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Myanmar Country Office

**DRUG DEMAND REDUCTION AND
HIV PREVENTION IN MYANMAR**



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An Overview

Opium poppy has been cultivated in Myanmar for more than a century. Farmers have traditionally relied on its cultivation to offset rice deficits and to purchase basic goods. Opium has also been used as a painkiller and to alleviate the symptoms associated with diarrhoea, cough and other ailments. Additionally, the use of opium as medicine is often exacerbated by the lack of access to health care services.

As the production and consumption of drugs are often linked, opiates remain the most widely used illicit drug within the country, with approximately an even split between heroin and opium use. In recent years, however, there appears to be a trend away from the traditional smoking of opium to injecting heroin. Moreover, the use of Amphetamine-Type Stimulants (ATS), especially by young people, is rapidly increasing.

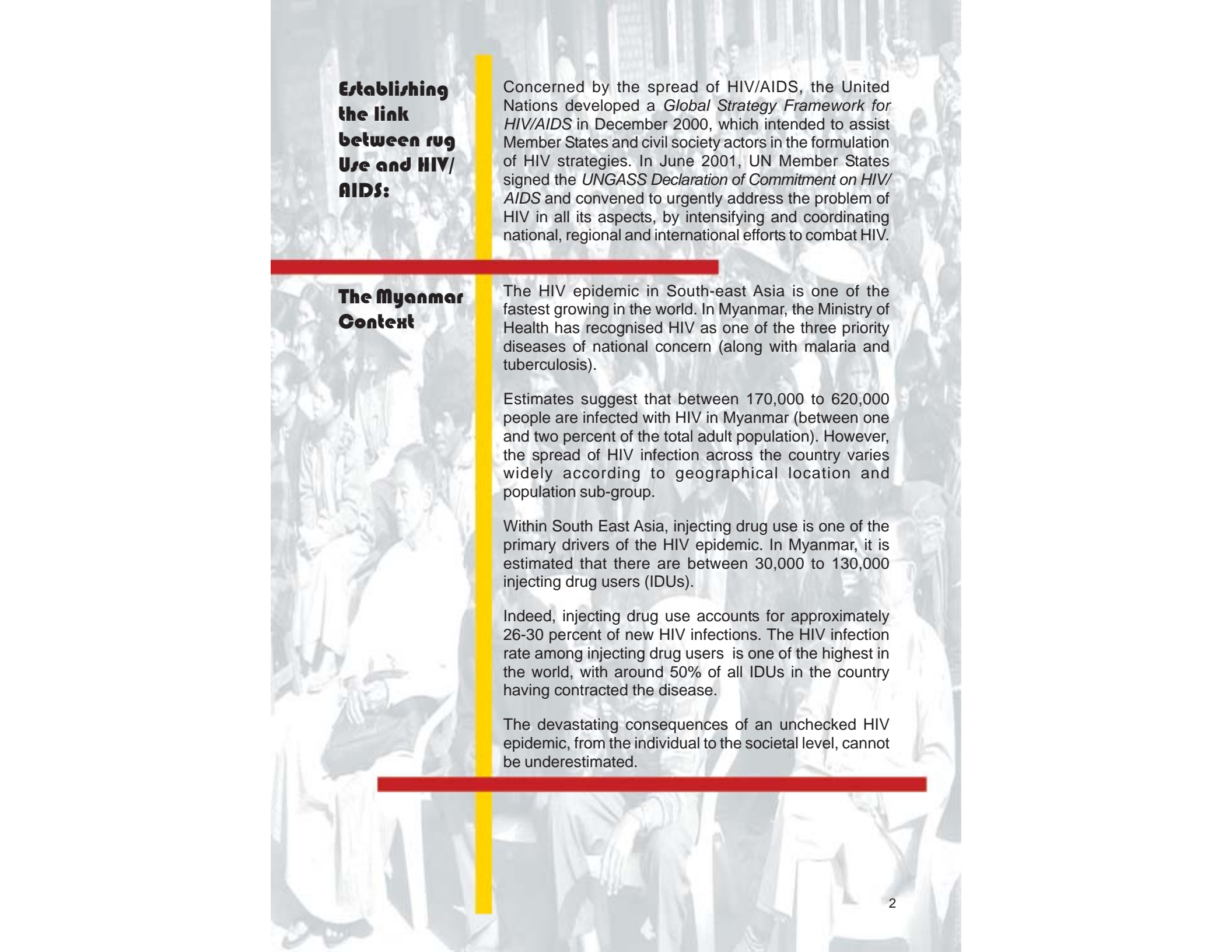


Drug use is considered in many countries as a criminal offence, often driving it underground, where users remain hidden and unmonitored. The stigma and marginalisation frequently experienced by drug users often means that they are excluded from access to medical services.



