



Impact of Drug in Myanmar



Dr. Thant Zaw Lwin (PhD)

Public Health Specialist

Deputy Head, Department of Public Health

Union Solidarity and Development Party

Myanmar (Burma)



OUTLINE

1

- **Demographic Information**

2

- **Impact of Drug**

3

- **Drug Use Pattern in Myanmar**

4

- **Drugs Control Policy in Myanmar**

5

- **Methadone Maintenance Therapy**

6

- **Conclusion**



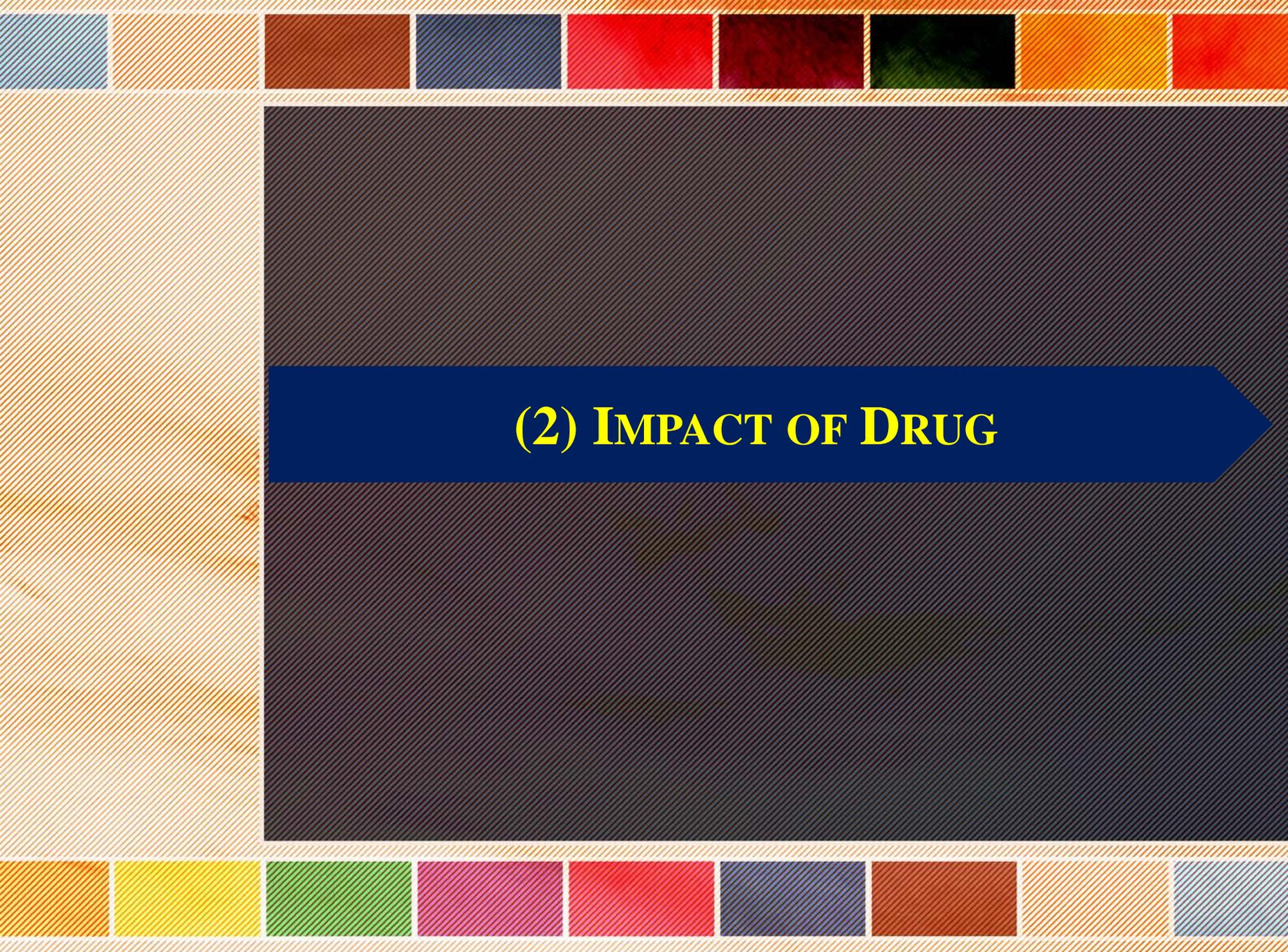
(1) DEMOGRAPHIC INFORMATION



Myanmar covers an area of 676,578 square kilometres and is the westernmost country in South-East Asia. Myanmar shares borders with the People's Republic of China on the north and northeast; with Lao People's Democratic Republic and the Kingdom of Thailand on the east and southeast, the People's Republic of Bangladesh and the Republic of India on the west. 1760 miles of the coast-line is bounded on the west by the Bay of Bengal and on the south by the Andaman Sea. The country is divided administratively into Nay Pyi Taw Union Territory and (14) States and Regions.

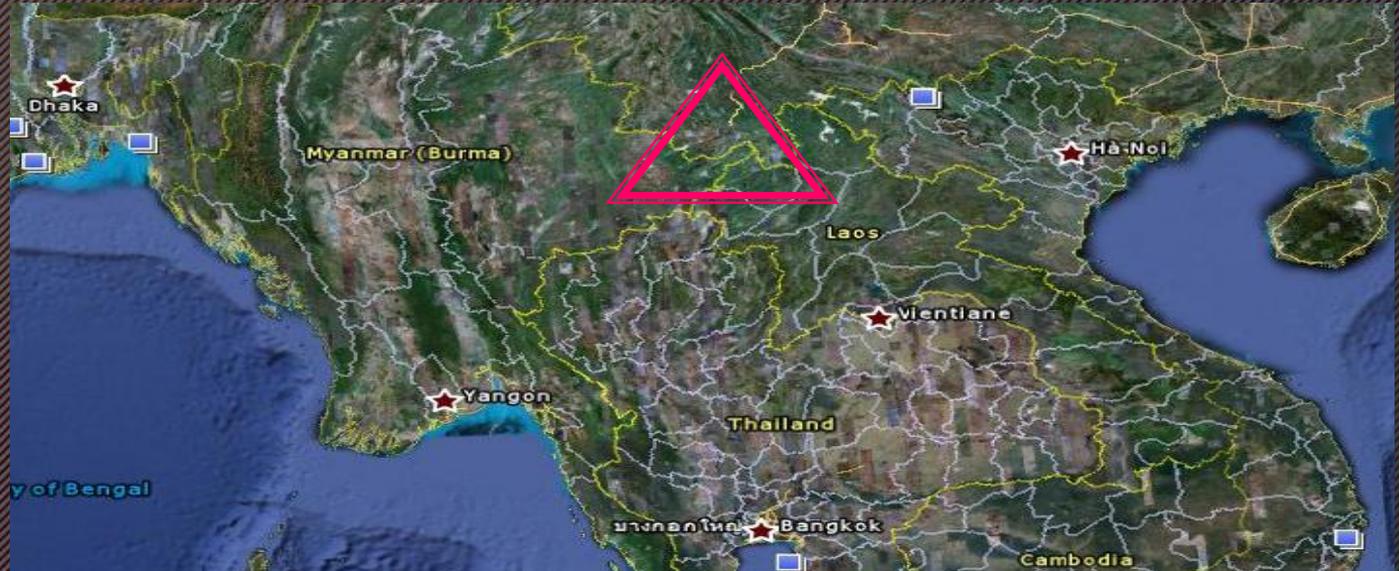
Source: Five Year Strategic Plan for Young People's Health Report (2016-2020)

