

Working Paper

The Role of Civil Society Organisations in Harm Reduction in Northern Shan State, Myanmar

Kathy Win

December 2022

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.

Funding

This research was funded via the UK Research and Innovation, as part of the Global Challenges Research Fund (GCRF). The views presented in this paper are those of the author(s) and do not necessarily represent the views of GCRF, the UK Government or partner organisations.



UK Research
and Innovation

Contents

Executive summary	5
Introduction	6
1. Patterns of drug production, use and access to harm reduction	7
1.1 Harm reduction programmes in NSS	12
1.2 The role of ethnic armed organisations in harm reduction	15
1.3 Limited collaboration among stakeholders.....	16
2. Relationships among stakeholders	17
2.1 Limited collaboration, corruption and lack of law enforcement.....	17
2.2 Limitations and challenges of harm reduction services.....	19
2.3 Community resilience	20
Conclusion	21
Bibliography	22

Abbreviations and acronyms

CBO	Community based organisation
CCDAC	Central Committee for Drug Abuse Control
CSO	Civil society organisation
EAO	Ethnic armed organisation
GAD	Government administration department
GBV	Gender based violence
HIV	Human immunodeficiency virus
KIO	Kachin Independence Organisation
LGBT	Lesbian, gay, bisexual and transgender
MANA	Myanmar Anti-Narcotic Action
MMT	Methadone maintenance treatment
MNDAA	Myanmar National Democratic Alliance Army
NGO	Non-governmental organisation
NRC	National Registration Card
NSP	Needle and syringe programmes
NSS	Northern Shan State
NUG	National Unity Government
RCSS	Restoration Council of Shan State
SAC	State Administration Council
SSA	Shan State Army
SSPP	Shan State Progress Party
STI	Sexually transmitted infection
TB	Tuberculosis
TNLA	Ta'ang National Liberation Army
TWO	Ta'ang womens' organisations
TYO	Ta'ang youth organisations
UNODC	United Nations Office on Drugs and Crime

Executive summary

The conflict-affected region of Northern Shan State (NSS) has become the epicentre of Asia's illegal production of opium/heroin and methamphetamine. Drug cultivation and production often take place in difficult-to-access areas that are controlled by non-state armed actors and militias linked to the Myanmar Army. The trading and consumption of drugs has become more visible in NSS since the military coup of February 2021, due to corruption, a lack of effective law enforcement, the ongoing civil war and the scaling back of already limited harm reduction programmes.

Although some ethnic armed organisations (EAOs) and community and faith-based organisations are trying to reduce the harmful practices of drug use and its consequences, they are running these activities with limited knowledge and resources, and a lack of both protection and collaboration with the government and local communities. Civil society organisations (CSOs) interviewed for this research argue that the involvement of communities in harm reduction is necessary for these programmes to be sustainable and effective, but local populations are often not supportive of activities such as needle and syringe programmes (NSP) or methadone maintenance therapy (MMT).

In addition, efforts to tackle drugs and provide harm reduction services have weakened since the COVID-19 outbreak and the coup. Since the coup, local government administration has been collapsing and there is no effective law enforcement furthermore, the current economic crisis favours the drug economy. Harm reduction programmes, including education programmes and other health care services, have stopped due to funding shortfalls and insecurity.

The purpose of this research is to understand the role of CSOs, faith-based groups and EAOs in harm reduction programmes and to assess the challenges and opportunities surrounding attempts to respond to drug issues in NSS. This working paper explores the role of CSOs in providing harm reduction services, focusing on usage and access to harm reduction; the role of harm reduction programmes led by CSOs, faith actors and EAOs; the extent to which there is collaboration between different actors; and the challenges that face efforts to improve harm reduction and community resilience to drug harms.

Introduction

In Northern Shan State (NSS), Myanmar, levels of drug harm have worsened significantly over recent decades, with rising drug use amongst young people viewed as a particular crisis. In response, there are a number of actors that play a crucial role in undertaking harm reduction work, including several CSOs and *parahita* groups.¹ In NSS, the Myanmar Anti-Narcotic Association (MANA) provides needle and syringe programmes (NSP), methadone maintenance therapy (MMT), awareness-raising to young people, and supports activities to prevent and treat sexually transmitted infections (STIs). Although most community-based organisations operate with very limited facilities or resources and have limited knowledge and organisational capacity, they are often the only frontline service providing any kind of support for drug-related issues. Even so, most services are available only in urban areas.

NSS remains Southeast Asia's primary source of methamphetamines (ICG, 2019). Weak law enforcement and sovereignty that is highly fragmented between different armed organisations means little action is taken against large-scale drug producers and dealers. Furthermore, the Myanmar military (*Tatmadaw*) has long used drugs as a bargaining tool when managing local territorial and governance arrangements with militias and ethnic armed organisations (EAOs). Several *Tatmadaw*-supported militias are heavily involved in drug production, cultivation and trade, but most of their activities are untouchable (TNI, 2016). The *Tatmadaw* allows some militia groups based in NSS to engage in drug production and trafficking in exchange for their support (Meehan, 2015). However, Shan State is not just a major source of drug supply within a regional and international market. It is also facing major challenges in tackling drug harms among local users.

The purpose of this research is to understand the role of CSOs, faith-based groups and EAOs in harm reduction programmes; it also explores the challenges and opportunities surrounding attempts to respond to drug issues in NSS. This paper is divided into two main sections. The first section discusses the challenges of mobilising harm reduction responses in contexts of instability, violence, stigmatised drug use, and the tensions between individualised models of harm reduction (i.e. supporting the individual) and notions of harm reduction as community protection. It also focuses on the specific challenges faced by marginalised groups – especially the LGBT community and women who use drugs – in accessing harm reduction services. This section also explores the role of different stakeholders in providing harm reduction programmes and discusses the challenges they face in mitigating drug harms at an individual and systemic level.

The second section discusses relationships among stakeholders, focusing on limitations in collaboration among them; the law enforcement challenges of harm reduction services; the situation of harm reduction programmes in post-coup COVID-19 era, and community resilience.

¹ 'Parahita' is a Pali word used to describe organised volunteer or community-based work, especially the group of people who are working for free education, health care, social services and other community development.

This research is based on key informant interviews with civil society leaders who are working to eradicate drug issues in Kyaukme and Lashio townships in NSS, and also draws upon the author's own long-standing knowledge of this region. This dataset is now archived in the UK Data Archive and further details of the methodology and coverage of this dataset are provided there (Win, 2022).

