



URBAN SAFETY PROJECT **COUNTERING NARCOTICS IN MYANMAR** **BACKGROUND PAPER**

Stephen Otter

Senior Rule of Law Advisor

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The Asia Foundation

Improving Lives, Expanding Opportunities

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About The Asia Foundation and the Urban Safety Brief Series

The Asia Foundation is a nonprofit international development organization committed to improving lives across a dynamic and developing Asia. Informed by six decades of experience and deep local expertise, our programs address critical issues affecting Asia in the 21st century—governance and law, economic development, women’s empowerment, environment, and regional cooperation. In addition, our Books for Asia and professional exchanges are among the ways we encourage Asia’s continued development as a peaceful, just, and thriving region of the world. Headquartered in San Francisco, The Asia Foundation works through a network of offices in 18 Asian countries and in Washington, DC. Working with public and private partners, the Foundation receives funding from a diverse group of bilateral and multilateral development agencies, foundations, corporations, and individuals.

The ***Urban Safety Brief Series*** aims to provide Myanmar policymakers at national and local levels, and other interested stakeholders, with analysis and examples of policies and practices, which potentially could be applied or adapted to enhance people’s safety in urban areas in Myanmar. The Asia Foundation has a wider policy research agenda looking at urban governance and public financial management and the Urban Safety Brief Series is a complimentary body of work. The Urban Safety Brief Series is supported by the Government of the United Kingdom (UK). The views expressed in the series are those of the authors and do not necessarily represent those of the UK Government or The Asia Foundation.

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About the author

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CONTENTS

- 1. INTRODUCTION.....6**

- 2. EXPLANATION OF MAIN CONCEPTS AND TERMS .7**
 - 2.1. International collaboration and coordination .7
 - 2.1.1. United Nations drug treaties .8
 - 2.1.2. European Union decisions. .8
 - 2.1.3. International bodies .8
 - 2.2. Reducing demand. .8
 - 2.2.1. Prevention .8
 - 2.2.2. Treatment. .10
 - 2.3. Restricting supply .10

- 3. LESSONS FROM INTERNATIONAL EXPERIENCE .11**
 - 3.1. Evidence of what works to reduce demand..11
 - 3.1.1. Prevention .11
 - 3.1.2. Treatment. .12
 - 3.2. Evidence of what works to restrict supply..14
 - 3.2.1. Tackling the cultivation of drug crops in Myanmar. .14
 - 3.2.2. Tackling drug dealing and illicit drug use in local drug markets. .15
 - 3.2.3. Corruption .16

- 4. COUNTER-NARCOTICS OPTIONS FOR URBAN AREAS IN MYANMAR. .18**
 - 4.1. The Myanmar context .18
 - 4.2. Recommended next steps...20
 - 4.2.1. Examples of actions for a township counter-narcotics plan..21

- 5. CONCLUSIONS22**

1. INTRODUCTION

In order to help the people of Myanmar benefit from peace and security, The Asia Foundation has established plans to achieve three outcomes in its Urban Safety Project. These are:

1. Township-level safety and security actors better understand urban safety challenges, and community priorities;
2. Safety and security-related actors improve their problem-solving skills as well as enhance collaboration and communication efforts;
3. Inter-agency and expert policy dialogue and practice on urban safety is strengthened among relevant actors at state/region and national levels.¹

In order to understand the urban safety challenges that most concern people in the four townships participating in this project, an urban safety review was completed.² This identified problematic drug use as a major concern that would benefit from an inter-agency response. This paper was commissioned in response to these findings. It provides information about current international approaches to tackling the supply and use of narcotics, and proposes some counter-narcotics methods that could be used at a township level.

1. Urban Safety Project Master Inception Deliverables v20170214 Draft to FCO (Yangon: The Asia Foundation, 2017).

2. Jane Sail, Jayde Roberts and David Ney, Urban Safety Review, Hlaing Tharyar, North Dagon, Taunggyi, Hpa-An (Yangon: The Asia Foundation, 2017).

2. EXPLANATION OF MAIN CONCEPTS AND TERMS

It is widely accepted that an effective counter-narcotics strategy will incorporate both of the following two approaches:

1. Reducing demand, which includes preventing people from becoming drug users in the first place, and treating those with a drug dependence problem to help them recover; and
2. Restricting supply.

These two approaches are explained in this section.

The term *supply and demand* comes from the world of economics. Supply is how much of something you produce, and demand is how much of something people want. Those working in the international field of counter-narcotics have adopted this economic model as a way of understanding the relationship between supply and demand, resulting in the price of narcotics being used as one way of evaluating how effective counter-narcotics efforts are. For example, generally speaking the price of a particular drug will go up if demand for it rises—and vice versa.

The Report of the International Narcotics Control Board (2004) made it clear that counter-narcotic strategies will only be effective if demand and supply are tackled together: 'Illicit drug supply and demand are, in fact, inextricably linked components of a single phenomenon. The demand for drugs stimulates the supply; the availability of drugs, in turn, creates demand as more people become dependent on drugs.'³

2.1. INTERNATIONAL COLLABORATION AND COORDINATION

International counter-narcotics efforts are enshrined in the following international agreements.

