YANGON UNIVERSITY OF ECONOMICS

MASTER OF PUBLIC ADMINISTRATION PROGRAMME

PUBLIC AWARENESS ON DRUG PROBLEMS AMONG YOUTHS IN THE SELECTED TOWNSHIPS IN KACHIN STATE

(Case Study: Myitkyina, Moe Gaung, and Mohnyin Townships)

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EMPA - 76 (15th Batch)

DECEMBER 2019

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A thesis submitted in partial fulfillment of the requirements for the Master of Public Administration (MPA) Degree

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MASTER OF PUBLIC ADMINISTRATION PROGRAMME

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ABSTRACT

Drug abuse plays a role in many major social problems, such as drugged driving, violence, stress, and child abuse. Risk of drug use increases greatly during times of transition. This study aims to assess the public awareness on drug-related problems and identify the risk factors among youths in Myitkyina, Mohnyin, and Moe Gaung of Kachin State using a descriptive method through in-person survey. A small-scale survey involved 240 participants from three township using a mix of stratified and quota sampling to ensure that the results reflected the different demographic groups. Although the problem of increasing drug use particularly in Kachin State, the communities are poorly equipped to respond to it. This is due to a lack of government and international donor support and funding for drug issues. This lack of funding has also been reflected in the lack of large-scale government-run or supported anti-drug campaigns in Kachin State. These factors have resulted in a situation where services for drug users tend to be highly localized, piecemeal, and ineffective. This study attempts to highlight the public consciousness, the needs of rehabilitation, and prevention services for a long-term effect on the number of youth drug users.

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LIST OF ABBREVIATIONS

AHRN	Asian Harm Reduction Network
AIDS	Acquired Immune Deficiency Syndrome
ATS	Amphetamine-Type Stimulants
CCTV	Closed-circuit television
CBOs	Community-based Organizations
CSO	Civil Society Organization
EAOs	Ethnic Armed Organizations
GAD	General Administration Department
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IDU	Injection Drug User
ICMR	Indian Council of Medical Research
IDP	Internally Displaced Persons
INGO	International Non-governmental Organization
IVDA	Intravenous Drug Abuse
IKVS	Intravenous Killer Virus Spreader
KBC	Kachin Baptist Congregation

KIA	Kachin Independence Army
KIO	Kachin Independence Organization
KDP	Kachin Democratic Party
KNC	Kachin National Congress
KSDP	Kachin State Democracy Party
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning
MANA	Myanmar Anti-Narcotics Association
MdM	Médecins du Monde
MMK	Myanmar Kyats
MP	Member of Parliament
NDA-K	New Democratic Army – Kachin
NDDTC	National Drug Dependence Treatment Centre
NDPS	Narcotic Drugs and Psychotropic Substances
NGO	Non-Governmental Organization
PWID	People Who Inject Drugs
RCSS	Restoration Council of Shan State
SARA	Substance Abuse Research Association
STDs	Sexually Transmitted Diseases
SNDP	Shan Nationalities Democratic Party

SNLD	Shan Nationalities League for Democracy
TNLA	Ta'ang National Liberation Army
UDPKS	Union and Democracy Party of Kachin State
UK	United Kingdom
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
UNSCR	United Nations Security Council Resolutions
WDR	World Drug Report
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Rationale of the Study

The hope and euphoria of the democratic elections in 2015 are now tempered by the sobering realization that Myanmar is just starting a difficult journey towards democratic governance and still struggling to throw off the long history. The international community is learning how to interact much more directly with the new government and the bureaucracy at different levels in an effort to support the transition. This is difficult especially when the country has faced some limitation to carry out longer term structural changes in governance, economic development, and inclusive social transformation.

Myanmar is the second largest opium producer in the world, and perhaps the world's largest methamphetamine producer (UNODC, 2017). In the north of the country, the easy availability of cheap, strong heroin has fueled addictions, particularly among underemployed young people and migrant laborers. Sharing needles for heroin use has resulted in very high levels of HIV and hepatitis infection. The drug and HIV epidemics in the northern part of the Country are raging and spreading to nearby Myanmar states. The ubiquity of the drug issue in Myanmar has prompted the international communities to mobilize and begin coordination among each other to address the problem. However, health domain is just a small part of the overall narcotics system that constitutes one of Myanmar's more intractable problems.

Myanmar also has one of the world's fastest-growing economies, according to the IMF World Economic Outlook, and the country's GDP is projected to grow by 7.5% in 2018. Myanmar has great economic potential. It has reserves of natural resources, including gold, silver, platinum, coal, tin, tungsten, zinc, copper and gemstones, and it has a wide range of climatic conditions that allows for the growing of everything from tropical

fruits to coffee and vegetables. Yet, the northern part of the Country has been the site of an ethnic-driven movement for political autonomy for more than half a century and is caught in complex struggle or control of lucrative natural resources. Additionally, civilian-led anti-drug vigilante campaigns are on the rise and include opium crop eradication efforts and forced detoxification programs for drug users. Several areas within some states cannot be freely accessed, hindering provision of health and HIV services to people living and working there.

The need for an integrated approach to address these problems is underscored by how interconnected and interdependent the Country's natural resources, government, local economy, and people are. Diseases such as AIDS, social and economic caused by poor environmental management, conflict over the ownership of natural resources, and decreased agricultural production are only a few examples. The challenge is to improve governance and strengthen civil society to use available technologies and resources in creative and responsible ways, ultimately enabling the Country to meet the needs of the present without compromising the ability of future generations to meet their own needs. Lasting change depends on a critical mass of people—individuals, families, groups, communities, and institutions—freely taking action to implement sustainable solutions. The dynamics at work intersect across political, economic and social spheres.

HIV epidemic by introducing non-health programming innovations addressing local systems engaging smallholder farmers, migrant laborers working in the gem mines, business owners, state and national politicians, government officials and civil society activists.

1.2 Objectives of the Study

This thesis aims to assess the public awareness on drug problems of youths while identifying the risk factors of being addicted to drugs among youths in Myitkyina, Mohnyin, and Moe Gaung of Kachin State.

1.3 Method of Study

This study manly used a descriptive method. The primary data collection was conducted by quantitative method through in-person survey using questionnaires. A small-scale survey involved 240 participants from three township using a mix of stratified and quota sampling to ensure that the results reflected the different demographic groups. The data collected through survey was used to check the accuracy and representation of information collected through focused group discussion. The focused group discussions were conducted with youth and 45 individuals from three townships participated in the discussions. Web search to specific sites included United Nation Office on Drug and Crime (UNODC), World Health organization (WHO), and Asia Foundation.

1.4 Scope and Limitation of the Study

This study mainly focuses on drug-related problems among youth in three townships: Myintkyina, Mohnyin, and Moe Gaung in Kachin State. The discussions were comprised young drug users, students and youth leaders from these townships. This methodology provides an indicative snapshot of the situation in the three areas under consideration. The survey period was from January 2019 through June 2019 in abovementioned three townships in Kachin State.

1.4 Organization of the Study

This study consists of five chapters, Chapter one is Introduction that including Rational, Objectives of the Study, Method of the Study, Scope and Limitation of the Study and Organization of the Study. Chapter two presents Literature Review related to drugs use and risk among youth. Chapter three and four are core theme of the study. Chapter three takes part of the overview on drug-related issues and problem in Myanmar. Chapter four includes finding and discussions. Finally, Chapter five presents the findings and recommendations based on the survey analysis.

CHAPTER II

LITERATURE REVIEW

2.1 Youth and Drug Addiction

Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community. Youth is a more fluid category than a fixed age-group. However, age is the easiest way to define this group, particularly in relation to education and employment. Therefore "youth" is often indicated as a person between the age where he/she may leave compulsory education, and the age at which he/she finds his/her first employment. This latter age limit has been increasing, as higher levels of unemployment and the cost of setting up an independent household puts many young people into a prolonged period of dependency. The United Nations General Assembly defined 'youth', as those persons falling between the ages of 15 and 24 years inclusive. This definition was made for International Youth Year, held around the world in 1985. All United Nations statistics on youth are based on this definition, as illustrated by the annual yearbooks of statistics published by the United Nations system on demography, education, employment and health.

Drug addiction has become a worldwide problem, especially in teenagers. Many young people become dependent on different types substances and stimulating medicines that comes hand-in-hand with narcotic effect. The life of addicts becomes spoiled in all aspects, as they lose contact with their family and live in a different world. They spend lots of money on drugs, and then look for ways to earn money illegally. If we compare the health problems, there are many dangerous effects of drugs.

The alarming rate of drug consumption has always been a problem and has detrimental effects on the society. Personal and family problems also lead to drug abuse among youngsters who fail to deal with personal problems. The physiological effects of drug addiction can be difficult to endure, and therefore, the addict must be treated for their condition. The worst thing is that drugs are that they affect youth in every country of the world.