This paper addresses three key themes: access to services, the relationship between stakeholders, and challenges for harm reduction. It shows that CSOs are the groups most trusted among communities to address drug issues, compared to services provided by the government and EAOs. The research also highlights that most young people start to use drugs because of peer pressure; but that, conversely, peer pressure also plays a key role in encouraging people to access harm reduction and detoxification programmes where they are in place.

1. Patterns of drug production, use and access to harm reduction

NSS has emerged as a major centre for illegal drug production and trafficking in Southeast Asia (ICG 2019). NSS produces Yaba (known as Mrang Hce), crystal methamphetamine tablets (known as 'ice'), heroin (often referred to locally as 'Number 4'), and opium. In previous decades, people used organic products such as black opium. However, the production of opium is expensive, and it takes time to get a fine product, which means that organic opium is also expensive to access and has limited availability among users. By the late 1980s the illicit manufacture and use of yaba was expanding significantly in the region (UNODC, 2013, p.61-62). From 1996 to 1999 opium cultivation and production declined steadily due to bad weather conditions, and opium bans implemented by various ceasefire groups in Myanmar (UNODC, 2013).

Since the late 1990s there has been a gradual shift in the drug trade as much investment has moved from opium/heroin production to synthetic methamphetamine production; methamphetamine is easy to produce through an entirely chemical process and requires a lower investment than the crop-based production of organic opium. Myanmar neighbours Bangladesh, China, India and Thailand where there are large pharmaceutical and industrial chemical sectors; NSS is bordered by China and Thailand where drug producers can easily source precursor chemicals, which are imported and sent to drug labs across the state. Meth is produced in laboratories by a small number of people and controlled by criminal gangs and individual investors, usually with close ties to different armed organisations. Yaba (methamphetamine) locally known as WY and ice, are cheap and easily accessible and are the most popular drugs used in NSS.

The pattern of drug consumption changes over time based on the addictive level of the user, and affordability. Normally, the user starts to use drugs by inhaling, but injection offers a cheaper way to experience a more powerful effect and thus becomes more common as people's drug dependence increases and/or when they can only afford to purchase small amounts.

Some people mix drugs with Paracetamol or other traditional medicines to get enough to inject. According to the CSOs in NSS, many young people try drugs or use them a little bit without moving on to injecting or becoming addicted. However, there is a growing number of young people that now suffer from heavy addiction after underestimating the risk of narcotic dependence and its consequences, which include infection with HIV or hepatitis, and malnutrition.

The reasons for drug consumption vary. According to the UN World Youth Report (2013), substance use patterns can be distinguished between youth who generally have more opportunities, options, and support, and for whom substances are often used as a leisure activity; and those who are vulnerable, and for whom drug use is aimed more at relieving the pressures deriving from difficult circumstances, which may include physical or emotional pain or long work hours, unemployment, neglect, violence, homelessness, sexual abuse or war. In addition, problematic sustained drug use is often linked to marginalisation for reasons including mental and physical disability, limited educational opportunities, and poverty.

In NSS, reasons for drug use differ spatially, between urban and rural/village/remote regions. In urban areas, many people start to use drugs because of peer pressure, and/or for leisure. Interview participants from Lashio and Kyaukme townships reported that their peers introduced them to drugs, sometimes saying they were not harmful or addictive (see also: Caouette, 1999). They reflected that adolescents are more likely to engage in risk-taking in groups than alone, while other research found that the children of divorced parents have been found more likely to engage in drugs (Loke and Mak, 2013). In NSS, some young men start to engage in drugs to show their masculinity, often in response to peer pressure (Meehan et al., 2022). Some wanted to show that they could override the fear of taking a risk; others wanted to overcome their stress. As one 20-year old man from Kyaukme reflected when interviewed for this research, “most of my friends who use drugs have a lot of family problems, especially those from broken families. They use any kind of drugs and often encourage their friends to engage in drugs. Some of my friends sell their clothes, phone and their properties to me to use drugs and often borrow money from me.” Another young man from Lashio noted that:

Among young people, they often force their peers, especially those who can afford to buy drugs. These users want to get free drugs from their peers. Even among my friends, many users force me to do drugs; if I don't, they will end our friendship. But most of my friends become victims of their friends, because drug users do not look like drug users until they become addicted. People often overestimate “self-control”. Before they start to engage, they often say that they can control themselves, and will never try different types of drugs. But when they become addicted and cannot make an effort to buy WY, they start to use any kind of drugs - including injectable drugs - as they want to satisfy themselves very fast. They also start committing petty crimes to get money for drugs.

However, during interviews, while most participants mentioned that peer pressure caused young people to engage in drugs, they also highlighted it can be important in encouraging young people to seek help. According to Myanmar Anti-Narcotics Association (MANA) most users who access harm reduction facilities do so because of peer pressure. MANA is one of the community-led organisations, funded by international organisations, working for drug treatment and harm reduction across NSS, with offices in Hsipaw, Kutkai, Kyaukme, Lashio, Muse and Namkham townships.

As mentioned above, some young people use drugs because of mental health issues, especially depression and psychosocial problems, as well as to cope with long hours and exhausting working conditions, unemployment, and poor living conditions. The majority of those users are young people, migrant workers and people who are working in mining and logging. People consume drugs not only as a luxury but also as a tonic/medicine and there is very limited information or education about opium/heroin and methamphetamines and especially their longer-term side effects. In most Shan villages and Ta'ang villages across Shan State, people living in rural areas use drugs to try to overcome tiredness, pain and stress. The villagers use drugs to relieve tiredness and believe that they can work double-time without taking a break if they do drugs. Drugs, especially WY, have become influential in the manual labour sector and many migrant workers – especially those who are working in agriculture sectors, mining, logging and the Chinese-owned paper industry – use drugs to resist their tiredness and pain. A needs assessment conducted by the Center for Diversity and National Harmony (CDNH, 2018, p.17) in Shan State found that employers put yaba in the drinking water of their employees as they wanted them to keep working without a break. Similarly, one interview respondent from Lashio said that their employer in the agricultural sector gave WY to women employees in villages so that they would be less tired. The CDNH findings also mentioned that many women start to use drugs because of their peers.