2.1.1. UNITED NATIONS DRUG TREATIES

- The 1961 Single Convention on Narcotic Drugs was set up as a universal system (replacing the various treaties signed until then) to control the cultivation, production, manufacture, export, import, distribution of, trade in, use and possession of narcotic substances, paying special attention to those that are plant-based: opium/heroin, coca/cocaine and cannabis.
- The 1971 Convention on Psychotropic Substances, in response to the diversification of drugs of abuse, introduced controls over the licit use of more than a hundred largely synthetic psychotropic drugs, like amphetamines, LSD, ecstasy, valium, etc.
- The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances was agreed in response to the increasing problem of drug abuse and trafficking during the 1970s and 1980s and provides for comprehensive measures against drug trafficking. These include provisions against money laundering and the diversion of precursor chemicals, and agreements on mutual legal assistance.

An important purpose of the first two treaties is to codify internationally applicable control measures in order to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, while preventing their diversion into illicit channels.

3. <http://www.un.org/apps/news/story.asp?NewsID=13504&Cr=drug&Cr1=control#.WclAxEyZPq1>.

2.1.2. EUROPEAN UNION DECISIONS

- The 2004 Framework Decision on penalties for trafficking lays down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking and has led to more harmonization on penalties across the EU.
- The 2005 Council Decision on new psychoactive substances, reviewed in 2012, provides for the information exchange, risk-assessment and control of new psychoactive substances and has led to the setting up of an EU-wide 'early warning system'.

2.1.3. INTERNATIONAL BODIES

- The International Narcotics Control Board (INCB) is the quasi-judicial control organ for the implementation and oversight of all three United Nations drug conventions.
- The World Health Organization is responsible for the medical and scientific assessment of all psychoactive substances and advises the Commission on Narcotic Drugs (CND) about their classification into one of the schedules of the 1961 or 1971 treaties.
- The European Monitoring Centre for Drugs and Drug Addiction exists to provide the EU and its member states with a factual overview of European drug problems and a solid evidence base to support the drugs debate.

2.2. REDUCING DEMAND

2.2.1. PREVENTION

There is no commonly accepted definition of 'narcotic or drug prevention' or precisely what type of activities it describes. At a simple level, drug prevention may include any policy, program, or activity that is (at least partially) directly or indirectly aimed at preventing, delaying or reducing drug use, and/or its negative consequences such as health and social harm, or the development of problematic drug use.⁴

The UN defines the primary objective of drug prevention as being, 'to help people, particularly but not exclusively young people, to avoid or delay initiation into the use of drugs, or, if they have started already, to avoid developing disorders (e.g. dependence). The general aim of drug prevention, however, is much broader than this: it is the healthy and safe development of children and youth to realize their talents and potential and become contributing members of their community and society. Effective drug prevention contributes significantly to the positive engagement of children, young people and adults with their families, schools, workplace and community.'⁵

In short, these prevention activities are principally aimed at helping young people to adjust their behavior, capacities, and wellbeing in fields of multiple influences such as social norms, interaction with peers, living conditions, and their own personality traits.⁶

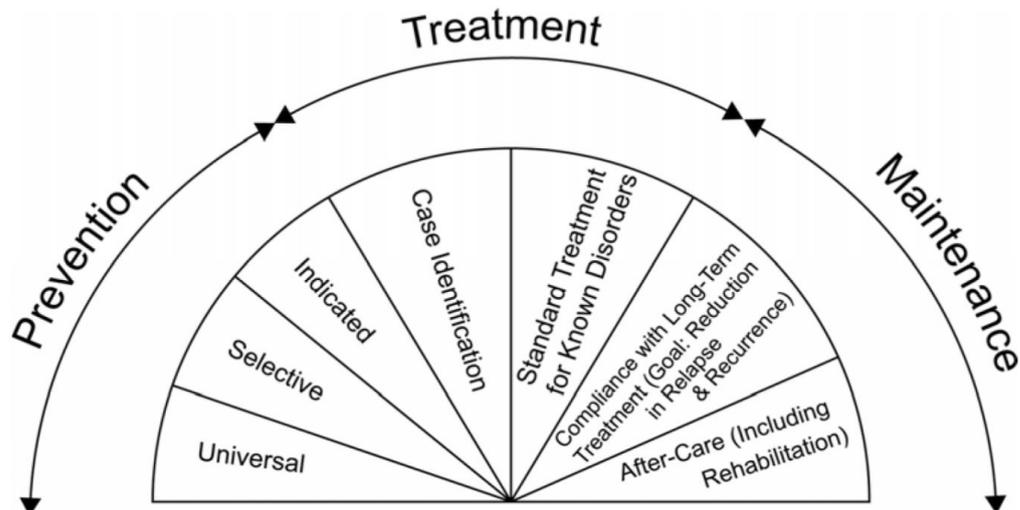
4. Advisory Council on the Misuse of Drugs, Prevention of drug and alcohol dependence. Briefing by the Recovery Committee. ACMD, UK, 2015.

