

# PERCEPTIONS ABOUT DRUG USE AND HARM REDUCTION IN KACHIN, MYANMAR

A SOCIO-ANTHROPOLOGICAL, PARTICIPATORY APPROACH





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PARTICIPATORY APPROACH

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## ACRONYMS AND ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ATS</b>	Amphetamine-type stimulant
<b>DIC</b>	Drop-in-centre
<b>DPAG</b>	Drug Policy Advocacy Group
<b>FGs</b>	Focus groups
<b>HIV</b>	Human Immunodeficiency Virus
<b>HR</b>	Harm reduction
<b>IBBS</b>	Integrated Biological and Behavioural Surveillance survey
<b>KBC</b>	Kachin Baptist Convention
<b>KIA</b>	Kachin Independent Army
<b>LAC</b>	Local Aids Committee
<b>MdM</b>	Médecins du Monde
<b>MoHS</b>	Ministry of Health and Sports
<b>MMT</b>	Methadone maintenance treatment
<b>NAP</b>	National AIDS Programme
<b>NGO</b>	Nongovernmental Organisation
<b>NTP</b>	National Tuberculosis Programme
<b>NSEP</b>	Needle and syringe exchange programme
<b>OST</b>	Opioid substitution therapy
<b>PWUD</b>	People who use drugs
<b>PWID</b>	People who inject drugs
<b>TRAC</b>	Training Resources and Advocacy Centre
<b>3MDG</b>	Three Millennium Development Goal Fund
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nation programme on HIV/AIDS
<b>UNODC</b>	United Nations Office on Drugs and Crime



# INTRODUCTION



The risks of social exclusion and potential negative health impacts on drug users are relatively well documented. However, questions about how their close relatives perceive the effects of drug use on them, and the solutions that need to be found, are rarely documented.

Harm reduction (HR) is an evidence-based public health response, based on pragmatism, which often conflicts fundamentally with the general strong negative opinions about drug use. In certain context, such conflicting viewpoints require Harm Reduction programs to redesign their projects and adapt to the different environments in which they are carried out.

With the introduction of the harm reduction concept, it is important that HR professionals take an approach of integrating new information into pre-existing ways of thinking and cultural practices, rather than taking a posture of having all “knowledge” and “know-how” compared to the “ignorant” local population. Moreover, it is important to be able to see the society, with the introduction of an HR programme, as a system that could be disrupted by the introduction of such an approach. We must be able to understand how this approach can fit into the target populations’ current state of knowledge, ideas and local practices.

In fact, we must find out about the local populations’ capacity to understand, take ownership of and support the initiative, in view of their own knowledge, the information available to them and, importantly, their sociocultural and religious background.

The participatory field assessment presented in this report was conducted in 2017 by Médecins du Monde France (MdM) and Metta Development Foundation (Metta). It focuses on analysing the perceptions on drug use and people who use drugs (PWUD), as well as on the HR approach, by laypersons, drug users and non-drug users in Kachin State in Northern Myanmar, whereas most of the general populations has experienced the problems related to drug use in a context of strong moralization and normalization of behaviour.

This field-based study is primarily intended to support Médecins du Monde and its national partner Metta Development Foundation by increasing their in-depth knowledge and understanding about the underlying and consistent resistance towards PWUD and HR interventions, in order to produce adapted communication strategies for community level activities (advocacy, awareness-raising campaigns, training curriculum, etc.).

In addition to this participatory study’s primary purpose, the process of this work has initiated a dialogue between HR professionals and the general population, hereby introducing rationality into a subject dominated by passion and moral values.



# 1. CONTEXT



Kachin State, with Myitkyina as the capital, is the most northern state of Myanmar<sup>2</sup> and borders with India, China, and the Shan State. This state is also well known for its important natural resources (e.g. jade, gold, amber, timber, etc.) which causes significant internal migration. A local armed conflict between the central Myanmar Army, and local armed groups is on-going in this region.

Myanmar is the second-largest producer of opium worldwide accounting for 14% of the world's total opium production (UNAIDS, 2016). The number of PWUD in the country is very high with an estimated 300,000 PWUD in 2014, of which 83,000 were estimated to be injecting drug users (Integrated Biological and Behavioural Surveillance survey - IBBS - from the Ministry of Health and Sports - MoHS - 2014), a figure largely underestimated according to Non-governmental Organisations (NGOs) and other sources<sup>3</sup>.

Kachin State is one of the areas most affected by problematic drug use in the country, with a large number of PWUD living in remote, rural areas. It also hosts one of the most significant populations of people who inject drugs (PWID) in the country<sup>4</sup>. Injecting drug users have one of the highest levels of Human Immunodeficiency Virus (HIV) prevalence in Kachin State, reaching up to 47% in Waimaw, (IBBS MoHS, 2014). These figures are far above the national level of HIV prevalence amongst PWID, estimated to be 28.5% (IBBS MoHS, 2014).

In addition, the region is reported to have a greater proportion of young injectors (under 25 of age)<sup>5</sup> who have started to use drugs in their

early 20's (Swe et al, 2010). High-risk behaviour, low access to health care and prevention services, lack of trained human resources, strong stigmatisation and a repressive drug policy environment are sparking the HIV epidemic amongst PWUD.

In addition, despite the lack of official sources, fatal overdoses are claimed to be a major health challenge among PWID.

Therefore there is an urgent need to implement a wide-scale evidence-based and effective HR response.

Myanmar has recently seen positive governmental initiatives and promises in the drafting of a bill amending the 1993 narcotic drugs and psychotropic substances law to eliminate lengthy prison penalties for simple drug use (Drug Policy Advocacy Group DPAG, 2017). The



Kachin State in Myanmar (Wikimedia).

2. Myanmar is located in Southeast Asia.

3. The population size of IDUs in Myanmar generated during the estimation workshop held in Myanmar in 2004 ranged from 12,000-60,000. Other sources have quoted higher ranges from 150,000 to 250,000 and 90,000 to 300,000 (Swe et al, 2010).

4. Although there's no disaggregated data per region, Kachin arguably hosts the most important population of PWID in Myanmar (UNAIDS, 2015).

5. 46.4% and 32.4% of respondents were found to be under 25 years of age in Myitkyina and Waimaw respectively (IBBS, MoHS, 2014).

newly amended version enacted by the Union of Parliament in February 2018 acknowledged a greater emphasis on public health as one of the key priorities<sup>6</sup> however it has failed to really place the human rights and harm reduction at the heart of the reform. Like many countries, Myanmar is historically governed by a prohibitionist policy, which advocates for the eradication of drugs and the punishment of drug users.

Consequently, this drives a general consent that prohibition and repression are the only solution and thus figure as the social norm. In Kachin, this has evolved into a locally driven community response that is based on a particularly repressive and violent form of enforced abstinence. Founded on the ideology of drug eradication, this movement operates by way of destroying poppy fields, creating popular anti-drug militias, denouncing PWUD, arresting and detaining them without official trial and forcing them to give up drugs. Effectively in Kachin State in the past 5 years, we have seen the rise of powerful community-led drug eradication initiatives, which have resulted in the intimidation, beating and arresting of many users. The most known and powerful movement is called “Pat Ja San”, supported by evangelical organizations<sup>7</sup>.

Present in Myanmar since 1994, MdM has been working with the most vulnerable populations throughout the recent major changes implemented within the country. In Kachin State, MdM specifically targets the needs of PWUD in three different districts with a high prevalence of drug use (Moegaung, Myitkyina and Mohnyin). Up to 10,000 PWUD access a wide range of services like prevention, testing, care and treatment of blood-borne diseases and other specific diseases, including more than 2,000 clients receiving Antiretroviral therapy (ART), through clinics (Drop-In-Centres and mobile units) and low-threshold outreach activities with the support of a network of professional peers workers, including community-based overdose management. Additionally, MdM supports the government in multiple activities, such as providing ART

in two prisons, and supporting access to Opioid substitution therapy (OST), with a total of 1,600 clients receive daily delivery from MdM staff in 4 methadone sites.

