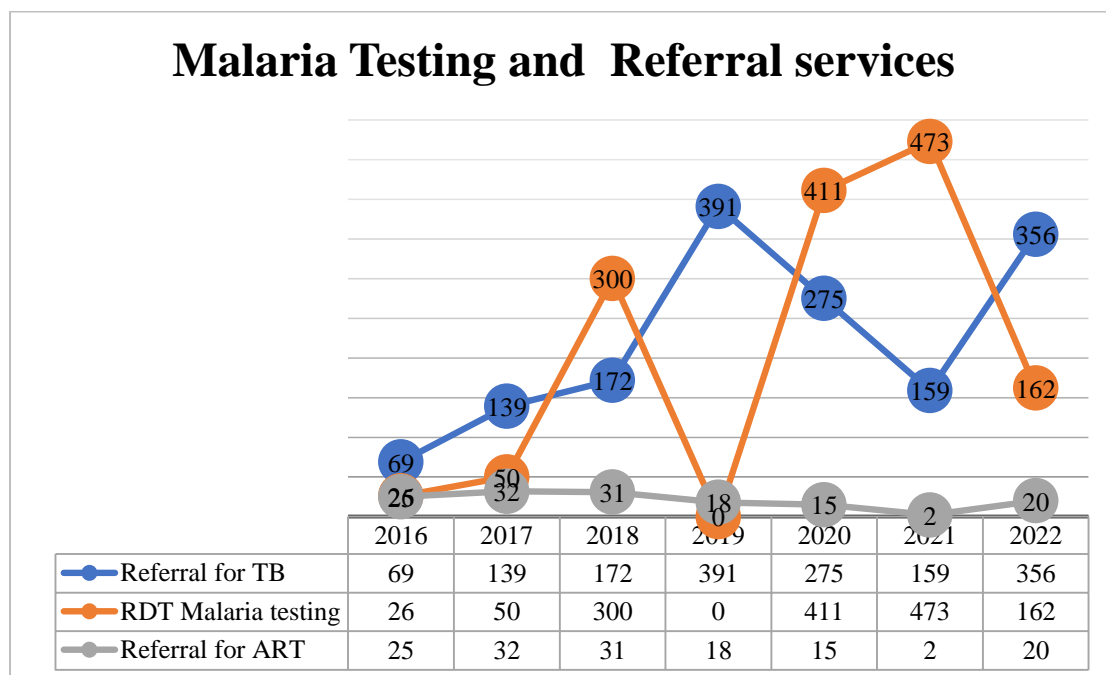
Source: 2016-2022 MANA (TGI DIC) project Annual Report

The increasing number of individuals receiving the hepatitis B vaccine is a positive indicator of the project.

### **Malaria Testing and Referral Services**

The MANA Project also conducted malaria testing and provided referral services to clients suspected of having malaria. The data show a steady increase in the number of clients undergoing malaria testing and being referred for further treatment. This indicates the project's commitment to addressing the health needs of clients in areas where malaria is prevalent.

Figure 3.10 - Malaria Testing, and Referral for Treatment among the registered clients of MANA in Taunggyi



Source: 2016-2022 MANA (TGI DIC) project Annual Report

The project's efforts to address malaria are commendable, as malaria remains a significant health threat in many parts of Myanmar.

### Syphilis Testing

The project conducted syphilis testing among registered clients. The data show a steady increase in the number of clients undergoing syphilis testing over the years. While the overall syphilis positivity rate fluctuated, it remained relatively low, indicating the effectiveness of the project's prevention and treatment efforts. The increase in syphilis testing indicates the project's commitment to addressing this sexually transmitted infection among vulnerable populations.

## **CHAPTER IV**

### **SURVEY ANALYSIS**

#### **4.1 Survey Profile Area**

The study focuses on assessing the current drug-related harm landscape and the demand for additional or alternative harm reduction interventions in Taunggyi Township. To achieve the study's objectives, survey questionnaires were organized for the drug users. The population size is taken from the data of MANA project started year 2016. The survey targeted 108 respondents, comprising 95 current clients of the Taunggyi Drop-in Centre (DIC) and 13 key informants with expert insights into drug use and harm reduction. Data were gathered through in-person interviews using structured questionnaires.

#### **4.2 Design of the Study**

This study was conducted from March to August 2024 to analyze the existing drug-related harm reduction strategies and alternative interventions in Taunggyi Township, Southern Shan State. Two sets of questionnaires were prepared for two distinct groups of respondents. Each questionnaire comprises several sections: Demographic Information, Drug Use Profile, Harm Reduction Services, Needs Assessment, Barriers and Suggestions, Personal Experiences, and Employment Assistance. Additionally, there were sections dedicated to assessing the use of harm reduction strategies and gathering insights from key informants, including healthcare professionals, community leaders, and law enforcement officers. (see Appendix A for the questionnaires).

Primary data collection was conducted to provide the basic up-to-date facts and figures for the research. This contributes to a better understanding of the real situation. Data collected by the methods of key informant interviews and measuring perception of people were analyzed through qualitative ways of more description along with problem analysis which included questionnaires.

The questionnaire design aims to gather detailed information on the demographic profiles, drug use patterns, and harm reduction service usage among

individuals in a specific community. It includes 21 items that span demographic details, personal drug use experiences, awareness and use of harm reduction services, needs for additional facilities, barriers to accessing services, and personal experiences related to employment assistance. This comprehensive approach helps to fully understand the community’s needs and challenges in accessing and benefiting from harm reduction initiatives. (see Appendix B for the questionnaires).

Table 4 .1 Contents of Questionnaire

Category	Items	Total
Demographic Information	1. Age Group	5
	2. Sex	
	3. Education Status	
	4. Occupation Status	
	5. Marital Status	
Drug Use Profile	6. Types of Drug Use	2
	7. Frequency of Drug Use	
Harm Reduction Services	8. Awareness of harm reduction services	3
	9. Harm reduction services used	
	10. Satisfaction with harm reduction services	
Needs Assessment	11. Need for a residential detox center	5
	12. Reasons of Need for a residential detox center	
	13. Need for a rehabilitation center	
	14. Reasons of Need for a rehabilitation center	
	15. Additional services needed	
Barriers and Suggestions	16. Facing barriers to receive Harm Reduction services	3
	17. Description of barriers faced	
	18. Suggestions for service improvement	
Personal Experiences and Employment Assistance	19. Willingness to share personal experiences	3
	20. Summary of personal experiences	
	21. Interest in job training or employment assistance	
	<b>Total</b>	

Source: Survey Data, August 2024

### 4.3 Analysis of Survey Results

In this study, the survey results are analyzed in 6 sections. These are as follows:

1. Demographic Characteristics
2. Drug Use Profile
3. Harm Reduction Services
4. Needs Assessment
5. Barriers and Suggestions
6. Personal Experiences and Employment Assistance

#### 4.3.1 Demographic Characteristics of Respondents

##### 4.3.1.1 Age group

Table 4.2 includes responses from both male and female participants, divided into four age groups: 18-25, 26-35, 36-45, and 46 years and above. A total of 95 responses were analyzed to understand the demographic distribution and to potentially tailor future interventions more effectively.

Table 4.2 Age and Gender Distribution of Respondents in Taunggyi Township Harm Reduction Survey (2024)

No.	Question Description	Table 4.2 : Gender Distribution of Respondents in the Harm Reduction Survey, Taunggyi Township (2024)	Male	Female	Total	Percentage
1	Age	18-25	32	20	52	54.7
		26-35	19	10	29	30.5
		36-45	4	3	7	7.4
		46+	5	2	7	7.4
		Total	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

The survey data provided insightful findings on the age distribution of participants concerning drug-related harm reduction strategies in Taunggyi Township. The largest group of respondents were young adults aged 18-25 years, accounting for 54.7% of the total responses, with 32 males and 20 females. This predominance suggests a higher level of engagement among younger adults, potentially due to

greater exposure to or interest in harm reduction initiatives. Adults aged 26-35 years represented 30.5% of responses, with 19 males and 10 females.

This demographic's engagement is moderate, possibly influenced by their commitments to family and career, which may impact their interaction with harm reduction programs. Middle-aged the total responses, were evenly divided between genders. Their lower participation may be due to reduced exposure to harm reduction programs or different life priorities. Similarly, older adults aged 46 years and above also made up 7.4% of the survey population, with a slight majority being male. Engaging this age group is vital as they can significantly influence familial and community perspectives on drug-related issues.

#### 4.3.1.2 Gender

The specific segment of the survey captured Table 4.3 here analyzes the gender distribution among the respondents. This demographic breakdown is essential for tailoring interventions that are sensitive to gender-specific needs and barriers in the context of harm reduction.

Table 4.3: Gender Distribution of Respondents in the Harm Reduction Survey, Taunggyi Township (2024)

No.	Question Description	Answer Option	Male	Female	Total	Percentage
2	Gender	Male	58	0	58	61.1
		Female	0	35	35	36.8
		Other	2	0	2	2.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

The survey data from Taunggyi Township highlights a significant disparity in gender distribution among participants, revealing insights into community engagement with harm reduction strategies. Male respondents constituted a substantial majority, accounting for 61.1% of total participants, with 58 males actively participating. This prominence of male participants suggests either a greater visibility or a higher willingness among males to engage in the survey, potentially reflecting broader societal trends or the effectiveness of specific outreach efforts directed towards this demographic.

Conversely, female respondents represented 36.8% of the survey cohort, with 35 females participating. The relatively lower participation rate of females, when

compared to their male counterparts, may indicate existing barriers that hinder their active involvement in harm reduction initiatives or their participation in surveys. Additionally, a marginal 2.1% of respondents identified with a gender categorized as 'Other,' including only two participants. This minimal representation is indicative of either a significant outreach gap or existing societal stigmas that may affect non-binary individuals' access to harm reduction services. This underscores the need for more inclusive and sensitively designed outreach programs that can effectively address and engage all gender identities within the community.

#### 4.3.1.3 Education Status

A critical aspect of this survey involved assessing the educational background of participants to understand how education level might influence awareness and engagement with harm reduction programs. This analysis is pivotal for tailoring interventions that are accessible and effective across different educational segments of the population.

Table 4.4 Educational Levels of Participants in the Taunggyi Township Harm Reduction Survey (2024)

No.	Question Description	Answer Option	Male	Female	Total	Percentage
3	Highest education level	No formal education	2	0	2	2.1
		Primary	5	4	9	9.5
		Secondary	18	15	33	34.7
		High School	19	12	31	32.6
		University level	16	4	20	21.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

The survey data from Table 4.4 provides a detailed overview of the educational levels among participants, which is critical for understanding the potential impact on engagement with drug-related harm reduction programs. The survey highlights a diverse educational background among participants, which is crucial for planning drug-related interventions. A very small number, 2.1% (2 individuals), have no formal education, indicating possible barriers to accessing educational and consequently, health resources, which may predispose this group to risks associated

with drug use.. About 9.5% (9 individuals) finished only primary school, showing a basic level of education demonstrating a foundational engagement with formal education, yet their basic education level may limit their comprehension of and access to detailed harm reduction information.

Most participants, however, have more education: 34.7% (33 individuals) completed secondary school and 32.6% (31 individuals) finished high school, indicating that a significant portion of the community achieves this level of education, which should ideally position them to better understand and engage with complex harm reduction strategies. Additionally, 21.1% (20 individuals) have a university degree, indicating they are well-equipped to handle complex program materials and interventions. This range in education levels calls for harm reduction strategies that are specifically designed to cater to different educational needs within the community.

However, the university-educated group, though substantial at 21.1%, was predominantly male (16 males vs. 4 females), highlighting a gender disparity at higher education levels that could influence the effectiveness of harm reduction programs aimed at higher-educated populations. This skew might reflect broader societal barriers females face in accessing higher education, affecting their exposure to advanced harm reduction knowledge and strategies.

This distribution of educational attainment among survey respondents underscores the need for tailored drug-related harm reduction initiatives that consider the varying levels of education within the community. Specifically, enhancing access to harm reduction information for those with lower educational levels and addressing gender disparities in higher education can play crucial roles in reducing the vulnerability of specific demographic groups to drug-related risks.

#### **4.3.1.4 Occupation Status**

The following table 4.5 shows alternative interventions by examining the occupational backgrounds of the participants. Understanding the occupational distribution is crucial as it provides insights into the socio-economic profiles of individuals who may have varying levels of access to and engagement with harm reduction programs. Understanding the occupational distribution is crucial as it provides insights into the socio-economic profiles of individuals who may have varying levels of access to and engagement with harm reduction programs.