5. United Nations Office on Drugs and Crime, International Standards on Drug Use Prevention (Vienna: UNODC 2015).

6. European Monitoring Centre for Drugs and Drug Addiction, European drug prevention quality standards, EMDCA, 2011.

The US Institute of Medicine prevention classification system provides a framework for understanding what constitutes drug prevention.⁷ (See Figure 1). Applied to the drugs field, it illustrates the continuum of services/interventions between prevention, treatment, recovery and harm reduction. This system also provides a common language to describe prevention and assist in the planning, delivery, and evaluation of activities.

Figure 1. US Institute of Medicine prevention classification system



The system has been adopted by the European Monitoring Centre for Drugs and Drug Addiction in its quality standards⁸ and a summary of each type of prevention is as follows.

Universal prevention – intervening on populations. The aim of universal prevention is to deter or delay the onset of drug use by providing all necessary information and skills. Universal prevention programs are delivered to large groups without any prior screening for their risk of drug use and assume that all members of the population are at equal risk of initiating use.

Selective prevention – intervening with groups, particularly vulnerable groups. Selective prevention serves specific subpopulations whose risk of a disorder is significantly higher than average, either imminently or over a lifetime. Often, this higher vulnerability to drug use stems from social exclusion (e.g. young offenders, school drop-outs, pupils who are failing academically).

Indicated prevention – intervening with individuals, particularly vulnerable individuals. Indicated prevention aims to identify and target individuals who are showing indicators that are highly correlated with an individual risk of developing drug use later in their life (such as psychiatric disorder, school failure, 'antisocial' behavior) or who are showing early signs of problematic drug use.

7. Institute of Medicine, Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. In: Mrazek PJ, Haggerty RJ, editors. Committee on Prevention of Mental Disorders, Division of Biobehavioral Sciences and Mental Disorders. (Washington, DC: The National Academy Press, 1994).

8. EMDCA, European drug prevention, 2011.

Also relevant are two types of prevention that sit outside of the Institute of Medicine classification system: health promotion and environmental prevention.⁹

Health promotion strategies. Sometimes known as Positive Development Strategies, these target an entire population and have the goal of supporting positive health and wellbeing as part of day-to-day life to reduce the risk of later problem outcomes and/or to increase prospects for positive development.

Environmental prevention approaches – intervening on societies and systems. Environmental strategies are aimed at altering the immediate cultural, social, physical, and economic environments in which people make their choices about drug use. This perspective takes into account that individuals do not become involved with drugs solely on the basis of personal characteristics. Rather, they are influenced by a complex set of factors in the environment, such as: what is expected or accepted in the communities in which they live; national rules or regulations and taxes; the publicity messages to which they are exposed; and the availability of alcohol, tobacco, and illegal drugs.

2.2.2. TREATMENT

Drug treatment is the term used for clinical interventions designed to help people recover from their dependence on drugs.¹⁰ By definition, treatment becomes necessary where prevention has failed. Treatment is most effective when it is used as part of a range of services to help people recover from drug dependency; services like housing, employment, and mental health. In many countries treatment is delivered by the state health service in partnership with other state providers such as local government, voluntary organizations, and non-governmental organizations (NGOs).

2.3. RESTRICTING SUPPLY

The term *supply*, in the context of countering narcotics, refers to the international illicit cultivation, production and trade in narcotic substances. It is widely understood that this is a global business controlled by organized criminals.¹¹ It relates to the whole of the narcotics supply chain, from cultivation to street-level supply to the drug user.

As said above, the supply of and demand for narcotics are linked, which means that successful strategies to counter narcotics must tackle both, together.

9. ACMD, Prevention of drug and alcohol, 2015.

10. HM Government, 2017 *Drug Strategy*. United Kingdom.

11. HM Government, 2017 *Drug Strategy*, United Kingdom.

3. LESSONS FROM INTERNATIONAL EXPERIENCE

This section sets out a summary of the academic evidence relating to the methods used to reduce the demand for and restrict the supply of narcotics.

3.1. EVIDENCE OF WHAT WORKS TO REDUCE DEMAND

3.1.1. PREVENTION

According to the UN, 'an effective national drug prevention system delivers an integrated range of interventions and policies based on scientific evidence, in multiple settings, targeting relevant ages and levels of risk.'¹²

Drawing on the extensive literature reviews contained in the UN¹³ and European¹⁴ drug prevention standards, and the briefing paper written by the UK's Advisory Council on the Misuse of Drugs,¹⁵ the following section sets out a number of interventions—some where the evidence points to positive effects on preventing drug abuse, and some where there is evidence of negative effects. A full summary of these reviews is beyond the scope of this background paper. This paper can only provide an overview of possible interventions to use or to avoid, and it is recommended that the interested reader consults the source documents for more detail.

Interventions which have positive effects on preventing drug abuse.

Infancy and early childhood

- Interventions targeting pregnant women with substance abuse disorders can have a positive impact on child development and parenting skills.
- Prenatal and infancy visits to 'high risk' individuals by trained health workers can prevent substance abuse later in life.
- Pre-school education in disadvantaged communities can reduce use of illicit drugs and smoking.

