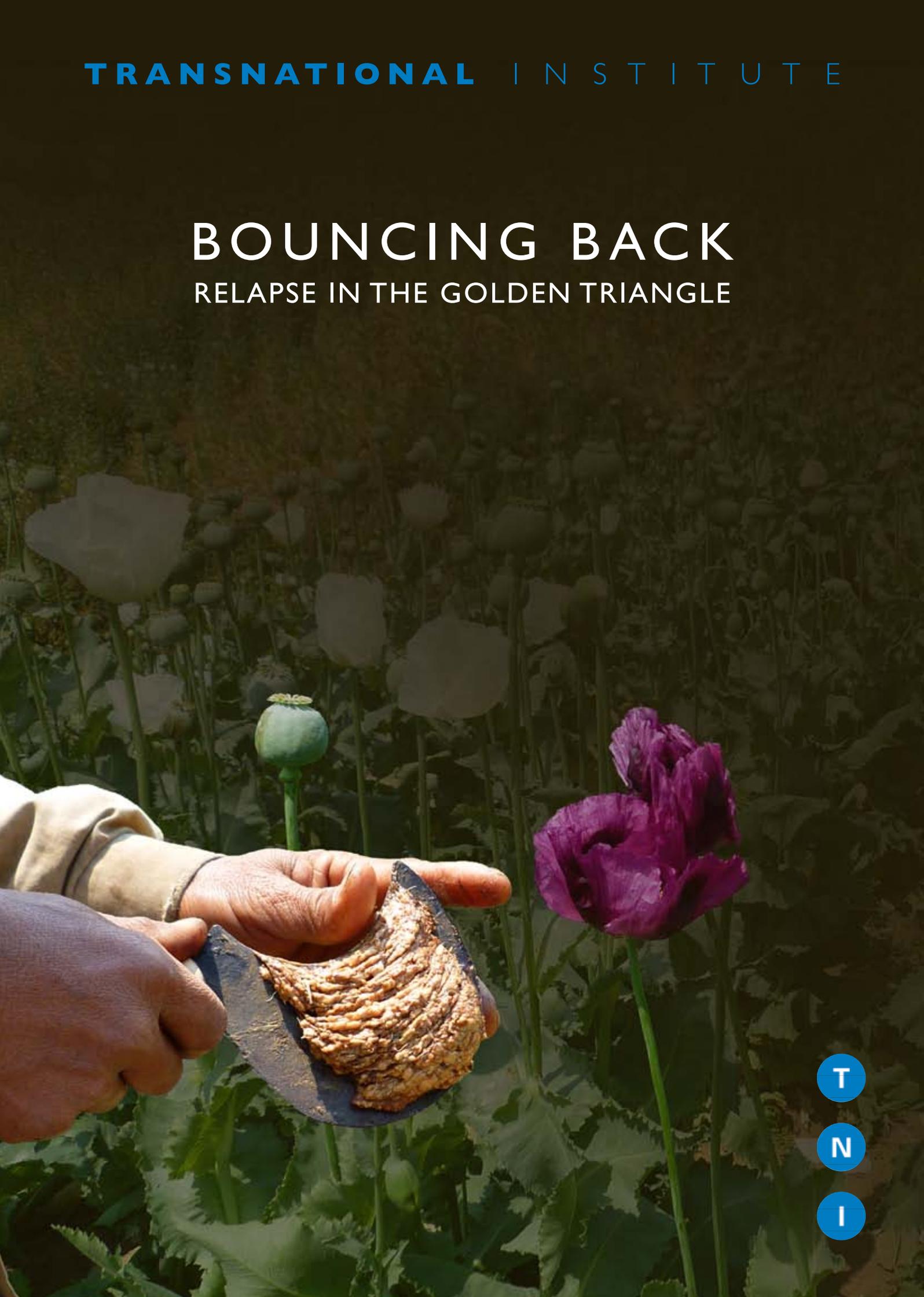


TRANSNATIONAL INSTITUTE

# BOUNCING BACK

RELAPSE IN THE GOLDEN TRIANGLE



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## Preface

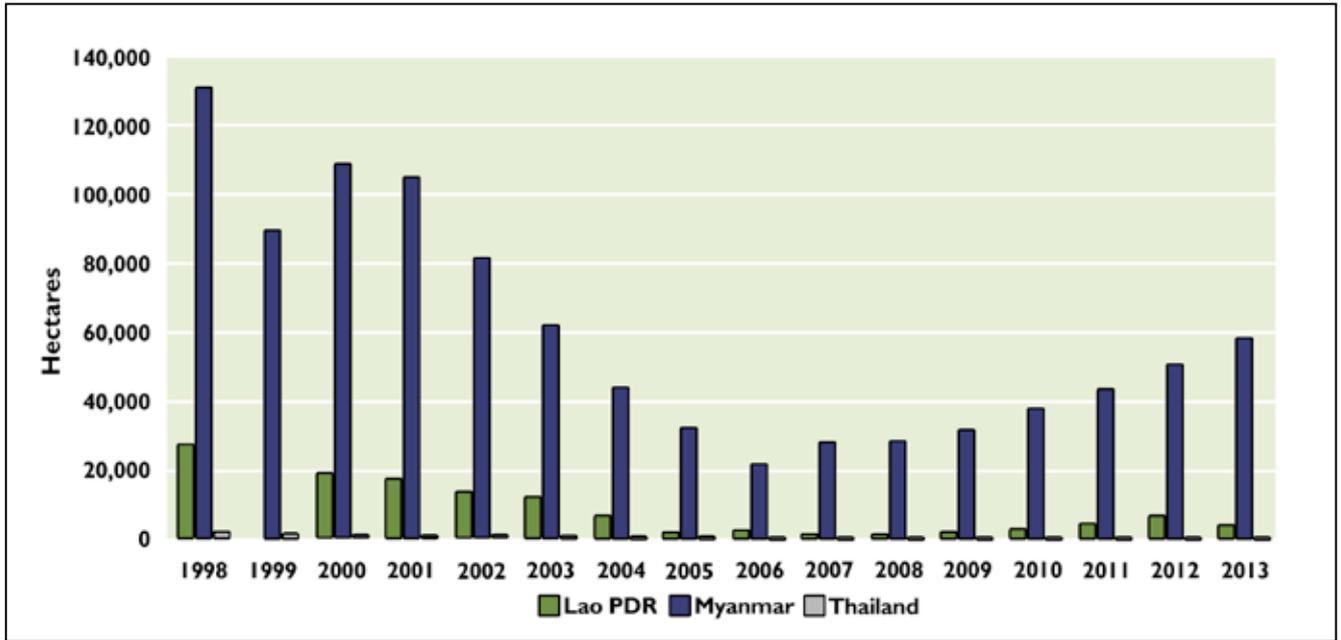
This TNI publication is a sequel to our 2009 report ‘Withdrawal Symptoms in the Golden Triangle: A Drugs Market in Disarray’, which was a first attempt to analyse the changes in the Southeast Asian drug market and to formulate alternative policy options. The report examined the main causes and consequences of the sharp decline in poppy cultivation between 1998 and 2006 in the main opium-producing countries in Southeast Asia – Burma<sup>1</sup>, Laos and Thailand, commonly known as the ‘Golden Triangle’. It also drew the links with developments in neighbouring Northeast India and China’s Yunnan Province. The report questioned the sustainability of the opium bans in Burma and Laos and pointed to early signs that the cultivation of opium was spreading to other areas.

Since the publication of ‘Withdrawal Symptoms’ there have been profound changes in the Southeast Asian drugs market. The most striking phenomenon is the bounce-back in opium cultivation, which has doubled since 2006. This raises serious questions about the effectiveness of current drug control policies and the likelihood of achieving the regional goal of Association of Southeast Asian Nations (ASEAN) member states being drug-free by 2015. Overall, policy responses to drug related problems in the region remain strict and repressive. They have had severely negative consequences for communities involved in producing or using drugs – often the most marginalised and poorest population sectors.

‘Bouncing Back’ analyses the causes and effects of the main regional trends in the production and consumption of drugs. It argues that zero-tolerant prohibition and deadline-oriented thinking are among the main reasons for the increase in drug-related problems. The report offers alternative policy options that would be more effective and realistic, and are also humane and evidence-based, in line with international best practices and human rights standards.

Before the publication of ‘Withdrawal Symptoms’, most research and publications tended to focus either on only one country in the region or on only one substance (for instance, heroin or amphetamine-type stimulants (ATS)). We felt then that there was an urgent need to take a regional approach, and to look at the drugs market as a whole in order to gain a better understanding of regional trends in drug production and consumption, policy responses and the impact of these policies on communities that produce and/or consume drugs. ‘Bouncing Back’ takes a similar approach. We believed – and the research conducted between 2009 and 2013 confirms that this is still the case – that regional market dynamics play a much more important role in shaping patterns of production and consumption than policy makers tend to acknowledge.

**Opium poppy cultivation in South-East Asia, 1998 - 2013 (Hectares)**



Source: UNODC, Southeast Asia Opium Survey 2013, Lao PDR, Myanmar.

Our research has shown that there are strong links between the drugs market in the Golden Triangle and the two neighbouring countries, China and India. Opium cultivation in Northeast India is linked to patterns of supply and demand in Burma, and both India and China are major producers of the precursors for heroin and ATS

in Burma and Thailand. Most of the heroin produced in the Golden Triangle is destined for the illicit Chinese market, in response to which China has initiated opium substitution programmes in northern Burma and Laos. This report also relates regional patterns to the global drugs market, by explaining how the trends in poppy cultivation in the region have been affected by changing patterns of opium cultivation and consumption worldwide, and by the rise in ATS production and consumption in Southeast Asia.



Female farmer in southern Shan State

Developing rational and effective policies depends on understanding the dynamics of drug markets. This report shows that policy responses to supply and demand need to be integrated since they are strongly interconnected. Current drug control policies and targets are focused on reducing supply and demand by applying repressive measures, and tend to ignore the adverse consequences for drug users, poppy farmers, small traders, their families and society as a whole. It is important to understand how the market responds to policy interventions in order to avoid displacing drug-related problems from one area or substance to another – the so-called ‘balloon effect’. Poorly designed policies can have severe unintended, or even counterproductive, effects. For drug control policies to be effective and sustainable also means that they must be based on understanding why people grow, trade in or use drugs. New research and analysis presented in this report tries to provide the basis for a set of conclusions and recommendations that take into account all aspects of the regional drugs market.

‘Withdrawal Symptoms’ concluded that the Southeast Asian drugs market underwent a process of profound

Poppy fields in the mountains of Kachin State



transformation. The enforcement of opium bans in the Golden Triangle has driven hundreds of thousands of families deeper into poverty. The region, where there has been significant opium use for a century, had developed a complex and dynamic market for opiates, ATS and pharmaceuticals. The picture that emerged was one of a diversifying market with users shifting back and forth between various substances. The distinctions between the licit and illicit markets blurred when users found that their drug of choice was scarce. The report argued that national and local authorities in the region should realise that these are complicated problems and that there are no quick fixes or ‘one-size-fits-all’ solutions. It also stressed the need for long-term vision and sustainable change but also that, at the same time, a number of urgent problems must be addressed.

Like ‘Withdrawal Symptoms’, this report is based on information, analysis and material gathered by a team of 15 local researchers working in Burma, Laos, Thailand, Northeast India and China’s Yunnan Province. They conducted hundreds of interviews with farmers, drug users and drug traders between 2009 and 2013. They visited many dangerous places and collected various

samples. They also took hundreds of photographs, many of which have been published in our reports. Since these issues are highly sensitive the local researchers have asked to remain anonymous, and we have omitted certain details about specific locations and/or people involved in order to protect their identity. ‘Bouncing Back’ also builds on other TNI research in the region, and uses material and information gathered during TNI field trips.

We hope that ‘Bouncing Back’ will contribute to a better understanding of the changes taking place in the regional drugs market, and of the main causes of changes in the patterns of production and consumption. The report also calls for communities affected by drug production and consumption to be more directly involved in policy-making, with the ultimate goal of establishing more effective, sustainable and humane drug policies. Finally, we see this project as work in progress. Any feedback, comments and additional information would be greatly appreciated.