Table 4.5 Occupational Distribution of Survey Participants in Taunggyi Township Harm Reduction Survey (2024)

No.	Question Description	Answer Option	Male	Female	Total	Percentage
4	Occupation	Casual laborer	32	23	55	57.9
		Self-employed	10	6	16	16.8
		Government employee	5	0	5	5.3
		Private sector employee	9	1	10	10.5
		Unemployed	4	5	9	9.5
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.5 offers a comprehensive analysis of the occupational distribution of participants, which is pivotal for understanding access to drug-related harm reduction strategies. The occupational categories identified include casual laborers, self-employed individuals, government employees, private sector employees, and the unemployed, each bringing unique perspectives and challenges in the context of harm reduction.

Casual laborers form the majority, comprising 57.9% of the respondents (32 males and 23 females). This substantial representation of casual laborers, who are often engaged in informal employment, underscores a segment of the population that might lack regular access to health information and services, making them potentially more susceptible to the hazards associated with drug use due to less exposure to harm reduction strategies. The self-employed, constituting 16.8% of the survey participants (10 males and 6 females), encounter distinct challenges. While their flexible schedules might allow for better access to health services, their variable income could hinder consistent access, thus affecting their ability to engage with regular health and harm reduction services.

Government employees, although a smaller group making up only 5.3% of the participants and entirely male, are likely better positioned in terms of access to health services and information. The stability and benefits associated with government employment may facilitate easier access to drug-related harm reduction programs, compared to other occupational groups.

Private sector employees account for 10.5% of responses and are predominantly male (9 males and 1 female). This group's access to health programs is

generally dependent on the nature of their employment and the policies of the private companies that employ them, which can vary significantly. Finally, the unemployed, who make up 9.5% of the participants and include more females (5) than males (4), represent a particularly vulnerable group. Their lack of financial resources and health coverage poses a significant barrier to accessing harm reduction services, increasing their risk in the context of drug use. Each occupational group faces unique barriers to accessing drug-related harm reduction strategies, reflecting the need for tailored interventions that consider the specific challenges and access levels of these diverse employment categories. Enhanced outreach and support for the most vulnerable groups, such as casual laborers and the unemployed, could improve the overall effectiveness of harm reduction strategies in the community.

#### 4.3.1.5 Marital Status

The analysis of the marital status of drug users in Taunggyi Township, Southern Shan State, is crucial to understanding the social dynamics and potential vulnerabilities among the local population engaging in drug use. This aspect of demographic data aids in tailoring harm reduction strategies and alternative interventions to better suit the needs of different family structures affected by drug dependency.

Table 4.6 Marital Status Distribution among Drug Users in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
5	Marital status	Married	30	16	46	48.4
		Unmarried	27	12	39	41.1
		Divorced/Separated/Widowed	3	7	10	10.5
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

The survey data on the marital status of drug users in Taunggyi Township covers 95 respondents, revealing varied marital contexts among the participants. Nearly half of the respondents, 46 or 48.4%, are married, with males significantly outnumbering females—30 to 16. This pattern indicates that drug use impacts not only individuals but also extends to their families, potentially affecting marital relationships. The unmarried respondents make up 41.1% of the survey population,

totaling 39 individuals split between 27 males and 12 females. This suggests a significant proportion of drug users are younger and not engaged in marital commitments. On the other hand, those who are divorced, separated, or widowed account for 10.5% of the sample, with a higher occurrence among females (7) compared to males (3), implying that disruptions in marital relationships may lead to increased susceptibility to drug use, particularly among women.

#### 4.3.2 Drug use profile

The profile of drug use is described through two primary dimensions: Types of Drug Use and Frequency of Drug Use.

##### 4.3.2.1 Types of Drug Use

Table 4.7 provides a significant insight into the patterns of drug consumption and the demographic distribution of drug users. This study focused on understanding the different types of drugs consumed by individuals categorized by gender, thus highlighting the prevalence of each drug type among males and females. The aim was to identify key patterns that could inform more targeted harm reduction efforts and policy formulation.

Table 4.7 Distribution of Drug Types among Male and Female Users in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
6	Type of drugs used	Heroin	43	18	61	26.2
		Yaba (Methamphetamine)	59	32	91	39.1
		Marijuana	2	4	6	2.6
		Opium	27	15	42	18.0
		Cough syrup	20	13	33	14.2
		Other (Specify)	0	0	0	0.0
		<b>Total</b>				

Source: Survey Data, August 2024

The survey conducted in Taunggyi Township, with a participant count of 95, employed a methodology allowing respondents to select more than one answer regarding their drug use. This approach acknowledges the varied and opportunistic nature of drug consumption among users, who often try multiple substances based on

availability. Consequently, the total responses tallied to 233, reflecting the multiplicity of drug use within this population.

Yaba (Methamphetamine) was identified as the most commonly used drug, reported by 91 users (39.1% of responses), with a notable preference among males (59) compared to females (32). Heroin was the second most reported substance, used by 61 individuals (26.2% of responses), again with a higher incidence among males (43) than females (18). Opium usage followed, reported by 42 participants (18.0% of responses), predominantly by males. Cough syrup, with a fairly balanced usage between males (20) and females (13), was used by 33 individuals in total, accounting for 14.2% of the responses. The least favoured drug was Marijuana, chosen by only 6 respondents, but with more female users (4) than male (2).

This flexible survey design, by accommodating the possibility of multiple drug use per individual, provides a more accurate reflection of the complex and layered patterns of drug consumption, which is pivotal for developing effective harm-reduction strategies. The significant number of total responses compared to the number of participants underscores the prevalent polydrug use behaviour in this community. The pattern of drug use in Taunggyi Township illustrates a clear preference for stimulants (Yaba) and opiates (Heroin and Opium), which is reflective of broader trends seen in many parts of Asia where economic and social stresses often influence drug consumption. The relatively higher usage of these substances among males could correlate with social and behavioural factors that prompt higher risk-taking behaviors. The use of substances like cough syrup, often overlooked in drug policy discussions, highlights the need for comprehensive drug education and intervention strategies that address all levels of substance abuse, from the most to the least prevalent.

#### **4.3.2.2 Frequency of drug use**

This survey was designed to gather comprehensive data on the frequency of drug use among residents of Taunggyi Township, Southern Shan State, to assess the effectiveness of current harm reduction strategies and explore the need for alternative interventions. By examining the regularity of drug consumption among male and female users, the survey aims to shed light on the habitual nature of drug use, which is crucial for tailoring specific intervention strategies.

Table 4.8 Frequency of Drug Use Among Male and Female Users in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
7	Frequency of drug use	Daily	59	34	93	97.9
		Weekly	1	1	2	2.1
		Monthly	0	0	0	0.0
		Occasionally	0	0	0	0.0
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.8 provide drug use frequency, a predominant 97.9% of respondents, totaling 93 out of 95 participants, indicated daily drug use. This substantial figure includes both genders, with 59 males and 34 females reporting daily usage. Conversely, a mere 2.1% of the participants, one male and one female, claimed to use drugs on a weekly basis. Remarkably, none of the respondents reported monthly or occasional drug use, highlighting a clear trend towards frequent usage within this group.

### 4.3.3 Harm Reduction Services

In the survey conducted in Taunggyi Township, the focus on Harm Reduction Services was segmented into three critical areas: Awareness of Harm Reduction Services, Harm Reduction Services Utilized, and Satisfaction with Harm Reduction Services. This structured approach aims to comprehensively evaluate the community's engagement with harm reduction strategies by assessing how well these services are known among the population, which services are most frequently used, and the level of satisfaction with the services provided. Such a multifaceted examination is essential for understanding the effectiveness of current interventions and identifying areas needing improvement to enhance drug-related harm reduction efforts in the community.

#### 4.3.3.1 Awareness of Harm Reduction Services

The survey conducted in Taunggyi Township, Southern Shan State, aimed to analyze the effectiveness of existing drug-related harm reduction strategies and explore the need for alternative interventions. A key component of this analysis was to assess the level of awareness about harm reduction services among drug users.

Understanding community awareness is crucial as it directly impacts the utilization and effectiveness of these services.

Table 4.9: Community Awareness of Harm Reduction Services in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
8	Awareness of harm reduction services	Yes	48	28	76	80.0
		No	12	7	19	20.0
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.9 provide a clear insight into the community's awareness of harm reduction services. Out of the 95 respondents, a substantial majority, 76 individuals (80% of respondents), reported being aware of harm reduction services. This awareness was more pronounced among males, with 48 acknowledging familiarity, compared to 28 females. Conversely, a smaller segment of the population, 19 respondents (20%), indicated a lack of awareness, with 12 males and 7 females comprising this group. This significant disparity in awareness levels highlights the need for targeted informational campaigns to ensure that more individuals can benefit from available harm-reduction services.

By addressing these areas, local health services can enhance the visibility and accessibility of harm reduction programs, potentially increasing their utilization and overall effectiveness in combating drug-related issues in the community.

#### 4.3.3.2 Harm Reduction Services Used

The survey conducted in Taunggyi Township, Southern Shan State, aimed to evaluate the utilization of various harm reduction services among drug users in the area. This analysis is critical in assessing the effectiveness of current strategies and identifying areas where additional interventions could be implemented. The survey explored the use of services such as needle exchange programs, methadone treatment, counselling, and vaccination programs, among others, providing a comprehensive overview of how these services are currently accessed and by whom.

Table 4.10 Utilization of Harm Reduction Services Among Drug Users in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
9	Harm reduction services used	Needle exchange program	39	15	54	18.2
		Methadone treatment	5	0	5	1.7
		Counseling services or support groups	48	32	80	26.9
		Hepatitis B vaccination	48	28	76	25.6
		HIV/TB/STD services	37	24	61	20.5
		oral contraceptives (birth control pills)	0	5	5	1.7
		No Response	12	4	16	5.4
		<b>Total</b>				<b>297</b>

Source: Survey Data, August 2024

The survey conducted in Taunggyi Township involved 95 participants who provided a total of 297 responses, indicating that individuals could select multiple harm reduction services that best met their specific needs. This approach highlights the diverse utilization and importance of various services among the community. Notably, counselling services or support groups were the most accessed, with 80 responses (26.9% of total responses) showing a relatively balanced distribution between males (48) and females (32). This suggests a strong reliance on psychological support mechanisms within the community. Hepatitis B vaccinations were also frequently used, with 76 participants (25.6%) availing themselves of this service, with a higher uptake observed among males (48) compared to females (28), highlighting potential gender disparities in accessing certain health services.

HIV/TB/STD services were utilized by 61 participants (20.5%), indicating significant engagement with services that address sexually transmitted diseases and infections, crucial in communities affected by drug use. The needle exchange program was employed by 54 individuals (18.2%), predominantly males (39), underscoring its critical role in preventing the spread of infections through shared needle use. Conversely, methadone treatment and oral contraceptives were markedly underused, with only 5 individuals (1.7% each) opting for these services, and notably, no females reported using methadone treatment. This points to a possible stigma or lack of

awareness about these options. Additionally, 16 respondents (5.4%) did not provide any response, which may indicate hesitation or uncertainty about disclosing personal health service usage.

#### 4.3.3.3 Satisfaction with Harm Reduction Services

The survey aimed to evaluate satisfaction levels with harm reduction services among drug users in Taunggyi Township, Southern Shan State, to assess the effectiveness of existing interventions and to identify areas for improvement. Measuring satisfaction helps determine the impact of services on users and can guide future enhancements to these crucial support systems.

Table 4.11 Satisfaction Levels with Harm Reduction Services Among Drug Users in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
10	Satisfaction with harm reduction services	Not satisfied at all	0	0	0	0.0
		Somewhat dissatisfied	0	0	0	0.0
		Neutral	0	4	4	4.2
		Somewhat satisfied	20	16	36	37.9
		Very satisfied	27	12	39	41.1
		No Response	13	3	16	16.8
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

The survey results indicate varied levels of satisfaction among the participants regarding the harm reduction services provided. Notably, no respondents reported being "not satisfied at all" or "somewhat dissatisfied," which suggests a baseline level of acceptance or positive reception toward the services offered. However, a small fraction (4 individuals, or 4.2% of total responses) remained neutral, with all being female, indicating some reservations or unmet expectations about the services' effectiveness or delivery.