In May 2016, Médecins du Monde, in partnership with Metta Development Foundation, a well-established national organisation, launched a new project funded by 3MDG. The project was aimed at improving acceptance of and support for HR interventions by local authorities and community members, and developing the HR capacity of stakeholders through – among others – setting up a Training Resources and Advocacy Centre (TRAC).

6. From a public health point of view, Harm Reduction is recognized as a key intervention by health authorities as well and largely funded by international donors (GFATM+3MDG+USAID/PEPFAR) in collaboration with the MOHS and NAP - This recognition has been introduced strongly into the first National Drug Control Policy published in February 2018.

7. Here it is interesting to note that a part of the Kachin population, which was traditionally animist, converted to Christianity during the colonial period, and that today most Kachin Christians are Baptists.



## **2. RATIONALE AND OBJECTIVES**



For MdM, the harm reduction approach is an evidence-based public health intervention that includes human rights as a fundamental component of care. *“Based on those principles, it equally defends that if individuals do not wish or are not able to modify their lifestyle that no precondition should be imposed on exercising their citizenship or access to health and rights.”* (MdM, 2017)

In other words, MdM tries to develop an effective and pragmatic response in Kachin State to prevent drug-use-related harm, regardless of whether the individual is able or wants to stop drug use.

In addition, in Myanmar, the Ministry of Health and Sports comprehends national strategies and plans<sup>8</sup> that affirm the importance of HR interventions.

However, in Kachin State the local HR response is facing major challenges: ongoing armed conflict, strong community resistance, violence from the anti-drug militias and police towards PWUD, violation of human rights in forced detox centres, insufficient coverage and quality of HR services and other public health and social services.

The general population is regularly and actively opposed to HR interventions, leading even to the closure of one of MdM’s main centres in 2016. HR is perceived as a competing model that does not fit well with the value system in place. Stereotypes, prejudices and moral judgements weigh heavily on PWUD, increasing their vulnerability, and eradicating drug use is still the dominating ideology.

In response to the growing community-driven resistance and opposition towards a public health response supported by the government and implemented by local and international organisations, MdM and Metta felt that it was urgent to have a better in-depth understanding of the Kachin general population’s perceptions related to drug dependence and harm reduction in order to improve the response and approach.

In response to this need and knowledge gap an innovative qualitative and participatory assessment has been developed with the following main objectives:

The general objective was to analyse the perceptions and beliefs of the community in Kachin State about drug use, drug users, and harm reduction in order to create adapted content for communication, advocacy materials and trainings.

The specific objectives were:

1. To identify the perceptions of the communities towards the motivations for and causes of drug use.
2. To identify the perceptions of the communities about problems related to drug use.
3. To explore the perceptions of the communities regarding the solutions to address the drug use issue.
4. To identify the perceptions of the communities related to the harm reduction approach.
5. To explore perceptions of the communities about drug treatment (including OST and particularly methadone).

*Appendix 1. Reminder of complete objectives as detailed in the protocol.*

<sup>8</sup>. National Strategic Plan to HIV & AIDS (2016-2020) and National Strategic Plan on Viral Hepatitis (2016-2020).



# 3. METHODOLOGY



### 3.1. QUALITATIVE METHODS

Overall, qualitative methods were selected for this collaborative approach, as these best suited the objectives. The data collection tools and methods used were direct observation, semi-structured individual and group discussions, and the collection of secondary information via a review of the scientific literature and a media review of the subject (internet and social media)<sup>9</sup>. (Appendix 2: list of secondary data). Lastly, further information was obtained during numerous informal discussions.

These methods made it possible to highlight the life experience and discourse of individuals, by allowing them to respond in their own words, and to describe situations freely.

#### 3.1.1. PROTOCOL

For this qualitative and participatory study based on a socio-anthropological approach, a study protocol was written based on the objectives of the study including the following stages:

- Identifying the issues, contextualisation and preliminary literature review
- Writing the protocol and establishing a conceptual framework: defining the objectives, formulating the issue, choosing the methods
- Training the interviewers in qualitative methods and finalising the interview/observation/focus group (FG) guides (including translation)
- Field data collection
- Transcribing and translating
- Reducing, coding and analysing the data
- Drafting the report and presenting the initial results
- Exploiting the results and dissemination

9. Secondary data comprised the review of literature, specific journals, media online, some documents produced by Pat Ja San and videos posted on YouTube and other social media.

10. As the informant potentially had information that was sought as part of the survey's objectives.

### 3.1.2. DATA COLLECTION AND TRIANGULATION

The data have been collected between mid-May and beginning of June 2017 in two townships where MdM and/or Metta implement their HR interventions namely Myitkyina and Mohnyin townships. Differences are present in terms of the setting (urban and rural), population (ethnic) and religious influence (Buddhist, Christian), services (health and education), and economical activities.

All the primary data from the interview, FGs and observations together with the secondary data were triangulated.

#### 3.1.3. ETHICAL CONCERNS

This study was conducted ethically and all the interviews and FGs were recorded with prior consent, while confidentiality was assured by the interviews being conducted anonymously, and the recordings being destroyed after analysis.

(Appendix 3. Framework of data collection tools, grids and observation guides in English)

#### 3.1.4. TARGET GROUP

As with all qualitative studies, the technique of a representative sample of the target population was not used. Instead, convenience sampling, snowball sampling and intentional sampling<sup>10</sup> were used. In order to avoid gathering the viewpoint of only a few individuals, a wide range of interlocutors were identified beforehand and refined during the elaboration of data collection tools. The various people identified and questioned were divided into three broad categories, as shown in the illustration below:

**Groups in the community that were interviewed:**

- Local authorities and health professionals
  - Village/quarter administrators
  - Local Aids Committee members (LAC)
  - University leaders and teachers
  - Health Professionals

- Religious leaders and groups supported by the Church
  - Leaders from the Kachin Baptist Church (KBC) and Roman Church
  - Buddhist Leaders
  - Pat Ja San leaders and members, staff from rehabilitation camps
- Other groups, family members and people who use drugs
  - Youth leaders, Students
  - Relatives of the drug users
  - Neighbours of the drug users
  - PWUD and Inmates in Rehab Camps
  - PWUD
  - General population

### 3.1.5. DATA COLLECTION TOOLS: SEMI-STRUCTURED GUIDES AND OBSERVATIONS GRID

At the methodological level, semi-structured individual and group interviews were used, based on a short guide of open questions. The length of each interview was from 60 to 120 minutes, thus allowing people to extensively express themselves. In addition, observation sessions were directed by a grid, to ensure they remained focused and that nothing relevant was overlooked.

All qualitative data collection tools were translated into the Myanmar language and tested.

### 3.1.6. INVESTIGATORS FROM THE FIELD TEAM AND FROM THE COMMUNITY

This participatory study was implemented by non-specialist interviewers<sup>11</sup>, by members of the field team (from MdM and Metta), and by members of the community (students), with remote support from the anthropologist advisor. They received training on qualitative methods and

11. But some interviewers had HR knowledge and were already involved in HR programmes, some had some skills and experience in social study only one of them was not a native Kachin.

on the objectives of this study. They helped define the different groups to target and identify participants.

### 3.1.7. DATA ANALYSIS

In total, 35 individuals interviews (19 in Myitkyina and 16 in Mohnyin) have been analysed and complemented by two FGs (one in each location).

Three additional group interviews were conducted in October 2017, to feed the results back to the population that participated in the study in order to seek their opinion about the preliminary results and discuss any potential areas of disagreement.