2.2 Drugs Abuse, Dependence and Addiction

The meaning of ‘drug addict’ and ‘addiction’ are not fixed; their meaning being modulated by both the social and cultural context and the intended purpose of their use. The notion of addiction to a wide range of substances and behaviors is now firmly embedded in our cultural outlook. However, increased usage of the terms has not automatically ensured an increase in the level of understanding of the process of dependence. Substance abuse is described as a: ‘maladaptive’ pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following within a 12 months period:

1. Recurrent use leading to failure to fulfil major role obligations (work, home, school, etc.)
2. Recurrent use in situations where it is physically hazardous (e.g. drunk driving)
3. Repeated substance related legal problems (repeated disorderly conduct while drunk)
4. Persistent use despite recurrent social/interpersonal problems caused or exacerbated by the effects of a substance (e.g. arguments with spouse or physical fights)

Substance dependence is described as a: ‘maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following within a 12 month period:

1. Tolerance: a need for increased amounts of a substance to achieve the desired effect or a diminished effect with ongoing use of the same amount of substance

2. Withdrawal
3. The substance taken in larger amounts over longer periods than was intended
4. Persistent desire or unsuccessful efforts to cut down or control use
5. A great deal of time spent in activities relating to obtaining the substance, using the substance or recovering from use
6. Significant social, occupational or recreational activities are given up or reduced because of use
7. Use continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

What both these definitions share is the accumulation of problems in an individual's health, relationships and position in a broader social framework over a period – 12 months in both cases. Responses to young people's drug use which are couched in adult understandings of adult drug misuse/dependence and see young people's drug use from such a perspective are not only unlikely to meet the needs of young people but are also unlikely to work. The following section looks at the factors involved in the different stages of drug use and specifically the different types of drug use some young people may typically experience.

Drug use does not automatically lead to addiction nor is it universally characterized by behaviors associated with dependent substance use. Addiction is defined as a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences. It is considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control, and those changes may last a long time after a person has stopped taking drugs.

Addiction is a lot like other diseases, such as heart disease. Both disrupt the normal, healthy functioning of an organ in the body, both have serious harmful effects, and both are, in many cases, preventable and treatable. If left untreated, they can last a lifetime and may lead to death.

The drug free stage is an interesting one and probably represents a drug status which is aspirational rather than actual. The reality is that we live and, as drug educators, work in an environment where drug use is an intimate part of our culture. Putting illicit

drug use to one side, tea, coffee (both containing the stimulant substance caffeine), tobacco, over the counter and prescribed medications and alcohol are prevalent throughout our homes, work and social domains in a myriad of forms with equally diverse uses. This has an impact on young people from birth and throughout their childhood and adolescence – long before we start to directly and formally address drugs education issues with them.

The drug free state can be primarily regarded as an idealized one. It is presented to dependent drug users as an indication of where they should aspire to be (and how different their world would be if they were not using drugs). It may also come about as the result of a conscious decision to abstain from drug use. However, it rarely refers to all substances contained within the definition of 'drugs'.

Several different patterns of young people's drug use have been identified, mainly centered around experimental and recreational use. The experimental stage of drug use is a short-term, learning phase, influenced by culture and availability and characterized by peer group activity and random choice of drugs.

Within an Irish context, young people's experimentation with drugs will often feature alcohol and/or tobacco, given their prevalence and the ease of access to them. Availability (particularly alongside curiosity), anticipation of effects, youth culture and current fashions regarding substance use each play a role in young people's experimentation with drugs. For the majority of people, experimentation is confined to those drugs which are socially acceptable. Experimentation with substances does not automatically lead onto recreational drug use or, indeed, dependent use and may cease once the initial motivating factors have been satisfied.

This is an important point to consider – that drug use at any stage in the model presented does not indicate an inevitable progression towards the next stage, i.e., it is not sequential; rather, as the next diagram shows, it is a continuum where at different stages in people's lives, depending on their circumstances, needs and motivations, they will occupy different positions across the range. The characteristics of experimental use have been identified by three categories; such as curiosity and risk taking are deemed the primary motive, mood altering effects are secondary to the 'adventure' of drug use itself and the young people may try more than one substance but usually not more than a few times.

Following on from the experimental phase of drug use is the recreational or social phase. This phase is characterized by regular use, group activity, and use over a longer period of time.

The key is that control is exerted overuse, with specific choices being made in relation to what drugs are used, in what amount, where they are used (normally in specific situations) and when. As users become schooled in what drugs give the effect they desire in different situations, their substance use develops a degree of predictability and, generally, is not perceived to be problematic.

What is at play here is a combination of personal and social checks and balances which moderate and sanction drug use. However, this does not mean that recreational drug use comes without its own dangers. The predominant experience of recreational drug use in Ireland obviously relates to alcohol given its centrality of place in our culture; but this does not mean that what is socially permissible comes without health risks.

Recreational or social use has emphasis on the peer group, its influence, its networks and a sense of belonging. The characteristics of social use have been identified as social acceptance is the primary motive, the context is strictly social: parties, field drinking, tobacco use ‘behind the bike sheds’, drugs are freely shared or sold at cost, the aim is to fit into the group and ‘loosen up’, and experimentation with mood swing is usually still a factor of use.

These two patterns of social drug use center on the purposeful manipulation of feelings, emotions and behavior with an aim to elicit or inhibit certain behaviors and feelings. With this type of drug use, the adolescent is now generally seeking the mood swing.

The characteristics of emotional use, which is generative or hedonistic in nature, have been identified by following facts as to have fun is the primary motive, binges are typical (in terms of alcohol this is defined as drinking five or more drinks in a row) motivated by the desire to get high and feel good, and the purpose is to elicit pleasurable feelings or to explore new feelings or emotions.

The following have been identified as the characteristics of emotional use, which is suppressive or compensatory in nature, coping with stress and uncomfortable feelings is the primary motive, suppressing negative or depressing emotions, and drug use tends to be solitary but can also take place in the context of the peer group.

This next stage of use sees an increasing concentration on the drug use at the expense of other interests which, in turn, can contribute to a range of problems. The following characteristics of habitual use have been identified: frequency and preoccupation with use starts to impact across an adolescent's life, relationships, peers and activities are substance-related, sleep and concentration difficulties begin to be experienced, withdrawal symptoms may occasionally be experienced, particularly after prolonged use, tolerance may increase, cravings may be experienced and the user becomes preoccupied with thinking about the next occasion for use, and behavioral problems increase, school performance is seriously affected and the young person is preoccupied with the mood swing caused by drug use.

The definitions given in the preceding section on habitual use cover the factors involved in dependent use. The key factors of dependent use compared to other stages of substance use would be lack of control over substance use, ongoing use regardless of the awareness of potential or actual problems experienced, use in hazardous situations and the damage caused in terms of health, relationships, social commitments and legal implications.

One of the key factors in building up effective, meaningful dialogues with young people about their health behaviors and the decisions they make about drug use is the ability to understand what motivates the different types of drug use and the subjectively positive, desired outcomes as well as the negatives. Responses which ignore the significance of the peer group and the subjective pleasures derived from drug use by young people are unlikely to have any impact in terms of education and prevention.

As with all sub-cultures, including youth cultures, young people's drug use has its own lexicon of slang terms for substances, paraphernalia and associated behaviours. This could be seen to present an obstacle to adults working with young people as their apparent lack of vernacular drug terms may appear to undermine both teachers' effectiveness and credibility.

The challenge is how to capture the meaning, nuance and intonation of words and phrases used by the young people you work with. However, as with all dictionaries of slang, the problem is that once a phrase has been dignified by print, its usage and meaning will often change and be replaced by a new term.

In general, people take drugs for a few reasons. The primary one is to feel good. Drugs can produce intense feelings of pleasure. This initial euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the high is followed by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opioids such as heroin is followed by feelings of relaxation and satisfaction. Then to feel better. Some people who suffer from social anxiety, stress, and depression start using drugs to try to feel less anxious. Stress can play a major role in starting and continuing drug use as well as relapse (return to drug use) in patients recovering from addiction. Lastly, to do better. Some people feel pressure to improve their focus in school or at work or their abilities in sports. This can play a role in trying or continuing to use drugs, such as prescription stimulants or cocaine. Curiosity and social pressure. In this respect, teens are particularly at risk because peer pressure can be very strong. Teens are more likely than adults to act in risky or daring ways to impress their friends and show their independence from parents and social rules.

When they first use a drug, people may perceive what seem to be positive effects. They also may believe they can control their use. But drugs can quickly take over a person's life. Over time, if drug use continues, other pleasurable activities become less pleasurable, and the person has to take the drug just to feel “normal.” They have a hard time controlling their need to take drugs even though it causes many problems for themselves and their loved ones. Some people may start to feel the need to take more of a drug or take it more often, even in the early stages of their drug use. These are the telltale signs of an addiction.

Even relatively moderate drug use poses dangers. Consider how a social drinker can become intoxicated, get behind the wheel of a car, and quickly turn a pleasurable activity into a tragedy that affects many lives. Occasional drug use, such as misusing an opioid to get high, can have similarly disastrous effects, including overdose, and dangerously impaired driving.

The initial decision to take drugs is typically voluntary. But with continued use, a person's ability to exert self-control can become seriously impaired; this impairment in self-control is the hallmark of addiction. Brain imaging studies of people with addiction show physical changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behavior control. These changes help explain the compulsive nature of addiction.

No single factor determines whether a person will become addicted to drugs. As with other diseases and disorders, the likelihood of developing an addiction differs from person to person, and no single factor determines whether a person will become addicted to drugs. In general, the more risk factors a person has, the greater the chance that taking drugs will lead to drug use and addiction. Protective factors, on the other hand, reduce a person's risk. Risk and protective factors may be either environmental or biological. Below is a graphical representation of the risk factors for drug misuse mentioned in the text.