Middle childhood and early adolescence

- Family-based universal programs can prevent self-reported drug use in young people. These are most effective at producing long-term reductions in substance abuse when targeting vulnerable young people.
- Supporting the development of personal and social skills in a classroom setting can prevent later drug use, and also have a positive impact on substance abuse-related risk factors; e.g. academic performance and self-esteem.
- Programs that strengthen the classroom management abilities of teachers can significantly decrease problem behavior and strengthen pro-social behavior and academic performance of the children.
- Policies that increase the attendance of children in school can have a positive effect on substance abuse risk factors.
- Policies that alter the school environment to increase commitment to school, positive participation, and social relationships can reduce drug abuse.

12. UNODC, *International Standards*, 2015.

13. *Ibid.*

14. EMDCA, *European drug prevention*, 2011.

15. ACMD, *Prevention of drug and alcohol*, 2015.

- Interactive school programs which use trained facilitators in structured sessions to help children develop personal and social skills to help them counter social pressures to use drugs can prevent drug misuse in the long term.
- Interventions in middle childhood to address individual psychological vulnerabilities, e.g. anxiety sensitivity and hopelessness, can have a positive effect on the mediating factors affecting substance abuse, such as self-control.

Adolescence and adulthood

- The provision by trained health or social workers of ‘brief intervention’ and ‘motivational interviewing’ techniques consisting of short one-to-one counselling sessions can significantly reduce substance abuse in the long term. Typically delivered in the primary health-care system or emergency rooms, it can also be effective as part of school and workplace based programs.
- Multi-sectoral programs with multiple components (including schools, families, law enforcement and community) can reduce substance abuse.

Interventions which have negative effects on preventing drug abuse.

Middle childhood and early adolescence

- Standalone school-based curricula designed only to increase knowledge about illegal drugs (‘drug education’) were found to be ineffective.

Adolescence and adulthood

- Recreational/diversionary activities and theater/drama-based education to prevent drug abuse is ineffective.
- Mentoring programs were found to have no short- or long-term preventative effects in drug abuse.
- Stand-alone mass media campaigns about drug abuse were at best ineffective, and at worst associated with increased drug use. Mass media campaigns should therefore only be delivered as part of multiple component programs to support school-based prevention.

3.1.2. TREATMENT

UK and international evidence consistently show that drug treatment—covering different types of drug problems, using different treatment interventions, and in different treatment settings—impacts positively on levels of drug use, offending, overdose risk and the spread of blood-borne viruses.¹⁶ The UK’s National Treatment Outcomes Research Study showed that, for between a quarter and a third of those entering treatment, drug treatment results in long-term sustained recovery.¹⁷

Drug treatment is not an event, but a process, usually involving engagement with different drug treatment services, perhaps over many years. Each client’s drug treatment journey is different and depends on a range of factors including their health, relationships, nature of their drug problem and the quality of the drug

16. Department of Health (England) and the devolved administrations, *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. (London: DH (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive, 2007).

17. Michael Gossop et al., *The National Treatment Outcome Research Study (NTORS): 4–5 year follow-up results*. *Addiction*, Volume 98: (2003), 291–303. doi:10.1046/j.1360-0443.2003.00296.x

treatment they receive.¹⁸

However, drug treatment use is often episodic, with service users dipping in and out of treatment over time. Evidence from the US suggests that an average time in treatment for someone with a heroin or crack dependence problem is five to seven years, with some heroin users requiring indefinite maintenance on substitute opioids.¹⁹ Evidence also tells us that service users gain cumulative benefit from a series of treatment episodes.

Research indicates that entry into treatment has an immediate positive impact on drug use and crime, particularly for someone prescribed substitute medication. The biggest improvements in client outcomes are likely to be made in the first six years of treatment.²⁰ However, these are not sustained if the client is not retained in treatment. Optimized treatment usually involves retaining clients in drug treatment for a minimum of three months. This is the point at which treatment begins to accrue generalized long-term benefit.

Engaging the service-user sufficiently in a therapeutic relationship enables positive lifestyle changes to occur. This approach requires a partnership between the treatment provider and the client or service-user, with both working towards common explicit goals. It also requires a concerted effort on behalf of the treatment provider to enable all of the clients' needs to be met, not just their drug treatment needs. This may include addressing alcohol misuse, health needs due to blood-borne virus infections such as hepatitis C, treatment for underlying anxiety or depression, building social support networks, and providing access to appropriate housing, education or employment. All of these may be crucial to prevent relapse back to illicit drug misuse.

Research in the UK^{21 22} and US²³ shows that the best predictor of retention in community treatments was related to service factors rather than client characteristics. Improving the way the service is organized and run has a positive effect on retaining people in treatment.

In the UK, there is a four-tiered approach to drug treatment:

- **Tier 1:** provision of drug-related information and advice, screening and referral to specialized drug treatment.
- **Tier 2:** provision of drug-related information and advice, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare.
- **Tier 3:** provision of community-based specialized drug assessment and coordinated care-planned treatment and drug specialist liaison.
- **Tier 4:** provision of residential specialized drug treatment, which is care-planned and care-coordinated to ensure continuity of care and aftercare.

