

Working Paper

Non-medical pathways from harmful drug use in Kachin state, Myanmar

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About Drugs & (dis)order

'Drugs & (dis)order: building sustainable peacetime economies in the aftermath of war' was a four-year research project generating new evidence on how to transform illicit drug economies into peace economies in Afghanistan, Colombia and Myanmar. It was an international consortium of internationally recognised organisations with unrivalled expertise in drugs, conflict, health and development. Led by SOAS, University of London, project partners are: Afghanistan Research and Evaluation Unit (AREU), Alcis, Christian Aid, Kachinland Research Centre (KRC), London School of Hygiene and Tropical Medicine (LSHTM), Organization for Sustainable Development and Research (OSDR), Oxford School of Global and Area Studies (OSGA), PositiveNegatives, Shan Herald Agency for News (SHAN), Universidad de los Andes, and Universidad Nacional de Colombia.

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Contents

Introduction.....	4
Part 1: Discussion.....	6
The polarisation of services for people who use drugs	6
Bio-medicine vs. spiritual pathways to recovery	9
Intersectionality.....	12
Ethnicity	12
Gender	13
Socio-economic status and class	14
Recovery capital	15
Part 2: Nding Ah Ja’s Story	18
Family life and his mother’s influence.....	18
Social environment in the 1970s.....	19
School, university and politics	20
Cultural role and influence	21
Reflections on personality and drug use	21
Stigma and early pathways to change.....	22
Attempts at recovery	22
Turning point.....	23
Prison	23
Spiritual transformation.....	25
Leadership in Myitkyina	26
Reflections on the impact on his family	27
Supporting his mission	28
Reflections on the drugs crisis in Kachin society	28
Conclusion	31
References.....	33

Introduction

The overarching objective of the Drugs & (dis)order project has been to explore how sustainable development and peacebuilding can be supported in the drug- and conflict-affected borderlands of Afghanistan, Colombia and Myanmar. The Myanmar Country Working Group (CWG) has placed a particular focus on the inter- and intra-community dynamics of the drug economy and the diverse lived experiences of those involved.¹ This includes the experiences of people who use drugs, as well as their families and wider relations; narratives of community response; and the local drivers of drug production and supply. Through several collaborative publications, we have presented our findings on the political economy dimensions of the ‘drugs crisis’ in Kachin and Shan States (e.g. Meehan, 2021; Dan et al, 2021), the social and cultural underpinnings of responses to drug use (Sadan, Maran and Dan, 2021), individual narratives (Drugs & (dis)order, 2022), and the contemporary pathways of young people into drug use (Meehan et al., 2022).² A rich variety of perspectives has been presented, some of which challenge the norms of international organisations engaged with these issues.

This report connects and extends some of this published work by engaging further with the need to diversify the parameters of analysis for the ‘drugs problem’ in Myanmar. Our intention is to encourage more integrated and holistic approaches to these problems; to see them at different scales; and to put local experiences at the centre. In this report, we focus in detail again on an extended life-story narrative as a vehicle for our understanding. We present the life of the well-known singer and activist Nding Ah Ja, who tirelessly supports people who use drugs in the Kachin region. Nding Ah Ja is a significant local actor who works with people who use drugs and their families, especially those who have been incarcerated. He is a well-known and respected authority on these issues in the Kachin region, with authenticity as an advocate for the better treatment and support of people who use drugs and their families. He was formerly a very well-known singer, who developed a dependency on illicit drugs early in his life. This eventually saw him receive a long prison sentence and that experience triggered a life-changing emotional and spiritual response and a new life trajectory of Christian mission. His primary focus within that mission has been to support people who use drugs, and in particular those who have been incarcerated. His compelling life experience provides numerous insights not only into the pathways into harmful drug use that can arise in this region, but also how a pathway away from harmful use can be built and navigated.

As we highlighted in our discussion of Pat Jasan (Goodhand et al., 2021), local narratives unfiltered by external expectations can be challenging to those who are not born within and do not live their lives in this setting. Nding Ah Ja is opposed to the violent tactics of Pat Jasan, even though he initially advocated for a movement of social renewal and has a strongly collectivist and community-based interpretation of the need to support people who

¹ This group consisted of Dr Patrick Meehan (SOAS, University of London), Dr Mandy Sadan (University of Warwick) and teams at the Kachinland Research Centre, Myitkyina, led by Dan Seng Lawn, and Shan Herald Agency for News (SHAN), Chiang Mai and Taunggyi, led by Sai Aung Hla and Sai Kham Phu.

² Please see https://drugs-and-disorder.org/category/publications/?entry_type=&entry_country=18 for information about several of these publications, and others across the project.

use drugs. His compassion for people who use drugs, born from his shared experience, sees him reject the strategies – that have been so widely condemned – of violence, and forced incarceration and detoxification. Yet he rejects these primarily because he feels that such actions are ineffective, rather than believing that local people should be condemned for this response, especially given the profound nature of their disadvantage and their struggles. His collectivist view of the reasons why people who use drugs should be supported to change their behaviours are also rooted in contemporary Kachin Christianity – the concept of being ‘born again’ in an evangelical sense. He has set up several rehabilitation centres and his voice on these matters is influential. This is a contentious area for secular bio-medical actors but, as noted, understanding its significance is important if community-embedded responses are to be supported

Nding Ah Ja’s life story clearly speaks to our recent publication *Voices from the Borderlands 2022 (Drugs & (dis)order, 2022)* in which three life stories are presented – two from Shan State and one from Kachin State. Readers of this report are recommended to read that document as well to consider how these experiences provide insights of great depth and nuance into individual pathways towards harmful drug use. However, in this report we introduce a potential framework for further analysis of life stories in this context. In *Voices from the Borderlands 2022*, the life stories were largely allowed to stand by themselves as narratives with minimal interpretative apparatus. This was important as one objective was to demonstrate the communicative power of such stories, and how through their granular narratives a multiplicity of lived experiences could speak to shared but also locally distinctive issues relating to drug economies. In this report, we take a further step by introducing some additional foundations for reflection.

We have, therefore, divided this report into two parts. Before re-narrating Nding Ah Ja’s life story in full in Part Two, we commence with some reflections on two interconnected approaches that can add considerable value to our interpretative capacities for stories such as this. We can distil critical learning points from narratives of lived experience, which can hopefully support grounded and responsive interventions and support that work in local contexts; but to do so, a set of additional interpretative tools needs to be brought into view. In Part One, therefore, we discuss how taking an intersectional approach to understanding pathways out of harmful drug use may facilitate a more granular understanding of these issues, helping us to move away from a reliance upon homogenising representations and over-generalised experiences. We then consider the potential value of ‘recovery capital’ frameworks for supporting long-term, sustained behaviour change among people who use drugs in this region and who wish to move away from harmful behaviours. Recovery capital has been broadly defined as the “the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems” (White, W. & Cloud, W. 2008:1 citing transformative work by Granfield & Cloud, 1999; and Cloud & Cranfield, 2004). It is particularly helpful to consider how Nding Ah Ja is able to leverage resources for his recovery from harmful drug use in connection with his intersectional identity. These two frameworks are therefore closely related to each other in this context.

Nding Ah Ja's translated narrative is presented in Part Two and his words are given space to unfold without interpretative interventions.³ His remarkable honesty about the brutality of his experience, and thoughtful reflections on the forces that supported him in his pathway from harmful drug use are humbling. However, as we discuss in our conclusion, we hope that in re-presenting this narrative we demonstrate how a 'life story' approach enriches our understanding not only of the individual but also of the structural context of their life choices. Specifically, this is of great help in understanding the practical support structures that best help individuals who have to manage complex forms of discrimination or exist in settings of marginalisation.

Part 1: Discussion

The polarisation of services for people who use drugs

We will discuss the relationship between bio-medicine and spiritual support for pathways away from harmful drug use in more detail shortly. However, it may be beneficial to review briefly the context in which Nding Ah Ja operates as an activist supporting people who use drugs. Not all readers of this report will concur with him that his approach to spirituality-focused 'recovery' is the ideal. However, taking this viewpoint seriously is important in a setting in which access to any support is limited and all provision is under-resourced. It is only in recent years that attention has been drawn to the circulation and *consumption* of illicit narcotic and stimulant drugs in Kachin-identifying communities and how they have impacted local communities. Much more attention has been given to the region as a drug *producing* region, especially as a producer of opium. Local experiences of the impact of drug consumption have largely been neglected. This has resulted in a discourse about the region that has been dominated by higher level policies of crop eradication, ignoring important issues of poverty and discrimination that are revealed more clearly by looking at intersections with local drug use. We see this, too in Afghanistan, where only recently has attention been brought to the local problems of widespread drug use. International news agencies have started to show the impact of drug consumption as a local problem that needs also to be factored into international understandings of Afghanistan as a major drug producing country.⁴ The phrase 'in recent years' refers mainly to the mid-1990s and beyond and is relative to the longer history of ethnicised conflict in the post-independence

³ Sincere thanks to Hkanhpa Sadan for arranging and carrying out this interview and for providing an initial transcript. This extended interview took place on 18 September 2021. We are all deeply appreciative of Nding Ah Ja's time and his trust in us as mediators of his powerful narrative to a wider audience.