The consequences of drug use on society are numerous and include, adverse effects on health; crime, violence and corruption; draining of human, natural and financial resources that might otherwise be used for social and economic development; erosion of individual, family and community ties; and undermining of political, cultural, social and economic structures.

The situation is made even more critical by the economic hardships many drug users experience. This is certainly the case in Myanmar. In addition, injecting drug use and the sharing of equipment is an extremely high-risk behaviour in relation to HIV transmission.



Establishing the link between rug Use and HIV/ AIDS:

Concerned by the spread of HIV/AIDS, the United Nations developed a *Global Strategy Framework for HIV/AIDS* in December 2000, which intended to assist Member States and civil society actors in the formulation of HIV strategies. In June 2001, UN Member States signed the *UNGASS Declaration of Commitment on HIV/AIDS* and convened to urgently address the problem of HIV in all its aspects, by intensifying and coordinating national, regional and international efforts to combat HIV.

The Myanmar Context

The HIV epidemic in South-east Asia is one of the fastest growing in the world. In Myanmar, the Ministry of Health has recognised HIV as one of the three priority diseases of national concern (along with malaria and tuberculosis).

Estimates suggest that between 170,000 to 620,000 people are infected with HIV in Myanmar (between one and two percent of the total adult population). However, the spread of HIV infection across the country varies widely according to geographical location and population sub-group.

Within South East Asia, injecting drug use is one of the primary drivers of the HIV epidemic. In Myanmar, it is estimated that there are between 30,000 to 130,000 injecting drug users (IDUs).

Indeed, injecting drug use accounts for approximately 26-30 percent of new HIV infections. The HIV infection rate among injecting drug users is one of the highest in the world, with around 50% of all IDUs in the country having contracted the disease.

The devastating consequences of an unchecked HIV epidemic, from the individual to the societal level, cannot be underestimated.

Hence, prevention amongst vulnerable groups such as drug users, not only protects the users themselves, but minimises the risk of transmission to the wider community.

The role of UNODC

Acknowledging the link between supply and demand, UNODC's mandate aims to reduce not only the production, but also the consumption of illicit drugs.

In Myanmar, in addition to implementing projects where the objective is to reduce the cultivation and production of illicit drugs by providing farmers with economically sustainable alternatives, UNODC also executes programmes in the area of Drug Demand Reduction (DDR) and prevention of HIV/AIDS.



Since 1999 UNODC has incorporated HIV/AIDS activities into its demand reduction programmes. UNODC's mandate in relation to HIV prevention and care focuses on drug prevention and abuse, prison settings and trafficking in human beings, with an emphasis on community-centred prevention, treatment and rehabilitation of drug users.

Given that in Myanmar injecting drug use accounts for a large percentage of HIV infections (second only to transmission through heterosexual sex), UNODC implements projects and activities that aim both to prevent drug use and to reduce the incidence of HIV spreading through injecting drug use.

Drug demand reduction and HIV/AIDS initiatives are often complementary: drug demand reduction activities aim to reduce the use of drugs. Similarly, UNODC's HIV activities in relation to drug use aim at minimising risk behaviour, such as drug taking.

UNODC takes a comprehensive approach to both Drug Demand Reduction and HIV, with the activities of each proving to be mutually reinforcing



Additionally, UNODC has been entrusted by UNAIDS co-sponsors with the mandate for promoting HIV prevention and care as it relates to drug users, prisons/ closed settings and the trafficking in persons. Such interventions respond to four global goals:

UNAIDS
Co-sponsoring
Agencies:

- ◆ To prevent the spread of HIV
- ◆ To provide care and support to those infected and affected by the disease
- ◆ To reduce the vulnerability of individuals and communities to HIV/AIDS
- ◆ To alleviate the socioeconomic and human impact of the epidemic

- ILO**
UNDP
UNESCO
UNFPA
UNHCR
UNICEF
UNODC
WFP

WHO
World Bank

As described by the Joint UNAIDS Statement on HIV Prevention and Care for Drug Users (2005), HIV associated with injecting drug use can best be contained by implementing a comprehensive, core package of interventions.

