YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
MASTER OF PUBLIC ADMINISTRATION PROGRAMME

A STUDY ON NARCOTIC DRUG CONTROL ACTIVITIES IN MYANMAR
(A CASE STUDY OF THE CAPACITY OF DRUG CONTROL ORGANIZATIONS IN YANGON)

HTET HTET WAI
EMPA – 11 (19th BATCH)

JUNE, 2024

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A thesis is submitted as a partial fulfillment of the requirement for the degree of Master of Public Administration (MPA)

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This is to certify that this thesis entitled **"A Study on Narcotic Drug Control Activities in Myanmar (A Case Study of the Capacity of Drug Control Organizations in Yangon)"**, submitted as a partial fulfilment towards the requirement for the degree of Master of Public Administration has been accepted by the Board of Examiners.

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ABSTRACT

This study is focused on identifying the current status of drug control activities and analyses the capacity of drug control organizations in Yangon. The study uses a descriptive method. Three organizations in the Yangon region; namely Yangon Mental Health Hospital, Drug Enforcement Subdivision-3 (Yangon) and Myanmar Anti-Narcotics Association (MANA) are chosen for the study. It is found that the perceptions of the respondents about strategic leadership, program management, human resource management, financial management, infrastructure, and inter-organizational linkages are satisfactory. Suggestions include enhancing strategic planning, improving emergency preparedness, adopting rigorous financial oversight, upgrading infrastructure, and fostering stronger partnerships to boost the effectiveness of drug control initiatives in Yangon.

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LIST OF ABBREVIATIONS

AD	Alternative Development
AIDS	Acquired Immune Deficiency Syndrome
ANTF	Anti-Narcotic Task Force
ASEAN	Association of Southeast Asian Nations
ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
ART	Anti-Retroviral Therapy
ATS	Amphetamine Type Stimulants
CCDAC	Central Committee for Drug Abuse Control
CEO	Chief Executive Officer
CNN	Cable News Network
DESD	Drug Enforcement subdivision
DTCs	Drug Treatment Centers
EHR	Electronic Health Records
HTS	HIV Testing Service
HIV	Human Immunodeficiency Virus
HRM	Human Resource Management
IDU	Intravenous Drug User
IOA	Organizational Assessment Model
INGO	International Non-Governmental Organization
MANA	Myanmar Anti-Narcotics Association
MMT	Methadone Maintenance Therapy
MoU	Memorandum of Understanding
NFME	Non-Formal Middle Education
NFPE	Non-Formal Primary Education
NGO	Non-Governmental Organization.
OST	Opioid-Substitution Treatment
PDR	People's Democratic Republic
PEN	Pre-Export Notification
PWID	People who inject drugs
SPDC	State Peace and Development Council

UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNODC	United Nations Office on Drug and Crime
WHO	World Health Organisation
YMHH	Yangon Mental Health Hospital

CHAPTER 1
INTRODUCTION

This chapter aims to provide the context for the study, beginning with its rationale. Subsequently, it presents the study's objectives and its scope and limitations. The chapter concludes with an overview of the study's organization.

1.1 Rationale of the Study

The drug problem is a critical issue impacting nations worldwide, including Myanmar. The global production, demand, and trafficking of illicit drugs severely affect peaceful coexistence, infrastructure, health, economies, social fabrics, cultures, and political stability. Myanmar faces significant challenges related to illicit narcotic drugs, including the production, trafficking, and consumption of substances like opium, heroin, methamphetamine, and synthetic drugs. The country’s geographical location, porous borders, and complex political and social dynamics exacerbate these issues. Myanmar has developed strategic drug control plans addressing health, socio-economic development, the rule of law, and law enforcement, emphasizing cooperation with local communities and ethnic groups to implement effective measures.

Myanmar is a signatory to several international conventions, including the United Nations Single Convention on Narcotic Drugs (1961), the United Nations Convention on Psychotropic Substances (1971), and the United Nations Convention against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances (1988). The government launched a new national drug control policy on February 20, 2018, aimed at achieving national stability, tranquillity, and development. Negotiations and cooperation with some signatory ethnic armed groups are ongoing for drug law enforcement and preventive measures.

The Central Committee for Drug Abuse Control (CCDAC), established in 1976, has been updated over time to include eleven working sectors. A Community-based Supervisory Committee approaches drug law enforcement activities from an international perspective, adhering to relevant standards and norms. The Tatmadaw,

Myanmar Police Force, and Customs Department carry out drug elimination efforts, with a Drug Enforcement Division specifically formed under the Myanmar Police Force's supervision.

The Controlled Chemicals Supervisory Committee, under the CCDAC, was established in 1998 and restructured as the Controlled Chemicals Supervisory Sector on September 19, 2016. The Rules on the Supervision of Controlled Chemicals, promulgated on July 1, 2004, prescribe 39 types of chemicals as precursors. The Pre-Export Notification (PEN) system prevents the diversion of these chemicals.

According to the Opium Survey conducted by the UNODC and the Myanmar Government, there was a 33% increase in opium cultivation area in 2021 and an 88% increase in 2022. Myanmar has been implementing an opium substitution crop cultivation project with the Mae Fah Luang Foundation in eastern Shan State since 2012. This project includes healthcare services, agricultural development, livestock breeding, veterinary work, commercial and applied forestry, and high-value product manufacturing. Socio-economic surveys, study tours, and capacity-building training support sustainable development activities in the country.

The CCDAC is committed to preventing the use of illicit drugs by utilizing all available resources and working in coordination with governmental agencies, the Tatmadaw, the Myanmar Police Force, non-governmental organizations, civil societies, students, and the general public under the Union Government's supervision and guidance. Thus, assessing Narcotic Drug Control Activities in Myanmar is imperative.

1.2 Objectives of the Study

The objectives of the study are to examine the current status of Drug Control activities and to analyze the capacity of Drug Control Organizations.

1.3 Method of Study

The study employs a descriptive and analytical method, utilizing primary and secondary data. Primary data is collected through a survey questionnaire conducted by three drug control organizations in the Yangon Region, involving 200 respondents from Yangon Mental Health Hospital (YMHH), Drug Enforcement Subdivision-3 Yangon (DESD), and Myanmar Anti-Narcotics Association (MANA). Secondary data is gathered from authorities of relevant departments within the Ministry of Home Affairs,

Myanmar Police Force, other related departments, library research, and related internet sources.

1.4 Scope and Limitations of the Study

The thesis focuses on the activities of three main drug control organizations in the Yangon Region, specifically targeting heroin, opium, ATS, ecstasy, and happy water. The study addresses drug control activities, including demand and supply elimination and suppression but excludes harm reduction, rehabilitation activities, and distribution of livestock. The interview and survey period for this study spans from March to May 2024.

1.5 Organization of the Study

This study is organized into five chapters: Chapter 1 outlines the study's rationale, objectives, method, scope, and organization. Chapter 2 reviews literature related to international drug control activities and approaches. Chapter 3 presents the situation of drug control activities in Myanmar. Chapter 4 analyzes the capacity of drug control organizations. The final chapter, Chapter 5, concludes with the main findings and suggestions.

CHAPTER II
LITERATURE REVIEW

2.1 Nature of Narcotic Drugs

Narcotic drugs, known for inducing drowsiness or sleep and possessing analgesic properties, have been historically utilized for both medicinal and recreational purposes. However, their potential for addiction, abuse, and associated health risks remains a significant concern. Narcotics often refer to opioids, a category of drugs derived from or chemically like opium, highlighting the distinction between legal and medical definitions of these substances.

Opium, derived from the poppy plant, has long been valued for its analgesic properties, with active compounds such as morphine and codeine playing crucial roles in the development of pain relief medications. Morphine has been widely used in medical settings due to its potent pain-relieving effects (Beaver, 1980).

A significant advancement in pharmacology occurred in the 19th century with the isolation of morphine from opium, making it essential for managing severe pain in conditions like cancer or during surgical procedures. However, its potential for abuse and addiction necessitated the development of alternative drugs with fewer side effects (Fricchione, Mendoza, & Stefano, 1994).

In the early 20th century, the global community recognized the widespread abuse of narcotics, leading to international regulatory efforts. The Hague Convention of 1912 laid the foundation for global cooperation in controlling the production and distribution of narcotics. Subsequent treaties, such as the 1961 Single Convention on Narcotic Drugs, further established an international drug control framework.

In the early 20th century, the global community recognized the widespread abuse of narcotics, leading to international regulatory efforts. The Hague Convention of 1912 established the foundation for global cooperation in controlling the production and distribution of narcotic drugs. Subsequent treaties, such as the 1961 Single Convention on Narcotic Drugs, further established an international drug control framework. The Single Convention categorized drugs into four schedules based on their

medical utility and potential for abuse, aiming to balance the accessibility of essential medications with the prevention of drug misuse (United Nations Office on Drugs and Crime, 1961).

Opioids are central to discussions on pain management and addiction. The misuse of prescription opioids, such as oxycodone and hydrocodone, has led to an opioid crisis in several countries, prompting governments and healthcare providers to respond with measures such as stricter prescription guidelines, enhanced monitoring of opioid prescriptions, and expanded access to addiction treatment (Volkow et al., 2019).

In addition to opioids, other substances classified as narcotic drugs include cocaine, a stimulant derived from the coca plant. Although not an opioid, cocaine raises similar concerns about addiction and health risks. International treaties like the United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances address the control of cocaine (United Nations Office on Drugs and Crime, 1988).

The cultivation, production, and trafficking of narcotics pose significant global challenges, fueling organized crime, contributing to social instability, and presenting serious public health risks. Efforts to combat these issues involve international cooperation, law enforcement, and public awareness campaigns (UNODC, 2019).

Recently, there has been increasing interest in alternative approaches to pain management and drug policies. Medicinal cannabis, for instance, has gained recognition in some areas for its potential therapeutic benefits, particularly in managing chronic pain and specific medical conditions. However, the legal status of cannabis varies widely, reflecting ongoing debates about its risks and benefits (National Academies of Sciences, Engineering, and Medicine, 2017).

2.2 Nature of Drug Abuse

Drug abuse is a global issue that affects people across different races and countries, posing a challenge to global security in the era of globalization. It is a complex problem intertwined with political, social, and economic aspects of nations. In the 21st century, drug abuse has become a threat to the security of the entire international community. In many Asian countries, drugs are linked to problems such as poverty, health, education, violence, crime, money laundering, human trafficking, corruption, and other critical concerns. (Biswas, 2022)

Drugs interfere with the brain's communication system, disrupting the normal transmission, reception, and processing of information by nerve cells. Narcotics or addictive drugs reduce the user's perception of pain and induce a feeling of exaggerated well-being, known as euphoria. The word "narcotic" comes from the Greek word "narkotikos," meaning "numbing" or "deadening." While it can refer to any drug that deadens sensation or induces stupor, it is often used to describe opioids, which are natural or synthetic drugs that mimic the effects of morphine.

Drugs can be categorized as stimulants or depressants. Stimulants affect the central nervous system and enhance brain activity, often used to treat various medical conditions. Classifying stimulants can be challenging due to the wide range of drug classes they belong to. For instance, ecstasy is both a substituted methylenedioxyphenethylamine and a member of the amphetamine and cathinone classes. When discussing stimulants, the parent drug (e.g., amphetamine) is expressed in the singular form, while "stimulants" refers to a broader category.

The term "substituted" preceding the parent drug (substituted amphetamines) or the parent drug in the plural (amphetamines) indicates the class formed by the drug. Major classes of stimulants include phenethylamines and their derivative class, amphetamines. Prescription amphetamines, such as Adderall, a combination of amphetamines and dextroamphetamine, are prescribed to treat attention deficit hyperactivity disorder. These medications are also used to manage narcolepsy, a sleep disorder characterized by an overwhelming urge to sleep. Amphetamine-like medications, such as methylphenidate, stimulate the central nervous system but are less potent than traditional amphetamines (Leonard, 2004).

Powerful stimulant drugs such as cocaine, crack, and methamphetamine are illicitly manufactured. Ephedrine, a naturally occurring stimulant drug extracted from the plant Ephedra equisetina, is marketed as an herbal supplement to help relieve asthma, treat nasal congestion, and lower blood pressure. Another naturally occurring stimulant drug is nicotine, an addictive substance found in tobacco (Karch, 2020).
Methamphetamine can be found in crystal or powder form, which can be dissolved in water or alcohol and then injected. Caffeine is a naturally occurring chemical found in coffee, cocoa, tea, and kola nuts. It stimulates the central nervous system, relaxes smooth muscles, and increases urine flow (Barone & Roberts, 1996).

Drug abuse refers to the patterned use of a drug in amounts or methods that are harmful to the user or others. The WHO Expert Committee on Addiction-Producing

Drugs previously used the terms "drug abuse" and "drug addiction" interchangeably. Drug addiction is a state of periodic or chronic intoxication resulting from repeated consumption of a drug (natural or synthetic). Its characteristics include an overpowering compulsion to continue taking the drug and obtain it by any means, a tendency to increase the dose, and psychological and physical dependence on the effects of the drug (World Health Organization, 1969).

Drug habituation (habit) is a condition that arises from the repeated consumption of a drug. Its characteristics include a desire (but not compulsion) to continue taking the drug for the sense of improved well-being it provides, little or no tendency to increase the dose, some degree of psychological dependence on the effect of the drug, but without physical dependence and therefore without withdrawal symptoms, and detrimental effects, if any, primarily on the individual (American Psychiatric Association, 2013).

The WHO committee established a specific definition of abuse in 1965. Drug abuse is the use of a drug outside of medical necessity or in excessive quantities. Its nature and significance can be viewed from two perspectives: one relates to the interaction between the drug and the individual, and the other to the interaction between drug abuse and society.

The first perspective focuses on drug dependence and the interplay between the pharmacodynamic actions of the drug and the physiological and psychological status of the individual. The second perspective, which concerns the interaction between drug abuse and society, deals with a wide range of conditions related to the environment, sociology, and economics (World Health Organization, 1965).

Individuals may become dependent on a wide variety of chemical substances that affect the central nervous system, ranging from stimulation to depression. All these drugs share one common effect: they can create, in certain individuals, a particular state of mind termed psychic dependence. Beyond the individual level, drug use has several adverse effects that can destroy the lives of drug users' families. Additionally, drug addicts often resort to robberies and other violent crimes to obtain the money needed to support their habits (National Institute on Drug Abuse, 2020).

2.3 Global History and Current Situation of Drug Use

The global history of drug use is complex and intertwined with various social, cultural, economic, and political factors. Throughout history, humans have interacted

with psychoactive substances for medicinal, spiritual, recreational, and ceremonial purposes. The evolution of drug use has been shaped by changing societal norms, trade routes, scientific advancements, and policy responses.

In ancient civilizations such as Mesopotamia, Egypt, and China, people utilized plants like cannabis and opium for medicinal and religious reasons. Substances like alcohol were also prevalent in various cultures. By the 19th century, the opium trade became a significant global issue, particularly in Asia, with British merchants playing a key role in the opium trade with China, leading to the Opium Wars and far-reaching implications for drug policy and international relations (Mccoy, 2019).

The early 20th century saw a global movement towards drug prohibition influenced by moral and health concerns. Countries began to enforce strict drug control policies, with the prohibition of alcohol in the United States in the 1920s setting the stage for the prohibition of other substances. The post-World War II era witnessed the growth of the illicit drug trade, with heroin production and distribution becoming a major concern, particularly in the Golden Triangle (Southeast Asia) and later the Golden Crescent (Afghanistan, Iran, and Pakistan) (Kethineni, Guyon, & Fennick, 1995).

The 1960s counterculture movements, especially in the Western world, saw increased use of cannabis and hallucinogens, challenging existing drug policies. The late 20th century saw the emergence of the cocaine epidemic, with South American cartels becoming major players in the global drug trade, leading to significant social and political challenges. The HIV/AIDS epidemic in the 1980s highlighted injection drug use as a major public health concern, leading to the implementation of harm reduction strategies such as needle exchange programs (Babor et al., 2018).

In the 21st century, the opioid crisis has become a pressing issue in many parts of the world, notably in North America. Overprescription of opioid painkillers, coupled with the illicit production of substances like fentanyl, has led to a surge in opioid-related overdoses. A notable shift in drug policy has been the movement towards the legalization and decriminalization of certain substances, with cannabis legalization gaining traction in various countries and states (Fricchione, Mendoza, & Stefano, 1994).

The rise of synthetic drugs, including synthetic cannabinoids and cathinones (commonly referred to as "bath salts"), presents a new challenge to drug control efforts, as these substances often circumvent legal restrictions and pose unpredictable health risks. Transnational drug trafficking networks continue to adapt and evolve, exploiting

geopolitical complexities and technological advancements, facilitated by the interconnectedness of the global economy (Seddon, 2008).

Public health approaches to drug use are increasingly recognized, combining law enforcement efforts with public health strategies. Harm reduction measures, treatment programs, and education campaigns aim to address the root causes of drug abuse and minimize associated harms. In summary, the global history of drug use is characterized by a complex interplay of cultural practices, economic interests, and policy responses. The current situation reflects a dynamic landscape where traditional approaches are being reconsidered in favor of more nuanced and evidence-based strategies to address the multifaceted challenges posed by drug use on a global scale (Taylor, Jasparro, & Mattson, 2013).

2.4 Importance of Drug Control

Drug control encompasses efforts to address both the supply and demand of drugs, involving law enforcement, education, and treatment and rehabilitation for drug users. The importance of drug control is multifaceted. Firstly, drug abuse has detrimental effects on health and social lives. Secondly, drug abuse and trafficking are associated with criminal activities. Lastly, significant areas of opium cultivation still need to be eradicated (Babor et al., 2018).

Drug use remains high worldwide. In 2021, one in every 17 people aged 15–64 had used a drug in the past 12 months. The estimated number of users grew from 240 million in 2011 to 296 million in 2021, a 23 percent increase partly due to population growth. Drug addiction can lead to various negative consequences, such as poor academic performance, underperforming at work, and burdens on families. Drug abuse impairs judgment and rationality, often resulting in mistakes in relationships, family dynamics, and the workplace. The loss of conscience can also lead to violent behavior and involvement in petty crimes like theft or pickpocketing (Seddon, 2008).

Drug overdose is a leading cause of premature deaths worldwide, with opioids being the main drugs involved. In 2022, drug-related deaths continued to escalate, primarily driven by the opioid crisis in North America. The United States witnessed over 107,000 overdose deaths in 2021, largely attributed to the illicit use of synthetic opioids like fentanyl. Approximately 11.2 million individuals globally engage in drug injection practices, with significant health risks such as hepatitis C and HIV. Regions such as Africa and Latin America have seen a significant impact on younger

demographics, with most treatments for drug use disorders administered to individuals under 35 years old (Kethineni, Guyon, & Fennick, 1995).

Drug trafficking poses a significant threat to international security. The profits generated from the illegal drug trade enable traffickers to evade government detection, corrupt legitimate social, political, and economic systems, and infiltrate legal economic structures through money laundering. Human traffickers often use drugs to control their victims, particularly in cases of sexual exploitation. Estimates of people trafficked annually for sexual exploitation range from 700,000 to over 4 million. Victims of human trafficking are vulnerable to HIV/AIDS due to ongoing exploitation and unsafe practices (Mccoy, 2019).

Transnational crimes such as drug smuggling and money laundering are closely linked to drug-related offences. Addressing these issues requires strong law enforcement measures and cooperation among states, international non-governmental organizations (INGOs), non-governmental organizations (NGOs), and local communities (Fricchione, Mendoza, & Stefano, 1994).

The cultivation of drugs plays a significant role in the issue of drug abuse. The supply and demand for drugs are interdependent. In 2013, the global area of illicit opium cultivation reached 296,720 hectares, the highest recorded since 1998. While opium poppy cultivation in Thailand has remained stable at a low level, it has increased significantly in Myanmar and the Lao People's Democratic Republic. To sustain progress in reducing opium cultivation and production, alternative livelihood options must be available to local communities (Taylor, Jasparro, & Mattson, 2013). Drug control is essential to address these issues and prevent further harm to individuals, families, communities, states, and the global population as a whole (Babor et al., 2018).

2.5 International Drug Control Activities

The International Opium Convention, signed on January 23, 1912, in The Hague, marked a significant milestone in global drug control. Countries including the United States, China, France, Germany, Italy, Japan, the Netherlands, Iran, Portugal, Russia, Thailand, Nicaragua, the United Kingdom, and British India participated in this initial effort to regulate opium (Samuels, 1969).

In 1961, the United Nations Single Convention on Narcotic Drugs superseded earlier agreements, introducing stricter measures to control the cultivation, production, distribution, trade, use, and possession of narcotic substances strictly for medical and

scientific purposes. This convention targeted substances derived from plants like opium/heroin, coca/cocaine, and cannabis, classifying over a hundred substances under varying levels of control (Lande, 1962).

The illicit production of certain substances listed in the 1961 Convention only began after its enforcement, as previously nonmedical use was supplied through legal production leaks. The convention implemented a phase-out scheme for opium, concluding in 1979, and for coca and cannabis by 1989, mandating countries such as Pakistan, India, Burma, Bangladesh, and Peru to prohibit their production or nonmedical use by those deadlines (Bayer, 1983).