The majority of feedback was positive, with 36 respondents (37.9% of total responses) indicating they were "somewhat satisfied" and another 39 respondents (41.1%) expressing they were "very satisfied." This satisfaction was higher among males, with 27 reporting they were very satisfied compared to 12 females. The gender

difference might suggest variations in service perception or in the specific needs being met by the services.

There was also a notable portion of non-responses, with 16 participants (16.8% of total responses) not providing any feedback on their satisfaction levels. This group included 13 males and 3 females, which might indicate a reluctance to evaluate the services or a lack of engagement with the services provided. The most frequently occurring category, is straightforward from the data—'Very satisfied' is the mode here.

The mean satisfaction with harm reduction services is approximately 4.44, with a standard deviation of about 0.82, indicating a generally high level of satisfaction among the respondents. The lack of negative responses and the high percentage of positive responses could be indicative of overall effectiveness, yet the non-responses warrant consideration in evaluating the full impact.

#### **4.3.4 Needs Assessment**

A comprehensive needs assessment in the context of substance abuse treatment can be categorized into five distinct sectors, each addressing specific aspects of treatment and support infrastructure. This structured approach allows for a detailed evaluation of the existing resources and identifies critical gaps in services. The sectors include the general need for a residential Drug Treatment Centre (detox center), exploring specific reasons for this need, the necessity for a rehabilitation centre, reasons underpinning this requirement, and the identification of additional services that might be required to support recovery and rehabilitation effectively. This methodical breakdown helps in crafting targeted interventions that address both broad and specific needs within the community.

##### **4.3.4.1 Need for A Residential Drug Treatment Centre (Detox Center)**

This survey was conducted to evaluate the perceived need for residential detox centers among the population affected by drug use in Taunggyi Township, Southern Shan State.

Table 4.12: Community Demand for a Residential Detox Center in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
11	Need for a residential detox center	Yes	57	34	91	95.8
		No	2	1	3	3.2
		No Response	1	0	1	1.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.11 results indicate a strong community endorsement for the establishment of a residential detox center (Drug Treatment Center) in Taunggyi Township. A vast majority of the respondents, 91 out of 95 (95.8%), expressed a need for such a facility. The support spanned across genders, with 57 males and 34 females affirming the necessity of a detox center. This overwhelming positive response underscores the recognized need within the community for structured detoxification services as a foundational step in substance abuse recovery.

Conversely, a very small minority, three respondents (3.2%), did not perceive a need for a detox center, with two males and one female expressing this view. Additionally, only one male respondent did not provide any answer, accounting for 1.1% of the total, possibly indicating indifference or uncertainty regarding the question. This may be due to a lack of understanding about the functions and benefits of a Drug Treatment Center.

#### 4.3.4.2 Reasons of Need for A Residential Detox Center (Drug Treatment Center)

This survey, conducted in Taunggyi Township, Southern Shan State, aimed to identify the primary reasons why community members feel a detox center is necessary. Understanding these reasons is crucial for tailoring drug-related harm reduction strategies and enhancing the effectiveness of potential interventions. This analysis also aids in prioritizing the features and services of a proposed detox center based on the specific needs of the community.

Table 4.13 Reasons for Needing a Detox Center Among Residents of Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
12	Reason for needing a detox center	1.Safe Detoxification	16	17	33	35.1
		2.Voluntary Detoxification	7	6	13	13.8
		3. Affordable Detoxification	26	11	37	39.4
		4. No Service Availability	7	0	7	7.4
		5.No Response	4	0	4	4.3
		<b>Total</b>	<b>60</b>	<b>34</b>	<b>94</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.13 gathered feedback from 94 respondents to uncover the primary reasons behind the community's demand for a detox center in Taunggyi Township. The predominant reason cited was the need for more affordable detoxification options, with 37 respondents (39.4%) highlighting cost as a major barrier to accessing existing services. This indicates a significant gap in the provision of economically accessible detox services for the majority of the community.

Safety concerns were the second most cited reason, with 33 respondents (35.1%) emphasizing the importance of a secure detox environment that ensures both physical and psychological safety for individuals undergoing detoxification. The option for voluntary detoxification was also a significant factor, mentioned by 13 respondents (13.8%), who prefer services that support individuals opting for detoxification on a voluntary basis, rather than through compulsory programs. This reflects a desire for personal autonomy in the recovery process among a segment of the community. Furthermore, 7 respondents (7.4%), all male, reported a complete absence of detox services, highlighting a considerable service gap. This could suggest that awareness or accessibility of detox services may vary by gender. Lastly, a small number of respondents, four in total (4.3%), did not provide any reason for needing a detox center, which could be indicative of either uncertainty or apathy regarding the availability and necessity of detox services.

#### 4.3.4.3 Need for a Rehabilitation Center

In an effort to assess the necessity for rehabilitation centers in Taunggyi Township, Southern Shan State, a survey was conducted to understand the community's opinion regarding existing drug-related harm reduction strategies and the need for alternative interventions. The survey aimed to gather localized insights that could inform policy makers and healthcare providers about the community's needs and preferences for drug rehabilitation services.

Table 4.14 Community Perception on the Need for a Rehabilitation Center in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
13	Need for a rehabilitation center	Yes	57	33	90	94.7
		No	2	1	3	3.2
		Not sure	0	1	1	1.1
		No Response	1	0	1	1.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.14 results clearly indicate a strong community endorsement for the establishment of a rehabilitation center in Taunggyi Township. A significant majority of the respondents, 90 out of 95 (94.7%), affirmed the need for such a facility, demonstrating widespread recognition of its importance in the continuum of care for individuals dealing with substance abuse. This consensus was similarly reflected across genders, with 57 males and 33 females supporting the initiative.

Conversely, only a minority, three respondents (3.2%), expressed that they do not see a need for a rehabilitation center. This included two males and one female. Additionally, one female respondent was uncertain about the need, representing 1.1% of the total feedback. Another small fraction of the survey, one male (1.1%), did not respond to the question, potentially indicating indifference or a lack of opinion on the matter.

#### 4.3.4.4 Reasons of Need for a residential detox center

This survey conducted in Taunggyi Township, Southern Shan State, sought to identify the key reasons behind the community's perceived need for a rehabilitation center. This analysis is crucial for understanding the specific motivations and

expectations of local residents concerning drug-related harm reduction strategies and how a rehab center could address these needs effectively.

Table 4.15: Community-Identified Reasons for Needing a Rehabilitation Center in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
14	Reason for needing a rehab center	(1) Employment Opportunities	40	30	70	73.7
		(2) to promote both physical and mental health	9	3	12	12.6
		(3) to reintegrate with the community	11	1	12	12.6
		(4) No Response	1	0	1	1.1
		<b>Total</b>	61	34	95	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.15 responses reveal distinct reasons why the community believes a rehabilitation center is necessary. A significant majority of the respondents, 70 out of 95 (73.7%), identified the enhancement of employment opportunities as the primary reason for needing a rehabilitation center. This reflects a widespread belief that such facilities can play a crucial role in improving job prospects for individuals recovering from substance abuse, with both males (40 respondents) and females (30 respondents) emphasizing this point. Another important aspect highlighted was the promotion of both physical and mental health, which was cited by 12 respondents (12.6%). This indicates a recognition of the holistic benefits of rehabilitation beyond just overcoming addiction, suggesting that community members value comprehensive health improvement.

Reintegration with the community was equally valued (12.6%), with 11 males and 1 female acknowledging this as a critical function of a rehabilitation center. This underscores the importance of social reintegration programs within rehab facilities that can help individuals restore their social roles and relationships. Non-responses accounted for a small fraction of the total, with 1 males (1.1%) not providing any reason, which might indicate either a lack of opinion or reluctance to discuss their views on the matter.

#### 4.3.4.5 Additional services needed

In a targeted survey conducted in Taunggyi Township, Southern Shan State, the objective was to identify additional services needed to enhance the current drug-

related harm reduction strategies and alternative interventions. The survey focused on collecting local community feedback to better understand the gaps in existing services and to explore opportunities for service expansion that can meet the diverse needs of the population.

Table 4.16: Identified Needs for Additional Harm Reduction Services in Taunggyi Township, Southern Shan State

No	Question Description	Answer Option	Male	Female	Total	Percentage
15	Additional services needed	1.Methadone Maintenance Therapy	18	19	37	39.4
		2. Detoxification for Female Drug Users	0	1	1	1.1
		3.Enhanced Support	0	2	2	2.1
		4.Dedicated Treatment Center for Female Dus	0	1	1	1.1
		4.Expansion of Drop-In Centers similar to the one in Taunggyi	11	4	14	14.9
		6.Door-to-Door Service	0	1	1	1.1
		7.Separate Services for MSM	1	0	1	1.1
		8.No Response	30	7	37	39.4
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

The findings from Table 4.16 reveal that there is a significant demand for varied additional services to support drug users in the community. The most notable demand is for Methadone Maintenance Therapy (MMT), with 37 out of 94 respondents (39.4%) indicating this need, closely mirroring the proportion of no responses (37 respondents, 39.4%). This suggests a polarization in community awareness or opinion on service needs. The need for MMT was fairly balanced between males (18) and females (19), indicating a broad-based demand for this service.

Other specific services identified included the expansion of drop-in centers similar to the one currently operating in Taunggyi, supported by 14 respondents (14.9%), suggesting a recognition of the benefits provided by such facilities and a desire for more accessible locations. Responses also highlighted targeted service needs for specific community segments:

Detoxification for female drug users, enhanced support, and a dedicated treatment center for female drug users were each noted by a small fraction of respondents, underscoring a perceived need for more gender-specific services. Similarly, door-to-door service and separate services for MSM (men who have sex with men) each were noted by one respondent, pointing to niche areas that may require more focused attention.

#### 4.3.5 Barriers to receive Harm Reduction services and Suggestions

The "Barriers and Suggestions" section of the report encompasses an analysis of the obstacles encountered by individuals attempting to access harm reduction services. It details the specific barriers faced and offers recommendations for improving these services to enhance accessibility and effectiveness. This section aims to identify key issues in service delivery and propose actionable solutions to address them.

##### 4.3.5.1 Facing barriers to receive Harm Reduction services

In Taunggyi Township, Southern Shan State, a survey was conducted to pinpoint the specific barriers that residents face when accessing drug-related harm reduction services. This examination is crucial for enhancing existing strategies and introducing effective alternative interventions. By understanding these barriers, stakeholders can better tailor services to the needs of the community and work towards more comprehensive and accessible solutions.

Table 4.17: Reported Barriers in Accessing Harm Reduction Services in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
16	Barriers faced in accessing services	Yes	14	5	19	20.0
		No	45	30	75	78.9
		No Response	1	0	1	1.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.17 responses revealed that a significant portion of the community does not face notable barriers when accessing harm reduction services, with 75 out of 95 respondents (78.9%) reporting no issues in accessing the needed services. This group included 45 males and 30 females, indicating a generally positive accessibility across genders. However, there remains a subset of the community that encounters difficulties, as evidenced by 19 respondents (20.0%) who indicated that they do face barriers. Among these, more males (14) reported issues compared to females (5), suggesting that there may be specific challenges related to how services are accessed or perceived by different genders. A minimal number of participants, only one male, did not respond to the question, accounting for 1.1% of the total. This could indicate a lack of engagement or awareness of the services available, which might itself be considered a barrier.

#### 4.3.5.1 Description of Barriers Faced

In Taunggyi Township, Southern Shan State, a survey was conducted to pinpoint the specific barriers that residents face when accessing drug-related harm reduction services. This examination is crucial for enhancing existing strategies and introducing effective alternative interventions. By understanding these barriers, stakeholders can better tailor services to the needs of the community and work towards more comprehensive and accessible solutions.

Table 4.18: Identified Barriers to Accessing Harm Reduction Services in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
17	Description of barriers faced	1. Individuals lack knowledge about available detoxification facilities	3	1	4	14.3
		2. Not all clinics offer detoxification services	7	2	9	32.1
		3. Detoxification processes are often costly and face limitations in resources	3	2	5	17.9
		4. the potential of being apprehended by law enforcement	3	5	8	28.6
		5. Inconvenience of Methadone use	2	0	2	7.1
		<b>Total</b>	<b>18</b>	<b>10</b>	<b>28</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.18 responses from Taunggyi Township have illuminated several significant barriers that hinder access to detoxification and related harm reduction services. Firstly, knowledge gaps present a notable challenge, as evidenced by 4 respondents (14.3%) who reported a lack of awareness about available detoxification facilities. This issue was more prevalent among males, with 3 reporting it compared to 1 female. Secondly, service availability was the most frequently mentioned barrier, noted by 9 respondents (32.1%). The majority of these were males (7), suggesting possible disparities in how detoxification services are distributed or accessed between genders.