This package provides a range of activities, including: prevention and awareness raising; outreach to IDUs; drug dependence treatment; voluntary and confidential HIV testing and counselling; prevention of sexual transmission of the HIV infection among drug users; and primary prevention programmes targeting young people.



UNODC's initiatives focus on behaviour change as a continuum-from immediate, short term, pragmatic goals, to long-term ideals.

This approach recognises that in the short term, abstinence might not be achievable for all drug users. Hence, rather than focusing only upon abstinence, the approach advocated by UNODC represents a more comprehensive, diverse and thorough effort to minimise the risks faced in all stages of drug use.

UNODC, through its partners, implements activities in selected intervention areas in Shan State, Kachin State, and Mandalay Division.

How does UNODC work in Myanmar?



- ◆ Through the community in order to ensure the sustainability of interventions.



- ◆ By promoting coordination and partnerships with other UN agencies, international and national NGOs and community-based organisations to maximise the coverage and impact of its activities.



- ◆ By supporting a holistic and comprehensive approach to HIV and Drug Demand Reduction.



Community-Based Drug Demand Reduction

Communities are provided with the tools that allow them to take ownership of the demand reduction programmes.

thus making them more sustainable

To address these issues within Myanmar, UNODC leads several ground-breaking initiatives:

UNODC programmes seek to engage community support as much as possible. In the case of Drug Demand Reduction activities, UNODC

promotes community involvement in prevention activities, so that it provides support to drug users through all stages of the treatment, detoxification and rehabilitation process; and acts as a safety net for these vulnerable individuals.

In this sense, communities are encouraged to take the double role of acting as preventing agents for youth and other vulnerable groups, and as care-takers for users and ex-addicts.

Treatment programmes often involve members of the drug user's family to help him/her go through the difficult process of detoxification.

UNODC delivers educational campaigns, undertakes advocacy and skills training activities as well as providing services for the drug user.

In addition, it encourages community self-financing (through micro-credit, revolving funds and community

management) to ensure the ex-user can better reintegrate into society and lead a productive life.

A Supporting Mechanism

In 2003, UNODC established a support mechanism, in the form of a Technical Coordination Unit (TCU), in order to provide assistance to implementing partners in the effective coordination and execution of activities in the area of injecting drug use and HIV prevention. This mechanism has supported numerous activities, including: outreach, drop-in centres, youth centres and community-based and closed settings work.



Through this mechanism, **holistic and community-based** approaches are promoted that incorporate the comprehensive package of HIV interventions, while also including activities aimed at reducing the use of drugs.

UNODC also aims at expanding and maximising the impact of activities by focusing on:

Coordination and monitoring, to ensure a unified approach that promotes the most efficient and effective use of resources; networking and advocacy support, to ensure understanding and participation of all concerned; and data collection, programme development and support, to promote the adoption and scale-up of the comprehensive package of services to drug users.



UNODC has been instrumental in the development of pilot programmes for drug users in priority communities based on this comprehensive approach

Youth Centres

Young people are more vulnerable to peer pressure, their social environment and the hardships of everyday life. Therefore prevention plays a crucial role in minimising the possibility of using drugs and the risks associated with their consumption.



At UNODC's youth centres young and old can take part in awareness sessions and are given the opportunity to develop their skills and interests in areas such as sports, music and vocational trainings, as well as language classes and health education sessions.

Ultimately, the aim of prevention and education is to enable people to make informed choices

Prison settings

HIV infection rates in prison settings are usually higher than in the general community, and the sharing of injection equipment is one important contributing factor. To combat this, UNODC conducts prevention and awareness activities, as well as skills training for prison communities in order to minimise risk-taking behaviour, such as drug use, and to facilitate their reintegration in society.

Drop-In Centres

UNODC has established a number of drop-in centres where drug users and/or their relatives can receive counselling and primary health care services.