- 51.4 million, with a population density of 76 per square kilometer
- 65.6% of the population is between the age of 15-64 years, 0-14 year group comprising 28.6% and 5.8% for those over 65 years of age and above
- There are approximately 16 million young people (10- 24) years in Myanmar which accounts for 28 % of the population



(2) IMPACT OF DRUG

Golden Triangle (Myanmar, Thailand and Laos)

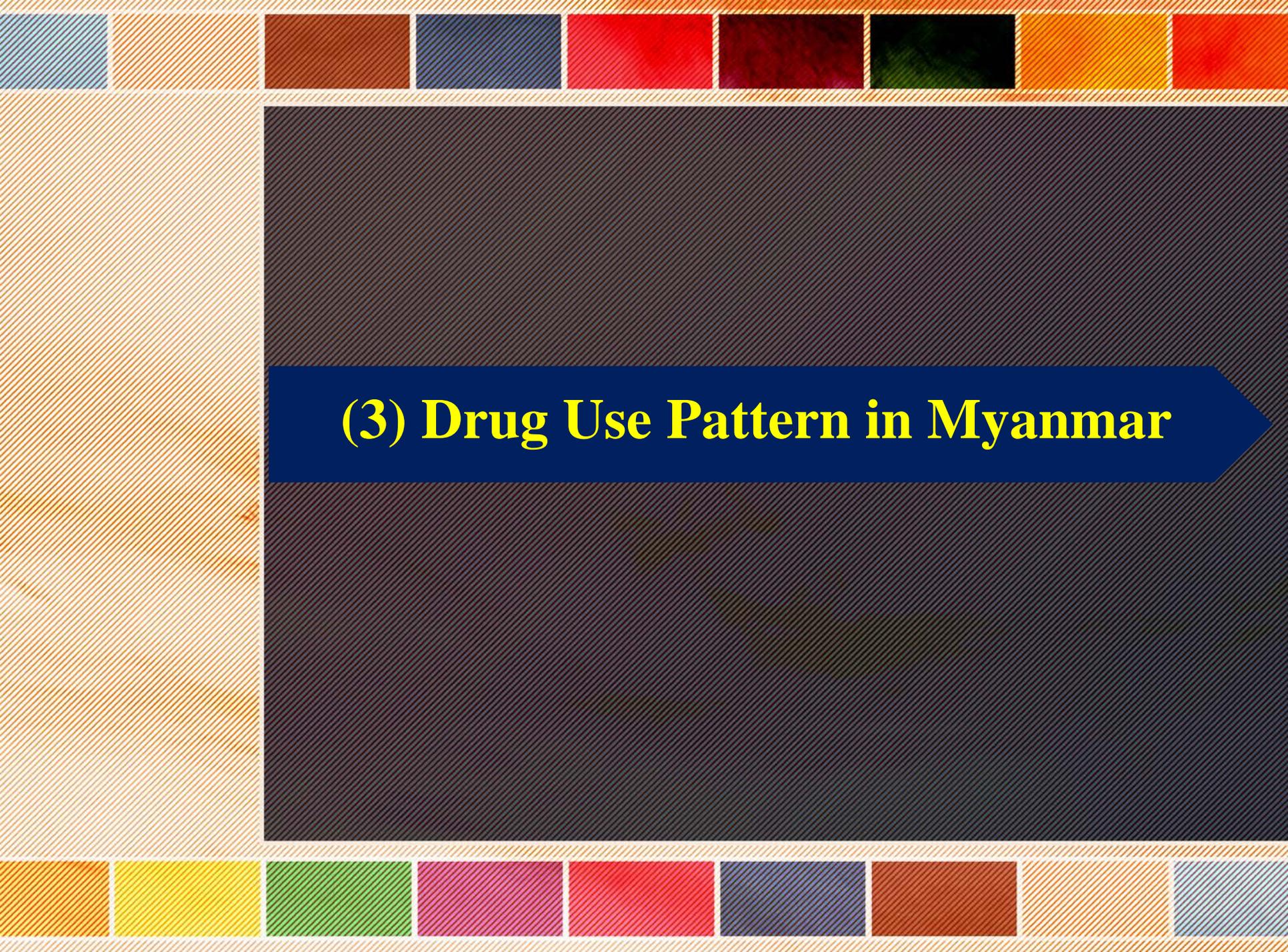


- situated in South East Asia's 'Golden Triangle'
- Myanmar is one of the major opium producers in the world, accounting for 14% of the world's total opium production, and 20 % of the world's total cultivation.
- International reports claim that the country is the world's second largest opium producer after Afghanistan.

- The drug challenges facing Myanmar are significant. They include large areas of opium poppy cultivation and heroin production, increasing methamphetamine production and trafficking, cross-border precursor chemical trafficking, and increasing drug use and associated harms.
- While opium remains a significant issue, Myanmar is one of the largest methamphetamine producers in the world.
- Geographically, Myanmar lies between two major chemical producing countries - China and India - and is situated in the region of East and Southeast Asia where the drug market is pronounced.

- Trafficking of methamphetamine is a particularly challenging issue, with large amounts originating from Myanmar seized across Southeast and East Asia and increasingly along western border with Bangladesh, suggesting that the South Asian market is expanding.
- Currently Myanmar provides easy access and opportunity for drug producers and traffickers based on this strategic geographic location. The volume of drug production occurring in Myanmar requires the importation of large quantities of precursor chemicals and cutting agents, and substantial quantities are trafficked from neighboring countries and continue to be seized.

- There is a lack of reliable information on the extent of the drug use and its health consequences, although the number of people who inject drugs (PWID) is estimated to exceed 80,000 and HIV prevalence in PWID is estimated at close to 30%
- Major health problems such as HIV, hepatitis B and C, drug overdoses and tuberculosis are related to risky injection practices and the sharing of smoking paraphernalia.
- Problematic drug use is especially related to unsafe practices by injecting heroin users.
- Many drug users also face abuse and extortion from police officers and armed groups for possession of small amounts of drugs or needles and syringes.