⁴ <https://www.aljazeera.com/gallery/2022/7/25/photos-despair-and-poverty-fuel-drug-use-in-afghanistan> accessed 13/09/2022

Myanmar state (Smith, 1991). A range of ceasefires with armed ethnic organisations were initiated through the late 1980s and 1990s, including with the Kachin Independence Army (KIA) in 1994 (Sadan, 2016). These facilitated an opening up of Myanmar's borders to greater international trade and other forms of interaction.

Myanmar was never quite as hermetically sealed from external influences as has often been presented, but it was true that international actors, especially those from western states and global organisations, were able to enter the country during the 1960s–1980s only under the tightest of controls. This situation changed somewhat in the mid–late 1990s. A limited number of international non-governmental organisations (INGOs) were then allowed to enter the country, and some foreign nationals resided in the country for longer periods. Heavily monitored by the security services and with limited freedom of action, some of these organisations were able to establish small regional offices in the Kachin state capital of Myitkyina and other urban centres, following the ceasefire with the KIA in 1994. Indeed, Martin Smith (2016) has recounted how key local actors were motivated to sign the agreement in part because it opened a space for development interventions, which were greatly needed after decades of conflict.

While most activity was locally led, opportunities arose for limited international interaction (Smith 2016). International NGOs typically had a health, livelihoods, and/or development focus (Smith, 1996). One of the first health actors was Médecins Sans Frontières, which entered the country in 1992 (MSF-Holland has been present in the Kachin region as AZG). None of these organisations in the early years had a focus specifically on supporting people who use drugs, reflecting in part that this was a more sublimated political issue relative to that of drug production at this time. It was also highly sensitive and an issue that the military regime preferred to retain to itself. The role of health-focused NGOs and INGOs at this time was predominately connected with services to support people with HIV/AIDS and promote HIV prevention. Although this issue was connected with the increasing prevalence of injecting drug use, people who use drugs were not a publicly targeted focus. There were also a few small international organisations that built on prior relationships in the region, mainly through having connections with religious constituencies, often with an evangelical purpose. World Vision, for example, was able to build on strong local connections with church groups and was highly respected locally. Although these organisations engaged with drug use as a facet of multi-dimensional social problems, this was not their area of expertise. Most of them aligned with an abstinence-based approach to drug use rooted in traditional models of Christian mission.

Significant local civil society organisations (CSOs) emerged during this period, too. Most notable was the establishment of Metta Development Foundation by Ramon Magsaysay Award winner Seng Raw Lahpai, which has grown to be the largest CSO in Myanmar. Drug use and prevention was again not a specialist area. Health-related activities tended to be focused upon HIV prevention, anti-malaria interventions, maternal and paediatric health, and basic health and social needs such as the provision of clean water supplies. Despite this emerging civil society landscape, supporting people who use drugs with harmful behaviours remained largely a domestic issue managed in the home. There was at this time, and still is, great stigma attached to illicit drug use. Traditional opium use, as well as alcohol consumption, had long been the focus of attacks by evangelical groups including

the largest, the Kachin Baptist Convention. A popular local joke was that people would have to join the Roman Catholic Church if they wanted to have a drink. This strong message of abstinence and sobriety as religious and (ethno-) national duty created significant dissonance in a society in which home-brewed rice alcohol and opium were traditional intoxicants, drinking was common, and illicit drug use was increasingly prevalent. It contributed to the stigmatisation of drug use and its enclosure within the household, which became the primary site for both support and conflict.

Kachin's ethnonationalist requirement for moral and physical strength through sobriety was also promoted by the KIA. In this case, the target internally was people who use drugs and people who sell drugs, while external public relations focused on opium eradication campaigns in KIA territory. Sometimes brutal public punishments were meted out against those accused of using and selling illicit drugs. This was especially so in the 1980s, when concerns about access to drugs other than opium, especially heroin, started to become a key concern locally. A localised War on Drugs-type narrative emerged in this conflict setting, which further stigmatised people who use drugs in relation to the revolutionary struggle.

This situation largely continued until the early 2000s. The perception of increasing accessibility and use of heroin, methamphetamine, and other stimulant and narcotic substances, however, seemed to increase in tandem with the conclusion of ceasefires in border states and more porous international boundaries. The shift to injecting drug use was of great concern, as this was previously not considered a typical form of ingestion. The extension of drug use to young people in educational institutions that had developed notably after the ceasefires was also considered a new characteristic, in terms of its scale, rather than its occurrence *per se*. By 2007–08, there was growing attention on the increased number of young women who were injecting users of illicit drugs, which was considered an entirely new phenomenon in the region. The availability of digital phones, which enabled still and video images of people using drugs to be taken and circulated, contributed to public discussion of this issue as young women injecting illicit drugs were seen in a public context for the first time. The presence of a new generation of young Kachin-identifying activists in Thailand, and the establishment of nascent Kachin media organisations, such as the Kachin News Agency, also contributed to the visibility of these issues, encouraging local social and political debate and commentary. Yet even this had historical precedent. Making the unseen seen in relation to drug use had previously been a significant factor in popular understandings of rampant drug use in the environs of Hpakant in the 1980s, which had coincided with KIA action against people selling drugs.⁵ The circulation of digital images of drug paraphernalia in the environs of Myitkyina University and of female injecting drug users along the river banks at Laiza seem to have triggered a similarly powerful societal consciousness and discussion about these issues in the first decade of the 2000s (Weng, 2009). This was, of course, layered upon the lived experiences that had been enclosed in households and domestic space, and which had rarely been

⁵ Local reports of images of drug users in appalling conditions shown in church settings to mobilise young people against the dangers of harmful illicit drug use were reported, especially in the 1980s when cameras became more widely available from across the border with Thailand. See Sadan, 2014 for a fuller discussion of the historical visual economy of Burma/Myanmar.

discussed so openly until this point. It was powerful because it resonated with lived experiences that had previously remained closed within a domestic setting.

It was also around this time that drug health specialist interventions started to become part of that wider debate. AZG and Health Poverty Action, and later the Asian Harm Reduction Network, were immediately caught up in a negative popular discourse relating to injecting drug use as a new social phenomenon. They had introduced harm-reduction interventions, such as needle exchange, in several locations, albeit with limited resources and severely constrained in their spaces of action. The populist response, supported also by a long-established abstinence rhetoric from church groups, targeted these interventions as part of the problem of the spread of injecting drug use. There was justification to this in some contexts, as we have discussed in detail in other publications (Dan, Sadan and Maran, 2021). However, a polarisation of responses to how to support people who use drugs with significant health and other harms, and their families, became difficult to shift with such strong emotions running through local communities.

Opposition to medicalised harm-reduction interventions focused on what was seen as a disregard for community norms and lack of community engagement; actors promoting this form of intervention were frequently seen as emanating from outside the region and following their own agenda. They were also accused by local opponents of consciously or unconsciously supporting a Myanmar government strategy intent on weakening Kachin-identifying youth – physically, spiritually, emotionally, and militarily – as part of the government’s plan to re-territorialise Kachin State under cover of the ceasefire (Kiik, 2016). For their part, harm-reduction organisations felt attacked and misunderstood, and sometimes they were actually physically attacked. They felt that their contribution to changing the health and life opportunities of individual drug users who entered their space was being unrecognised. The tensions between these polarised understandings of what was needed, and the epistemological tension between individualist and collectivist models of how to respond to the needs of people who use drugs with dependency continued until the Pat Jasan movement emerged at scale in around 2014 (see collection of papers in Goodhand et al., 2021) and made this bifurcation sharper and more toxic.

The establishment of the NLD–military power sharing arrangements after 2015 did not repair any of these fractures in the health–politics–development landscape of the Kachin region, despite initial hope (Kramer, 2015). The resumption of conflict between the Myanmar military and the KIA in 2011 was followed by increasing frustration and distrust at the power sharing government of the NLD and the military. This worsened as Daw Aung San Suu Kyi’s government seemed ambivalent at best about helping the large number of people internally displaced by the conflict, appearing at times to use them as political tools. The NLD leadership’s attitude towards the national military’s acts of violence towards minoritised groups blurred so far as to become indistinct by the time the genocidal atrocities carried out against Rohingya communities came to global attention in 2017.

Bio-medicine vs. spiritual pathways to recovery

In previous work, the Myanmar CWG has focused on the broader social, political, and cultural dimensions of illicit drug production, supply, and use in northern and eastern

Myanmar. This work explored why there was opposition to harm-reduction interventions in the region, and an apparent preference for treatments that have a strong evangelical and spiritual dimension. While not taking a position, we sought to move beyond an unhelpful polarisation of discourses – highlighting that the stigmatisation of local views that do not align with the norms of international organisations on these issues is particularly damaging. It is also sustained by knowledge inequalities. Given that groups associated with medicalised interventions and advocacy are better able to access international media and global networks and are also associated with more recognisable and ‘normative’ secularist, westernised, bio-medical approaches to health in a development context, our intention was to reveal more about the ‘other’ side of this issue. This was also appropriate because the majority of the CWG are Kachin- and Shan-identifying nationals, who understand the impact of their lack of voice internationally very directly. Although we focus here on the polarisation of discussion about services in the Kachin region, it is not a phenomenon that is restricted to this state. Although there is a strong focus on Christianity as the form of spirituality in question, the bifurcation between medical and non-medical interventions is also seen in Shan State, for example, where Buddhist rather than Christian institutions provide local leadership.