Although rates of drug addiction are increasing in rural areas and remote villages, there are very limited health care facilities. For example in Par Hlaing village in Kyaukme township, there is only one government-appointed health care staff who only comes to the village to deliver immunisation for children. Most villagers in Par Hlaing therefore seek health care treatment from traditional healers. As one of the Ta'ang youth respondents stated:

In our village almost all households consume drugs - we even ask ourselves which are the households in our village that do *not* engage in drugs. But most of us are facing extreme challenges to seek help if people want to withdraw from drugs voluntarily. People cannot afford the accommodation and transportation to take methadone in Kyaukme general hospital.

Another key informant from Kyaukme states that in Ta'ang villages there are very limited opportunities for villagers to receive drug awareness and they can only access the detoxification programmes if the Ta'ang National Liberation Army (TNLA) recruits them. In addition, WY has become popular in some social activities, a norm of hospitality culture akin to providing drinks, food and 'treats' by a host. For example, at funerals, the bereaved family used to often provide energy drinks to volunteer groups (which include young people and elders) who come to help in cooking and providing services at the funeral, in

acknowledgement that funerals last a long time and require people to stay awake at night. Now, energy drinks are often replaced by WY.

According to the Myanmar Ministry of Health and Sports (2020), the rate of substance users in Myanmar increased from 83,000 in 2015 to 93,000 in 2017, although this data only records those who receive formal treatment, and the actual rate of substance use is believed to be far higher. Young people are particularly at risk. According to MANA the youngest patients who access their harm reduction programme are aged 16 and there were over 60 patients between 16 and 25 years old who accessed the MANA harm reduction centre in 2021. According to the MANA patient record, over 7,000 people registered with MANA and among them only 100 were women. This is not necessarily an accurate indication of gendered drug use, as many women are reluctant to seek treatment in light of the stigma surrounding female drug use and the fact that many treatment centres are male-dominated environments. In 2021 around 300 new patients were registered to get support and to take methadone at the general hospital in Kyaukme. Each year, MANA Kyaukme centre distributes around 20,000 - 30,000 needles, to help reduce transmission rates of HIV and other blood-borne diseases in Kyaukme townships.

Local CSOs state that drug use is increasing amongst young people and that about one in ten users are women. The number of reported female drug users in Myanmar is very small. But local informants claim that the data on the ground is much higher than the data published by the government. According to interview respondents, most users in NSS are male youth, but drug usage and trading has become increasingly popular among women and girls too. Women who live in conflict-affected border areas, working in unpaid and underpaid feminised work, are often over-represented in the informal sector, which in Shan State includes drug trafficking and smuggling (Hedstrom, 2021). According to local CSOs, in recent years, more women and members of the LGBT community have started to use drugs regularly in NSS. For the LGBT community, drug use is often triggered by limited job opportunities and their confinement to certain jobs where drug use is common, such as work in beauty parlours or acting as a traditional spirit medium known as Nat Ka Taw. Social exclusion is also a significant driver of drug use, among the LGBT community, as many find themselves ostracised even from their own families, who often tell them to leave home because their dress and appearance is viewed as a blemish on the family's reputation.

Women's participation in drug smuggling and consumption varies. Women face heightened risks of drug harms, whether they come from families deeply involved in drugs, have limited job opportunities, lack education, or have been victims of abuse; or if they experience financial hardship and have responsibility for food security, but only can access underpaid job opportunities.

Some female drug users and small-scale sellers, for example in Lashio, have become involved in drugs through nightclubs. Young women's access to drugs comes first from dealers offering them drugs at no charge in nightclubs, involving them in selling to fund their consumption once they have become addicted. Some women become small-scale distributors because these well-paid jobs attract them to participate in the long term. According to the participants from Lashio and Kyaukme, small-scale distributors got paid

per sale. For example, the original price of a WY tablet is 500 Myanmar kyat (US\$ 0.27); sellers can sell for 800-900 Myanmar Kyat, with each user consuming between 5 and 15 tablets each time. This compares to a daily wage for 3,000-7,000 Kyat for construction or retail in NSS.

Women are also often involved in drug trafficking and smuggling since they are less likely to be searched by the police than men on the street in NSS. According to interviewees, gender roles are often underestimated in drug trafficking and dealing. Police often ignore women's participation in drug distribution as they do not think women might be involved in the drug market and often assume only men are doing and selling drugs. They are also often reluctant to search women because of the awkward social situation this creates.

Due to cultural and social stigmatisation, female drug users find it hard to access harm reduction services even where they are available for women as well as men. Although female drug users are fewer compared to males, women are often in more vulnerable situations and are less likely to seek help. Women drug users in NSS often face invisibility; most keep a low profile due to social stigma. According to UNAIDS (2019), women who inject drugs often have limited or no access to harm reduction or general health services. My research in northern Shan State corroborates this claim and found that there is a gap in harm reduction programmes in NSS due to the lack of female-friendly services for women who inhale or inject drugs. Women who consume drugs in NSS often prefer to remain anonymous and may feel more comfortable working with female health workers. In practice, except for a few female nurses in harm reduction services, most health workers and outreach workers are men. This research also found that there are extremely limited harm reduction services provided by female staff in urban areas, and that there are no services in rural areas that include women-specific service packages at all – including no sexual and reproductive health, gender-based violence, counselling or family planning services. Moreover, the concern of being watched by police and fear of arrest, heavy responsibilities for taking care of family, and unemployment are all additional barriers for female drug users to access harm reduction services, when they do exist (Soe, 2010). These factors make it more difficult to reach women and increases their risk of getting sexually transmitted infections, including HIV and hepatitis C. According to a local outreach worker, the recovery rate of women is very low compared to men while the usage of drugs among women is growing.² Local CSOs state that most drug rehabilitation programmes, and state-led detoxification programmes leave female drug users behind, or never take gender into account; the assumption is that female drug users are less common than men and therefore limited available funding tends to be directed towards services for men (Aye, 2018).

Women who use drugs in NSS often face a lack of support from families and communities which makes it hard to access harm reduction programmes when they do exist. Community and family members put more emphasis on helping males than female drug users. Families often prioritise their sons to get access to detoxification and harm reduction programmes rather than their daughters, as they want to cover up the fact that their daughters use drugs for fear of the social shame that this brings. Most women themselves also feel ashamed to

² Key Informant Interview Kyaukme

access the facilities and treatment centres and are concerned that their family or their neighbours will blame them. As one CSO leader reflected,

Most women users do not access the rehab centre or treatment and later they suffer other diseases such as HIV, TB or other transmitted disease and malnutrition. They are also unable to afford the fees such as transportation fees and other expenses to access hospitals to take methadone.