In response to the evolving landscape of drug use, the 1971 Convention on Psychotropic Substances was established. It introduced controls on a variety of "psychotropic" drugs, including amphetamines, barbiturates, benzodiazepines, and psychedelics. This treaty consisted of two sections: one for hallucinogens in Schedule I, with strict control measures, and another for pharmaceuticals in Schedules II, III, and IV, with less stringent controls due to pharmaceutical industry pressure during negotiations (Khan, 1979).

The escalating illicit drug trade led the UN to convene a conference in 1988, resulting in the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. This convention implemented measures to combat the cultivation, production, and trafficking of drugs, and the diversion of chemical precursors. It emphasized the need for mutual legal assistance and extradition, strengthening countries' obligations to apply criminal sanctions against all aspects of illicit drug activities (Gottwald, 2006).

The United States, confronted with a rapidly growing illicit drug market, declared a war on drugs, targeting Mexico as a major supplier of cannabis and heroin. US-funded aerial spraying of cannabis and poppy fields in Mexico began in 1976. In 1986, the US Congress introduced the drug certification mechanism, imposing sanctions on countries that did not fully cooperate with drug control efforts (Fabre, 2002).

Efforts to implement a similar aggressive strategy in Afghanistan were less successful, as the Afghan government and European allies opposed spraying, fearing it would harm rural populations dependent on the opium economy. President Obama acknowledged the ineffectiveness of aggressive eradication efforts in Afghanistan,

recognizing the need for alternative income sources to prevent driving farmers into the hands of the Taliban (de Lima & Bruera, 2000).

The consequences of intensified drug control over the past two decades include a global increase in the prison population, human rights violations, restricted access to essential medicines, and the criminalization of drug users, which hinders healthcare and HIV/AIDS prevention efforts. In response to these issues, some countries have implemented legislative reforms related to depenalization and decriminalization to address the penitentiary crisis and the failure to curb the illegal drug market. The UN conventions do not mandate penalties for drug consumption itself, as stated in the official commentary to the 1988 Convention. Many countries have decriminalized personal drug possession, shifted law enforcement priorities and reducing sentences, positively impacting overburdened penal systems and prison overcrowding. The Red Cross advocates for policy changes and justice system reforms to support harm reduction and provide essential services to drug users (Panicker, 2016).

De-escalation efforts have particularly focused on cannabis, the most widely consumed psychoactive substance after alcohol and tobacco, with an estimated 200 million users worldwide. Despite being classified similarly to heroin under UN treaties, several countries have adopted more tolerant policies towards cannabis consumption (Tesalonika & Kusumawardani, 2019).

International drug control efforts are currently based on three United Nations treaties: the 1961 Single Convention on Narcotic Drugs (as amended), the 1971 Convention on Psychotropic Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These treaties have been ratified by over 95% of UN Member States, including the United States (Krajewski, 1999).

The recognition of the negative consequences and limited effectiveness of stringent drug control measures has led to a process of de-escalation in many regions. This process is guided by principles such as respect for human rights, harm reduction, decriminalization, proportional sentencing, a developmental approach to illicit cultivation, and an evidence-based approach. However, the current treaty system suffers from inconsistencies and ambiguities that hinder policy improvements. Consequently, there is a growing need to revise existing drug control conventions to address the evolving landscape of drug use and policy more effectively (Costa e Silva, 2004).

2.6 Universalia Institutional and Organizational Assessment Model (IOA Model)

The Universalia Institutional and Organizational Assessment Model (IOA Model) was developed by Universalia Management Group, a consulting firm established in 1980 that specializes in institutional and organizational performance assessments. The model was influenced by best practices from strategic management, program evaluation, and capacity building. Since its inception, it has been used by numerous organizations worldwide to diagnose and address institutional challenges, ensuring they remain relevant and effective in their respective environments.

The IOA Model aims to help organizations define and improve their overall performance by analyzing their environment, motivation, and capacity. Through these four areas—performance, environment, motivation, and capacity—the model offers a clear-cut methodology to diagnose institutional strengths and weaknesses. The factors embedded in capacity, motivation, and the contextual environment all influence the performance of an organization. Overall organizational performance is defined in terms of effectiveness (mission fulfilment), efficiency (accuracy, timeliness, and value of service and program delivery), ongoing relevance (the extent to which the organization adapts to changing conditions and its environment), and financial viability.

The IOA Model was chosen for this assessment due to its comprehensive and systematic approach, which aligns perfectly with the study's objectives of examining the status of drug control activities and analyzing the capacity of drug control organizations. To achieve these objectives, a model that considers both internal and external factors is essential. The IOA Model's focus on performance, environment, motivation, and capacity provides a holistic view, enabling a thorough assessment of the organizations' current state and their ability to adapt and perform effectively.

The IOA Model’s ability to dissect an organization into these four critical areas allows for a detailed diagnosis of strengths and weaknesses, facilitating the development of targeted strategies to enhance overall performance. This granularity is crucial for understanding the complexities of drug control activities and the capacity of the organizations involved.

Moreover, the IOA Model’s emphasis on integrating internal and external factors ensures that all dimensions impacting performance are considered. This is particularly valuable in the context of drug control organizations, where external factors

such as regulatory changes, socio-economic conditions, and international cooperation significantly influence operational success.

The model's proven versatility across various sectors underscores its robustness and adaptability, making it an ideal choice for assessing the diverse and dynamic field of drug control. By incorporating the IOA Model into this assessment, the study aims to provide actionable insights that can inform strategic planning and decision-making, ensuring that drug control organizations are well-equipped to navigate challenges, capitalize on opportunities, and achieve their mission and goals in an ever-changing landscape.

Outline of the Approach

A schematic representation of the IOA model, illustrating its four areas and respective factors, facilitates a clear understanding of its framework.

Figure (2.1) Conceptual Framework

Source: Universalia Institutional and Organizational Assessment Model (IOA Model)

2.6.1 External Environment

The external environment of an organization includes factors outside the organization that impact its operations. These factors can necessitate adjustments to the organization's strategies and operations. Regular monitoring of these factors is essential

to maintain organizational adaptability and responsiveness. Key components of the external environment include regulatory changes, socio-economic conditions, technological advancements, competitive landscape, and political and legal influences.

2.6.2 Organizational Motivation

Organizational motivation refers to the internal drivers that influence employee performance. Motivation is a critical factor because it affects productivity and overall organizational effectiveness. Addressing motivation involves understanding and managing both tangible and intangible aspects. Key elements include employee engagement, organizational culture, incentive structures, leadership style, and job satisfaction.

2.6.3 Performance

Performance measurement is crucial for understanding how well an organization is achieving its objectives. The IOA model identifies four key performance indicators: efficiency, effectiveness, relevance, and financial viability. Efficiency refers to the optimal use of resources to achieve desired outcomes with minimal waste. Effectiveness is the extent to which the organization meets its goals and objectives. Relevance pertains to the alignment of organizational activities with the needs and expectations of stakeholders. Financial viability indicates the organization's ability to maintain financial health and sustainability over time.

2.6.4 Organizational Capacity

Organizational capacity refers to the ability of an organization to effectively utilize its resources to achieve its goals. The IOA model assesses organizational capacity through six criteria:

a) **Strategic Leadership**: The capability of leaders to set the direction for the organization, make strategic decisions, and manage change. This involves leadership, strategic management, and niche management.

b) **Program/Process Management**: The ability to plan, implement, and monitor programs and processes. This includes problem-solving, decision-making, communication, and evaluation. Effective program management ensures that organizational activities are aligned with strategic goals.

c) **Human Resource Management**: The processes involved in recruiting, selecting, training, and developing employees. This also includes performance appraisal, compensation, employee relations, and compliance with labor laws. Effective HRM is essential for building a skilled and motivated workforce.

d) **Financial Management**: The planning, organizing, directing, and controlling of financial activities. This includes procurement and utilization of funds, raising capital, capital budgeting, and managing short-term resources. Financial management ensures that the organization can sustain its operations and achieve its objectives.

e) **Infrastructure**: The basic facilities and technology that support organizational operations. This includes managing office space, ensuring adequate lighting, clean water, reliable electricity, and transportation for employees. Effective infrastructure management is essential for operational efficiency.

f) **Inter-organizational Linkages**: The connections and collaborations with other institutions, organizations, and groups that are strategically important. These linkages facilitate the exchange of resources and information, and help the organization stay updated with advances in relevant fields. This includes forming networks, joint ventures, partnerships, and electronic linkages.

In this study, the assessment focuses on evaluating the organizational capacity of drug control organizations using the IOA model. The assessment is conducted through survey questions to respondents from these organizations.

(a) Strategic Leadership

Strategic leadership involves guiding the organization towards its goals by setting a clear direction and making informed decisions. It requires the ability to adapt to changes in technology, climate, and economic conditions. Effective strategic leadership balances analytical perspectives with the human elements of strategy-making. Involving the entire organization in strategic discussions is crucial for building a committed and adaptable organization.

- **The Role of Strategic Leadership in Organizations**: Different styles of strategic leadership include strategic, visionary, and managerial leadership. Strategic leaders focus on a shared vision and align day-to-day decisions with this vision. Managerial leaders handle routine decisions and actions, while visionary leaders take risks and pursue high-reward ventures. (Rowe, 2001)

- **Strategic Leadership in the Nonprofit Sector**: Research indicates that strategic leadership in nonprofits differs from for-profit organizations. Nonprofit leaders often have a smaller scope of authority, deal with a wider range of stakeholders, and must innovate with limited resources. These leaders adapt practices from the for-profit sector to fit the nonprofit context.

(b) Process/ Program Management

Process management ensures that organizational processes are designed, optimized, and implemented effectively. Project management involves managing tasks to achieve specific objectives, often within defined constraints. Program management coordinates multiple projects to meet broader organizational goals. Process management focuses on the efficiency and effectiveness of organizational processes, ensuring they contribute to strategic objectives. Project management handles individual projects to meet specific goals related to scope, quality, timescale, and cost. Program management oversees multiple projects to achieve larger, more complex organizational objectives.

(c) Human Resource Management

Human Resource Management (HRM) is essential for recruiting, developing, and retaining a skilled workforce. Effective HRM practices ensure that employees are motivated and aligned with organizational goals. HRM involves recruitment and selection, training and development, performance appraisal, compensation and benefits, employee relations, and compliance with labor laws. HRM responsibilities include job analysis, staffing, workforce organization and utilization, performance appraisal, reward systems, and training and development.

(d) Financial Management

Financial management involves the effective planning, organizing, directing, and controlling of financial resources. It ensures that the organization can achieve its objectives and sustain its operations. Financial management includes capital budgeting, planning and managing long-term investments, short-term resource allocation, and managing current liabilities and assets. Financial planning and control ensure financial stability and sustainability.

(e) Infrastructure

Infrastructure management involves maintaining the facilities and technology that support organizational operations. It ensures that the physical and technological resources are adequate and effectively utilized. Facilities management ensures that the organizational environment supports productivity and well-being. Technology management involves managing the technological resources required for efficient operations.

(f) Inter-organizational Linkage

Inter-organizational linkages involve building and maintaining relationships with other organizations. These linkages facilitate resource exchange, knowledge sharing, and collaborative efforts. Networks and partnerships enhance capabilities through strategic alliances. Electronic linkages utilize technology to maintain communication and collaboration.

2.7 Review of Previous Study

Studies on illegal drugs and controlling measures can be seen in both local and international theses. Khin Pyi Sone (2010), EMPA, Yangon Institute of Economics studied the Implementation of Anti-drug policy in Myanmar between 2000 and 2009. This study emphasized the current situation and the development of policy measures to control drugs from the supply side.

N.Hkawn Din (2011), the analysis conducted on the elimination activities of narcotic drugs in Myanmar provided valuable insights into the efforts to combat drug-related issues. The case study in Kachin State highlights extensive elimination activities focused on law enforcement, supply reduction, and demand reduction.

Myo Nyunt Aung (2012) carried out a descriptive analysis based on a primary survey in “A Study of Injecting Drug Users 'Knowledge and Behavior on HIV/ AIDS in Muse and Kutkai Township". The study explored the knowledge of HIV prevention and harm reduction activities and risk behaviour of injecting drug users in selected townships.

Thura Bo Ni (2014) carried out a descriptive approach and comparative analysis of activities concerned with narcotic drugs in “A Study on Narcotic Drug Control Activities in Myanmar with Special Respect to Rehabilitation Programs”. This study

emphasized studying of implementation of rehabilitation programs for drug users in Myanmar and exploring the Government's attempt to handle the demand.

Ei Sandar Lwin (2017) conducted an analytical analysis based on a primary survey in "A Study on Drug Control Activities in Kachin State". The study is conducted on Drug control activities such as demand elimination efforts, supply elimination efforts and suppression. Its study analyses the capacity and SWOT of Drug Control organisations in Kachin State.

Janet Robinson (2007) studied "The Adoption of a Harm Reduction Philosophy: The Development and Operation of a needle exchange program in one former health board area". The purpose of this study is to investigate the service providers in the development and operation of needle exchange services in one former health board area, which combines both urban and rural populations and to identify the issues and barriers associated with the development and operation of the services from the service providers' perspective. Moreover, how the harm reduction national policies have been translated into practice within this former health board area was also examined.

Angela K. Archambault (2012) studied "Drug Treatment Centers in Afghanistan: Creating A Participatory Approach to Tackling the Drug Trade" to examine the role of drug treatment programs in Afghanistan and pinpoint services available to help potential and current drug users in three regions. In addition, it assesses sustainability by evaluating how social and economic programs can be used as a tool to strengthen the community so that addicts have a more stable environment to return to once finished with treatment.

Eva Magdalena Stambøl (2012) studied "Amending the Global Discourse on Narcotic Drugs in Inquiry of the Transnational Drug Policy Reform Movement`. The study emphasized the effect of drug policy reform on changing global discourse on narcotic drugs and the effect of the drug policy reform movement in opposition to dominant power structures.

The collaborative efforts of the government and civil society are crucial in addressing the drug problem, emphasizing the need for a unified approach. Different states need to work together in eliminating the drug issue, demonstrating the significance of a coordinated, multi-faceted strategy. Furthermore, it is important to recognize the role of various sectors such as education, health, transportation, and infrastructure in areas where poppy cultivation is prevalent. These sectors play a vital role in promoting alternative livelihoods and providing support to communities affected

by drug cultivation and trafficking. The comprehensive approach outlined in the analysis underscores the importance of integrating demand reduction, law enforcement activities, and supply elimination harmoniously. By addressing the root causes of drug-related issues and implementing coordinated strategies, it becomes possible to make meaningful progress in combating the challenges associated with narcotic drugs.

CHAPTER III
OVERVIEW OF NARCOTIC DRUG CONTROL ACTIVITIES IN MYANMAR

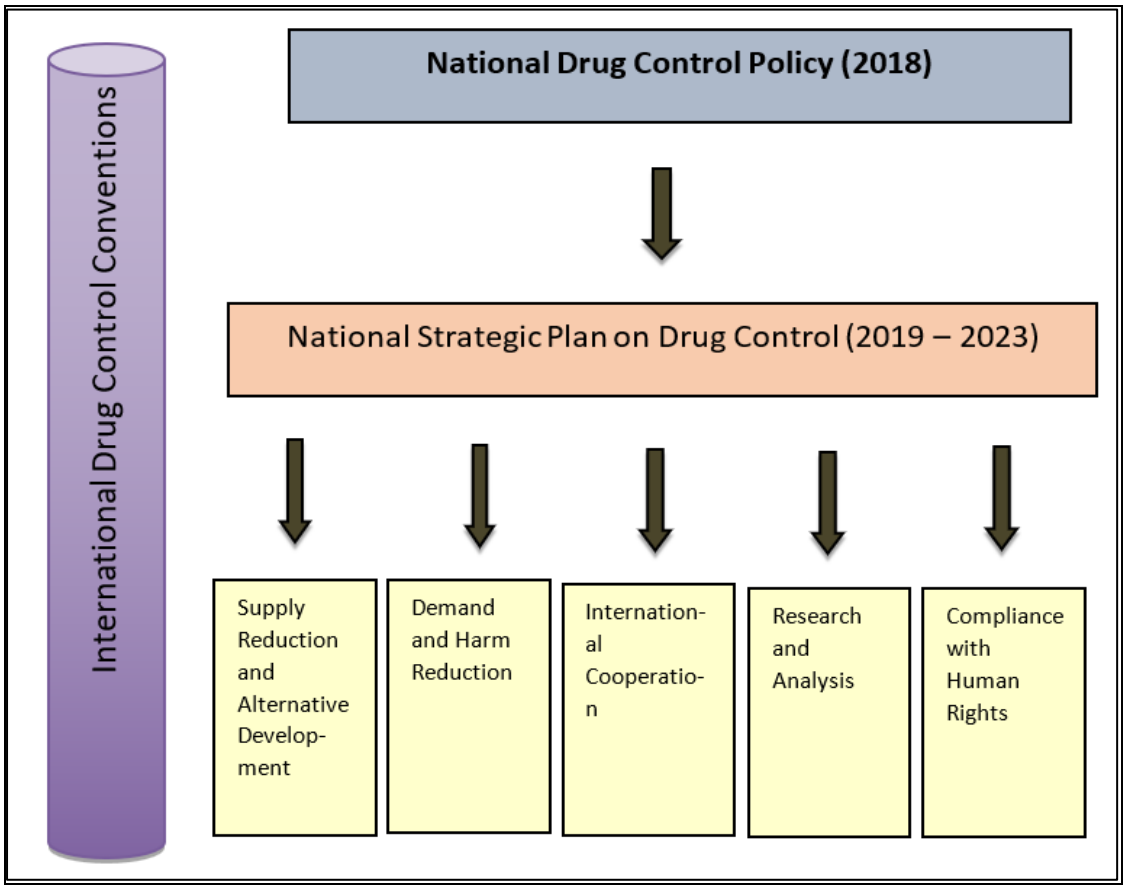
3.1 Myanmar Drug Control Strategies, Tactics and Methods

Being a signatory to United Nations drug conventions, Myanmar enacted "The Narcotic Drugs and Psychotropic Substances Law (1993)," subsequently amended on February 14th, 2018, in response to evolving needs and circumstances. Concurrently, the Myanmar government adopted a new approach toward drug control measures by announcing a roadmap for National Drug Control in 2016 and the National Drug Control Policy on February 20th, 2018. The main principle of this policy is to shift Myanmar towards an evidence-based and health-focused approach to developing drug legislation and creating practical strategies to reduce the negative effects of drug use. As outlined in the policy, the approach towards addressing the problem is health-oriented, with a focus on reducing the negative consequences of drug use being incorporated as a key component.

To implement the National Drug Control Policy effectively and successfully, necessary guidance must be adopted for drug control measures. Therefore, the process of developing a national strategic plan for drug control started in 2018 as the first phase. This strategic plan is formulated for the practical implementation of the national drug control policy. The main strategies are based on the five priority areas mentioned in the National Drug Control Policy:

- Supply Reduction and Alternative Development
- Demand and Harm Reduction
- International Cooperation
- Research and Analysis
- Compliance with Human Rights

Figure (3.1) National Drug Control Conceptual Framework



Source: CCDAC (2018)

The Central Committee for Drug Abuse Control (CCDAC), Ministry of Home Affairs, is the institution mainly responsible for implementing the policy on narcotic drugs and this national strategic plan. It will cooperate with the ministries and regional governments as below:

- Ministry of Foreign Affairs
- Ministry of Defense
- Ministry of Border Affairs
- Ministry of Information
- Ministry of Office of the Union Government
- Ministry of Agriculture, Livestock, and Irrigation
- Ministry of Education
- Ministry of Health and Sports
- Ministry of Social Welfare, Relief, and Resettlement
- Ministry of Ethnic Affairs

- Nay Pyi Taw Council, Region/State governments
- Partners: UN organizations, international non-governmental organizations, local non-governmental organizations, self-help groups, peer groups, and private business groups/associations.

There are 11 working groups formed under CCDAC as follows:

1. Law Enforcement and Administration Sector
2. Alternative Development Implementation Sector
3. Crop Substitution Sector
4. Livestock Breeding Sector
5. Medical Treatment Sector
6. Rehabilitation Sector
7. Education for Students and Youth Sector
8. Mass Media Information Sector
9. Controlled Chemicals Supervision Sector
10. International Relations Sector
11. Social Work Supervision Sector

These working groups are formed at the national level, with the lead ministry and related ministries working on their respective areas. At a national level, respective drug control teams are formed from the Region/State level to districts, townships, and ward/village tracts with responsible representatives from government departments and representatives from community-based organizations.

Strategic directions are based on the national drug control policy and relevant ministries must implement them accordingly. In each strategy, the lead ministry, associated ministries, partner organizations, and community-based organizations are mentioned.

Myanmar is a party to the 1961 United Nations Single Convention, the 1971 United Nations Convention on Psychotropic Substances, and the 1988 UN Convention against Illicit Trafficking in Narcotics. Myanmar adopted and signed many documents and statements for effective cooperation. Myanmar is also a member of the Association of Southeast Asian Nations (ASEAN) and a signatory to the ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) ‘drug-free ASEAN by 2015’ agenda. Myanmar has been cooperating along with Cambodia, China, and Vietnam through the United Nations Office on Drug and Crime (UNODC)

and a Memorandum of Understanding (MoU) covering a sub-regional action plan aimed at controlling precursor chemicals and reducing illicit drug use in the highlands of Southeast Asia. Myanmar also has bilateral agreements relating to drug issues with China, Laos, India, Russia, Thailand, the United States of America, and Australia.