The relative lack of attention to spirituality within development is marked in relation to health care. As Longshore, Anglin & Conner (2008: 178) stated, there is a neglect of these dimensions because of its lack of fit with bio-medical approaches:

The idea that R/S [religion and spirituality] might affect health was long regarded as ‘folklore’ relegated to ‘the fringes of the research community.’ It was commonly believed that religiosity and spirituality could not or should not be studied scientifically. Although many people dependent on drugs, and frequently the clinicians who treat them, have been convinced that R/S is critical to recovery, R/S had historically been neglected in the training and clinical practice of healthcare providers and drug treatment counselors, with the possible exception of spirituality dimensions related to 12-step [e.g. Alcoholics Anonymous] group participation.

In this report, we extend our earlier discussions but take them in a new direction. We again propose a more holistic understanding of these issues, in line with our previous work, and bring to the fore local voices and experiences. We shift our focus, however, from our previous discussions about pathways *into* harmful drug use (Meehan et al., 2022) to consider the pathways *away from* that situation. While the access point for services (whether medical or non-medical) is an important event for life course analysis, as will be discussed, by itself it is not an indicator of or proxy for the emotional, physical, social, and other mechanisms and structures necessary for longer term behaviour change, of which individual volition is a critical element. Enforced programmes have little chance of longer-term success; however, neither are medicalised programmes necessarily more successful longer term where they do not connect into strong community support (Cloud and Granfield, 2008; Granfield and Cloud, 2001).

How people manage to change their behaviours, and sustain that change, is rarely a focus of discussion and commentary on drug issues in Myanmar. For clarity, when we refer to

people's pathways for sustained change, we do not propose a justification for forcing people into rehabilitation and detoxification programmes, which has become such a critical point of discord between populist and bio-medical actors in the Kachin region, especially since the emergence of Pat Jasan. Yet, as we discuss in previous publications (Goodhand et al., 2021), many people in the Kachin region do believe that responsibilities to the collective outweigh the life choices of the individual. The dissonance between individualism and collectivism is an increasingly important issue within Myanmar's modernity, in the Kachin region as elsewhere, and especially between generations. The societal mechanisms for managing this dissonance in Kachin contexts are heavily politicised, especially through the propaganda of strongly nationalist and ethno-nationalist discourses of social responsibility. However, this politicisation does not mean that the collective is not also deeply significant as an important emotional driver or motivation for behaviour. The ontology of traditional social organisation in this region was based upon the notion that individualism was a subversive and undesirable characteristic.⁶ Many still believe that forcing people into rehabilitation programmes is justified where their drug-using behaviour is considered harmful to the extent that it is detrimental to the family, household, and society as a whole. It should also be noted that this kind of action frequently comes at the end of a long road, and not at the beginning, in which households have had to cope with disordered substance use behaviours in isolation for many years. For most people in a society that is predominantly collectivist rather than individualist in its social norms, as in Kachin-identifying communities, there will be a high degree of need for their behaviour change to be socially embedded. It is therefore also important that pro-medical intervention actors in this field operate with a clear understanding of what 'community' means in this setting, and respect that entity and its norms, understanding the social constraints and opportunities 'community' provides for individuals trying to make long-term change. Where this also maps onto a strong community identity related to religion and spirituality, it is necessary also to engage with that dimension seriously, and not to dismiss it.

The following statement from the Royal Society of Arts report *The Potential of Recovery Capital* (Best and Laudet, 2010: 2) is a useful summation of some of the deeper levels of experience that longer term behaviour change entails for actors, albeit developed in a western context, that again requires more than a bio-medical space for success:⁷

[T]he essence of recovery is a lived experience of improved life quality and a sense of empowerment; that the principles of recovery focus on the central ideas of hope, choice, freedom and aspiration that are experienced rather than diagnosed and occur in real life settings rather than in the

⁶ This comment reflects many years of studying traditional culture in the Kachin region and its underpinning constructs of kinship.

⁷ We recognise that 'recovery' is a contested and loaded word. We use it in this report only to progress our use of the 'recovery capital' framework, as this is a helpful set of concepts that can contribute positively to our analytical capabilities on these issues. We are not necessarily concurring that the term 'recovery' is the most appropriate. In the context of adapting these frameworks to local use, the appropriate terms of use in local languages would be preferable, and would also develop insights into the nature of the pathway that is envisaged. Engaging in debate about whether or not the term 'recovery' is appropriate is therefore somewhat tangential to the issue of localisation.

rarefied atmosphere of clinical settings. Recovery is a process rather than an end state, with the goal being an ongoing quest for a better life.

Working out how such a statement should be further modified to incorporate local cultural understandings of 'recovery' in a Kachin, or Shan, cultural context, would be a helpful first step in approaching these issues more deeply.

It is important that we focus upon ways in which behaviour change can be maintained within the context of social realities, cultural norms, and the contemporary political economy of Myanmar. This includes the recent military coup and the collapse of many forms of medical and social service. This also reflects the need to ensure that solutions are embedded in local communities as being the only viable mechanism currently for their sustainability.

Intersectionality

Intersectionality refers to the variety of social, political, biological, and other factors experienced by individuals, but which in different ways, and in different times and contexts, lead to personalised experiences of discrimination and privilege (Romero, 2018). These intersectional factors constitute the variety of social and political identities that individuals express. Indeed, there has been increasing interest in how personal identity shifts are vital for those seeking to change behaviours of harmful substance use long term; this maps well onto an intersectionality approach. Intersectionality provides an important way not only for individuals to be identified but also for them to identify themselves when other identities available to them are inadequate reflections of their personal experience (Merz et al., 2021).

Principal categories in an intersectional analysis include race and ethnicity, including notions of indigeneity, socio-economic class, gender and gender identity, sexual orientation, age, spirituality or religious beliefs and affiliation, (dis)abilities, citizenship status or lack thereof, language, educational level, and so on. Below, we briefly discuss how some combinations of these factors may impact on the life stories we have presented to date as part of our work.

Ethnicity

Intersectionality is a vitally important way of moving beyond simplistic and homogenising representations of drug-related issues in Myanmar. This is especially important when it comes to discussing the complexities of lives hidden behind homogenising labels of ethnic identity (De Kock et al., 2017). As a category that is associated with alterity from the nation and with societal inequality, it is clearly an important variable that needs to be understood (Persmark et al., 2020). When discussing drug-related issues in Myanmar, it should be clear that we cannot rely on ethnicity as a sole unit of analysis. This is despite the fact that so much of the political discourse, and a good deal of academic analysis of contemporary politics and development, creates a compelling pressure to do so because of the politicisation of drugs discourse. This relates to the fact that drug-producing regions are predominantly in the borderland regions, where minoritised communities have their 'homelands' and seek their rights.

The fact that the identity 'Kachin' is an umbrella identity (Sadan, 2013) means that it is a relatively poor descriptor for personalised identity, and there are many sub-identifications, and contra-identifications, that remain invisible. However, ethnicity is an important variable in understanding substance use disorders in settings where it constitutes a significant variable in relation to scales of domination and privilege (Collins et al., 2019). Minoritised groups clearly have to navigate the operation of ethnic identity labels at multiple scales. However, there is a need to engage much more critically with ethnicity as a dynamic in intersectional approaches to drug-related issues, and to engage critically with ethnicity as a concept (De Kock et al., 2017). Allowing individuals to narrate their own experience is one of the only ways that this can be done, given the paucity of granular, publicly accessible social data in Myanmar in general, and the in/visibility of different identities at different scales.

Intersectional analysis enables us to understand the boundary-making process of ethnicity in drug-related issues, at the individual, community, and national levels. In the narrative of Nding Ah Ja, it is important to pay attention to, critique, and understand the dynamics of his 'Kachin-ness'. He has a strong identity, which helps to ground his sobriety, but this is derived as much from his maternal influence as from his father. His father also had strong relations with local Gurkha communities, and this contributed to the fact that Nding Ah Ja married a woman who identified as Gurkha. Boundary making becomes important, but it is developed in ways that both embed the traditional patriarchal reading of Kachin society and its kinship system, while also challenging it by demonstrating the influential role of female presence as a focus for identity in this case, as well as the more liminal status of those in a community who marry 'in' or 'out'. We see how boundary making is also very important in Nding Ah Ja's experience of incarceration. For example, his recourse to fellowship and support with other Kachin-identifying prisoners when confined in Mon State in the south of Myanmar is based on an understanding of kinship obligations, which are defined in Kachin terms. His decision to sing Jinghpaw songs and move away from the Burmese language music scene is framed against a desire for value and contribution to an (ethno-)national struggle. Yet he is also married to a non-Kachin-identifying woman, and his capacity to move into non-Kachin spaces is both an opportunity and a threat to him in different times and places.