1.1 Harm reduction programmes in NSS

In NSS, there are three types of harm reduction programmes - those provided by CSOs and faith-based organizations, government facilities, and services provided by ethnic armed organizations. This section will discuss each of these types of programme in turn, as well as the challenges that people face in accessing these facilities.

Numerous CSOs in NSS provide some drug-related services as part of their wider portfolio of activities. Such organisations include such as KMSS (Lashio), Women Peace and Security (WPS, Lashio), San Nann Htike women organisation (Kyaukme), Kachin Women's Organisation (Kutkai), Ta'ang Women's Organisation, International Refugee (IR), Women's LEAD, and Legal Aid Network. Some of these organisations provide psycho-social counselling, legal support and safe houses. There are also collaborations among ethnic based organisations and church-based organisations like Pat Jasan to eradicate drug issues in Lashio and Kyaukme.

One of the most prominent CSO organisations that focuses specifically on harm reduction services is Myanmar Anti-Narcotics Association (MANA), which was founded in 1994 by local community leaders and funded by international donors. MANA works to reduce HIV among injecting drug users by raising awareness of behavioural risks, and by supplying needles to avoid needle sharing. MANA also provides basic medical care, testing, counselling, and support for drug users to transition to methadone substitution therapy. In Lashio, there are also community and faith-based organisations working on the effects of drug use, including Church-based organisations working with Pat Jasan.³ In Lashio and Namkham, community-based organisations led by Ta'ang Youth Groups and Kachin Women's Organisation also work to provide drug rehabilitation centres. CSO and Church-based facilities and services are free of charge. Organisations running rehab centres often receive negative complaints from the local community for their actions towards users. They sometimes forcibly recruit or send drug users to their rehabilitation centres, sometimes punishing them with beatings or by locking them up in 'treatment' rooms.

³ Pat Jasan emerged as a largescale popular social movement in the Kachin region of northern Myanmar in 2014, with the objective of eradicating illicit drug production and consumption from the region. It has since been heavily criticised for its methods and opposition to harm reduction initiatives. (<https://drugs-and-disorder.org/2021/04/13/the-pat-jasan-drug-eradication-social-movement-in-northern-myanmar-part-two-deep-culture-cultural-psychology/>)

In Kutkai, near Ta'ang villages, the Ta'ang Literature and Culture Organisation and the Kachin Women's Organisation provide rehabilitation centres. In those areas, one research participant estimated that 10 out of 100 people use drugs, most of whom are migrant workers who come from central Burma. Although people from NSS often migrate to seek work in China and Thailand, this region of Myanmar itself attracts internal migrants from the dry zone of central Myanmar to work in mines, logging, Chinese-owned paper industries, tea plantations, sugarcane farms and corn plantations. NSS is also a place of high inter-state migration and most people who come from the dry zone are temporary and seasonal workers (Maharjan and Myint, 2015). One local CSO leader from Lashio also stated that:

Harm reduction programmes in NSS are not sustainable and successful because some of the drug users are temporary migrants from dry zones and after they finish the contract they return to their original place. They do not want to access harm reduction programmes in their home areas because they worry that their family will tell them they are drug users and addicts. They want to hide their situation and they stop seeking help from CSOs in their areas.

Faith-based organisations play a key role in trying to address drug harms in Myanmar. Churches are often active to provide support to family members and to those who are impacted by addiction through giving anti-retroviral support, accommodation, detoxification programmes and counselling. Despite applying controversial methods to encourage people to withdraw from drugs, according to research interviews, religious participation can be a protective factor in recovery and faith-involved treatment delivery can have positive impacts on community prevention and treatment of substance use disorders. For example, most faith-based organisations, including Pat Jasan, provide detoxification programmes, but the methods they deploy are based on Christian spiritual ways to treat their clients rather than using any medication. Pat Jasan is active in Lashio and Namkham, and working with community volunteers and pastors. In Lashio, some members of the community appeared to have a positive view on the activities of the Pat Jasan members. One young man stated that:

Evening and early morning the Christian pastors and community volunteers patrol in their villages, wards and blocks. If they find drug users or sellers, they beat them and forcibly send the users to the rehabilitation centre. No-one complains about those violent activities, as people think that drug users deserve serious punishment.

However, rights-based CSOs and groups have criticised Pat Jasan's use of forced rehabilitation in treatment centres, punishment, and faith-based models of treatment rooted in withdrawal and religious teachings (Dan et al., 2021). Church-based harm reduction programmes are less popular among those who are not Christian, with some concerned that the facilities will convert people to Christianity.

In recent times, within the Muslim community, Tablighi Jamaats have become popular among young Muslims as a way of withdrawing from drugs. Tablighi Jamaats is a Sunni Islamic missionary movement which only allows male followers (Jamal, Raj & Griffin, 2019). The followers travel in a group to a gathering where they practise their religion

intensively, particularly in matters of ritual and personal behaviour. In Myanmar, Tablighi Jamaats are organised by religious leaders and active young Tablighi initiators recruit followers. They have become popular in both positive and negative ways (Thu, 2018). There are normally gatherings of three lengths – for three, seven or forty days - but sometimes people travel for as long as 120 days to different cities and villages outside of their hometowns. Followers pay a small amount for transport and food, but the mosque hosts and provides accommodation. According to interviews in Lashio, Muslim drug users voluntarily join Tablighi Jamaats religious trips as an opportunity for detoxification, allowing withdrawal away from their families. Most users withdraw without using any medicines but sometimes they use painkillers, take sweets to boost their sugar levels, and cool down with long showers. One Muslim young man from Lashio shared his experience:

One of my friends totally recovered after he came back from a Jamaat trip and we were really surprised by him. Some people can become fully clean. However, some young people become more addicted as it is easier to get drugs during the trip and they can do what they want as long as they are away from their families.

Since the COVID-19 pandemic, the government has banned these trips across Myanmar.⁴ This restriction shrinks the space for those who want to voluntarily withdraw from drugs away from their home and friends.