In addition, a total of three ethnographic observations were carried out in detoxification camps referred to as “rebirth” or “rehabilitation” camps in Myitkyina. These observations were carried out only in Christian camps, specifically Pat Ja San camps, and made it possible to observe the interactions between PWUD and camp volunteers, as well as daily life in the camps.

Data, collected with different methods, were triangulated to crosscheck the results and to validate the analysis-based interpretations more rigorously. The full set of interviews and FGs was transcribed then translated, meanwhile the observation notes were taken in English.

All the data was reduced following categorisation and codification using both inductive and deductive methods.

Two people carried out the analysis task independently and then compared the results, examining and discussing any disparities.

### 3.1.8. FEEDBACK TO THE PARTICIPANTS

A feedback process was conducted with the population who participated in this field study, demonstrating both an interest in validating the



results and maintaining momentum during the phase of data analysis and reporting. Moreover, it was a question of accountability to the community. This practice was truly successful and was effective in building trust for a first step in community work.

### 3.2. LESSONS LEARNED

A series of lessons learned from this innovative methodological approach has been identified:

- **Identifying key persons and building new relationships: the first steps of community work.** It has been positive and essential to take time to listen without judgement to the population so they could share their own, sometimes painful, experiences, away from moralizing speech. It has allowed the team to establish another form of relationship and has been an opportunity to initiate an open dialogue with the community on this sensitive subject, and to identify persons willing to play a role within the community to support HR.
- **Positive effects on MdM and Metta team.** The confrontation of the team with the discourse of the families of PWUD, their relatives and surroundings, has helped them better understand their lack of knowledge and their negative representations about PWUD and drug dependency. This method allowed the field teams to understand the general population's existing judgments, reluctance and questions about their HR activities. It has also helped the team realize how difficult it is to take ownership of this approach in the sociocultural context of Kachin. Finally, including Metta from the onset of the study helped to strengthen ownership of the results and to share a common understanding. This innovative bottom-up strategy has ensured a good acceptance and participation by teams for further development of the program.

- **Strong interest and motivation from the interviewer to be involved in harm reduction programme.** Through this methodology, the interviewers also increase their interest in this issue and change their own perceptions. At the end of this participatory study, three interviewers have been motivated to apply to the MdM harm reduction programme.
- **Collaborative experience between remote headquarters, field team and partner** directly implementing the study. This experience can be replicated to other complex fields/themes, like indoor sex work, conflict areas or contexts with security issues.

### 3.3. LIMITATIONS AND MITIGATION OF BIAS

The main limitations were:

#### A. TIME

The implementation time for this field participatory study was limited. It had to be held during the first semester of 2017, while the analysis of the data collected was only possible during the second semester, weeks after the data field collection.

#### B. GEOGRAPHICAL COVERAGE

The data were collected only in several locations within two townships (Myitkyina and Mohnyin), where MdM and Metta already had contacts and connections.

#### C. LACK OF PROFESSIONAL INTERVIEWERS

The field human resources available within MdM and on the Metta team were quite limited since team members did not have previous experience in qualitative methods. Therefore they strictly followed the first level of the interview grid and thus did not make links between themes by returning to an initial analysis, picking up on gaps (particularly the question of HIV), and asking supplementary questions.

#### ***D. UNDER-REPRESENTATION OF SOME THEMES***

Some HR themes were under-represented due to several possibilities: the persons interviewed did not know about them/did not emphasise them, or because the interviewer did not ask questions which would have brought out those points.

#### ***E. SENSITIVITY OF THE TOPIC AND REHABILITATION CAMPS***

The possibility to access to camps was restricted and observations were limited to Pat Ja San camps. This participatory assessment will therefore not be representative of different religious communities. The topic is very sensitive and anchored in moral values that need long in-depth assessment to be fully explored.

Given the limitation of this first field participatory study, it is considered that the data were analysed very carefully not to overinterpret them. However, it is considered that the data saturation point has been reached. Moreover, the interviews were completed by ethnographic observations, which make it possible to have direct access to the practices, beyond the suggestiveness of the declarations. Finally, all the steps were clearly set up to ensure the validity of the results and avoid bias.

## 4. RESULTS



This report presents hereunder the main findings of this participatory assessment ordered similar to its main objectives.

This section presents the system of values and representations that influences the general public's perception of PWUD and the health and social consequences of drug use.

## 4.1. COMMUNITY PERCEPTION OF PWUD

### 4.1.1. STRONG INFLUENCE OF RELIGION AND MORALITY

The overall discourse among the general population has a tendency to divide people who use drugs into good or bad, weak or strong. This binary view relies on a model based on moral values, influenced by religious discourse (good believer/bad believer).

*"The drug users have a very soft mentality. They have breakable mind. I mean, they do not have strong mentality."*

Man, MYITKYINA

*"People have the religious sense that the drug is not good. In our religion, there are five kinds of precepts. For example, we must avoid drunkenness. If he will not obey these precepts, we immediately assume he is a bad person."*

Woman, MYITKYINA

This binary view of right and wrong largely determines the type of solution suggested for the problem of drug use, which is generally based on the ideal of abstinence and returning to religious values.

### 4.1.2. A GENERALIZED NEGATIVE IMAGE

There is a common perception amongst the people interviewed that PWUD are weak individuals with no willpower or motivation and are incapable of self-control.

The belief that PWUD are unable to change, which is widely shared by the population interviewed in this participatory assessment is reflected in the idea that they all follow a typical pathway of a downward spiral. It starts with initial experimenting, which inevitably quickly leads to dependency and ultimately to death.

Conversations are dominated by a negative image of the users, as being on the margins of society, engaged in harmful drug consumption and having destructive behaviour.

*"When I looked at them, I saw them becoming thinner and thinner. And when they went into the bush... In the end, all die from using that. Some died in jail, some died in the street and some in town."*

Woman, MYITKYINA

It is worth noting that the negative picture of PWUD that is presented in the media, on social media and via Pat Ja San communications, generally portray them in a poor state of health and hygiene. This also contributes to reinforce the stigma in the public opinion.

### 4.1.3. GENERALIZED STEREOTYPES OF PWUD

The people interviewed described several types of drug users, recognising that such use is widespread at all levels of society.

#### A. THE WORKER

While also stigmatised for their weakness of character, there is more tolerance towards users that are using drugs in relation to labour. Drug use to alleviate pain at work, or to increase the workforce, was judged less harshly.





*“Most of these types are workers in mining areas. When ten people go to the mine area, almost ten people become drug users. Just like I already mentioned, the mine workers use drugs to cure pain and tiredness.”*

Man, MYITKYINA

In contrast, recreational use was portrayed as the most negative.

### **B. THE ELDERLY TRADITIONAL OPIUM USER**

Elderly opium smokers did not produce such negative representations; their use of the drug was justified as being therapeutic and/or religious and cultural. In fact, there seemed to be greater tolerance towards people using opium as a “therapy”, or consumption as part of a ritual. Such use was viewed as “in control” to some extent; limits were placed on this use because religion and tradition played a regulatory role.

*“Opium is like this, it is black, smelly and expensive. (...) Nowadays, it is only used by older people. (...) It is only for older people, about 70 of 60 years old. Among youth, we do not see them inhaling opium.”*

Woman, MONHYIN

*“In the past, it was used for medicine. It was cultivated for medicine. (...) and then, some people use the drug because of tradition.”*

Man, MONHYIIN

### **C. THE YOUNG STUDENT**

However, on the other hand, one particular type of user accumulates the fears and anxieties of the community: the young student. This type of user, as described by the community, is a young man, between 16 and 26 years old, who uses various kinds of recreational drugs, starts to use drugs out of curiosity or to socialize, and is influenced by his peers. This particular type is perceived as being immediately drawn into a pattern of high dependency, consequently getting involved with criminal activity (theft and violence), possibly resulting in prison and ultimately death.