To measure drug abuse control, the CCDAC added two committees: the Law Enforcement Supervisory Committee on September 4, 1995, and the Monitoring Committee on December 31, 1997. In 2013, the Union Ministry for Home Affairs announced the name change of the Anti-Drug Department to the Anti-Drug Police Force, headed by a Police Brigadier General. The Union Ministry for Home Affairs also announced the creation of twenty-six new Anti-Narcotic Task Force (ANTF) units, taking the total number of ANTF units to fifty.

To effectively eliminate illicit drugs, the government has laid down two strategies: (i) to strive relentlessly to eliminate narcotic drugs as a national cause and (ii) to gradually eliminate poppy cultivation in line with the improvement of the socio-economic conditions of the national races in border areas. To implement the strategies, three tactics have been adopted:

1. Supply elimination
2. Demand elimination
3. Law enforcement

Furthermore, three techniques are:

1. Uplift, improve, and change the morale, perception, and belief of drug users, poppy growers, and drug producers.
2. Secure smooth and easy transportation and communications between the nationals residing in highland areas and those on the mainland.
3. Uplift the economic and social life of the national races residing in the border areas. (CCDAC, National Drug Control Policy, 2018)

To eliminate poppy cultivation, production, and abuse of narcotics in Myanmar, the Fifteen-Year Narcotics Elimination Plan was laid down from 1999-2000. It was divided into three phases: the five-year plan and implemented year-by-year projects, and the plan ended in the year 2013-2014, there will be another 5-year project as an extension of the plan when it ends to make the pace of the narcotic drugs elimination work faster. The estimated cost of the Fifteen-Year Plan is kyats 33588.14 million and USD 150 million. The Plan consisted of three phases in different geographical areas and was constrained by Myanmar's extreme difficulty in raising funds from

international agencies. The State Peace and Development Council (SPDC) government realized that illicit drug production and trafficking were closely linked with ethnic groups in the border areas. Mountain ranges, climatic conditions, and a lack of good communication and transportation facilities in the border areas cause illicit drug production and trafficking problems. In addition, there has been no cultivation of legal crops. So, the government has given priority to the border areas' development.

Furthermore, the government practiced the policy of peaceful unification as an attempt to bring relative political stability to the country. Since the government invited the armed ethnic groups to return to the legal fold, altogether seventeen armed ethnic groups returned to the legal fold. In their regions, works on eradication of opium poppy cultivation were carried out at higher accelerations and Wa Special Region No.2, Kokang Special Region No.1, and Monglar Special Region No.1 were declared as Opium-Cultivation Free Zones in 1993, 2003, and 2005 respectively.

Moreover, the Drug Enforcement Division was specifically formed under the supervision of the Myanmar Police Force. The Drug Enforcement Division is comprised of 10 sub-divisions and 50 anti-narcotic task forces, deployed in drug production and trafficking dense areas as well as border areas. In 2022, the No (11) X-Ray sub-division and 6 X-Ray task forces were added to strengthen drug law enforcement, compared to 10 Sub-divisions, and 65 task forces as of February 14, 2019. Advanced technology machines and mobile inspection equipment were acquired to effectively detect drug trafficking activities during the expansion. Furthermore, 38 special drug operations have been carried out in Myanmar from 2013 to 2022 to stop the illicit flow of precursors into the Golden Triangle area as well as the trafficking of narcotic drugs from the Golden Triangle area to other regions. "Operation 1511" was carried out among the MOU member countries, resulting in significant successes in the region. Additionally, in 2022, "Operation Shan Yoma" and "Operation 1511/22" were consistently carried out in Shan State. Currently, "Operation 39" is being carried out to prevent the flow of precursors and illicit drugs throughout Myanmar from January to May of 2023. (CCDAC, Myanmar Narcotics Control Annual Report, 2022,2023)

To reduce demand, the Department of Education has implemented school-based activities for students and strengthened the quality of teacher training. The school-based activities included talks in class, competitions and exhibitions, talks in school, educating with wall posters, school curricula, study tours and excursions, student participation in narcotic drug destruction, and activities of the school calendar. Drug

education and information were disseminated to the public through television, radio, newspapers, motion pictures, journals, magazines, etc. Therefore, the Department of Education was responsible for conducting school drug prevention programs. For public awareness activities on narcotic drug control and prevention of HIV/ AIDS, the government cooperated with non-governmental organizations (NGOs) such as the Myanmar Anti-Narcotics Association (MANA). It worked in competitions of essays, poems, talks, debates, signboards, and posters and conducted workshops.

To combat the spread of HIV/AIDS through drug abuse by injection, the government has acted at both the national and regional levels. They include a medical treatment centre, rehabilitation centre, students and youth educating sector, mass media information centre, and international relations sector.

The Department of Social Welfare was responsible for rehabilitation activities. The Department carried out registered addicts' individual psychotherapy, group psychotherapy, family counselling, and meditation at the medical treatment centres. The government has established twenty-six major drug treatment centres (DTCs) and forty subsidiary DTCs with three Youth Correction and Rehabilitation Centres in Myanmar. According to the 2010 annual report, the total number of drug users registered at the DTCs was 12,616 from 1999 to 2010 during the first and second phases of the fifteen-year plan. Opium was the highest drug abuse at 55.78 per cent, ATS 1.04 per cent, and heroin at 35.33 per cent. However, it is difficult to assess the demand reduction sector because there was no baseline data collection for drug addicts and the number of yearly registered addicts at the drug treatment centres.

To eliminate opium poppy cultivation and production, the government has undertaken activities in agriculture, livestock breeding, road and bridge construction, communication, energy, health, commerce, and education sectors to eliminate poppy cultivation and production. To promote the living standard of the people in the border areas and to abandon poppy cultivation, the Ministry of Progress of Border Areas and National Races was established in 1992. The Livestock Breeding Committee has been carrying out poppy substitute livestock breeding tasks in border areas to eliminate poppy cultivation. The committee has also undertaken conducting courses on livestock breeding at the drug rehabilitation camps, conducting on-the-job training courses on modern livestock breeding, and conducting training courses on agriculture for boosting crop yield. From 1999-2000 to 2006- 2007, the committee gave vaccines to 460,909 cattle, 124,174 pigs, and 1,489,630 poultry, spending Kyats 12.039 million.

Furthermore, the Ministry of Livestock and Fisheries distributed poultry, pigs, and cattle worth Kyats 102 million to improve the socio-economic life of national races. The Ministry also carried out tasks for higher living standards of national races, prevention and control of animal diseases, setting up model farms, putting finger lines into rivers, creeks, and lakes, distribution of quality animals, keeping beehives, and conducting agriculture courses, spending Kyats 1,658 million from 1999-2000 to 2006-2007. The Ministry provided the finger line at natural ponds, lakes, and rivers in Namsum, Lashio, Lai Hhu, LoiLem, Moe Ne, and LangKhay for regional food security and income generation of the poppy plantation. The total value of the 13.85 million kyats of fingering was distributed. The government has made tremendous achievements, particularly in the education, health, road transportation, and agriculture and livestock sectors. Therefore, the opium eradication efforts in Myanmar have been successful to some extent, and the poppy cultivation areas have been reduced gradually.

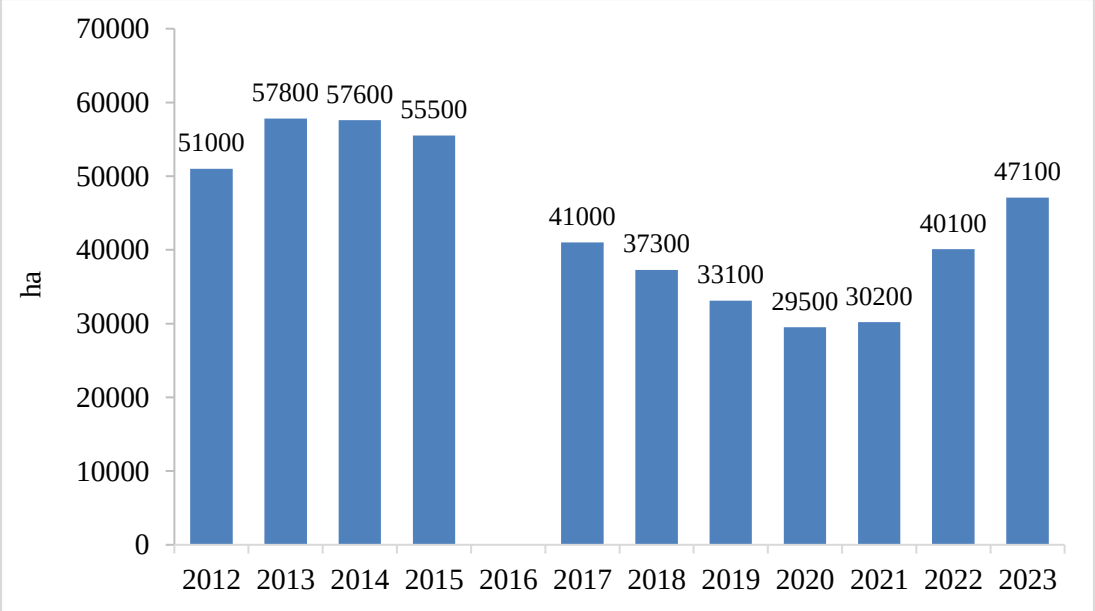
3.2 Opium Poppy Cultivation in Myanmar

Myanmar was previously infamous for its significant opium production and drug trafficking. It is one of the major countries in the world with high poppy cultivation and opium production. Opium-growing farmers in Myanmar come from various ethnic backgrounds and reside in remote, mountainous areas. The challenging agricultural and geographical conditions in these highland regions contribute to widespread poverty. Currently, opium poppy cultivation occurs in Kachin and Shan States in Myanmar. The Government pledged to eliminate opium cultivation in Myanmar by 2014. Estimated opium production is 5% of the world's production and poppy cultivation area is about 10% of the world's cultivation area. According to the Myanmar Opium Survey 2018, the estimated area of cultivation is about 37,300 hectares which was 10% lower than the 2017 survey results and 35% lower than the 2013 cultivation. The estimated opium production was about 520 metric tons which was lower by 5.45% than 2017 production. Though poppy cultivation areas were reduced, an increase in average yield also reflected that the production did not significantly fall. In 2023, the area under opium poppy cultivation in Myanmar was estimated at 47,100 (32,200 to 77,200) hectares. This represents an 18% increase from the 40,100 hectares estimated to be under cultivation in 2022.

Opium poppy cultivation expanded in all states, with Shan State experiencing the largest absolute increase in cultivated hectares compared to 2022, particularly in

North and South Shan with increases of 24% and 33% respectively. Kachin State also saw a 6% increase, with the Tanai region showing the most significant growth at 20%. Shan State remained the primary area for poppy cultivation in Myanmar, accounting for approximately 88% (41,300 hectares) of the total opium poppy area. Within Shan State, South, North, and East Shan sub-regions contributed 48%, 22%, and 17% of the total cultivation in 2023 respectively. Kachin State accounted for 10% (4,600 hectares), while Chin and Kayah States collectively made up 2.5% (1,200 hectares) of the cultivation area. (UNODC, Opium Survey, 2023)

Figure (3.2) Opium Cultivation in Myanmar (ha), 2012-2023



Source: CCDAC

Figure (3.2) presents a comprehensive view of opium cultivation trends in Myanmar from 2012 to 2023. This analysis highlights significant fluctuations in the area under cultivation and delves into the potential reasons behind these changes.

Opium cultivation in Myanmar reached a peak in 2013, with an estimated area of 57,800 hectares. This peak represents the highest recorded level of cultivation within the examined period. The following year, 2014, saw a slight decline to 57,600 hectares. This initial reduction can be attributed to intensified eradication efforts and international pressure to combat drug production. The Myanmar government's policies and strategies aimed at reducing opium cultivation began to take effect during this period.

From 2015 onwards, a more pronounced decline in opium cultivation is observed. By 2020, the cultivation area had dropped to 29,500 hectares, marking a significant reduction from the peak levels of 2013. Several factors contributed to this downward trend:

1. **Enhanced Law Enforcement**: Increased efforts by the Myanmar Police Force, the Tatmadaw, and the Customs Department in eradicating opium poppy fields and disrupting the drug supply chain played a crucial role.
2. **International Aid and Alternative Development**: International aid programs focusing on crop substitution and alternative livelihoods helped reduce the dependency of farmers on opium cultivation. These programs provided resources and training for sustainable agricultural practices.
3. **Socio-Economic Initiatives**: Government initiatives aimed at improving the socio-economic conditions in regions heavily dependent on opium cultivation contributed to the decline. The development of infrastructure, education, and healthcare services helped provide alternative means of livelihood.

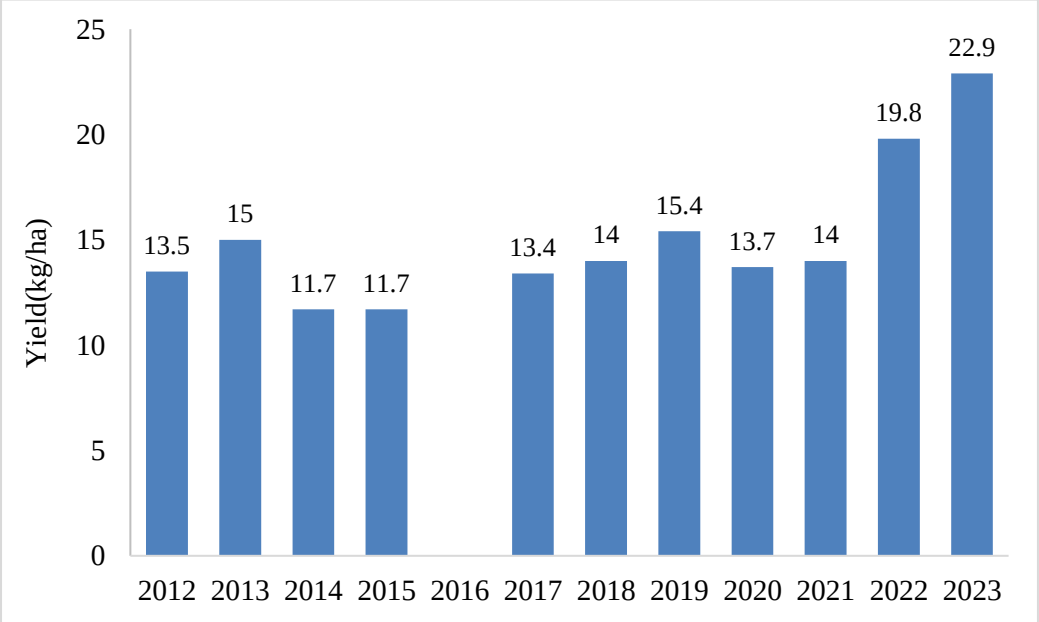
Despite the success in reducing opium cultivation until 2020, the trend reversed in 2021, with a sharp increase to 30,200 hectares. This upward trend continued in subsequent years, indicating a resurgence in opium cultivation. By 2023, the area under cultivation had increased further. Several factors may explain this resurgence:

1. **Economic Instability**: Economic challenges, including the impact of the COVID-19 pandemic, may have pushed farmers back to opium cultivation as a reliable source of income.
2. **Political and Security Issues**: Ongoing conflicts and instability in certain regions of Myanmar have created environments where illicit activities, including opium cultivation, can thrive. Reduced government control in these areas has likely contributed to the increase.
3. **Market Demand**: Persistent demand for opium and heroin in international markets continues to drive cultivation. Higher prices and profitability associated with opium cultivation compared to other crops may incentivize farmers.
4. **Inefficiencies in Eradication Efforts**: The resurgence could also point to challenges and inefficiencies in maintaining consistent eradication efforts. The complexities of terrain and the adaptability of farmers in employing sophisticated cultivation techniques have hindered sustained reductions.

The fluctuations in opium cultivation reflect the broader socio-political context in Myanmar. Economic conditions, government policies, international cooperation, and security dynamics all interplay to influence the trends in opium production. The peak in 2013 and the subsequent decline highlight the effectiveness of coordinated efforts in reducing cultivation. Conversely, the recent upward trend underscores the need for continued and enhanced strategies to address the multifaceted challenges associated with opium cultivation.

The trend of opium cultivation in Myanmar from 2012 to 2023 shows significant variability, influenced by a range of socio-economic, political, and environmental factors. While successful reductions were achieved through coordinated efforts, recent increases indicate ongoing challenges. Addressing these requires sustained international cooperation, comprehensive development programs, effective law enforcement, and policies that provide viable alternatives to opium cultivation for farmers. Understanding these trends is crucial for formulating effective strategies to combat illicit drug production and promote sustainable development in Myanmar.

Figure (3.3) Average Opium Yield in Myanmar, 2012 – 2023 (kg/ha)



Source: Southeast Asia Opium Survey 2023

Figure (3.3) provides a detailed view of the average opium yield in Myanmar, measured in kilograms per hectare, over the period from 2012 to 2023. This analysis examines the fluctuations in yield and the various factors contributing to these changes.

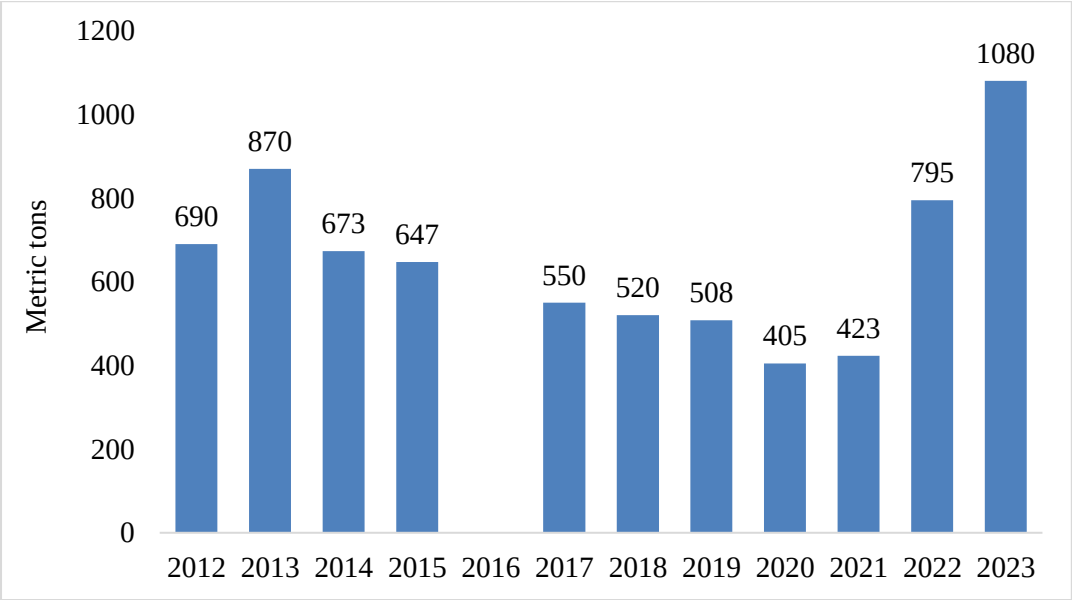
In 2015, the national average opium yield was estimated at 11.7 kilograms per hectare, maintaining the same level as in 2014. However, both the production rate and the cultivation area were slightly lower in 2015 compared to 2014. This indicates that while the yield per hectare remained stable, there was a slight overall reduction in opium production, possibly due to effective government policies and eradication efforts.

The yield of opium poppies fluctuates from year to year due to several factors. These include climatological conditions, the presence of diseases, and the level of land management applied. Effective management of these factors can help maintain or increase yields despite efforts to reduce cultivation.

From 2021 to 2023, the area under opium poppy cultivation remained nearly the same. However, the opium yield rate was very high in 2023. This suggests that despite stable cultivation areas, improvements in agricultural techniques or favourable weather conditions led to higher yields. The increase in yield could also be attributed to better land preparation, irrigation, and use of fertilizers by farmers.

Overall, the level of opium production in Myanmar has shown an increase since 2006. The high yield rate in 2023, despite a lower cultivation area, indicates that opium poppy farming has become more productive. This highlights the need for continued government control policies and alternative development programs to reduce both cultivation areas and yields effectively.

Figure (3.4) Potential Opium Production in Myanmar, 2012-2023 (metric tons)



Source: Southeast Asia Opium Survey- 2023

Figure (3.4) illustrates the potential opium production in Myanmar from 2012 to 2023, measured in metric tons. Here is a simplified analysis of the data:

In both 2014 and 2015, the opium yield rate was consistent; however, the production rate and the cultivation area were slightly lower in 2015 compared to 2014. This suggests that while the efficiency of opium production remained stable, the overall output decreased slightly due to reduced cultivation areas. This reduction could be attributed to government interventions and eradication efforts aimed at curbing opium production.