TNI Drugs & Democracy programme  
Amsterdam, June 2014





## Introduction

*‘The Golden Triangle is closing a dramatic period of opium reduction. ... A decades long process of drug control is clearly paying off’.<sup>1</sup>*

Antonio Maria Costa, former Executive Director of UNODC

These optimistic words were written in 2007 by Antonio Maria Costa, the then Executive Director of the United Nations Office on Drugs and Crime (UNODC). He was referring to the reduction in opium cultivation in Southeast Asia, which started in the end of the 1990s. After a decade of steady decline, however, poppy cultivation in the ‘Golden Triangle’ is bouncing back. Opium cultivation in Burma and Laos has doubled since 2006. Cultivation in Northeast India, rarely included in regional or global statistics, has also increased significantly. The much heralded opium decline in the region has proved to be unsustainable. This also presents great challenges for ASEAN’s goal to become ‘drug free’ by 2015, a goal that was – against better judgement – reaffirmed at a meeting of the regional grouping in Brunei in September 2013.<sup>2</sup>

The writing was already on the wall when ‘Withdrawal Symptoms’ was published. We warned that the rapid decline in opium production had caused major suffering among former poppy-growing communities in Burma and Laos, making it difficult to talk about this as an unmitigated success story. Furthermore, we felt there were serious questions about the sustainability of this decline, as there were already warning signs in Burma, where cultivation had spread to previously unaffected areas. In Laos people resumed opium cultivation for lack of alternative sources of income. The ‘success’ of the opium decline – and subsequent increase in heroin prices and simultaneous decline in purity – also caused drug users to shift from smoking to injecting heroin and to turn to other substances, whose health risks were often unknown. In a region with high HIV/AIDS prevalence rates, the repressive drug policies contributed to the further spread of the epidemic.

The Golden Triangle and its neighbouring countries are major producers and consumers of drugs, and all have serious drug-related problems. On the production side, there are marginalised ethnic communities living in the mountains of Burma, Laos and Thailand, whose livelihoods depend on growing opium and who have come under increasing law enforcement pressure but lack any alternative source of income and often face food shortages. According to UNODC, in 2012 some 300,000 households in Burma are directly involved in opium cultivation and a further 20,000 in Laos.<sup>3</sup> Hundreds of thousands of marginalised people are thus directly dependent on opium cultivation and – to a lesser extent – on growing cannabis.

Opium fields being harvested in Kachin State



The factors driving this state of affairs are diverse and complex. Illicit cultivation is strongly linked to poverty, which is not just a function of income, but is caused by a range of socio-economic and security-related factors. According to the Office of the United Nations High Commissioner for Human Rights (OHCHR): “Economic deprivation – lack of income – is a standard feature of most definitions of poverty. But this in itself does not take account of the myriad of social, cultural and political aspects of the phenomenon. Poverty is not only deprivation of economic or material resources but a violation of human dignity too.”<sup>4</sup>

Most growers are impoverished subsistence farmers from various ethnic minorities in the remote mountains of northern Burma and Laos, where they cultivate upland rice using traditional swidden (rotational) methods. The opium cash crops compensate for food shortages since the farmers cannot grow enough rice to feed their families. The opium crop also provides savings and is used both for personal consumption and for medicinal purposes. Some communities still use opium in traditional ceremonies and worship. To date, such communities have been entirely excluded from the decision-making processes on drug control policies that have such a direct negative impact on their lives and livelihoods.

Local demand from users coupled with the rising farm-gate price of opium and simultaneously declining prices for alternative cash crops is also leading to increased cultivation. The continuing conflict in Burma – the ongoing formal democratisation process notwithstanding

– is a further contributing factor given that virtually all the parties involved participate in the drug trade. The main increase in opium cultivation has been in southern Shan State, but has also been observed in Kachin State and Northeast India.

On the consumption side, drug-related problems include a heroin ‘epidemic’ in Kachin State and Northern Shan State in Burma, and related social and health issues including HIV and hepatitis C. The rise in the use of heroin and other drugs has been associated with an increase in health risks for consumers, including the prevalence of HIV and AIDS. The production and consumption of Amphetamine-Type Stimulants (ATS) – methamphetamine in particular – have increased rapidly. A picture is emerging across the region that shows, in response to the repressive drug control policies and the criminalisation of drug users, increased poly-drug use, including pharmaceutical drugs, and more harmful patterns of use. In order to avoid the displacement of drug-related problems from one area or substance to another – the so-called ‘balloon effect’ – it is necessary to understand how the market responds to policy interventions.

There are no reliable figures, but most families especially in northern Burma and to some extent in northern Laos are affected by problems related to drug use. Unlike in Europe, consumption is not predominantly in urban areas but is also widespread in rural settings. There is the traditional use of opium in communities where it is cultivated for cultural as well as medicinal use. Some of this use is also problematic, causing household debts and other difficulties.

## Bouncing Back - Relapse in the Golden Triangle

The rapid rise in the use of injected heroin, especially among young people, has become a major concern. Furthermore, the use of ATS is growing in rural upland communities – it is widely available and farmers feel it can help them to sustain long working hours. There are also tens of thousands of people in Burma, Laos and Thailand who have been jailed for very small drug-related offences since drugs use and possession continue to be criminalised and sanctions for micro trading or street dealing are very severe. In all, there are hundreds of thousands of drug users in the region, many of whom suffer because of the lack of or inadequate services, or because they have been jailed on drug-related offences.

The region is characterised by a lack of knowledge about or acceptance of rural development-oriented approaches to address widespread illicit poppy cultivation in a sustainable manner, and of evidence-based drug policies that incorporate a rights-based dimension. While local communities and local and national authorities acknowledge the scope of the problem, policy responses tend to focus on abstinence and incarceration (for drug consumption-related problems), eradication and opium bans (for opium cultivation) and human rights violations due to disproportionate sentencing, including the death penalty for drug trafficking. Another widespread response to drug use in the region is to set up centres to provide compulsory ‘treatment’ to drug users and divert them from the criminal justice system. In practice these centres also result in detention and gross violations of human rights.<sup>5</sup>



Young man with children in village in the Wa region

Most governments in the region have adopted repressive drug policies that have negative impacts on community-level livelihoods and food security, and also violate the human rights of drug users, traders and opium farmers. Local authorities in cease-fire regions in Burma have adopted similar approaches. Current levels of international support are insufficient to mitigate the suffering of these communities, and can best be described as ‘emergency responses’. To date the participation of civil society in discussions on drug policy held among United Nations agencies and governments in the region is very limited.

In several countries in the region, however, discussions are underway to update and revise certain aspects of the drug control policy and legislation. In Thailand, the Minister of Justice has stated he is considering lifting the ban on kratom,<sup>6</sup> and his ministry is developing a proposal to decriminalise drug use as a means to address the problem of prison overcrowding. Since the political reform process in Burma that started in 2011, the government has put more emphasis on addressing problems related to opium cultivation through Alternative Development and has asked for international assistance. The government has started a process to revise the legislation, and initial workshops have been held to look at possible alternatives to criminalising drug use. In Malaysia, the parliament conducted a ‘drug law reform roundtable’ in December 2013 as government agencies felt a “growing need and desire to adapt to emerging realities with evidence based solutions”.<sup>7</sup>



Former opium farmer in northern Shan State



Swidden cultivation in Kachin State



## Opium Cultivation in the Golden Triangle

*“There is a common misconception in the West that opium farmers grow poppies because it is lucrative. But in the highland of Burma the reality is starkly different. Poverty and underdevelopment have historically been key factors in sustaining opium cultivation.”<sup>1</sup>*

Sai Lone, development worker in Burma

### The Return of the Poppy

The Golden Triangle is experiencing a new expansion in poppy cultivation. TNI research and data from drug control agencies show that opium cultivation (measured in hectares) has grown significantly over the last years, especially in southern Shan State in Burma, where most of the region’s cultivation now takes place. Opium cultivation has also risen in other parts of Shan State and Kachin State in Burma, as well as in India. According to UNODC, opium cultivation in Burma, Laos and Thailand overall has more than doubled from an estimated 24,000 hectares (ha) in 2006 to some 58,000 ha in 2013. In Thailand it remained at around 200–300 ha during the same period. UNODC does not report on illicit opium cultivation in India.<sup>2</sup>

After a decade of decline, Southeast Asia is now once again a major opium growing region. UNODC estimates that in 2012 Burma (25%) and Laos (3%) together accounted for 28% of global cultivation, and that Burma is the world’s second-largest opium growing country after Afghanistan.<sup>3</sup> In 2013, UNODC estimated that opium cultivation in Burma covered over 57,000 ha, in Laos just below 4,000 ha and in Thailand around 260 ha, but did not give estimates for percentages of global cultivation levels.<sup>4</sup> Again, these estimates exclude Northeast India, where there is substantial and increasing cultivation.<sup>5</sup>

Opium production (measured in metric tonnes) in the region has more than doubled since 2006. According to UNODC it increased from an estimated 340 tonnes in 2006 to almost 900 tonnes in 2013. In 2006, the combined opium production in Burma and Laos was estimated at 330 tonnes, representing 5% of global production. By 2013, UNODC estimated that both countries produced some 18% of global production in 2012 (at the time of publication the data for Afghanistan had not been released). All of these figures should be treated with great caution, however, as it is difficult to obtain firm data and there are significant margins of error (see section below). Moreover, as stated earlier, the estimates do not include figures for India.

### Balloon Effect

The region has experienced a displacement of opium cultivation. The decline in cultivation in the 1998–2006

period was partly the result of the imposition of opium bans by local authorities, especially by ethnic armed groups in the northeast region of Shan State in Burma (the Kokang, Wa and Mongla regions), and to a lesser extent by the government in Laos. These regions once represented the Golden Triangle's – and the world's – largest opium producing areas. Following the bans, however, opium cultivation – and outside investment – relocated mainly to southern Shan State. This phenomenon is often referred to as the 'balloon effect', whereby squeezing one area does not lead to a long-term reduction but rather to relocation to more remote regions or areas where laws are not so strictly enforced. According to a local NGO worker in southern Shan State: "The Wa and Kokang already banned opium cultivation, so the traders come down to buy it here and it has increased a lot."<sup>6</sup>

The opium bans did at first contribute to a decline in poppy cultivation in the region, but this also had the effect of pushing up the price of raw opium as well as its derivative, heroin. At the same time, the main incentive for communities to cultivate opium – poverty – had not been addressed. This in turn created the conditions for an increase in poppy cultivation, as there was no drop in the demand for opiates from the Golden Triangle, and probably even an increase over the same period. Now, the main poppy growing areas in the Golden Triangle are in Shan State in Burma, which UNODC estimates is alone responsible for 46,000 ha. Over half of this, some 25,000

ha, is cultivated in southern Shan State. UNODC calculates that Kachin State accounts for some 5,000 ha or about 10% of Burma's growing areas.