The government provides methadone programmes in general hospitals in Kyaukme and Lashio, although COVID-19 and the political crisis following the February 2021 military coup has disrupted these services. Even prior to these disruptions, government facilities had few resources and patients were often forced to stop treatment for a limited time. Government programmes also do not provide any kind of individualised treatment plan and these limitations can make it difficult for the methadone maintenance treatment patients to sustain the treatment, resulting in poor outcomes (Soe, 2013). The Ministry of Social Welfare has been assigned to implement rehabilitation programmes for chronic drug users who have been through drug treatment programmes. Drug users need to participate in the programme for at least six weeks and receive services such as counselling, sports, arts, meditation, and vocational training such as painting techniques (Jensema and Kham, 2016). However, these services are not yet operational in NSS. There have been some discussions in recent years among CSOs, young people and the Ministry of Social Welfare about establishing a youth civic centre for drug users and to implement rehabilitation programmes across NSS, but because of the coup these discussions have ceased. There are no government provided facilities in Kyaukme and Hsipaw townships. The general hospital provides methadone to those who want to withdraw from using drugs, but the doctors and nurses sometimes refuse to provide methadone, assuming that patients are lying to the hospital and still doing drugs while they are taking methadone.

Government facilities are less popular among users because of the administrative processes associated with them. Although users can voluntarily register at the hospital to take methadone if they want to withdraw, they need to share their personal information

⁴ Key informant interview in Lashio

including official documents such as a copy of their national registration card, a list of household members and recommendation letters from ward and police. Most users are concerned that if they ask for a recommendation letter from the police, they will receive a criminal record and face the risk of being arrested at any time, and providing personal information increases their anxiety and insecurity. These are substantial barriers for users in accessing government facilities.

1.2 The role of ethnic armed organisations in harm reduction

EAOs including TNLA, Restoration Council of Shan State (RCSS/SSA) and Shan State Progress Party (SSPP) provide facilities to withdraw from drugs, but they can only be accessed by those recruited to the EAO. For example, the RCSS/SSA provides free drug treatment facilities, but those attending must have served in the RCSS/SSA army for 5-6 years. According to an RCSS/SSA announcement, in 2020-2021 RCSS/SSA provided rehabilitation programmes to 1,008 people (971 men and 37 women)⁵. RCSS/SSA facilities are also sometimes used by Muslim drug users as they are granted religious freedom and are provided with enough rations to observe fasting and allow them to celebrate Eid festivals.

Except for the RCSS/SSA, EAOs provide free services for their own ethnic community. They provide food and a place to stay, but in turn the users have to work on EAO development projects such as road maintenance, villages cleaning and digging wells. The detoxification programme provided by EAOs typically involves users being locked inside a "detox room" – a small cage they cannot leave while going through the initial withdrawal process, during which time they are not provided with any withdrawal relief or medicine. Most EAO facilities prevent Burmese drug users from accessing their facilities because of the security concerns and lack of trust, fearing that they may be Tatmadaw informants.

There is a relationship between TNLA and MANA because of personal trust among senior figures. In 2020, MANA provided services to TNLA's rehabilitation centre and provided services to Ta'ang communities, including two women in Par Hlaing village which is under TNLA control. In general, however, the TNLA – in common with all other EAOs - does not allow CSOs to initiate drug-related activities in areas under their control. However, some EAOs have taken action if CSOs reached out to them. For example, in 2021 the SSPP/SSA raided the local drug market in Namkham after CSOs requested them to take action near the Nay Win Yee Ta'ang camps for internally displaced people (Shan News, 2021). There was a large drug market, and the police had not taken any action despite repeated requests from the local population. The SSPP/SSA arrested 20 drug dealers and shut down the drug market.

In some areas, the Ta'ang Youth Organisation and the Shan Youth Organisation are supporting each other to overcome trust issues between communities of different ethnicities. Both ethnic CSOs work together, and take have led implementation of activities in area controlled by their respective EAO. In addition, EAOs, especially the TNLA, allow

⁵ RCSS (2021) Statement on the International Day Against Drug Abuse and Illicit Trafficking
<https://www.facebook.com/shannewsburmese/photos/pcb.4131192023639876/4131181590307586/>

ethnic CSOs to conduct activities in areas under their control when the CSO has been able to obtain permission from individual community leaders who have good relationships with senior TNLA members.

Although NGOs, CBOs, government and EAOs all provide some form of rehabilitation centre for people with drug dependency, these services can only fulfil less than 5% of community needs (CDNH, 2018). Only very few people access government and EAO facilities, usually when their families forcibly send them to these centres to withdraw. Both government and Church-based facilities are less popular among Muslim users and non-Christian communities because of their methods and concerns about being given a criminal record. Both CSOs and Church-based organisations often face challenges to extend the reach of their activities into contested areas due to security and safety concerns, and it is the rural population in such areas that face the greatest challenges in accessing any kind of services or support in NSS.

1.3 Limited collaboration among stakeholders

There is very limited collaboration between the government, EAOs and CSOs. The key challenges are lack of trust among EAOs and CSOs, and the codes of conduct of donor organisations which restrict collaboration with EAOs. CSOs state that the local authorities show unwillingness to collaborate with them and the police often stop and search outreach workers who are distributing needles or helping drug users. Such attention often leads to insecurity for CSOs who are helping drug users, as well as undermining trust between community members and outreach workers, as drug users are fearful that outreach workers are police informants.

Interview findings show that levels of knowledge and understanding among the general public about drug dependency needs to be improved. Community members often misunderstand harm reduction programmes, thinking users never recover from drug dependence because CSOs provide them with clean needles, which is interpreted as facilitating drug use. Community members often complain about CSOs and NGOs to the government administration department, asking them to stop their activities. One of the community outreach workers interviewed stated that they have regularly moved their office, often temporarily stopping their activities because of community complaints against them. This illustrates that community involvement in and understanding about harm reduction is an important step to providing more effective support to people who develop drug dependency in NSS.