From 2021 to 2023, the cultivation area for opium poppy remained nearly the same. Despite this, the opium yield rate was very high in 2023, indicating increased productivity per hectare. This rise in productivity may result from improved agricultural techniques, better land management practices, or favorable climatic conditions, which enhance opium poppy yields even with stable cultivation areas.

Overall, the level of opium production in Myanmar has shown an increase since 2006. This trend points to the resilience and adaptability of opium cultivation practices despite ongoing eradication efforts and government policies aimed at reducing opium production.

The stable or slightly increasing cultivation areas from 2021 to 2023, coupled with high yield rates, highlight the complexity of addressing opium production. While government policies and eradication programs may reduce cultivation areas temporarily, farmers' adaptability and improvements in cultivation techniques can offset these efforts, leading to sustained or even increased opium production.

The data indicates that while efforts to reduce opium cultivation areas have had some impact, the overall potential opium production in Myanmar has continued to rise due to higher productivity. This underscores the need for comprehensive and multifaceted approaches, including alternative livelihood programs and stricter enforcement of eradication policies, to effectively combat opium production.

3.3 Legal Framework in Myanmar

Myanmar has signed the three UN drug control conventions; the 1961 Single Convention on Narcotic Drugs on March 30, 1961, the 1971 Convention on Psychotropic Substances on December 20, 1995, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances on June 11, 1991. These

conventions provide frameworks for drug control measures in Myanmar in line with international standards.

For Myanmar to relentlessly engage in its drug law enforcement activities according to the standards and norms of the conventions, notifications on narcotic drugs, psychotropic substances, and precursors were declared. Since then, there have been 132 narcotic drugs, 126 psychotropic substances, and 39 precursors listed in Myanmar.

Currently, the national narcotic drug and psychotropic substances law (1993) is the only drug law practicing in Myanmar. The law is very repressive. The 1993 law stipulates that drug users who fail to register for mandatory treatment at a specified Centre recognized by the government will be sentenced to imprisonment from three to five years. On top of that, if a person is found in possession of a small quantity of drugs, he/she will be imprisoned for five to ten years. Because of repressive drug laws, Myanmar attempted to strengthen these laws and procedures along with its drug control measures and political commitments. The 1993 Narcotics Drugs and Psychotropic Substances Law was amended and enacted on February 14, 2018, and the amendments included replacing previous punishments with social work activities, rehabilitation, and integration of people who use drugs into society. The State Administration Council, Government of the Republic of the Union of Myanmar reconstituted the Central Committee for Drug Abuse Control step by step with 19 members and 21 duties and functions by notification order No. 25/2022 on January 21, 2022, by exercising the powers conferred under sections 4 and 5 of Chapter 3 of the Narcotic Drugs and Psychotropic Substances Law (1993). The Central Committee for Drug Abuse Control reformed and modernized with (11) working sectors by notification order No.1/2022 on April 17, 2022, by exercising the powers conferred under section 7 of Chapter 4 of the Narcotic Drugs and Psychotropic Substances Law (1993).

There were about 60,000 – 80,000 prisoners in Myanmar in 2018, and 48% of prisoners were for drug-related offences according to the current legal regime. In some prisons, such as in Myitkyina and Lashio, the number of prisoners due to drug-related offences was as high as 70-80%.

This situation has resulted in a significant financial and operational burden on the prison system. The criminalization of people who use drugs not only causes a burden on the criminal justice system but also may give rise to health and social

consequences for families and communities, including people who use drugs themselves.

In addition, the National Drug Control Policy, essential for drug control measures, was endorsed on February 20, 2018, and the policy highlighted public health and human rights as prioritized approaches for the first time in the country.

Table (3.1) Narcotic Drug and Psychotropic Substances Law (1993)

Section	Description	Punishment (imprisonment)
15	Failure to register for medical treatment.	3 years in minimum, 5 years in maximum (amended and enacted on 14 February 2018 and the amendments included replacing previous punishments with social work activities, rehabilitation and integration of people who use drugs into society)
16	Cultivation, possession, transportation, distribution, and transmission transfer may cause abuse, and misbehaviour on the exhibits of narcotic drugs and psychotropic substances.	5 years in minimum, 10 years in maximum and also be liable to a fine.
17	Responsible person from the bank and financial institution who is transferring accounts, causing them to disappear, alerting and amending financial records, refusing to inspect the relevant financial records, and returning the transfer without permission.	5 years in minimum, 10 years in maximum and may also be liable to a fine.
18	Bribery and corruption.	5 years in maximum, 10 years in maximum and may also be liable to a fine

Section	Description	Punishment (imprisonment)
19	Possessing or trafficking for sale	10 years in minimum, unlimited period in maximum.
20	Production, distribution, sale, import and export.	15 years in minimum, unlimited period in maximum or death.
21	Abetment (attempts, conspires, organizes, administers, or provides financial assistance to commit offence)	Punishment is provided in this law for such offences.
22	Conspiracy (a member of local or foreign organizations, using arms or explosives, using the children, using the influence of a public servant)	The offender shall be liable to the maximum punishment provided for such offences.
23	Conviction (guilty of sections 16 to 21)	After a prior conviction for the same offence be liable to the maximum punishment provided for such offence.

Source*:* Applied Laws of Narcotic Drugs and Psychotropic Substances, Myanmar by U Kyaw Sein

Table (3.1) shows that the Narcotic Drug and Psychotropic Substances Law (1993) outlines various sections and their corresponding punishments for offences related to narcotics and psychotropic substances. Section 15 addresses the failure to register for medical treatment, punishable by a minimum of 3 years imprisonment, extendable up to 5 years, with amendments introduced in 2018 focusing on social work activities and rehabilitation for individuals involved with drugs. Section 16 covers offences like cultivation, possession, transportation, distribution, and transmission of narcotic drugs, carrying a sentence of 5 to 10 years imprisonment and potential fines. Section 17 deals with financial institutions and requires a minimum of 5 years of imprisonment for crimes like unauthorized account transfers and manipulation of financial records, in addition to potential fines. Section 18 deals with bribery and corruption, punishable by imprisonment ranging from 5 to 10 years and fines. Section 19 imposes a minimum sentence of 10 years imprisonment for possessing or trafficking narcotics, with no maximum limit specified. Section 20 outlines severe penalties

ranging from 15 years of imprisonment to life imprisonment or even death for the production, distribution, sale, import, and export of narcotics. Section 21 addresses abetment in committing offences, with specific punishments detailed under this law. Section 22 pertains to a conspiracy involving organized crime, the use of arms, explosives, or influence, subjecting offenders to the maximum penalties outlined. Section 23 stipulates enhanced punishment upon repeat conviction for offences under Sections 16 to 21, applying the maximum penalty prescribed for such offences. These provisions underline the strict legal framework aimed at combating narcotics and psychotropic substance-related crimes, emphasizing both punitive measures and rehabilitation efforts in recent amendments.

Table (3.2) Number of Total Drug Related Cases and Offenders in Myanmar

Years	Cases	Male	Female
2012	4006	4839	901
2013	4928	5970	1167
2014	6696	8110	1315
2015	6414	8055	1133
2016	7483	9973	1394
2017	9544	12405	1595
2018	13037	16408	2273
2019	13000	16298	2109
2020	13960	17782	2212
2021	6990	8915	1148
2022	6759	8346	1254
2023	6539	7584	1269

Source: CCDAC

Table (3.2) provides a comprehensive overview of the trends in drug-related cases and offenders in Myanmar over the past decade. The data shows varying trends over the years, with some years indicating increases in reported cases (e.g., 2017 and 2018) and others displaying decreases (e.g., 2021 and 2022). The majority of offenders across all years are male, reflecting a predominant male involvement in drug-related

activities in Myanmar. Moreover, the number of people involved in drug-related crimes also increased year after year. Therefore, both drug-related crimes and people involved in drug-related crimes steadily increased. Changes in the number of cases over the years may reflect shifts in law enforcement efforts, public policies, and societal factors influencing drug use and trafficking.

3.4 Supply Elimination Effort

Supply Reduction refers to activities focused on reducing the availability of illicit drugs. This involves law enforcement, regulatory control and interdiction activities carried out by police, Customs, administrative entities, the Coast Guard and others.

As part of the elimination of drug production activity, the alternative development programs were carried out by constructing roads, bridges, water irrigation, discovering energy, building houses, clinics, and schools, contributing agricultural seeds, long-term plants, fertilizer, and providing livelihood vocational training camps in 55 townships density is of Introduction poppy cultivation at Kachin state, Kayah state, Chin state, Shan state, Sagaing region and Magway region. To carry out livelihood activities, the government provided small chickens, piglets, and medicine for animal treatment services, conducted educational talks on livestock breeding, capacity building training, and guiding the protection from infectious diseases of the animals in Kachin state, Kayah state, Chin state and Shan state respectively.

Opium poppy cultivation occurs in regions that are distant from government control, characterized by challenging transportation, limited development, security issues, and remote, hilly terrain in Myanmar. The primary cultivation areas for opium poppies are predominantly in Shan State, with additional cultivation found in Sagaing Region, Magwe Region, Kachin State, Chin State, and Kayah State.

Table 3.3 provides a clear depiction of the changes in opium poppy cultivation across various regions in Myanmar from 2022 to 2023. The national total of opium poppy cultivation increased by 18% from 40,100 hectares in 2022 to 47,100 hectares in 2023. This significant rise could be attributed to several factors, including economic instability, increased demand, and the challenges faced by law enforcement in maintaining eradication efforts amidst ongoing conflicts.

Shan State continues to be the primary region for opium poppy cultivation, contributing 88% of the total cultivation area in 2023. Within Shan State, South Shan

showed a notable increase of 33%, while North Shan saw a 24% rise. The extensive cultivation in Shan State can be linked to its remote, hilly terrain, which makes it difficult for government forces to exert control and enforce eradication measures.

Table (3.3) Areas Under Opium Poppy Cultivation in Myanmar (ha), in 2022 and 2023

Region	Year 2022 (rounded)	Year 2023 (rounded)	Change 2022-2023
South Shan	16,900 (7,900 to 34,500)	22,600 (10,200 to 47,300)	33%
East Shan	9,200 (5,700 to 15,800)	8,200 (3,400 to 16,000)	-10%
North Shan	8,400 (3,300 to 19,500)	10,500 (4,100 to 24,300)	24%
Shan State total	**34,600 (23,700 to 45,500)**	**41,300 (26,500 to 55,900)**	**20%**
Kachin	4,400 (2,500 to 10,900)	4,600 (2,700 to 11,200)	6%
Chin	640 (310 to 970) 700	700 (590 to 820)	10%
Kayah	500 (280 to 720)	480 (420 to 540)	-4%
National total	**40,100 (29,000 to 62,900)**	**47,100 (32,200 to 77,200)**	**18%**

Source: Southeast Asia Opium Survey 2023

Regional variations indicate different trends and challenges. In South Shan, the 33% increase from 16,900 hectares in 2022 to 22,600 hectares in 2023 suggests an intensified cultivation effort. This could be driven by higher profitability and the adoption of more efficient agricultural practices. Conversely, East Shan experienced a 10% decrease from 9,200 hectares to 8,200 hectares. This decline might be due to targeted eradication efforts or shifts to alternative livelihoods supported by development programs. In North Shan, the increase in cultivation area by 24% indicates persistent challenges in implementing effective control measures. The increase from

8,400 hectares to 10,500 hectares may reflect the region's continued reliance on opium cultivation for economic reasons.

In regions with minor cultivation areas, Kachin State saw a slight increase of 6%, from 4,400 hectares to 4,600 hectares. This steady rise may be due to ongoing insurgencies and limited government presence. Chin State recorded an increase of 10%, from 640 hectares to 700 hectares, indicating marginal but consistent cultivation activities. Unlike other regions, Kayah State saw a slight decrease of 4%, from 500 hectares to 480 hectares. This reduction could be the result of successful alternative development projects or focused eradication efforts.

The overall increase in opium poppy cultivation can be attributed to several factors. Many farmers in these regions rely on opium poppy cultivation as a primary source of income due to its higher profitability compared to other crops. Economic hardships, lack of alternative livelihoods, and market demands contribute to the persistence and increase in cultivation. The challenging terrain and security issues in regions like Shan State make it difficult for government forces to maintain a continuous presence and conduct effective eradication. Insurgency and armed conflicts further complicate law enforcement efforts.

Variations in cultivation areas reflect the mixed success of eradication campaigns and alternative development programs. Regions showing decreases, like East Shan and Kayah State, might have benefited from more effective implementation of such programs. The sophistication in cultivation techniques, such as using irrigated fields, fertilizers, and intercropping, helps increase yields and sustain opium production despite eradication efforts. Farmers' ability to adapt and optimize their practices contributes to the resilience of opium cultivation.

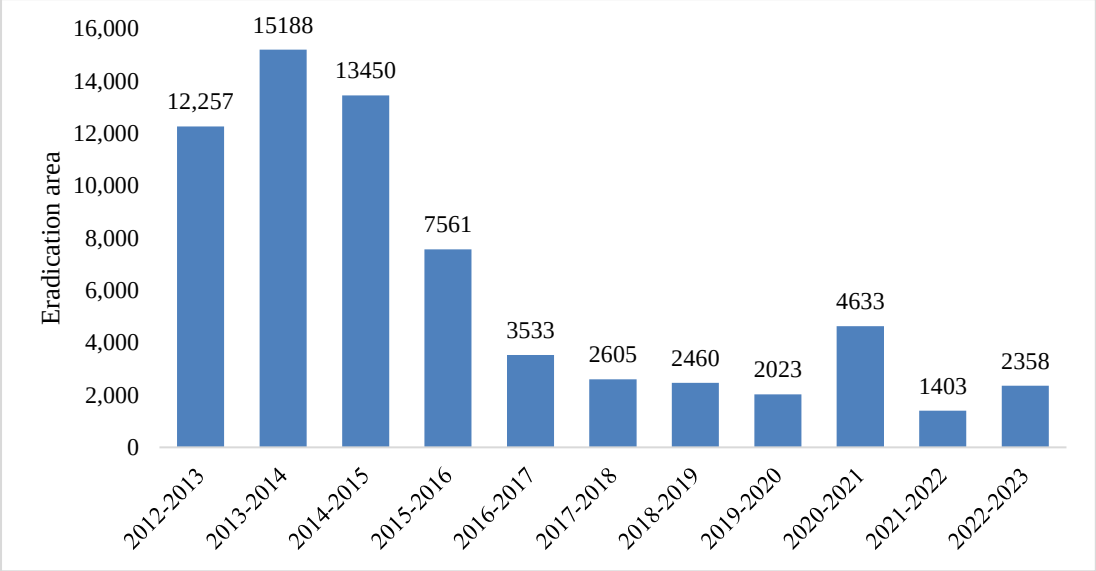
International aid and cooperation play crucial roles in supporting eradication and alternative development initiatives. However, the effectiveness of these programs can vary, leading to uneven results across different regions. The data in Table 3.3 highlights a complex and dynamic situation in Myanmar regarding opium poppy cultivation. The increase in cultivation areas in certain regions suggests that economic, security and agricultural factors significantly influence opium production. While eradication efforts and alternative development programs have shown some success in specific areas, the overall rise in cultivation underscores the need for sustained and coordinated efforts to address the underlying causes and challenges associated with opium poppy cultivation in Myanmar.

3.4.1 Eradication Activities in Myanmar

Myanmar has developed and has been executing the 15-Year Drugs Eradication Plan from 1999-2000 to 2013-2014 to eliminate the cultivation, production, and abuse of narcotic drugs. Myanmar is currently formulating and executing the next 5-Year Plan to intensify efforts due to the emergence of new types of narcotic drugs and the rise in transnational organized crime globally.

Figure (3.5) presents data on opium eradication areas in Myanmar from 2012 to 2022, highlighting the hectares of opium poppy fields destroyed each year. In the 2012-2013 poppy cultivation season, out of 57,800 hectares under cultivation, 12,257.46 hectares were eradicated. This represents a significant effort to reduce opium production, destroying approximately 21% of the cultivated area. The following year, 2013-2014, saw a slight decrease in cultivation to 57,600 hectares, but an increased eradication effort with 15,188.49 hectares destroyed, amounting to about 26%.

Figure (3.5) Opium Eradication Areas in Myanmar (ha), 2012-2022



Source: CCDAC

The trend continued with fluctuating levels of cultivation and eradication in subsequent years. For instance, in 2014-2015, 55,500 hectares were cultivated, and 13,274.97 hectares were destroyed, which is roughly 24% of the cultivated area. However, the eradication efforts significantly dropped in 2015-2016, with only 7,562.79 hectares destroyed, indicating a possible reduction in eradication activities or challenges faced during that period.

From 2016-2017 to 2019-2020, the data shows a steady decline in both cultivation and eradication areas. In 2016-2017, 41,000 hectares were cultivated, and 3,536.96 hectares were destroyed (about 9%). By 2019-2020, cultivation decreased to 29,500 hectares, with 2,026.58 hectares destroyed, indicating around 7% eradication.

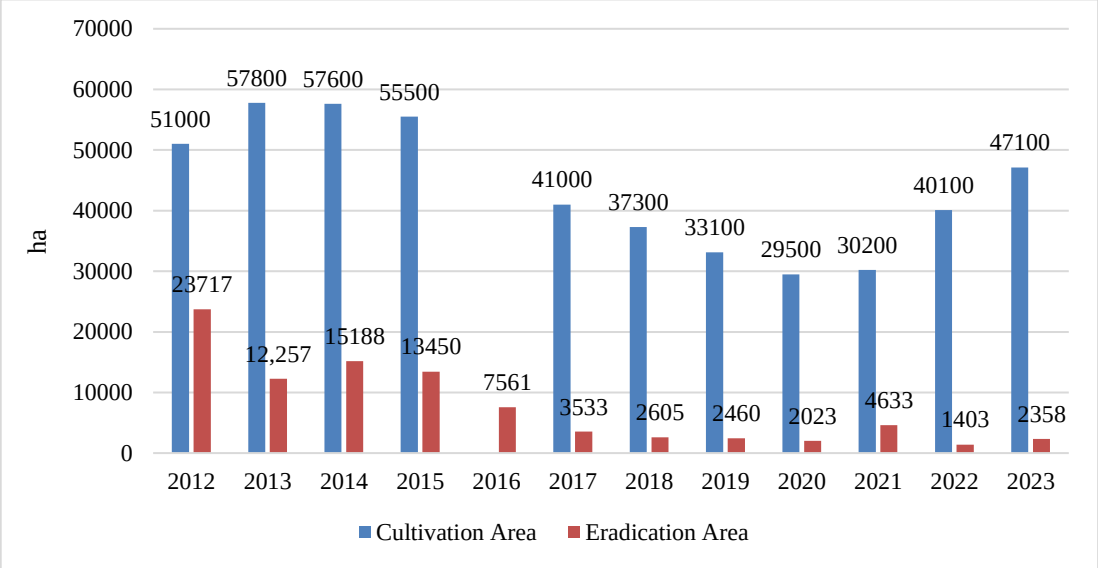
In 2020-2021, there was a slight increase in cultivation to 30,200 hectares, with 3,632.97 hectares eradicated (approximately 12%). However, in the 2021-2022 season, despite a significant increase in cultivation to 40,100 hectares, only 1,403.27 hectares were destroyed, representing a mere 3.5% of the cultivated area. This sharp decline in eradication efforts highlights the challenges and limitations faced by Myanmar in its opium eradication initiatives.

The data shows that while there have been substantial efforts to eradicate opium poppy fields, the effectiveness and consistency of these efforts have varied over the years. The fluctuations in both cultivation and eradication figures indicate that external factors such as political stability, resources available for eradication, and international cooperation play crucial roles in the success of these activities.

In 2022, opium cultivation increased by 33% compared to the previous year, highlighting its resilience despite eradication efforts. Factors contributing to this persistence include economic incentives for farmers, adaptable cultivation practices, and gaps in enforcement.

While Myanmar has made progress in reducing opium poppy cultivation, the data indicates the need for a consistent and comprehensive strategy. This should involve improving alternative livelihood programs, bolstering law enforcement, and fostering international cooperation to sustainably reduce opium production in the region.

Figure (3.6) Eradication Versus Opium Poppy Cultivation in Myanmar (ha), 2012-2023



Source: Southeast Asia Opium Survey 2023

Figure (3.6) presents data on opium poppy cultivation and eradication in Myanmar from 2012 to 2023. This figure illustrates the ongoing challenges and dynamics in Myanmar's efforts to control opium poppy cultivation through eradication measures.

In 2012, Myanmar experienced the most significant eradication effort, clearing a considerable portion of the cultivated area. Despite these efforts, opium cultivation saw a significant increase in 2013, indicating that eradication efforts alone were insufficient to curb the overall cultivation trend. From 2014 to 2016, there was a notable decline in both opium poppy cultivation and eradication efforts. This period marked a relatively stable phase where cultivation levels were gradually decreasing, and eradication efforts, although fluctuating, seemed to have a consistent impact.