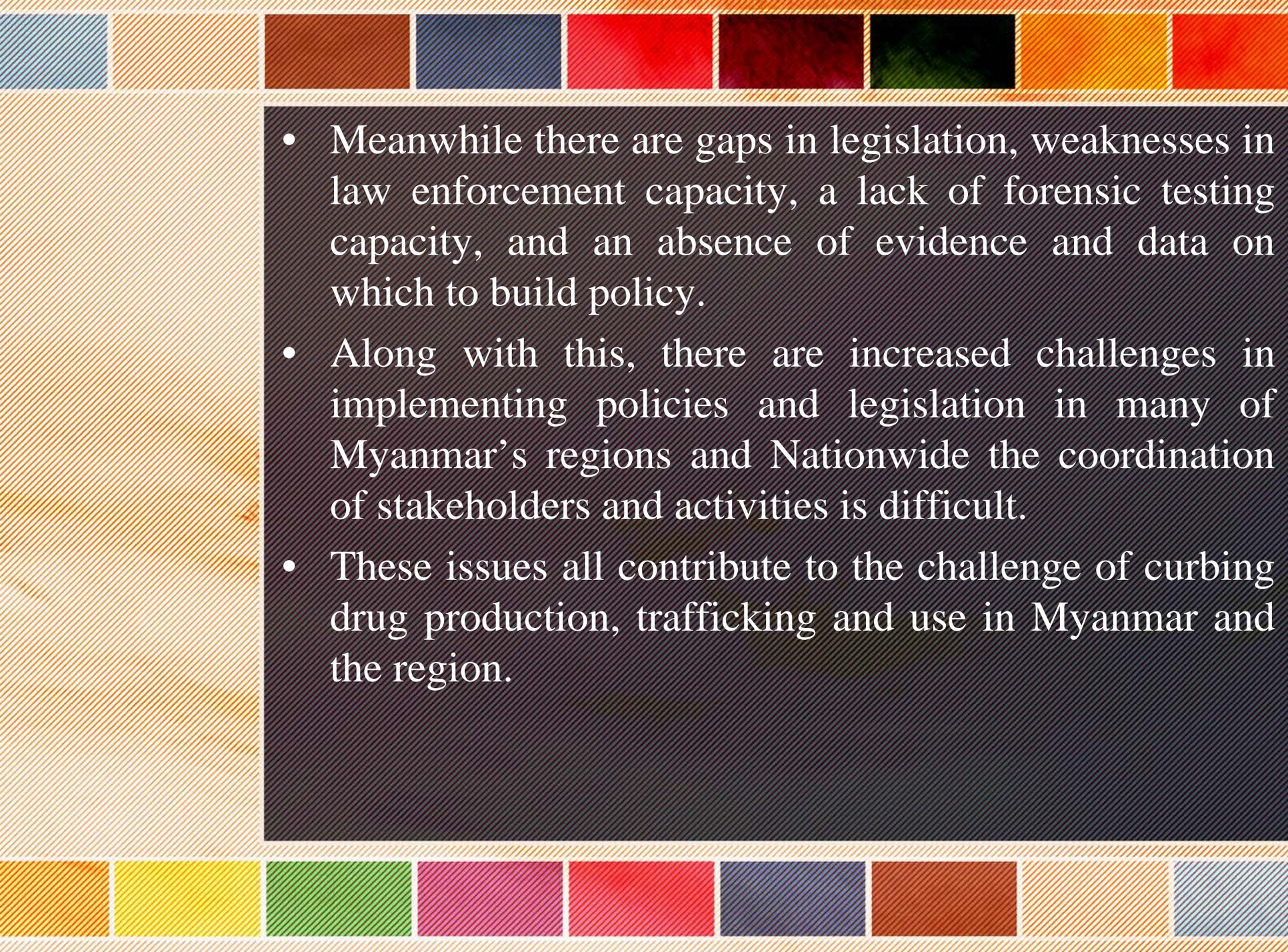


(3) Drug Use Pattern in Myanmar

- For more than a century, different rural and ethnic communities living in remote mountainous areas of Myanmar have cultivated and used opium.
- Other recent trends of problematic drug use are related to methamphetamines, which are popular among youths, students, club goers, sex workers, truck drivers and other people working long hours, and manual labourers.
- In the past, methamphetamine was only available in big cities but now it is also present in rural areas and are easily available and usually cheap.
- Many drug users in Myanmar are using a variety of drugs (poly drug use) and do not limit their use to one specific drug.

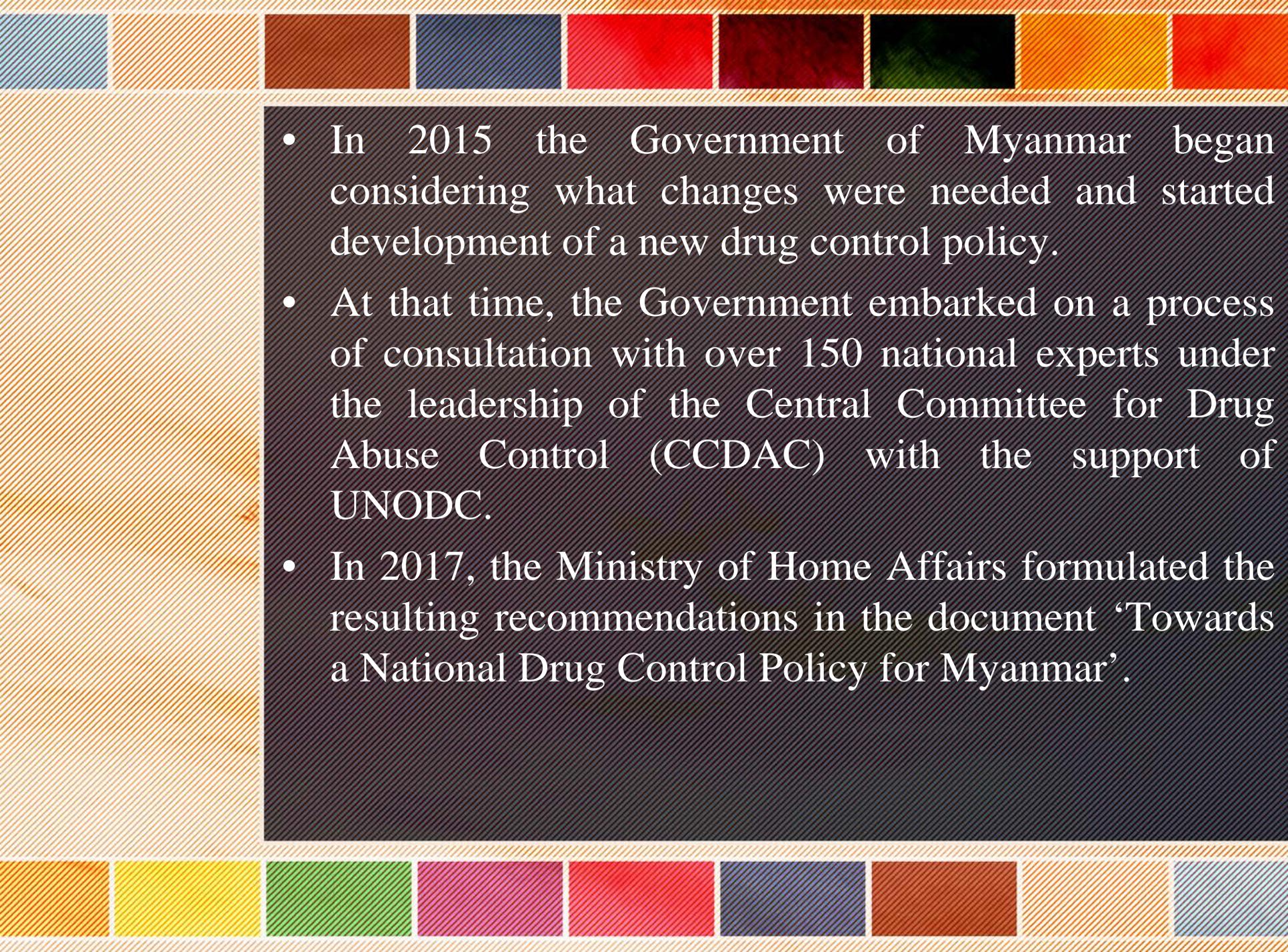
Source: Amphetamine Type Stimulants and Harm Reduction: Experiences from Myanmar, Thailand and Southern China, Drug Policy Briefing nr37, TNI, 2011. Link: <https://www.tni.org/files/article-downloads/brief37.pdf>