*“It is because of our friends, as we are young and we only think about fun. (...) Moreover, the friends say, “Are you a child?”, like that. When they say things like that, we have bitterness and we want to try the drugs.”*

Man, MONHYIN

*“The people who use become addicted to it after they try it for the first time. Then they cannot not escape from it. They crave it, they get addicted to it, they keep using it. Finally, they lose their lives.”*

Man, MYITKYINA

Within this “young student” category, several social representations emerged which can be classified into three categories of profiles:

- 1. The weak people, perceived as victims of a situation beyond their control.**
- 2. The individualistic and self-centred people, influenced by the western and modern world.**
- 3. The delinquents and criminals, dangerous for the community.**

For all three categories, we found the same perception of the user’s individual fault and responsibility. They are seen as guilty of harming their surroundings and family. However, it seems there is a certain empathy for the first category.

This simplification reflects misconceptions and moral judgments, and those simplistic representations and stereotypes are the foundation of stigma. The notion of individual fault will play a strong role in the perception of the solutions.

*“If someone from the neighbourhood is a drug user, then the house cannot be left without a person. Nothing can be left outside, (...). There are many problems. The house cannot be left alone even just for a moment. If there is no one in the house, something is stolen.”*

Man, MYITKYINA



## 4.2. COMMUNITY PERCEPTIONS OF CAUSES AND MOTIVATIONS OF DRUG USE

Perceptions of the causes and motivations behind drug use can be grouped into two main categories: the first one is external and linked to the geopolitical and economic situation in Kachin and the second one is linked to the individual's direct responsibility.

### 4.2.1. EXTERNAL CAUSES

#### A. CRISES IN KACHIN STATE

*“Because of no job opportunities, because they cannot create jobs themselves. That’s why their attention is always there. I think that is the cause. The youth have more interest in it. When they have nothing to do, they use it for pleasure and they are addicted to it.”*

Man, MYITKYINA

Several comments refer to “multiple crises” that the Kachin society is experiencing which are perceived as the cause of drug use:

- Economic crises with the rise of unemployment,
- Political crisis with the degrading ethnic armed conflict
- Social crisis with the perception of a loss of control from government, and a lack of social control, at all levels of society, including from the family
- Crises of identity and of sociocultural norms and traditional values with the increase of individualism and consumerism.

The combination of these factors is believed to create a feeling of destabilisation in Kachin young people, thus leading to harmful abuse of drugs.

#### B. DECLINE IN THE INTERGENERATIONAL RELATIONSHIPS

*“In the past, our grandparents (...) in their time there was no ‘Number 4’<sup>12</sup>. There was opium. (...) In that age, young people were polite. Young people in this era are struggling to fend for themselves.”*

Man, MYITKYINA

These socio-economical transformations, and the erosion of culture, have an impact on the relationships between the young and their families, which lead to a discrepancy between the sociocultural values. This concern is one of the entry points for the Pat Ja San movement, where the idea of strengthening links in the community is a central issue.

#### C. “ETHNIC GENOCIDE” AND MALICIOUS INTEREST OF THE GOVERNMENT

Furthermore, the notion of “ethnic genocide” was often cited by the interviewed, expressing the collective fear that drugs would enslave the young people of Kachin. It was often stated in the interviews that they felt that the State is neglecting its responsibility to fight drugs in Kachin or having malicious interests were also pointed out.

*“I think the plan is to destroy our race with the drugs. This is my opinion. Even though they know who sells the drug and how much they sell, they do not arrest them. They do not go into their house and arrest them.”*

Man, MYITKYINA

### 4.2.2. INTERNAL CAUSES

The second group of causes presented by the general population is related to several internal causes stemming from different personal motivations.

The people interviewed often referred to how drug use had developed: previously in Myanmar, drug use was considered as a mean of alleviating

12. Number 4 (N° 4) is a local abbreviation for heroin.

pain or as part of ritual practices. This development was accompanied by a distinction made between users and a difference in level of tolerance.

#### **A. A SHIFT TOWARDS RECREATIONAL USE**

In the representations, drug use had shifted from a medicinal practice (alleviating suffering and treating pain) to recreational usage. With the growth in consumption and recreational use, the drug is no longer considered sacred and has become secularised to some extent.

#### **B. UNACCEPTABLE PERSONAL MOTIVATIONS**

As mentioned above, the population that participated in this assessment attributed drug use to various motivating factors: as a ritual practice, as a motivation to work, as a form of treatment, as a way of socialising or forgetting or as a recreational substance. For many people, all these various reasons were simply a pretext or invalid excuse.

*“Some said they use as they want to be happy. (...) This is just the easy reason. In reality, they do not use to be happy. They are using because of the curiosity. It would be the correct way to say this way, they are using because of the curiosity.”*

*Man, MONHYIN*

### **4.3. COMMUNITY PERCEPTIONS OF THE CONSEQUENCES OF DRUG USE**

The interviewees were virtually unanimous in prioritising the difficulties to maintain social and community order, largely above public health or the individual's interests or well-being.

#### **4.3.1. A COLLECTIVE THREAT**

Drug use is largely seen as a social scourge and a massive collective threat that primarily target young people. Heroin is denounced to be the main factor for this social destabilisation.

*“The problem seems like it is only in the family but in reality, there are a lot of problems and failures in the village. Because of one drug user, the village and the whole Kachin nation have a lot of failure. This cannot even be mentioned verbally because there are too many problems.”*

*Man, MYTKYINA*

#### **A. PWUD A BURDEN TO SOCIETY**

PWUD are represented as being a burden on the whole community. The consequences of drug use are seen as their inability to take part in public life and in religious activities. They are no longer respecting traditions or religious precepts. Separation from the group and marginalisation of PWUD, are therefore a consistent subject of concern.

*“It is a problem because here there are social activities. In the village, there are youth and parent groups (called Bahong Mahong). In the parent group, the activities are mostly done by women. It is because most of the men are in the drug zone and this disturbs the social activities. Moreover, here most people are Buddhists and there are some religious activities in the village and the youth branch is becoming much smaller because they are falling into drugs. (...) They cannot participate in culture festivals.”*

*Woman, MONHYIN*

#### **B. FEAR OF PWUD, WHO ARE SEEN AS CRIMINALS**

PWUD, represented as selfish and weak persons, are associated with deviant and criminal behaviour, capable of stealing the whole neighbourhood. The stigma is generating a frightening picture of PWUD, increasing fear (fear of theft, violence, death) and therefore reinforcing isolation and exclusion. Those who inject heroin are more stigmatised.

### C. THE FAMILY AS THE FIRST VICTIMS

PWUD were also accused of neglecting their families, of bringing them shame and humiliation and even of stealing from their own parents.

*"In my neighbourhoods, because there is one drug user, the family members and the parents of the drug users always have to worry as anything can be stolen. There is no peaceful mind."*

Woman, MYIKTKYINA

The family is almost always presented as a victim (for many, the primary victim) of the collateral damage caused by drug use (theft, shame, humiliation).

#### 4.3.2 INDIVIDUAL CONSEQUENCE: ALMOST ABSENT FROM THE DISCUSSIONS

Few of the people interviewed raised the consequences of drug use for the person him/herself (isolation, health issue, etc.). If they were mentioned, people referred to overdose and the risk of dying.

### 4.4. PERCEPTIONS OF COMMUNITY SOLUTIONS AND THE CHRISTIAN CAMPS

This section presents the perceptions held by the people interviewed regarding the existing community solutions to the problems of drug use.

The perceptions of the causes of drug use and the representations of its consequences through the perspective of the strong dominating moral values are the ideological foundation on which the religious community response is built. PWUD, perceived as dangerous criminals, need to be harshly punished and re-educated. There is a consensus about the need for a repressive model and that the violence is justified to protect the group. In the proposed community solution, religion plays a predominant role and the positions

of religious leaders are a determining factor with regards to the position the community will adopt.