However, from 2017 onwards, opium poppy cultivation showed a declining trend, reaching its lowest point in 2020. This period of decline can be attributed to several factors, including intensified eradication efforts, international cooperation, and possibly socio-political stability that supported effective law enforcement activities. Despite the decline, the trend started to reverse in 2021, with opium poppy cultivation increasing again. This resurgence can be attributed to several factors, including internal political instability, which likely weakened the enforcement and eradication efforts. Furthermore, economic challenges, such as food shortages, drove farmers to resort to

opium poppy cultivation as a means of income to support their livelihoods. The rising opium prices also provided a strong economic incentive for farmers to cultivate opium poppies, despite the risks involved.

The data indicates that the eradication efforts were inconsistent and often fell short of the cultivated area, highlighting the challenges in achieving a sustainable reduction in opium poppy cultivation. The government's commitment to eliminating opium cultivation by 2014 was ambitious, but the data shows that achieving this goal has been challenging due to the complex interplay of economic, social, and political factors.

From this data, the difficulty of achieving long-term reductions in opium poppy cultivation in Myanmar. While there have been periods of successful eradication and decline in cultivation, the resurgence in recent years points to the need for a multifaceted approach. This approach should include strengthening law enforcement, providing alternative livelihoods for farmers, and addressing the underlying socio-economic issues that drive opium poppy cultivation. Sustainable success in reducing opium production will require coordinated efforts at the local, national, and international levels, addressing both the supply and demand sides of the opium economy.

3.4.2 Crop Substitution

Crop substitution is one of the approaches to alternative development to replace illicit crops with legal ones. This approach involves encouraging poppy farmers to switch to growing licit crops and providing them with alternative sources of income. It is part of the efforts to eliminate the illicit drug supply and is overseen by the Ministry of Agriculture following the guidelines of the Ministry of Home Affairs in Myanmar. The crop substitution program is currently underway in the primary opium cultivation regions of the country, including East Shan State, North Shan State, South Shan State, and Kachin State.

Since the mid-1970s, international aid has financed crop substitution and eradication in Myanmar, central to its drug policy. Initiated in 1999, Myanmar's policy aimed to end opium cultivation and improve the livelihoods of those dependent on it. Between 1996 and 2006, efforts significantly reduced cultivation, especially in the Wa Region. However, a 2013 UNODC report showed a 26% rise in opium production from 2012, reaching 870 tonnes. Farmers enhanced cultivation techniques, using irrigated

fields, fertilizers, and innovative planting methods to boost productivity and counter-eradication efforts.

Table (3.4) Provision of Crop Seeds

Crop Seeds	2021	2022
Paddy	8509 baskets	970 baskets
Pulses	404 baskets	293 baskets
Oil seeds	9783 baskets	907 baskets
Hybrid Paddy	20400 kilograms	72327 kilograms
Hybrid Maize	84787 kilograms	98361 kilograms
Pulses	4770 kilograms	40 kilograms

Source: Myanmar Narcotics Control Annual Report,2021,2022

Table (3.4) details the distribution of various crop seeds to poppy farmers in Myanmar for the years 2021 and 2022. The initiative is part of the broader crop substitution program aimed at providing viable alternatives to opium poppy cultivation, which is critical for reducing dependence on illicit opium production. Given Myanmar's agrarian economy, this strategy is particularly relevant.

In 2021, 8,509 baskets of paddy seeds were distributed, which significantly decreased to 970 baskets in 2022. This sharp decline suggests potential logistical issues, changes in program focus, or reduced demand for paddy seeds among farmers. The reduction might also reflect a transition towards more high-yield or economically beneficial crops like hybrid varieties.

The distribution of pulses saw a decrease from 404 baskets in 2021 to 293 baskets in 2022. Similarly, the distribution of pulses in kilograms plummeted from 4,770 kilograms in 2021 to a mere 40 kilograms in 2022. This drastic reduction could indicate a strategic shift away from pulses due to their lower profitability or less suitability as a substitute for poppy cultivation compared to other crops.

The provision of oil seeds also saw a significant drop, from 9,783 baskets in 2021 to 907 baskets in 2022. The steep reduction suggests a possible shift in focus or challenges in the cultivation or market for oil seeds.

The distribution of hybrid paddy seeds increased dramatically from 20,400 kilograms in 2021 to 72,327 kilograms in 2022. This substantial increase highlights a strategic emphasis on promoting hybrid varieties, which are typically higher yielding

and more resistant to diseases, thereby offering better economic returns and stability to farmers.

The number of hybrid maize seeds distributed also saw an increase from 84,787 kilograms in 2021 to 98,361 kilograms in 2022. This increase underscores the program's focus on high-yield, marketable crops that can provide a viable economic alternative to opium poppy cultivation.

Overall, the trend indicates a shift towards promoting hybrid varieties of staple crops like paddy and maize, which are likely seen as more profitable and sustainable alternatives for farmers traditionally engaged in opium poppy cultivation. The reduction in the distribution of traditional varieties of paddy, pulses, and oil seeds suggests a strategic realignment towards crops with better economic and agricultural prospects. This approach aims to enhance food security, increase farmers' income, and reduce their reliance on opium poppy cultivation by providing them with seeds for crops that are more lucrative and easier to market.

Table (3.5) Provision of Perennial Crop Saplings

Crop Saplings	2021	2022
(1) Tea	46186 saplings	30988 saplings
(2) Coffee	10600 saplings	24942 saplings
(3) Avocado	35330 saplings	14613 saplings
(4) Mango	600 saplings	1628 saplings
(5) Others	5840 saplings	14480 saplings

Source: Myanmar Narcotics Control Annual Report,2021,2022

Table (3.5) provides an overview of the distribution of perennial crop saplings in the opium cultivation areas of Myanmar for the years 2021 and 2022. The initiative aims to offer long-term agricultural alternatives to opium poppy cultivation by promoting crops that can provide sustained economic benefits over time.

The number of tea saplings distributed decreased significantly from 46,186 in 2021 to 30,988 in 2022. This reduction could be attributed to various factors such as changes in strategic priorities, logistical challenges, or a shift in farmer preferences towards other crops. Despite the decrease, tea remains a key crop for substitution efforts due to its long-term economic potential.

In contrast, the distribution of coffee saplings saw a substantial increase from 10,600 in 2021 to 24,942 in 2022. This significant rise indicates a strategic emphasis on coffee cultivation, which is known for its high market value and export potential. The increased distribution suggests a growing recognition of coffee as a viable and lucrative alternative for farmers.

The number of avocado saplings distributed decreased markedly from 35,330 in 2021 to 14,613 in 2022. This decline might reflect a reassessment of the crop's suitability for the targeted regions or shifts in market demand and profitability. Despite its popularity, avocados may face challenges related to cultivation conditions or market saturation.

The distribution of mango saplings increased from 600 in 2021 to 1,628 in 2022. Although the numbers are relatively small compared to other crops, the increase indicates a growing interest in mango cultivation. Mangoes are valued for their versatility, local market demand, and export potential, making them an attractive option for farmers.

The category labelled "Others" experienced a significant rise in distribution, from 5,840 saplings in 2021 to 14,480 in 2022. This category likely includes various other perennial crops that have been identified as suitable alternatives for opium poppy cultivation. The increase suggests a diversification strategy, providing farmers with a broader range of options to reduce dependency on any single crop.

Overall, the data shows a strategic approach to crop substitution, focusing on a mix of high-value perennial crops. The emphasis on increasing the distribution of coffee and mango saplings highlights a targeted effort to promote crops with strong market potential and sustainable economic benefits. The decline in tea and avocado saplings distribution suggests a possible realignment of priorities or adaptation to changing conditions and farmer preferences.

The increased diversity in crop options, as indicated by the "Others" category, reflects an adaptive strategy to meet local conditions and market opportunities. This diversification is crucial for the long-term success of the crop substitution program, as it reduces risks associated with market fluctuations and crop failures, thereby providing a more stable and resilient agricultural base for former opium poppy farmers.

Table (3.6) Extent of Cultivation (acre)

Types of Crops	2021	2022
Annual Crops	2635482 acres	2824148 acres
Perennial Crops	1002288 acres	1002298 acres

Source: Myanmar Narcotics Control Annual Report,2021,2022

Table (3.6) presents data on the extent of annual and perennial crop cultivation in Myanmar for the years 2021 and 2022. This data provides valuable insights into the agricultural trends and priorities in the country, particularly in the context of crop substitution as part of the broader drug control and rural development strategy.

The data shows a notable increase in the cultivation of annual crops, from 2,635,482 acres in 2021 to 2,824,148 acres in 2022. This increase of approximately 7.2% reflects a significant expansion in annual crop farming. Several factors could contribute to this increase.

Crop substitution programs under the leadership of CCDAC and supported by UNODC and ONCB have likely influenced this expansion. These programs aim to provide alternative livelihoods to opium poppy farmers, suggesting that more farmers are transitioning from opium poppy cultivation to cultivating annual crops. Economic incentives provided to farmers may also drive the rise in annual crop cultivation. Annual crops, which typically include staple foods such as rice and maize, are essential for food security and can offer a steady income stream. Furthermore, the continued support from the government and international organizations has likely provided the necessary resources, training, and infrastructure to encourage farmers to adopt annual crop cultivation. This includes the provision of seeds, fertilizers, and technical assistance.

The cultivation area for perennial crops remained virtually unchanged, with 1,002,288 acres in 2021 and 1,002,298 acres in 2022. This stability in perennial crop cultivation suggests a sustained commitment to these crops, which are crucial for long-term economic stability and environmental sustainability.

Perennial crops, such as tea, coffee, and fruit trees, require several years to mature and start producing yields. Therefore, the consistent cultivation area indicates that farmers continue to invest in these long-term crops, which can provide a reliable income once established. The stable cultivation area also reflects ongoing support for perennial crops, including the provision of saplings and technical assistance. These

crops can contribute to soil conservation and improve the environmental sustainability of agricultural practices.

The increase in annual crop cultivation and the stable area for perennial crops highlight the effectiveness of crop substitution programs and the importance of diversified agricultural practices in promoting sustainable livelihoods and reducing dependence on opium poppy cultivation.

3.5 Demand Elimination Effort

Demand Reduction encompasses drug abuse prevention initiatives targeting all segments of the population, including high-risk groups. It also involves the treatment and rehabilitation of individuals struggling with drug addiction, along with programs and measures aimed at minimizing the health-related harms associated with drug use.

3.5.1 Treatment Sector

The Ministry of Health is the major organization responsible for raising the health of all people through the provision of comprehensive health care services. The capacity of drug treatment plays the utmost important role to attain full life expectancy and enjoy the longevity of life for every citizen. Aligned with the National Drug Control Policy by the guidance of the Central Committee of Drug Abuse Control, the Department of Medical Services, the Ministry of Health leads the Treatment Sector, reorganized in 2011 to endeavour evidence-based drug treatment services, as well as prevention of the negative consequences of drug use. Drug use remains one of the causes to hinder the development concerns and prevention and treatment of drug use disorder have the utmost important role in building the development of the sovereign state.

As drug use is a global problem that affects individuals, families and communities worldwide, the United Nations Sustainable Development Goal (SDG) 3, “Ensure healthy lives and promote well-being for all at all ages,” addresses this issue through SDG 3.5, which aims to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.” One of the indicators for measuring progress towards this goal is indicator 3.5.1, which tracks the coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders.

Following the 1993 amendment to the Narcotic Drugs and Psychotropic Substances Law, the Central Committee for Drug Abuse Control formed specialized committees for distinct sectors and the drug treatment sector is responsible for the prevention, treatment and rehabilitation of drug use, abuse and dependence in Myanmar. Currently, Myanmar has 29 major Drug Treatment Centers, 56 minor Drug Treatment Centers, and 2 youth rehabilitation and correction centers. The functions of drug treatment centres are;

1. Registration, Treatment and rehabilitation of drug addicts.
2. Prevention of harm from the use of substances.
3. Training of the health personnel in the prevention and control of drug abuse.
4. Research related to Drug abuse.

The drug treatment sector in collaboration with the relevant work committees is carrying out Demand Reduction activities in the following four sectors.

1. Rehabilitation Sector
2. Educating Students and Youths Education Sector
3. Mass Media Information Sector
4. International Relation Sub-Committee

Table (3.7) The Number of Patients in the Drug Treatment Centers (2023)

No.	Descriptions	Male	Female	Total
1	Out-patient	25757	416	**26173**
2	Inpatient	421	1	**422**
	Total	**26178**	**417**	**26595**

Source: Ministry of Health

Table (3.7) demonstrates drug treatment centres had reached out to a total number of 26595 patients, male 26178 and female 417 in 2023. Additionally, it is discovered that male patients related drugs are noticeably more numerous than female patients in Myanmar, both inpatient and outpatient.

(a) Methadone Maintenance Therapy in Myanmar

Methadone Maintenance Therapy is highly effective in reducing injecting behaviours that put opioid-dependent injectors at risk for HIV, as well as improving health and social functioning. In addition, MMT has been demonstrated to improve both access and adherence to ART and to reduce mortality. Accordingly, MMT is particularly

important in the response to HIV associated with drug use, especially because in Myanmar the majority of people who are opioid-dependent are also injecting drug users. People who inject drugs are 28 times more likely to acquire HIV than others in the general population. The joint UNODC, WHO, World Bank, and UNAIDS estimates that 1.6 million people who inject drugs are living with HIV and almost a third of new HIV infections outside sub-Saharan Africa occur among PWID (World Drug Report 2016). PWIDs are also at high risk of hepatitis C and one in two PWIDs living with hepatitis C.

Methadone is a synthetic opioid drug, most widely used as an opioid-substitution treatment (OST) for opiate dependence. It is available as a pre-prepared oral solution imported from other countries. Methadone maintenance therapy was operated by the Department of Medical Services, Ministry of Health through a network of drug treatment centres and general hospitals managed by psychiatrists and township medical officers with technical support from WHO and financial assistance from 3 diseases fund and global fund since February 2006 with the objective described below,

1. To reduce the quantity and frequency of illicit heroin use
2. To reduce the criminal activity
3. To reduce the risk of transmission of blood-borne virus among IDUs and towards others
4. To integrate them back into their family and the community.

MMT programme started in 4 pilot drug treatment centres with a high prevalence of injecting drug use and the patients with opioid use disorder received essential treatment of Methadone Maintenance Therapy in 71 methadone clinics across seven States and Regions: Naypyitaw, Yangon, Mandalay, Sagaing, Kachin, Shan and Rakhine. At the end of December 2023, a total number of 23875 patients were retained in Methadone Maintenance Therapy. Disaggregating States and Regions, Naypyitaw had 78 methadone clients, Yangon 1064, Mandalay 1909, Sagaing 5127, Kachin 12502, Shan 3158 and Rakhine 37 respectively.

The findings of operational research on methadone-aking patients suggested that the MMT programme was effective. It was found that the longer the retention in treatment the better the treatment outcome.

Patients' Eligibility for Methadone

Methadone is a medication used to treat opioid use disorder. It is determined based on several key factors to ensure the safe and effective use of methadone, reducing the risk of misuse and promoting recovery.

1. A patient who has been using opioids in a dependent fashion for at least six months, and who has made at least one serious attempt at withdrawal over that period, can be considered suitable for treatment.
2. Patients engaging in harmful use are eligible for treatment with methadone.
3. All those who are dependent on opiates are eligible.
4. Those with previous treatment failures, including those who have been on methadone in the past are eligible.
5. The patient who can access methadone daily.
6. The patient should have the motivation to undergo longer-term treatment.
7. The patient should have a strong desire to give up opiate use.
8. Special attention should be paid while considering the eligibility of those who are infected with HIV, those receiving antiretroviral therapy or anti-TB treatment, and pregnant women.
9. Generally, the patient should be 16 years of age or older

Patients Not Eligible for Methadone

Methadone is commonly prescribed for opioid dependence and chronic pain management. However, it may not be suitable for every patient. Several medical, psychological, and regulatory factors can make certain individuals unsuitable for methadone therapy. Healthcare professionals need to recognize these limitations to provide safe and effective treatment alternatives for those who are not suitable for methadone use. Those who do not meet the criteria for opioid dependence or do not have a documented history of opioid use disorder.

(Note; there are no fixed exclusion criteria)

1. Acutely psychotic drug users are not eligible
2. Those for which opioids are not the prime drugs of dependence, such as those who are dependent on alcohol, benzodiazepines, amphetamine-type stimulants or marijuana alone, are not eligible for methadone treatment.
3. Patients with a high risk of overdosing are not eligible for treatment with methadone.

Figure (3.8) Number of Methadone Patients

Year	Methadone Patients
2012	2909
2013	4397
2014	7872
2015	10290
2016	12474
2017	13441
2018	15994
2019	19987
2020	26016
2021	25816
2022	26196
2023	23875

Source: Ministry of Health

The detailed analysis of the "Methadone Patients" graph indicates a consistent increase in the number of patients over the years, with occasional fluctuations. The numbers rose steadily from 2012 to 2020, peaking at 26,016 patients, followed by a slight decrease in 2021 (25,816 patients) and a slight increase in 2022 (26,196 patients). This trend suggests a general upward trajectory with some variations in recent years. The analysis also considers potential factors such as policy changes, public health initiatives, and the impact of the COVID-19 pandemic on healthcare services and patient access. The increasing number of methadone patients may also be attributed to a growing population of dependent users or improved access to drug treatment centres, possibly linked to the expansion of Methadone Maintenance Therapy (MMT) sites in areas with high drug user prevalence. There may have been increased public awareness about methadone treatment and its benefits and government initiatives and health policies might have improved access to methadone programs.

(b) Buprenorphine Maintenance Treatment in Myanmar

As a pilot demonstration project, Buprenorphine Maintenance Treatment was commenced in September 2023 at 3 Major Drug Treatment Centers: Yangon, Mandalay

and Mytikyina. At the end of December 2023, the total number of patients who taking Buprenorphine was 87 (male 84, female 3).

Table (3.9) Buprenorphine Maintenance Treatment in Myanmar

No.	Buprenorphine Clinics	Male	Female	Total
1	Drug Dependency Treatment and Research Unit Yangon	27	2	**29**
2	Mandalay Mental Health Hospital	13	0	**13**
3	Myitkyina Drug Treatment Hospital	44	1	**45**
	Total	**84**	**3**	**87**

Source: Ministry of Health

Drug Treatment Centers provide not only drug treatment services but also HIV testing service (HTS), Anti-Retroviral Therapy (ART) and referral, Hepatitis B and C testing and Hepatitis B vaccination, treatment referral for Hepatitis C, diagnosis and treatment of tuberculosis, diagnosis and treatment of sexually transmitted infections and condom distribution.

3.5.2 Drug Education Sector

Educating the students and youths on the elimination of drug abuse and reduction, and prevention from the danger of narcotic drugs is more effective and beneficial than treatment. In educating students and youth, the two strategies are used. They are the Direct Approach and Indirect Approach.

Ministry of Education which is a working group of the Central Committee for Drug Abuse Control is currently implementing The Committee for Educating Students and Youths. This committee focuses on teaching young students life skills, morals, civics, physical education, and aesthetic education as part of the Basic Education Curriculum. Non-Formal Primary Education (NFPE) and Non-Formal Middle Education (NFME) programs are being linked and teach drug abuse knowledge to out-of-school children.

To create a “drug-free school environment” in Basic Education schools, universities, degree colleges, and colleges, and to promote the awareness that

“Prevention is better than Cure,” the following activities are conducted within 100 yards of schools:

- Educating activities
- Talk shows
- Art, cartoons,
- posters, and essay competitions
- Demonstrations of role plays
- Distribution of pamphlets

In the 2022-2023 academic year, pamphlets such as "Positive parenting helps prevent drug use" and "What is methamphetamine" written by the Department of Drug Addiction, Ministry of Health, were distributed to use in drug abuse prevention awareness activities in basic education schools in States and Regions.

3.5.3 Mass Media Sector

Under the leadership of the Central Committee for Drug Abuse Control, the Mass Media Sector has been carrying out educative activities to protect the people and youths from the danger of narcotic drugs. The Mass Media Sector group includes the following six departments and enterprises, carrying out public educative activities through media ways;

1. Information and Public Relations Department,
2. Myanmar Radio and Television,
3. News and Periodicals Enterprise,
4. Printing and Publishing Enterprise,
5. Myanmar Motion Picture Enterprise,
6. Public Relations and Psychological Warfare Directorate Office.

3.6 Law Enforcement

The Ministry of Home Affairs, responsible for law enforcement, has been the leading agency for influencing drug policy in Myanmar. Law enforcement is a key component of the drug control strategies. Consequently, the Government has implemented law enforcement measures.

Moreover, the Drug Enforcement Division was specifically formed under the supervision of the Myanmar Police Force. Drug Enforcement Division is comprised of

10 sub-divisions, and 50 anti-narcotic taskforces which are deployed in drug production and trafficking dense areas, as well as border areas. In 2022, the No (11) X-Ray sub-division and 6 X-Ray taskforces were added to strengthen drug law enforcement, compared to 10 Sub-divisions, and 65 taskforces as of February 14, 2019. After the expansion, advanced technology machines and mobile inspection equipment were acquired to efficiently detect drug trafficking activities. Furthermore, 38 special drug operations have been carried out in Myanmar from 2013 to 2022 to stop the illicit flow of precursors into the Golden Triangle area as well as the trafficking of narcotic drugs from the Golden Triangle area to other regions. "Operation 1511" was carried out among the MOU member countries, resulting in significant successes in the region. Additionally, in 2022, "Operation Shan Yoma" and "Operation 1511/22" were consistently carried out in Shan State. Currently, "Operation 39" is being carried out to prevent the flow of precursors and illicit drugs throughout Myanmar from January to May of 2023. As part of its efforts to combat the illicit drug trade exiting Myanmar and the influx of precursor chemicals into the country, the government gives priority to enforcing the law.