Gender

The narrator Seng Raw in *Cycles of Trauma* (Drugs & dis(order), 2022) has a non-Kachin identity and married into a Kachin-identifying family. We have given her a Jinghpaw name to conceal that further, also reflecting that it is common for women who marry into Kachin-identifying families to be given such a name. Seng Raw describes how she navigates the complexities of being a wife married into a Kachin-identifying family. Her story is also loaded with complex cultural juxtapositions of being raised in a Buddhist family and later adopting practices of Christianity with her husband's family. The stigmatisation that she experiences is multi-layered. The psychological trauma and dissonance of her experiences as daughter, wife and mother, combined with the complexity of her situation, is likely to make her route away from drug use extremely difficult. The layers of complexity and tragedy are produced in a context of challenging factors relating to gender and ethnicity as she navigates her situation.

As noted, Nding Ah Ja's wife is also not Kachin identifying but married into a Kachin-identifying family, facilitated also by the liminal identification of Nding Ah Ja's father with the local Gurkha community. Superficially, there may seem to be some common elements to the stories of these two non-Kachin women who married a Kachin-identifying man. For example, the desire to return to a maternal (non-Kachin) household when the marriage to the Kachin-identifying husband begins to break down due to their drug use would be considered a subject of stigma from a Kachin perspective. The experience of the wider responsibilities of the Kachin kinship groups and collective are also apparent in trying to support them as they manage their relations in the Kachin household, but return to the home of the wife's mother would be extremely uncommon in the breakdown of a household where the wife is Kachin identifying (see Sadan and Maran, 2021). This additional support structure outside the Kachin family therefore presents an additional opportunity for managing this situation in this particular context. So, we can see how these intersectional distinctions become very important in understanding the dynamics of managing experiences of either using drugs with dependency or managing a household in which such behaviours occur, when the male figure is Kachin identifying and the woman is not. These dynamics shine a light onto the subject in ways that may be very important when thinking about gendered needs for those affected by those issues and requires more extensive consideration and research into gendered dimensions, as part of an intersectional analysis (Collins et al., 2020; Muehlmann, 2018; Meyers et al., 2021). These narratives sound very different to the homogenised representation of a 'Kachin household' as a singular ethnic composition, with singular dynamics.

Socio-economic status and class

Distinctions in economic status are very infrequently discussed in relation to people who use drugs, or the drugs crisis in Kachin State in general. Economic status in Kachin society is a complex issue, not least because of the triangulated kinship system, which like others in Southeast Asia and the Asian uplands involves a relationship between lineages who can 'give' or 'take' brides, and those with whom no marriage exchange is possible. These traditional kinship relations create their own distinctions of socio-economic obligation and hierarchy, which do not necessarily map onto material wealth but are rooted in cultural and ritual wealth, providing social capital. The idea of 'class' is also present but was traditionally derived from the status of significant chiefly families who had claims to ritual authority, translated into social power. Although the KIO ostensibly banned the chiefly system in the 1960s to remove political friction in the revolutionary landscape, the genealogical legacy of families with this traditionally high status in their background is still evident in many parts of Kachin society. This challenges us to understand how socio-economic status, traditional social capital, and class in Kachin society all operate as variables in substance use disorders.

These issues are rarely discussed in representations of drug issues in Myanmar. The typical representation of a Kachin 'addict' has been a young man, often from a rural background, relatively poorly educated, who descends into the drug dens of the jadeite mines of Hpakant. Although this characterisation is certainly true for many, it fails to take into account, for example, that the mines attract people from a variety of socio-economic backgrounds. Furthermore, a common popular discourse about the descent into harmful drug use that we have presented in other life-story narratives describes the impact of

readily accessible illicit drugs in higher education settings.⁸ Many local universities, including Taunggyi in Shan State and Myitkyina University in Kachin State, became known as centres for drug supply and use. However, we can see the importance of differentiating when we compare Nding Ah Ja and ‘Seng Raw’ in *Cycles of Trauma* (Drugs & dis(order), 2022); they have very different socio-economic backgrounds and leverage different resources in managing the outcomes of drug use (Wood and Elliot, 2020). Within Nding Ah Ja’s family, his mother’s high status within the wider Kachin community provides him with some means of gaining access to support, enabling him to adjust his position while incarcerated and ultimately to be relocated. It may also contribute to the strength of his personal conviction that he was capable of social leadership, because he had already seen such leadership demonstrated in his family. This intersectional dimension then feeds directly into the social and psychological resources available to him as part of his ‘recovery capital’, as will be discussed (Meyers et al., 2021).

In sum, De Kock et al. (2017) alert us to the potential problem of epidemiological studies of substance use disorders that they may be driven by methodological individualism. They are particularly concerned that this approach may conceal how perceived and structural discrimination can become embodied in disparities in health and drug services provision. As they note, “Linking the structural to the individual level ... and uncovering power mechanisms, are key to understanding (health) inequalities in disadvantaged groups” (2017: 234). In this perspective it is critical that sight is not lost of how individuals engage with social and collective organisation. This is particularly important in relation to understanding the dynamics of community, and factors such as religious belief and affiliation. As discussed earlier, these should not be considered unimportant or subordinate contextual or structural factors that can and should be detached from an understanding of the individual with disordered approaches to illicit substances. Rather, they are vitally important in shaping individual actions and beliefs, as well as the habitus of the disorder (De Kock et al., 2017) or the way in which it is manifested, experienced, and embodied socially and culturally. When this perspective is considered, the places of both religion and ethnicity in Nding Ah Ja’s story become not things that can be detached from him as an individual to explain his drug use and his pathway away from drug use, as is sometimes the tendency in an epidemiological or medical intervention approach, but are instead vital components of all dimensions of his substance use and ‘recovery’. As such, it is vitally important that they are engaged with and understood, at multiple levels.

Recovery capital

In order to identify pathways and impediments to changing drug use behaviours, an intersectional approach can usefully be combined with a ‘recovery capital’ framework, which focuses on long-term needs and factors that shape behaviour change relating to drugs. The idea of recovery capital focuses not just on the social and economic resources to which people have access, but also the emotional, psychological, and intangible dimensions of support. Cloud and Granfield (2009) have identified four broad categories in which recovery

⁸ <https://drugs-and-disorder.org/2022/03/10/nang-nang-and-sai-sai-drugs-and-their-impact-on-young-people-in-myanmars-borderlands/> and <https://drugs-and-disorder.org/2022/03/09/naw-hkams-story-youth-and-drugs-in-the-borderlands-of-kachin-state-myanmar/>

capital can be divided: social capital; physical capital; human capital; and cultural capital. These cover multiple areas in which resources may be available to the person seeking to make the long-term change. These include relationships and obligations, tangible property and means, health, education, personal life goals and aspirations, and problem-solving capacities, values, beliefs, and degree of social conformity and non-conformity and feelings relating to this.

Recovery capital is particularly pertinent as a model for thinking about issues in Myanmar because it identifies community and spirituality as both being important factors that can have a significant impact on the outcomes for people attempting to change their drug use behaviours. It also recognises the variety of options that people need to have in relation to the relative severity of their problems but also whether they have a strong/high recovery capital profile or not (White and Cloud, 2008). As noted by the Best and Laudet (2010: 1):

There is also the recognition that recovery is something that is grounded in the community and that it is a transition that can occur without professional input, and where professional input is involved, the extent of its role is far from clear. We are also increasingly confident that recovery is contagious and that it is a powerful force not only in transforming the lives of individuals blighted by addiction but in impacting on their families and communities as well.

These statements resonate with the Kachin context, where community and household recovery become part of the matrix of the individual's recovery capital and needs.

This framework has been utilised in various recovery contexts, including in mental health recovery, and toolkits have been developed to help participants assess their recovery capital profile. A culturally contextualised and locally relevant recovery capital framework can potentially uncover previously unseen, or unconnected, social, physical, human, and cultural needs and aspirations to support 'recovery', as well as help to identify a wider variety of services that might be of benefit to individuals. Given the lack of resources to support people who use drugs in Myanmar, this is not necessarily likely to be the development of resource-intensive, focused services, but rather the willingness to see a range of social activities and interactions as meeting some of those needs. One key to this would clearly be that those working in bio-medical services and those working in community programmes each recognised the potential of the other, and discussed how each could support and contribute to the needs of individuals with different recovery capital profiles and needs.

In the life story related by Nding Ah Ja, we get a strong sense of his high recovery capital. This is rooted in a commitment to spiritual recovery, as well as an aligned sense of physical well-being and attention to health. However, we also see that he is adept at problem solving, although sometimes that effort to navigate a forward path creates more problems. His spirituality provides him with the means of constantly reframing his experience and giving new meanings to trauma, and redefining stigma. All of these facets support his goal of building a better life. For him, that better life involves high degrees of social action and commitment to supporting a highly stigmatised group; using his status to produce actions

that are relatively small in a big picture, but that are realistic and manageable in relation to improving the life experiences of others. The underpinning foundation is his religious faith. As Brijnath (2015) states, understanding the role that spirituality and religion play in people's lives can yield insight into the coping strategies that particular cultural groups use to facilitate recovery. It is also incumbent on bio-medical services to be alert to these issues when supporting people who use drugs (2015: 6):

Practitioners must also be mindful of how culture and broader structural issues shape the recovery process. Obviously, practitioners cannot be across all the cultural factors that mediate recovery for all communities nor can they intervene on all the structural issues that affect their patient's lives. Nevertheless, a minimum understanding of the salient issues that affect patient populations in their catchment area can help them to meaningfully engage and support recovery in particular cultural communities.