Additionally, the cost and limitations of resources associated with detoxification processes were cited by 5 respondents (17.9%) as a barrier, affecting both males (3) and females (2), indicating a broader concern about the affordability and availability of necessary resources for detox services. Legal concerns also emerged as a significant deterrent, particularly for females, with 8 respondents (28.6%) expressing apprehension about the potential for law enforcement involvement. More females (5) than males (3) identified this as a concern, which points to gender-specific anxieties related to seeking treatment. Lastly, the inconvenience of methadone use was highlighted by 2 male respondents (7.1%), indicating logistical or operational challenges within the methadone maintenance therapy system.

#### **4.3.5.2 Suggestions for Service Improvement**

In an effort to refine drug-related harm reduction strategies and alternative interventions in Taunggyi Township, Southern Shan State, a survey was conducted to gather suggestions for service improvement from the Drug users. This survey aimed to capture specific community-driven insights that could guide the enhancement of existing services and the development of new initiatives tailored to meet the needs of diverse community members.

Table 4.19: Community Suggestions for Improving Harm Reduction Services in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
18	Suggestions for service improvement	1. Separate Detoxification for Female Drug Users:	0	14	14	14.7
		2. increased support services	2	4	6	6.3
		3. Cervical cancer vaccine	0	3	3	3.2
		5. a necessity to enhance security measures for outreach workers.	0	1	1	1.1
		6. operation of the Taunggyi Drop-In Center (DIC) should be maintained on a sustainable basis.	12	4	16	16.8
		7. Increase the number of outreach workers who do not discriminate against drug users.	0	1	1	1.1
		8. Need Methadone Maintenance Therapy	14	0	14	14.7
		9. No Response	32	8	40	42.1
			<b>60</b>	<b>35</b>	<b>95</b>	<b>100.0</b>

Source: Survey Data, August 2024

Table 4.19 revealed a range of suggestions for improving harm reduction services, with notable differences in responses between genders and a high number of no responses. The most substantial suggestion from female respondents was the establishment of separate detoxification services specifically for female drug users, which garnered support from 14 females but no males, totaling 14.7% of the feedback. This highlights a significant demand for gender-specific services that address the unique challenges faced by female drug users. Another key suggestion was the sustainable operation of the Taunggyi Drop-In Center (DIC), which received the highest support among males, with 12 advocating for its continued support, and 4 females agreeing, summing up to 16.8% of the total suggestions. This indicates a strong community value placed on the services provided by the DIC.

Additional suggestions included increasing support services, which was mentioned by 2 males and 4 females, and introducing Methadone Maintenance Therapy, supported by 14 males. These indicate a broader recognition of the need for more comprehensive and accessible treatment options. Lesser-supported suggestions

involved health-specific services such as the provision of the cervical cancer vaccine, noted by 3 females, and improving safety measures for outreach workers, indicated by 1 female. One female respondent also highlighted the need for more outreach workers who do not discriminate against drug users, suggesting a concern about the stigma in current outreach efforts.

However, a notable portion of the respondents, 40 out of 85 (42.1%), did not provide any suggestions. This absence of feedback could suggest several possibilities: they might be satisfied with the current services, disengaged from the survey process, or possibly unaware of how the services could be further improved. Alternatively, it could simply be that they have no specific ideas for improvements.

#### 4.3.6 Personal Experiences and Employment Assistance

The "Personal Experiences and Employment Assistance" section of our analysis is divided into three key areas: Willingness to Share Personal Experiences, Summary of Personal Experiences, and Interest in Job Training or Employment Assistance. This section aims to delve into how individuals feel about discussing their journeys, provides an overview of those shared experiences, and assesses the level of interest in receiving support for job training or employment, which is crucial for integration and recovery.

##### 4.3.6.1 Willingness to Share Personal Experiences

To enhance drug-related harm reduction strategies in Taunggyi Township, Southern Shan State, a survey was conducted to assess the willingness of Drug Users to share their personal experiences with substance use and recovery. This survey aimed to gauge the level of openness among the participants, which is crucial for understanding the social dynamics affecting recovery and for developing effective community-based support systems.

Table 4.20: Willingness to Share Personal Experiences with Substance Use and Recovery Among Drug Users of Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
19	Willingness to share personal experiences	Yes	3	3	6	6.3
		No	56	32	88	92.6
		No Response	1	0	1	1.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100</b>

Source: Survey Data, August 2024

Table 4.20 results indicate a notable reluctance among the respondents to share their personal experiences with substance use and recovery. A significant majority, 88 out of 95 respondents (92.6%), expressed that they are not willing to share their personal experiences. This response was overwhelmingly observed among males, with 56 indicating a reluctance, and among females, with 32 expressing the same sentiment. Conversely, a very small fraction of the population, just 6 respondents (6.3%), were open to sharing their experiences, with an equal split between males and females (3 each). This low percentage suggests potential concerns about stigma, privacy, or mistrust in how the information might be used, which can impede open communication and community support efforts. Additionally, there was minimal non-engagement with the survey question, with only one male respondent not providing an answer, representing 1.1% of the total. This low non-response rate indicates that while most respondents chose to engage with the survey, the overwhelming majority opted to withhold their personal stories.

#### 4.3.6.2 Summary of Shared Personal Experiences

In Taunggyi Township, Southern Shan State, a survey was conducted to gather summaries of shared personal experiences from Drug Users who have interacted with local drug-related harm reduction services. This survey aimed to capture insights into how these services are perceived and what specific aspects are considered beneficial or in need of improvement. Understanding these personal experiences is crucial for tailoring services to better meet the needs of those they are designed to help.

Table 4.21: Clients Feedback on Personal Experiences with Drug-Related Harm Reduction Services in Taunggyi Township, Southern Shan State.

No.	Question Description	Answer Option	Male	Female	Total
20	Summary of personal experiences	1.Female drug users are encouraged to visit the Drop-In Center (DIC) as it offers specialized drug treatment and testing specifically designed for women.	0	3	3
		2.Male drug users should also utilize the services provided at the DIC.	1	0	1
		3.an expansion of support services to effectively assist individuals in need.	1	0	1
		4.The Methadone Maintenance Therapy program should be maintained on a sustainable basis.	2	0	2
		<b>Total</b>	<b>4</b>	<b>3</b>	<b>7</b>

Source: Survey Data, August 2024

Table 4.21 responses reveal a diverse range of experiences with local harm reduction services in Taunggyi Township, providing insights into the effectiveness and reception of these initiatives. Specifically, three female respondents praised the Drop-In Center (DIC) for its specialized drug treatment and testing services tailored to women. This feedback highlights the crucial role of such targeted services in addressing the unique challenges faced by female drug users. On the other hand, a male respondent emphasized the importance of male drug users engaging more actively with the DIC's services, pointing to a need for increased involvement from this demographic. Additionally, another male respondent advocated for the expansion of support services, suggesting that the current offerings are too limited in scope to meet the community's needs effectively. Furthermore, two males stressed the importance of sustaining the Methadone Maintenance Therapy program, noting its critical role in the ongoing care continuum for drug users.

Despite these valuable insights, the overall response rate was notably low, with only seven participants sharing their experiences. This limited participation could reflect substantial barriers to engagement or a prevalent reluctance among community members to discuss their personal experiences openly through the survey. Such hesitation might be influenced by drug users' concerns over the legality of their actions and feelings of insecurity about disclosing personal information. This situation highlights the need for further exploration into how these services are perceived and suggests developing strategies to encourage more comprehensive and open feedback from the community.

#### **4.3.6.3 Interest in job training or employment assistance**

As part of an ongoing effort to enhance drug-related harm reduction strategies in Taunggyi Township, Southern Shan State, a survey was conducted to determine the level of interest among local drug users in receiving job training or employment assistance. Such programs are considered vital for facilitating recovery and reintegration by providing economic opportunities that can support a substance-free lifestyle.

Table 4.22: Interest in Job Training and Employment Assistance Among Drug Users in Taunggyi Township, Southern Shan State

No.	Question Description	Answer Option	Male	Female	Total	Percentage
21	Interest in job training or employment assistance	1.Yes	58	32	90	94.7
		2.No	0	2	2	2.1
		3.Not sure	1	1	2	2.1
		4. No Response	1	0	1	1.1
		<b>Total</b>	<b>60</b>	<b>35</b>	<b>95</b>	<b>100</b>

Source: Survey Data, August 2024

Table 4.22 results show a very high interest in job training and employment assistance among the participants, indicating that the community is keen on opportunities that support their rehabilitation and improve their economic prospects. Out of 95 respondents, 90 (94.7%) expressed a desire for such programs, with 58 males and 32 females actively seeking job training or employment help. This strong response underscores the value they place on these programs as a means to support recovery and help break the cycle of substance dependency. On the other hand, a very small number, only two female respondents (2.1%), reported that they were not interested in job training or employment assistance, which might suggest they are either not interested or are satisfied with their current situation. Similarly, one male and one female respondent (2.1%) expressed uncertainty about their interest in such programs, possibly due to doubts about their future plans or the effectiveness of the programs.

Additionally, there was very little non-participation in the survey, with only one male respondent failing to provide an answer, which accounts for 1.1% of the total. This low rate of non-response further highlights the strong engagement and interest in the topic among the community.

#### 4.4 Stakeholder Perspectives on Drug-Related Harm Reduction in Taunggyi Township

In a drug-related harm reduction field, a stakeholder refers to any individual, group, or organization that has an interest or concern in the outcomes and processes of harm reduction initiatives. Stakeholders may be directly involved in these initiatives or may influence them from the outside, and their interests can range from

public health to policy implications. To improve drug-related harm reduction strategies in Taunggyi Township, Southern Shan State, interviews were conducted to understand what stakeholders think and how interested they are. The key informant interviews were conducted with 13 individuals from various sectors including health, NGOs, community leadership, and bus station managers in Taunggyi Township, Southern Shan State. Using a set of 10 open-ended questions, engaged with these stakeholders who are either directly involved in or influence drug-related harm reduction initiatives. The purpose of these interviews was to gain a deeper understanding of the stakeholders' perspectives and their level of interest in improving harm reduction strategies. (see Appendix B for the KII questions).

#### **4.4.1 Drug Use Prevalence**

In the interviews conducted with 13 stakeholders, responses varied significantly in their assessment of the prevalence of drug use in the community. Some stakeholders estimated the prevalence at around 60%, viewing it as a significant yet manageable issue. A larger portion of the participants, however, perceived the prevalence to be closer to 70%, suggesting a more serious concern about the extent of drug use. Additionally, a few stakeholders believed the prevalence reached as high as 80%, which they considered extremely alarming and indicative of a need for more robust harm-reduction efforts. Overall, these diverse responses underline the varied perceptions within the community regarding the severity of drug use issues.

#### **4.4.2 The Most Common Types of Drugs Used in The Community**

According to the interview result, stakeholders think that in the community, the most commonly used drugs identified were heroin and Yaba (methamphetamine), with every participant mentioning their use. Opium also featured prominently, followed by cough syrup and ice, which fewer participants reported using. Only a very small number mentioned the use of glue and marijuana. This distribution shows that certain drugs are used more frequently in the community than others, indicating specific patterns in drug preference and availability.

#### **4.4.3 The Biggest Challenges Related to Drug-Related Harm**

The interview results highlight that a variety of challenges are associated with drug-related harm, impacting both health and social spheres. The most prominent issues cited include the transmission of HIV and broader social problems, both mentioned frequently by respondents. Other significant health concerns include tuberculosis, hepatitis B and C, and general health issues. In terms of social

ramifications, domestic violence and sexually transmitted diseases also emerged as notable challenges. Additionally, the consequences of drug use extend to personal lives, with instances of divorce and educational disruptions also reported. These challenges collectively highlight the multifaceted impact of drug use on individual and community well-being in Taunggyi Township.

#### **4.4.4 Awareness of Existing Harm Reduction Programs**

The awareness of existing harm reduction programs varies among the community members. The most widely recognized program is the Needle Syringe Exchange, which many respondents are aware of. Fewer individuals know about the services for HIV, TB, STDs, and hepatitis B/C. Some community members are also aware of the newly started Methadone Therapy at SSHH. However, there is at least one individual who is not aware of any harm reduction programs, indicating a gap in outreach or information dissemination within the community.