Table (3.10) Drug Control Special Operations by Regions and States

Year	Operation	Regions / States
2013 (2 time)	Thidar Operation Shwe Li Operation	Sagaing Region Southern Shan State
2014 (5 time)	Chindwin Operation YadanarbonOperation-1 Yadanarbon Operation-2 Zwekabin Operation Yarmanya Operation	Sagaing Region Mandalay Region Mandalay Region Kayin State Mon State
2015 (6 time)	Shwe Li Operation Maekhong Operation-1 Maekhong Operation-2 Thanlween Operation Paung Laung Operation Danyawaddy Operation	Southern Shan State Eastern Shan State Eastern Shan State Northern Shan State NaypyitawUnion Territory Rakhaing State
2016 (3 time)	Yadanarbon Operation-3 Dagon Operation Paung Laung Operation-2	Mandalay Region Yangon Region Naypyitaw Union Territory

Table (3.10) Drug Control Special Operations by Regions and States (Continued)

Year	Operation	Regions / States
2017 (4 time)	May Yu Operation Shan Yoma Operation ChindwinOperation-2 Ayar Oo Operation	Rakhaing State Shan State Sagaing Region Kachin State
2018 (4 time)	Palae Min Operation May Yu Operation – 2 Man-Kanbawza Operation Myanmar - Thai Operation	Tanintharyi Region Rakhaing State Shan State and Mandalay Region Eastern Shan State
2019 (3 time)	Kispanadi Operation Shan Yoma – 2 Operation Chindwin-Ayar Operation	Rakhaing State ShanState, Kayah State and Taungoo Sagaing Region, Kachin State and Mandalay Region
2020 (3 time)	1511 Operation Shan Yoma-3 Operation Man-Kanbawza-2 Operation	Shan State Shan State and related Region and State Mandalay Region, Shan State and related Region and State
2021 (4 time)	Shan Yoma-4 Operation Save Maekhong Operation Plan (Thailand-Myanmar-Lao PDR) Man-Kanbawza-3 Operation Shan Yoma-5 Operation	Shan State and related regions and states Mandalay Region, Shan State and related Regions and State Shan State and related Region and State
2022 (4 time)	Man-Kanbawza-4 Operation 1511/22 Operation Man-Kanbawza (5) Operation Shan Yoma-6 Operation	Shan State and related regions and States Laos, Myanmar (Eastern Shan State of Techileik. **Kengtung and Mingsat Destract)**, Thai Mandalay Region, Shan State and related Region and State Shan State and Kayah State

Source: Myanmar Narcotics Control Annual Report 2022

Table (3.10) shows that Operations like "Shwe Li", "Yadanarbon", and "Shan Yoma" appear multiple times across different years, indicating sustained enforcement efforts in specific regions. These operations are predominantly concentrated in Shan State, Mandalay Region, Sagaing Region, and Rakhine State. These areas are key regions in Myanmar's efforts to combat drug trafficking and production. Some operations entail cross-border partnerships, like the "Plan (Thailand-Myanmar-Lao PDR)" and collaborations with Laos and Thailand, emphasising regional cooperation in tackling drug-related challenges.

Myanmar is not an industrialized country. Precursor chemicals are essential in the production of heroin and methamphetamine, which are not domestically manufactured in Myanmar but are smuggled across its porous borders from neighbouring countries such as Thailand, Laos, and China. Therefore, most of these seizures occur in the Shan State.

Table (3.11) Seizures of Illicit Drugs in Myanmar (2012-2023)

Types of Drugs	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Opium(kg)	1470.35	2356.93	1828.4	888.84	945.71	1256.17	2829.04	1552.69	3882.91	2632.01	1209.77	581.25
Heroin(kg)	335.79	238.93	435.46	186.04	769.26	570.62	1099.12	690.24	1853.36	2526.11	1345.5	1873.36
ATS Pill (Millions)	18.16	10.18	12.65	49.95	98.35	72.82	106.7	108.72	328.41	198.19	169.07	253.34
ICE (kg)	426.66	173	47.11	2261.69	2464.04	1107.42	2827.54	9426.19	17363.88	13815.76	23401.92	17829.34
Mitragyna Speciosa Powder(kg)	330.15	218.95	605.31	687.35	1409.43	651.13	1833.89	2542.6	2632.72	1058.48	766.48	1769.94
Cannabis(kg)	80.27	40.94	205.54	87.7	188.79	198.83	142.38	364.82	737.6	503.72	929.43	686.74
Ecstasy (Tab)	0	0	2388953	1	22	645882	2686	27995	2437	146414	674542	65382
Happy Water(kg)	0	0	0	0	0	0	0	0	0	0	159.93	296.16
Ketamine(kg)	0	0	1.12	3.1	940.16	75.23	2360.21	1095.96	888.53	762.02	2328.62	4053.78

Source: CCDAC

Table (3.11) presents the annual seizures of illicit drugs in Myanmar, including opium, heroin, ATS pills, ICE (crystal methamphetamine), Mitragyna Speciosa Powder (Kratom), cannabis, ecstasy, "Happy Water" (a drug cocktail), and ketamine. Opium seizures peaked in 2020 at 3,882.91 kg, representing the highest quantity seized among all the drugs and indicating significant efforts to combat opium production and trafficking. Heroin seizures showed a general upward trend, with notable increases in 2016, 2018, 2020, and 2021, reaching a high of 2,526.11 kg in 2021. This suggests heightened heroin trafficking activities or improved enforcement. The seizure of other substances, such as ATS pills, ICE, Mitragyna Speciosa Powder, cannabis, ecstasy, "Happy Water," and ketamine, also exhibited significant fluctuations and peaks over the years, reflecting the dynamic nature of the drug trade in Myanmar and the data suggests that while Myanmar authorities are actively seizing various illicit drugs, the opium and heroin trade remains a significant challenge, with seizures of these substances exceeding those of other drugs like ATS, ICE, and cannabis over the years indicating the difficulties associated with opium production, trafficking, and enforcement efforts covered in the table.

Possible Reasons for the rise in seizures, particularly of ICE, heroin, and opium, might be due to intensified law enforcement and better surveillance techniques over the years. Fluctuations in the quantities of drugs seized could reflect changes in trafficking routes and strategies used by drug cartels in response to law enforcement activities. The significant increases in some years, such as the spike in ICE seizures in 2019 and 2022, may indicate periods of higher production or importation of these substances. Changes in the amounts of different drugs seized can also correlate with shifts in market demand. Higher demand for certain drugs can lead to increased production and trafficking, resulting in more seizures.

The introduction of stricter drug policies and enhanced cooperation with international anti-drug agencies could lead to more effective seizures. Economic conditions can influence the drug trade, with economic downturns potentially driving more individuals to engage in the drug trade, thereby affecting the quantities of drugs being trafficked and seized. Increased public awareness and community reporting on drug activities could lead to more significant seizures as law enforcement receives more tips and information. Advances in detection technology and forensic capabilities can improve the ability to identify and seize illicit substances. Understanding these trends

is crucial for developing targeted strategies to combat drug trafficking and for resource allocation to areas with higher risks of drug-related activities.

3.6.1 Holding the Destruction Ceremony of Seized Narcotic Drugs and Chemicals

The International Day Against Drug Abuse and Illicit Trafficking is commemorated every year on June 26. It was established by the United Nations General Assembly in Vienna, Austria, from June 17 to 26, 1987. In Myanmar, the annual Destruction Ceremony of Seized Narcotic Drugs and Chemicals serves as a stark reminder of the nation's ongoing battle against drug trafficking and abuse. At the national level, the International Day Against Drug Abuse and Illicit Action is anti-drug activities and every year on June 26, seized drugs are burned and destroyed.

Held with significant attention from both national and international observers on the 26th of every year, this event symbolizes the government's commitment to eradicating illicit substances from the country. The ceremony involves the public incineration of vast quantities of confiscated narcotics, including heroin, methamphetamine, and other controlled substances, underscoring the authorities' success in intercepting drug trafficking operations. Additionally, the destruction of seized chemicals used in drug production highlights the proactive measures taken to dismantle the infrastructure supporting the narcotics trade. This solemn event not only reflects the strides made in law enforcement but also emphasizes the need for continued vigilance and international cooperation in the fight against drug-related crimes.

The destruction ceremony of seized narcotic drugs and chemicals serves several important purposes: Demonstrating to the public that seized drugs are being permanently removed from circulation and will not re-enter the illegal market, Conducting the ceremony publicly ensures transparency in law enforcement actions and accountability in the handling of seized substances, The public destruction of drugs sends a strong message to traffickers and dealers about the government’s commitment to combating drug abuse and trafficking.

Table (3.12) shows some data and the total value of the seized drugs, chemicals, and related items burned to commemorate the International Day Against Drug Abuse and Illicit Trafficking. It is mentioned from 2012 to 2023.

Table (3.12) Narcotic Drugs burnt at International Day Against Drug Abuse and Illicit Trafficking in 1Myanmar (2012-2013)

Types of Drugs	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Opium (kg)	1330.53	196.71	1355.05	1250.24	590.23	1323.13	911.34	1605.29	3,134	3871	2654.87	1130.148
Heroin (kg)	21.29	331.20	226.56	516.92	83.51	725.19	541.79	824.03	1092	2564.2	1939	1265.78
ATS (kg)	417.24	715.43	1236.30	1242.49	1035.59	13128.13	5929	10813.30	30800	22459.38	21100	153 00
Marijuana (kg)	203.56	84.23	46	127.96	123.14	228.68	108.12	193.88	809	573	709	841.54
ICE (kg)	31.66	78.37	196.31	1435.53	786.18	1862.68	308.86	4276.49	11131	14082	23652	21069.37
Worth (million kyats)	87034	73114.67	125419.52	277682.83	66732.39	523698.29	253325.10	451746.38	1217712	1068660	1188810	936.722
Worth (million US dollars)	102.38	76.79	130.94	244.65	56.31	385.07	187.65	301.16	839	667.9129	612.6	446.0581

Source: CCDAC

Analyzing data from 2012 to 2023 reveals significant trends in the types and quantities of narcotics burnt and incinerated in Myanmar. The quantity of opium incinerated has fluctuated, peaking at 3,134 kg in 2020 before decreasing to 1,130.148 kg in 2023. This fluctuation may be attributed to varying levels of law enforcement intensity, changes in trafficking routes, and the potential shift towards synthetic drug production, which may have diverted resources and focus away from opium trafficking. Heroin followed a similar pattern, with a dramatic increase to 2,564.2 kg in 2021 and a reduction to 1,265.78 kg in 2023. The subsequent decrease might indicate changes in trafficking methods or routes, or a shift in focus towards synthetic drugs. The most striking trend is in the seizure of Amphetamine-Type Stimulants (ATS), which surged from 417.24 kg in 2012 to an astonishing 30,800 kg in 2020, indicating a growing challenge in combating synthetic drug production and trafficking. The substantial quantities of ICE (crystal methamphetamine) seized, especially in recent years, further highlight the scale of synthetic drug issues, with amounts reaching 23,652 kg in 2022. The increasing quantities of ATS and ICE reflect a shift towards synthetic drug production, which is often easier to manufacture and distribute than traditional opiates. Several factors contribute to these trends in narcotic drug seizures in Myanmar. Enhanced law enforcement capabilities, international cooperation, and intelligence sharing have likely contributed to the higher seizure rates. Additionally, Myanmar's geographical location, bordering major drug-producing regions, plays a crucial role in trafficking dynamics. The peaks and troughs in the data may also indicate periods of intensified enforcement or changes in trafficking routes in response to law enforcement pressure.

3.6.2 Challenges and Future Directions

Myanmar faces significant challenges in its drug control efforts due to its geographical location, complex socioeconomic factors, and ongoing armed conflicts. The Golden Triangle region, where Myanmar borders Thailand and Laos, has long been a major hub for opium and heroin production. The region's rugged terrain and porous borders make it difficult for law enforcement to control drug trafficking. Despite these obstacles, Myanmar remains dedicated to strengthening its drug control initiatives. The government acknowledges the need to address the underlying socioeconomic factors contributing to drug production and use.

To reduce the production and supply of illicit drugs and regulate the supply of legal drugs, Myanmar aims to implement a comprehensive approach to drug control. This includes enforcing anti-drug laws, minimizing illicit opium poppy cultivation, controlling precursor chemicals, and enhancing border management to detect and prevent the trafficking of illicit substances.

To address these issues, the following measures are recommended:

1. Provide basic drug and precursor training for all law enforcement agents and relevant administrative members.
2. Educate and inform the public to discourage drug production.
3. Update mechanisms to expedite the disposal of evidence related to money laundering and corruption, in line with revised laws.
4. Promote preventive drug education and raise awareness through social media and other channels.
5. Develop a workforce for prevention programs.

Looking ahead, Myanmar aims to enhance its ability to combat drug trafficking through increased international cooperation, improved law enforcement capabilities, and more effective demand reduction programs. The country is also committed to collaborating with international partners to address the root causes of drug production and trafficking.

CHAPTER IV
SURVEY ANALYSIS

This chapter presents an analysis and discussion of the study. There are four sections in this chapter. They are the profile of the respective organizations, study design, assessment criteria for the capacity of organizations involved in drug control activities and data analysis.

4.1 Profile of the Survey Organizations

Despite the rising incidence of mental health disorders globally, mental health remains one of the most disregarded public health concerns. There are three primary categories of mental health services in Myanmar: community-based services, primary care services integrated with mental health services, and specialized institutional or hospital services.

Mental health disorders often co-occur with substance use disorders. People with mental health issues may use drugs to self-medicate, while drug use can exacerbate or trigger mental health conditions. Individuals with mental health disorders often use substances to self-medicate. For example, someone with anxiety might use alcohol or benzodiazepines to calm themselves, while someone with depression might use stimulants to feel more energetic.

The drug problems in Myanmar are serious. These include widespread cultivation of opium poppy and heroin manufacture, a rise in the production and trafficking of narcotics cross-border trafficking in precursor chemicals, and an increase in drug usage and its negative effects. Supply reduction requires a coordinated effort between government and non-government stakeholders, at the local, regional and international levels.

There are many Drug control activities in Yangon such as supply reduction, demand reduction of drug abuse, law enforcement and rehabilitation of drug abusers. Among the Drug control organizations in Yangon, three active organizations were chosen to examine organizational capacity. They are Yangon Mental Health Hospital

(YMHH), Drug Enforcement Subdivision-3 Yangon (DESD) and the Myanmar Anti-Narcotics Association (MANA). The following are organizations that performed narcotic drug control with different activities, approaches and methods in Yangon.

4.1.1 Yangon Mental Health Hospital (YMHH)

The Yangon Psychiatric (Mental) Health Hospital is one of Myanmar's two major mental health facilities. The 1,200-bed hospital is at Ywar Thar Gyi Ward in East Dagon Township. Thus, it was known as Ywar Thar Gyi Psychiatric Hospital in the past. It is organized with seven units and all staff are about 250. Yangon Drug Dependency Treatment and Research Unit is one of the primary units at Yangon Mental Health Hospital, where approximately 25 staff members are involved in activities related to drug demand elimination. Its functions are the same as the other drug treatment centres. They are,

1. Registration, Treatment and rehabilitation of drug addicts.
2. Prevention of harm from the use of substance
3. Training of the health personnel in the prevention and control of drug abuse:
4. Research related to Drug abuse.

The hospital is responsible for the prevention, treatment and rehabilitation of drug abuse and dependency. This organization mainly targeted for demand reduction of active drug users.

4.1.2 Drug Enforcement Subdivision-3 Yangon (DESD-3)

In Myanmar, drug elimination efforts are being carried out by the Tatmadaw, Myanmar Police Force, and Customs Department. Moreover, the Drug Enforcement Division was specifically formed within the Central Committee for Drug Abuse Control (CCDAC) under the supervision of the Myanmar Police Force. The Drug Enforcement Division is composed of 10 sub-divisions, and 50 anti-narcotic task forces which are deployed in drug production and trafficking dense areas, as well as border areas to strengthen drug law enforcement. The Drug Enforcement Subdivision-3 (Yangon) is one of several subdivisions. It is organized with 10 anti-narcotic task forces, and six task forces at Yangon territory, the rest are at Bago and Ayeyarwaddy. Its main focus is on reducing the drug supply. This involves apprehending illicit drug dealers and preventing drug trafficking activities and in undertaking the drug law enforcement

works, 38 gazetted officers and about 87 non-gazetted officers, a total of 125 persons have been undertaking the works of drug law enforcement at Yangon.

4.1.3 Myanmar Anti-Narcotics Association (MANA)

Myanmar Anti-Narcotics Association (MANA) was established as an NGO on June 26, 1994, and registered in October of the same year. Its key objectives are to reduce the demand for drugs to promote a healthier Myanmar and expand effective harm reduction programs to improve the well-being of the drug users and their communities, collaboration in multi-sectorial responses to address drug use and related issues like AIDS prevention programmes, to work with the national and international network of all groups working in demand reduction worldwide to educate youths experiencing bad environments and to enhance training of trainers and social volunteer programs. Its main activities are providing educative talk (providing training to young people outside and in school, in the neighbourhood, young people who have HIV), holding art, cartoon, poster, essay and poetry competitions related to narcotic drug abuse, HIV/AIDS counselling, prevention, research and training (help drug abusers to back in workplace and society).

MANA is the only local organization that addresses drug-related problems in Myanmar it was founded by retired personnel with extensive and long experience from multiple professions, health, education, legal," law enforcement, social, administration, accounting auditing and business sector and research fields with the motivation to mobilize the community in responding to drug use and drug abuse issue. The government has approved the cooperation of NGOs in the fight against drug abuse under section 6(a) of the 1993 Law on Narcotic Drugs and Psychotropic Substances. MANA's motto is "Say no to Drugs". Since 1994, MANA has been involved in national efforts to combat drug abuse in Myanmar, aiming to make the country free from narcotic and psychotropic substances and the associated harms to society. MANA's work is closely aligned with guidelines from the Central Committee for Drug Abuse Control (CCDAC): Since 2003, MANA has been involved in project implementation that widened the scope of MANA's work to include harm reduction interventions. This project portfolio has been supported with funding from the Fund for HIV AIDS in Myanmar (FHAM) through UNAIDS, the Global Fund to Fight AIDS, TB and Malaria (GFATM) through UNDP and from UNFPA: MANA continues to collaborate with UNAIDS, UNOOĆ, UINFPA, UNICEF, UNOPS and Burnet Institute (Myanmar) and

other international organizations to reduce the risk of HIV among drug users and their communities and prevent further uptake of drugs among young people and youth in Myanmar. MANA has also been striking for the elimination of narcotic drug abuse by emphasizing imparting knowledge of the danger of drug abuse by holding educational talks for students, youths and the general public. For this purpose, the association strives to cooperate with local organizations, international organizations and other NGOs. It has branches nationwide, and membership is open to anyone over 18, who can be a life member or honorary member.

4.2 Survey Design

This study attempted to identify the current status of Drug Control activities and to analyze the organizational capacity of three drug control organizations in Yangon. Concerning fulfilling the objectives of this study, primary data are used in this study. The primary data is attained by conducting a survey questionnaire using a simple random sampling method. The data are collected by 200 people for the organizations, to analyze the strengths, weaknesses, opportunities and threats of drug control organizations. The survey period is from March to May 2024. Furthermore, SPSS statistical software and Microsoft Excel are used for data entry and spider graph creation.

The survey questionnaire used the Likert scale (1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree). The key areas of this questionnaire consist of seven parts. Section (A) is demographic information, section (B) is included 12 questions for strategic leadership, section (C) is included 11 questions for program/process management, section (D) is included 11 questions for human resources management, section (E) is included 19 questions for financial management, section (F) is included 5 questions for infrastructure, and section (G) is included 8 questions for inter-organization linkage, The survey data are analyzed to investigate the organizational capacity of respective organizations by comparing their overall mean value. Table (4.1) describes the classification levels by mean scores.

Table (4.1) The Levels of the Mean Scores on 5-point Likert Scale

Mean Scores	Level
Less than 1.5	Very low
Between 1.5 and 2.5	Low
Between 2.5 and 3.5	Moderate
Between 3.5 and 4.5	High
Between 4.5 and 5.0	Very high

4.3 Assessment Criteria for Capacity of Organizations Involved in Drug Control Activities

According to the Universalia Institutional Organizational Assessment Model, there are six criteria for accessing an organization's capacity. These include;

1. Strategic Leadership
2. Program/Process Management
3. Human Resource Management
4. Financial Management
5. Infrastructure
6. Inter-Organizational Linkages

In terms of strategic leadership, all organizations in this study have a clear vision and mission statement, as well as clearly defined objectives. The YMHH organization prioritizes patient care and mental health advocacy, while the DESD (3) focuses on law enforcement and drug control. MANA is dedicated to the areas of prevention and rehabilitation.