Recovery rates amongst people with drug dependency appears to be very low, although there is no data on drug users collected by either CSOs or government institutions in NSS. Lack of support from family members and limited facilities provided by the government are key challenges limiting the recovery rate. Harmful drug consumption practices increase the risk of health issues associated with drug use, especially vulnerability to communicable diseases such as HIV, hepatitis B and C, sexually transmitted infections and tuberculosis, as well as mental health problems. There are limited healthcare facilities for those who

suffer transmitted diseases in urban areas, and almost no facilities at all in rural areas. More awareness is needed about the negative impact of sharing needles and the risk this creates of transmitting diseases. The biggest challenges for outreach workers is that people who use drugs often choose to ignore the risks presented by communicable diseases such as HIV, hepatitis B and C, drug overdose, and tuberculosis, which are related to risky injection practices, especially regarding heroin use, and the sharing of smoking paraphernalia. As one CSO leader in Lashio reflected, “the users often respond that “they don't worry about those transmitted diseases as they cannot live more than six years and they can die at any time while using drugs. Why do they need to worry about a disease which may not be a serious problem in the next six years?”.

Community and family members also often abandon drug users, thinking that they will repeat the same behaviours even after they get treatment. However, this attitude fails to consider there are very limited opportunities for young people, limited services to support them to cease drug use, and no support for those who are trying to recover from drug use to foster a better recovery rate. As a Muslim youth leader in Lashio stated,

“No treatment will work in regard to addiction. Drug users need an environmental and social change in their lives. But there is no such environment and opportunities for drug users and when they come back from the detox programme they use drugs again. There is no such place not to relapse. That is the reason why the fully clean rate or recovery is very low and most treatment programmes are unsuccessful.

2. Relationships among stakeholders

2.1 Limited collaboration, corruption and lack of law enforcement

Although there are harm reduction and detoxification programmes and treatment services provided by NGOs, government and EAOs, there is very limited collaboration between different actors in NSS. This section will discuss in more detail the collaboration among EAOs, local authorities and CSOs, as well as how COVID-19 and the post-coup political situation has impacted on efforts to tackle the drug issue.

Restrictions by the Myanmar military, low levels of trust between different organisations, and a weak commitment by many organisations to prioritise tackling drug issues are key barriers preventing collaboration among key stakeholders. These challenges have worsened considerably since the February 2021 military coup. Many CSOs have joined the Civil disobedience movement that refused to engage with the military State Administration Council (SAC), while the SAC has heavily restricted CSO activities and impose restrictions on across the country.

As already noted, EAOs seldom allow CSOs to operate in the areas they control. On the other hand, CSO leaders interviewed stated that even though they want to implement drug awareness and support for drug users who live in remote areas and have extremely limited services in EAO-controlled villages, they are concerned about being affiliated with unlawful associations. International donors were also restricted from working with and providing financial and technical support to EAOs, which subsequently limits the scope for people in remote and rural areas to access services.

Most interviewees showed their frustration at the role of local authorities and the police in enforcing the rule of law regarding drug eradication. Corruption and the involvement of the police in drug production and distribution are seen as key factors in explaining why drug trading and consumption have become so widespread in NSS. Police take action only against users and small-scale dealers, ignoring the main traders. Youth CSOs leaders from Lashio stated that government officials, the police and militias all benefit from narcotics trafficking, which creates an environment in which drugs are widely available and little is done to limit access to them.

Community members and CSOs have very limited trust in the police and government institutions and are reluctant to complain about drug-related crimes and petty criminal activities such as robbery and assassinations among drug traders. Community members trust support from CSOs over the police or local authorities.

Because of the post-coup geopolitical situation, most CSOs are focused on working for peace and humanitarian assistance for communities of internally displaced people rather than drug issues, despite the fact that the rate of drug smuggling and trafficking have grown amidst the political unrest and the Covid pandemic. According to a research participant from Kyaukme, there are very few security forces at the checkpoints along the main roads between Muse (on the China border) and Mandalay, and they are easily bribed. Interview participants and various media reports have highlighted that drug dealers have taken the unstable political situation as an opportunity to produce, distribute and trade drugs across the country and beyond borders (Financial Times, 2021). CSOs in NSS stated that the police, the Central Committee for Drug Abuse Controls, customs officials, and other local state authorities are incapable of addressing the problem of drugs since they only capture a small amount of the trade across the country, especially in NSS. CSOs suggested that the authorities and police should identify and arrest transnational criminal organisations and the key players within Myanmar who are organising this trade, those who are involved in production and trading across the country. However, political unrest and ongoing fighting between EAOs, resistance forces and the Tatmadaw make it more difficult to carry out such activities. The drug issue is not a priority for the State Administration Council while they are focused on trying to consolidate their control of the country. The post-coup civil conflict, including the emergence of resistance forces led by the National Unity Government⁶ and its alliance with EAOs to fight against the junta, has weakened drug enforcement capacity inside Myanmar, giving traffickers free rein.

⁶ NUG is an alternative government body consisting of the elected government and anti-coup ethnic minority representatives. A core aspect of establishing their legitimacy domestically has been formulating unified policy positions on federalism, equality and human rights.

2.2 Limitations and challenges of harm reduction services

This section discusses the challenges faced by CSOs, limitations they face in running harm reduction services, and the factors which are forcing community members to engage in the drug economy.

First, the lack of funding opportunities and limited knowledge forces CSOs to run their activities under pressure. There is very limited capacity and technical skills to collect data on drug use, and there is a lack of reliable information on the extent of drug use and its health consequences. As drugs are illegal and drug use is a sensitive issue, it is very challenging for CSOs to conduct work related to drugs, such as providing needles, supporting drug users and providing treatment without permission. CSO staff who are mentioned that most CSOs and volunteers who are working with MANA or other organisations have very limited knowledge and skills to run their activities. Capacity building is needed regarding issues such as awareness of drug issues and their harms, emotional support, trust building within the CSOs, and emergency health care awareness.

Second, lack of engagement by community members and the police with drug-related crime also limits the scope to tackle drug-related issues. Community members often show unwillingness to report drug-related crimes due to a deep-seated lack of trust in the justice system and corruption within the police. Key informants interviewed for this study highlight that many drug users also face abuse and extortion from police officers and armed groups for possession of even small amounts of drugs, or needles and syringes. This extortion and threat can decrease willingness to access harm reduction programmes and might increase the rate of transmitted disease among users and their partners. Community members tend to only report drug-related crimes when the issues become so severe that they are unable to control social problems around drugs. Local authorities and the police fail to guarantee security and safety for those who are working to eradicate drugs in communities.