Biological factors that can affect a person's risk of addiction include their genes, stage of development, and even gender or ethnicity. Scientists estimate that genes, including the effects environmental factors have on a person's gene expression, called epigenetics, account for between 40 and 60 percent of a person's risk of addiction. Also, teens and people with mental disorders are at greater risk of drug use and addiction than others. Children's earliest interactions within the family are crucial to their healthy development and risk for drug use. Environmental factors are those related to the family, school, and neighborhood.

Factors that can increase a person's risk include the following: the home environment, especially during childhood, is a very important factor. Parents or older family members who use drugs or misuse alcohol, or who break the law, can increase children's risk of future drug problems.

Friends and other peers can have an increasingly strong influence during the teen years. Teens who use drugs can sway even those without risk factors to try drugs for the first time. Struggling in school or having poor social skills can put a child at further risk for using or becoming addicted to drugs.

Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems. This may be due to the harmful effect that drugs can have on the developing brain. It also may result from a mix of early social and biological risk factors, including lack of a stable home or family, exposure to physical or sexual abuse, genes, or mental illness. Still, the fact remains that early use is a strong indicator of problems ahead, including addiction.

Smoking a drug or injecting it into a vein increases its addictive potential. Both smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense high can fade within a few minutes. Scientists believe this starkly felt contrast drives some people to repeated drug taking in an attempt to recapture the fleeting pleasurable state.

The brain continues to develop into adulthood and undergoes dramatic changes during adolescence. One of the brain areas still maturing during adolescence is the prefrontal cortex—the part of the brain that allows people to assess situations, make sound decisions, and keep emotions and desires under control. The fact that this critical part of a teen's brain is still a work in progress puts them at increased risk for making poor decisions, such as trying drugs or continuing to take them. Introducing drugs during this period of development may cause brain changes that have profound and long-lasting consequences.

2.3 Effects of Drug Abuse on Youths

Whether we talk of increased marijuana consumption or growing cases of substance abuse among teenagers and young adults poses a serious challenge to our society.

Many studies and surveys have found that a large percentage of people who abuse drugs and alcohol are teens still in high school. Studies conducted by renowned organizations have also shed light on the fact that teens and college students have at least experimented with drugs or alcohol at one time or another, even if they don’t abuse them.

Many people become addicted to harmful substances at a young age which can continue into adulthood. A large percentage of people in recovery at drug and alcohol rehab centers consists of young adults.

Abusing harmful substances such as heroin, cocaine and other forms of substances negatively affects both the physical and mental health of a teenager, and drug abuse may lead to various other complications.

Drugs abuse affect the life of a teenager or young adult hugely particularly learning problems caused from drug and alcohol abuse. Drug abuse can negatively affect the memory of teenagers. This may lead to poor academic performance and difficulty memorizing things. The problem may deteriorate as a person grows older. During the teenage years, the brain sheds gray matter to work more efficiently. Here are five facts about brain development, and Social problems Caused from Drug and Alcohol Abuse.

It's been found that teenagers who abuse drugs are likely to suffer from various social problems. They have difficulty relating to their peers, and are more likely to show anti-social behavior. The "rebellious" behavior of teens is sometimes associated with drug and alcohol abuse. Teenagers who abuse drugs are also more likely to steal and get into physical fights.

Teenagers and young adults who abuse drugs and alcohol are more likely to indulge in risky sexual behavior. Evidence has shown that young people who abuse drugs are less likely to use protection during sex and are more likely to have sex with strangers. This considerably increases the chances of contracting sexually transmitted diseases (STDs) and teen pregnancy.

Considering all the possible problems, it's essential for parents to play a proactive role when it comes to making sure their children stay away from illegal drugs and other harmful substances. The first step is to talk with kids and have an open relationship them. Parents may not always like what their kids are doing, but they should accept that problems will arise at some. Being open and honest with each other might resolve the dangerous problems.

Substance use disorders are associated with a wide range of short- and long-term health effects. They can vary depending on the type of drug, how much and how often it's taken and the person's general health. Overall, the effects of drug abuse and dependence can be far-reaching. They can impact almost every organ in the human body.

Side effects of drug addiction may include:

- A weakened immune system, increasing the risk of illness and infection
- Heart conditions ranging from abnormal heart rates to heart attacks and collapsed veins and blood vessel infections from injected drugs
- Nausea and abdominal pain, which can also lead to changes in appetite and weight loss
- Increased strain on the liver, which puts the person at risk of significant liver damage or liver failure
- Seizures, stroke, mental confusion and brain damage
- Lung disease
- Problems with memory, attention and decision-making, which make daily living more difficult
- Global effects of drugs on the body, such as breast development in men and increases in body temperature, which can lead to other health problems

The most severe health consequences of drug abuse is death. Deaths related to synthetic opioids and heroin have seen the sharpest rise. In the past 12 months, 212,000 people aged 12 or older have used heroin for the first time. Every day, more than 90 Americans die after overdosing on opioids.

Substance use disorders can lead to multiple behavioral problems, both in the short- and long-term, which can include:

- Paranoia
- Aggressiveness
- Hallucinations
- Addiction
- Impaired Judgment
- Impulsiveness
- Loss of Self-Control

These effects of drug abuse have serious consequences, like missed work, punishable offenses, accidents and injuries. In fact, alcohol and drugs are partly to blame in an estimated 80 percent of offenses leading to jail time in the U.S. These incidents

include domestic violence, driving while intoxicated and offenses related to damaged property. Legal and illegal drugs excluding alcohol are involved in about 16 percent of motor vehicle crashes. In the past year, almost 12 million people drove under the influence of illicit drugs, and almost 4,000 fatally injured drivers tested positive for drug involvement.

2.4 Preventing Drug Misuse and Addiction

As noted previously, early use of drugs increases a person's chances of becoming addicted. Remember, drugs change the brain—and this can lead to addiction and other serious problems. So, preventing early use of drugs or alcohol may go a long way in reducing these risks.

Risk of drug use increases greatly during times of transition. For an adult, a divorce or loss of a job may increase the risk of drug use. For a teenager, risky times include moving, family divorce, or changing schools. When children advance from elementary through middle school, they face new and challenging social, family, and academic situations. Often during this period, children are exposed to substances such as cigarettes and alcohol for the first time. When they enter high school, teens may encounter greater availability of drugs, drug use by older teens, and social activities where drugs are used.

A certain amount of risk-taking is a normal part of adolescent development. The desire to try new things and become more independent is healthy, but it may also increase teens' tendencies to experiment with drugs. The parts of the brain that control judgment and decision-making do not fully develop until people are in their early or mid-20s; this limits a teen's ability to accurately assess the risks of drug experimentation and makes young people more vulnerable to peer pressure.

Because the brain is still developing, using drugs at this age has more potential to disrupt brain function in areas critical to motivation, memory, learning, judgment, and behavior control. It is not surprising that teens who use alcohol and other drugs often have family and social problems, poor academic performance, health-related problems (including mental health conditions), and involvement with the juvenile justice system.

Scientists have developed a broad range of programs that positively alter the balance between risk and protective factors for drug use in families, schools, and communities. Studies have shown that research-based programs, such as described in NIDA's Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide and Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, can significantly reduce early use of tobacco, alcohol, and other drugs. Also, while many social and cultural factors affect drug use trends, when young people perceive drug use as harmful, they often reduce their level of use.

National drug use surveys indicate some children are using drugs by age 12 or 13. Prevention is the best strategy. These prevention programs work to boost protective factors and eliminate or reduce risk factors for drug use. The programs are designed for various ages and can be used in individual or group settings, such as the school and home. There are three types of programs following: Universal programs address risk and protective factors common to all children in a given setting, such as a school or community, Selective programs are for groups of children and teens who have specific factors that put them at increased risk of drug use, and Indicated programs are designed for youth who have already started using drugs.

2.5 Reviews on Previous Studies

Joel Ambale Oyundi studied ‘Factors Influencing Drug Abuse Among The Youths In Vihiga Sub County, Kenya’. This study analyzed the drug abuse amongst the youth in Kenya which has become a serious problem affecting all the people of the country. Drug abuse is responsible for lost wages, destruction of property in schools, soaring health care costs and broken families. The purpose of this study was to establish the factors influencing youth to drug abuse in Kenya focusing on Vihiga Sub County. Specifically the study sought to; investigate the demographic factors that influence youths to abuse drugs in Vihiga; ascertain the socio-cultural factors influencing youth abuse drugs in Vihiga; determine the economic factors influencing youth to abuse drugs in Vihiga; and establish the nature and extent of drug abuse and sources of knowledge and awareness on drug abuse and related issues among the youth in Vihiga. The study further recommends that there is need to

conduct a similar study which will attempt to find out the effects of drug abuse in Kenya; and to investigate the role of the government in the fight against drug abuse in the area.

Myo Nyunt Aung studies on Injecting Drug users 'knowledge and behavior on HIV/AIDS in Muse and Kutkai townships. This thesis presents the assessment of knowledge and risk bahaviours on HIV prevention and harm reduction activities of injecting drug users in Muse and Kutkai townships in which the former is the focus sight for trade marketing as well as HIV/AIDS and its related matter like drug-use, trafficking of drugs, sex work, human trafficking while the latter is located in Muse-Lashio Road, so as majority of high risk populations are mobile to Muse and another township, Lashio. In this thesis, it is found out that the most affected people are in the sexually active age group, needle sharing at last injection was seen in round about 10% of the study respondents even Harm Reduction programmes intervened and almost all the respondents could answer correctly for knowledge regarding HIV transmission in Muse, whereas around 20% of respondents remained unheard about HIV/AIDS infection and 30% of respondents could not answer correctly for knowledge regarding STI in Kutkai. Therefore, it is recommended that comprehensive drug related harm reduction programmes for drug users must be conducted. The sustained assessments and analysis of situation must be considered to ascertain the drug users community's consciousness regarding knowledge on HIV prevention and harm reduction activities.