The recovery capital approach is not only helpful for recognising the spiritual, psychological, and emotional changes that are widely recognised as being a part of a long-term process of building a successful life pathway, but also recognises that there are frequently gendered distinctions in patterns of substance use, as well as dimensions that may be related to the experience of minoritisation and discrimination. As Pouille et al. (2021: 1) argue, "The need for developing recovery-oriented systems of care that are culturally responsive, diminish structural inequalities, and facilitate building recovery capital that is sensitive to the needs [of minoritised groups]" is an important opportunity made available through adopting a recovery capital framework. We can see, therefore, how the need for intersubjective analysis, which originates from a perspective of understanding power relations and discrimination, feeds successfully into a recovery capital framework that is adapted culturally to operate in such a setting.

Part 2: Nding Ah Ja's Story

I am in my mid-50s now. I grew up in a family with two girls and three boys. Only two of us are still alive. My sister and me. My elder brother passed away from drug-related health issues. He was only 37. He passed away in a hard labour camp. My other brother was also in and out of prison and used drugs. He passed away when he was 47 years old. After they passed away, I was the only son in the family. I also was arrested in 1999 and was sentenced to prison for 12 years. But because of that, I'm still alive. This is my story.

Family life and his mother's influence

Everyone knows my mum among us Kachin. She was a very well-known singer and was a highly respected figure. In the early 1970s, she set up a Kachin music band called Buga [homeland/ancestral territory/land]. She was like a pioneer, leading all the young Kachin to open their minds and to educate themselves through music. I remember those days clearly. I must have been only about four or five years old. I also remember that there were always so many people in our house.

My mum had a busy life, but she was also a very keen reader and she had so many books. Our house was like a library. I remember when some of the senior KIA officers today were young, they used to come to our house and read a lot. Also, whenever there were any government-related activities like holding Kachin State Day events, it was generally run by Buga musicians and the Buga band. In those days, we didn't just do Kachin State Day. We would also celebrate Harvest Festival and Union Day. Many events were run by the Kachin State government. My mum was involved in all kinds of community and social events and religious events – everything! She was really involved in it. So that's how I grew up. It was a busy household.

My mum actually grew up in India, but she came back to Burma because in 1946 there was a conflict between the Muslims and the Hindus in India. She came back by sea. She continued her education in Myitkyina at the Baptist high school when she arrived and became a government servant in the new Kachin State in about 1951. She also became the Kachin district women's organiser. Her wages were 200 kyats per month. After 1974 and the changes to the constitution, she became involved in the District Court and became the first female judge. She was also the first judge to sentence a drug-related crime under the 1974 constitution in Kachin State. My mum could give out sentences for between two to five years for drug-related crimes.

My mum told me that the first sentence she had to give was to a Kachin lady who was caught with opium. She said that she didn't really want to sentence her, and she was hoping but she would deny possession of drugs and say that it wasn't her opium. However, with Kachins being Kachins, we don't know how to lie! Instead, the lady started crying and she admitted that it was her opium, so my mum had no choice but to send her to five years in prison. After the court session finished, she went to the back of the court and she cried about what she had had to do. My mum thought that it wasn't right to give long sentences to anyone in that way.

At the same time, my big brother was actually in and out of prison and was in all kinds of trouble and causing lots of problems with the police and in the court, but she never had to sentence him because they were related. At the same time as she was working in the court, her own sons were getting caught up in drugs and were in and out of prison! Usually, my brother would make trouble but the police would never arrest him so he would go to the police station himself and give himself up in that way. Sometimes I think he was tired of his life living outside and he would rather go back to prison. There were so many open cases in his name they could easily send him to prison when he went to the police station.

My mum admitted that there was a big gap in her parenting because she never had time to spend with us because she was so involved in public life. She would come back at 11 or 12 o'clock at night because she had to be everywhere and all over the place. There was a gap in the relationship with our mum and even until now she feels bad about the fact that she couldn't have a close relationship with us. My mum even apologised to us because she didn't spend a lot of time with us but, on the other hand, this is who she is. These were just things that she had to sacrifice being a public figure and we all realise that. But her encouragement about God being with us, and to have faith in God, and that our troubles will be overcome through faith are the key and consistent messages from her. When we were down, this was always her key message. Her religious beliefs were very significant, and her faith had a huge impact on us. I have inherited that from my mum.

My dad is very different. He came from a poor family in the Triangle⁹ and is the son of a widow. When he was young, he was a really keen bodybuilder and gymnast. He ended up injuring himself and he had a lung infection. He was hospitalised and that was where he met my mum. Generally, my dad was very patient, and he adopted a key supporting role for my mum as she became a public figure and was at the forefront of public life. Dad became the key figure in the family, managing every detail of family life. Because my brothers were always getting into trouble, he would hit and discipline us a lot. He would even use a whip that was sharp and quite painful, but later he stopped hitting us because he realised it would not have any effect on making us change. People who came from rural areas, they tended to think that disciplining children through hitting them is the best way to do it. I was beaten with a stick so many times. But he is also very patient, and he always supported mum and that was his key characteristic and personality type. Whoever was married to my mum would have to be patient anyway! He also really looks after all the extended family too. I think that my mum and dad are a very good match. Later he was also a community elder among the Gurkhas. He never used drugs. Absolutely not!

Social environment in the 1970s

In around 1970, I remember that drugs and in particular heroin started to become available everywhere. You could even buy them in the betel nut shops where they sold them in small packets. But I was quite keen to learn martial arts, especially karate, and I practised regularly at home. I played football and attended school. At that time in Burma, including in Yangon, young people began to be attracted to what was almost like a gangster culture. I

⁹ 'The Triangle' is the term used to describe the headwaters of the Irrawaddy River, between the Nmai and Mali rivers. It is considered the heartland of traditional Kachin culture.

remember my big brothers wearing big bell bottom pants that were more than 20 inches wide; they were just big and awkward-looking trousers that they were wearing! At that time, my two brothers were already getting into trouble and hooking up with drugs and hanging out with criminal people. They were involved in gangs. They started to get in trouble with the police and started getting prison sentences of three or six months. My oldest brother became quite a notorious gang leader, and he became quite infamous in the community and was in and out of prison. This is what I know about him. He was constantly in and out of prison when I was growing up and ended up dying from drugs. There was a lot of violence in that gang culture. My brother was well known for his blade skills. He would hide his razor blade between his teeth.

I don't like to be bullied and I like to stand up and fight back if someone tries to bully me. That is rooted in my mind. So, if there was any bullying going on in school, I would be the first person to react and to fight back. Nobody appointed me to do that. I appointed myself and then I would try to sort things out in my own way. For example, if people came from another school to our school and started bullying us, I would beat them up and fight back. So yes, I was involved in quite a lot of fighting. That's the thing – I just don't like to be bullied and believe you should stand up for your rights. If you think something's wrong, you should stand up for what you believe in. But don't be a bully.

School, university and politics

In 1984 to 1985 I attended 9th standard and then I went for matriculation at 10th standard. I remember that time clearly because it was around that time that I started trying drugs. The key reason I tried them was because using drugs was quite popular among school kids at that time. We looked cool among our friends, and we just followed the flow. I remember almost everyone thought they were cool, and they wanted to be strong enough to be part of a gang. Almost everyone used drugs at that time. So, I started using drugs before I left school.

In 1985–86 I went to Myitkyina University. Everyone used drugs there. I think it was just popular in youth culture. But at the same time, the government was ignorant or had very weak policy relating to the control of drugs, and we became a victim of that as well. Now looking back, I can see that. I think there was also a deliberate weakening of our society with drugs, weakening us and our revolution this way. That was part of the policy of the government of that time. On the other hand, the government also used drugs in order to pretend rural development or local development was taking place, so it became almost like a win-win situation for them. We were a victim of those stormy times and a tsunami of drugs that was rampant. I was one of the victims of a government who tried to weaken our society and to destroy our new generation with drugs.

When I was a university student, the 1988 uprising occurred. We students couldn't live in Myitkyina anymore, so we went down to Mandalay. We continued to organise the uprising in Mandalay, and we held meetings there amongst the Kachin students and established our policy there. Some students at that time are now on the central KIA committee.

We discussed what to do and we all agreed that we didn't really need to sacrifice our lives for this uprising in 1988. The cause of this was Burmese people fighting each other. This was not our cause. We Kachin people have our own cause and we needed to fight for our own cause and to fight for what we need. Regardless of a change of government or a new kind of administration in lower Burma, we would still need to demand our political rights. If our demands were not met, we would still have to fight using arms to carry on with our armed movement.

Because of those meetings and those policy discussions among the Kachin students, we became very clear and resolved that we would have to carry on with our armed struggle. The result of that meeting was that many of the Kachin university students joined the KIA.

Cultural role and influence

I wanted to join the KIA, but they wouldn't let me, so I ended up being left behind. They told me that they wanted me to carry on with my career as an artist to help influence people and our struggle using my artistic perspective. I also think that they realised that I was the only son left in the family and they took that into consideration.