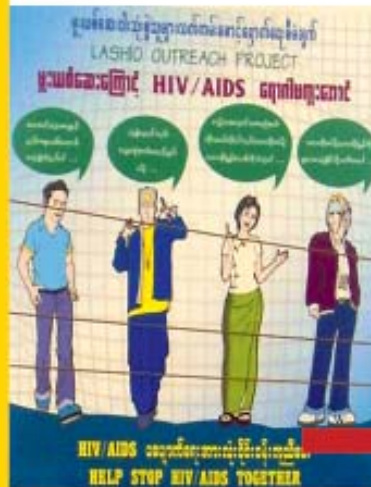
These centres offer the visitor advice and information, referral to specialists (for drug treatment, specialised medical treatment etc), and medical attention or symptomatic treatment, if required.



The drop-in centres provide a friendly environment where drug users, their families and communities can find support and can benefit from UNODC's large network of experts and service providers.

Outreach

In order to be able to reach as many drug users as possible, UNODC has trained teams of Outreach Health Workers (OHW's) and has set up outreach facilities for those unable to make the journey to the drop-in centres.



Through outreach services, primary health care and support is provided by qualified medical experts, who may refer drug users to specialist institutions if necessary.

In this way, access to services becomes possible, drug users receive the medical attention needed and the risk of related harm is minimised.

**Who does
UNODC
work with?**

Apart from working directly with the community at the grass-root level, UNODC also cooperates in a range of roles with the following NGOs, UN agencies and government ministries:



Government

- Ministry of Health
- Ministry of Education
- Ministry of Social Welfare
- Ministry of Home Affairs
- Ministry of Information
- Ministry of Progress of the Border Areas and National Races (NATALA)

International NGOs

- Burnet Institute
- CARE
- Medicins du Monde (MdM)
- Asian Harm Reduction Network (AHRN)
- Aide Medicale Internationale (AMI)
- Malteser
- Asia Regional HIV/AIDS Project (AusAID/ACIL)

UN Agencies

- UNODC
- UNDP
- UNAIDS
- WHO

National NGOs

- Myanmar Anti-Narcotics Association (MANA)
- Substance Abuse Research Association (SARA)
- Border Access Development Association (BDA)

UNODC's activities have been supported by the European Commission, the Fund for HIV/AIDS in Myanmar (FHAM), AusAID, the Government of Sweden and UNAIDS.

The results

Effective partnerships: UNODC has directly supported five of the seven main implementing partners to become involved in HIV and drug use initiatives, which has assisted to facilitate greater contributions from current and potential partners in this area.

A common approach: UNODC's pioneering activities have resulted in a general acceptance of the comprehensive approach adopted, which has now served as a benchmark to develop further activities. In turn, this has resulted in the expansion of various projects and partner involvement.



Increased participation from government: due to its role in coordination, support of pilot projects, advocacy activities and participation in the drafting of the National Strategic Plan, UNODC has been a major contributor in ensuring that HIV issues related to drug abuse are high on the national , state and township levels agenda.

More services: currently, UNODC has supported the development of eight of the 15 drop-in-centres operating in Myanmar, whether that be in assessing needs, negotiating with authorities, capacity building or providing training for staff.

The **impact** of such activities on beneficiary communities in intervention areas includes: a reduced prevalence of HIV among Injecting Drug Users; increased health-seeking behaviour; and reduced risk-taking behaviour.





Furthermore, a better understanding by the community of the nature and the problems related to drug abuse has been fostered.

Information on drug demand reduction and HIV/AIDS-related issues is increasingly available. Over the past few years a significant increase in the number of visits to the UNODC-sponsored centres has been recorded.

To date, the Drop-in Centre in Lashio (northern Shan State) has been visited by more than 30,000 people; over 122,000 youth have participated in the Youth Centre's activities; almost 150,000 educational materials have been distributed; and approximately 6,000 IDU's have received treatment from outreach health workers.

These results, gained over a period of just three years, indicate that in the Myanmar context the mitigation and reduction of drug use, HIV and their harmful consequences is possible.

The need, however, for the continuation, intensification and expansion of such activities is overwhelming.

This will only be possible with the collaboration of all relevant stakeholders and through concerted efforts that ensure the sustainability of interventions.