N.Hkawn Din analyzed on elimination activities of Narcotic drugs in Myanmar. It can be learnt from the case study in Kachin State, there is a high elimination activity on narcotic drugs on law enforcement, supply elimination and demand elimination. Government and civil society should work together, and states have to join forces in eliminating the drug problem. Education, Health, Transportation, and Infrastructure sectors also need to promote in poppy cultivating area. Therefore, demand elimination and law enforcement activities are needed to promote harmoniously together with supply elimination.

CHAPTER III

OVERVIEW ON DRUG-RELATED ISSUES IN MYANMAR

3.1 Drug users and related problems

The Myanmar context is hugely challenging. Situated in Southeast Asia's 'Golden Triangle', Myanmar is the world's second-largest opium producer after Afghanistan. Opium cultivated in Myanmar is locally consumed, especially in the mountainous ethnic regions where it also has traditional and medicinal uses. However, a large amount of opium is turned into a more dangerous form— heroin—for the local market as well as for export, mostly to countries in the region, especially China. Myanmar is also under international surveillance because of its production and export of amphetamine-type stimulants (ATS).

Recent estimates by the Myanmar government put the number of injecting drug users in the country at about 83,000; however this may be an underestimate as surveys conducted by NGOs providing services to drug users, and by UN agencies, show that there could be as many as 300,000 drug users. Large numbers of injecting heroin users are especially concentrated in the northern part of the country, mainly in Kachin and Shan States. In addition, there are many injecting drug users in Sagaing and Mandalay Regions. In 2000, HIV/AIDS prevalence among injecting drug users was estimated at 63 percent—much higher than prevalence among other key populations such as sex workers and men who have sex with men. Sharing unclean needles and other injecting paraphernalia is the main cause of the high incidence of HIV/AIDs in this population. In 2003, in response to the alarming HIV epidemic, NGOs started to implement harm reduction services, including needle and syringe exchange programs. Later, the Myanmar Government started to make methadone maintenance therapy available. These interventions led to a steady decrease in HIV infection rates among injecting drug users—data in 2014 showed that the rate was down to 23.1 percent. However according to more recent estimates, based on a different

methodology, the infection rate was 28.3 percent in 2015, partly as a result of local and regional enforcement activities that hinder access to harm reduction services. (NAP, 2015)

The response required at a township-level is likely to focus principally on activities associated with local drug markets. At this level, the evidence from research is clear that prevention and treatment work best. Low-level law enforcement activity can contribute to the disruption of drug markets at all levels, but the effects tend to be short-lived. Activity solely to remove drugs from the market, for example, drug seizures, has little impact on availability. Where the police work with partners from health, local government and NGOs as part of a comprehensive program to reduce the harm drugs cause, law enforcement can be effective—but only if effective drug treatment is available to drug users after arrest.

The current situation in Myanmar is that drug treatment and harm reduction coverage is very low. For instance, according to UNAIDS, HIV testing coverage among intravenous drug users is only 22 percent, much lower than other high-risk populations. Overall, the quality of services provided by the government is low, nonvoluntary and not taking into account the specific needs of users. (UNAID, 2016)

Drug treatment, mainly institutionalized detoxification for opiate users, is provided by the Ministry of Health. Drug users need to register and are hospitalized for about five to six weeks to receive treatment. The government also provides methadone maintenance treatment in health centers (currently 46 across the country). The Ministry of Social Welfare has been assigned to implement rehabilitation programs for chronic drug users who have been through drug treatment programs. Drug users need to participate in the program for at least six weeks and receive services such as counseling, sports, arts, meditation, and vocational training. However, these services are limited in terms of quality and coverage, and in some cases are not operational at all.

As for law enforcement, the police approach in Myanmar is to search drug users for drugs or equipment such as syringes. The police use informers to lead them to places such as areas where injecting drug users gather to use drugs and drug selling points. Often these informers are drug users or petty dealers who have been arrested before. The majority of the arrests are made with the help of these informants. Once arrested, a drug user is taken to the police station where an employee from the Ministry of Health will take a urine

sample and test for heroin, ATS, cannabis and alcohol. Those tested negative and not found in possession of drugs, needles or empty penicillin bottles will be released. Those with a positive urine test or found in possession of drugs or paraphernalia will be held in custody and charged. Suspects of drug-related crimes cannot be released on bail, and the pre-trial period in police custody can take up to two years.

It reveals a counter-narcotic approach in Myanmar which is reliant on: arresting, charging and imprisoning drug users—activities that have little effect on reducing harm from dugs in the long-term; and on the very limited provision of treatment which does not focus on the needs of the individual drug users. There appears to be little coordination at a local level of these two approaches.

However, It is found that the police were working with NGOs in parts of Mandalay at the time of the research and were no longer arresting or harassing drug users who were getting access to drug treatment. It would seem, therefore, that there are opportunities for the Urban Safety Program to work with local police, health, and social services to provide a more effective response to the drug problems faced by people in the four townships.

3.1.1 Tackling the Cultivation of Drug Crops

In March 2017, the UNODC conducted research in Shan State, Myanmar, to seek to understand the reasons why there was cultivation of opium crops in some villages and not in others. The research also sought to evaluate the effect of alternative development in the region. The majority of opium production in Southeast Asia is confined to parts of Myanmar, especially Shan State, which hosts a number of ethnic armed groups. While the opium producers and small traffickers are often coming from these groups and are usually poor, the main profits are made further along the trafficking routes by buyers and traders in Southeast Asia who are involved with the opium/heroin market, and other illegal activities. The government of Myanmar reported that it had eradicated almost 15,000 hectares (ha) during the 2013 to 2014 opium growing season, most of it in southern Shan State. This is 3,000 ha more than was eradicated the previous season. However, there is no empirical evidence to show that such policies lead to a sustainable reduction in opium cultivation levels, even if carried out in tandem with alternative development projects. In some cases, eradication can lead to an increase in cultivation levels or to the displacement of crops to other areas. The UN Guiding Principles on Alternative Development, adopted

in 2013, state that, wherever appropriate, alternative development should be used as a viable and sustainable alternative to the illicit cultivation of drug crops, and an effective measure to counter the world drug problem.

Evidence produced by the UNODC research in Shan State suggests that alternative development, in the form of improvement in infrastructure and services, can help to reduce the costs of living in opium poppy villages, and therefore decrease the dependency of those communities on opium poppy income. It also found that law enforcement action against poppy cultivation resulted in increased poverty and food insecurity in the local population by taking away their main source of income, thereby tending to increase dependency on opium poppy income. These findings support the view that Myanmar's drug policies should shift focus and prioritize alternative livelihoods in opium-growing communities and the provision of services for drug users. Poverty—in its widest definition—is one of the key drivers of opium cultivation, and it is important for alternative development programs to expand to key opium-cultivating areas. In short, there seems to be strong evidence that the eradication of poppy farms should not take place until people have sufficient access to alternative livelihoods. (UNODC, 2017)

3.1.2 Tackling Drug Dealing and Illicit Drug Use in Local Drug Markets

How effective law enforcement activity is at restricting the supply of drugs to individual users within a local drugs market. Low-level policing methods strive to disrupt drug markets, making them less predictable for both buyer and seller. Some suggests that this strategy is only effective when combined with attempts to draw drug offenders into treatment services as they pass through the criminal process. One aspect of this policing approach is to target dependent users in an attempt to reduce demand within a market. The argument is that by removing regular customers from the market, consumption will decrease, resulting in a reduction in price, which in turn would lead to a decline in drug-related crime. Another aspect is to delay or disrupt the buying process using tactics such as the stop and search of buyers and sellers. Although such measures do little to deter problematic users, the idea is that casual and novice users will be discouraged from buying, therefore constricting the market. The evidence from research tends to show that this approach on its own is not a very effective way of restricting supply. A recent evaluation of the law enforcement part of the UK's 2010 drug strategy found that: Illicit drug markets

are resilient and can quickly adapt to even significant drug and asset seizures. Even though enforcement may cause wholesale prices to vary, street-level prices are generally maintained through variations in purity. There is evidence that some low-level enforcement activities can contribute to the disruption of drug markets at all levels, thus reducing crime and improving health outcomes, but the effects tend to be short-lived. Activity solely to remove drugs from the market, for example, drug seizures, has little impact on availability. There are potential unintended consequences of enforcement activity such as violence related to the disruption of drug markets and the negative impact of involvement with the criminal justice system, especially for young people. (UK Drug Strategy, 2010)

However, by diverting drug-using offenders into treatment through the criminal justice system, the benefits of treatment, including reductions in crime and improvements in health, can be realized. Although low-level policing methods have only a very limited and short-term effect on supply in local drug markets, research suggests that situational crime prevention methods can be successful ways to disrupt drug markets. This approach is based upon the idea that if you change the situation and/or environment, you can change people's behavior—in particular criminal behavior. The approach is most effective when there is a collaboration between: police, managers of urban spaces, and those that have some influence over the behavior of cr28iminals, e.g. parents and social workers. One situational crime prevention method that could be used is to increase the amount of surveillance at the sites, either informal or formal. For example, informal surveillance might involve asking people such as food outlet managers, transport workers and security guards by to help reduce drug use in the areas under their control. Formal surveillance could involve the police use of CCTV and the monitoring of mobile telephones used for dealing. Another situational method is to reduce the amenity of drug markets to buyers and sellers.