18. National Treatment Agency, *Models of Care for Treatment of Adult Drug Misusers: Update 2006* (London: National Treatment Agency for Substance Misuse, 2006.)

19. www.DATOS.org

20. Ibid.

21. National Drug Evidence Centre (NDEC), *Treatment Effectiveness: Demonstration Analysis of Treatment Surveillance Data About Treatment Completion and Retention* (London: National Treatment Agency, 2004.)

22. Petra S. Meier, *A National Survey of Retention in Residential Rehabilitation Services*. (London: National Treatment Agency, 2005).

23. www.DATOS.org

In the criminal justice system and in prisons in the UK, the four-tiered approach to drug treatment is used as part of the Drug Interventions Programme. This involves criminal justice and drug treatment providers working together with other services to provide a tailored solution for adults who commit crime to fund their drug misuse. It aims to break the cycle of drug misuse and offending behavior by intervening at every stage of the criminal justice system to engage offenders in drug treatment. Delivery at a local level is through drug action team partnerships which deploy criminal justice integrated teams, using a case management approach, to offer access to treatment and support. This begins at an offender's first point of contact with the criminal justice system, through custody, court, sentencing and beyond, into resettlement.

3.2. EVIDENCE OF WHAT WORKS TO RESTRICT SUPPLY

In this section, the evidence for what works to restrict the supply of narcotics is split into three parts, namely:

1. The cultivation of drug crops in Myanmar;
3. Drug-dealing and illicit drug use in local drug markets; and
4. Corruption.

Overall, there appears to be significantly less evaluation of interventions designed to restrict supply than there is for those interventions aimed at reducing demand.

3.2.1. TACKLING THE CULTIVATION OF DRUG CROPS IN MYANMAR

In March 2017, the UNODC conducted research in Shan State, Myanmar, to seek to understand the reasons why there was cultivation of opium crops in some villages and not in others. The research also sought to evaluate the effect of alternative development in the region.²⁴

The majority of opium production in Southeast Asia is confined to parts of Myanmar, especially Shan State, which hosts a number of ethnic armed groups. While the opium producers and small traffickers are often coming from these groups and are usually poor, the main profits are made further along the trafficking routes by buyers and traders in Southeast Asia who are involved with the opium/heroin market, and other illegal activities.

The government of Myanmar reported that it had eradicated almost 15,000 hectares (ha) during the 2013 to 2014 opium growing season, most of it in southern Shan State. This is 3,000 ha more than was eradicated the previous season. However, there is no empirical evidence to show that such policies lead to a sustainable reduction in opium cultivation levels, even if carried out in tandem with alternative development projects. In some cases, eradication can lead to an increase in cultivation levels or to the displacement of crops to other areas.²⁵

The UN Guiding Principles on Alternative Development, adopted in 2013, state that, wherever appropriate, alternative development should be used as a viable and sustainable alternative to the illicit cultivation of drug crops, and an effective measure to counter the world drug problem.

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

25. Tom Kramer, *The Current State of Counternarcotics Policy and Drug Reform Debates in Myanmar*. Transnational Institute, 2016. https://www.tni.org/files/download/drug_law_reform_myanmar_ungass2016.pdf

Evidence produced by the UNODC research in Shan State suggests that alternative development, in the form of improvement in infrastructure and services, can help to reduce the costs of living in opium poppy villages, and therefore decrease the dependency of those communities on opium poppy income. It also found that law enforcement action against poppy cultivation resulted in increased poverty and food insecurity in the local population by taking away their main source of income, thereby tending to increase dependency on opium poppy income.

These findings support the view that Myanmar's drug policies should shift focus and prioritize alternative livelihoods in opium-growing communities and the provision of services for drug users.²⁶ Poverty—in its widest definition—is one of the key drivers of opium cultivation, and it is important for alternative development programs to expand to key opium-cultivating areas.

In short, there seems to be strong evidence that the eradication of poppy farms should not take place until people have sufficient access to alternative livelihoods.

3.2.2. TACKLING DRUG DEALING AND ILLICIT DRUG USE IN LOCAL DRUG MARKETS

This section examines what research says about how effective law enforcement activity is at restricting the supply of drugs to individual users within a local drugs market. Low-level policing methods strive to disrupt drug markets, making them less predictable for both buyer and seller. Research suggests that this strategy is only effective when combined with attempts to draw drug offenders into treatment services as they pass through the criminal process.²⁷

One aspect of this policing approach is to target dependent users in an attempt to reduce demand within a market. The argument is that by removing regular customers from the market, consumption will decrease, resulting in a reduction in price, which in turn would lead to a decline in drug-related crime. Another aspect is to delay or disrupt the buying process using tactics such as the stop and search of buyers and sellers. Although such measures do little to deter problematic users, the idea is that casual and novice users will be discouraged from buying, therefore constricting the market. The evidence from research tends to show that this approach on its own is not a very effective way of restricting supply.