Laos was symbolically declared 'opium free' by the government at the end of 2005, but since then cultivation rose from 1,800 ha to just below 7,000 ha in 2012, dropping back to about 4,000 in 2013.<sup>7</sup> Opium is cultivated in the mountains of northern Laos, mostly in Phongsali province (bordering China), followed by Houaphan province (bordering Vietnam). Other provinces with lower levels of cultivation are Luang Namtha (bordering Burma) and Louangprabang. The UNODC survey did not find any poppy in the traditional opium growing regions in Oudomxai and Xiangkhoang provinces. Vietnam also has a long history of opium cultivation, but since 1975 the government has tried to eradicate it. According to UNODC, opium cultivation in Vietnam declined from about 12,000 ha in 1992 to 30 ha in 2004.<sup>8</sup>

Illicit opium cultivation in India has increased significantly in recent years. Although there are no reliable data, and there are conflicting media reports, there is growing evidence that it is significant and probably larger than the amount cultivated in Laos and Thailand combined. Indian government satellite data suggest that in 2009 an area of about 20,000 ha was under illicit opium cultivation. However, according to a former Indian government official, these data are inaccurate: "They could not get a clear picture



Opium harvest in Arunachal Pradesh in Northeast India

of Northeast India because of clouds. In my estimates it is at least 30,000 ha, and it could even be up to 50,000 ha. This increase happened in the last five years. In 2009 they destroyed a lot of opium in Kashmir and Arunachal Pradesh with tractors. That is how big it is. They were even using sprinklers there to cultivate poppy.<sup>9</sup> The 2012 Indian government survey of illicit opium cultivation suggested that this was as much as some 28,000 ha nationwide.<sup>10</sup> According to a recent report on a conference on 'illicit drugs in Northeast India, there is extensive illicit cultivation of opium poppy in "Arunachal (Anjaw, Changlang, Lohit, Roing, Tirap and Yingkiong districts) and Manipur (Churachandpur, Imphal, Senapathi and Ukhrul districts), and in pockets of Upper Assam (Tinsukia district), and Nagaland (Mon and Mokokchung districts)".<sup>11</sup>

In March 2012, the Advanced Data Processing Research Institute (ADRIN) warned the Indian government that new high-resolution satellite data revealed that previous estimates of illicit opium cultivation were a "gross underestimation" and that "actual illicit cultivations of poppy are expected to be six times more than what has been predicted so far".<sup>12</sup> The same research listed previous estimates for ten states in India<sup>13</sup> as 5,600 ha in 2008–09, 4,400 ha in 2009–10, and 6,300 ha in 2010–11.<sup>14</sup> This last figure would almost equal 2012 cultivation levels in Laos. However, if multiplied by six, as suggested by ADRIN, the real figure could potentially be as high 36,000 ha. These figures do not include Nagaland and Mizoram, where poppy growing has also increased. In fact, the Indian government has no estimates of the extent of illicit poppy cultivation in the country. According to an Indian government official, "an indication of the extent of the same can be had from the amount of illicit crop eradicated by various enforcement agencies in the country". In 2010 the government destroyed about 3,000 ha, in 2011 over 5,600 ha and some 1,200 ha in 2012. "It would be a fair guess to state that the quantum of illicit cultivation would be more than the area eradicated. How much more, is anybody's guess!"<sup>15</sup>

There are strong indications that the increase in opium cultivation in Northeast India is a response to its decline in the Golden Triangle from the mid-1990s until 2006. It also coincides with a shift in opium cultivation from Burma's Wa and Kokang regions in northern Shan State (where it was banned in 2003 and 2005) to southern Shan State. Demand for opium and heroin in the Southeast Asian and Chinese drug markets, poverty in upland communities in Northeast India, and the continuing conflict in these areas, created further incentives. Most of the demand for opium cultivated in Northeast India seems to be either for local consumption, or for illegal export to Burma, to serve the regional market for opium and heroin. "It has been going on for quite some time because the economic condition of villagers where these plantations are going on is very bad", says S. Amirlal Sharma, the Superintendent of Narcotics and Affairs in Border (NAB) of the Government of Manipur. "Since the income generated from the plantations

of poppy is quite high, and the demand from the Burma side is also very high, most of the villages which are in the immediate vicinity of Burma are involved in these illicit cultivations."<sup>16</sup>

### Opium Farmer from Northeast India

I am Longsi [a pseudonym],<sup>17</sup> and I come from a village in Arunachal Pradesh in Northeast India. We grow opium to sustain ourselves. My village is located in hilly terrain where we cannot grow staple crops. The grains we harvest do not meet our annual needs. Therefore we depend on subsidised rice from the government, which is not supplied regularly due to theft, so we have to buy rice in the market. The benefits of the welfare schemes run by the state and central government do not reach us because some people misappropriate the resources. There are no NGOs working in the area to support us. Since we cannot earn enough money to meet our basic needs including health and education for our families, farmers are compelled to grow opium. Opium has been grown for many decades. It was also used as medicine, especially against diarrhoea, when modern medicines were not available. But it was used in small quantities. Since most of the priests who perform the rituals are addicts, the villagers require opium for them too. Some people say that opium is needed in the rituals, but this is not true.

We practise *jhum* [shifting] cultivation. Most of the farmers cultivate opium on community-owned land. However, the Government of India says it is 'Forest Reserve Area', and we fear this may become the biggest hurdle for the region's economic activities. We mix the opium seeds with dry soil and then throw it on the fields. We get the seeds from our own stock. In mid-February the poppies bloom, and in mid-March we start lancing them and collecting the opium. We have a steel blade to cut incisions into the poppy that is prepared at home by our elders or other people who know how to make it. The gum is collected in a vial or small container usually made of bamboo. It is spread on a jute cloth made from used gunny sacks. The opium-soaked cloth is cut into pieces and sold. In our family we produce 3–4kg of opium a year. Since no one in our family consumes opium we can sell all of it for about 300 Rupee per *tolla* (about US\$430 / kg)<sup>18</sup> at the time of harvest. The price goes up to about 700–800 Rupee per *tolla* (US\$950–1120/kg) during the period when opium is scarce (November–December). How much people can store for sale later in the year depends on the availability. The entire community is engaged in opium farming. Short-term gains are there for the individuals but there is no community development from opium cultivation. There is no business apart from opium cultivation to meet our basic needs. Since the whole community is engaged in poppy farming, the abundance of opium has led to addiction among the school and college students as well as our elders, women as well as men.

In our area, the elected community representatives, i.e. members of the state legislative assembly, directly or indirectly encourage opium growing. They do not help to create awareness of the dangers of opium cultivation and are not trying to provide alternative sustainable sources of income. The government should legalise poppy cultivation and purchase the opium at a competitive price, and set up of rehabilitation centres for opium addicts. They should provide opportunities for rural youths to develop new skills to help them to sustain other livelihoods. The benefits from the government welfare funds should reach the rural poor directly, and these should be designed to benefit the people who are cultivating opium.

### Drivers of Increased Cultivation

TNI research shows there are several reasons why opium cultivation has increased in the region, and that the factors driving this are diverse and complex. Circumstances differ greatly between areas and socio-economic groups even at the village level. Most growers are impoverished subsistence farmers from various ethnic minorities in the remote mountains of northern Burma, Laos and Northeast India, where they cultivate upland rice using traditional swidden methods. The opium cash crop compensates for the fact that farmers cannot grow enough rice to feed their families. The crop also provides savings and is used for personal consumption and for medicinal purposes. Some communities still use it in traditional ceremonies and religious worship.

Illicit cultivation is strongly linked to poverty, which is not solely a function of income, but is influenced by a range of socio-economic and security-related factors. As the European Union (EU) states: “illicit drug crop cultivation is concentrated in areas where conflict, insecurity and vulnerability prevail. Poor health, illiteracy and limited social and physical infrastructure reflect the low level of human development experienced by the population in these areas.”<sup>19</sup>

These communities do not have the luxury of making calculated choices about how to maximise their income. Rather, opium cultivation is used as a coping mechanism to address various challenges and threats to their livelihoods and to lead a dignified life. A senior police officer in Burma recently acknowledged that the increase in poppy cultivation in the country is a reflection of the limited livelihood options for farmers in the border areas.<sup>20</sup> According to a recent report, cultivation in India “is primarily for personal use and sale and also meets the cultural and medicinal requirement of the community”.<sup>21</sup> The report states that there are two kinds of opium growers: “The majority are of subsistence level growing for their use and for barter and in limited amount to get better grain, kerosene oil and utensils. There are several commercial level cultivators in some districts of Arunachal

and Manipur. Possibly, they account for most of the opium produced illegally in the North East.”

The situation is further compounded by the lack of viable alternative sources of income for ex-poppy farmers. The opium bans imposed by the cease-fire groups in Burma have been strictly enforced. While these campaigns initially succeeded in bringing down cultivation, the main underlying reasons why impoverished communities in Burma grow opium – poverty, in its broadest sense – have not been properly addressed. Cease-fire groups have focused only on introducing mono plantations supported by China’s opium substitution programme. The main benefits of these programmes do not go to former poppy growing communities, but to Chinese entrepreneurs and local authorities. In reality, the programmes have further marginalised these communities (see below). The interventions of international NGOs and UN agencies to provide ex-poppy farmers with sustainable alternative livelihood options to offset the impact of the opium bans have been inadequate, and in reality are little more than stop-gap responses to prevent a humanitarian crisis.

The reduction in poppy growing in the region from the end of the 1990s until 2006 caused a sharp rise in opium prices, providing an incentive for increased cultivation. At the same time, there was a drop in the prices fetched by the alternative crops produced by ex-poppy farmers, while the price of their basic household items continued to rise. Opium provides a higher income than other crops and does not even need to be transported to the market since traders come to the villages to buy it. Furthermore, opium



Farmers lancing poppies in Northeast India

producers find it much easier to obtain credit compared to other crops. These factors helped to stimulate the expansion of opium cultivation from 2006.

TNI research also found some evidence of opium cultivation for commercial reasons in Burma, e.g. people trying to maximise profits and not merely trying to survive. They seem to have responded to the high opium prices in some specific locations in recent years. One example is in the Sadung region in Kachin State, where Chinese nationals migrate seasonally to cultivate poppy on land leased from locals. Typically they have more capital to invest, and use pesticides and fertilisers. Their fields tend to be irrigated and systematically planted, and they sometimes hire wage labourers. In absolute terms, however, their contribution to total national opium production is limited, and most cultivation continues to be at a basic subsistence level.

### Access to Land

Lack of access to land is also a key factor in stimulating opium cultivation. Land tenure and other related resource management issues are vital elements for communities to build licit and sustainable livelihoods. According to an Australian academic: "Opium is an ideal crop in situations

of land shortage as it can be grown on the same plot of land for up to 10 years without significant decline in yields."<sup>22</sup> Upland communities in the region have faced serious problems with land tenure security, and local laws do not protect them but tend rather to benefit outsiders – either the lowland population or foreign investors. In both Burma and Laos, government policies and agricultural investment have led to land grabbing, turning communities in ethnic regions into landless wage labourers after losing their land to debt failure and land grabbing, or compelling them to find remote fields to cultivate licit or illicit crops, depending on circumstances. When people can no longer grow licit cash crops because they lack access to land, they may turn to growing illicit cash crops high in the mountains where they face less immediate competition or pressure.

In Laos, the government has resettled upland ethnic communities who practise swidden or shifting cultivation to areas at a lower altitude, in an effort to address poverty and opium cultivation. The government believes that the population will be able to cultivate wet rice and also benefit from its services. The government equates shifting cultivation and opium cultivation with poverty, and argues that opium cultivation is itself a cause of poverty. This seems, however, to be confusing cause and effect. As argued above, opium cultivation is a strategy to mitigate food and income shortages. In Laos, many communities rely



Poppy fields in Sadung region in Kachin State

## Land Grabbing

Land grabbing is understood here as the undemocratic capture or control of both the physical resources (e.g. land, water, forests) and the power to decide how these will be used and for what purposes. Land grabbing needs to be seen in the “context of power of national and transnational capital and their desire for profit, which overrides existing meanings, uses and systems of management of the land that are rooted in local communities”<sup>23</sup>

At the global level, land grabbing is an “ongoing and accelerating change in the meaning and use of land and its associated resources (like water) from small-scale, labour-intensive uses like peasant farming for household consumption and local markets, towards large-scale, capital intensive, resource-depleting uses such as industrial monocultures, raw material extraction, and large-scale hydropower generation – integrated into a growing infrastructure that links extractive frontiers to metropolitan areas and foreign markets”<sup>24</sup>

Land grabbing thus includes not only illegal land confiscation from individuals or communities that results in forced relocation but also other kinds of what might be viewed as legal shifts in control over land, whereby local communities remain on the land but have lost effective control over its use. Other such cases include deals that lack free, prior and informed consent (FPIC) – although this too is not without problems, or through other undemocratic and/or non-transparent decision-making processes and deals involving corruption and the abuse of power.