The amenity of these sites will be determined by such factors as ease of access, the level of street activity, and access to areas out of direct public view. Many such amenities can be modified to make such places less attractive to buyers and sellers. For example, the removal of foliage, walls and other objects which may provide cover for drug dealing and other illegal activity. There is evidence that longer-term effects on reducing harm from

drugs can be achieved if low-level law enforcement activity is part of a wider strategy which prioritizes drug prevention and treatment.

At each stage of the drug supply chain, there are opportunities for corruption. At the production level, farmers may bribe eradication teams, producers may bribe judges and police officers, and manufacturers may exploit workers in chemical companies in order to get hold of precursor chemicals. Further down the chain, traffickers bribe customs officials and take advantage of weaknesses in transport firms. At the consumer level, users can get drugs through corrupt doctors and pharmacists. In Myanmar, according to the research by the Transnational Institute, bribes are collected by different actors in the chain of procedures and seem to be an integral part of the criminal justice system.33 In Yangon and Lashio in particular, bribes are so common that they can be considered part of the procedure. Bribes paid to the police can prevent an arrest, bribes paid to a lab worker can buy a negative urine drug test, bribes can induce magistrates to reduce a sentence, and prison personnel can arrange a more comfortable cell, better food or a better job/task in prison. Some respondents claimed that informants cooperating with the police were also receiving part of the money paid as a bribe. Family background is also an important determinant in the length of the sentence and treatment in prison. Corruption entrenches poverty by discouraging foreign investment, according to World Bank research.34 In a narco-economy, this is doubly true. Foreign firms, seeing the corrupted justice system and pervasive money laundering that characterize narco-economies, are unlikely to make or increase investments. Corruption also increases the level of income inequality, according to International Monetary Fund research. Higher levels of income inequality are known to encourage drug trafficking and corruption. In fact, the drug industry may perpetuate and exacerbate income inequality, which may in turn cause the expansion of drug production and trafficking.

Tackling the drug trade presents a complex policy challenge involving security, law enforcement, political and public health aspects. An integrated approach that addresses all of these areas will be needed to effectively address it. Myanmar’s government should redouble its drug control efforts, ending prosecutions of small-time dealers and users and refocusing on organized crime and corruption associated with the trade. The president should instruct and empower the Anti-Corruption Commission to priorities this.

At the community level, the government should focus more on education and harm reduction, in line with its February 2018 National Drug Control Policy. It should work with relevant donors and international agencies to invest in education and harm reduction initiatives geared specifically toward the particular dangers of crystal meth use. Although crystal meth is currently not widely used in Myanmar, that is likely to change given the huge scale of production. (Myanmar National Drug Control Policy, 2018)

Myanmar's military should rethink the conflict management approaches it has employed for decades. In particular, it should exert greater control over – and ultimately disarm and disband – allied militias and paramilitary forces that are among the key players in the drug business. The impunity that these groups enjoy, and the requirement that they mostly fund themselves, has pushed them to engage in lucrative illicit activities.The military should also investigate and take concerted action to end drug-related corruption within its ranks, focusing on senior officers who facilitate or turn a blind eye to the trade.

Myanmar's neighbors should stop illicit flows of precursors, the chemicals used to manufacture drugs, into Shan State. As the main source of such chemicals, China has a particular responsibility to end this trade taking place illegally across its south-western border. It should also use its influence over the Wa and Mongla armed groups controlling enclaves on the Chinese border to end their involvement in the drug trade and other criminal activities. Targeting the major players in the drug trade will not be easy and comes with risks of pushback, perhaps violent, from those involved. But the alternative – allowing parts of Shan State to continue to be a safe haven for this large-scale criminal enterprise – will see closer links between local armed actors, corrupt officials in Myanmar and the region, and transnational criminal organizations. The more such a system becomes entrenched, and the greater the profits it generates, the harder it will be to dislodge and the longer conflicts in that area are likely to persist.

3.2 Youth Population in Myanmar

Approximately 60% of Myanmar's total population is under the age of 35. The national median age is 27 years and approximately 33% of the population falls between the ages of 15-35 years. No formal definition of youth currently exists in Myanmar: youth

are generally perceived as being 18 to 35 years old, although this age range varies across ethnic, religious, and social contexts within the country. Myanmar's understanding of youth differs from the age range set out, which defines "young people" as those between the ages of 18-29 years. Importantly, UNSCR emphasizes that social and cultural variations in the understanding of youth exist across the globe. It is anticipated that Myanmar's forthcoming National Youth Policy will set a definition of youth for Myanmar to follow. In Myanmar – as elsewhere in the world – youth are not a unified, homogenous constituency: they come from a host of diverse realities, needs, and experiences, meaning it is important to ensure that all young people are engaged in peacebuilding. For example, youth from rural areas are different from those in urban areas; young women face different opportunities and challenges to young men. Other identity factors often supersede age-related identity. Thus, when discussing youth in Myanmar, it is critical to understand other elements of identity that intersect with age, such as: gender, ethnicity, religion, class, disability, Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning (LGBTIQ), migration, nationality, drug use, among others.

3.3 HIV Epidemiology and Trends

Myanmar has detected its first case of HIV in 1988 and has a concentrated HIV epidemic among the drug users, low-risk women who are often married to or are regular partners of clients of sex workers, and men who have sex with men.

Myanmar is one of the 35 countries accounting for 90% of new HIV infections globally. In 2014, an estimated 9,000 new infections were reported, and most HIV and AIDS cases are from large urban areas, and from the north-eastern and northern areas of the country where injecting drug use is widespread. Out of 51 million population, UNAIDS estimates there were 230,000 people living with HIV in 2016. HIV among injecting drug users (IDU) was first suspected in Myanmar in 1990. (UNAIDS, 2016)

In 2016, HIV prevalence among people who inject drugs (PWID) was the highest out of all key affected population, with 26.3% of IDU testing positive for HIV. Additional analysis suggests that infection occurs at an early age among those who inject drugs, with 16.8% of those under the age of 25 already testing positive. These findings have bolstered the argument that the risk associated with injecting drug use and HIV vulnerability should make the case for developing more youth-targeted programs.

Although the burden of HIV prevalence is traditionally limited to urban towns and cities in Myanmar, injectable opium use is endemic with rates of high HIV prevalence evident in the more rural northern and north-eastern areas of the country where the drug is produced. In Waingmaw in Kachin State, HIV prevalence among people who inject drugs was particularly high at 47% during 2014.

Distribution of drugs from this region also has contributed to new HIV infections developing in more remote areas of the country, providing additional challenges to expanding the coverage of harm reduction and HIV services.

Currently, less than 50% of PWID report regular testing for HIV and less than a quarter of those asked in 2016 reported consistent condom use. Moreover, under 86% of PWID report using sterile injection equipment for their last injection.

The number of PWID who receive HIV counseling and testing and who are referred to treatment remains lower than the national targets. The service coverage of PWID remains among the lowest compared to other key populations at less than 25% according to UNAIDS.

3.3.1 Prevention, Rehabilitation and Treatment

There is very little substantive documentation on prevention, rehabilitation and treatment efforts in Myanmar. Organizations providing harm reduction services and evidence-based rehabilitation generally rely on international standards and evidence to guide their activities, rather than home-grown analysis. The Ministry of Health collects some information on those receiving methadone maintenance therapy, but this is not routinely published.142 However, in 2017, based on the available information, the Drug Policy Advocacy Group was able to state that only 1 in 7 injecting drug users had access to methadone maintenance therapy. Organizations involved in the provision of harm reduction and rehabilitation services, such as AHRN and MdM provide some information on the impact of their services, although mostly in the form of profiles and interviews with staff and patients. Community-based rehabilitation centers and those run by EAOs are less inclined to self-publicize in this way, and their activities remain largely undocumented except through occasional media reports. Two of the most detailed are reports published

by the Myanmar Times describing the treatment in Pat Ja San centers and a center run by the RCSS.