I was a little bit lost in 1988 and so in 1989 I decided to make an album of songs in Burmese. I started to write songs and to work on my own album. I became really involved in the Burmese singer–songwriter world up to around 1990. During that time, I was approached to do an album in Jinghpaw with some well-known singers who wanted to release an album with me. So, in 1990–91 we managed to release a Jinghpaw language album together.

Because of that album I was recognised as a singer and as a star among the Kachin for singing. I became quite well known and quite successful. But because of that success, it encouraged me to use more drugs from that point. I started to use drugs quite heavily at that point in my life because of my success. It continued like that for many years. In around 1996–97, I went down to Yangon but there was another student uprising and so because of that I couldn't release my new album and I went back to Myitkyina. In 1999 I went back to Yangon again to try to release my album and when I was working with all the other Burmese singer–songwriters in October 1999, in Sanchaung Township, I was arrested. I was given a 12-year sentence.

So, if I look at my childhood, I feel that I had every opportunity. I grew up in quite an influential family with my parents. I went to school, and I had a good education, and I was interested in martial arts and football and so on. There were many doors that I could have opened to the point at which I started using drugs. However, despite all these opportunities I started using drugs and I ended up being sent to prison.

Reflections on personality and drug use

Although I blame the government for not dealing with the drugs in our society, I don't know why some people use drugs and some people manage to stay away from them. When I think about my brothers, one of them played guitar in a well-known youth band that was

very popular among the school children. I reckon that those people who are popular and talented, they tend to like anything new. They like to try things. They also don't mind taking risks to try things. My two brothers were already taking risks when they were young. They were trying things and using drugs and then I also became part of that group. I also wanted to try things myself. So, there are some youths who don't use drugs because they are not very adventurous, or they don't want to take risks, but for my brothers and for me we liked to try new things. If any opportunity came to us, we would take risks. Everyone who seemed to be popular at that time, or who was a star in the city, they were all using drugs, so it was quite acceptable in the youth culture at that time. Everything combined to be a factor in driving the fact that I tried drugs. That's how I see myself really.

When you start using drugs you don't really think very far ahead. Your thought processes are quite limited. I don't think we were aware about our political or national interests at that point, either. It was a big gap to understand things at that level and to understand the bigger picture. Even though my mum tried to teach us about drugs and make us aware of the negative impact, we were just too involved in our own interests. We were lacking knowledge about ourselves and the local environment, and the culture flow at that time closed our eyes. However, when you start using drugs you start see the drawbacks and negative effects of the drugs and you must start facing the consequences. For example, there might be a lot of things that you wanted to do but you couldn't do them because you have to take your drugs.

Stigma and early pathways to change

After a while, people start to reject you and won't let you into their environment because you are a drug addict. That started to affect me personally. When you've been rejected and you can't do what you want to do, you are very limited because you are very dependent upon feeding your addiction. For example, one time, I couldn't go to do a show in northern Shan State because when they asked me to go, I couldn't go because I needed my drugs. At that time, you realise that what you're going through and the way you use drugs is not good for you. It also affected the family and then you also realise that it's not good for you. It makes you realise that even your success can't benefit you. Everything started to have an impact because of being a drug addict. So, this is really the first step – becoming aware that it's bad for you. That awareness makes you want to come out of that situation and get away from that kind of life. It makes you want to withdraw from drugs to become clean. But on the other hand, the driving force that pushes you and makes you want to change your habits is not enough to enable it to happen; you can't really do it by yourself. For me that's the key thing. I wanted to be clean, but I couldn't do it by myself. So, I allowed my faith to turn to God and that faith in the Holy Spirit and God has transformed me. By myself I couldn't have done it. That's why when I was in prison I started to change. Being in prison made me realise about my national interest and my political views, and the realisation led to the transformation of my faith. I became born again in prison.

Attempts at recovery

When I was buying or using drugs and injecting drugs, I felt bad for myself because I knew it was bad for me and I didn't really want to do it, but I couldn't resist that craving and the

addiction. I had to keep going back because it was a cycle in that way of life. I did go to a drug rehabilitation camp, and I tried other ways but it would normally last about three months. The longest attempt lasted about six months and then I would go back to my previous ways.

My mum played a very important role in who I am now. She always said don't worry, you are with God and Jesus will look after you and sort out your problems. Believe in God and have faith in Jesus and Jesus will guide you to overcome your trouble. She gave me those messages all the time. At one point, they sent me to Singapore to save me, and then I went to Chiang Mai and to Malaysia, but I came back just the same and she was disappointed in me.

Turning point

Once I heard her praying to God and saying that despite trying everything to make me a useful person for God, for the family and for the community, she couldn't make me change and because I was no good for anyone, she asked God please to take me back. She prayed like that about me. Literally she prayed to God to take my life back! That really shocked me and gave me goosebumps and had a big impact.

That prayer was a turning point in my life. My life changed significantly because of my mum's prayer. She believed in God, and she had faith in God that God would change me. After hearing that prayer that night, I had a dream almost like a vision that I was struck by a bolt of lightning. I thought the dream meant something significant. My initial thought was that it meant it was time for me to go back to Yangon to release my album of songs, which would be very successful, and I would be a big star. However instead of being a superstar, I was arrested and sentenced to prison for 12 years! But this was God's plan for me. That's what I believe.

Prison

I was sent to Insein Prison in Yangon for 12 years. I thought I wouldn't last that long, and I also didn't want to spend my life in prison for that long, so I thought I had better find a way to escape. So, I started to develop an escape plan! I ordered some mustard seed oil from my family, and I put it on my body so that I would get a sun tan. I also kept fit by doing push ups and sit ups and squats. I would do more than 3000 squats a day, so I became fit and physically very strong along with rubbing the mustard seed oil on my skin in the sun; I became dark from the sun.

I asked to transfer to a hard labour camp that was very well known for the fact that shortly after arriving, you would die or be killed. No one could survive there for long. My fellow inmates asked me why I wanted to go there, and I told them openly that I was going so that I could escape. It was close to the Thai border, you see. One of the assistant prison commissioners was a close friend of my mum and so when I requested the transfer, he asked me why I wanted to go there. Because I was close to him, I told him openly that I would escape. He was surprised at my openness, and he told me I must be mad to make such comments. However, in the end he signed off the transfer and so I went to the hard

labour camp. He told me that if anything happened, it was entirely down to me, even though he had signed it off.

I was transferred in January 2001. This hard labour camp is situated in Mon State. There are a few hard labour camps in this area. It has the second hardest limestone in the whole of Burma. This camp was even described by a BBC journalist as being like a Nazi concentration camp. In 2000, one of the police officers brought in a secret camera and took quite a lot of video clips. It shocked everyone and I heard that some human rights groups were investigating.

Human life and humanity had no value there; nobody treated you like a human. When I was there, I started to fully understand the attitudes and standards of the Burmese government because of how low they treated fellow human beings. I also learned how badly people could treat each other and how far they will go in those situations. Some of the things they did, even animals would not do to each other. I experienced and witnessed how cruel one human could be to another human and how low people can sink when they are desperate.

A lot of things I witnessed; I couldn't even imagine before. I witnessed all of them there. It shocked me massively. I am telling you that I found out that some humans don't even have a little bit of their human mentality or even a tiny bit of kindness remaining. There was none. You could say that you could make at least 500 kyats by selling the meat of a dead dog but there, the life of a human wasn't even worth as much as a dead dog. That is why the journalist said it was like a Nazi concentration camp. Many people died there.

There was a lack of food and there was constant hunger. They forced you to work incredibly hard, but they fed you very little. Even some people who were so sick that they couldn't walk still had to break stones. They would get them to sit down at a pile of small stones and give them a small hammer to break as much as they could. The idea was they wouldn't feed you if you hadn't done any work. That was their mentality. Even if you were skin and bones you had to sit down with a tiny hammer and break stones constantly, hitting them as much as you could with the small amount of force that you had left. We were also in chains. We were so hungry. When they carried the food for us, they put it in a big container and as they passed through, the inmates would try to grab it and get their hands into the container, even though they knew that they would be hit incredibly hard with a big stick. That was because of the hunger in that camp.

In the morning, they would hit everyone to wake them up so you could hear all the chains as the inmates ran out. Then they would feed you rice soup. The quality was so bad that I reckon it was stale, rotten rice because it had no flavour and there was no carbohydrate in it. I grew up in Myitkyina eating very sticky and flavourful rice, but that rice was disgusting. I didn't know that such kind of rice existed. A Kachin friend who used to be a karate instructor in Myitkyina was there after he had been given a five-year sentence. He warned me that I shouldn't eat the rice soup. I asked him why and he didn't want to explain in too much detail. He was a bit worried about me and the other Kachin inmate in case we caused trouble, which would impact on him, too, as a fellow Kachin, so he had to look after us. But because I was born again in that camp, I didn't cause him any trouble.