Third, the political unrest and economic hardship since the coup and the COVID-19 pandemic are forcing more poor families to engage in the drug economy. According to the Ta'ang Youth Union, although in recent decades the pattern of drug production has shifted towards synthetic drug production, opium cultivation is still attractive to poor farmers because it requires little investment and generates relatively high yields and profit. Poor farmers will continue to depend on opium growing in the absence of alternative crops which offer similar yields or profits. Livelihood struggles in the context of ongoing fighting across Shan State and broader political unrest seem likely to encourage more poor families, especially farmers, to engage in the drug economy (Fishbein, Zaw Myet Aung & Jauman Naw, 2022). In addition, the heavy fighting between the Tatmadaw, TNLA, SSPP, MMDAA and RCSS/SSA continues across Northern Shan. This is forcing at least some farmers to go back into the opium economy and poor families to engage in drug smuggling to feed themselves and their families.

Local authorities are not taking any preventative action to control drug use. In addition, the increase of drug consumption has had a negative impact in communities which includes

increased domestic and gender-based violence. In interviews, community members also voiced concerns about the increasing cases of petty crimes such as theft and robbery and extortion across NSS.

Finally, following the third wave COVID-19 lockdown in May 2021, and the coup, most humanitarian organisations have stopped (or significantly scaled back) their operations. This is linked to worsening insecurity and problems accessing their funding due to the controls imposed on the banking system. Since the coup, international aid and local civil society groups have faced cash shortages and security threats, and many have suspended their operations across the country (Loy, 2021). Many countries around the world have introduced or expanded telemedicine services due to the pandemic, which for drug users means that healthcare workers and services providers can now offer counselling or initial assessments over the telephone and use electronic systems to prescribe controlled substances. However, there is no such innovation and adaptation in the healthcare sector in Myanmar to provide more flexible models of service delivery. For example, since the coup and the COVID-19 third wave, MANA's operations have stopped, as it is unable to promote or expand a comprehensive package of harm reduction. MANA states that they cannot reach out to drug users who are from remote villages because of the security concerns and COVID-19 restrictions. When interviewed, one CSO leader from Kyaukme suggested that the death rate is increasing due to overdoses and suicide because of the lack of mental support and healthcare. Currently, there are no counselling, shelter, nutrition or medical check-up services available for drug users, aside from some local parahita groups that provide funeral services for those who have died from drug overdose or suicide.

2.3 Community resilience

Although CSOs are running their activities with limited capacity and skills, they play a key role in mitigating drug harms and are seen as the most trustworthy organisations by community members. Compared to government institutions, people rely on CSOs to seek help related to drug abuse and domestic violence. However, even these basic services have become much harder to sustain since the February 2021 military coup. Many services have been stopped due to a shortfall in funding or restriction imposed by the SAC.

In interviews, CSO leaders stressed that to tackle drug issues in NSS, the government needs to take strong action against traffickers and traders rather than taking actions against users. More job opportunities are also needed for young drug users who are recovering, although this will be very difficult to achieve during the economic crisis in Myanmar. The respondents in this research also stated that international organisations should create more funding opportunities and support to those who are working to eradicate drugs without any restrictions in the implementation process. CSOs are the most trusted organisations and have a very close relationship with communities to address drug issues, although they require greater training, funding and support.

Conclusion

Responses to rising drug harms by CSOs in NSS are generally poor and inadequate in the face of high levels of drug use and experiences of drug harm. CSOs have struggled to access the finances required to sustain their harm reduction programmes. Whilst the legal system is perceived as weak in tackling the drug trade, CSO harm reduction outreach workers have nonetheless felt threatened that their activities will be targeted by law enforcement. Although community involvement and support for harm reduction is crucial, the process to strengthen such community involvement has faced many challenges. Most significantly, harm reduction strategies such as clean needle distribution are often perceived by communities as spreading drug use rather than being seen as a way to mitigate drug harms. CSOs and outreach workers emphasise the need to train their peers to raise awareness and give first aid to reduce overdoses, as well as to strengthen the capacity of CSOs to reach people in remote and difficult to access areas.

Government harm reduction services are less popular amongst users due to the limited reach of facilities that are accessible only in some urban areas, very strict administrative procedures, and requirements to provide personal details to access methadone.

Community participation and understanding of harm reduction are essential to achieve more sustainable harm reduction and detoxification programmes. In rural villages, needle and syringe programmes, awareness of how diseases are transmitted, and counselling services all need to be scaled up to reduce the harms of injecting drug use. Additionally, resources (technical and financial) need to be made more widely available for youth organisations and CSOs to increase the benefits of harm reduction programmes across NSS, especially in EAO-controlled villages and territories. International agencies should create more funding opportunities for community-led organisations to focus on education and harm reduction, and invest in research to understand domestic drug markets and identify emerging trends of use which will provide better understanding of patterns of consumption. Such initiatives will also provide communities, CSOs and government with more accurate information and data on health risks and drug consumption, as well as how to scale up safer use practices among users.

The impact of COVID-19, the political crisis across the country following the military coup in February 2021, and escalating fighting among EAOs in NSS, has brought increasing economic hardship that is likely to make illicit drug cultivation more appealing to fragile rural communities and could push more people into drug smuggling. The coup and subsequent political unrest are also likely to promote opium and methamphetamine trading and production in other ways. The police force, distracted by an increasingly widespread armed resistance across the country, are spending less time on stopping the flow of drugs. Due to the political crisis, harm reduction providers are concerned that drug issues will continue to worsen, and that it will be harder than ever to mobilise effective responses in NSS.

Bibliography

Caouette, T. M. (1999). "Small Dreams Beyond Reach: The Lives of Migrant Children and Youth Along the Borders of China, Myanmar and Thailand". Save the Children.
<https://resourcecentre.savethechildren.net/node/2987/pdf/2987.pdf>

CDNH. (2018). "Shan State Needs Assessment". Centre for Diversity and National Harmony.
https://reliefweb.int/sites/reliefweb.int/files/resources/Shan_State_Assessment_2018.pdf

Dan, S. L., Maran, J., Sadan, M., Meehan, P., and Goodhand, J. (2021). "The Pat Jasan drug eradication social movement in Northern Myanmar, part one: Origins and reactions". *International Journal of Drug Policy*, Vol. 89, 103181.
<https://doi.org/10.1016/j.drugpo.2021.103181>

Financial Times. (2021). "How Myanmar coup fuelled rise in illegal drugs trade", *Financial Times*, 22 August. <https://www.ft.com/content/2e9ee221-cba4-483d-8799-c2a356af4cb4>