A recent evaluation of the law enforcement part of the UK's 2010 drug strategy found that:

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

26. Ibid.

27. Tiggey May et al., *Serving Up: The impact of low-level police enforcement on drug markets*. (London: Home Office Policing and Reducing Crime Unit, 2000.)

- However, by diverting drug-using offenders into treatment through the criminal justice system, the benefits of treatment, including reductions in crime and improvements in health, can be realized.²⁸

Although low-level policing methods have only a very limited and short-term effect on supply in local drug markets, research suggests that situational crime prevention methods can be successful ways to disrupt drug markets. This approach is based upon the idea that if you change the situation and/or environment, you can change people's behavior—in particular criminal behavior.²⁹ The approach is most effective when there is a collaboration between: police, managers of urban spaces, and those that have some influence over the behavior of criminals, e.g. parents and social workers.³⁰

One situational crime prevention method that could be used is to increase the amount of surveillance at the sites, either informal or formal. For example, informal surveillance might involve asking people such as food outlet managers, transport workers and security guards by to help reduce drug use in the areas under their control. Formal surveillance could involve the police use of CCTV and the monitoring of mobile telephones used for dealing.

Another situational method is to reduce the amenity of drug markets to buyers and sellers. The amenity of these sites will be determined by such factors as ease of access, the level of street activity, and access to areas out of direct public view. Many such amenities can be modified to make such places less attractive to buyers and sellers. For example, the removal of foliage, walls and other objects which may provide cover for drug dealing and other illegal activity. More information about this approach, including the 25 techniques of situational crime prevention, can be found in chapter 3 of the UN's *Introductory Handbook on Policing Urban Space*.³¹

It seems then that local drug markets can be disrupted in the short-term, but law enforcement on its own is unlikely to eliminate them. But there is evidence that longer-term effects on reducing harm from drugs can be achieved if low-level law enforcement activity is part of a wider strategy which prioritizes drug prevention and treatment.

3.2.3. Corruption

At each stage of the drug supply chain, there are opportunities for corruption. At the production level, farmers may bribe eradication teams, producers may bribe judges and police officers, and manufacturers may exploit workers in chemical companies in order to get hold of precursor chemicals. Further down the chain, traffickers bribe customs officials and take advantage of weaknesses in transport firms. At the consumer level, users can get drugs through corrupt doctors and pharmacists.³²

In Myanmar, according to the research by the Transnational Institute, bribes are collected by different actors in the chain of procedures and seem to be an integral part of the criminal justice system.³³ In Yangon and

28. Home Office, *An Evaluation of the Government's Drug Strategy 2010*. (London, Home Office, 2017). Available at: <https://www.gov.uk/government/policies/drug-misuse-and-dependency> .

29. Mark Edmunds et al., *Tackling Local Drug Markets*. (London: Home Office Police Research Group, 1996).

30. UNODC and UN-HABITAT, *Introductory Handbook on Policing Urban Space*. (Vienna: United Nations Office on Drugs and Crime and United Nations Human Settlements Programme, 2011).

31. Ibid.

32. United Nations Office on Drugs and Crime, *World Drug Report 2017*. (Vienna: UNODC, 2017).

33. Ernestien Jenseema and Nang Pham Ei Kham N.P.E, *Found in the Dark. The Impact of Drug Law Enforcement Practices in*

Lashio in particular, bribes are so common that they can be considered part of the procedure. Bribes paid to the police can prevent an arrest, bribes paid to a lab worker can buy a negative urine drug test, bribes can induce magistrates to reduce a sentence, and prison personnel can arrange a more comfortable cell, better food or a better job/task in prison. Some respondents claimed that informants cooperating with the police were also receiving part of the money paid as a bribe. Family background is also an important determinant in the length of the sentence and treatment in prison.

Corruption entrenches poverty by discouraging foreign investment, according to World Bank research.³⁴ In a narco-economy, this is doubly true. Foreign firms, seeing the corrupted justice system and pervasive money-laundering that characterize narco-economies, are unlikely to make or increase investments. Corruption also increases the level of income inequality, according to International Monetary Fund research. Higher levels of income inequality are known to encourage drug trafficking and corruption. In fact, the drug industry may perpetuate and exacerbate income inequality, which may in turn cause the expansion of drug production and trafficking.

Myanmar. (Amsterdam: The Transnational Institute, 2016). https://www.tni.org/files/publication-downloads/drug_policy_briefing_47_found_in_the_dark.pdf

34. UNODC, *World Drug Report 2017*.

4. COUNTER-NARCOTICS OPTIONS FOR URBAN AREAS IN MYANMAR

Drawing on the lessons from international experience set out above, this section sets out some options to be considered as part of a response to the urban safety issues identified by The Asia Foundation's reviews in the four townships participating in the Urban Safety Program.

4.1. THE MYANMAR CONTEXT

The Myanmar context is hugely challenging, as summed up by the Transnational Institute.³⁵ Situated in Southeast Asia's 'Golden Triangle',³⁶ Myanmar is the world's second-largest opium producer after Afghanistan. Opium cultivated in Myanmar is locally consumed, especially in the mountainous ethnic regions where it also has traditional and medicinal uses. However, a large amount of opium is turned into a more dangerous form—heroin—for the local market as well as for export, mostly to countries in the region, especially China. Myanmar is also under international surveillance because of its production and export of amphetamine-type stimulants (ATS).