3.4 Drug Production and Distribution

Since 2001, UNODC has been collecting information on opium cultivatio3n in Myanmar. The most recent information at the time of writing is the 2017 'Myanmar Opium Survey', although the report on the 2018 survey is due to be published in January 2019. These surveys use a combination of analyzing satellite images and on the ground data collection to map out areas of opium cultivation, yield from poppy fields and prices. However, the Kachin Women's Association of Thailand has suggested that these reports may be significantly under-estimating the areas of poppy cultivation in Kachin State. As that report notes, part of the problem is the difficulty of collecting data on the ground in conflict areas. This poses problems for mapping drug production in Myanmar since it is precisely in the contested areas and those controlled by EAOs and militias that most drug production - both the growing of opium poppies and the production of methamphetamines - takes place. The same difficulties of access by both government-imposed restrictions and those due to researchers' own security concerns help explain the lack of other detailed reports into the production. Bertil Linter has also criticized the conclusions that UNODC draws in the '2017 Myanmar Opium Survey'. He notes that UNODC's own data runs counter to their conclusion that "restoring governance and security might help reduce opium poppy cultivation, as it will make it more difficult for drug traffickers to conduct their business with impunity". Both Linter and the Kachin Women's Association of Thailand note the problem of the involvement of Tatmadaw-aligned militias in the drug trade. The Lahu National Development Organization has gone further in documenting the ways in which the Tatmadaw is involved in, and profits from, the drug trade. Although that report focuses on eastern Shan State it seems likely that similar patterns recur elsewhere. (UNODC, 2017)

There are no parallel studies on the production of methamphetamines, in part because extensive methamphetamine production is a newer development and in part because of the greater difficulty of identifying sites; unlike poppy fields which have a fixed location and can be identified from satellite images, methamphetamine production leaves few external markers and factories can be moved at short notice. The available information

on the production and distribution of methamphetamines is thus largely anecdotal and relies on sources who have traced the origin of drugs seized in various locations. Such information is most often found in newspaper reporting on drug seizures and trafficking. More recently, a series of newspaper reports in Bangladesh have documented the role of the Rohingya in moving drugs on that side of the border, although they provide less detail on the trafficking networks within Myanmar. UNODC and the International Narcotics Control Board have also collected relevant data on the trade in methamphetamines, although their published reports do not go into a great deal of detail. Finally, in this context, it is worth noting Global Witness' reports on the jade trade in Myanmar, which document the connections between the jade business, the drug trade and armed groups.

The Myanmar Government regularly publishes information on drug seizures and arrests. Several EAOs, notably the TNLA and RCSS also publicize their drug-related arrests and drug confiscations. UNODC's World Drug Report draws on such sources to estimate levels of drug production. What is missing is much analysis of the efficacy and impact of such responses. Moreover, there is little available information on drug-related prosecutions, as opposed to arrests. This makes it difficult to analyze the impact of such measures or to document and assess the validity of claims that most of those arrested are small scale drug users and dealers. In terms of community-based responses, several media reports highlighted the early efforts of Pat Ja San in destroying poppy fields and their subsequent clashes with militias. However, consistent reporting on the scope and impact of such community-led eradication efforts is missing.

3.5 Policy and Advocacy

As its name would suggest, the Drug Policy Advocacy Group - Myanmar (comprising HIV/AIDS Alliance, Myanmar Anti-Narcotics Association, Transnational Institute, Médecins du Monde, Myanmar Opium Farmers Forum, Save the Children, Population Services International and National Drug Users Network Myanmar) has been active in producing policy and advocacy reports. These include a policy paper on the need for harm reduction and evidence-based approaches to drug issues, as well as a detailed analysis of the proposed amendments to the 1993 Narcotic Drugs and Psychotropic Substances Law, much of which remains valid for the amended law as adopted. The Transnational Institute's analyses of law and policy also remain a valuable source of information on the subject,

although now somewhat outdated, in particular due to the amendment of the law and the adoption of the National Drug Control Policy. While these formal policy documents are readily available, governmental sources are less inclined to publish or provide information on how exactly such policies are being implemented. A final notable voice in discussions on policy is provided by the Myanmar Opium Growers Forum whose annual conferences routinely produce statements setting out their concerns and priorities. The latest statement highlights the negative impacts of eradication and the need for development to address the underlying reasons for opium cultivation – an issue that has also been highlighted by organizations working on development issues. This statement also notes the intersections between opium cultivation and the peace process and between opium cultivation and the land law. In each case the concerns of opium farmers align with well documented concerns of other actors.

CHAPTER IV

SURVEY ANALYSIS

4.1 Survey Profile

This chapter presents the findings generated by descriptive statistical analysis of the survey data. The socio-demographic characteristics of the respondents and their responses on questions challenges and expectation are shown with relevant tables and figures. Frequencies and percentages are used to report and explained in the results to be able to meet the objectives under study. Summary of focused group discussion are analyzed and described as narrative explanation. A brief on survey method and methodology at the beginning of the chapter.

Kachin State is in a state of protracted crisis, characterized by ongoing and sporadic conflict, unresolved political grievances and an array of competing interests over resources ranging from logging and minerals to illicit drugs. Over 100,000 people are sheltered in 170 Internally Displaced Persons (IDP) camps across the region. Many have been displaced since 2011 when the Government - Kachin Independence Organization (KIO) ceasefire broke down. These people are often forced to flee their homes several times in a year.

Despite conflict and uncertainty, IDP populations – together with local community organizations – are actively seeking solutions to reverse the hopelessness of prolonged displacement. These efforts deserve concerted local and international assistance – across the humanitarian, human rights, development and peacebuilding silos – which, in turn, can bring benefits to host populations and local communities that have also suffered from conflict and neglect.

The drug trade adversely affects every aspect of the armed conflict and communities in Kachin where the majority of narcotics are produced. Production and consumption of opium, heroin, methamphetamines (AKA ya ba) for domestic transit and consumption and increasing amounts of crystal methamphetamines (AKA ice) for export markets have financed criminal organizations, insurgencies, and corrupt civilian and military officials. The social impact has been widespread and debilitating for all communities, with high rates of drug addiction and its negative impacts on young people, livelihoods, education, increased criminal behavior and community violence.

4.2 Survey Design

A cross sectional descriptive study design was used in this study in order to find out the challenges and expectation of respondents who are from Kachin State. Based on the objective, exploring this study would answer questions on what is awareness, perception and participation about drugs-related problem in three areas in Kachin State. The survey questions were unstructured to allow maximum flexibility to focus on respondents ‘s area of knowledge and expertise. All responds were kept confidentiality and anonymity. The study period was from May 2019 to July 2019.

Sample population is combined of community workers, students and other stakeholders. Survey assesses to students, youth as well as stakeholders who are working on drug issues in Myitkyina, Mohnyin and Moe Gaung. Survey assessment covered 280 individuals in Kachin State. Survey assessment also includes, focused group discussions which involved 45 students and youth from three areas in Kachin State.

Questionnaire were prepared in Myanmar and has 2 parts. Part 1 focused on demographic characteristics of respondents. Part 2 examined on the public awareness and knowledge on drug problems in their neighborhood by using Yes/No and blank fill questions types. Focused group discussion questionnaire includes 10 main discussion points to gain an in-depth understanding of local context and drug issue at deeper level.

4.3 Survey Results

Survey data has quantitative and qualitative parts. Quantitative parts focus on result of interviewing students and youth, which use descriptive method by describing frequencies and percentages. Survey analysis includes qualitative data of focus group discussion. Interview recordings are transcribed as notes then analysis of the raw data from verbatim transcribed interviews, and finally data are summarized as key findings.

4.3.1 Demographic Characteristics of the Respondents

This section covers the characteristic of the respondents such as gender, age group, education background, sector of employment and religion.

Table (4.1) Demographic Characteristics of the Respondents

No	Variable	Characteristics	Respondent	Percentage
1	Gender	Male	204	85
		Female	36	15
		Total	240	100
2	Age group	15-25	120	50
		26-35	96	40
		36-45	24	10
		Total	240	100
3	Educational qualification	Primary school level	12	5
		Middle school level	24	10
		High school level	84	35
		University student	96	40
		Graduate	24	10
		Post graduate	0	0
		Total	240	100
4	Occupational status	Company staff	5	2
		Government staff	2	1
		NGO staff	10	4
		Farmer	7	3
		Own business	24	10
		Student	96	40
		Dependent	96	40
		Total	240	100

5	Religion	Buddhist	43	18
		Christian	192	80
		Hindu	3	1
		Islam	2	1
		Total	240	100

Source: Survey data (2019)

4.3.2 Background Knowledge Test on Drug Problem

This section explains the level of respondent's knowledge and awareness based on their answers on yes/no questions. Total numbers of 7 statements include in this knowledge test. Total numbers of two hundred and forty respondents participated in the knowledge test and the numbers of respondents who answered to the question of whether they have any friends or family members with drug addictions are shown in the table (4.2) 80% of respondents have drug users in their connections. It means by that the drug abuse is a serious issue in Kachin State.

Table (4.2) Drug addicts among your friends and family members

Township	Yes	No	Total
Myitkyina	56 (70)	24 (30)	80 (100)
Mohnyin	64 (80)	16 (20)	80 (100)
Moegaung	72 (90)	8 (10)	80 (100)

Source: Survey data (2019)
Note: Percent in Parenthesis

Table (4.3) Drug addiction a significant problem

Township	Yes	No	Total
Myitkyina	80 (100)	0 (0)	80 (100)
Mohnyin	80 (100)	0 (0)	80 (100)
Moegaung	80 (100)	0 (0)	80 (100)

Source: Survey data (2019)
Note: Percent in Parenthesis

According to the above table, all respondents agree that drug addiction is a paramount problem in the entire state. The table (4.4) indicates that 20% of the respondents do not know the whereabout of the service providers for effective treatment. It is assumed that there is need in Kachin to continue to improve the delivery of treatment

services including awareness program to advocate people to be familiar with the availability of the drug treatment centers.