Going back to the soup, he wanted me to eat better quality rice, which cost about 20 kyat in the camp. You knew it wouldn't last the whole day but after eating it you felt warm and like it had nourished you. That's how I learned about rice and that even good quality rice could be nutritious, keep you warm and give you energy. It made me value good quality rice from that point. He explained that he didn't want me to eat that soup because one night when he went outside to urinate, he saw that there were lots of dogs licking a big bowl of that soup. He told me that he regarded me very highly because I was a pop star, and everyone respected me and I was from a family that had given brides to his family in our traditional kinship system (*mayu*). He didn't want his *mayu* to eat such bad rice. However, I insisted that I would eat the soup in the name of Jesus. The soup fed more than 1,000 people and I wanted to experience the same as all the rest of the inmates and to be one of them. But it didn't nourish us, and we still had to work all day. When they did give us rice, there were lots of small stones in it. Every time you bit into it, you ended up biting stones. We came up with the idea that every time we were served rice, we would mix the rice with the soup and then the stones would sink to the bottom of the bowl. We would just eat the top layer to avoid the stones. I ate that quality rice for at least two years.

This camp was like hell on earth – it had all the characteristics of hell. Even the camp commissioner's dog's food was better than the inmates' food. I have seen people fighting to get the dog food. On Sunday, you could buy some extra food and because the inmates had carried and broken stones for the whole week, they wanted to eat something. So, there were some people who offered themselves as prostitutes to other inmates for 30 kyats. I was shocked that people would do that but nonetheless if you got 30 kyats, you could spend 25 kyats to get some chicken curry. This was three or four small pieces of chicken in some watery curry; for 5 kyats they could buy some Burmese cigars. And so, for this, a small bad tasting curry and a cigar, they would prostitute themselves. This is how bad the situation was. There were no human rights in that camp, nor humanity at all.

Spiritual transformation

My idea was to escape within the first two–three months because after that, all my energy would have been squeezed out. When I first arrived, I observed the camp and I discovered that there were a couple of guards with automatic guns. On the top of the watchtower there was a guard with a machine gun. In the winter, because of the cold, the gunner in the top tower tended to come down with his gun. So, my idea was to take his gun and then I would run off with it. If I managed to do that, I knew that 40 or 50 other inmates would also run and escape, so it wouldn't just be me. However, my friend kept convincing me not to run. He convinced me because he saw me as someone who could be a leader one day and a good citizen and he didn't want me to have that personal history. He wanted me to keep clean and then to lead the Kachin people one day. So, he convinced me. The other thing was that I was born again in the camp, so I gave up the idea of escaping.

After I was born again, I started preaching the gospel to other inmates and I spent my time helping other inmates. I experienced so much in the camp. I never thought in my life that I would be able to think in a positive way. Everything changed – the way I think, the way I act. Everything suddenly changed. An incredible thing happened to me because this was the work of the holy spirit. When I look back, hearing my mum's prayer, being arrested, and

sent to prison to be in this camp, it changed my inner being. This was clearly God's plan for me. I changed the way I think. I changed my desires. I changed the way I act. I changed from within.

When I talk about change, there is a process. You realise that we humans are full sin; we can act in disgusting ways. In front of God, our behaviour is disgusting, and we are sinners in our character, and it is almost impossible for humans to change. So spiritually you start to understand God's perspective. After I was born again, I started to see the difference. I understand now that God will forgive you forever. He will always forgive you and love you no matter your sins, and how low you fall. He will always love you. So, you must understand how bad and sinful you are and at the same time, understand that there is love and forgiveness. If you put these two things together at the same time, it becomes very powerful. In the beginning, it was so powerful that I couldn't bear it. I stopped talking to anyone and started only talking to God. My friends thought that I was mentally unwell and very depressed when my behaviour changed initially. But later, because one of my friends was quite religious when he was outside prison, he started to support me. I really appreciate the support I got from them. If I wanted to pray without any food, they would support me by bribing the guards so that I could pray and stay behind and not break stones, or sometimes they would give me some better-quality food, or sometimes they asked the guards to bring in some books for me to the camp. One of them asked his wife to send these things. The support was incredible and because of this my born-again faith became more mature and more rooted. That is why the change I experienced when I was born again became firmly seeded in me.

After I was in this camp for two years, my dad and my sister came to visit me and my dad commented when he arrived that I must leave. This was not a place for a human being. He said that he needed to get me transferred to another place. He knew when he looked around that it was no place for a human. I was lucky when my mum visited the camp after that because the camp medical staff there had apparently previously met my mum in Kachin State very briefly. He got my details and he put me in the medical ward and then he transferred me back to Insein Prison. That was another turning point for me.

When I was in Insein Prison, another blessing occurred because of my mum's influence. The new Minister of Home Affairs knew my mum very well. She asked him if she could bring her son back to Myitkyina and so he immediately ordered for me to be transferred. I also think this was part of God's plan. So, I went to Mandalay prison and then on to Myitkyina.

Leadership in Myitkyina

There were almost 1,000 Kachin prisoners in Myitkyina and so I became like a leader for them immediately when I arrived. I also think this was part of God's plan. I got the prison and sanitary conditions changed. Now they have flushing toilets in Myitkyina Prison. So, I managed to improve the lives of the prisoners and it was quite significant in the history of the prison. I became like a preacher and spiritual leader in the prison, as well as a cultural and national leader for them. I had a constant driving force to help the prisoners. I still have that. Even though I am outside, I still think about them. When I eat good food, I think about

what they will be eating inside. Most prisoners in Myitkyina Prison are Kachin nationals and so when they didn't have anything to do, I would provide them with a Bible reading club and so on. Also, some of the inmates had to serve long sentences. They had to leave their children and so now my mission is to look after those children whose parents are in prison. I look after them like they are my own children. I have total sympathy for them because, when I was sentenced, I had two daughters. My daughters never had the opportunity to have a family because when I was in prison. I understand what inmates feel as parents. So that is why all the drug users and related prisoners, although they are serving their punishment, I feel sorry for their children. That is another driving force for me to look after them because I can understand what they have been through, and I can relate to their feelings.

Now I look after those children like my own. They stay with me and now they are learning computers and how to keep their body fit and healthy with a gym and karate classes and music. I also provide a bicycle so that they can go to school. I hope that one day they will become leaders in our community and in our nation.

Because I have lost a lot of things in my life, I also know that drug users have lost a lot in theirs, too. So, you have to be patient with them until they understand the negative impact. I don't want them to lose their education, or their loved ones, or their family life. This has become an incredible driving force me to serve them. That is why, until now, I regularly go to the prison and preach to them and guide them. When they die, I bury them. I visit their families and I look after their children as well. This is my driving force. When I teach their children and the prisoners, I tell them exactly what I have learned from my experience. First, they must know that they are with Jesus Christ. Second, they need to help others. Their attitude and their character need to be that they are serving other people. The third thing they need to know relates to their body, their education, their health. These are the three things that I am teaching now.

Reflections on the impact on his family

When I first went to prison, it was hard to get through a single night. So many nights were incredibly hard as I missed my daughters so much. Sometimes I felt like I wanted to kill myself. I would cry when I looked at their photo. The nights felt so long. I also felt sorry for my daughters. Because of my actions, they were suffering and wouldn't be able to see me. It was all my fault. I was in Yangon, and they were in Myitkyina, so it was impossible for them to come to see me because of the distance. I asked about them when my mum visited me; I told her my feelings and she encouraged me not to worry too much and that it wouldn't be too bad.

They went to school by trishaw, and I later found out that the trishaw driver asked where I was and my eldest daughter lied to him and said that I was living abroad and working hard to provide for us. She lied to him. My mum looked after them because my wife went to Thailand. Now they have graduated and are very good daughters and I am proud of them. I feel very bad sometimes because I didn't fulfil my fatherly duty to them. I feel sorry for them sometimes, too. But even though I didn't really do anything for them, my focus has been

totally on my mission. That is a clear outcome that I must face. If you focus on one thing, you lose other things.

My wife is a Gurkha, and she is the only child in the family. She doesn't have any brothers or sisters. She married me but I turned out to be a drug addict and was involved with lots of bad people, almost like a gang member, and then I was in prison for several years. She was very patient and she tried hard to keep our family together. However, eventually she couldn't stay at home anymore, so she asked to go to Thailand to work there because her mother was there. I asked her to stay at home to look after our children who had already lost their father. At least they needed their mother. I told her she would miss this opportunity to be a mother, but she decided to go to Thailand. Nobody could stop her. At that time, I was in Insein Prison. I said that if she went, that would be the end of our marriage but, in the end, she decided to go. But in 2006 I was in Myitkyina Prison and in the final stages of my term so I could go in and out. I managed to contact them and discovered that her mum had cancer and she was terminally ill. She came back to our house and stayed until she passed away. In fact, she became born again before she passed away. I think this was also like a blessing. Because of her mum's health, my wife came back to stay for one year and she continued to communicate with and look after our daughters and she provided some financial support for them, too. When you look at divorce and broken marriages, sometimes it is broken because your wife just has no feelings for you and so that is an automatic separation. There is no bad feeling but there is no attachment. This is not divorce or a formal separation, it is just something that is broken. In my experience, when a marriage is broken, it is quite hard to fix it. That is why we decided it would be better for both of us like this. She still lives as a wife of the Nding family. We told her that she could still live as an Nding wife because she has given birth to our daughters. So that is our situation now.