Recent estimates by the Myanmar government put the number of injecting drug users in the country at about 83,000;³⁷ however this may be an underestimate as surveys conducted by NGOs providing services to drug users, and by UN agencies, show that there could be as many as 300,000 drug users.³⁸ Large numbers of injecting heroin users are especially concentrated in the northern part of the country, mainly in Kachin and Shan States. In addition, there are many injecting drug users in Sagaing and Mandalay Regions.

In 2000, HIV/AIDS prevalence among injecting drug users was estimated at 63 percent—much higher than prevalence among other key populations such as sex workers and men who have sex with men. Sharing unclean needles and other injecting paraphernalia is the main cause of the high incidence of HIV/AIDS in this population. In 2003, in response to the alarming HIV epidemic, NGOs started to implement harm reduction services, including needle and syringe exchange programs. Later, the Myanmar Government started to make methadone maintenance therapy available. These interventions led to a steady decrease in HIV infection rates among injecting drug users—data in 2014 showed that the rate was down to 23.1 percent. However according to more recent estimates, based on a different methodology, the infection rate was 28.3 percent in 2015, partly as a result of local and regional enforcement activities that hinder access to harm reduction services.³⁹

The response required at a township-level is likely to focus principally on activities associated with local drug markets. At this level, the evidence from research is clear that prevention and treatment work best. Low-level law enforcement activity can contribute to the disruption of drug markets at all levels, but the effects tend to be short-lived. Activity solely to remove drugs from the market, for example, drug seizures, has little impact

35 Jenseema and Kham, *Found in the Dark*, 2016.

36 This term refers to the main opium-growing region in Southeast Asia comprising the northern areas of Myanmar, Laos and Thailand.

37 Jenseema and Kham, *Found in the Dark*, 2016.

38 US Department of State, *Country Report, Burma*, Bureau of International Narcotics and Law Enforcement Affairs, International Narcotics Control Strategy Report, 2015. <http://www.state.gov/j/inl/rls/nrcrpt/2015/vol1/238952.htm>

39 Jenseema and Kham, *Found in the Dark*, 2016.

on availability. Where the police work with partners from health, local government and NGOs as part of a comprehensive program to reduce the harm drugs cause, law enforcement can be effective—but only if effective drug treatment is available to drug users after arrest.

The current situation in Myanmar is that drug treatment and harm reduction coverage is very low. For instance, according to UNAIDS, HIV testing coverage among intravenous drug users is only 22 percent, much lower than other high-risk populations. Overall, the quality of services provided by the government is low, non-voluntary and not taking into account the specific needs of users.⁴⁰

Drug treatment, mainly institutionalized detoxification for opiate users, is provided by the Ministry of Health.⁴¹ Drug users need to register and are hospitalized for about five to six weeks to receive treatment. The government also provides methadone maintenance treatment in health centers (currently 46 across the country). The Ministry of Social Welfare has been assigned to implement rehabilitation programs for chronic drug users who have been through drug treatment programs. Drug users need to participate in the program for at least six weeks and receive services such as counseling, sports, arts, meditation, and vocational training. However, these services are limited in terms of quality and coverage, and in some cases are not operational at all.

As for law enforcement, the police approach in Myanmar is to search drug users for drugs or equipment such as syringes.⁴² The police use informers to lead them to places such as areas where injecting drug users gather to use drugs and drug selling points. Often these informers are drug users or petty dealers who have been arrested before. The majority of the arrests are made with the help of these informants. Once arrested, a drug user is taken to the police station where an employee from the Ministry of Health will take a urine sample and test for heroin, ATS, cannabis and alcohol. Those tested negative and not found in possession of drugs, needles or empty penicillin bottles will be released. Those with a positive urine test or found in possession of drugs or paraphernalia will be held in custody and charged. Suspects of drug-related crimes cannot be released on bail, and the pre-trial period in police custody can take up to two years.

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

However, the Transnational Institute also found that the police were working with NGOs in parts of Mandalay at the time of the research and were no longer arresting or harassing drug users who were getting access to drug treatment.

It would seem, therefore, that there are opportunities for the Urban Safety Program to work with local police, health, and social services to provide a more effective response to the drug problems faced by people in the four townships.

40 Jenseema and Kham, *Found in the Dark*, 2016.

41 Ibid.

42 Ibid.

4.2. RECOMMENDED NEXT STEPS

Based upon the evidence set out above, this section sets out some steps that could be taken at a township level to address concerns relating to narcotics use and supply.