*"The main important thing is he needs to change his mind. (...) When a person is using drugs, we forbid him with tough methods. For example, tie him with rope. If the son uses drugs, the father will scold and punish him. Maybe punch him and they can do like this. But, even if we punch him a lot, the drug is deeply rooted in his mind. It cannot be solved with only punching. We need to advocate for him to understand clearly."*

Man, MYITKYINA

#### 4.4.1. RULING PRINCIPLES AND JUSTIFICATION OF INCARCERATION

The proposition of the Christian camps, including involuntary incarceration, is in response to the perceived notion of personal fault that must be rectified. It is based on the principle that the individual is seen as someone incapable of managing his life. The justification of the camps is based on the perceptions that the drug "addict" is someone with no self-control who is alienated and therefore needs help even against his will. In addition, incarceration distances the users from the substance and is also seen as a possible way to give families a temporary breathing space.

Dependency is viewed as a form of mental enslavement and several Christian camps offer particularly repressive forms of forced withdrawal and compulsory abstinence (physical violence and incarceration in the camps) as a solution, regardless of whether the person has voluntarily chosen to join the camp or has been forced against his will. In this collective approach, group singing, dancing and reading the bible as a group, is considered to be a solution to drug dependency.

*"For the believers, if the minds are not guided by God, then I think they cannot turn back to be good. (...). When looking at*

*the users from here, there is no hope other than religion.”*

Woman, MYITKYINA

#### 4.4.2. MAJOR THEME: CONVERSION

Unlike HR, the camps are declaring that they cure addiction. Through those camps, the church proclaims a simple and effective solution: changing the attitude of the drug users will bring a change in their life, which will end their dependency (which is primarily identified as a vice, not a health condition). Healing is based on the perceived idea that, in the Pentecostal vision, it depends on the mental attitude and a capacity for faith, which may be read here as a capacity to want to stop using drugs. It is believed that those who did not escape addiction did not really want to or they did not genuinely have faith. In the end, the relapse of PWUD put them in a position of failure, which increases the stigma.

*“By thinking in the positive ways. (...) The main thing that we teach them is that, ‘the person who always loves us is Jesus’. We cut them off in that way. We lead them in that way to make them a better person.”*

Man, MONHYIN

This simplistic perception was considered as justifying punishment and physical violence in the camps.

*“We put them into the pillory so they do not to run away. Otherwise, they run away. We do that for two weeks. But for the first week, we put them in the pillory day and night.”*

Man, MYITKYINA

#### 4.4.3. CHRISTIAN CAMPS: A SOLUTION ADDRESSING THE COMMUNITY DIMENSION

The Pat Ja San movement, in some regards, offers a solid community as an alternative that will tackle the problem of drug addiction. This

strong community dimension can also be found in the principle of the camps: daily gatherings, communal living with tasks and chores, and collective activities designed to reinforce group cohesion.

*“We look after them and sometimes we sing songs together. There is bible session in the evening. In the daily activity, there is no special schedule. Sleeping, resting, eating porridge. Now, there are only three users here who were sent by their family members. (...) There are some activities. Doing exercises in the morning, the bible session. That kind of activities... Gardening. We have a very fixed schedule for when to sleep and when to wake up. (...)”*

Man, MYITKYINA

#### 4.4.4. CONSCIOUSNESS OF THE LIMITATIONS OF LOCAL SOLUTIONS

It is, however, interesting to note that in many interviews, people observed the limitations of these solutions, as they had seen for themselves how often PWUD relapsed. Yet, there seemed to be no questioning about whether those solutions are indeed the way forwards.

*“I do not know the detail planning of Pat Ja San. It is not so effective because their mentality cannot be changed by anyone. It happens both in the camp and in the house when they get back. It depends on you. It is because they cannot change their mind. They know that it is banned and they decided not to use it again. However, they use it when they see it again.”*

Woman, MYITKYINA

When themes like relapse, failure of abstinence treatment and overdose arose in the interviews, the family and close relatives highlighted this as a failure on the part of PWUD, because of their lack of faith and commitment to the camp programme. As a relapse is seen as unwillingness or weakness, it increases the stigma towards PWUD.

#### 4.5. PERCEPTIONS OF HARM REDUCTION

Finally, this section attempts to present the perceptions of the people interviewed about two core interventions of HR: the distribution of sterile syringes to prevent the risk of HIV infections and other viruses, and methadone, an opioid substitute.

The representations reveal that the value, principles and scope of harm reduction are not well understood. In fact, because HR is not primarily aiming at abstinence, it is perceived by a large section of the interviewees as inciting and encouraging immoral and illegal behaviour.

##### 4.5.1. NEEDLE AND SYRINGE EXCHANGE PROGRAMME AN INCITEMENT TO USE DRUGS

Distributing needles and syringes is seen on one hand as useless and a danger for non-users (due to the risk of needle injury), and on the other hand as encouraging injection. The interviewees expressed the viewpoint that if there were no syringes in circulation, people would not have the idea or desire to take drugs. In the vast majority of interviews, the moral view was more important than considerations relating solely to public health.

*“This kind of distribution of needles and syringes seems like encouraging them to inject more. (...) My opinion is that it seems like saying, ‘do injection, it is fine’. This is like nothing to worry about the transmission of the diseases. It seems like giving permission. (...) Right? Yes, my opinion is that this is like encouraging them to inject more.”*  
Man, MYITKYINA

##### 4.5.2 PREJUDICES AND MISCONCEPTIONS ABOUT METHADONE

Similarly, methadone, another core effective component of the HR approach, was perceived as

being one more drug in an already well-supplied market in Kachin. It was considered as a legal and free drug, thus affordable for the ones that couldn't pay for their heroin. There were beliefs around the effect of methadone, seen as stronger and more dangerous than heroin.

*“Actually, it is liquid drug. They quit the drugs but they are addicted to the replacement drug.”*  
Man, MONHYIN

*“(...) Some people say that methadone is 30 times stronger than heroin.”*  
Man, MONHYIN

*People that use methadone don't need to focus on their need for illicit drugs anymore and can engage in other daily activities. Yet, these advantages were not apparent from the interviews. On the contrary, by comparing methadone to other drugs, there were almost no insights about the advantages of methadone<sup>13</sup>.*

13. There are multiple advantages to methadone, such as empowering PWUD, limiting the risk of criminal behavior, limiting the risks of HIV transmission and other blood born disease, increasing adherence to ART, etc.



## 5. DISCUSSION





## 5.1. NEGATIVE PERCEPTION OF THE PEOPLE WHO USE DRUGS

This work shows, as in many other studies (Nourrisson, 2017; Gunn, 2016; Philbin et al, 2008; Guichard, 2006), that the image of PWUD is very negative, described as people being unable to control themselves and to manage their lives, with immoral and deviant behaviour and engaged in criminal activities. In addition, the negative physical description of PWUD, mostly pictured as a deteriorated physical state, is strongly perceived and connected to heroin use (Beck & Peretti-Watel, 2001).

## 5.2. BURDEN OF DRUG USE ON COMMUNITY AND STIGMA OF PWUD

As demonstrated in other research, this participatory study presents that illicit drug use is seen first and foremost as a collective threat, a burden on the family and on the whole society (Global Commission on Drug Policy GCDP, 2017). The social and economic impacts are widely described in the discourse of the general population interviewed. Moreover, like other media analyses conducted in different contexts (UK Drug Policy Commission UKDPC, 2010; Jauffret-Roustide, 2018), an analysis of French and English language press coverage of drugs in Kachin has revealed how frequently articles about drug-related crime are published, excluding the people who use drugs from the debate.