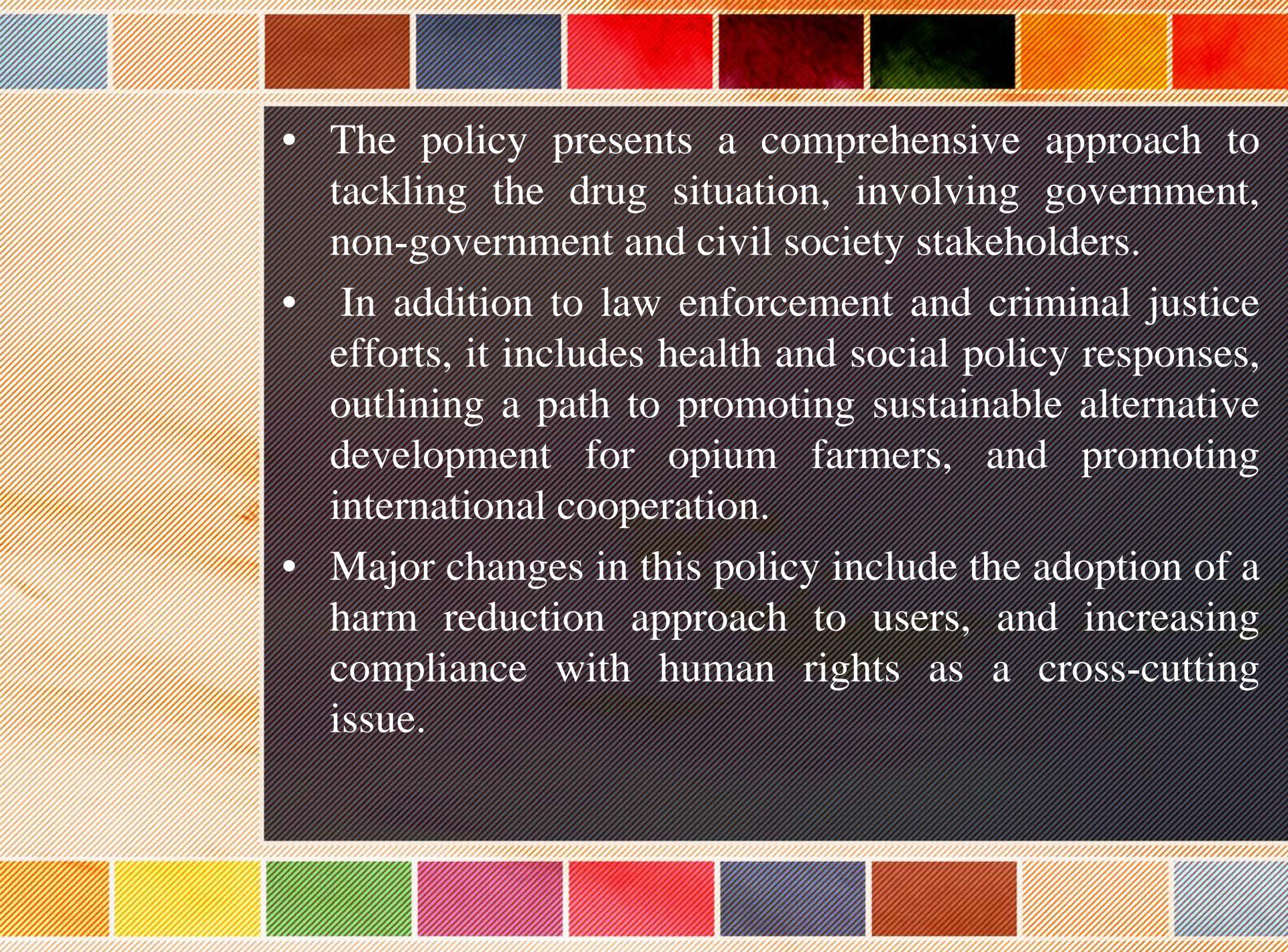
- Under the current legal regime, drugs users are sentenced to imprisonment. Nationwide, 48% of Myanmar's 60,000-80,000 prisoners are detained for drug related offences, with the percentage of drug-related offenders as high as 70-80% in some prisons (such as in Myitkyina and Lashio). This is a significant financial and management burden to the prison system.
- Detaining of drug users not only burdens the criminal justice system but also carries negative social and health consequences for families and communities, both when users are in prison and after they are released.

- 
- Meanwhile there are gaps in legislation, weaknesses in law enforcement capacity, a lack of forensic testing capacity, and an absence of evidence and data on which to build policy.
 - Along with this, there are increased challenges in implementing policies and legislation in many of Myanmar's regions and Nationwide the coordination of stakeholders and activities is difficult.
 - These issues all contribute to the challenge of curbing drug production, trafficking and use in Myanmar and the region.