About program/process management, YMHH follows clinical protocols in mental health treatment, rehabilitation, community outreach, and educational programs. The management style at YMHH is clinical governance with a strong emphasis on patient safety and care standards. DESD (3) strictly adheres to law enforcement procedures in drug enforcement operations, surveillance, and intelligence gathering. Its management style is hierarchical, with strict adherence to protocols and regulations. MANA operates community-driven projects in drug education, prevention programs, rehabilitation services, and community support initiatives. Its management style is project-based, emphasizing community engagement and volunteer participation.

In the study of human resource management across different organizations, it was discovered that YMHH needs specialized medical staff, DESD (3) requires trained law enforcement personnel, and MANA relies on social workers and volunteers.

Regarding the financial management of all entities, it appears that YMHH and DESD (3) rely on government funding, while MANA depends more on donations and grants.

When examining the essential infrastructure building, YMHH and DESD (3) have more advanced technological needs, while MANA focuses on basic facilities and outreach capabilities. YMHH facilities include hospital buildings, outpatient clinics, and rehabilitation centres, with technological infrastructure comprising medical equipment, electronic health records (EHR) systems, and telehealth services. DESD (3) facilities include offices, command centres, and detention facilities, with associated infrastructures such as surveillance systems, communication tools, and data analysis software. MANA facilities consist of offices, rehabilitation centres, and community outreach centres, with technological infrastructures including basic office technology, online platforms for awareness campaigns, and progress-tracking databases.

In terms of inter-organizational connections, the organizations YMHH, DESD (3), and MANA collaborate with health and educational institutions, law enforcement agencies, and community and health organizations, respectively. Each organization must tailor its strategies to address its specific challenges, maximize its strengths, and effectively accomplish its mission.

4.4 Survey Results

This section includes the presentation, analysis, and interpretation of survey findings gathered from the responses of 200 participants from the organization through a survey questionnaire.

4.4.1 Demographic Characteristics of the Respondents

A comprehensive overview of the demographic characteristics of the respondents surveyed is presented in Table (4.2), highlighting key aspects such as gender distribution, age ranges, occupation status and educational qualifications for three drug control organizations.

The survey aimed to analyze the capacity of organizations involved in drug control activities in the Yangon Region, drawing responses from 200 individuals. The

gender distribution was fairly balanced, with a slight male majority. The age demographic revealed a predominant representation of individuals between 31 to 50 years, indicating an experienced workforce. Regarding qualifications, a significant majority held a Bachelor's degree, highlighting a well-educated group, with fewer respondents holding Master's and Doctoral degrees.

In terms of occupation, the highest number of respondents were from MANA, suggesting that this organization might have the largest workforce involved in drug control activities. The diversity in age, gender, and qualifications underscores a robust and varied pool of respondents, which is critical for comprehensive drug control efforts.

Table (4.2) Demographic Characteristics of Respondents

No.	Description	No. of Respondents	Percentage
1	**Gender**		
	Male	105	52.5
	Female	95	47.5
	Total	**200**	**100.0**
2	**Age (Years)**		
	Between 18 to 30	47	23.5
	Between 31 to 50	86	43.0
	Between 50 to 60	37	18.5
	Above 60	30	15.0
	Total	**200**	**100.0**
3	**Qualification**		
	Bachelor's degree	145	72.5
	Master's degree	30	15.0
	Doctoral Degree	25	12.5
	Total	**200**	**100.0**
4	**Occupation**		
	YMHH	46	23.0
	DESD (3)	53	26.5
	MANA	101	50.5
	Total	**200**	**100.0**

Source: Survey Data, 2024

4.4.2 Strategic Leadership for Drug Control Organizations

The analysis of Strategic Leadership for Drug Control Organizations explores the critical role of leadership in shaping effective policies and strategies to combat drug-related issues. Twelve different questions were used to evaluate strategic leadership abilities across various criteria and scenarios to gain a comprehensive understanding.

Table (4.3) Strategic Leadership for Drug Control Organizations

No.	Description	YMHH		DESD (3)		MANA	
		Mean	St.d	Mean	St.d	Mean	St.d
1	The organization has a clear vision and mission statement.	4.4	0.7	4.9	0.3	4.4	0.7
2	The organisation's mission is relevant to its goals and objectives.	4.4	0.6	4.9	0.4	4.4	0.6
3	The organization's objectives are clearly defined.	4.5	0.6	4.7	0.5	4.5	0.6
4	Positions within the organisational structure are adequately filled.	4.3	0.7	4.8	0.4	4.3	0.7
5	The organisational structure is well-defined, with clear lines of authority and responsibility.	4.2	0.8	4.9	0.4	4.2	0.8
6	Regular assessments of the organisational structure are carried out, and relevant updates are made.	4.9	0.4	4.9	0.4	4.2	0.8

Table (4.3) Strategic Leadership for Drug Control Organizations (Continued)

No.	Description	YMHH		DESD (3)		MANA	
		Mean	**St.d**	**Mean**	**St.d**	**Mean**	**St.d**
7	When goals and objectives are not met, appropriate modifications are approved by the Board.	4.5	0.6	4.9	0.4	4.0	0.8
8	There are periodic reviews of the organisation's mission by the Board.	4.3	0.8	4.9	0.4	3.8	0.8
9	The organisation conducts regular self-assessments to review its performance.	4.5	0.7	4.9	0.4	3.9	0.8
10	The organisation has an effective planning system to achieve its overall goals and objectives.	4.0	0.9	4.9	0.4	4.2	0.8
11	The organisation maintains a written, updated strategic plan.	4.9	0.3	4.6	0.7	4.0	0.8
12	The organisation has a written plan for each of its projects.	4.1	0.7	4.9	0.4	4.1	0.7
	Overall Mean	**4.5**		**4.9**		**4.2**	

Source: Survey Data, 2024

Table (4.3) provides a comparative analysis of strategic leadership across three drug control organizations operating in the Yangon Region: YMHH, DESD (3), and MANA. The findings indicate diverse levels of effectiveness in strategic leadership. YMHH and MANA exhibit robust scores of 4.5 and 4.2, respectively, underscoring their strong strategic leadership foundations. In contrast, DESD (3) stands out with an exceptional score of 4.9, highlighting its outstanding capabilities in strategic leadership.

YMHH demonstrates a solid strategic leadership approach, suggesting proficiency in articulating clear vision and mission statements that guide its drug control initiatives effectively. The organization's high score reflects well-defined goals aligned with its mission, facilitating informed decision-making and strategic planning to tackle drug-related challenges in the region.

DESD (3) excels with the highest score of 4.9, indicating superior strategic leadership characterized by comprehensive strategic planning and implementation. The organization displays strong leadership commitment, foresight, and robust goal-setting processes, positioning it as a leader in driving impactful drug control efforts across the region.

MANA, with a score of 4.2, also demonstrates commendable strategic leadership capabilities. Though slightly lower than DESD (3), MANA emphasizes strategic alignment, goal clarity, and proactive decision-making in its drug control initiatives, contributing significantly to its operational effectiveness.

This comparison underscores the critical role of strategic leadership in shaping the success and impact of drug control organizations. Each organization showcases distinct strengths in strategic leadership, reflecting varying approaches to achieving their mission objectives effectively.

4.4.3 Program/Process Management for Drug Control Organizations

The program/ process management for three drug control organizations is evaluated in with 11 questions and it is presented in Table (4.4).

Table (4.4) Program/Process Management for Drug Control Organizations

No.	Description	YMHH		DESD (3)		MANA	
		Mean	St.d	Mean	St.d	Mean	St.d
1	"Resources are planned for and allocated properly within the organization."	4.1	0.7	4.1	0.7	4.1	0.7
2	"The organization regularly prepares accurate and comprehensive activity and evaluation reports."	4.1	0.6	4.1	0.6	4.5	0.6
3	"Input from appropriate stakeholders is consistently taken into account during planning."	4.1	0.7	4.1	0.7	4.1	0.7
4	"Stakeholders are actively involved in the design, implementation, monitoring, and evaluation of programs."	4.9	0.4	4.2	0.7	4.2	0.7
5	"The organization has a well-prepared emergency response plan for rapid response."	4.6	0.5	4.0	0.6	4.0	0.6
6	"Implementation plans are reviewed and updated regularly to ensure relevance and effectiveness."	4.0	0.7	4.5	0.6	4.9	0.3
7	"The organization's activities effectively meet community needs."	4.0	0.6	4.0	0.6	4.5	0.6
8	"Programs within the organization are well-integrated, providing comprehensive services to the community."	4.3	0.6	4.3	0.7	4.0	0.8
9	"The organization has a well-documented and effective monitoring and evaluation system."	4.2	0.7	4.2	0.7	4.2	0.7
10	"The results of evaluations are effectively used to make necessary adjustments to programs."	4.9	0.3	4.9	0.3	4.5	0.5
11	"The organization responds promptly and appropriately to the results of monitoring and evaluation."	4.0	0.7	4.0	0.7	4.0	0.7
	Overall Mean	**4.3**		**4.2**		**4.3**	

Source: Survey Data, 2024

According to the survey result, program and process management across three drug control organizations in the Yangon Region: YMHH, DESD (3), and MANA are compared. The mean scores provide valuable insights into how these organizations handle their programs to address drug-related issues effectively. YMHH and MANA both scored highly at 4.3, indicating strong capabilities in program and process management. In contrast, DESD (3) scored slightly lower at 4.2, reflecting its solid performance in this domain.

YMHH excels in program and process management, achieving a mean score of 4.3. This underscores the organization's effective planning, resource allocation, and monitoring of drug control initiatives. YMHH likely emphasizes strategic resource utilization, coordinated activities, and rigorous program evaluation to successfully combat drug abuse in the region.

DESD (3) also demonstrates commendable performance with a mean score of 4.2 in program and process management. Although slightly lower than YMHH and MANA, DESD (3) exhibits effective planning and resource allocation for its drug control programs. The organization focuses on systematic program design, implementation, and evaluation processes to ensure efficiency and effectiveness in combating drug abuse.

MANA, like YMHH, scores 4.3, indicating robust program and process management capabilities. The organization excels in planning and resource allocation for its drug control initiatives, emphasizing strategic program design, stakeholder engagement, and performance monitoring. This approach supports continuous improvement and innovation in MANA's efforts against drug abuse.

It can be said that the critical role of strong program and process management is important in enhancing the effectiveness and sustainability of drug control organizations. Each organization demonstrates strengths in this area, contributing to positive outcomes in the fight against drug abuse.

4.4.4 Human Resource Management for Drug Control Organizations

Human resource management for drug control organizations are analyzed, consisting of the data on various aspects of organizational management and focusing on planning, staffing, developing, and rewarding practices.

Table (4.5) Human Resource Management for Drug Control Organizations

No.	Description	YMHH		DESD (3)		MANA	
		Mean	St.d	Mean	St.d	Mean	St.d
Planning							
1	"The organization employs an HR specialist to lead the HR unit effectively."	4.2	0.9	4.2	0.8	4.2	0.8
2	"The organization maintains a comprehensive HR policy and development plan."	4.9	0.4	3.9	0.9	4.3	0.8
3	"The HR policies are effectively implemented, regularly monitored, and modified as necessary."	4.2	0.8	4.2	0.8	4.2	0.8
Staffing							
1	Clear selection criteria are established for the recruitment process of staff and volunteers."	4.9	0.4	4.3	0.7	3.5	0.6
2	"The candidate selection process is based on well-defined criteria."	4.5	0.7	4.2	0.9	3.7	0.6
3	"Discussions about job descriptions between employees and their superiors are encouraged and common."	4.2	0.5	3.9	0.6	3.5	0.6
4	"Personal files are maintained for each employee and volunteer, ensuring proper record-keeping."	4.5	0.5	4.0	0.6	4.0	0.6
5	"Salaries and benefits are structured to be competitive within the industry."	4.3	0.6	3.9	0.6	3.9	0.6

Table (4.5) Human Resource Management for Drug Control Organizations (Continued)

Developing							
1	"All employees in the organization are provided with equal opportunities for promotion."	4.4	0.8	4.3	0.8	4.0	0.8
2	"The methods used to assess employee performance are effective and fair."	4.9	0.3	3.5	0.8	3.9	0.8
Rewarding							
1	"The organization effectively implements strategies to motivate its staff."	4.0	0.7	4.0	0.7	4.0	0.7
Overall Mean		**4.5**		**4.0**		**3.9**	

Source: Survey Data, 2024

Table (4.5) provides a comparative analysis of human resource management practices across three drug control organizations in the Yangon Region: YMHH, DESD (3), and MANA. The mean scores shed light on how these organizations strategically manage their human resources to bolster their drug control endeavors. YMHH and MANA stand out with strong scores of 4.5 and 3.9, respectively, indicating robust capabilities in human resource management. DESD (3) follows closely with a commendable score of 4.0, showcasing effective practices in this domain.

Under planning, the findings reveal that organizations consistently maintain HR specialists and comprehensive HR policies, with mean ratings around 4.2 to 4.9 across different measures. However, variability exists in the implementation and monitoring of HR policies, scoring similarly across organizations but indicating potential areas for improvement.

Regarding staffing, clear selection criteria for recruitment are highly rated, averaging around 4.3 to 4.9, although there are noticeable differences in criteria definition and implementation. Discussions on job descriptions and maintenance of personal files are moderately rated, suggesting room for enhancing organizational clarity and record-keeping practices.

In terms of developing employees, equal opportunities for promotion are generally supported (averaging 4.0 to 4.4), yet methods for assessing performance show more variability, with scores ranging from 3.5 to 4.9, indicating potential disparities in fairness and effectiveness.

Under the rewarding category, strategies for staff motivation are uniformly rated around 4.0, reflecting consistent efforts across organizations.

It can be concluded that YMHH demonstrates strong HRM practices, particularly in HR policy, recruitment, and performance assessment, but can improve employee motivation. DESD (3) shows solid HRM practices with room for improvement in HR policy and performance assessment. MANA needs significant improvements in recruitment, job descriptions, and performance assessment to enhance overall HRM effectiveness.

4.4.5 Financial Management for Drug Control Organizations

The analysis of Financial Management for Drug Control Organizations explores the effective allocation and utilization of financial resources crucial to achieving sustainable outcomes in combating drug-related issues.

Table (4.6) presents a comparative analysis of financial management practices among three drug control organizations operating in the Yangon Region: YMHH, DESD, and MANA. The mean scores highlight how these organizations utilize their financial resources to support drug control efforts effectively. YMHH and MANA both demonstrate robust scores of 4.1 each, indicating strong capabilities in financial management. DESD, with a slightly lower score of 3.5, also shows commendable performance in this crucial area.

YMHH exhibits a strong financial management approach with a mean score of 4.1, showcasing effective handling of financial resources to bolster its drug control programs. The organization likely adheres to national and international financial standards, maintains a diverse funding base, and implements rigorous accounting practices to ensure transparency and accountability. Emphasizing financial planning, budgeting, and oversight, YMHH enhances the sustainability and impact of its initiatives in the region.

Table (4.6) Financial Management for Drug Control Organizations

No.	Description	YMHH		DESD (3)		MANA	
		Mean	St.d	Mean	St.d	Mean	St.D
1	The organization is duly registered by national or international legislation and regulations."	4.1	0.8	3.5	0.6	4.1	0.8
2	"The organization is supported by multiple funders."	3.6	0.9	3.5	1.0	4.5	0.6
3	"The organization's accounting practices adhere to generally accepted standards."	3.8	1.0	3.8	1.0	3.8	1.0
4	"Contracts and service agreements with other organizations are formalized in writing."	4.0	0.9	3.5	0.8	4.0	0.9
5	"The organization maintains a comprehensive annual budget covering all programs, management, funding sources, and fundraising activities."	3.8	0.9	3.8	0.9	4.6	0.5
6	"The organization engages in thorough financial planning."	3.9	1.1	3.4	1.0	3.9	1.1
7	"The annual budget is an integral part of the implementation plan development process."	4.5	0.7	3.5	0.7	4.0	0.7
8	"The budget undergoes regular review by the Board of Directors or the Program Management Department."	4.9	0.4	3.4	0.6	3.9	0.8
9	"Effective financial procedures and reporting systems are established within the organization."	4.1	0.8	3.5	0.5	4.0	0.8

Table (4.6) Financial Management for Drug Control Organizations (Continued)

10	"A procurement system is in place and utilized for organizational needs."	4.3	0.7	3.2	0.7	4.1	0.7
11	"The organization conducts both internal and external audits to ensure financial integrity."	4.4	0.6	3.4	0.8	3.9	1.0
12	"External audits are performed on an annual basis."	4.4	0.7	3.6	0.5	4.0	0.8
13	"Recommendations from audits are actively implemented to improve financial management."	4.2	0.9	3.5	0.8	4.5	0.7
14	"Financial reporting within the organization is timely and accurate."	3.9	1.0	3.6	0.8	4.7	0.5
15	"Financial reports comprehensively include a balance sheet, cash flow statement, and statement of activities."	4.9	0.3	3.5	0.6	3.9	0.9
16	"The financial committee of the board reviews all financial reports."	4.3	0.7	3.5	0.5	4.0	0.7
17	"The organization has comprehensive insurance coverage to protect all operational levels."	3.8	0.8	3.8	0.8	3.8	0.8
18	"The organization employs cost-efficient strategies for purchasing fixed assets."	4.5	4.2	3.7	0.9	4.5	0.6
19	"The organization effectively manages and optimizes operational costs related to drug control activities."	4.9	0.4	3.6	1.0	4.9	0.4
Overall Mean		**4.2**		**3.5**		**4.2**	

Source: Survey Data, 2024

DESD (3), with a mean score of 3.5, demonstrates commendable financial practices despite a marginally lower rating compared to YMHH and MANA. The organization likely maintains formal partnerships, engages in thorough financial planning, and conducts regular budget reviews to uphold financial integrity and efficiency in supporting drug control activities. By prioritizing transparency, procurement procedures, and internal controls, DESD strengthens its financial sustainability and governance, optimizing resource utilization for effective outcomes.

MANA also achieves a mean score of 4.1, indicating strong alignment with YMHH in financial management effectiveness. The organization excels in securing diverse funding sources, meticulous budgeting, and consistent financial reporting to bolster its drug control efforts. MANA likely employs strategic financial planning, monitors budgets rigorously, and undergoes internal and external audits to ensure compliance and accountability. These practices bolster MANA's resilience and ability to leverage resources efficiently, sustaining impactful measures against drug abuse.

To sum up, the comparison underscores the pivotal role of sound financial management in enhancing the effectiveness and sustainability of drug control organizations. Each organization demonstrates strengths in managing financial resources effectively, contributing to their respective capabilities in combating drug abuse and fostering positive outcomes in their communities.

4.4.6 Infrastructure for Drug Control Organizations

This section includes the quality of infrastructure across three drug control organizations in the Yangon Region: YMHH, DESD, and MANA. It reveals significant insights into how these organizations effectively manage their infrastructure to support drug control initiatives.

According to Table (4.7), YMHH and MANA demonstrate robust infrastructure management with mean scores of 3.9 and 4.0, respectively. DESD (3) also performs admirably with a slightly higher score of 4.4 in this regard.

Table (4.7) Infrastructure for Drug Control Organizations

No.	Description	YMHH		DESD (3)		MANA	
		Mean	St.d	Mean	St.d	Mean	St.d
Facilities							
1	"The technological resources and training materials within the organization are updated regularly to keep pace with organizational evolution."	3.4	1.0	3.9	0.7	3.4	0.8
2	"There is a regularly maintained and updated inventory of materials, equipment, and assets."	4.5	1.0	4.6	0.6	3.9	0.6
3	"The organization provides an adequate transportation system for project staff."	4.5	0.9	4.5	0.6	4.8	0.4
Technology							
1	"The offices are well-equipped with necessary physical assets such as furniture, adequate lighting, and sanitary facilities."	3.3	1.0	4.8	0.4	4.5	0.6
2	"The offices are adequately equipped with IT infrastructure, including telephones, fax machines, computers, software, and data recording systems."	3.6	1.0	4.3	0.7	3.6	0.7
Overall Mean		**3.9**		**4.4**		**4.0**	

YMHH maintains a solid infrastructure with a mean score of 3.9, highlighting its commitment to regularly updating technological resources and training materials to meet organizational needs. The organization places emphasis on maintaining inventory, providing adequate staff transportation, and ensuring facilities are equipped to effectively deliver drug control programs. This focus contributes to operational efficiency and the successful implementation of interventions addressing drug-related challenges in the region.

DESD (3) excels in infrastructure management with a mean score of 4.4, surpassing both YMHH and MANA. The organization's strengths lie in maintaining and updating inventory, providing transportation facilities, and ensuring well-equipped offices with essential physical and IT assets. DESD’s readiness and functionality in infrastructure enhance its operational capacity, facilitating the smooth execution of drug control activities and achieving positive outcomes in combating drug abuse.

MANA demonstrates effective infrastructure management with a mean score of 4.0, closely aligning with YMHH's practices. The organization prioritizes regular updates to technological resources, inventory maintenance, and provision of adequate transportation for staff, supporting efficient program delivery and data management. MANA's robust infrastructure management enhances its organizational resilience and operational effectiveness in addressing drug-related issues.