According to the international peasant movement Via Campesina: “Land grabbing displaces and dislocates communities, destroys local economies and the social-cultural fabric, and jeopardizes the identities of communities, be they farmers, pastoralists, fisher folk, workers, dalits or indigenous peoples.”<sup>25</sup>

on upland shifting cultivation with relatively low yields, but the government has adopted land policies that have strictly limited these practices. As one Australian academic argues: “In such conditions of resource scarcity opium is a symptom rather than a cause of poverty and a crucial means of household survival through use of opium to purchase rice.”<sup>26</sup> The opium bans and eradication programmes of the Lao government have further intensified poverty and landlessness. “One consequence of the rapid eradication was the spontaneous and uncontrolled migration of highlanders to the lowlands. In Mong Sing this resulted in the dependence of Akha migrants on wage labour.”<sup>27</sup>

In Burma, land confiscation for agribusiness has been on the rise since the late 2000s, with a total of nearly about 800,000 ha allocated to the private sector by the then military government of the State Peace and Development

Council (SPDC).<sup>28</sup> Since the accession of the Thein Sein government in March 2011, land rights have dominated the national political agenda, as easing restrictions on media and people’s rights to organise have led to more news reports on protests by farming communities. While some of the protests relate to past land grabs, others involve fresh cases in what appears to be a wave of land grabbing on an unprecedented scale in the wake of a new round of government reforms.<sup>29</sup>

These reforms include several new laws on land and investment that change the legal basis for land use rights, especially in the uplands, while establishing a legal land market in order to encourage domestic and foreign investment in land. There are serious concerns that this will further exacerbate problems of land tenure and food insecurity. This is because the new laws do not take into account existing land tenure in ethnic areas where swidden cultivation is common and where few have formally recognised land titles, not to mention national identity cards. Indeed, the new laws simply do not recognise customary and communal land rights. Nor do they consider the right of return of hundreds of thousands of ethnic minority villagers who have been displaced from their ancestral lands by the decades-old conflict and economic marginalisation. Consequently, the new laws are seen as exclusively benefitting the private sector, particularly large foreign investors, at the expense of smallholder farmers, who make up three-quarters of the population.<sup>30</sup>

According to an ethnic Kachin representative from a local NGO in northern Burma, it is unclear how to continue the traditional *taungya* (swidden) cultivation under the new land laws: “*Taungya* in the uplands is the only way we can farm, and we follow our customary land practices. We must fallow our land for 10–20 years as part of the agricultural cycle, which is good for regeneration for forests and animals.” He argues that swidden cultivation contributes to biodiversity and a good climate, and it allows people to collect non-timber forest products. “But in northern Shan State now there is a lot of land grabbing by companies”, he warned. “We don’t understand the land registration process. We do not register our land because we think that land is secure with a land tax receipt, but they [the authorities] come in and take our land anyway. Farmland is becoming less accessible as a result. So we must have [official] recognition of customary land use practices and customary land use rights.”<sup>31</sup>

Ironically, China’s opium substitution programme has further contributed to this trend.<sup>32</sup> The programme encourages Chinese companies to invest in mono-crop plantations – mostly rubber – in northern Burma and Laos. These companies receive various benefits, such as subsidies and tax waivers, as well as import quotas to bring produce into China. The main benefits do not go to former opium farming communities. On the contrary, they have been pushed off their lands to make way for

large-scale agricultural concessions, which bring profits for Chinese businesses and local authorities, and have further marginalised these communities. Upland farmers practising swidden cultivation – many of whom are (ex-) poppy growers – are left with few alternatives but to become wage labourers on these agricultural concessions.<sup>33</sup>

“The land issue is important”, says a Kachin NGO worker in northern Shan State. “China’s opium substitution programme is leading to land grabbing, and is forcing people to grow opium. In my village [mixed ethnic Kachin and Shan], the Shan people did not grow opium in the past but worked on lowland farms. But because of land grabbing, the villages are now surrounded by rubber plantations. These villages lost their farmland to the Shan Yoma Company, which belongs to the Man Pang Militia. The Shan people from my village now have difficult access to land, and are forced to work on poppy fields.”<sup>34</sup>

“In the past we used to rely on farming and natural resources”, according to a Kachin opium farmer from Kutkai township in northern Shan State. “But when the rubber plantations came, many companies intruded into our area. The virgin forest is gone, the natural resources are gone, so if opium is banned now, it will be very hard for us to survive as there is nothing else to rely on.” Another farmer from northern Shan State comments: “Now it is very hard for people to cope with the situation. There is land grabbing going on, and the forest is gone. It is very hard for people to survive without poppy.”<sup>35</sup>

During sessions at the International Conference and Workshop on Alternative Development (ICAD), held in Thailand in November 2011, participants stressed the importance of land rights. Among the most salient points were that “land tenure and other related resource management issues” act as “key components of building licit and sustainable livelihoods”, and that “monoculture generates a number of risks for the local communities including environmental degradation, dependence on

market demands and prices, and reduction in agricultural areas affecting food security and other livelihoods”. The final declaration of the workshop called on member states and international organisations “to apply their utmost efforts to take into account land rights and other related land management resources when designing, implementing, monitoring and evaluating alternative development programmes, including internationally recognised rights of indigenous peoples and local communities”.<sup>36</sup>

UNODC has also started to stress the importance of access to land and the link with opium cultivation. “Of all the elements examined in the survey”, the organisation argues in its 2012 Southeast Asia Opium Survey, “land availability is possibly the most important factor behind the continuing existence of opium poppy cultivation in the country”.<sup>37</sup> According to UNODC there are many similarities between villages that do or do not grow opium, but the main difference is the availability of land for food crops. The survey found that households in villages where people were not growing opium cultivated more and better irrigated land, and had more land available to produce food crops compared to villages that were cultivating opium. “As households in poppy-growing villages have to make up for the limitations in land availability for generating cash in order to buy food to feed their families, they inevitably have to look for alternatives.”<sup>38</sup>

### Regional and Global Market

Changes in the Southeast Asian drug market are not due solely to local conditions. Thailand and Laos remain net importers of opium, as local produce is not sufficient to satisfy local demand. These are also major transit countries for opium and heroin (and amphetamines – see Chapter 3) from neighbouring Burma to the region. Burma is a major exporter of opium and heroin for the international opiate market. Heroin from the Golden Triangle is consumed in Southeast Asia, China, India, Australia and Japan. Some of the illicit opium cultivated in India is being transformed into heroin in Burma, from where it reaches the local and regional heroin markets, including India itself.

During the peak production years of the Golden Triangle in the 1980s, when it was the world’s largest producer of opium, the European and North American heroin markets were dominated by produce from Southeast Asia. Afghanistan was mainly supplying Southwest Asia and to some extent Western Europe. Since then, however, heroin from the Golden Triangle was pushed out of the European and North American markets by heroin originating in Afghanistan (sold in Europe and the USA) and Latin America (sold in the USA). By the 1990s, Colombian and Mexican heroin dominated the US market. These trends also contributed to the decline in opium cultivation in the Golden Triangle from around 1990 until 2006.



Tools for harvesting opium

Local and regional demand for opium and heroin is clearly also an important factor behind the new rise in opium production since 2006. TNI research shows that outside investment in opium cultivation – mostly from Thailand and China – has increased since 2007. Opium prices are also still rising, a further indication of steady demand for opiates from the Golden Triangle (see Table 1 and Table 2.). Although newer drugs such as ATS, ketamine and pharmaceuticals are very popular in the region, and production and consumption are on the increase (see

### Growing Chinese Demand for Kachin Opium

Opium cultivation in the Putao region in northern Kachin State has increased in recent years for several reasons. By 2000 the region had over 400 ha dedicated to opium cultivation. In 2011 it covered almost 500 ha, and had by 2012 increased to over 600 ha. Local sources say the opium cultivated along the road to Mount Hpunggan Riza, at Mansihkum village and along the upper reaches of the Malikha River are set up by financiers from Myitkyina. This is because growing demand from China is pushing up prices. In the past China purchased only a small amount of opium, but demand has increased steadily. It is transported via Magwiza, Babaw and Hkawnglangphu, and crosses the border at pillar no. 27. There is also local demand, for instance at gold mines. Since farming communities face food shortages, they grow opium as a cash crop in order to buy rice.

The opium in Putao is grown between September and December. The area produces wet opium, as in Danai region in northwest Kachin State. It is harvested using linen made from the cannabis plant. It is called *Lachyit* in the local Jingphaw, Azi and Rawang languages, and *Zi* in Lisu. The hemp is first washed in ash from fire stoves and then dried. If there is not enough hemp linen people use a kind of rough cotton, which can be bought at the local market. But opium collected on cannabis linen is preferred, and it is said that it gives it an extraordinary taste. Cannabis is sown in April and harvested in November. The cost of cannabis cultivation is low, but because it is illegal it is not grown openly.

The local people use the cannabis plant mainly to produce cloth from which to make jackets, bags, shawls and rugs, not to produce marijuana. The Rawang and Lisu peoples have traditionally valued the cannabis plant, and clothes made from cannabis fibre are said to prevent evil spirits from entering and to stop bewitchment, and also enhance the wearer's glory. People deeply believe this and thus wear hemp clothes, especially when hunting and during festivals. These products are also said to heal stomach ache, stiffness, shock and seasonal illnesses. Children wear cannabis clothes to cure them when they have stomach ache or are sick. At Putao market a hemp linen suit is sold for about US\$60.

Chapter 3), there is still a high local and regional demand for opium and heroin from the Golden Triangle, as well as significant opium use in poppy growing areas, including for medicinal and traditional purposes. According to UNODC, local demand in the region has remained stable but there is a greater demand for opiates (especially heroin) in East and South-East Asia and the Pacific. The organisation estimates that some 25% of the world's opiate users are located in East Asia and the Pacific, the majority in China.<sup>39</sup>

As opium prices in the Golden Triangle are generally much higher than in Afghanistan, it is no surprise that Afghan opium has found its way into the Chinese market. In 2012, UNODC estimated prices in Afghanistan at around US\$160/kg for fresh opium and US\$200/kg for dry opium. At the same time the estimated average opium price in Burma was US\$520/kg and US\$1,800/kg in Laos. The high opium prices in Laos are an indication that the country is a net importer of opium to meet local shortages. The relatively low prices in Afghanistan are partly a reflection of the country's high level of opium production.

Given such significant differences in opium prices, what is perhaps surprising is that not more Afghan heroin has replaced heroin of Burmese origin in the Chinese domestic market. In 2004, Chinese officials estimated that some 20% of the heroin in China was of Afghan origin.<sup>40</sup> By 2013, estimates of heroin exports from the Golden Triangle to China ranged between 70% (Thai police) and 90% (UNODC).<sup>41</sup> "We estimate that China uses around 65 tonnes of heroin annually and there's not enough heroin in the Golden Triangle to meet that demand", said a UNODC spokesperson. "So heroin from Afghanistan is coming in as well to supplement it."<sup>42</sup> Clearly other factors also play a role, such as proximity, established trade networks, and consumer preferences for high-grade heroin from the Golden Triangle.<sup>43</sup>

Afghanistan became the world's leading opium producer in the early 1990s, with the exception of 2001 when the Taliban implemented a strict ban on its cultivation. From 2003, Afghanistan also overtook Southeast Asia as the world's largest opium cultivating region. The main reason for the differences between the region's share of global opium cultivation (measured in ha) and global opium production (measured in tonnes) is that opium yields in Southeast Asia are much lower than in Afghanistan. In Southeast Asia most poppy cultivation takes place in remote areas and on steep mountainsides, and most fields are rain fed. In Afghanistan, opium cultivation often takes place in the plains and poppy fields tend to be irrigated. UNODC estimates of opium yields in 2013 were at 6kg/ha in Laos and 15 kg/ha in Burma and Thailand. The 2012 and 2013 estimates for Afghanistan were around 25 kg/ha, but this was low as a result of poppy disease and cold weather; the 2011 figure was 45 kg/ha.<sup>44</sup>

**Table 1: Opium and Heroin Prices in Kachin State 2002–2012 in Kyat \***

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
1 kg opium	250,000	300,000	375,000	700,000	875,000	1,000,000	1,075,000	875,000	1,000,000	950,000	1,000,000
1 bottle heroin	30,000	30,000	34,000	35,000	35,000	40,000	45,000	20,000	25,000	20,000	40,000

Source: TNI researchers in Kachin State

\* During the 2002–2012 period, exchange rates fluctuated between 750 and 1,200 kyat to the US dollar. In early 2014 the rate was about 950 kyat to the dollar.

**Table 2: Opium and Heroin Prices in Burma 2012–2013 in Kyat \***

Area	Wet opium 2012 / kg	Dry opium 2012 /kg	Heroin / kg	Wet opium 2013 / kg	Dry opium 2013 / kg	Heroin / kg
Pekhon Tsp, Southern Shan State	250,000	560,000	5,800,000	250,000	560,000	5,800,000
Hsihseng Tsp, Southern Shan State	500,000	n/a	n/a	440,000	n/a	n/a
Kutkai Tsp, Northern Shan State	500,000	n/a	3,500,000	625,000	n/a	4,000,000
Tun San Tsp, Chin State	810,000	n/a	n/a	940,000	n/a	n/a
Dee Maw Soe Tsp, Kayah State	375,000	440,000		375,000	500,000	n/a
Sadung Tsp, Kachin State	440,000	940,000	700,000	440,000	940,000	650,000

Source: Participants at TNI-Paung Ku's First Southeast Asia Opium Farmers Forum, Yangon 2–3 July 2013.