(4) Drugs Control Policy in Myanmar

- 
- In 2015 the Government of Myanmar began considering what changes were needed and started development of a new drug control policy.
 - At that time, the Government embarked on a process of consultation with over 150 national experts under the leadership of the Central Committee for Drug Abuse Control (CCDAC) with the support of UNODC.
 - In 2017, the Ministry of Home Affairs formulated the resulting recommendations in the document ‘Towards a National Drug Control Policy for Myanmar’.

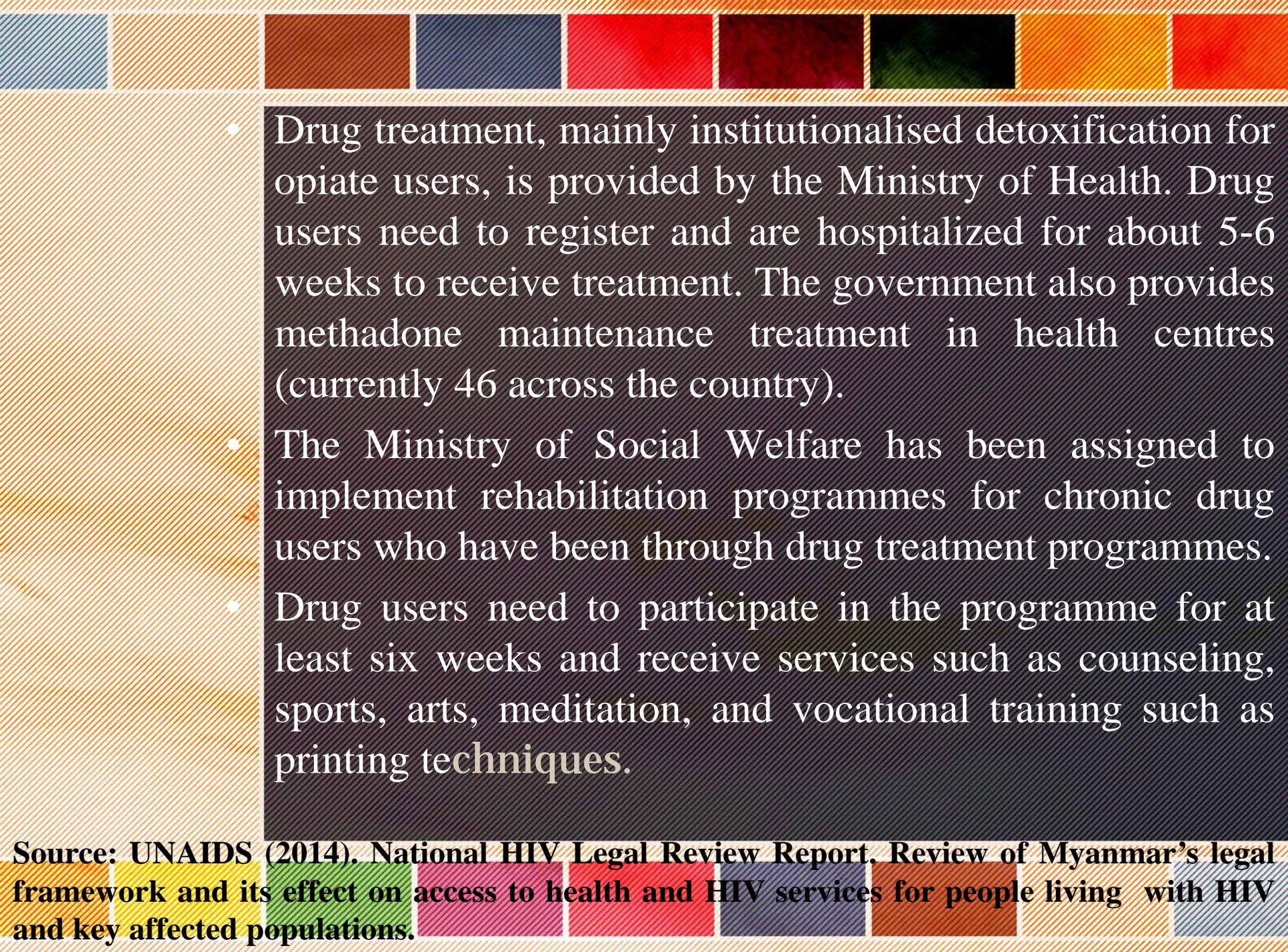
- 
- The policy presents a comprehensive approach to tackling the drug situation, involving government, non-government and civil society stakeholders.
 - In addition to law enforcement and criminal justice efforts, it includes health and social policy responses, outlining a path to promoting sustainable alternative development for opium farmers, and promoting international cooperation.
 - Major changes in this policy include the adoption of a harm reduction approach to users, and increasing compliance with human rights as a cross-cutting issue.

- 
- The priority needs of Myanmar, as identified through the consultations, combined with regional and international priorities, has led to the decision to include the following key approaches in the drug control policy:

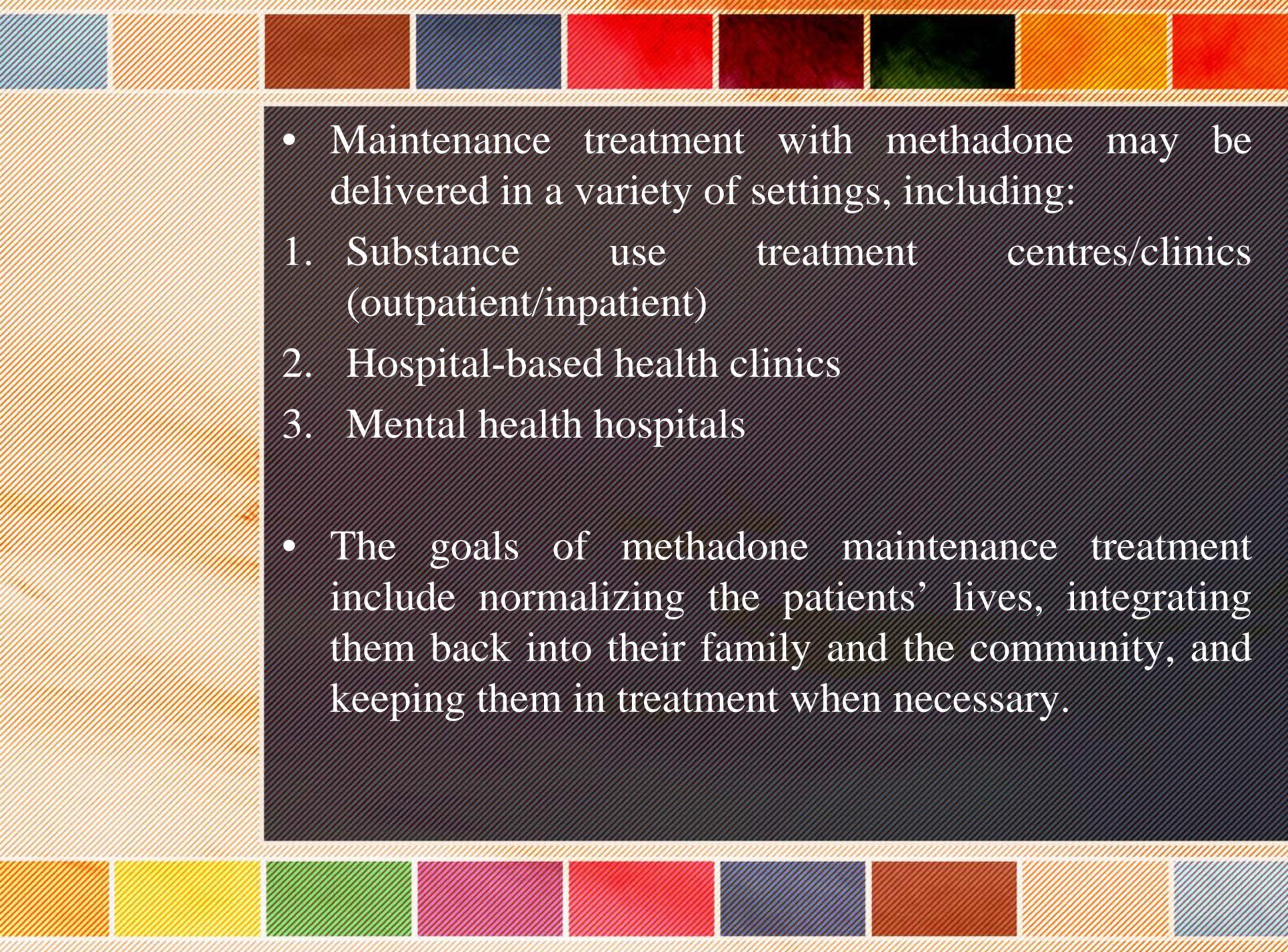
1. Supply Reduction and Alternative Development
2. Demand and Harm Reduction
3. International Cooperation
4. Research and Analysis (a strong evidence base)
5. Compliance with Human rights