This comparison shows the pivotal role of infrastructure in enabling the success and sustainability of drug control organizations. Each organization's strengths in managing infrastructure effectively contribute significantly to their operational capabilities and the achievement of their drug control objectives.

4.4.7 Inter-Organization Linkage for Drug Control Organizations

In this section, inter-organization linkage practices among three drug control entities operating in the Yangon Region including YMHH, DESD, and MANA are analyzed. Based on the survey results shown in Table 4.8, the mean scores reveal insights into their collaborative strategies aimed at bolstering drug control efforts. YMHH and MANA stand out with robust scores of 4.2 and 4.0, respectively, highlighting their strong capabilities in fostering partnerships across organizations. DESD follows closely with a commendable score of 4.0, showcasing its effective engagement in this critical domain.

Table (4.8) Inter-Organization Linkage for Drug Control Organizations

No.	Description	YMHH		DESD (3)		MANA	
		Mean	**St.d**	**Mean**	**St.d**	**Mean**	**St.d**
1	"The organization employs an effective partnership policy."	4.3	0.6	4.3	0.5	3.9	0.6
2	"The organization maintains beneficial relationships with the private sector for technical expertise, materials, and human resources."	3.9	0.6	3.8	0.5	3.8	0.5
3	"The organization plays a significant role in promoting networks."	4.9	0.3	3.8	0.6	4.0	0.4
4	"The organization actively networks and shares resources with both national and international organizations."	3.8	0.6	4.3	0.6	3.8	0.6
5	"The organization is actively involved in advocacy activities."	4.0	0.7	4.0	0.7	4.0	0.7
6	"The organization's activities are well-integrated into government development plans."	4.0	0.7	4.0	0.7	4.0	0.7
7	"The organization has a positive image among its stakeholders."	4.5	0.6	3.8	0.7	3.8	0.7
8	"The organization's partnerships with NGOs have a significant positive impact."	3.9	0.6	3.9	0.6	4.5	0.5
Overall Mean		**4.2**		**4.0**		**4.0**	

Source: Survey Data, 2024

YMHH demonstrates a proactive approach to inter-organization linkage, evidenced by its mean score of 4.2. The organization actively collaborates with diverse stakeholders, including the private sector, and engages in advocacy to support its drug control initiatives. This proactive stance allows YMHH to leverage external expertise and resources, integrating seamlessly into government plans to combat drug abuse effectively in the region.

DESD (3) also performs strongly with a mean score of 4.0, emphasizing effective partnerships and networking as pillars of its drug control strategy. The organization's proactive engagement with stakeholders facilitates resource sharing and advocacy efforts, enhancing its ability to address drug-related challenges through strategic collaborations.

Similarly, MANA, with a mean score of 4.0, excels in maintaining robust partnerships and engaging in advocacy activities to advance its drug control agenda. The organization's active involvement in networking and resource-sharing initiatives underscores its commitment to leveraging external partnerships for sustained impact and organizational resilience.

This comparison underscores the pivotal role of collaboration and networking in enhancing the capacity and effectiveness of drug control organizations. Each entity's strengths in inter-organization linkage underscore their proactive efforts to engage external partners effectively, thereby strengthening their collective ability to address drug abuse comprehensively.

4.4.8 Overall the Capacity Analysis of Drug Control Organizations

The objective of the present analysis is to describe general data patterns, based on the spider. A Spider chart is a graphical method of displaying multivariate data in the form of a two-dimensional chart of three or more quantitative variables represented on axes starting from the same point. The shape of the polygon will help visualize the balance and capacity across different categories. A larger, more balanced polygon indicates strong and consistent performance across categories. Categories with higher scores will extend further out, indicating areas of strength. Categories with lower scores will be closer to the center, indicating areas that may need improvement.

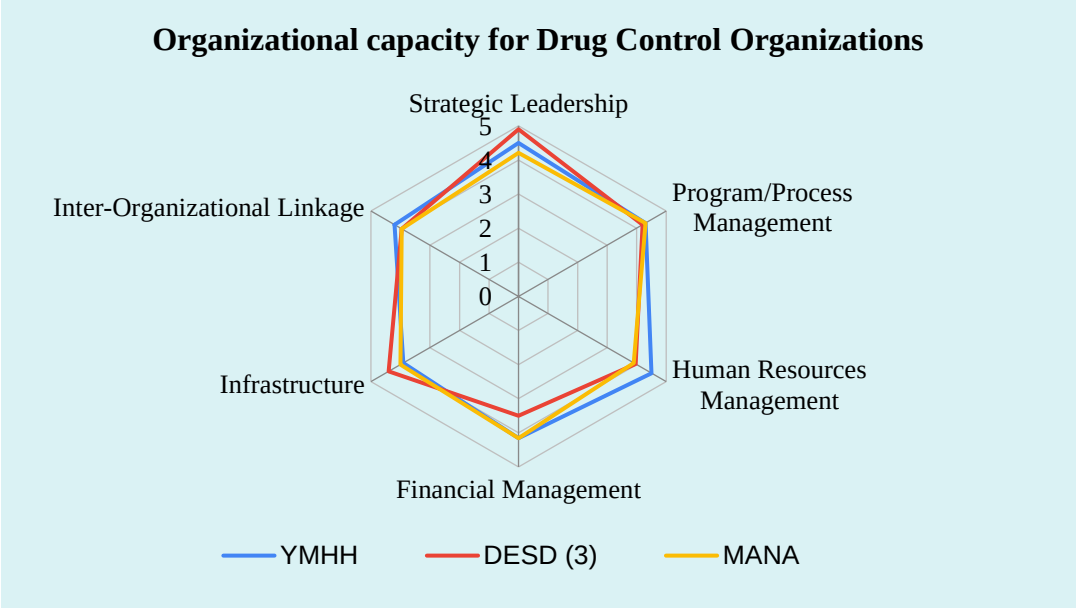
Table (4.9) Overall Mean Scores for Each Category

No.	Category	YMHH	DESD	MANA
1	Strategic Leadership	4.5 (Very High)	4.9 (Very High)	4.2 (High)
2	Program/Process Management	4.3 (High)	4.2 (High)	4.3 (High)
3	Human Resources Management	4.5 (Very High)	4.0 (High)	3.9 (High)
4	Financial Management	4.2 (High)	3.5 (High)	4.2 (High)
5	Infrastructure	3.9 (High)	4.4 (High)	4.0 (High)
6	Inter-Organization Linkage	4.2 (High)	4.0 (High)	4.0 (High)

Source: Survey Data, 2024

The results of the drug control organizations are evaluated as 'Spider Graph', also known as 'Radar Charts'. The data are calculated as a mean value for each category, to simplify the data visualization. With this analysis, the goal of the study is to compare the actual drug control capacity of three organizations. A higher score means that the organization is more active in or places more emphasis on a particular key area. The mean values for each category for three drug control organizations and their mean scores are presented in Table (4.9).

Figure (4.1) Spider Graph for the Capacity Analysis of Drug Control Organizations



Source: Survey data, 2024

Based on the spider graph, DESD (3) demonstrates excellence in Strategic Leadership, with the highest score of 4.9. YMHH follows closely with a strong score of 4.5, while MANA lags slightly behind with a score of 4.2. This indicates that DESD (3) holds a significant advantage in strategic leadership compared to the other entities.

Regarding the results of this research, it revealed that both YMHH and MANA perform equally well in Program/Process Management, each scoring 4.3. DESD (3) is close with a score of 4.2, indicating all three entities are relatively strong in this area, with no significant differences.

According to the graph, it is shown that YMHH leads in Human Resources Management with a score of 4.5, indicating a strong capability in managing human resources. DESD (3) scores 4.0, showing a moderate performance, while MANA lags slightly with 3.9, suggesting room for improvement in this category.

YMHH and MANA both excel in Financial Management, each with a score of 4.2. DESD (3) scores significantly lower at 3.5, indicating a potential area for improvement in financial management compared to its peers.

DESD (3) performs best in Infrastructure with a score of 4.4, suggesting strong infrastructure capabilities. MANA follows with a score of 4.0, while YMHH has the lowest score of 3.9, indicating infrastructure might be a weaker area for YMHH.

YMHH slightly outperforms DESD (3) and MANA in Inter-Organization Linkage with a score of 4.2. Both DESD (3) and MANA have equal scores of 4.0, suggesting they are on par in this category.

CHAPTER V
CONCLUSION

The study aimed to assess the current status of drug control activities and analyze the organizational capacity of three primary drug control organizations in Yangon: Yangon Mental Health Hospital (YMHH), Drug Enforcement Subdivision-3 Yangon (DESD-3), and the Myanmar Anti-Narcotics Association (MANA). These organizations were chosen based on their active involvement and diverse approaches to combating drug-related issues in the region.

5.1 Findings

The study provides a comprehensive view of the current status of drug control activities in Yangon. The data indicate that drug control efforts are multi-faceted, involving supply reduction, demand reduction, law enforcement, and rehabilitation initiatives. The Yangon Mental Health Hospital (YMHH) focuses primarily on demand reduction, dealing with treatment and rehabilitation of drug addicts, prevention of harm from substance use, training of health personnel in drug abuse prevention, and researching drug abuse. YMHH's drug dependency treatment unit, with approximately 25 staff members, is actively involved in these activities, reflecting the hospital's targeted approach towards mitigating the demand for drugs.

The Drug Enforcement Subdivision-3 (DESD) in Yangon, on the other hand, plays a crucial role in supply reduction by apprehending illicit drug dealers and preventing drug trafficking activities. This subdivision is organized with ten anti-narcotic task forces, and six anti-narcotic task forces at Yangon, comprising 38 gazetted officers and about 87 non-gazetted officers, totalling 125 personnel. Their primary focus is on enhancing drug law enforcement through surveillance, intelligence gathering, and strict adherence to protocols.

The Myanmar Anti-Narcotics Association (MANA) complements these efforts by focusing on prevention and rehabilitation. As an NGO established in 1994, MANA's activities include educational talks, training programs, holding competitions related to

narcotic drug abuse, and offering counselling and prevention services. MANA's extensive community-driven projects and collaborations with national and international organizations emphasize harm reduction and awareness, striving for a healthier society free from drug abuse.

In terms of the Organizational Capacity of Three Drug Control Organizations in Yangon, the three surveyed drug control organizations – YMHH, DESD (3), and MANA – were assessed across several key areas: strategic leadership, program/process management, human resource management, financial management, infrastructure, and inter-organizational linkages.

For strategic leadership, all organizations exhibited clear vision and mission statements, with well-defined objectives aligned with their goals. YMHH prioritizes patient care and mental health advocacy, DESD (3) focuses on law enforcement and drug control, while MANA is dedicated to prevention and rehabilitation. The survey data show high mean scores in leadership-related questions, indicating strong strategic leadership across all organizations.

Regarding program/process management, YMHH adheres to clinical protocols and emphasizes patient safety and care standards. DESD (3) follows stringent law enforcement procedures, while MANA employs a project-based management style, emphasizing community engagement and volunteer participation. These management styles reflect the unique operational focus of each organization and their commitment to effective drug control activities.

Human resource management varied among the organizations, with YMHH requiring specialized medical staff, DESD needing trained law enforcement personnel, and MANA relying on social workers and volunteers. The survey highlighted the need for continuous training and development to maintain the effectiveness of drug control initiatives.

Financial management showed that YMHH and DESD-3 depended on government funding, whereas MANA depended more on donations and grants. This financial structure underscores the importance of sustained funding to support ongoing drug control activities and highlights the need for diverse funding sources to ensure financial stability.

In terms of infrastructure, YMHH and DESD possess advanced technological needs, including hospital buildings, outpatient clinics, command centers, and detention facilities, equipped with medical equipment, electronic health records, surveillance

systems, and data analysis software. MANA's infrastructure focuses on basic facilities and outreach capabilities, utilizing online platforms and progress-tracking databases to support its educational and rehabilitation programs.

Finally, inter-organizational linkages were strong across all organizations. YMHH collaborates with health and educational institutions, DESD with law enforcement agencies, and MANA with community and health organizations. These partnerships enhance the effectiveness of drug control efforts, enabling a coordinated response to the complex issue of drug abuse in Yangon.

5.2 Suggestions

Based on the survey results, several suggestions are made to improve the organizational capacity of drug control organizations in Yangon.

YMHH should focus on enhancing its strategic planning and oversight mechanisms. Although it already performs well in setting clear objectives, a stronger emphasis on regular strategic reviews and self-assessments could further solidify its leadership capacity. MANA, which lags in this area, should prioritize establishing more rigorous strategic leadership practices, including frequent board reviews and strategic planning sessions to align its goals with actionable plans.

While all three organizations demonstrate effective program management, each has specific areas for improvement. YMHH should enhance its focus on community relevance and regularly update its plans to ensure they meet current needs. DESD (3) needs to bolster its emergency preparedness and stakeholder engagement. MANA should work on improving its emergency response plans and integrating stakeholder feedback more consistently into program designs.

YMHH, despite leading in human resources management, can benefit from more effective performance assessment methods and employee motivation strategies. DESD (3) should enhance its staffing processes, particularly in defining clear selection criteria and maintaining comprehensive personal records. MANA, which shows the most room for improvement, should focus on competitive salaries, fair performance assessments, and providing equal promotion opportunities to boost its human resources management practices.

DESD (3) shows a significant gap in financial management compared to YMHH and MANA. To address this, DESD (3) should adopt more rigorous financial oversight mechanisms, improve budget planning, and ensure transparent financial reporting. Both

YMHH and MANA should continue their strong financial practices but also explore additional funding sources to reduce dependency on single funding streams.

YMHH needs to enhance its infrastructure, focusing on both physical facilities and technological capabilities. This could include upgrading medical equipment and expanding telehealth services. DESD (3) and MANA should also continue to improve their infrastructures, with DESD (3) focusing on advanced technological needs and MANA enhancing its basic facilities and outreach capabilities.

All organizations could benefit from fostering stronger inter-organizational linkages. YMHH should continue to lead by promoting networks and maintaining a positive image among stakeholders. DESD (3) and MANA must enhance their partnerships, particularly with NGOs and the private sector, to create more comprehensive support networks and collaborative initiatives.

By addressing these areas, the drug control organizations in Yangon can significantly enhance their capacities and effectiveness, leading to more robust drug control activities and better outcomes for the communities they serve.

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APPENDIX

QUESTIONNAIRE

Dear Participant,

I am a Master's Student of Public Administration at Yangon University of Economics, Yangon. I would appreciate it if you filled out this survey questionnaire for my research on **"A Study on Narcotic Drug Control Activities in Myanmar"(A Case Study of the Capacity of Drug Control Organizations in Yangon)**. Approximately 200 people will be asked to complete this survey asking questions about their organization.

Read the questions and mark your response with a tick in the box provided. Your answers will be strictly confidential. Thanks for your participation in my thesis work as an integral part of the study to complete the Master's Program.

Section (A) Demographic Information

(Please tick (√) in the appropriate box that you think is a suitable answer)

1. Gender
   - ☐ Male
   - ☐ Female
2. Age (Completed age)
   - ☐ 18 - 30
   - ☐ 31 - 50
   - ☐ 50 – 66
   - ☐ Above 60
3. Education Level
   - ☐ Basic Education
   - ☐ High School
   - ☐ Under Graduate
   - ☐ Diploma
   - ☐ Bachelor
   - ☐ Master
   - ☐ PhD
4. Occupation
   - ☐ Government Employee
   - ☐ Self-Employee

Questionnaire for Assessment of Capacity of Drug Control organizations in the Yangon Region.

Section (B) Strategic Leadership

Please mark or tick the following answers. The levels are described as 1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

No.	Statements	1	2	3	4	5
1.	The organization has a clear vision and mission statement.					
2.	The organization's objectives are clearly defined.					
3.	The organisation's mission is relevant to its goals and objectives.					
4.	The organisational structure is well-defined, with clear lines of authority and responsibility.					
5.	Positions within the organisational structure are adequately filled.					
6.	Regular assessments of the organisational structure are carried out, and relevant updates are made.					
7.	When goals and objectives are not met, appropriate modifications are approved by the Board.					
8.	There are periodic reviews of the organisation's mission by the Board.					
9.	The organisation conducts regular self-assessments to review its performance.					
10.	The organisation has an effective planning system to achieve its overall goals and objectives.					
1.	The organisation maintains a written, updated strategic plan.					
12.	The organisation has a written plan for each of its projects.					

Section (C) Program/Process Management

Please mark or tick the following answers. The levels are described as 1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

No.	Statements	1	2	3	4	5
1.	"Resources are planned for and allocated properly within the organization."					
2.	"The organization regularly prepares accurate and comprehensive activity and evaluation reports."					
3.	"Input from appropriate stakeholders is consistently taken into account during planning."					
4.	"Stakeholders are actively involved in the design, implementation, monitoring, and evaluation of programs."					
5.	"The organization has a well-prepared emergency response plan for rapid response."					
6.	"Implementation plans are reviewed and updated regularly to ensure relevance and effectiveness."					
7.	"The organization's activities effectively meet community needs."					
8.	"Programs within the organization are well-integrated, providing comprehensive services to the community."					
9.	"The organization has a well-documented and effective monitoring and evaluation system."					
10.	"The results of evaluations are effectively used to make necessary adjustments to programs."					
11.	"The organization responds promptly and appropriately to the results of monitoring and evaluation."					

Section (D) Human Resource Management

Please mark or tick the following answers. The levels are described as 1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

I. Planning

No.	Statements	1	2	3	4	5
1.	"The organization employs an HR specialist to lead the HR unit effectively."					
2.	"The organization maintains a comprehensive HR policy and development plan."					
3.	"The HR policies are effectively implemented, regularly monitored, and modified as necessary."					

II. Staffing

No.	Statements	1	2	3	4	5
1.	Clear selection criteria are established for the recruitment process of staff and volunteers."					
2.	"The candidate selection process is based on well-defined criteria."					
3.	"Discussions about job descriptions between employees and their superiors are encouraged and common."					
4.	"Personal files are maintained for each employee and volunteer, ensuring proper record-keeping."					
5.	"Salaries and benefits are structured to be competitive within the industry."					

III. Developing

No.	Statements	1	2	3	4	5
1.	"All employees in the organization are provided with equal opportunities for promotion."					
2.	"The methods used to assess employee performance are effective and fair."					

IV. Rewarding

No.	Statements	1	2	3	4	5
1.	"The organization effectively implements strategies to motivate its staff."					

Section (E) Financial Management

Please mark or tick the following answers. The levels are described as 1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

No.	Statements	1	2	3	4	5
1.	The organization is duly registered by national or international legislation and regulations."					
2.	"The organization is supported by multiple funders."					
3.	"The organization's accounting practices adhere to generally accepted standards."					
4.	"Contracts and service agreements with other organizations are formalized in writing."					
5.	"The organization maintains a comprehensive annual budget covering all programs, management, funding sources, and fundraising activities."					
6.	"The organization engages in thorough financial planning."					
7.	"The annual budget is an integral part of the implementation plan development process."					

8.	"The budget undergoes regular review by the Board of Directors or the Program Management Department."					
9.	"Effective financial procedures and reporting systems are established within the organization."					
10.	"A procurement system is in place and utilized for organizational needs."					
11.	"The organization conducts both internal and external audits to ensure financial integrity."					
12.	"External audits are performed on an annual basis."					
13.	"Recommendations from audits are actively implemented to improve financial management."					
14.	"Financial reporting within the organization is timely and accurate."					
15.	"Financial reports comprehensively include a balance sheet, cash flow statement, and statement of activities."					
16.	"The financial committee of the board reviews all financial reports."					
17.	"The organization has comprehensive insurance coverage to protect all operational levels."					
18.	"The organization employs cost-efficient strategies for purchasing fixed assets."					
19.	"The organization effectively manages and optimizes operational costs related to drug control activities."					

Section (F) Infrastructure

Please mark or tick the following answers. The levels are described as 1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

I. Facilities

No.	Statements	1	2	3	4	5
1.	"The technological resources and training materials within the organization are updated regularly to keep pace with organizational evolution."					
2.	"There is a regularly maintained and updated inventory of materials, equipment, and assets."					
3.	"The organization provides an adequate transportation system for project staff."					

Technology

No.	Statements	1	2	3	4	5
1.	"The offices are well-equipped with necessary physical assets such as furniture, adequate lighting, and sanitary facilities."					
2.	"The offices are adequately equipped with IT infrastructure, including telephones, fax machines, computers, software, and data recording systems."					

Section (G) Inter-Organization Linkage

Please mark or tick the following answers. The levels are described as 1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree

No.	Statements	1	2	3	4	5
1.	"The organization employs an effective partnership policy."					
2.	"The organization maintains beneficial relationships with the private sector for technical expertise, materials, and human resources."					
3.	"The organization plays a significant role in promoting networks."					
4.	"The organization actively networks and shares resources with both national and international organizations."					
5.	"The organization is actively involved in advocacy activities."					
6.	"The organization's activities are well-integrated into government development plans."					
7.	"The organization has a positive image among its stakeholders."					
8.	"The organization's partnerships with NGOs have a significant positive impact."					

Thank you for your kind participation in this survey!