- (1) Create township 'drug action' partnerships between agencies such as: police, local government, health, social welfare, education and NGOs with expertise in counter-narcotics. This will help to strengthen inter-agency and policy dialogue⁴³ about this crucially important urban safety concern. (See The Asia Foundation's background paper on crime prevention 2017 for benefits of partnership and multi-agency cooperation.⁴⁴
- (2) Provide support to the partnership in order to:
 - draw up a profile of the drugs problem in the local area and a full needs assessment. This will be used to decide the action that needs to be taken to address the drug related problems;
 - devise a drug action plan with objectives covering drug prevention, treatment and enforcement. The plan should identify clear accountabilities, timescales and expected outcomes; and
 - establish a method of evaluation.
- (3) The drug action partnership should seek, wherever possible, to use methods which have been evaluated as effective. The information in chapter 3 of this report could be used to help with this.
- (4). Establish a group of expert advisors with relevant knowledge and skills to support the development of a strategy, the implementation of the action plan, and its evaluation.
- (5) Use the European Drug Prevention Quality Standards report to make sure the approach has the following structural foundations:
 - a supportive policy and legal framework;
 - scientific evidence and research;
 - coordination of multiple sectors and levels (national, sub-national and municipal/local) involved;
 - training of policymakers and practitioners; and
 - commitment to provide adequate resources and to sustain the system in the long term.⁴⁵

43 One of the aims of The Asia Foundation's Urban Safety Project.

44 Stephen Otter, *Urban Safety Project Crime Prevention Background Paper*. (Yangon: The Asia Foundation, 2017).

45 EMDCA, *European drug prevention*, 2011.

4.2.1. EXAMPLES OF ACTIONS FOR A TOWNSHIP COUNTER-NARCOTICS PLAN.

The following part of this report sets out some examples of evidence-based approaches which could be included in a plan to tackle drug problems in a township. Please note that, to be effective, a plan should be based upon an accurate and comprehensive assessment of need in the locality. This list is for illustrative purposes only.

Prevention

- Prenatal and infancy visits to high-risk mothers by trained health workers.
- Provide interventions by trained staff to support teachers in primary and secondary level schools to help children develop personal and social skills that will help them counter social pressures to use drugs.
- Provide interventions with families in which there are children and young people at high risk of drug abuse.
- Provide 'brief intervention' and 'motivational interviewing' one-to-one counselling sessions to individuals in health centers and schools and by trained health or social workers as appropriate.

Treatment

Drug treatment is a highly specialized field and any plan should be written by people with the necessary knowledge and skills. The following list is illustrative.

- Create opportunities in the criminal justice system for drug users to go into treatment rather than prison.
- Make available to drug users: voluntary drug treatment services (focused on the needs of individuals). In most countries with high levels of opioid use, this would include community access to methadone and long-term medication-assisted psychosocial treatment, and care for opioid-use disorders (comprising interventions such as cognitive behavioral therapy and contingency management).^{46 47}
- Provide needle exchange facilities in the locality.
- Obtain a commitment from the police to suspend operations to arrest drug users for possession of the drugs in designated areas so that they can be encouraged to access treatment without the fear of prosecution and prison.

Enforcement

- Change the focus of the police from arresting drug users to disrupting the supply of drugs into local drug markets. This will require the establishment of effective data and its analysis to identify the supply networks and organized crime groups responsible for them. The analysis should identify the criminal groups and networks that supply particular drugs into local drug markets so that enforcement action can be used to disrupt them.
- In addition to bringing organized criminals to justice, the police should also tackle those criminal activities that facilitate drug-related crime, such as money laundering and corruption.
- Use situational crime prevention methods. For example, increase surveillance and change the physical environment in local drug markets to reduce the amenity of the area for dealers to sell drugs.

46 UNODC, *World Drug Report 2017*.

47 Renaud Cachia, *Addressing drug problems in Myanmar: 5 key interventions that can make a difference*. (Yangon: Drug Policy Advocacy Group Myanmar, 2017).

5. CONCLUSIONS

The growing body of evidence from all around the world, much of which is set out in this report, indicates that counter-narcotics policies grounded in public health, human rights, and development can yield an impressively wide range of benefits. The excellent publication, *Addressing drug problems in Myanmar*, advocates five key strategic interventions for Myanmar based upon this convincing body of evidence. They succinctly sum up the key messages contained in this paper.

The first is to increase access to health, harm reduction and voluntary drug treatment for people using drugs. Protecting people's health is the main aim of the international drug control system, but few resources have been allocated to evidence-based health and social interventions.

The second is to end the criminalization of drug users. The fear of arrest and detention drives drug users in Myanmar underground and away from harm reduction and other essential health services.

The third is to refocus law enforcement efforts on violent organized crime and large-scale drug production and trafficking. This would greatly alleviate the burden of law enforcement agencies, whose focus is currently on low level drug offences, and strengthen their ability to reduce more serious forms of crime. It could release resources for reallocation to the far more cost-effective health and social interventions for drug users.

The fourth intervention is to increase the promotion of alternative development projects in opium-growing areas. The UNODC research in Shan State suggests that alternative development in the form of improvement in infrastructure and services can help to reduce the costs of living in opium poppy villages, and therefore decrease the dependency of those communities on opium poppy income.

And the fifth is to include civil society and affected communities in policy reform. Meaningful engagement with civil society and communities directly affected by drug-related problems and policies will be a crucially important step to ensure public support and backing for new drug policies and approaches.

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