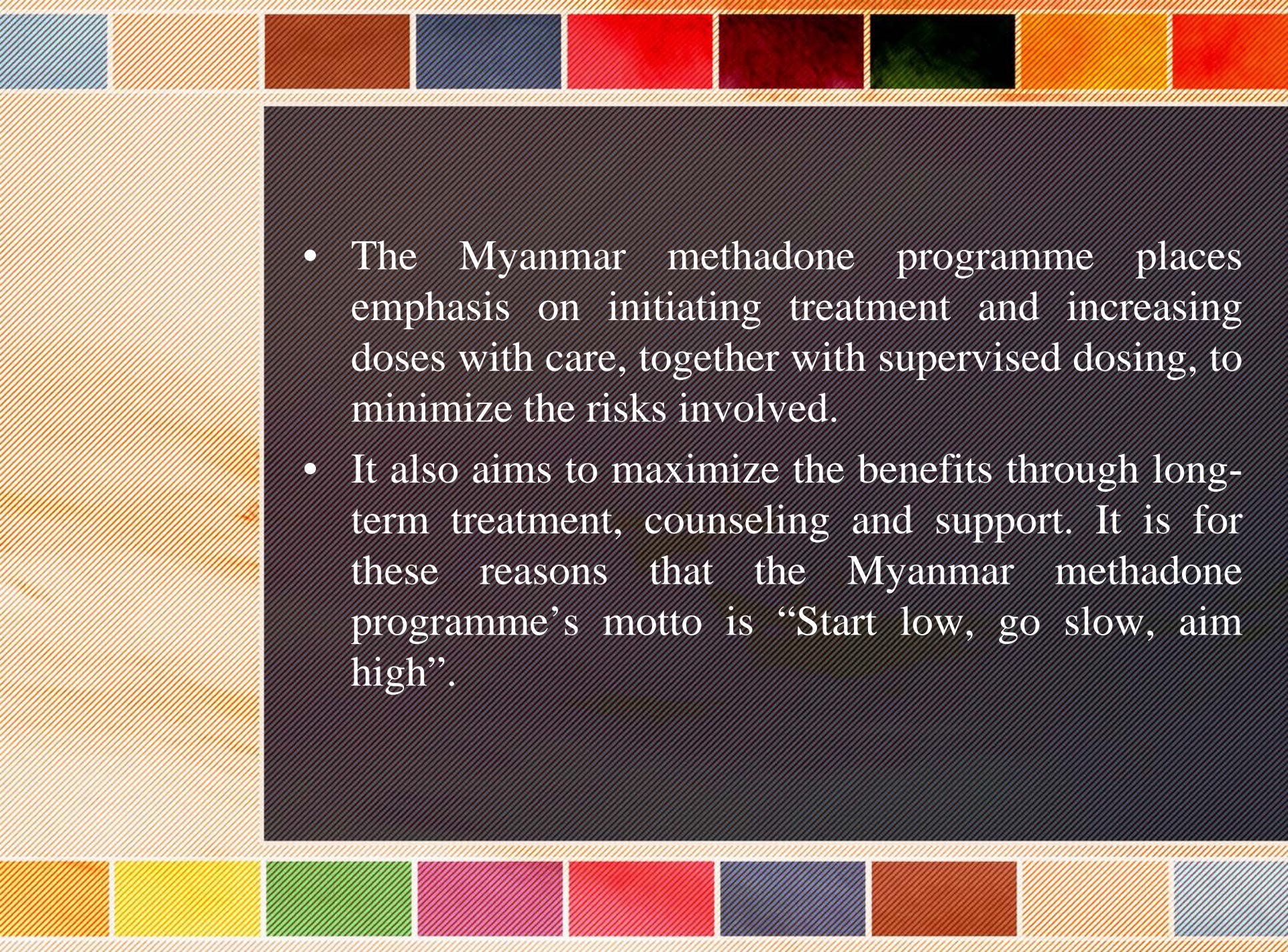


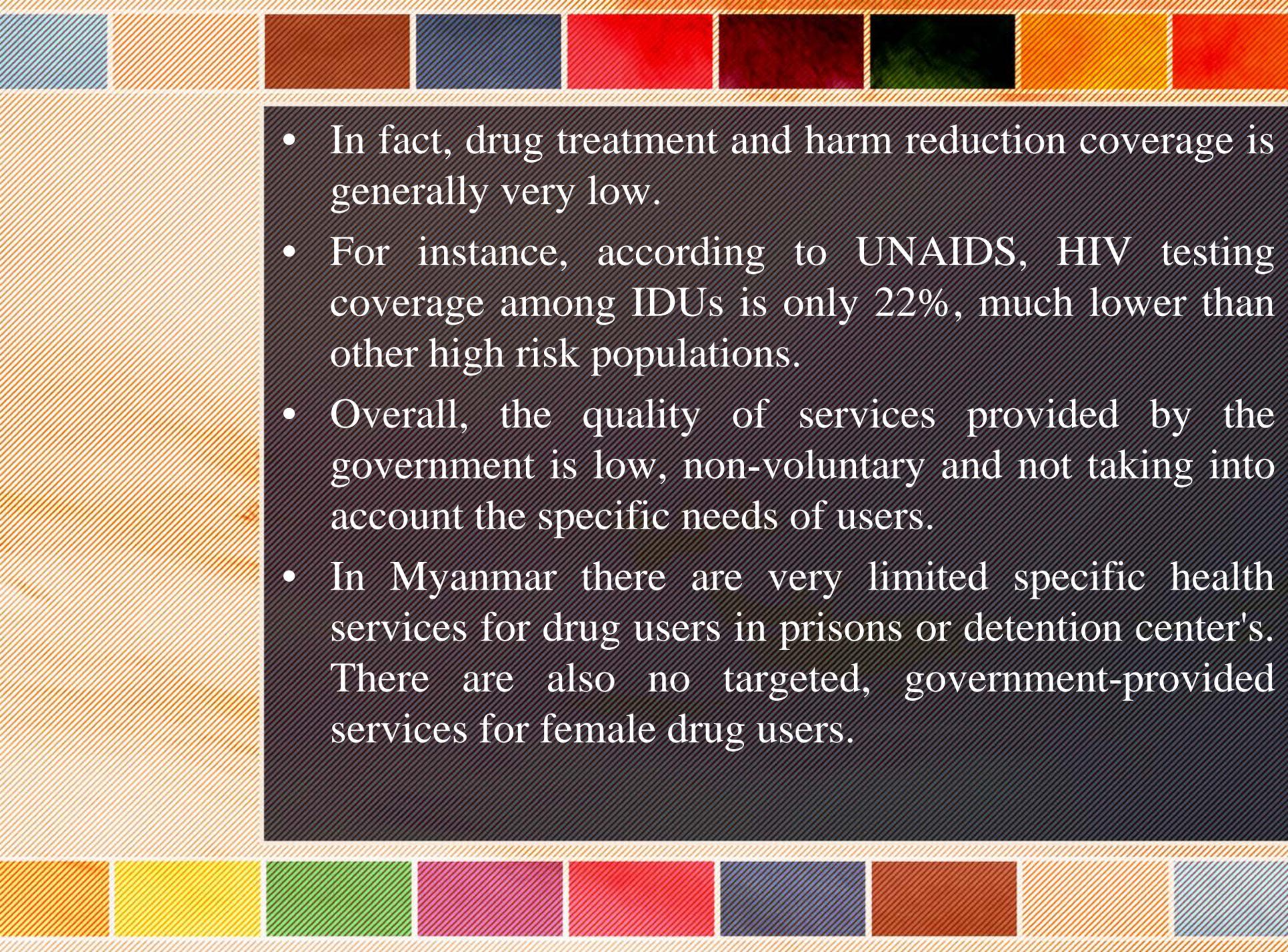
(5) Methadone Maintenance Therapy

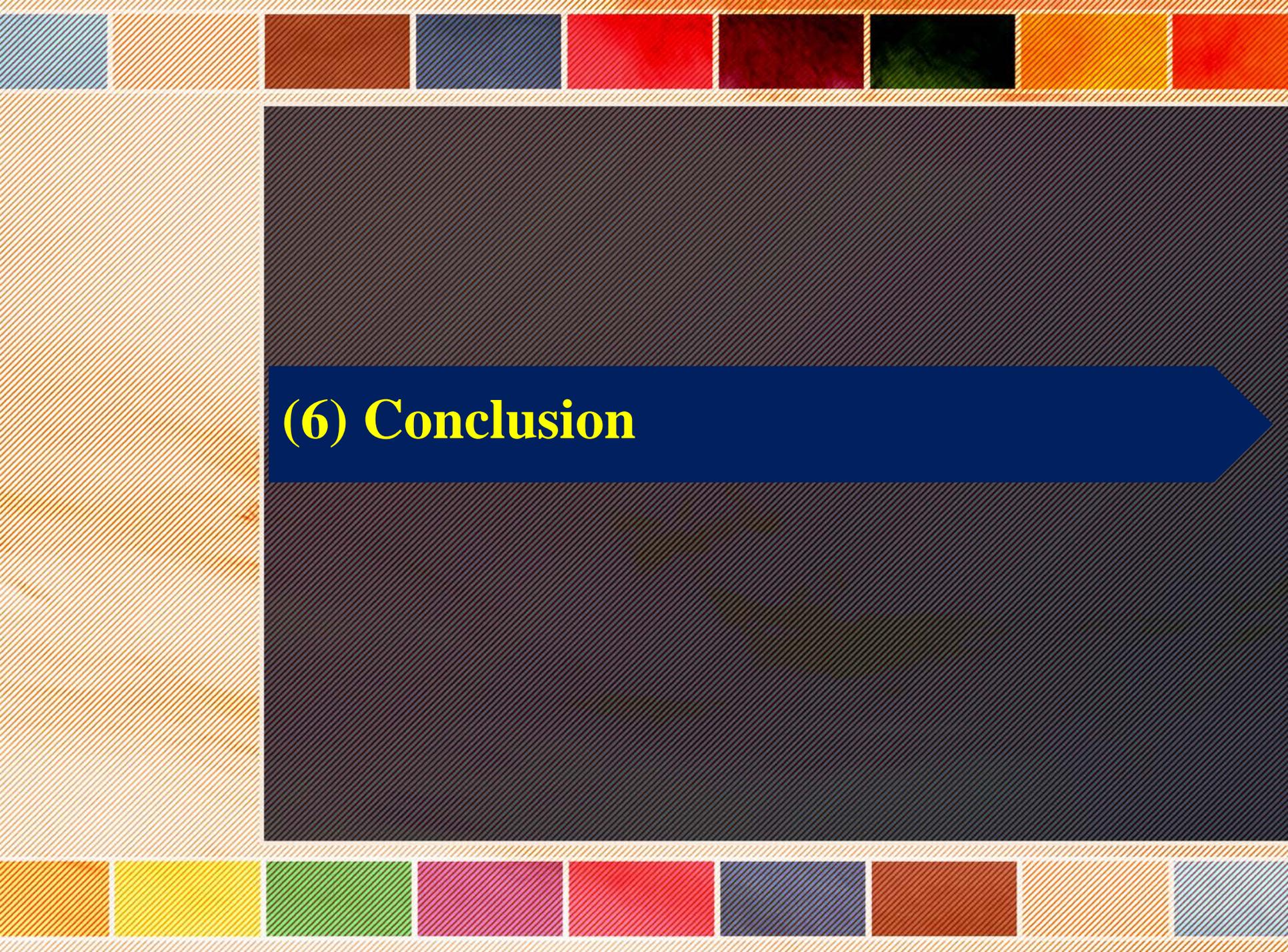
- 
- Drug treatment, mainly institutionalised detoxification for opiate users, is provided by the Ministry of Health. Drug users need to register and are hospitalized for about 5-6 weeks to receive treatment. The government also provides methadone maintenance treatment in health centres (currently 46 across the country).
 - The Ministry of Social Welfare has been assigned to implement rehabilitation programmes for chronic drug users who have been through drug treatment programmes.
 - Drug users need to participate in the programme for at least six weeks and receive services such as counseling, sports, arts, meditation, and vocational training such as printing techniques.