#### **4.4.5 Effectiveness of These Existing Harm Reduction Programs**

In Taunggyi Township, the community's perception of the effectiveness of existing harm reduction programs spans a range of opinions. A small number of individuals believe the programs to be effective in addressing drug-related harm, while a larger portion sees them as somewhat effective. Some consider these programs to be very effective. Notably, no respondents view the programs as ineffective or totally ineffective, suggesting a general consensus that the existing interventions do hold some value in mitigating the adverse effects of drug use in the community.

#### **4.4.6 Specific Barriers To Accessing These Programs**

In Taunggyi Township, several specific barriers hinder access to harm reduction programs, as identified by community members. Some individuals report that a lack of understanding and acceptance of these services poses a significant obstacle. Others cite location barriers, suggesting that the geographical distribution or accessibility of services is a challenge. Despite these issues, a few respondents indicate that there are no barriers to accessing these programs, or they are not aware of any obstacles. These responses highlight the need for increased awareness and potentially more strategically located services to ensure broader accessibility.

#### **4.4.7 The Need for a Residential Detoxification Center (Drug Treatment Center)**

The interview result shows that there is unanimous agreement among respondents on the need for a residential detoxification center. All participants

expressed a need for such a facility, emphasizing the importance of making detoxification services affordable for drug users and their families. This consensus points to a recognized gap in the current harm reduction infrastructure and highlights the community's call for accessible and supportive detox (drug treatment) options to aid in recovery efforts.

#### **4.4.8. Recommended Services for Detoxification Centers**

Community members in Taunggyi Township have voiced specific recommendations for services that a residential detoxification center should offer. Key services identified include ensuring security, affordability, and safety to create a supportive environment for recovery. Additionally, there is a call for the provision of Methadone treatment as part of the detox process. Respondents also emphasized the importance of addressing both physical and mental health care needs comprehensively within the facility. Moreover, the suggestion to establish separate facilities for males and females indicates a sensitivity to the different needs of each gender during the detoxification process. These recommendations collectively highlight the desired attributes of a detox center that would meet the community's needs effectively.

#### **4.4.9 Need for a Residential Rehabilitation Center in Taunggyi Township**

There is unanimous agreement among respondents regarding the necessity of establishing a structured residential rehabilitation center in Taunggyi Township. All participants agree that such a center is crucial to facilitate both physical and mental rehabilitation for drug users. They believe it will provide a fresh start for individuals seeking recovery and eliminate the necessity of seeking services outside the community. Furthermore, a local center would ensure cost-effectiveness by reducing the financial and logistical burdens associated with traveling for treatment. This strong agreement highlights the community's recognition of the benefits a dedicated rehabilitation facility would bring.

#### **4.4.10 Essential Services for a Residential Rehabilitation Center**

A structured residential rehabilitation center should ideally offer a variety of services to support comprehensive recovery. Vocational training stands out as a key component, essential for equipping residents with skills and qualifications that can aid in their post-treatment reintegration into society. Additionally, the center should provide job-seeking opportunities to help residents secure employment, which is crucial for fostering independence and stability. Counselling services are also vital, offering psychological support and strategies for coping with challenges during and

after recovery. Although less frequently mentioned, religious support could also play a significant role for some individuals, offering spiritual guidance and community connection. These services collectively aim to address various aspects of rehabilitation, ensuring a holistic approach to recovery.

## **CHAPTER V**

### **CONCLUSION**

This chapter provides a comprehensive summary and discussion of the findings derived from an extensive review of earlier chapters and survey data collected from relevant stakeholders. It draws conclusions based on these insights, focusing on the analysis of current drug-related harm reduction strategies and alternative interventions in Taunggyi Township, Southern Shan State. The chapter concludes with a series of recommendations aimed at enhancing these strategies, based on the evidence gathered throughout the study.

#### **5.1 Findings**

The analysis of the survey conducted in Taunggyi Township revealed several key findings relevant to harm reduction initiatives:

Young adults show a high level of engagement in the survey. A substantial portion of the survey respondents comprised young adults between 18 and 25. This demographic showed significant participation in harm reduction programs, suggesting that such initiatives resonate well with younger individuals and emphasizing the importance of continuing to engage this age group in future harm reduction efforts.

There are notable gender disparities in the awareness and utilization of services. The survey data indicated notable gender disparities, with male participants being more active than females in both participating in the survey and accessing harm reduction services. This suggests the existence of gender-specific barriers that may prevent females from engaging equally in these programs, pointing to a need for strategies that specifically address these obstacles.

Education levels significantly influence engagement and understanding of the programs. Participants with higher education levels demonstrated better engagement and a deeper understanding of harm reduction programs. This correlation underscores the role of education in enhancing the effectiveness of these initiatives and highlights the necessity for targeted educational interventions that cater to various educational backgrounds.

Occupational status plays a crucial role in accessing services. Casual laborers make up the majority of the survey respondents in Taunggyi Township, accounting for 57.9% of the total with 32 males and 23 females. This significant portion of the population, often involved in informal employment, may not regularly access health information and services. As a result, they could be more vulnerable to drug-related risks, primarily because they are less likely to be exposed to harm reduction strategies and support systems.

Marital status significantly impacts patterns of drug use. Nearly half of the survey respondents were married, indicating that drug use is a pervasive issue that significantly impacts family units. This finding suggests the importance of incorporating family-based approaches within harm reduction strategies to address the broader social and familial dimensions of drug use.

Patterns of substance use vary widely across different demographics. Methamphetamine and heroin emerged as the most commonly used substances among the respondents, which points to the need for focused interventions aimed at users of these drugs. The prevalence of these substances suggests that specific strategies tailored to combat these types of drug use are essential.

There was strong support among the participants for the establishment of dedicated detox (drug treatment) and rehabilitation centers. This indicates a recognized need for structured support systems to aid in the recovery and rehabilitation of drug users, emphasizing the community's demand for robust, accessible treatment options.

Various obstacles hinder access to harm reduction services. Participants identified several barriers to accessing harm reduction services, including a lack of awareness about the available services, difficulties related to service locations, and fears of legal repercussions. Addressing these barriers is crucial to improve the accessibility and effectiveness of harm-reduction strategies within the community.

These findings collectively highlight the diverse factors influencing harm reduction efforts in Taunggyi Township and underscore the need for multi-faceted and inclusive strategies to effectively address the complex dynamics of drug-related harm within the community.

## 5.2 Suggestions

To enhance harm reduction strategies in Taunggyi Township, the following targeted initiatives are proposed:

1. Tailored educational programs are essential to enhance community engagement and understanding. It is essential to develop educational interventions that are specifically tailored to meet the diverse educational backgrounds of the community. By customizing content to be relevant and accessible to various education levels, these programs can significantly enhance understanding and engagement, thereby increasing the effectiveness of harm reduction efforts.
2. Enhanced outreach efforts are crucial for effectively engaging high-risk groups. Increasing targeted outreach efforts towards high-risk groups such as casual labourers and the unemployed is crucial. These groups often face greater barriers to accessing health services, and targeted programs can improve their access to essential harm reduction services, ensuring that no vulnerable group is left behind.
3. Implementing gender-sensitive interventions is vital for addressing the unique needs of different genders effectively. Implementing gender-sensitive interventions is necessary to increase female participation in harm reduction services, which is often lower due to cultural and social barriers. Simultaneously, refining strategies to engage men more effectively can address the different dynamics and needs of each gender within the context of substance use.
4. Establishing community-based support structures is essential for providing comprehensive assistance to individuals in need. Establishing robust community-based support structures, including both detox (drug treatment) and rehabilitation centers, would provide comprehensive support to individuals struggling with substance use. This approach fosters a community-centric model that supports healing and recovery through locally available resources, enhancing the continuum of care within the township.
5. Addressing service barriers is crucial to improving accessibility and effectiveness of harm reduction initiatives. Addressing identified service barriers involves a multipronged strategy. This includes enhancing the availability of harm reduction services, increasing community awareness about these services, improving accessibility to ensure that services are easy to reach and use, and ensuring that legal protections are in place to safeguard service users from potential legal repercussions.

6. Providing support for families is integral to a holistic approach to harm reduction efforts. Introducing family-oriented harm reduction programs can significantly aid families dealing with drug-related issues. Such programs can provide counselling, support groups, and resources that help families navigate the complexities of substance abuse, thereby strengthening the family unit and supporting overall community resilience.

7. Integrating vocational training and job assistance is crucial for the successful rehabilitation and reintegration of individuals. Integrating vocational training and job assistance into rehabilitation programs can facilitate the successful reintegration of recovered drug users into society. This strategy not only aids in recovery by providing meaningful skills and employment opportunities but also enhances the economic independence and self-esteem of individuals post-rehabilitation.

By implementing these suggestions, Taunggyi Township can create a more effective and inclusive approach to harm reduction, addressing specific needs and barriers within the community to improve overall outcomes.

## REFERENCES

- ASEAN. (2022). *ASEAN Drug Monitor Report 2020–2021*. Retrieved from [https://asean.org/wp-content/uploads/2022/03/ADM-Report-2020\\_2021Nov02.pdf](https://asean.org/wp-content/uploads/2022/03/ADM-Report-2020_2021Nov02.pdf).
- Burris, S., Blankenship, K. M., Donoghoe, M., et al. (2004). Addressing the "risk environment" for injection drug users: The mysterious case of the missing cop. *Milbank Quarterly*, 82(1), 125-156.
- Central Committee for Drug Abuse Control. (2018). National drug control policy. The Republic of the Union of Myanmar.
- Central Committee for Drug Abuse Control. (2020). *Annual report 2020*. Retrieved from <https://drugmuseum.gov.mm/pdf/2020AnnualReport228page.pdf>.
- Cogger, S., & Higgs, P. (2023). Harm reduction is not just about low threshold services for people using drugs. *Journal of General Internal Medicine*, 38(5), 1322. <https://doi.org/10.1007/s11606-023-08084-9>.
- Degenhardt, L., Bucello, C., Mathers, B., et al. (2011). Mortality among regular or dependent users of heroin and other opioids: A systematic review and meta-analysis of cohort studies. *Addiction*, 106(1), 32-51.
- Department of Population, Ministry of Labor, Immigration and Population, Myanmar. (2014). *The 2014 Myanmar Population and Housing Census: Thematic report on children and youth, Census report volume 4-M*.
- Des Jarlais, D. C., & Semaan, S. (2012). *HIV prevention and control: Strategies for drug users and their sexual partners*. Springer Science & Business Media.
- Drug Dependency Treatment & Research Unit. (2017). Annual report 2017. Ministry of Health & Sports.
- Gowan, T. (2012). *Harm reduction: A new direction for drug policies and programs*. University of Toronto Press.
- Harm Reduction International. (2022). *The Global State of Harm Reduction 2022 [Full Report]*. Retrieved from [https://hri.global/wp-content/uploads/2022/11/HRI\\_GSHR-2022\\_Full-Report\\_Final.pdf](https://hri.global/wp-content/uploads/2022/11/HRI_GSHR-2022_Full-Report_Final.pdf).
- Hawk, M., Coulter, R. W. S., Egan, J. E., Fisk, S., Friedman, M. R., Tula, M., & Kinsky, S. (2017). Harm reduction principles for healthcare settings. *Harm Reduction Journal*, 14(70). <https://doi.org/10.1186/s12954-017-0196-4>.

- King, N. B. (2020). Harm reduction: A misnomer. *Health Care Analysis*, 28(4), 324-334. <https://doi.org/10.1007/s10728-020-00413-x>.
- Khine, W. W., & Htike, K. W. (2017). Understanding the barriers to harm reduction services among drug users in Shan State, Myanmar. *Myanmar Medical Journal*, 60(1), 27-33.
- Logan, D. E., & Marlatt, G. A. (2010). Harm reduction therapy: A practice-friendly review of research. *Journal of Clinical Psychology*, 66(2), 201-214. <https://doi.org/10.1002/jclp.20669>.
- Lenton, S., & Single, E. (2012). *The impact of minimum decriminalization on cannabis use in Australia and the United States*. University of Toronto Press.
- Marsden, J., & Eastwood, B. (2017). *Principles of Drug Addiction Treatment: A Research-Based Guide*. National Institute on Drug Abuse.
- Ministry of Health and Sports Myanmar. (2014). *Myanmar integrated biological and behavioral surveillance survey and population size estimates among people who inject drugs*.
- Ministry of Health and Sports (Myanmar). (2016). *National Strategic Plan for HIV/AIDS and STI, 2016-2020*. Ministry of Health and Sports.
- Ministry of Social Welfare, Relief and Resettlement (Myanmar). (2019). *National Drug Control Policy, 2019*. Ministry of Social Welfare, Relief and Resettlement.
- Myanmar Law Information System. (2018). *The law amending the narcotic drugs and psychotropic substances law (The Pyidaungsu Hluttaw Law No. 6, 2018)*. The Republic of the Union of Myanmar.
- Myanmar Opium Survey. (2020). *United Nations Office on Drugs and Crime (UNODC)*.
- National AIDS Programme Myanmar. (2016). *National strategic plan on HIV and AIDS Myanmar (2016-2020)*.
- National AIDS Programme (Myanmar). (2018). *Annual Report on HIV/AIDS, 2018*. National AIDS Programme.
- Rhodes, T., & Hedrich, D. (2010). *Harm reduction: Evidence, impacts and challenges*. European Monitoring Centre for Drugs and Drug Addiction.