Fishbein, E., Zau Myet Awng, Jauman Naw. (2022). "Poverty, impunity and profits: Experts warn coup could lead to opium surge", *Frontier Myanmar*, 5 January.
<https://www.frontiermyanmar.net/en/poverty-impunity-and-profits-experts-warn-coup-could-lead-to-opium-surge/>

Hedström., J. (2021). "On violence, the everyday, and social reproduction: Agnes and Myanmar's transition", *Peacebuilding*, Vol. 9, Issue 4. [10.1080/21647259.2021.1881329](https://doi.org/10.1080/21647259.2021.1881329)

ICG. (2019). "Fire and Ice: Conflict and drugs In Myanmar's Shan State". International Crisis Group. <https://www.crisisgroup.org/asia/south-east-asia/myanmar/299-fire-and-ice-conflict-nd-drugs-myanmars-shan-state>

Jamal, A., Griffin, K., & Raj, R. (Eds.). (2018). *Islamic Tourism: Management of Travel Destinations*. Oxford: CABI.

Jensema, E., and Kham, E. P. N. (2016). "Found in the Dark: The Impact of Drug Law Enforcement Practices in Myanmar". *Transnational Institute Policy Briefing 47*.
https://www.tni.org/files/publication-downloads/drug_policy_briefing_47_found_in_the_dark.pdf

Loke, A. Y., and Mak, Y. W. (2013). "Family process and peer influences on substance use by adolescents". *International Journal of Environmental Research and Public Health*, Vol. 10, No. 9: 3868–3885. <https://doi.org/10.3390/ijerph10093868>

Loy., I. (2021). "Post-coup cash shortages put pressure on Myanmar aid". *The New Humanitarian*. <https://www.thenewhumanitarian.org/news-feature/2021/3/2/myanmar-coup-cash-shortages-pressure-on-aid-to-conflict-zones>

Maharjan, A., and Myint, T. (2015). "Internal Labour Migration Study: In the Dry Zone, Shan State and the Southeast of Myanmar". Helvetas Swiss Intercooperation Myanmar. https://themimu.info/sites/themimu.info/files/documents/Report_Myanmar_Internal_Migration_Study_Helvetas_Feb2015.pdf

Meehan, P. (2015). "Fortifying or fragmenting the state? The political economy of the opium/heroin trade in Shan State, Myanmar, 1988–2013". *Critical Asian Studies* 47(2): 253-282.

Meehan, P., Sadan, M., Aung Hla, S., Kham Phu, S., & Muai Oo, N. (2022). Young people's everyday pathways into drug harms in Shan State, Myanmar. *Third World Quarterly* 43 (11): 2712-2730.

Ministry of Health and Sports. (2020). "National Strategic Framework on Health and Drugs: A comprehensive approach to address health, social and legal consequences of drug use in Myanmar". [https://www.mohs.gov.mm/ckfinder/connector?command=Proxy&lang=en&type=Main¤tFolder=%2FPublications%2FNCD%2FDrug%20Control%2F&hash=a6a1c319429b7abc0a8e21dc137ab33930842cf5&fileName=NSF%20on%20health%20and%20drugs%20\(ENGLISH\)%202020.pdf](https://www.mohs.gov.mm/ckfinder/connector?command=Proxy&lang=en&type=Main¤tFolder=%2FPublications%2FNCD%2FDrug%20Control%2F&hash=a6a1c319429b7abc0a8e21dc137ab33930842cf5&fileName=NSF%20on%20health%20and%20drugs%20(ENGLISH)%202020.pdf)

Sadan, M., Maran, J., and Dan, S. L. (2021). "The Pat Jasan drug eradication social movement in northern Myanmar, part two: Deep culture and cultural psychology". *International Journal on Drug Policy* Vol. 89, 103179. <https://doi.org/10.1016/j.drugpo.2021.103179>

Shan News. (2021). နမ့်ခမ်းမြို့ရှိ မူးယစ်ဆေးဝါး ရောင်းချနေသည့် နေရာကို SSPP ဝင်ရောက်မီးရှို့ဖျက်ဆီး <https://burmese.shannews.org/archives/22626?fbclid=IwAR0xU6aP1jCc9l46EcFob48r0gp7IzW7NO1uQA6l1oz3fx7kAj2uXXul0O8>

Soe, Z. N. (2010). "Female drug users and services' accessibility in Burma (Myanmar)". NIDA International Drug Abuse Research Abstract Database. <https://www.drugabuse.gov/international/abstracts/female-drug-users-services-accessibility-in-burma-myanmar>

Soe, Z. N. (2013). "Methadone programme in Burma (Myanmar): Challenges faced by methadone patients". NIDA International Drug Abuse Research Abstract Database. <https://www.drugabuse.gov/international/abstracts/methadone-programme-in-burma-myanmar-challenges-faced-by-methadone-patients>

Thu, M. K. (2018). "The rise of the Tablighi Jamaat movement." *Frontier Myanmar*. <https://www.frontiermyanmar.net/en/the-rise-of-the-tablighi-jamaat-movement/>

TNI. (2016). "People's war on drugs in Kachin State: Indication of failed policies."
Transnational Institute.
<https://www.tni.org/es/node/22915>

UNAIDS. (2019). "Reducing harm for women who inject drugs in Myanmar".
https://www.unaids.org/en/resources/presscentre/featurestories/2019/february/20190206_myanmar

UNODC. (2013). "Transnational organised crime in East Asia and the Pacific: A threat Assessment."
https://www.unodc.org/documents/southeastasiaandpacific/Publications/2013/TOCTA_EAP_web.pdf

Win, K. (2022). Drugs and (Dis)order Interviews on the Role of Civil Society Organisations in Harm Reduction in Northern Shan State, Myanmar, 2021. [data collection]. UK Data Service. SN: 855968, DOI: 10.5255/UKDA-SN-855968



'Drugs & (dis)order: building sustainable peacetime economies in the aftermath of war' was a Global Challenges Research Fund (GCRF) project generating new evidence on how to transform illicit drug economies into peace economies in Afghanistan, Colombia and Myanmar.

The views presented in this paper are those of the author(s) and do not necessarily represent the views of GCRF, the UK Government or partner organisations.

@ Drugs & (dis)order 2022

Twitter: @drugs_disorder

Website: <https://drugs-disorder.soas.ac.uk>