Source: UNAIDS (2014). National HIV Legal Review Report. Review of Myanmar's legal framework and its effect on access to health and HIV services for people living with HIV and key affected populations.

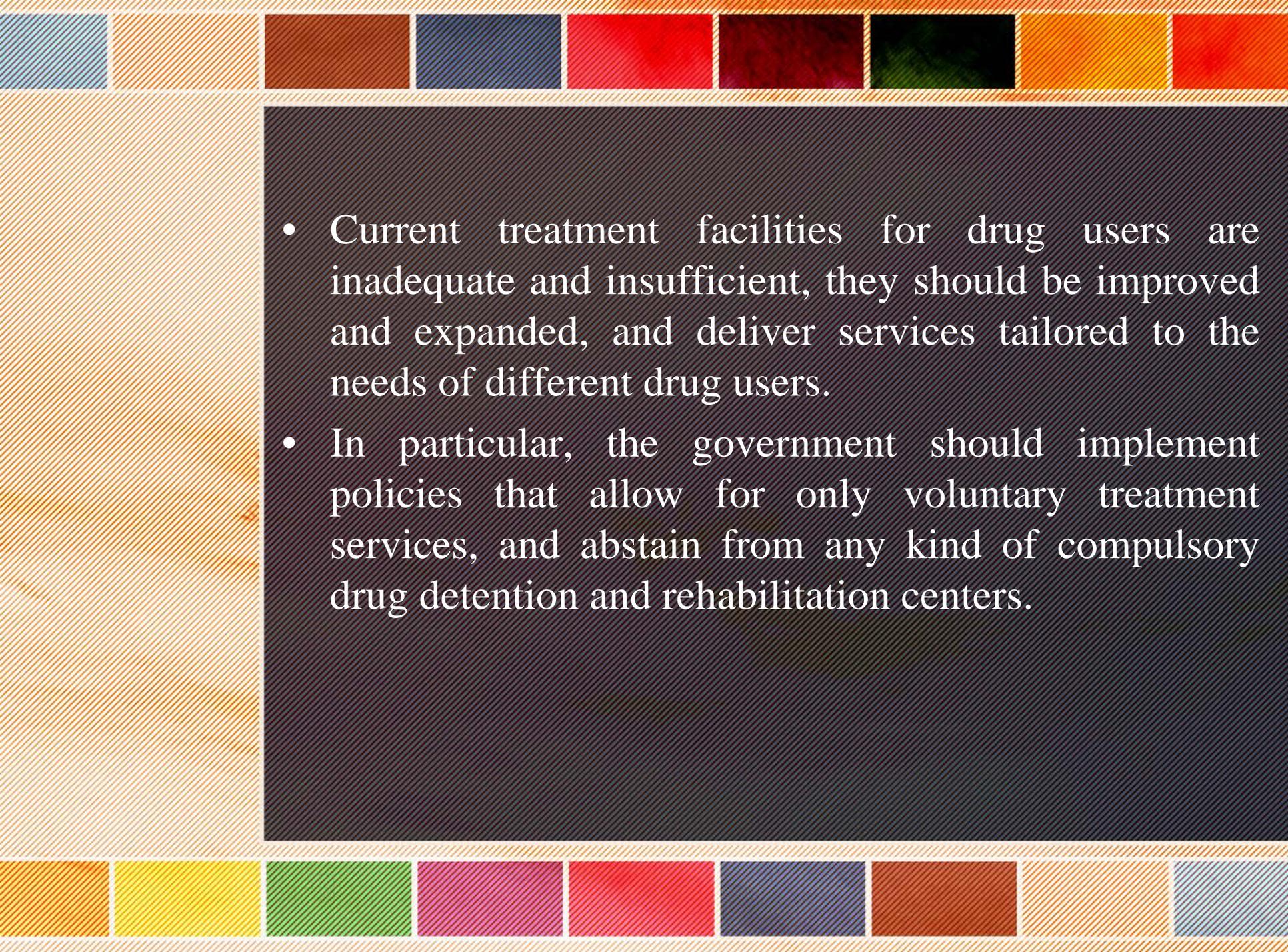
- 
- Maintenance treatment with methadone may be delivered in a variety of settings, including:
 1. Substance use treatment centres/clinics (outpatient/inpatient)
 2. Hospital-based health clinics
 3. Mental health hospitals
 - The goals of methadone maintenance treatment include normalizing the patients' lives, integrating them back into their family and the community, and keeping them in treatment when necessary.

- 
- The Myanmar methadone programme places emphasis on initiating treatment and increasing doses with care, together with supervised dosing, to minimize the risks involved.
 - It also aims to maximize the benefits through long-term treatment, counseling and support. It is for these reasons that the Myanmar methadone programme's motto is “Start low, go slow, aim high”.

- 
- In fact, drug treatment and harm reduction coverage is generally very low.
 - For instance, according to UNAIDS, HIV testing coverage among IDUs is only 22%, much lower than other high risk populations.
 - Overall, the quality of services provided by the government is low, non-voluntary and not taking into account the specific needs of users.
 - In Myanmar there are very limited specific health services for drug users in prisons or detention center's. There are also no targeted, government-provided services for female drug users.



(6) Conclusion

- 
- Current treatment facilities for drug users are inadequate and insufficient, they should be improved and expanded, and deliver services tailored to the needs of different drug users.
 - In particular, the government should implement policies that allow for only voluntary treatment services, and abstain from any kind of compulsory drug detention and rehabilitation centers.

Concerns/Challenges

- Myanmar has large youth population. Majority of youth are drug abusers.
- Pharmaceutical drug use- porous border and easy availability
- Easy access and increase in abuse and transaction of methamphetamine
- Lack of trained professionals

Myanmar would like to get _

- GCCC Credentialing System Training
- Opportunities for student exchange and seek funds
- Engage students and addiction professionals in academic programs of addiction studies and continuing education, promoting career opportunities in prevention and treatment.
- Need a regional structure and identify coordinating centers

THANK YOU