\* During the 2002–2012 period exchange rates fluctuated between 750 and 1,200 kyat to the US dollar. In early 2014 the rate was about 950 kyat to the dollar.

Afghanistan is clearly the world's largest opium cultivator and producer, followed by Burma. Although all data should be treated with caution (see section below), using UNODC figures and data from the Indian government, it could be argued that India is the world's third largest grower of illicit opium, and possibly also the third largest producer if calculated at the yields in neighbouring Burma.<sup>45</sup>

There is also significant opium cultivation in other parts of the world, especially in Mexico and to a lesser extent Colombia, both of which mainly supply the US heroin market. The quality of heroin produced in each country differs. Heroin produced in Mexico is known as 'black tar' with a relatively low purity of some 40%, while purity of heroin originating from Colombia is around 90%.<sup>46</sup> In 2009, the area under opium cultivation in Mexico was estimated at some 19,500 ha, although this had dropped to 10,500 ha by 2012, and the country has been among the top five of key producing countries (Afghanistan, Burma, India, Mexico and Laos) for some time. The Mexican government claimed to have eradicated some 14,000 ha of poppy fields in 2012.<sup>47</sup> Estimated cultivation levels in Colombia are said to have fallen from some 4,000 ha in 2003 to between 300 ha and 350 ha in the period 2010–2012. In Colombia wet latex is tapped from the opium poppy (*amapola*), but measured in dry opium equivalent the yield amounts to 13–20 kg/ha depending on the area.<sup>48</sup>

Given these data, the country that cultivates and produces the most opium would be Afghanistan, followed by Burma, India, Mexico and Laos. However, as argued below, these data need to be treated with caution. Annual opium surveys are usual indicators of local and regional trends but are nevertheless limited. Furthermore, several key producing countries have no opium surveys, such as



Freshly harvested raw opium

**Table 3: 'Guesstimates' of Global Illicit Opium Cultivation and Production 2011–2013**

		2011 ha	2011 tonne	2012 ha	2012 tonne	2013 ha	2013 tonne
1	<b>Afghanistan</b>	131,000	5,800	154,000	3,700	209,000	5,500
2	<b>Burma</b>	43,600	610	51,000	690	57,800	870
3	<b>India<sup>49</sup></b>	22,000	308	28,000	378	n/a	n/a
4	<b>Mexico<sup>50</sup></b>	12,000	250	10,500 <sup>51</sup>	175 <sup>52</sup>	n/a	n/a
5	<b>Laos</b>	4,100	25	6,800	41	3,900	23
6	<b>Pakistan</b>	362	9	382	9	n/a	
7	<b>Colombia</b>	338	8	313	7,9	n/a	n/a
8	<b>Thailand</b>	217	3	209	3	265	4
9	<b>Other<sup>53</sup></b>	16,100	281	11,800	207	n/a	n/a
	<b>TOTAL</b>						

Sources: UNODC annual opium surveys; UNODC World Drug Report 2013; Government of India

India and Mexico. The Mexican government is currently working on a methodology to monitor illicit cultivation in collaboration with UNODC. Other countries are unable to conduct surveys in key producing areas. In Colombia, for example, poppy growing areas are too cloudy for satellite images and estimates are now based on random sightings made during flights undertaken by the National Police.

### Licensed Opium Cultivation in India

India is one of the world's main licit producers of opiates for medicinal use, including for export, mainly to France, Hungary, Japan, Thailand, the UK and the USA.<sup>54</sup> Cultivation by small-scale farmers is allowed in only three traditional opium growing states: Uttar Pradesh, Madhya Pradesh and Rajasthan. These are all plain and lowland areas with relatively high yields of 50–60 kg/ha, especially compared to the illicit opium grown in the remote and mountainous areas of Northeast India,<sup>55</sup> where yields are significantly lower and similar to those in neighbouring Burma.

India is also the world's only country where farmers cultivate and harvest licensed opium in the traditional way by lancing the poppies and collecting the raw opium. This very labour intensive process provides them with much-needed ways to earn a living. The Indian Central Bureau of Narcotics (CBN) decides each year how much opium it aims to buy, designates the expected yield per hectare for each of the three areas, and subsequently determines the hectares to be planted and the number of licenses to issue.<sup>56</sup> During harvest time, the government sets up procurement

centres in the opium growing areas, where the opium is weighed and tested for quality to calculate what farmers will be paid.<sup>57</sup> For the 2013 harvest season, some 46,000 farmers were licensed to cultivate about 5,800 ha, which produced an estimated 270 tonnes of opium. Estimates of licensed opium production vary greatly each year, with some 750 tonnes in 2010, 1,000 in 2011, and around 800 in 2012.<sup>58</sup>

Other countries that produce opiates for the pharmaceutical industry use the concentrate of poppy straw (CPS) method, whereby the whole poppy plant is machine-harvested.<sup>59</sup> In January 2012, the Government of India released the India National Policy on Narcotic Drugs and Psychotropic Substances 2012, which dismantled the state monopoly on opium processing. This allowed the private sector, including foreign pharmaceutical companies, to hold up to a 49% stake in a joint venture while the government would hold at least 51%. The 'liberalisation' of the opium processing sector is expected to revitalise the loss making government opium processing plants and help India to retain its status as the traditional supplier. It would also reduce the dependence on codeine imports if there were a decline in domestic production.<sup>60</sup>

Large-scale industrial cultivation of poppy straw by a few companies would significantly reduce the risk of diversion, which is comparatively high with the traditional methods, despite inherent control challenges.<sup>61</sup> The current labour intensive process is relatively expensive compared to the CPS method, but benefits thousands of farmers who would otherwise lose their livelihood. Allowing the private sector "will eventually lead to closing down of public

Farmer harvesting opium



sector units and will affect the livelihood of farmers”, according to Shailendra Singh Thakur of the Opium and Alkaloid Factory Workers’ Union.<sup>62</sup> According to one observer, denying licenses to opium farmers has in some cases already led to illicit opium cultivation, as farmers are seeking sources of income to sustain their families and using their know-how to cultivate poppy.

There are multiple ways to divert licit opium to the black market. If properly licensed and harvested, the fields yield more opium than the Minimum Qualifying Yield (MQY) set by the CBN, and the unreported excess could potentially be sold on the black market. Opium farmers also falsely claim their licensed fields are not harvestable and sell their crop illicitly. Although the government pays a premium to farmers who submit opium above the MQY, illicit sales often have a much higher profit margin than selling to the CBN.<sup>63</sup> It is speculated that between 20% and 30% of licensed opium cultivated in India ends up on the illicit market, where it fetches a significantly higher price.<sup>64</sup> The Indian government claims that the diversion is less than 10%.<sup>65</sup> These figures come on top of the illicit opium production and are not listed in the UN annual global statistics on illicit opium production for the illicit opiate market, and would further raise India’s share of global illicit opium production. Using the Indian government’s production figures, this could mean that in 2012, diversion from licensed production to the illicit opiate market could have been as high as between 80 tonnes (calculated at 10%) to 240 tonnes (30%). Combined with the illicit production

this would amount to approximately 460–620 tonnes of illicit and diverted opium production, almost reaching the level of Burma in the worst case scenario.

This does not automatically mean, however, that licensed opium in India is being diverted to the international heroin market. Most sources say that illicit opium cultivation in India is mainly serving the local illicit opiates market. India has a long tradition of opium consumption. According to one study, there are between 2.1 and 2.8 million opiate users in the country. UNODC and the Indian government have estimated that there are 1.5 million regular opium users in India, and some 600,000 regular heroin users – although the latter figure is probably underestimated.<sup>66</sup>

### **Debatable Data: Facts or Fantasy?**

Numbers play an important role in shaping national and regional drug control policies and are used to legitimise eradication and law enforcement operations. Temporary reductions in estimated opium cultivation are seen as successful outcomes of drug control policies, while increases are often used to legitimise the need for tougher policies. Despite the absence of a clear understanding what the numbers really mean, most policy makers in the region and in the wider international community rely on the figures produced in the annual UNODC opium surveys. Given the lack of other data, UNODC figures are taken as facts, and are therefore very influential in shaping and

determining policy responses. The organisation seems to hold a ‘monopoly of truth.’ This is problematic for several reasons.

First, the figures are best ‘guesstimates’ and are not scientific data. Problems include the lack of reliable data and their interpretation, as well as accessibility. As TNI research shows, opium cultivation (measured in hectares), opium yield (measured by taking field samples and extrapolating from these), opium production (measured in tonnes by combining estimated cultivation levels and annual yield) and opium prices (measured by field interviews with farmers and traders) can vary widely within countries and regions. Calculations are further complicated by the use of different measurements across the region for the size of the areas under cultivation, weight, volume, and currencies. Frequent changes in exchange rates and inflation of local currencies further complicate the picture.

Second, in order to understand what these estimates of opium cultivation and production actually mean, and to formulate appropriate and effective policy responses, it is important to understand why people are growing opium, and how it is used. Is it (partly) produced for the local opium market, including for traditional and medicinal use? Or is the area or country producing mainly for the local and/or international heroin market, with significant numbers of problematic injecting drug users with health related problems? Is the area a traditional opium producer, or is cultivation new? Are people growing it to address

food shortages and other poverty-related problems, or cultivating it on a commercial scale?

It is also important to realise that the conversion rates from raw opium to heroin can differ greatly from place to place. Traditionally, the conversion rate from opium to heroin was put at 10:1, meaning that to make 1 kg of heroin one needs 10 kg of dry opium. However, TNI research in Afghanistan, for instance, indicated that 7 kg of dry opium will produce 1 kg of ‘export quality’ brown heroin base, locally known as ‘heroin nr1.’<sup>67</sup> TNI research in Southeast Asia also found higher conversion rates. Sources close to heroin laboratories in Burma’s Shan State near the Thai border revealed ratios of 8:1 and a ratio ranging from 6–9:1, depending on the quality of opium.<sup>68</sup>

Furthermore, different areas produce different kinds and quality of heroin, and the characteristics of different morphine and heroin products on the markets remain under-researched. These products have different prices, markets and users. They also have different impacts and problems for drug users.

Collecting accurate data on opium cultivation is hampered by several factors. As opium cultivation is illegal (except for the licensed cultivation in some parts of India), it is difficult to gather data on cultivation and production levels. At present in much of the region opium tends to be grown in small plots in remote and mountainous areas, far away from roads in order to prevent detection. In Burma,



Swidden cultivation in northern Shan State

opium is often grown in conflict areas where access is particularly difficult. New trends of multiple crops per year, and out-of-season crops (partly to prevent detection and eradication by local authorities) pose further obstacles to collecting accurate data. In Burma, surveillance is carried out by interpreting satellite images and supposedly randomly selected field visits for verification. In Laos, cultivation levels are monitored by helicopter visits. In India, there have been no systematic attempts to measure illicit opium cultivation, but there has been sporadic satellite monitoring.

Data on opium production are even more problematic than figures on its cultivation. To calculate production, estimates are made of the annual yield during field visits to randomly selected places, which are then extrapolated for the whole country in order to produce a figure that is subsequently multiplied with the estimated size of the total area cultivated. Opium yields differ greatly from year to year and from one area to another depending on factors such as weather conditions, altitude, soil quality, and farming methods (steep hill or plain, rain-fed or irrigated), and the outbreak of diseases damaging the poppies.

For instance, in Danai Township in Kachin State in northern Burma and across the border in Northeast India, the opium is very wet and therefore harvested on a piece of cloth, and sold by cutting the cloth into pieces. The opium can be extracted by dissolving the cloth in water. Opium in this region is often mixed with leaves from various plants,

including banana and marihuana, and smoked using a water pipe (called a *khatpong* or *kakoo* in Burma). This is cheaper than smoking pure balls of opium heated over a lamp with a bamboo pipe (called *Taw Pa* in Burma), which is common practice, for example, in southern Shan State, where the opium is much dryer and harvested on a metal plate or in a bamboo container.