While few items look at the consequences of social exclusion and stigma on people's health, many of them focus on how to manage the "undesirables".

According to sociologist B. G. Link (Link & Phelan, 2001), who worked on labelling theory and the concept of stigmatisation, people labelled as deviants will be faced with a certain number of discriminatory attitudes and events in their daily lives. Link's theories were based on the observation of discrimination and its effects on people and their family or friends, and he suggested

that such people most probably constructed a negative self-image. An expectation of rejection affects such people which leads therefore to them blaming themselves. Thus it encourages to be looking at the consequences of such stigmatisation rather than at its cause. The findings of this participatory study are also consistent with other research that found that the consequences of stigmatisation, faced by PWUD, are extremely negative, undermining their capacities and self-esteem and pushing them into marginalization. Indeed, stigmatisation is discouraging PWUD from participating in public life or activities within their general community which leads to isolation.

*"Stigmatization limits participants' ability to find adequate work, leads to social exclusion, and contributes to family tensions through negative community perceptions of PWID and their families, and to a lesser degree, stigmatizing attitudes within the family toward PWID."*  
(Tomori, 2014).

The separation from the group appears to be a major concern of the population interviewed. Marginalisation by itself is reinforcing stigma, which causes a vicious circle leading PWUD ever further from society.

In the same way, other research (Gunn, 2016) shows that stigmatisation goes beyond the individual and also impact relatives and families, fostering their social isolation and perpetuating the stigmatisation within their close sphere.

Moreover, the results are also coherent with research that found relapse to be an important factor to leads to the construction and the continuity of stigma. Indeed, relapse is perceived as a personal failure, therefore every period of relapse experienced by PWUD, after being released from "rehabilitation camps" for instance, will increase their stigmatisation. It confirms and underpins the common belief that PWUD are weak with no motivation and are unable to change (Tomori, 2014).

### 5.3. SOCIAL RECOGNITION OF REPRESSIVE SOLUTIONS

By analysing the issue of drug use against a background of Myanmar's history and sociocultural context, it is possible to better understand the social legitimacy of repressive solutions.

This study's findings support the existing literature regarding the acceptance of the repressive approach to solve this drug use issue. The enforced abstinence and violent imprisonment in jails and camps are justified because PWUD are considered criminals who have to be punished for their deviant behaviour and re-educated, even against their will, because of their weakness of character. Moreover, abstinence is perceived as the ultimate goal and the most suitable solution to solve illicit drug use problems in strong moralization contexts (Gunn, 2016). Violence is justified to protect the group, their society.

An analysis of the importance of religion in Kachin society also demonstrates the central role of religious leaders in local repressive solutions and their legitimacy with respect to the actions proposed. The attitude of most of the religious leaders towards harm reduction is sceptical and sometimes hostile. They feel it encourages immoral behaviour that is forbidden by their religion. Nevertheless it is essential to find out how they might be involved in and endorse HR projects, because of their powerful influence on society. They have an undeniable impact on a project's success and social acceptability.

*“Though the majority of respondents supported harm reduction, some sectors, including religion, were almost unanimously opposed. These findings indicated the important role socio-cultural context plays in determining the acceptance of harm reduction, including religious and political opposition.”*  
(Philbin et al, 2008)

### 5.4. THE ROLE OF THE FAMILY IN HR PROGRAMMES

PWUD are stigmatised and the results of the study show that this stigmatisation is extended to their families, who are seen as both failing and suffering.

*“(...) use of illicit drugs is considered deviant behaviour that brings significant shame to the user as well as his or her family.”*  
(Gunn, 2016)

Families are responsible for keeping young people away from such dangerous pleasures (Nourrisson, 2017), and if a member of the group uses drugs it automatically means that the whole family is failing. Thus, the whole family carries the burden of deviance-related stigmatisation (Fournié, 1997).

Because families are so severely stigmatised, it is important to look into the perception towards users' families within their wider environment.

While, on the one hand, families can play an important part in prevention (of consumption, relapse, risk-taking etc.) and treatment (adherence to ARV or OST therapy, for example), on the other hand, through a process of social influence, they can themselves transmit this stigmatisation and exclusion.

Moreover, locally-developed solutions (such as “rehabilitation”/detoxification camps), intended to combat the health and social consequences of drug use, acknowledges the families' needs and offer temporary relief through the imprisonment of the erring member of the family unit.

The results of this study, therefore, lead to question the place and involvement of families in HR projects. In HR programming, a set of activities are developed to target the family and relatives usually aiming at improving PWUD's health (such as HIV testing, or socio-reintegration). However, in contexts where family structures

are still essential cornerstones of community functioning, families and close relatives should possibly be further acknowledged as an integrated and essential stakeholder of a HR package. Involving families more closely in the dialogue about HR and drug use, and better integrating them into HR projects, could also contribute to reducing the pressure on PWUD. Moreover, families offer a way to access other members in the general population, whose codes and standards they share.

Although HR is often focusing on a person-centred approach, it is necessary to find a way of building a more comprehensive approach that includes the social structures that interact directly with users.

### **5.5. NEGATIVE PERCEPTION OF HR IN CONTRADICTION WITH THE DOGMA OF ABSTINENCE**

The perceptions of the population that has participated in the assessment, regarding harm reduction interventions in general, reflect that this approach is not well understood and in particular the two most effective and evidence-based interventions (NSEP and OST) are even considered to be dangerous.

As mentioned earlier, binary representation of good vs. bad and weak vs. strong, in regards to drug use and drug users, simplifies the issue, and to some extent, hampers the understanding of HR which promotes a non-judgmental principle. It also denies the complexity of drug use and does not recognise the multiplicity of individual situations.

Generally speaking, the people interviewed do not see the benefits of the public health approach to the community as a whole: for the general public, the threat of AIDS does not trigger acceptance of HR activities such as needle exchange. Methadone is seen neither as an HIV prevention tool nor as something to help

seropositive people adhere to ART. Similarly, the people interviewed did not see methadone as being effective with regard to reducing overdose risks or problems with the law related to the use of illegal substances. The results achieved by HR programmes in terms of the AIDS epidemic and overdoses are not really recognised outside the specialist professional sphere and they are not sufficiently publicised in local media.

This lack of information drives the HR implementers to question the messages that HR programmes are communicating to the general public. There is a real need to deconstruct existing representations and provide scientific information through education and communication sessions. The HR approach and the technical aspects involved need to be made easier to understand in order to help change the accepted message and common perceptions, and thereby help to reduce stigma.

This experience has shown that it is essential to conduct a qualitative survey in order to fully comprehend existing representations and beliefs concerning the subject of any proposed project, to prevent rejection by the population concerned.

In this context, users receiving methadone treatment are neither perceived as people undergoing medical treatment nor as people addressing their dependency. The general population's concerns regarding methadone and the possibility of it being used improperly, seem to interfere with perceptions of cure and recovery.

It would therefore seem desirable to further consult the population about its perception of substitution therapies, recovery and treating dependency, by means of qualitative surveys. The fundamental question in terms of opioid substitution therapies is linked to the problem of knowing exactly what is meant by treatment and/or recovery. It would seem that for those populations whose ideal is abstinence, recovery is seen as a return to a pre-addiction state of health. It would be interesting to analyse the

social experience of addiction treatment, as Todd Meyers did recently (2016).

Meanwhile, HR conflicts with local repressive solutions preaching abstinence. There is a perception that HR activities are at the individual benefit of PWUD, ignoring the needs of the family and close relatives or surrounding of PWUD.

In order to act more effectively, HR takes a non-judgmental approach when it comes to practices. However, this approach, which prioritises public health and human rights, puts in place actions to support individuals without focussing on the social suffering of the group as a whole. It would therefore appear that, in the Burmese sociocultural context, such an approach comes up against its own limitations and may even have to admit defeat. Thus these results, which bring to light the severe social exclusion to which both users and their families are subjected, question whether such programmes might better take into account the sociocultural context which drug users face daily.