- Strathdee, S. A., Hallett, T. B., Bobrova, N., et al. (2010). HIV and risk environment for injecting drug users: The past, present, and future. *The Lancet*, 376(9737), 268-284.
- Thomson, N., & Meehan, P. (2021, May). Understanding the drugs policy landscape in Myanmar: How drugs policies and programmes intersect with conflict, peace, health and development [Working paper]. SOAS University of London. Retrieved from [https://drugs-disorder.soas.ac.uk/wp-content/uploads/2021/05/05\\_2021\\_Understanding-the-drug-policy-landscape-in-Myanmar\\_FINAL.pdf](https://drugs-disorder.soas.ac.uk/wp-content/uploads/2021/05/05_2021_Understanding-the-drug-policy-landscape-in-Myanmar_FINAL.pdf)
- United Nations Office on Drugs and Crime. (1999). *Global illicit drug trends*. Retrieved from [https://www.unodc.org/unodc/en/data-and-analysis/global\\_illicit\\_drug\\_drug\\_trends.html](https://www.unodc.org/unodc/en/data-and-analysis/global_illicit_drug_drug_trends.html).
- United Nations Office on Drugs and Crime. (2016). *World drug report 2016*. Retrieved from <https://www.unodc.org/wdr2016/>
- United Nations Office on Drugs and Crime. (2019). *Drug use in Myanmar: A rapid assessment*. UNFPA.
- United Nations Office on Drugs and Crime. (2020). *World drug report 2020: Drug use and health consequences*. Retrieved from [https://wdr.unodc.org/wdr2020/field/WDR20\\_Booklet\\_2.pdf](https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_2.pdf).
- United Nations Office on Drugs and Crime. (2020). *World drug report 2020: Socioeconomic characteristics and drug use disorders*. Retrieved from [https://wdr.unodc.org/wdr2020/field/WDR20\\_Booklet\\_5.pdf](https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_5.pdf).
- United Nations Office on Drugs and Crime. (2020). *World drug report 2020: Drug supply*. Retrieved from [https://wdr.unodc.org/wdr2020/field/WDR20\\_Booklet\\_3.pdf](https://wdr.unodc.org/wdr2020/field/WDR20_Booklet_3.pdf).
- United Nations Office on Drugs and Crime. (2021). *World drug report 2021*. Retrieved from <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>.
- United Nations Population Fund. (2017). *HIV prevention, treatment, care and support for people who use drugs in Myanmar*. UNFPA.
- United States Department of State. (2022). *International Narcotics Control Strategy Report Volume I: Drug and Chemical Control*. Retrieved from <https://www.state.gov/wp-content/uploads/2022/03/22-00767-INCSR-2022-Vol-1.pdf>.

- Vakharia, S. P. (2024). *The Harm Reduction Gap: Helping Individuals Left Behind by Conventional Drug Prevention and Abstinence-only Addiction Treatment*. United Kingdom: Taylor & Francis.
- Wood, E., Kerr, T., Tyndall, M. W., & Montaner, J. S. (2008). A review of barriers and facilitators of HIV treatment among injection drug users. *AIDS*, 22(11), 1247-1256.
- World Health Organization. (2018). *Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence*. World Health Organization.

## APPENDIX A

### ANALYSING EXISTING DRUG-RELATED HARM REDUCTION STRATEGIES AND ALTERNATIVE INTERVENTION IN TAUNGGYI TOWNSHIP, SOUTHERN SHAN STATE.

#### Section A: Demographic Information

1. What is your age?	<input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 – 35 <input type="checkbox"/> 36 – 45 <input type="checkbox"/> 46+
2. What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3. What is your highest level of education?	<input type="checkbox"/> No formal education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High School <input type="checkbox"/> University level
4. What is your occupation?	<input type="checkbox"/> Casual laborer <input type="checkbox"/> Self-employed <input type="checkbox"/> Government employee <input type="checkbox"/> Private sector employee <input type="checkbox"/> Unemployed
5. What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced/Separated/Widowed
6. What type of drugs do you use? (Select all that apply)	<input type="checkbox"/> Heroin <input type="checkbox"/> Yaba (Methamphetamine) <input type="checkbox"/> Marijuana <input type="checkbox"/> Opium <input type="checkbox"/> Cough syrup <input type="checkbox"/> Other (Specify) _____

**Section B: Knowledge**

7. How often do you use drugs?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally
8. Are you aware of harm reduction services available in Taunggyi Township?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Which harm reduction services are you currently using? (Select all that apply)	<input type="checkbox"/> Needle exchange program <input type="checkbox"/> Methadone treatment <input type="checkbox"/> Counseling services or support groups <input type="checkbox"/> Hepatitis B vaccination <input type="checkbox"/> HIV/TB/STD services <input type="checkbox"/> Oral contraceptives (birth control pills) <input type="checkbox"/> No Response
10. Are you satisfied with the harm reduction services you are receiving?	<input type="checkbox"/> Not satisfied at all <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Very satisfied <input type="checkbox"/> No Response

**Section C : Attitudes**

11. Do you think a residential drug detoxification center is needed in Taunggyi Township?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
12. If you answered "Yes," why do you feel this is necessary?	<hr/> <hr/>
13. Do you think a structured rehabilitation center is needed in Taunggyi Township?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> No Response

14. If you think a rehabilitation center is needed, why do you feel this is important?	<hr/> <hr/> <hr/> <hr/>
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**Section D : Practices**

15. Besides drug detox and rehabilitation centers, what other services or programs do you think would be helpful for drug users in Taunggyi Township?	<hr/> <hr/> <hr/> <hr/>
16. Have you faced any barriers when trying to access harm reduction services or drug treatment programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
17. If you have faced barriers, please describe them:	<hr/> <hr/> <hr/> <hr/>
18. What suggestions do you have for improving existing harm reduction services in Taunggyi Township?	<hr/> <hr/> <hr/> <hr/>
19. Do you have any personal experiences or insights about drug use and harm reduction services in Taunggyi Township that you would like to share?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Response
20. If you would like to share your experiences, please summarize them:	<hr/> <hr/> <hr/> <hr/>
21. Are you interested in job training programs or employment assistance as part of your reintegration into society?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> No Response

## **APPENDIX B**

### **ANALYSING EXISTING DRUG-RELATED HARM REDUCTION STRATEGIES AND ALTERNATIVE INTERVENTION IN TAUNGGYI TOWNSHIP, SOUTHERN SHAN STATE.**

#### **Interview Questions for Stakeholders**

**Target Audience:** Key Informants (Healthcare Professionals, Community Leaders, Law Enforcement)

**Introduction:** Thank you for taking the time to speak with me today. This research aims to understand drug-related harm reduction in Taunggyi Township and assess the need for additional services. Your insights are invaluable.

#### **General Awareness:**

1. In your experience, how prevalent is drug use in Taunggyi Township?
2. What are the most common types of drugs used in the community?
3. What are the biggest challenges related to drug-related harm in Taunggyi Township (e.g., HIV transmission, health problems, social issues)?

#### **Existing Harm Reduction Strategies:**

4. Are you aware of any existing harm reduction programs offered in Taunggyi Township (e.g., needle exchange, methadone maintenance)?
5. In your opinion, how effective are these existing harm reduction programs in addressing drug-related harm?
6. Are there any specific barriers you see to accessing these programs?

#### **Needs Assessment:**

7. Do you believe there is a need for a residential detoxification center in Taunggyi Township? Why or why not?
8. If a residential detoxification center existed, what services should it ideally provide?
9. Do you believe there is a need for a structured residential rehabilitation center in Taunggyi Township? Why or not?
10. If a structured residential rehabilitation center existed, what services should it ideally provide?

## APPENDIX C

### ANALYSING EXISTING DRUG-RELATED HARM REDUCTION STRATEGIES AND ALTERNATIVE INTERVENTION IN TAUNGGYI TOWNSHIP, SOUTHERN SHAN STATE.

Number of registered clients in MANA Project Year 2016-2022

Year	PWID (People who inject drugs)		PWUD (People who use drug)		PLHA (people living with HIV/AIDS)		PTNI (Sexual partner of PWIDs,)		People in Prison/close setting		MSM (Men who have sex with men)		Youth (10-24 yrs) - non drug users		Local community (above 25 yr)		FSW (Female sex worker)	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2016	260	14	350	53	10	8					3	-					-	12
2017	410	9	970	106	34	20					12	-					-	22
2018	461	10	600	89	20	11					7	-					-	22
2019	568	12	730	93		80			448	214	2	-	90	162	107	155	-	14
2020	620	21	710	161			17	184	427	192		-	125	131			-	
2021	723	20	932	128			23	186				-	53	81			-	
2022	732	26	701	95			16	138	200			-	68	86			-	
<b>Total</b>	<b>3,774</b>	<b>112</b>	<b>4,993</b>	<b>725</b>	<b>64</b>	<b>119</b>	<b>56</b>	<b>508</b>	<b>1,075</b>	<b>406</b>	<b>24</b>	<b>-</b>	<b>336</b>	<b>460</b>	<b>107</b>	<b>155</b>	<b>-</b>	<b>70</b>

Source: MANA Project (Taunggyi, Shan State)

Year	No. of registered clients in MANA Project Year 2016-2022 (G.TOTAL)				
	M	F	M	F	M
2016	<b>623</b>	88%	<b>87</b>	12%	<b>710</b>
2017	<b>1,426</b>	90%	<b>157</b>	10%	<b>1,583</b>
2018	<b>1,088</b>	89%	<b>132</b>	11%	<b>1,220</b>
2019	<b>1,945</b>	73%	<b>730</b>	27%	<b>2,675</b>
2020	<b>1,899</b>	73%	<b>689</b>	27%	<b>2,588</b>
2021	<b>1,731</b>	81%	<b>415</b>	19%	<b>2,146</b>
2022	<b>1,717</b>	83%	<b>345</b>	17%	<b>2,062</b>
<b>Total</b>	<b>10,429</b>	<b>80%</b>	<b>2,555</b>	<b>20%</b>	<b>12,984</b>

Source: MANA Project (Taunggyi, Shan State)

### HIV Testing coverage among registered clients (2016-2022)

Year	HIV Testing coverage among registered clients	PWID (people who inject drug)		PWUD (people who use drug)		PTNI (Sexual Partner of Drug user client)		Youth (10-24 yrs)		Other (MSM, FSW, Partner, Famile)		G.Total				
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	M %	Female	F (%)	Total
2016	HIV screening test	120	6	170	27	-	-	-	-	1	31	291	82%	64	18%	355
	<b>HIV Positive case</b>	<b>6</b>	<b>-</b>	<b>5</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>11</b>	<b>92%</b>	<b>1</b>	<b>8%</b>	<b>12</b>
2017	HIV screening test	274	10	463	42	-	-	-	-	1	43	738	89%	95	11%	833
	<b>HIV Positive case</b>	<b>12</b>	<b>1</b>	<b>14</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>26</b>	<b>90%</b>	<b>3</b>	<b>10%</b>	<b>29</b>
2018	HIV screening test	425	8	483	57	-	-	-	-	1	9	909	92%	74	8%	983
	<b>HIV Positive case</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>75%</b>	<b>1</b>	<b>25%</b>	<b>4</b>
2019	HIV screening test	329	4	320	65	-	65	-	-	-	-	649	83%	134	17%	783
	<b>HIV Positive case</b>	<b>11</b>	<b>-</b>	<b>8</b>	<b>2</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>19</b>	<b>86%</b>	<b>3</b>	<b>14%</b>	<b>22</b>
2020	HIV screening test	305	11	330	73	16	109	-	-	-	-	651	77%	193	23%	844
	<b>HIV Positive case</b>	<b>6</b>	<b>-</b>	<b>4</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10</b>	<b>83%</b>	<b>2</b>	<b>17%</b>	<b>12</b>
2021	HIV screening test	435	14	360	78	18	157	-	-	-	-	813	77%	249	23%	1062
	<b>HIV Positive case</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>4</b>
2022	HIV screening test	481	15	378	49	9	82	-	1	-	-	868	86%	147	14%	1015
	<b>HIV Positive case</b>	<b>14</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>10</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>24</b>	<b>63%</b>	<b>14</b>	<b>37%</b>	<b>38</b>
Total	HIV screening test	2,369	68	2,504	391	43	413	-	1	3	83	4919	84%	956	16%	5875
	<b>HIV Positive case</b>	<b>55</b>	<b>2</b>	<b>39</b>	<b>9</b>	<b>3</b>	<b>11</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>97</b>	<b>80%</b>	<b>24</b>	<b>20%</b>	<b>121</b>