UNODC estimates of opium cultivation use broad ranges, an implicit recognition of the substantial margins of error. According to the 2013 UNODC opium survey, for instance, the estimated area under cultivation in Burma ranged from 45,700 ha to 69,900 ha, with a median of 57,800 ha. Potential production ranged from 520 tonnes to 870 tonnes, and the median was estimated at 690 tonnes. In Laos during the same period, UNODC estimated the total area under opium cultivation at 3,900 ha (with a 95% confidence interval between 1,900 ha and 5,800 ha).<sup>69</sup>

The survey in Laos was limited to a small sample size due to lack of funds: “As a compromise, the sample size was calculated as a function of the costs associated with the helicopter flying time and the precision of the estimate. The budget available limited the flying time to a maximum of 26 hours.”<sup>70</sup> The last opium yield survey in Laos dates back to 2007, and this figure has been used ever since to estimate annual opium production. It was also impossible to collect opium prices, which were instead taken from local government sources, who were unable to distinguish between wholesale and retail opium prices as most opium is consumed locally.<sup>71</sup>

The governments of Thailand, Laos and Burma reported that they had eradicated some 13,000 ha of poppy fields in 2013. However, this does not automatically mean that this amount can simply be deducted from the total of estimated hectares to calculate the actual harvested amount of poppy fields. First, as is further explained later in this report, eradication is often connected to corruption, as local authorities demand bribes in return for turning a blind eye to illicit cultivation. Officials who are unwilling or unable to travel to distant fields also inflate the figures in order to please superiors. There are also cases of the eradication of poppy fields that have already been harvested. Finally, in some cases eradication can also stimulate opium cultivation (see Chapter 4).

There are now three different opium surveys in Burma. Since 2002, UNODC has carried out and published an annual opium survey in cooperation with the government. Some years ago, China started its own opium survey, combining interpretation of satellite images with some field verification visits in border areas, but it has yet to share its data. Since the reform process in Burma, the US government has sought to normalise its relations and re-established the joint opium survey in December 2011 just prior to the visit of then Secretary of State Hillary Clinton.<sup>72</sup> Before this, the last joint opium survey had taken place in



Raw opium oozing out of poppy plant



Poppy capsule showing poppy seed

2004. The first renewed joint survey took place in February 2013, but as the methodology is quite similar to that of the UNODC survey, the US has decided not to continue this separate survey and instead collaborate with the UNODC survey.<sup>73</sup> There are no reliable figures for illicit opium cultivation, production and consumption in India.

TNI research has shown that opium prices also vary widely. There is great variation during the season, with low prices for freshly harvested wet opium when the market is glutted, and higher prices later in the year when it is scarcer and the opium is dry and has a higher morphine content per kilo. Prices also differ from place to place, reflecting local supply and demand for use and trading. Opium prices have continued to rise in the region, but some of this – as is the case in Burma – might also be due to inflation. According to UNODC: “Thus the increasing price of opium is merely a reflection of the cost of living in Myanmar and while the high price of opium is undoubtedly a factor in a farmer’s decision to cultivate and produce opium, it is obviously not the only one.”<sup>74</sup>

Finally, short-term changes in the levels of poppy cultivation and production are not the most appropriate data on which to base an understanding of the dynamics of the drug market and define successful drug policies. As argued

earlier, opium cultivation in Southeast Asia is a means for local communities to address their food shortages and meet other essential family requirements. There is an urgent need to establish other indicators to define alternative drug policies not based on zero-tolerance and deadline-oriented thinking and on banning and/or eradicating opium. There should be a greater focus on addressing the key driver of opium cultivation – poverty in its broadest sense – rather than dealing with the symptoms, such as the levels of opium cultivation. This requires a long-term vision and the commitment of all national and international stakeholders, with a shared focus on improving human development indicators.

There is a need for better data collection and discussions on the interpretation of such data, in cooperation with international and local experts and national governments. TNI’s figures presented in this report should not, therefore, be treated as undisputed facts. However, we hope to present an alternative set of data that has been collected by local researchers, thereby contributing to a better understanding of the causes and consequences of opium cultivation in the region and trends in the regional drug market, and ultimately supporting evidence-based drug policies that are more humane, effective and sustainable.



## Conflict, Crime and Corruption

*“Observers almost always blame the armed ethnic rebels as the main culprits when talking about the drug trade. A case in point is the upsurge in drug production and rising number of seizures by law enforcement agencies in Thailand, Laos and China during the past few years. Predictably, a number of experts have concluded that the ceasefire groups, especially the Wa, which have spurned Nay Pyi Taw’s call to forget their self-rule ambitions and become Burma Army-run Border Guard Forces (BGFs), are furiously churning out more drugs to sell and buy weapons to fight. However, such analysis ignores a number of glaring details.”<sup>1</sup>*

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The relations between drug, conflict, crime and corruption are complex. The international drug control system has failed to prevent the existence of a huge and growing illicit drug market. At the same time, it has helped to create the conditions for large criminal groups and drug syndicates to operate in a situation already rife with ethnic tensions and conflict, weak governance and conflicting international geo-political interests. The existence of a profitable illicit drug market has exacerbated conflict and stimulated corruption, crime, violence and human rights violations.<sup>2</sup> The ASEAN goal to make Southeast Asia drug free by 2015 has put further pressure on member states to achieve quick results, leading to heavy-handed zero-tolerance approaches and a focus on law enforcement.

The system has also contributed to the criminalisation of large numbers of vulnerable and marginalised communities. These include drug users trying to sustain their habits, small drug traders and farmers growing opium poppy and cannabis as a livelihood and for traditional use. International pressure has resulted in repressive national drug policies that have often targeted political adversaries while providing space for allies to engage in illegal activities. At the same time there has been a tendency to blame the region’s drug problems on drug ‘kingpins’, ‘kings of opium’ and ‘narco-trafficking armies’ rather than addressing corruption and seriously investigating illegal transactions that come dangerously close to the higher echelons of power in the region.

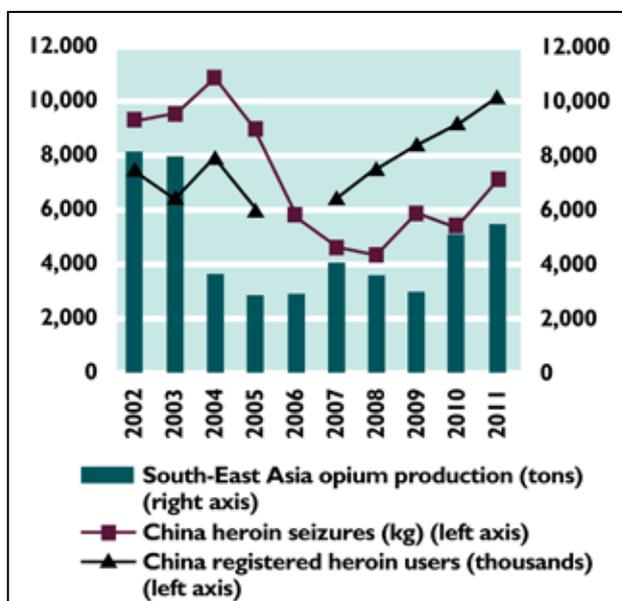
The ‘war on drugs’ has focused on reducing supply by trying to wipe out production by eradicating crops in producer countries rather than addressing domestic problems related to drug use. US supported eradication campaigns – especially in Latin America and Afghanistan – have been militarised, leading to human rights abuses and contributing to greater conflict. Between 1985 and 1988 the USA also supported the Burmese government in carrying out aerial spraying of opium fields in Shan State using the herbicide 2,4-D (a major ingredient in the infamous Agent Orange). It also provided helicopters to be used in drug control efforts, although the national army used these mainly for military campaigns against ethnic

armed opposition groups. US support for both ended in 1988 after the regime's bloody crackdown on the pro-democracy movement.<sup>3</sup>

China's version of the drug war suffers the same problem. Drug production in neighbouring countries is considered a security threat. In Burma, China put pressure on ceasefire groups to ban opium cultivation and the production of heroin and methamphetamines in order to stop the flow of drugs across the border. The current Chinese opium substitution programmes in Burma and Laos have further marginalised vulnerable communities by pushing them off their lands to make way for large-scale agricultural concessions controlled by Chinese entrepreneurs and local authorities.<sup>4</sup> It is therefore not surprising that the supply-side approach has failed, and has only caused more conflict and violence. There has been no decline in global opium cultivation and also methamphetamine production has increased in the region.

The continuing political and armed conflict in Burma and Northeast India has destabilised and marginalised ethnic upland communities, driving them further into poverty. Some of these communities have reverted to cultivating opium as a means to survive. Over the years, the drug trade and insurgency politics have become increasingly intertwined. Almost all parties to the conflicts in drug producing regions have in some way been involved in or profited from the drug trade. This is especially the case with government-backed militias in Burma. In the 2010 elections, some of their leaders were elected to regional and national parliaments as representatives of the pro-military Union Solidarity and Development Party (USDP). There are concerns about drug money flowing into the coffers of political parties in the region, particularly in Thailand.<sup>5</sup> As in the case of Thailand, it is

#### Opium production in Southeast Asia and heroin seizures and use in China, 2002-2011



Source: UNODC, World Drug Report 2013.

possible that as the political system opens up in Burma, the holding of office provides further opportunities for corruption and abuse of power.

It is time to promote an alternative agenda in order to realign the focus of 'security' away from enforcement and repression as a way to address the symptoms and towards a 'human security' agenda that looks into root causes and social solutions and puts more emphasis on good governance, social and economic development and human rights.<sup>6</sup> Furthermore, it is important to start a discussion on alternative policies aimed at reducing the worst consequences of conflict, crime and corruption. This will require a critical analysis of the impact of drug control and law enforcement on conflict and crime, including its unintended consequences, and an open debate on potential drug policies that are more effective and less costly – not only in terms of resources but also for human security and community health and wellbeing.

#### The Failure of US Spraying of Poppy Fields in Burma \*

By Sophie Broach

In 1985, Burma produced more opium than any country in the world. Violence and anarchy in eastern Burma had severely inhibited efforts to combat rampant illicit production. The military government claimed it had nearly managed to eliminate opium poppy fields in places under its control,<sup>7</sup> and that the vast majority lay in areas of the Shan and Kachin States where it had little authority. Aerial eradication seemed to offer the unprecedented possibility to wipe out the opium poppies flourishing in this area. In 1985, the USA entered into a cooperative agreement with Burma to launch such a programme, supplying Burma with crop-dusting aircraft and the herbicide 2,4-D.

Driven by the political need to open this new front in the war on drugs, the Reagan administration willingly ceded control over the spraying programme to the Burmese government, a move that previous administrations appear to have considered too risky. The US State Department publicly admitted concern about its "limited influence" over the Burmese aerial spraying programme only after it had already ended.<sup>8</sup> Burma consistently rejected US offers to assist in monitoring, refusing to allow US officials to join spraying operations or visit sprayed areas. Consequently, to check on the programme's progress, the State Department used secondary information collected on the distance flown by the planes, the flow rate of the herbicide, and even, most tenuously, Burma's requests for spare parts for the planes. The State Department relied heavily on Burma's own reports on the impacts of the continued aerial eradication, despite the fact that it was taking place in areas where Burma's military was carrying out egregious human rights abuses.

An environmental impact review had concluded the programme's adverse effects would probably be minimal as long as Burma carried out the spraying according to US stipulated guidelines. However, reports on the improper implementation of the program and consequent devastation began to filter out of the tightly censored country. Although the US State Department claimed that Burma dropped leaflets and made radio broadcasts to issue warnings before spraying,<sup>9</sup> accounts from rebel-held territory suggest locals were rarely, if ever, informed about the potential dangers of the herbicide. Journalists and ethnic minority leaders on the ground claimed that 2,4-D wiped out villagers' crops and livestock. They also relayed stories of people suffering from dizziness, coughing, watering eyes, vomiting and even dying after the planes left.<sup>10</sup>

In spite of such reports, the US administration refused to re-examine the efficacy of the programme or consider the possibility that it was not being carried out according to US guidelines. The State Department simply argued that it had no concrete evidence that the spraying programme had harmed local people or that Burma had exaggerated eradication statistics.

Instead, US officials in charge of representing US counter-narcotics efforts constantly heralded the endeavour in Burma as an enormous victory. The director of the Drug Abuse Policy Office declared it to be "one of the most successful narcotics control initiatives underway anywhere in the world".<sup>11</sup> Meanwhile, the spraying proved to have no discernible impact on overall heroin exports. In fact, Burma's opium yield rose from an estimated 350 metric tons in 1985 to 1,280 tons in 1988.<sup>12</sup> When the programme ended, because of the concerns over the army's violent crackdown on the pro-democracy movement in 1988, Burma remained the world's largest source of opium, producing nearly half of global supply.