Table (4.4) Knowledge on where to get proper drug treatment

Township	Yes	No	Total
Myitkyina	58 (72)	22 (28)	80 (100)
Mohnyin	18 (22)	62 (78)	80 (100)
Moegaung	66 (82)	14 (18)	80 (100)

Source: Survey data (2019)
Note: Percent in Parenthesis

As stated in Table (4.5), not more than 60% of the respondents are aware of what the methadone treatment is and where to get the service. Because of its efficacy, Myanmar started using Methadone Maintenance Treatment (MMT) in 2006. However, most programs have faced many challenges, mainly low coverage, a high dropout rate, and reusing heroin and/or abusing other opiates with methadone. Treating patients with a low dose, stopping treatment for a limited time, and the program's incomplete service such as lack of an individualized treatment plan make it difficult for MMT patients to sustain the treatment and result in poor outcomes. The necessity to admit to a hospital as an inpatient during the stabilization period and difficulty accessing the daily dose at methadone centers are also major barriers for potential and existing MMT patients. To improve the current MMT program and encourage more PWIDs to access treatment, the Burmese (Myanmar) government should reconsider the existing treatment policy and methadone guidelines to become a more convenient MMT program for patients.

Table (4.5) Knowledge on methadone treatment

Township	Yes	No	Total
Myitkyina	48 (60)	32 (40)	80 (100)
Mohnyin	40 (50)	40 (50)	80 (100)
Moegaung	46 (58)	34 (52)	80 (100)

Source: Survey data (2019)
Note: Percent in Parenthesis

Based on the survey result on the knowledge of types of treatment drug addicts should receive which stated in Table (4.6), half of the respondents is being aware of the availability of treatment types for drug users while the rest of the group have a limited

information on the various type of treatment for IDU. There are several options for drug addicts to be treated through the following services: inpatient medical detoxification, outpatient medical detoxification, outpatient abstinence-oriented treatment, Substitution maintenance therapy of opioid dependence as well as specialized treatment services for patients with drug use disorders (including IDU) with HIV/AIDS. The public awareness program for this should be run by the Government as well as INGOs and CBOs not only in Kachin State but also nationwide.

Table (4.6) Knowledge of types of treatment drug addicts should receive

Township	Yes	No	Total
Myitkyina	46 (58)	34 (42)	80 (100)
Mohnyin	32 (40)	48 (60)	80 (100)
Moegaung	42 (52)	38 (48)	80 (100)

Source: Survey data (2019)
Note: Percent in Parenthesis

Most of the respondents believe that the treatment facilities run by community organization are more effective than those run by the government as shown in Table (4.7). This indicates that the government should take necessary measurement to ameliorate the services that they deliver.

Table (4.7) Drug treatment facilities run by community organizations are more effective than those run by the government

Township	Yes	No	Do Not Know	Total
Myitkyina	48 (60)	24 (30)	8 (10)	80 (100)
Mohnyin	40 (50)	30 (38)	10 12)	80 (100)
Moegaung	42 (53)	26 (33)	12 (14)	80 (100)

Source: Survey data (2019)
Note: Percent in Parenthesis

Informants share their opinion on the question for the suggestion on feasible anti-drug activities. The question type is likert scale and score are given range from 1=strongly disagree, 2= disagree, 3= somehow agree, 4=agree to 5= strongly agree. As described in Table (4.8), generally, the interviewees strongly agree on the statement of undertaking anti-drug campaigns and severe penalties for drug traffickers and the value of mean score and standard deviation for former statement is 4.06 and 0.77 respectively

while the latter statement ‘s mean score is 4.39 and standard deviation is 0.63 individually. It is assumed that the respondents do not agree to adopt a multi-stakeholder approach given the score they made. It may be due to their unfamiliarity with the approach or they do not know the benefit of this approach.

Table (4.8) Suggestion on feasible anti-drug activities

Description	Mean	Standard deviation
Improving the rule of law and the maintenance of law and order	3.51	1.02
Introducing an effective anti-drug education program	3.80	0.95
Undertaking anti-drug campaigns	4.06	0.77
Severe penalties for drug traffickers	4.39	0.63
Adopting a multi-stakeholder approach	2.67	1.08
Establishing better drug rehabilitation centers	4.08	0.79
Total mean score	3.75	0.16

Source: Survey data (2019)

4.4 Analysis on Focused Group Discussion

The communities in Kachin State are aware that the level of drug use is a problem and routinely identify this as one of the biggest challenges that they face.

However, knowledge beyond this simple fact is often limited, despite the efforts of some actors in all three areas to raise awareness about drug issues. Some indicated that the public is “tired” of drug talks as CSOs have organized many drug educations events, although this was an exceptional response. These responses also highlight the problem that events often take place in the major urban centers and engage those who have already shown an interest in the issue, so that a small number of people may feel over-exposed to the information while the majority are not being reached. In this context, CSOs do not organize public awareness raising events but only provide training to individuals who come to them. All survey respondents agreed that an effective anti-drug education program was needed to address the drug problems in their communities and a clear majority called for anti-drug campaigns for this purpose.

Drug users themselves and their families are aware of the problems caused by drugs and suffer the negative side-effects firsthand. Often people who most hate drugs are the drug users themselves. The interviewee, who works closely with drug users, explained that he has often heard them plead, "we have given up but don't let the young kids touch drugs." In areas where there are active harm reduction programs, there is a sense that these have been able to make an impact on the rates at which diseases associated with injecting drug use are spread. However, concerns remain in other parts of Kachin and Shan State where communities lack knowledge of the risks; a nurse working in Kachin noted that people in some rural areas "know absolutely nothing about diseases." In Kachin, both drug users and community members tend to be aware of the availability of treatment options. Several interviewees referred to those entering drug rehabilitation centers choosing which center they wished to go to according to knowledge of the programs and treatment in the different centers. This suggests a generally high level of knowledge, at least among the target audience of the rehabilitation centers. Community members have noticeably lower levels of awareness of drug treatment options, which is unsurprising given the lack of availability.

However, community members are much more poorly informed about effective responses to drug addiction. There are deceptively high positive responses in the survey question 'do you know what type of treatment drug addicts should get?'.

It likely overstates the level of public awareness of effective drug treatment. Follow-up interviews with five individuals from each area who responded "yes" reveal that their knowledge was extremely limited. Respondents talked about the approach adopted by community-based organizations of detaining drug users and forcing them to go cold turkey, while those could only say that drug users should be admitted to hospital and follow the instructions of doctors.

Since individuals in Myitkyina appeared to be drawing on their knowledge of local rehabilitation centers, the lack of any such facilities in some areas may explain the particularly low levels of information there. When asked about treatment of drug addicts, most community leaders said they should go to either prison or hospital, approaches which will likely be ineffective. There is currently no hospital in some townships equipped to provide proper treatment to addicts and drugs are readily available in prisons elsewhere in the country to those who can afford them, courtesy of the prison staff or others who bring

the drugs into the prison. Nonetheless some families reportedly ask police officers to arrest their drug addict children, believing that spending time in jail will force them to give up using drugs. The tendency to regard drug users as criminals is exacerbated by the fact that there has been an increase in drug-related crime. In Kachin State drug-related thefts have increased by 35 percent. Such attitudes further complicate rehabilitation as they make it difficult for former drug users to re-integrate into society. In Kachin State, the lack of knowledge of effective approaches to drug treatment extends to those running rehabilitation centers. As a result, the primary strategy adopted by rehabilitation centers is based on preventing addicts from accessing drugs for a certain period, combined with physical restraint and religious education. However, as one interviewee explained, the inmates "remain addicts in their minds and so relapse as soon as they leave the rehabilitation centers." Those involved in such rehabilitation efforts recognized that there were gaps in their services, especially in counseling. However, even those demonstrating awareness of this gap could not explain how such counseling should be delivered or exactly what its function should be. Nurses delivering methadone treatment in government health centers have received no specific training on understanding and treating addiction, or even on the delivery of methadone; this is gained through on-the-job training by those nurses who have been in the clinic for longer.

There are some exceptions to this general lack of knowledge among those providing treatment: SARA in Kachin State is notable for its medical and evidence-based approach to drug issues and insistence that all staff have at least a basic understanding of the science of addiction. Several interviewees who have worked on harm reduction programs noted that communities are often distrustful of these efforts and perceive them as enabling the drug users, rather than understanding their role as a response to drug use. Such criticisms are reportedly particularly common in relation to the provision of sterile needles and methadone treatment; this may be attributed to a lack of understanding of the purpose of methadone treatment.

Several interviewees mentioned the perception among the general population that methadone is just another drug to which people become addicted; a perception that cannot be helped by the problem that some of those receiving methadone are simultaneously using other drugs. In Kachin State, some interviewees noted that outreach efforts are starting to shift community perceptions of harm reduction initiatives. This distrust of harm reduction

programs, and of methadone treatment specifically, which is generally provided by the government rehabilitation centers, may help explain why almost half of survey respondents in Kachin State see EAO- and community- run drug treatment facilities as more effective than those run by the government. The particularly high rate at which respondents answered ‘do not know’ to this question is probably due to the absence of either government or community-run rehabilitation centers in State.