Source: MANA Project (Taunggyi, Shan State)

### HBV (Hepatitis B virus) and HCV (Hepatitis C virus) Testing coverage among registered clients (2016-2022)

Year	HIV Testing coverage among registered clients	PWID (people who inject drug)		PWUD (people who use drug)		PTNI (Sexual Partner of Drug user client)		People in prison		Youth (10-24 yrs)		Other (MSM, FSW, Partner, Famile)		G.Total				
		M	F	M	F	M	F	M	F	M	F	M	F	M	M %	F	F (%)	Total
2016	Hepatitis B screening test	30	1	65	4	-	-	-	-	-	-	-	1	95	94%	6	6%	101
	<b>HBV positive</b>	<b>2</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>6</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>6</b>
	Hepatitis C screening test	97	3	110	7	-	-	-	-	-	-	-	1	207	95%	11	5%	218
<b>HCV positive</b>	<b>13</b>	<b>-</b>	<b>8</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>21</b>	<b>95%</b>	<b>1</b>	<b>5%</b>	<b>22</b>	
2017	Hepatitis B screening test	206	4	229	14	-	-	-	-	-	-	3	1	438	96%	19	4%	457
	<b>HBV positive</b>	<b>9</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>13</b>	<b>87%</b>	<b>2</b>	<b>13%</b>	<b>15</b>
	Hepatitis C screening test	232	9	350	20	-	-	-	-	-	-	-	1	582	95%	30	5%	612
<b>HCV positive</b>	<b>29</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>33</b>	<b>89%</b>	<b>4</b>	<b>11%</b>	<b>37</b>	
2018	Hepatitis B screening test	390	8	385	8	-	-	-	-	-	-	3	1	778	98%	17	2%	795
	<b>HBV positive</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>15</b>	<b>88%</b>	<b>2</b>	<b>12%</b>	<b>17</b>
	Hepatitis C screening test	400	10	480	50	-	-	-	-	-	-	-	1	880	94%	61	6%	941
<b>HCV positive</b>	<b>26</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>28</b>	<b>88%</b>	<b>4</b>	<b>13%</b>	<b>32</b>	
2019	Hepatitis B screening test	230	4	362	58	-	71	443	214	-	-	-	-	592	82%	133	18%	725
	<b>HBV positive</b>	<b>12</b>	<b>1</b>	<b>15</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>33</b>	<b>14</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>27</b>	<b>84%</b>	<b>5</b>	<b>16%</b>	<b>32</b>
	Hepatitis C screening test	343	4	420	74	-	88	443	214	-	-	-	-	763	82%	166	18%	929
<b>HCV positive</b>	<b>16</b>	<b>1</b>	<b>14</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>23</b>	<b>12</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>30</b>	<b>79%</b>	<b>8</b>	<b>21%</b>	<b>38</b>	
2020	Hepatitis B screening test	250	7	310	58	16	71	291	178	-	-	-	-	576	81%	136	19%	712
	<b>HBV positive</b>	<b>11</b>	<b>1</b>	<b>15</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>24</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>27</b>	<b>96%</b>	<b>1</b>	<b>4%</b>	<b>28</b>
	Hepatitis C screening test	304	11	330	73	16	116	291	178	-	-	-	-	650	76%	200	24%	850
<b>HCV positive</b>	<b>21</b>	<b>1</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>10</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>34</b>	<b>89%</b>	<b>4</b>	<b>11%</b>	<b>38</b>	
2021	Hepatitis B screening test	208	3	337	38	9	81	-	-	-	-	-	-	554	82%	122	18%	676
	<b>HBV positive</b>	<b>3</b>	<b>-</b>	<b>5</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>9</b>	<b>100%</b>	<b>-</b>	<b>0%</b>	<b>9</b>
	Hepatitis C screening test	602	15	677	100	18	155	-	-	-	-	-	-	1,297	83%	270	17%	1,567
<b>HCV positive</b>	<b>25</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>33</b>	<b>92%</b>	<b>3</b>	<b>8%</b>	<b>36</b>	
2022	Hepatitis B screening test	135	5	185	30	4	38	200	-	4	7	-	-	328	80%	80	20%	408
	<b>HBV positive</b>	<b>10</b>	<b>-</b>	<b>15</b>	<b>1</b>	<b>-</b>	<b>3</b>	<b>10</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25</b>	<b>86%</b>	<b>4</b>	<b>14%</b>	<b>29</b>
	Hepatitis C screening test	410	16	370	57	10	38	200	-	3	12	-	-	793	87%	123	13%	916
<b>HCV positive</b>	<b>71</b>	<b>4</b>	<b>19</b>	<b>3</b>	<b>-</b>	<b>3</b>	<b>8</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>90</b>	<b>90%</b>	<b>10</b>	<b>10%</b>	<b>100</b>	
Total	Hepatitis B screening test	1,449	32	1,873	210	29	261	934	392	4	7	6	3	3,361	87%	513	13%	3,874
	<b>HBV positive</b>	<b>57</b>	<b>4</b>	<b>61</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>67</b>	<b>20</b>	<b>-</b>	<b>-</b>	<b>2</b>	<b>-</b>	<b>122</b>	<b>90%</b>	<b>14</b>	<b>10%</b>	<b>136</b>
	Hepatitis C screening test	2,388	68	2,737	381	44	397	934	392	3	12	-	3	5,172	86%	861	14%	6,033
<b>HCV positive</b>	<b>201</b>	<b>9</b>	<b>65</b>	<b>12</b>	<b>1</b>	<b>6</b>	<b>41</b>	<b>15</b>	<b>-</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>269</b>	<b>89%</b>	<b>34</b>	<b>11%</b>	<b>303</b>	

Source: MANA Project (Taunggyi, Shan State)

Hepatitis B Vaccination coverage among registered clients (2016-2022)  
Complete Dose

Year	PWID (people who inject drug)		PWUD (people who use drug)		PTNI (Sexual Partner of Drug user client)		People In Prison		Youth (10-24 yrs)		Other (MSM, FSW, Partner, Famile)		G.Total				
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	M %	Female	F (%)	Total
2016	21	1	46	4	-	-	-	-	-	-	-	3	67	89%	8	11%	75
2017	110	4	198	46	-	-	-	-	-	-	-	2	308	86%	52	14%	360
2018	336	6	370	30	-	-	-	-	-	-	-	30	706	91%	66	9%	772
2019	175	1	362	58	-	69	398	194	178	177	-	-	1,113	69%	499	31%	1,612
2020	176	6	280	48	14	71	267	172					737	71%	297	29%	1,034
2021	198	3	332	36	8	80	-	-	-	-	-	-	538	82%	119	18%	657
2022	149	6	184	32	4	41	189						526	87%	79	13%	605
<b>Total</b>	<b>1,165</b>	<b>27</b>	<b>1,772</b>	<b>254</b>	<b>26</b>	<b>261</b>	<b>854</b>	<b>366</b>	<b>178</b>	<b>177</b>	<b>-</b>	<b>35</b>	<b>3,995</b>	<b>78%</b>	<b>1,120</b>	<b>22%</b>	<b>5,115</b>

Source: MANA Project (Taunggyi, Shan State)

Disposable Needle syringe Distribution for PWID (2016-2022)

Year	Needle syringe distribution Total	Return and recollection N/S		Used	
	No. of Needle	No. of Needle	(%)	No. of Needle	(%)
2016	91,050	17,395	19%	73,655	81%
2017	208,360	80,842	39%	127,518	61%
2018	208,360	67,000	32%	141,360	68%
2019	211,800	127,080	60%	84,720	40%
2020	361,550	168,723	47%	192,827	53%
2021	309,550	192,179	62%	117,371	38%
2022	201,000	140,701	70%	60,299	30%
<b>Total</b>	<b>1,591,670</b>	<b>793,920</b>	<b>50%</b>	<b>797,750</b>	<b>50%</b>

Source: MANA Project (Taunggyi, Shan State)

Condom distribution (2016-2022)

Year	PWID (people who inject drugs)	PWUD (people who use drugs)	Sexual Partner of PWIDs, PLHIV, Youth,	Total
2016	8,600	2,203	790	11,593
2017	46,040	32,953	4,231	83,224
2018	35,400	24,286	7,251	66,937
2019	35,116	28,528	1,230	64,874
2020	76,517	66,260	2,554	145,331
2021	43,615	47,270	9,159	100,044
2022	44,971	51,934	6,245	103,150
<b>Total</b>	<b>290,259</b>	<b>253,434</b>	<b>31,460</b>	<b>575,153</b>

Source: MANA Project (Taunggyi, Shan State)

MANA Project (Taunggyi, Shan State)

Year	Referral service	PWID (people who inject drugs)	PWUD (people who use drugs)	Partner of drug users	Other	Total
2016	Referral for TB examination and TB treatment	27	37	-	5	69
	Referral for STI screening and treated	5	3	-	-	8
	Referral for MMT	3	1	-	-	4
	Referral for ART	12	9	-	4	25
	Referral for HIV/TB coinfection	5	6	-	-	11
	RDT Malaria testing	12	14	-	-	26
Referral for other case	-	-	-	-	-	
2017	Referral for TB examination and TB treatment	53	79	-	7	139
	Referral for STI screening and treated	5	3	-	-	8
	Referral for MMT	3	1	-	-	4
	Referral for ART	12	19	-	1	32
	Referral for HIV/TB coinfection	5	21	-	1	27
	RDT Malaria testing	25	25	-	-	50
Referral for other case	-	-	-	-	-	
2018	Referral for TB examination and TB treatment	165	7	-	-	172
	Referral for STI screening and treated	2	3	-	3	8
	Referral for MMT	11	-	-	-	11
	Referral for ART	5	25	-	1	31
	Referral for HIV/TB coinfection	5	15	-	8	28
	RDT Malaria testing	150	150	-	-	300
Referral for other case	-	-	-	-	-	
2019	Referral for TB examination and TB treatment	114	208	34	35	391
	Referral for STI screening and treated	3	12	-	1	16
	Referral for MMT	19	9	-	-	28
	Referral for ART	9	8	-	1	18
	Referral for HIV/TB coinfection	2	1	-	-	3
	RDT Malaria testing	-	-	-	-	-
Referral for other case	1	2	-	-	3	
2020	Referral for TB examination and TB treatment	105	110	-	60	275
	Referral for STI screening and treated	12	9	-	3	24
	Referral for MMT	-	-	-	-	-
	Referral for ART	7	8	-	-	15
	Referral for HIV/TB coinfection	-	-	-	-	-
	RDT Malaria testing	180	170	61	-	411
Referral for other case	-	-	-	-	-	
2021	Referral for TB examination and TB treatment	64	82	-	13	159
	Referral for STI screening and treated	12	8	-	7	27
	Referral for MMT	4	-	-	-	4
	Referral for ART	1	1	-	-	2
	Referral for HIV/TB coinfection	-	-	-	-	-
	RDT Malaria testing	191	219	63	-	473
Referral for other case	-	-	-	-	-	
2022	Referral for TB examination and TB treatment	156	172	-	28	356
	Referral for STI screening and treated	-	-	-	-	-
	Referral for MMT	10	-	-	-	10
	Referral for ART	11	8	1	-	20
	Referral for HIV/TB coinfection	-	-	-	-	-
	RDT Malaria testing	89	62	11	-	162
Referral for other case	-	-	-	-	-	
Total	<b>Referral for TB examination and TB treatment</b>	<b>684</b>	<b>695</b>	<b>34</b>	<b>148</b>	<b>1,561</b>
	<b>Referral for STI screening and treated</b>	<b>39</b>	<b>38</b>	<b>-</b>	<b>14</b>	<b>91</b>
	<b>Referral for MMT</b>	<b>50</b>	<b>11</b>	<b>-</b>	<b>-</b>	<b>61</b>
	<b>Referral for ART</b>	<b>57</b>	<b>78</b>	<b>1</b>	<b>7</b>	<b>143</b>
	<b>Referral for HIV/TB coinfection</b>	<b>17</b>	<b>43</b>	<b>-</b>	<b>9</b>	<b>69</b>
	<b>RDT Malaria testing</b>	<b>647</b>	<b>640</b>	<b>135</b>	<b>-</b>	<b>1,422</b>
<b>Referral for other case</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>3</b>	