The impact on opium production, then, played no part in how the USA measured success. In supporting the spraying programme, the architects of US drug policy were measuring something less tangible: the outward show of US commitment to prosecuting the war on drugs. As the State Department subsequently explained, aerial eradication in Burma helped the US administration express its commitment to fighting opium at the source.<sup>13</sup> Thus, the symbolic value of the programme's existence outweighed considerations of its ineffectiveness in reducing world opium supply or its harmful impacts on opium-growing farming communities.

\* This is a summary of the history thesis presented by Sophie Broach at Yale University: "Attacking the roots of the heroin epidemic: The failures of U.S.-supported herbicide spraying of opium poppy fields in Burma".

## Drugs and Conflict in Northeast India

For decades, both Burma and India – currently the region's main poppy cultivating areas – have been plagued by internal conflict. In Northeast India, conflict and underdevelopment have contributed to drug consumption and production, and are hampering access to treatment, care and support for drug users. Obstacles include curfews imposed by the national government, as well as punitive actions taken by armed opposition groups against drug users, and discrimination and stigmatisation among the local population.

The states of Manipur and Nagaland in Northeast India have a troubled relationship with the central government in New Delhi. In 1947, when the country achieved independence, states in Northeast India also declared themselves independent. In response to the national government's rejection of their demand, local groups began an armed struggle. Since then, a violent civil war has raged in the region. The Assam Rifles were sent to Manipur and Nagaland to control the uprising. Since 1958 the Armed Forces Special Powers Act (AFSPA) has been in force, giving the army unrestricted powers to arrest, search, and shoot to kill, with immunity from prosecution. The Act has led to grave human rights violations. Several reports draw attention to the escalation of violence, torture and extrajudicial killings by the Armed Forces and the state police, and recommend that it should be repealed. After appointing a committee to review the Act, the government subsequently failed to disclose its report and the recommendation to repeal it.<sup>14</sup> In 1997 the National Socialist Council of Nagaland-IM (Isak-Muivah faction) and the central government agreed on a ceasefire, resulting in a significant reduction of violence in Nagaland. The truce has been extended several times, but as yet no sustainable peace agreement or political solution addressing the grievances and aspirations of the NSCN-IM have been reached, and sporadic fighting continues. There are a large number of other armed groups in Northeast India, and conflict in the region has far from been resolved.

As shown in the previous chapter, Northeast India is a major opium producing area. Different ethnic groups in Manipur, Nagaland and Arunachal Pradesh cultivate poppy. Communities living in isolated and undeveloped areas grow opium in the upland areas. Besides being a cash crop, it is used as a medicine and also plays a cultural and traditional role. There are several links between drug consumption and production and the conflict in Northeast India. "Opium cultivation here is a very recent thing", says one local NGO worker in Manipur. "It happened because people find it difficult to find their livelihood any other way. Kuki people are planting it. They live from hand to mouth, and with poppy they can get some money. Generally they can harvest about 2–3 kg of opium per year. The fields are far away, they have to walk several hours. Opium

cultivation is in areas where there are so many problems, and insurgency.”<sup>15</sup>

The government accuses the armed opposition groups of being involved in the drug trade as a means to finance their armies. At the same time government officials have been accused of corruption and involvement in trade in heroin and ATS precursors.<sup>16</sup> “There is no evidence that armed groups are involved in the drugs trade”, says a local NGO worker. “But everyone knows that money and guns go together. The armed groups need money for guns. But there are others who are the drug dealers.”<sup>17</sup> According to a representative of another local NGO: “Drugs and conflict are all mixed up. There are more than 20 armed groups [in Manipur]. The Indian government claims that armed opposition groups are involved in the drug trade to finance their struggle. Armed groups claim the government of India is bringing drugs down here.”<sup>18</sup>

The conflict hinders appropriate responses and limits access to treatment and harm reduction services. It has also further isolated the region from the rest of the India, preventing much-needed socio-economic development and the opportunity for opium farmers to find alternative livelihoods.

### Drugs and Conflict in Burma

The decades-old civil war in Burma and the failure of the government to address ethnic conflict has greatly

contributed to the country’s drug-related problems. Burma is an ethnically diverse country, with non-Burman ethnic minorities comprising about 40% of its estimated 56 million inhabitants. Ethnic minorities in Burma have long experienced marginalisation and discrimination. Armed rebellions began at the country’s independence in 1948. The situation deteriorated after the military coup in 1962, when minority rights were further curtailed. Most of the poppy growing regions are in conflict areas in Shan State, Kachin State and Kayah State.

The local population, consisting mainly of ethnic minority groups who cultivate upland rice, have suffered greatly as a result of the fighting. A significant part of the population in these areas – on whom the ethnic armed groups depend for intelligence, food, taxes and recruits – rely on opium as a cash crop. The adoption of a strong anti-opium policy by these ethnic armed groups would also bring them into conflict with potential allies against the government. Over the years, most armed groups in Shan State have relied on income from the opium trade, either by taxing farmers (mostly in kind), providing armed escorts for opium caravans and sanctuaries for heroin laboratories, or by setting up toll gates at important trade routes to Thailand. In the process, some of the armed groups became more committed to the opium trade than to their original political objectives.

Since 1989, most of the ethnic armed opposition groups signed ceasefire agreements with the then military government. The larger groups include the Kachin

Billboard with Wa leaders in UWSA capital Panghsang



Camp for internally displaced persons in KIO territory in Kachin State



Independence Organisation (KIO), the Shan State Army-North (SSA-N) and United Wa State Army (UWSA). In many border areas, the ceasefires subsequently brought an end to the fighting, curtailed the most serious human rights violations, and created a more favourable environment for community development. The main shortcoming of this first wave of ceasefires was the lack of an inclusive peace process and subsequent political dialogue to build national peace and reconciliation. The agreements were limited to military matters and did not address any political issues. The groups were allowed to retain their arms and control their territory and were encouraged to engage in business.

The ceasefires had several negative consequences, as the end of the fighting allowed for larger-scale and unsustainable economic projects. The uncertainty of the situation gave rise to illegal logging, mining, gambling, drug and human trafficking and other black-market activities. The armed groups still needed to find sources of income to finance their organisations and armies. As the central government was unable and unwilling to provide the necessary resources, the ceasefire groups sought other ways to finance these needs.<sup>19</sup> Since the government restricts access to legal trade and business, ceasefire groups came to rely in part on 'illegal' economic activities.

The Tatmadaw (the national armed forces) has been cunningly switching alliances and support according to circumstances. Following the ceasefire agreements, the government reversed its policy of allowing militia groups to be involved in the drug trade. A 2002 US State Department

publication reports that: "According to military intelligence officials, with peace now prevailing in most of the countryside and the government no longer in need of the local security services these groups provided, steps are now being taken to slowly scale back their privileges, including the right to grow and traffic in opium."<sup>20</sup> Instead, when maintaining the ceasefires was a priority for the military government, these ceasefire groups were allowed to engage in the drug trade relatively undisturbed.<sup>21</sup>

The main ceasefire groups accused of involvement in the production of and trade in drugs are the UWSA and the Myanmar National Democratic Alliance Army (MNDAA) in Kokang and the National Democratic Alliance Army (NDAA) in the Mongla region, all located along the border with China in Shan State.<sup>22</sup> The Kokang, Wa and Mongla regions were also the main opium cultivating areas in the Golden Triangle. Following international pressure, especially from neighbouring China, all of these groups imposed opium bans, which are strictly enforced.<sup>23</sup> Historically, another significant force in the drug trade in Shan State was the Mong Tai Army of Khun Sa, which splintered following its 1996 'surrender-ceasefire'.

Following decades of war and isolation, the ceasefire groups such as the UWSA hoped to gain international recognition and support to develop their impoverished regions. These groups officially banned the production of and trade in heroin and methamphetamine, mainly due to Chinese pressure. Nevertheless, they continued to be accused of involvement in production of heroin and especially of having switched to large-scale methamphetamine

production. In January 2005 the US Department of Justice announced the indictment of eight UWSA leaders on charges of trafficking heroin and methamphetamine, and the UWSA is described as one of the world's largest heroin-producing and trafficking groups.<sup>24</sup>

“The opium ban was mainly because of pressure from the Chinese”, said a representative of the Mongla group. “They tell us ‘you started the drug ban quite early, so why are there so many drugs coming into China from your area?’”<sup>25</sup> The Thai government has accused the UWSA, which also controls a huge stretch of territory along the Thai border, of flooding the Thai market with ATS.<sup>26</sup>

As explained below, however, few of the conflicting parties in Burma's Shan State can claim to have clean hands in relation to the drug trade. Placing all the blame on one side of the conflict has usually been driven by political considerations rather than being based on impartial investigations, and ignores the realities on the ground. Many groups produce heroin and ATS, including government-backed militias. “It is very difficult to get rid of the drug problem in Shan State”, said a former member of a ceasefire group in northern Shan State. “It is probably the area with the most armed groups in the country. The majority need money to support their armed struggle and drugs are probably the source of income for most of these groups to acquire arms, ammunition, uniforms, and food.”<sup>27</sup>

According to a local NGO worker in southern Shan State: “People have limited access to land due to the unstable political situation. People also have to pay a lot of taxes to all the conflict parties: the government, armed groups and militias. People are food insecure, with a food gap in some areas of four to six months per year. Their livelihood is not stable. So the easy way is to grow poppy.”<sup>28</sup> Another local NGO representative in southern Shan State adds: “Due to decades of conflict in this area, people find it very difficult to have food security. This area in southern Shan State is complicated because there are many armed groups. If we deal with one armed group, we have to be careful with the other groups. These are among the reasons why poppy cultivation is growing bigger and bigger now, it is very popular in this area.”<sup>29</sup>

The increase in opium cultivation in southern Shan State and Kayah State since 2006 is also related to conflict and a worsening economic situation. “There is a lot of opium cultivation in southern Shan State and Kayah State because of the unstable political situation”, said a local NGO representative. “It is a very difficult area because of the ongoing conflict, and the only thing people can grow there is opium, which is easy because it is a mountainous and isolated area. The lower prices of other crops they could produce as alternatives and the connections with opium buyers who offer a good price also stimulate cultivation.”<sup>30</sup> Another local NGO worker in southern Shan State added:

“Because of the conflict, the poor soil quality, and the lack of jobs, people have to struggle a lot, so they grow opium. Opium cultivation increased because of the decreasing prices of other crops they could grow, such as garlic, while at the same time the price of opium is up.”<sup>31</sup>

In the past, successive military governments have pursued a policy of the political exclusion of ethnic nationalities and militarisation of ethnic areas, which has exacerbated ethnic conflict. A new political system was introduced in Burma in 2011. Following the adoption of a new constitution in 2008 and national elections in November 2010, the State Peace and Development Council (SPDC, the name of the military government) was dissolved, and a new military-backed government was inaugurated in March 2011, headed by President Thein Sein, a former



Manpang Militia member in northern Shan State

general and ex-SPDC member. Since the end of 2011, the new quasi-civilian government has concluded peace talks with all of the country's major ethnic armed opposition groups. With some important exceptions, the talks appear to be an important first step towards achieving national peace and reconciliation. By February 2012, initial peace agreements had been reached with most ethnic armed opposition groups.

Nevertheless, the continuing conflict in the Kachin State and northern Shan State in 2013 demonstrate the continuing need for a lasting peace settlement. There are four main armed opposition groups active in these areas,<sup>32</sup> of which two already have a new ceasefire agreement, but the Tatmadaw has continued offensive operations against all of them. “Signing a ceasefire agreement is not real, there

UWSA soldier in poppy field before the opium ban



is still fighting going on”, says a representative of an ethnic Palaung organisation. “Ethnic armed groups do not believe the government, there is a long history and they made promises in the past. In 1991 they also told the Palaung armed group to sign a ceasefire first and political dialogue will come later, but until now it has not happened.”<sup>33</sup>

Ending the civil war is important to bring about peace, political stability and sustainable economic development. The new ceasefire talks initiated by the Thein Sein government appear to be a welcome breakthrough, but they have not yet led to a political dialogue and the government has yet to address ethnic grievances and aspirations. The failure to do so will make prospects for peace, democracy and development grim. As long as conflict, poverty and underdevelopment continue unabated in ethnic upland areas, it is unlikely that opium cultivation and the production of heroin and ATS will end.