Accepting a HR approach means challenging socially approved standards. Consequently, it is a long-term matter and can only be guaranteed to last if the local population takes it on board.

# CONCLUSION



This assessment was motivated by the prerequisite to improve the understanding of the values, perceptions and (social-cultural) “rules” surrounding drug use and drug users among the general population in the Kachin society in Myanmar.

Its aim was to find out, by precisely documenting systems of values and standards with which HR initiatives were confronted, whether or not such programmes fitted in with sociocultural perceptions and practices, with the end purpose having the general population adhering to the programme offered. In a constraining context, a thorough understanding of representations and perceptions is essential for the project to be successful and adopted by the population.

It is debatable that while the HR approach takes as its reference the universal principles of human rights, freedom of choice, and respect for human dignity, HR programmes would possibly need to consider a sensitive attitude to be adopted, better integration of the context in which PWUD live their daily lives, and, in particular, solutions that are firmly anchored locally. It is not just a question of getting to know these local solutions through research: it is also important to learn to recognise them, in order to avoid a drift towards ethnocentrism.

Moreover, harm reduction is considering Health as a fundamental and universal human right, and accordingly HR is promoting an effective access to healthcare services, including substitution therapy. In particular, with regards to the methods of forced detoxification offered in local solutions, it is worth mentioning that these practices are considered to be ineffective and a violation of human rights by UN agencies<sup>14</sup>.

14. “Ensure that all people who use drugs have access to non-coercive and evidence-informed drug dependence treatment consistent with international human rights standards and the Principles of Drug Dependence Treatment articulated by the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO)”, UNAIDS, 2016.

In practical terms, this means that HR programmes must try to avoid upsetting local representations and practices – without however sustaining them or denying fundamental human rights – but rather negotiate with them to find a middle ground that does not exclude or deny local standards and values.

It is therefore crucial for the professionals to look at their professional practices to see whether they are at risk of clashing with local sociocultural foundations. Ignorance of differences in how things are done and how people think can look like a refusal to acknowledge them, and this can lead to the receiving culture adopting an attitude of suspicion and mistrust vis a vis projects that do not make sense to them. Taking note of what local populations, and the social environment of PWUD have to say, is therefore key to ensuring the success of any HR project.

This is all the more important in that, when confronted with the sudden presence of international aid based on universal principles – too often seen by local populations as being hegemonic – a culture that finds itself backed into a corner, often sees resistance as the only possible response.

As Hours & Sélim (2011) defined in their work, “L’affirmation selon laquelle les droits de l’homme sont universels fonde le développement des ONG” (“*The statement that human rights are universal was the founding idea behind the development of NGOs*”).

The real challenge is finding common ground between local measures and those offered by the programmes. These fundamental Human Rights and harm reduction principles would possibly need to be translated to a local context to allow proper implementation and ensure local ownership and sustainability.

The question of social representations of PWUD is an important issue, as the way drug users are seen by society is one of the deciding

factors in terms of their social integration or exclusion.

Although creating an image other than that of a drug addict remains difficult, users nevertheless urgently need to have their full status as citizens in their own right acknowledged, and has access to the same rights.

## **FINAL NOTE FROM THE FIELD PERSPECTIVE**

Learning from the results of this participatory study, MdM had already developed specific activities targeting the different groups within the community such as:

- Specific open house events in MdM DIC targeting religious leaders to increase their understanding of harm reduction as a comprehensive approach.
- Health education session at Pat Ja San Camps as a first step to build trust and open a dialogue
- Specific awareness-raising programmes to reduce stigma and discrimination targeting religious leaders.
- Creation of Methadone Maintenance Treatment (MMT) family support groups.

This work has helped Médecins du Monde and Metta Development Foundation to reconcile the HR approach with the predominantly prohibitionist sociocultural, political and religious model in Kachin, and thereby enable them to lay the foundation for a comprehensive intervention strategy, in particular the community-based strategy that involves the general population in improving the “live together”.



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# APPENDIXES





## APPENDIX 1. REMINDER OF COMPLETE OBJECTIVES AS DETAILED IN THE PROTOCOL

**GENERAL OBJECTIVES:** To analyse the perception and beliefs of the community in Kachin State about drug use, drug users, and harm reduction in order to create adapted communication content, advocacy materials and training sessions.

**THE SPECIFIC OBJECTIVES** will bring knowledge about the perceptions of drug use and drug users among different influential groups within the community, their perceived causes and impact on their communities, and their presumed solutions to address this issue. The main focus will be based on the community's perception and belief of what would be the most effective response to drug use, like drug treatment/detoxification, while further background analysis on general perception of the drug problem will complete a holistic view on the issue.

1. to identify the perceptions of the communities towards the motivation and causes of the use of drugs in Kachin State. In the framework of this study, we will try to identify the perceptions of the most common motivations to use drugs and what are the main causes.
2. to identify the perception of the problems related to drug use (consequence) by the community. Here we would like to detail the perceptions of the different kind of drugs and their consequences. We will try to categorize from the least problematic usage to the worst.
3. to explore the perception of the solution to address the drug use issue. We want to be able to identify the solution envisaged by the community to deal with problematic drug use. We will analyse why the community does not approve of or support the response from the government or sees the proposed intervention as insufficient to solve the problem.
4. to identify the perception of harm reduction approach. It will bring more knowledge about the perceptions of the community toward harm reduction interventions implemented in Kachin by local NGOs and International NGOs such as Médecins du Monde and its partner Metta Development Foundation.
5. to explore the perception of drug treatment (including methadone). It will allow us to understand the perceptions about treating addiction, the expected outcomes, and community perceptions about the relapse issue. We will also investigate specifically the perception of methadone as OST, usually wrongly perceived as another drug replacing heroin.

## APPENDIX 2. LIST OF SECONDARY DATA

### EVENTS AND COMMUNICATION MATERIALS

- Participation at the Kachin Anti-Drug Day, 25 April 2017.
- Material distributed by Paw Nway La Baptist Church, Anti-drug Committee.
- Material distributed by Rev Maji Church. Anti-drug Committee.
- Pat Ja San Leaflet.

### WEBSITES

- *How an Isolated Mountain Outpost Became One of The World's Most Heroin-Addled Place*, Patrick Winn, Posted on: Business Insider 30 December 2013, edited by David Case
- *Myanmar: Hell hath no fury like Hpakant*, Patrick Winn, Posted on GlobalPost December 30, 2013 edited by David Case (<https://www.pri.org/stories/2013-12-30/myanmar-hell-hath-no-fury-hpakant>)
- *Chômage de masse et théories du complot pour les héroïnomanes du Myanmar*, posted on Vice, by Tyler Stiem Sep 15 2014 (<https://www.vice.com/fr/article/mvzpya/chomage-de-masse-theories-du-complot-heroinomanes-birmanie-019>)
- *The damage done*, Carlos Sardiña Galache - May 2014, posted on Asia Globe
- *Reducing the harm*, by Brennan O'Connor September 2015, Posted on Frontier Myanmar (<https://frontiermyanmar.net/en/photo-essay/reducing-the-harm>)
- *Anti-drug vigilantes face off against Burmese security forces in poppy field showdown* by Philip Sherwell, February 2016 posted on Telegraph UK (<http://www.telegraph.co.uk/news/world-news/asia/burmayanmar/12168599/Anti-drug-vigilantes-face-off-against-Burmese-security-forces-in-poppy-field-showdown.html>)