Source: MANA Project (Taunggyi, Shan State)

Syphilis Testing (2016-2022)

Year	PWID (people who inject drugs)	PWUD (people who use drugs)	PTNI (Sexual Partner of PWIDs)	Total
2016	-	-	-	-
2017	-	-	-	-
2018	-	-	-	-
2019	-	-	-	-
2020	22	30	7	59
2021	105	95	31	231
2022	75	78	21	174
<b>Total</b>	<b>202</b>	<b>203</b>	<b>59</b>	<b>464</b>

Source: MANA Project (Taunggyi, Shan State)

Malaria RDT Testing and TB examination coverage among registered clients (2016-2022)

Year	PWID (people who inject drug)		PWUD (people who use drug)		PTNI (Sexual Partner of Drug user client)		People In Prison		Youth (10-24 yrs)		Other (MSM, FSW, Partner, Famile)		G.Total				
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	M %	Female	F (%)	Total
2016	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	0%	-
2017	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	0%	-
2018	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	0%	-
2019	171	3	253	22	-	35	-	-	10	25	-	-	434	84%	85	16%	519
2020	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	0%	-
2021	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	0%	-
2022	-	-	-	-	-	-	-	-	-	-	-	-	-	0%	-	0%	-
<b>Total</b>	<b>171</b>	<b>3</b>	<b>253</b>	<b>22</b>	<b>-</b>	<b>35</b>	<b>-</b>	<b>-</b>	<b>10</b>	<b>25</b>	<b>-</b>	<b>-</b>	<b>434</b>	<b>84%</b>	<b>85</b>	<b>16%</b>	<b>519</b>

Source: MANA Project (Taunggyi, Shan State)

## APPENDIX D

Table3.6: Total number of New and Current patients who receiving Methadone Maintenance Therapy in 2022

No	Methadone Clinic	New Patients			Current Patients		
		Male	Female	Total	Male	Female	Total
1	Drug Treatment Unit, Yangon Mental Health Hospital	318	11	329	683	14	697
2	Thingangyun General Hospital, Yangon	-	-	-	289	5	294
3	Mandalay Drug Dependency Treatment Hospital	140	-	140	1181	10	1191
4	Mandalay (300) Bedded Teaching Hospital	-	-	-	-	-	-
5	Communicable Disease Hospital, Mandalay	-	-	-	296	2	298
6	Patheingyi Township Hospital, Mandalay	-	-	-	-	-	-
7	Pyinoolwin General Hospital	43	-	43	183	1	184
8	Mogoke General Hospital	-	-	-	367	-	367
9	Monywa General Hospital	64	1	65	218	2	220
10	Kale General Hospital	-	-	-	551	8	559
11	Katha General Hospital	50	-	50	178	-	178
12	Hkamti General Hospital	-	-	-	250	13	263
13	Sagaing General Hospital	-	-	-	177	1	178
14	Tamu General Hospital	-	-	-	319	5	324
15	Pinlebu Township Hospital	-	-	-	-	-	-
16	Paungbyin Township Hospital	91	1	92	460	2	462
17	Banmauk Township Hospital	40	-	40	436	-	436
18	Shwebo General Hospital	70	-	70	111	-	111
19	Wuntho Township Hospital	-	-	-	200	-	200
20	Kawlin Township Hospital	2	-	2	329	-	329
21	Homalin General Hospital	57	-	57	404	6	410
22	Indaw Township Hospital	209	2	211	814	3	817
23	Gyoe Taung Station Hospital, Wuntho township	-	-	-	-	-	-
24	Nan Taw Station Hospital, Homalin township	129	5	134	314	12	326
25	Maw Lu Station Hospital, Indaw township	-	-	-	327	-	327
26	Khampat Station Hospital, Tamu township	124	5	129	324	14	338
27	Nan Khan Station Hospital, Wuntho township	-	-	-	-	-	-
28	Me Zar Station Hospital, Indaw township	-	-	-	169	1	170

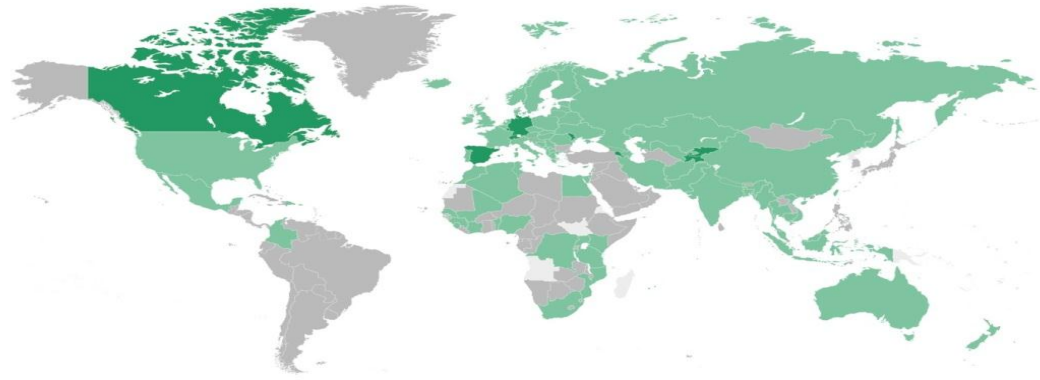
29	Naung Po Aung Station Hospital, Homalin township	214	-	214	656	5	661
30	Mawlaik General Hospital	170	3	173	384	6	390
31	Yarzagy Station Hospital, Kale township	77	-	77	179	5	184
32	Kyaung Lel Station Hospital, Banmauk township	1251	-	1251	-	-	-
33	Tigyaing Township Hospital	149	2	151	211	2	213
34	Man Si Gyi Station Hospital, Banmauk township	-	-	-	-	-	-
35	Kanbalu General Hospital	33	-	33	67	-	67
36	Kyunhla Township Hospital	19	-	19	94	1	95
37	Mi Chaung Inn Station Hospital, Pinlebu township	-	-	-	-	-	-
38	Min Thar Station Hospital, Tamu township	-	-	-	-	-	-
39	Myitkyina Drug Dependency Treatment Hospital	477	4	481	1684	22	1706
40	Hsadone Station Hospital, Waimaw township	4	-	4	59	3	62
41	Tanai Township Hospital	268	13	281	570	31	601
42	Tar Ma Hkan Station Hospital, Hpakant township	206	4	210	323	6	329
43	Ta Law Gyi Station Hospital, Myitkyina	86	-	86	599	2	601
44	Putu-O General Hospital	210	4	214	481	12	493
45	Hpakant Township Hospital	205	1	206	607	12	619
46	Bhamo General Hospital	125	-	125	569	7	576
47	Mogaung Township Hospital	111	7	118	800	19	819
48	Mohnyin General Hospital	172	-	172	558	3	561
49	Hopin Station Hospital, Mohnyin	107	-	107	770	7	777
50	Aung Myin Thar Station Hospital, Myitkyina	-	-	-	-	-	-
51	Long Hkin Station Hospital, Hpakant	169	10	179	772	27	799
52	Shwegu Township Hospital	122	3	125	530	7	537
54	Seik Mu RHC, Hpakant	164	5	169	716	28	744
54	Mansi Township Hospital	13	-	13	98	-	98
55	Momauk Township Hospital	70	-	70	244	3	247
56	Waingmaw Township Hospital	140	-	140	1217	7	1224
57	Chipwi Township Hospital	14	-	14	52	1	53
58	Nam Mun Station Hospital, Mohnyin	148	6	154	707	7	714
59	Nam Mar Station Hospital, Mohnyin	20	-	20	207	1	208
60	Nammatee Station Hospital, Mogaung	105	4	109	422	5	427
61	Sar Hmaw Station Hospital, Mogaung	-	-	-	-	-	-

62	Hway Hkar Station Hospital, Hpakant	74	33	77	201	5	206
63	Lwe Mun Station Hospital, Mohnyin	-	-	-	-	-	-
64	Man Ma Lin Station Hospital, Bhamo	-	-	-	10	-	10
65	Lashio State General Hospital	59	-	59	330	2	332
66	Muse General Hospital	92	3	95	233	5	238
67	Laukaing District Hospital	60	4	64	53	-	53
68	Hseni Township Hospital	116	6	122	260	8	268
69	Hsipaw Township Hospital	49	-	49	114	3	117
70	Mongmit Township Hospital	4	-	4	225	3	228
71	Tangyan Township Hospital	59	-	59	187	5	192
72	Kyaukme General Hospital	186	12	198	312	11	323
73	Kutkai Township Hospital	82	11	93	148	9	157
74	Tarmoenye Station Hospital, Kutkai	22	-	22	94	4	98
75	Namtu Township Hospital	57	-	57	92	-	92
76	Namhkan Township Hospital	341	3	344	611	7	618
77	Namhsan Township Hospital	-	-	-	5	-	5
78	Nam Pawng Station Hospital, Lashio	-	-	-	42	3	45
79	Nam Hpat Kar Station Hospital, Kutkai	47	5	52	73	4	77
80	Nam Lan Station Hospital, Hsipaw	7	-	7	37	-	37
81	Nawngkhio Township Hospital	53	-	53	125	-	125
82	Nawng Mun Station Hospital, Lashio	35	-	35	101	-	101
83	Tachileik General Hospital	101	10	111	173	10	183
84	Kengtung General Hospital	106	1	107	123	3	126
85	Sao San Tun General Hospital, Taunggyi	-	-	-	-	-	-
86	Pyinmana General Hospital	32	-	32	81	-	81
	Total	<b>7768</b>	<b>149</b>	<b>7917</b>	<b>25786</b>	<b>410</b>	<b>26196</b>

Source: (Myanmar Narcotics Control Annual Report, 2022)

## APPENDIX E

### GLOBAL AVAILABILITY OF NEEDLE AND SYRINGE PROGRAMMES (NSPs) IN THE COMMUNITY AND IN PRISONS

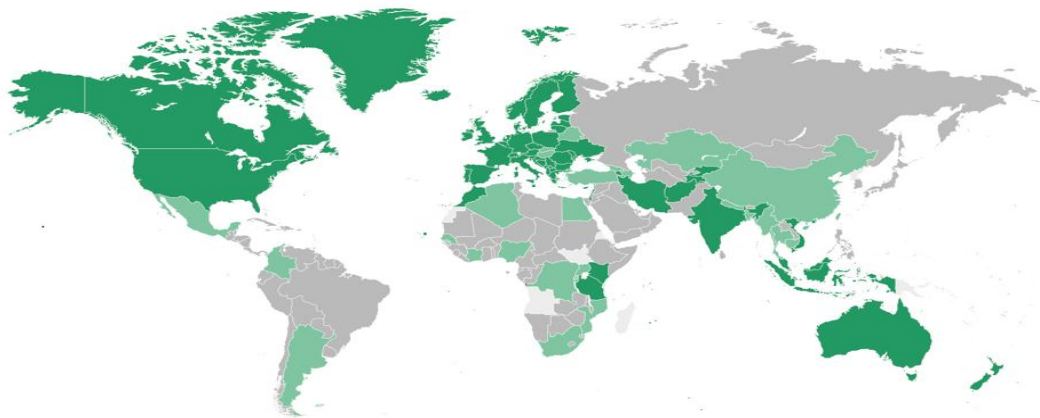


- NSP available in the community
- NSP available in the community and prison
- NSP not available



Source: The *Global State of Harm Reduction 2022*

### GLOBAL AVAILABILITY OF OPIOID AGONIST THERAPY (OAT) IN THE COMMUNITY AND IN PRISONS



- OAT available in the community
- OAT available in the community and prison
- OAT not available



*Global State of Harm Reduction: 2023 Update to Key Data*

# ALMOST 4 IN 10 PEOPLE WHO INJECT DRUGS HAVE ACTIVE HEPATITIS C