CHAPTER V

CONCLUSION

5.1 Findings and Recommendations

Several factors contribute to the growing drug problem in Kachin State. These can be considered as falling into three areas: risk factors among the youth population; inadequacy of responses for drug users; and the availability of drugs. Risk factors among the youth population include high levels of unemployment, insecurity due to ongoing conflict, lack of entertainment and social activities and, increasingly, an environment that normalizes drug use. Interviewees in Kachin State consistently identified lack of prevention activities as a major gap in the services available in the State. Education and awareness raising efforts on drugs are not carried out consistently. Where such activities are undertaken, as is the case in schools in Kachin State, they may be rendered ineffective due to poor teaching and the one-off nature of the sessions. On the other hand, even informal activities, even if carried out consistently, may have a positive effect. One interviewee in Kachin State who is involved in such activities noted that he believed his efforts had decreased the likelihood that youth in the groups he had regular contact with would take drugs. At the same time, he pointed out that better teaching materials, including ones geared towards different age groups and additional capacity to enable engagement with teachers, parents and children would significantly increase the impact of such efforts. Interviewees also noted the absence of prevention activities focused around providing activities for young people. The absence of opportunities for social interaction and entertainment are exacerbated by the problem of low employment, as people are left without focus for their activities, making them more likely to experiment with drugs. Providing such opportunities could also improve social cohesion and help provide support networks to counter the influence of peer pressure in spreading drug use. There are additional risk factors for those in the mining sector, particularly affecting parts of Kachin

State, including migration/separation of workers from families, long working hours and physically hard work. The latter two factors increase the risks of individuals seeking out drugs to keep them awake or as pain relief. The number of migrant workers in the mining sector means that these factors have an impact on the situation in the State; returning migrant workers bring addictions back with them and spread the habit among their peer groups. The inadequacy of responses affects both the quantity and quality of services available for drug users. The available options in terms of rehabilitation and treatment are unable to meet the demand, even in areas where there are such services. Government-run methadone clinics in Kachin State are reported to have a waiting time of around two months before newly registered patients can begin treatment. Interviewees also noted that there are frequently problems for patients to regularly reach these clinics during opening hours, while limited opening hours and staff safety in the centers are additional aspects of capacity concerns. Interviewees highlighted similar capacity issues in government-run services.

Kachin State has the largest number of rehabilitation centers among all three locations, but even there the number of those admitted appears to be limited more by the capacity of the centers than by the level of demand. Pat Ja San affiliated rehabilitation centers in Tanai, Hpakant and Hopin Townships reportedly had to close due to lack of funding and pressure from the authorities; the center in Moe Gaung Township receives patients from these townships. While this may be a matter of choice for some individuals, it also highlights the lack of alternatives closer to home. Where available, the quality of services provided are limited. Many of those involved in the provision of services have little training or understanding of addiction as a medical problem. Rehabilitation programs are often coercive and appear to function more as a community-driven punishment for drug users rather than designed to encourage and facilitate the process of ceasing to use drugs. This attitude is evident in the way that people talk about the services; frequent references are made to drug users being ‘arrested’ by Pat Ja San or other members of the community or being involuntarily sent to the rehabilitation centers by parents. The poor quality of rehabilitation services is demonstrated by the fact that often as many as 80 percent of those who go through the programs subsequently relapse.

The international development community should coordinate efforts to undertake comprehensive needs assessments in targeted communities with large concentrations of drug addicts. Initial focus should be placed upon engagement with local, state/ regional and national government authorities to identify and prioritize needs. Existing harm reduction programs should be reviewed to ensure that they meet the needs of both drug users and communities and minimize unintended negative effects. The extension of any such programs to other areas should be preceded by careful consideration of the needs of the area and engagement with local communities to avoid backlash and negative perceptions of the services provided. Harm reduction services should be continued; these services should be complemented by counselling and rehabilitation services. Dedicated rehabilitation centers with fully trained staff should be established in consultation with relevant stakeholders.

The government should introduce school based anti-drug education and ensure that teachers have access to age-appropriate materials on drug-related issues. Special programs should be introduced to protect young students from the influence of drug pushers. These could include both after-school activities such as sports, games, art or skills development and education and awareness raising for this group about the risk of taking drugs and strategies for resisting peer pressure. This could build upon existing activities sponsored by social, cultural or religious entities, such as summer language courses for ethnic minority youth.

All drug-related programming should be done in consultation with affected communities and relevant stakeholders. Such consultations may take different forms, but at minimum should help ensure that services provided respond to actual needs of local drug users and minimize downstream problems in the local communities. Engagement with local communities should also aim to ensure that both drug users and non-drug users understand the nature and objective of the program(s). They also provide a route to engage communities more broadly and so contribute to changing the

cultural normalization and stigma of drug use. Engagement with the appropriate security forces and administrative departments, line personnel, lawyers and judges should be structured to build these actors' understanding of effective drug responses and so contribute to developing consistent, system-wide responses.

To conclude, efforts should be made to enhance relationships between the government and civil society groups to enhance provision of effective prevention, treatment and rehabilitation programs. International development actors should provide civil society groups with technical assistance in advocacy and public campaign skills; evidence-based treatment skills; and vocational and livelihood training and opportunities for former drug users. In parallel, international actors should encourage government authorities to partner with or support civil society efforts to implement such anti-drug initiatives. The government, civil society groups and international partners should work together to develop effective awareness-raising and prevention programs. Such approaches should be based on ongoing engagement rather than one-off events. They should not be focused on a single sector of the community but aim to include everyone to address the increasing normalization of drug use. Programs focusing on students should also engage families and teachers. Consideration should be paid to calibrating messages to minimize resistance from drug dealers.

APPENDIX 1: Key informant Interview Topics

The key informant interviews were unstructured to allow a maximum of flexibility and to draw on the different sorts of knowledge and information that interviewees had. Not all interviews covered all the topic listed below or addressed the topics with the same level of detail.

1. The scale of the drug problem in the area
2. Demographics of drug users
3. Which drugs are most commonly used
4. Community attitudes to drug users
5. Type of services available for drug users
6. Who is providing services for drug users
7. The impact of those services
8. Local level patterns of drug distribution
9. Groups/actors known to be involved in drug production and distribution
10. Whether interviewees think the situation is improving or worsening and why

APPENDIX 2: Survey Questionnaire

1. Gender
    a. Male
    b. Female
2. Age
    a. 18-30
    b. 31-50
    c. Over 50
3. Hometown
4. Profession
    a. Company Staff
    b. Government Staff
    c. NGO staff
    d. Farmer
    e. Own business
    f. Student
    g. Dependent
    h. Other (please specify)
5. Are there drug addicts among your friends and family members?
    a. Yes
    b. No
    c. Do not know
6. Is drug addiction a paramount problem in your community?
    a. Yes
    b. No
    c. Do not know
7. Do you know where drug addicts in your area can get proper treatment?
    a. Yes
    b. No
    c. Do not know

8. Do you know what methadone treatment is for?
    a. Yes
    b. No
    c. Do not know
9. Do you know what type of treatment drug addicts should receive?
    a. Yes
    b. No
    c. Do not know
10. Do you think the drug treatment facilities run by NGOs and community organization are more effective?
    a. Yes
    b. No
    c. Do not know
11. What should be done to solve the drug problem in your community? (You may choose more than one answer)
    a. Improving the rule of law and the maintenance of law and order
    b. Introducing an effective anti-drug education program
    c. Undertaking anti-drug campaigns
    d. Severe penalties for drug traffickers
    e. Adopting a multi-stakeholder approach
    f. Establishing better drug rehabilitation centers

REFERENCES

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

Brook JS, Brook DW, Gordon AS, Whiteman M, Cohen P. (2000). The psychosocial etiology of adolescent drug use: *a family interactional approach. 116(2):111-267.*

Center for Diversity and National Harmony. (2015). Rakhine State Needs Assessment

Center for Diversity and National Harmony. (2018). Shan State Needs Assessment

Chen C-Y, Storr CL, Anthony JC. (2009) Early-onset drug use and risk for drug dependence problems, *Addict Behavior, 34(3):319- 322*.

Drug Dependency Treatment and Research Unit, Ministry of Health, (2017*), Annual Report 2017*

Facing Addiction in America (2018). *The Surgeon General's Report on Alcohol, Drugs, and Health.*

Global AIDS Response Progress Report Myanmar, National AIDS Program (2015)

IMF World Economic Outlook (2018)

Joel A, Oyundi (2014). Factors Influencing Drug Abuse Among The Youths In Vihiga Sub County, Kenya: *Abstract*

Myanmar National Drug Control Policy, 2018

Nyein Nyein, Militia Leader Orders NLD Out of Kachin State Races, 23 September 2015, *https://www.irrawaddy.com/election/news/militia-leader-orders-nld-out-of-kachin-state-races*.

National AIDS Program, Ministry of Health and Sports (2014). Integrated Biological and Behavioral Surveillance Survey and Population size estimates among people who inject drug, *Final report*

Rory, H., Keane (2006). Understanding Substances and Substance Use. *A Handbook for Teachers*

Transnational Institute (2017). The 8th Asian Informal Drug Policy Dialogue

The Myanmar Times. 29 October 2018. Naw Betty Han. *'Poppy Farmers Seek Comprehensive Solution to Illicit Drug Problem'*

United Nations Office on Drugs and Crime (2017). *Evidence for enhancing resilience opium poppy cultivation in Shan State Myanmar*

United Nations Office on Drugs and Crime (2017). *Myanmar Opium Survey*

UNAIDS (2016). Prevention Gap Report, Geneva, Switzerland

Women's Association Thailand, (2014). Silent Offensive: *How Burma Army Strategies Are Fueling the Kachin Drug Crisis' Kachin, 12–15*.