### BLOGS AND VIDEOS

- <http://nawdindumdaw.blogspot.com/2012/04/kachin-baptist-convention.html>
- [www.youtube.com/watch?v=r79mVdipX4E](http://www.youtube.com/watch?v=r79mVdipX4E)
- [www.youtube.com/watch?v=PS3FO5ym7-Y](http://www.youtube.com/watch?v=PS3FO5ym7-Y)
- [www.youtube.com/watch?v=xztQhOQrZAs](http://www.youtube.com/watch?v=xztQhOQrZAs)
- [www.youtube.com/watch?v=GobhaZ8EnT4](http://www.youtube.com/watch?v=GobhaZ8EnT4)

- *Pat Ja San: A controversial mission*, By Yola Verbruggen 21 Mar 2016 posted on Myanmar Times (<https://www.mmtimes.com/in-depth/19566-pat-ja-san-a-controversial-mission.html>)
- *Poppylands: Understanding Myanmar's addiction to heroin*, Dr Nang Pann Ei Kham, coordinator of the Drug Policy Advocacy Group, speaks to Al Jazeera, June 2016 (<http://www.aljazeera.com/indepth/features/2016/06/poppylands-understanding-myanmar-addiction-heroin-160619114736853.html>)
- *Burma's Grassroots War on Drugs* posted By Sophie Cousins Foreign Policy, October 5, 2016 (<http://foreignpolicy.com/2016/10/05/burmas-grassroots-war-on-drugs-pat-jasan-kachin-heroin/>)
- *Drugs and bullets in Myanmar, As more people in Kachin fall victim to drug abuse, Christian group Pat Ja San is taking matters into its own hands*, edited by David Shaw 2016, Posted on Al Jazeera (<http://www.aljazeera.com/indepth/features/2016/12/drugs-bullets-myanmar-161220064632150.html>)
- *Hopelessness breeds drug addiction among Kachin IDPs*, Hein Ko Soe, Frontier, 13 Dec 2016 Posted by Jamie Uhrig on Health in Myanmar.

### APPENDIX 3. FRAMEWORK OF DATA COLLECTION TOOLS: GUIDES AND OBSERVATION GRID IN ENGLISH<sup>16</sup>

#### 1. INDIVIDUAL INTERVIEW GUIDE

##### INDIVIDUAL INTERVIEW GUIDE - GENERAL

Date:                      Time:  
Location:                Age:                      Gender:

##### WELCOME AND INTRODUCTION

Hello, my name is NAME OF INTERVIEWER  
Thank you for coming today and participating  
in this ITW. Before starting, I would like  
to inform you that all information is kept  
confidential. We will only use the information  
for analysis, without your name. We will also  
organize this kind of ITW with a wide range of  
people in Myitkyina and in Mohnyin.  
I would like to ask you if I can record the  
discussion because it will help me for the  
analysis afterwards.  
All the information will remain confidential. Do  
you agree?

**QUESTION ONE:** Could you tell me what you  
know about the drug use situation in Kachin  
State?

*Possible re-launch question & expressions,  
Glossary*

What are the most common drugs used?  
What drug is the most dangerous, the least  
dangerous? Why?  
What are the consequences? For the individual,  
for the family, for society?

**QUESTION TWO:** Why, in your opinion, are  
people using drugs?

*Possible re-launch question & expressions,  
Glossary*

Why do they start? Why do they continue?  
Who are the people that use drugs? What do  
people call the drug users? Why?  
What are the common points between drug  
users? The difference?

**QUESTION THREE:** What in your opinion are  
the main causes of this drug use in Kachin?

*Possible re-launch question & expressions,  
Glossary*

Who is involved? Who are the main people  
responsible for this situation? Why?

**QUESTION FOUR:** What are the solutions to  
solve the drug issue in Kachin State?

*Possible re-launch question & expressions,  
Glossary*

What is the difference between the solutions?  
What solution works best? What does not  
work? Why?  
What other kind of solution should be put in  
place?  
What restrictions and sanctions are put on the  
drug use situation in Kachin?

**QUESTION Five:** What drug treatments exist  
in Kachin?

*Possible re-launch question & expressions,  
Glossary*

What are the objectives the camps for PWUD,  
existing in Kachin? What are the activities?  
What are the medical activities?  
What other activities should be put in place?  
What are the expected outcomes after the  
drug treatment?  
What are the effective outcomes after drug  
treatment?  
What other traditional treatments exist in  
Kachin?

<sup>16</sup> All the specific data collection tools are available in English  
and in Myanmar languages with the internal complete report.

## 2. FOCUS GROUP GUIDE

### FOCUS GROUP GUIDE - INTRO

Date:            Time:  
Location:      Number of persons:      Gender:

#### WELCOMING AND INTRODUCTION

Hello, my name is NAME OF INTERVIEWER +  
Presentation of the observer  
Thank you for coming today and participating in this discussion. Before starting, I would like to inform you that all information is kept confidential. We will only use the information for analysis, without your name. We will also organize this kind of discussion with a wide range of people in Myitkyina and in Hopin. I would like to ask you if I can record the discussion because it will help me for the analysis afterwards. All the information will remain confidential. Do you agree?

#### GUIDE FOR GENERAL POPULATION

**QUESTION ONE:** Could you explain me what the drug use situation is in Kachin?

*Possible re-launch question & expressions, Glossary*

How was the drug use situation in the past?  
Could you explain how it is different from the current situation?  
What are the most common drugs used? What are the effects of each type?  
What drugs are the most dangerous/severe?  
The least dangerous? Why?

**QUESTION TWO:** What are the main causes of this drug use in Kachin?

*Possible re-launch question & expressions, Glossary*

Who is involved? Who is responsible?

**QUESTION THREE:** What do you know about people who use drugs/What do you call them in your community?

*Possible re-launch question & expressions, Glossary*

What is the main profile of drug users? What are their common points? Their differences (between the profiles listed)?  
Why do they use drugs? What are the reasons they are using drugs? Why do they start?  
What is the impact of having a drug user in the community, family?

**QUESTION FOUR:** What solutions are available in Kachin for managing this drug use issue?

*Possible re-launch question & expressions, Glossary*

What solutions are effective? Why are they effective? What things do not work? Why?  
What other solutions should be put in place?  
What are the sanctions to stop the drug use?

**QUESTION FIVE:** How can we help the people who use drugs?

*Possible re-launch question & expressions, Glossary*

What are the existing drug treatment methods in Kachin?  
What do you know about methadone treatment? What do you think about this treatment?

**QUESTION SIX:** What do you know exactly about Harm Reduction?

### 3. OBSERVATION GRID

#### *GUIDED OBSERVATION GRID IN CAMP*

Location:

Date:

Time and Duration of the observation:

Persons present in the camps (staff and drug users, visitors? family? others?)

Status:      Gender:      Age:

#### **OBJECTIVES AND ACTIVITIES**

What is the objective of the camp?

Who is allowed to enter or leave the camp?

What activities are organised?

What is on the "agenda": planned prayer sessions? Planned sports activities or other training?

Which schedules the day of the people in the camp (time of wake up, lunch etc.)?

What are the main messages delivered in collective sessions (term used for the type of session: like education session)? On leaflets? In individual sessions? In prayers? ...

What are the rules? Are they written somewhere in the camp? Where? In which language? Are they distributed to the new arrival?

What are the punishment if the persons do not follow the rules?

#### **STAFF**

How many staff are living/working in the camp?

Who is in charge?

How do they address the inmates?

What is the attitude of the people who look after the inmates/residents?

Do they call them by their name? Something else?

Interactions between staff and inmates

#### **THE INMATES (DRUG USERS)**

How does the drug user move in the camp (chain?)

Interactions between inmates?

Are they doing the activities together? Who receives a different treatment (different schedule, food, room, etc.)

#### **ACCESS TO MEDICAL SERVICES, DRUG TREATMENT, MANAGEMENT OF WITHDRAW**

What are the medical services offered in the camp?

Is there access to medical services outside the camp? Do the drug users leave the camp alone for the services?