Supporting his mission

Sometimes people cannot understand how I run this mission – who supports it and where does the money come from? How do I manage to do it? They ask me a lot of questions. Sometimes I can't really answer their questions because I don't really know! It is what it is! It is like a pipe. When it is needed, it passes through, but there is never anything there to draw on. When we need it, it appears. That is why I am very relaxed about funding because I know that things will happen to help us. Even my close friends and relatives are surprised because they think I must have some source of funds. But the lady who does our accounts told them that I have nothing and then when there is something I want to do, it just happens when it is needed! It surprises a lot of people. In normal circumstances, the logical way of thinking is that if you see wine, the wine must come from grapes and the grapes must come from the grape vine. People think in this way. But for our mission we sometimes must look in a different way. In the Bible, Jesus made wine from the water, not from the grapevine and the grapes – from water to wine. So, a lot of people want to know where the grapevine is planted and that is human nature! When I explain to them that I don't know where the grapevine is and that the wine comes from water, a lot of people find that concept hard to understand. This all goes back to faith in God, and that is hard for people to understand.

Reflections on the drugs crisis in Kachin society

Now there are so many rehab centres and workshops, but for me this seems like money-grabbing, proposal-writing activities – it is not effective. I want to have faith in our own [Kachin] government, with a proper plan and with support from our own government. I could do what other people do, and write proposals, of course I could! I could work with the NLD – but I don't want to. I don't want to work either with the military coup group. I would be labelled as a national traitor. But would these people help me with our own government? Of course not! It is easy to collect data.

Doing rehab for three months or six months doesn't work. It has some benefits. For example, first, the addicts are separated physically from the drugs. Second, because of this we can then prevent them getting ill from drug use. Third, we prevent them from taking an overdose and dying, and we also prevent them from going to prison. The fourth benefit relates to their family because at least their families can sleep when they are in the rehab centre. Fifth, they get some health benefits from the rehab centre. Finally, the most important is that they get some spiritual benefit and may grow in their faith. Those are the only benefits that I can see from this three- or six-month rehab process. However, after they come out, they start using again so it is a short fix. Those people rarely become good citizens or become valuable for our nation and part of our nation building. Also, a lot of people who set up the centres benefit from it because they are generating income. But no one is willing to make a bigger plan. We could do things more effectively, but no one is doing that.

My plan is that if we can put them in a camp for a minimum of one year and get some land – say 10 acres and build a good building and make it secure and put the drug addicts there to rehabilitate and earn some income. They could grow food; they could produce other useful things. We could set it up. They could do recycling of confiscated motorbikes and work with the government departments to fix and refurbish these things. This would be useful. If we use motorbikes as a case study, everybody has a cheap motorbike in their household and their livelihoods would improve through better transportation. All the young people who are drug addicts would make some money and they would also learn and have some vocational training. If we set up a standard income of 3,500 kyat per day, during that year, they would earn more than 3 million kyat that they could use to support their families. Their health and mental state would improve, and they would earn money. We could provide sport and mental support. If they finish the one-year rehab, if they have passed matriculation and wanted to go to university, we could support them; if they need to study more, we could support them. If you think about 2,000 young people who manage to change their lives, that is an incredible number of people whose lives we have changed. They become an incredibly powerful force in our society.

Then they can be anything. They become useful people – they could get training in jade cutting or making jade jewellery. The Kachin government could help this. I know that if they can do agriculture, they could be an incredible workforce. I know that we can do this as I have already done this when I was in prison. I can work with ex-prison officers because they know how to handle them, and I can work with ex-prisoners. I know how to do it and they will be an incredible work force and very valuable to our society. But so far no one has wanted to invest in this way. They say they will invest but now it is just talk. I think they want to control. I am not involved in any mining concessions, or logging, or jade mining to get

funding. I could make money from that to fund it, but I don't want to do that. The ex-prisoners are not scared of going back to prison because they know the drill. So, if we wanted to use them for the armed movement, we can use them. But everyone is just talk. It is so frustrating. That is why I am doing what I can do, and I will just keep doing it, even if it is small.

There is no prevention or stopping the flow of drugs. They might showcase some arrests in the media, but they don't want to stop the flow of drugs. In every successive regime they say that they are dealing with drugs to eliminate them. In their policies they introduce several severe punishments to eliminate drugs, but they never mention effective elimination. They talk about severe punishments and increasing drug prevention, but they never talk about effectiveness. They always avoid this term in Burmese. They show the international people that they punish some people for a long time. But these people are only branches; they never go to the root – because going to the root would be effective. So, when they confiscate containers of drugs, they never find the owner. They show they work hard and punish hard, but they never show effectiveness. Yes, they punish but there are more dealers, more users – more and more! Pat Jasan arrest 10 but there will be 100 more drug dealers or users.

We need effective ways of thinking and acting. It is not too late. We can still do that. Now [after the 2021 coup] the military government has released a lot of prisoners. It is almost like a free for all. Drug dealing is freely going on and it is rampant. Heroin only costs 1,500 kyats and you can get it easily everywhere. It surrounds where I live – there are lots of people injecting and no police are coming to arrest them. If they are arrested, the police will release them the next day. No one can see that these young people can be a huge national resource and an important workforce, and we can value them. But if we see that and we can invest in them, we can change their lives and our nation. Personally, I could change the lives of 400 people. This is the pandemic period. I don't know when we are going to die. A lot of people have died around me and I want to get this done while I am still alive.

Conclusion

Elsewhere we have provided a full rationale of the reasons why we attach importance to life-story narration as a way of getting deeper insights into the lived experiences of the illicit drugs economies of Myanmar, Afghanistan and Colombia, which are most fully elaborated in *Voices from the Borderlands: Life stories from the drug- and conflict-affected borderlands of Afghanistan, Colombia and Myanmar* (Drugs & (dis)order, 2022). Although we present life stories largely as standalone narratives in these publications, the question commonly arises of how an interpretative dimension can be applied to them.

It is helpful to note in conclusion that the field of drug recovery and support also has a focus on life-story approaches, which is often referred to as the 'Life Course' approach. As a slight modification of the life story, it has been recognised especially by those working in fields of social wellbeing, behavioural change, and mental health as a useful tool for understanding the background and context of a person's experience. The focus is on understanding significant moments in a person's life to examine the changes over time, from the point at which, for example, illicit substances started to be accessible to them, or when they used them, through to when they identify other moments of change, and outline the resources and experiences that have supported them. The narrative therefore frequently starts with the family unit, or childhood domestic environment, to explore the manifestation of beliefs, attitudes, and behaviours over time. The life course is then primarily marked by events related to subsequent shifts, moments of importance, transitions, turning points, and from a humanistic perspective, the meanings that are attached to those events and markers. As an exploration of the social, as well as the psychological, dimensions of life-course themes and concepts, it is a valuable tool for exploring issues such as substance use disorders and 'recovery'. These dimensions of the life-course perspective also make it highly adaptive to exploring intersectional experiences and the values and other facets that contribute to recovery capital.

The location of primary drug-producing areas historically in the so-called ethnic states of Myanmar has always had a significant impact on the framing of discussions about illicit drugs, including under the NLD power-sharing regime. The 'war on drugs' rhetoric continued as a militarised discourse at all levels. Legislation to improve judicial processes and outcomes for criminalised drug activity were discussed, and there was increased support at a national level for harm reduction. Any developments that might have manifested have been derailed by the military coup of February 2021. However, long-term ethnicisation of conflict means that discussions about people who use drugs in minoritised regions remains largely just another dimension of conflict discourse. In the meantime, the options available to people are small and presently shrinking. Support that is deemed expert, professional, bio-medical, and secular (harm reduction) stands largely in one corner, while interventions that are deemed populist, religious, 'emotional', and lacking in bio-medical expertise, including detoxification and spiritual rehabilitation community initiatives, stand in the other. It becomes difficult in this environment to conceptualise alternative ways forward that might produce better, but realistic, outcomes for local people.

The report seeks to intervene in this contested space. How can we understand the structures and mechanisms that have helped some individuals make the long-term behaviour change away from harmful drug use? What potential modifications should actors in this region make to their positions to reflect both the complexity of individual circumstances, behaviours, and choices, and the fact that individuals exist in a social context, where structural and contextual issues also impact upon the extent to which behaviour change can be sustained? In this latter respect, the lack of attention to spirituality in general is a notable gap in bio-medical responses to health and development in this region. Taking more seriously, and directly engaging with, the spiritual components of community support mechanisms embedded in religious organisations is likely to be a necessary shift in the approach of bio-medical actors working in the resource-poor environments of Myanmar. This requires not that people with different, or no, religious beliefs, amend their personal views, but rather that they understand the significance of spirituality, for better or worse, and work with it rather than against it in this environment. Likewise, those working in community programmes should support the more careful management within the local environment of bio-medical interventions to ensure that they are enabled to operate in ways that may help the most and remove stigma from people who use drugs and their families. There should be discussions about exchange, and mutual support, across both types of programmes, recognising that neither one is likely to be universally successful, given the vastly different recovery capitals of individuals. Only through building greater mutual respect for the respective knowledge, expertise, and experiences of all working in this field may more sustained and locally embedded programmes be developed. We are sincerely grateful to Nding Ah Ja and all those who have shared their lived experiences, sometimes in harrowing detail, so that we might better understand both the experiential and emotional contexts of their beliefs and actions. Only through their honesty is it possible for external actors to gain insights into the nuanced and granular nature of issues relating to drug use harms in highly marginalised settings.

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