### **Militarisation and Conflict Management**

The Burma Army’s strategy of concluding ceasefires with some ethnic armed opposition groups while continuing to fight against others, and also supporting a large number of

militias, follows a long and consistent pattern. Given the country’s turbulent internal history, successive military governments have focused on ‘managing’ conflict as opposed to attempting to resolve it. Rather than seeking a political solution through dialogue and peaceful means, the Tatmadaw’s strategy has been to contain and divide armed groups both internally (creating and/or stimulating internal splits and breakaway groups) and externally (trying to weaken unity and alliance building by pursuing different policies towards different groups). Instead of an all-out military offensive, the Tatmadaw has preferred to take on groups individually, focusing on weakening them by military, political and economic means. These breakaway groups have been subsequently pushed to accept militia status. This strategy of stimulating a wide range of armed groups has further contributed to a high level of militarisation in the country. Inevitably, the civilian population has suffered most, especially in areas where various armed groups are present.

As part of its counter-insurgency strategy, the Tatmadaw has stimulated and supported the creation of a large number of militias. First launched in the 1960s under the name ‘Ka Kwe Ye’, the militias were created to counter the threat posed by insurgent groups and, since the end of the 1960s, also the China-backed Communist Party of Burma (CPB). The militia programme has gone through several phases and gone under different titles, but still exists. The Ka Kwe Ye programme was abandoned in 1975, as most groups were more preoccupied with the opium trade rather than fighting the CPB. This included the Kokang Ka Kwe Ye led by Lo Hsing-han and the Loi Maw Ka Kwe Ye led by Khun Sa, who refused to give up arms and went underground. They later both surfaced at the Thai border and became known as the ‘Kings of Opium.’<sup>34</sup>

The Ta Moe Nye Militia in Kutkai Township was formed in the 1960s and supported the government in fighting the CPB. Its leaders established a close working relationship with the subsequent SPDC chairman Senior General Than Shwe when he was serving as a Tatmadaw officer in northern Shan State, supplying guides and large numbers of mules and horses for army operations. “We never paid them for it, but there was an understanding that they would get something in return”, says a retired army officer who was on active duty in the region at the time. “These militias were involved in opium and heroin production and they sent convoys to Lashio. We let them through, and we knew they were transporting drugs.”<sup>35</sup>

The Tatmadaw continued to use militias as part of its counter-insurgency strategy. By the 1980s these were known as Pyi Thu Sit (People’s Militias Force). Other new Pyi Thu Sits were formed by breakaway groups from Khun Sa’s Mong Tai Army (MTA), such as the Manpang Militia in northern Shan State and the Nayai Militia and the Homong militia in southern Shan State. The Tatmadaw has also supported the formation of new groups, such as the

Rebellion Resistance Force (RRF) in the northern Kachin State, which challenged both the KIO and New Democratic Army-Kachin (NDA-K) presence in the strategic N'mai Khu area. The Tatmadaw provided all weapons and other essential supplies.<sup>36</sup>

In 2009, the then SPDC military government caught most observers by surprise by suddenly demanding that all ceasefire groups in Burma be transformed into Border Guard Forces (BGF). This would effectively break up the groups into separate units of 326 soldiers, divorced from their existing ethnic administrations and military structures. Each BGF would include 35 members of the Burma Army, including one of the three commanding officers in each unit. After several deadlines passed, only some of the smaller groups accepted the BGF proposal, such as the NDA-K in Kachin State. Most of the larger armed groups such as the KIO, SSA-N and UWSA rejected it, pointing out that the plan failed to address their political grievances and aspirations. The army told militias that they did not have to become BGFs and could continue to exist as they were.<sup>37</sup> The formation of BGFs created another layer of armed groups with a separate status, further complicating the conflict in Burma.

The Tatmadaw also applied pressure on a number of smaller ethnic armed opposition groups to accept either militia or BGF status and thus abandon politics. In northern Shan State, the Palaung State Liberation Front was disarmed and became the Mantun Militia in 2005 and the Kachin Defence Army (KDA) became the Kaungkha

militia in 2010. According to KDA leader Matu Naw, the army told him to choose between becoming either militia or a BGF. "I think if we turned into BGFs we would be under the command of the Burma Army. Under militia status we can still support our community."<sup>38</sup> In November 2009 the Tatmadaw told several of the armed ethnic opposition groups such as the Kayan New Land Party, the Karenni National Solidarity Organisation, and the Karenni National Peace and Development Party in southern Shan State and Kayah State to accept militia status. Others were coerced to become BGFs, such as the Karenni Nationalities People's Liberation Front and the NDA-K, which broke up into two separate BGFs each.

The militias are intended to act as buffer between the Tatmadaw and armed ethnic opposition groups, and to deny the latter access to territory, resources and population. Militias are directly under Tatmadaw control and are allowed to do business and to tax the local population and trade passing through their checkpoints. Many of them have become heavily involved in the drug trade, especially in recent years (see section below). Their status and size varies, ranging from only 10–20 men to groups with hundreds of soldiers. The large ones in northern Shan State include the Pansay Militia in Namkham Township, the Manpang Militia in Tangyan Township, and the Ta Moe Nye and the Kaungkha Militias in Kutkai Township.

Almost all militia commanders are of ethnic minority origin, and their soldiers are local ethnic people, including Kachin, Shan, Wa, Palaung and local Chinese. The



KIO soldiers near China border

Signboard of RCSS/SSA liaison office in Taunggyi



Tatmadaw do not allow militias to become involved in opposition politics, thereby neutralising potential ethnic political resistance. The militia groups are not included in the current peace process and are unlikely to join in any future political negotiations. According to the 2008 constitution there can be only one national army in the country (the Tatmadaw), but there is a special provision that allows for the Tatmadaw to create and use militias.<sup>39</sup> “The government tells us to protect our area and prevent other groups from entering”, said a member of the Manpang Militia. “Our main task is to protect our area and to support the functioning of the government. We have no idea about our future status, but it did not change with the 2008 constitution. I think it will go on forever.”<sup>40</sup>

According to a senior Shan opposition leader: “There are over 100 militias in Shan State alone. They are making a lot of money. But according to the rules, they are not allowed to do politics.”<sup>41</sup> Militias have, however, been used to support government policies, and some militia leaders have become MPs for the military-backed USDP and hold seats in regional and national parliaments. Some have been accused of drug trafficking.<sup>42</sup>

### Role of Militias in the Drug Trade

There is significant evidence that the government-backed militias in Burma are heavily involved in producing opium and heroin. TNI research shows that the principal areas in which opium is cultivated in northern Shan State are also where militias are mainly located. These include Namkham Township (Pansay Militia), Kutkai Township (Ta Moe Nye Militia and Kaungkha Militia), Theingie Township (Kaungkha Militia) and Tangyan Township (Man Pang Militia). The Tatmadaw also has a presence in all these areas, and as stated earlier, the militias are under its direct command.

A case in point is the Pansay Militia in Namkham Township, led by Kyaw Myint, a former Kuomintang (KMT) member. “Opium cultivation is now mostly in Namkham area”, says a representative of a local Palaung organisation. “This is near the area of the Pansay militia, so they can grow easily. Militia groups such as the Pansay Militia are also involved in heroin and yaba production. Before the 2010 election, the Pansay militia leader let opium farmers grow poppy to get more votes.”<sup>43</sup> Other reports also mention militia leaders allowing farmers to cultivate poppy in return for electoral support and say that opium is being used for political influence.<sup>44</sup>

A senior police officer claims that the production of heroin is mainly carried out in the Mong Khyet area in northern Shan State, where the Manpang and Kaungkha militias are based. According to him, little or no heroin is produced in southern Shan State or Kachin State.<sup>45</sup> Other sources, however, have documented heroin production in various parts of eastern Shan State.<sup>46</sup>

The Tangyan-based Manpang Militia broke away from Khun Sa’s Mong Tai Army (MTA) in 1991, and is led by Bo Mon, an ethnic Wa. This is a key opium growing region. “Before we were opium traffickers”, says a militia member. “When we split from Khun Sa we became a militia. We set up a company called ‘Triple A’ and tax farmers and cattle passing through our area. We also produce coal, set up a factory and we own one petroleum filling station in Lashio. We also encourage people to grow opium so we can tax them.”<sup>47</sup>

Militia territory has dual administration comprising the militia and the central government, and both rule the area. “The militias do their business and control the area, but the government general administration is also there”, said a government official based in northern Shan State. “We need to inform the militias beforehand every time we enter their area. There is the Manpang Militia in the north and the Mong Ha Militia in the south. This is an opium growing region, and during the cultivation and harvest time we are not allowed to enter. They say, ‘We need to take care of your security’. From November to February it is difficult to go there.”<sup>48</sup> While the militias are under control of the army, the police comes under the responsibility of the Home Ministry, and the latter also claims not to have easy access to militia territory. “Sometimes there were drug cases in these areas in northern Shan State, but it is difficult for us to enter”, said the senior police officer quoted above. “And if we entered, they already had previous information we were coming.”<sup>49</sup>

Clearly, security matters have been of paramount concern for the Tatmadaw, and temporary military allies – in particular the militias and to some extent the BGFs – have been allowed to produce and conduct trade in opium and heroin virtually undisturbed. According to the 2012 US State Department report: “The GOB [Government of

Burma] policy of folding ethnic armed groups into quasi GOB-controlled BGFs complicates anti-narcotics efforts as BGFs are often complicit, if not active protectors, of illicit drug production and trafficking. Loosely-controlled remote territories and GOB bureaucracy forces CCDAC [drug control police] officers to work with the BA [Burma Army] and BGF; in this process actionable intelligence is often leaked by the BA or BGF to the targeted traffickers.”<sup>50</sup>

### Blame and Shame

Decisions about who to blame and indict for the drug trade seem arbitrary and politicised. Demonising a single actor in the conflict usually has stronger roots in politics than in evidence.<sup>51</sup> Most governments in the region have failed to arrest large-scale drug traffickers, including high-ranking government officials. Indeed, many traffickers have been accepted in the establishment. Both Lo Hsing-han and Khun Sa, once known as ‘Kings of Opium’, made agreements with the government and were able to conduct their businesses legally, while maintaining houses in Yangon until their death. Lo Hsing-han’s Asia World Company, now managed by his son Steven Law, has become one of the country’s largest businesses with investments in the hotel, construction and harbour sectors.

The drug trade has been blamed on the government’s political adversaries or former supporters who have outlived their usefulness, while allowing political and military allies to conduct their business undisturbed. In the past, when it was convenient to do so, the previous military government presented the Kokang and Wa regions as a

showcase of drug control efforts in the country. Several diplomatic missions were flown to the Kokang region, for instance, to meet the Kokang leader, Pheung Kya-shin, and to observe drug eradication activities, cultivation of opium substitution crops and regional development.<sup>52</sup>

When conflict erupted in the Kokang region in 2009, and the military government broke the 20-year old ceasefire and occupied the area, Pheung Kya-shin was accused of “illegal production of narcotics drugs and smuggling, and also the manufacturing of arms and smuggling of weapons.”<sup>53</sup> For his part, Pheung Kya-shin defended himself by arguing that, while ceasefire groups in Kokang and Wa regions have imposed opium bans, poppy continues to be cultivated in SPDC-controlled areas.<sup>54</sup>

Similarly, tensions rose when the UWSA and other ceasefire groups refused to accept the demand of the military government that they become BGFs. Subsequently there was a sudden and unusual increase in seizures of drug shipments in Burma and Thailand. Many pinpointed the UWSA and other ceasefire groups, arguing that they were selling the drugs stock to buy weapons and ammunition to resist the Tatmadaw. However, a more plausible explanation is that in order to increase the pressure on groups such as the UWSA, the authorities in Burma started to block all such shipments, which it had previously allowed to pass through, as part of an effort to squeeze their sources of income.<sup>55</sup>

This policy shift had a profound effect on the drug trade, as the Tatmadaw allowed the militias to expand their involvement in opium cultivation and heroin production.

Photo showing Lo Hsing-han (on the left side in black suit) with Tatmadaw officers



These groups used the opportunity to establish heroin production factories and became the country's main producers. According to a Shan newsgroup, the militias established "their own drug production plants and trafficking networks" and could "thereby wrest the market away from the ceasefire groups". The result was a "shift by investors, both domestic and foreign, away from the Wa and their allies to areas under the control of the Burma Army and the People's Militia Forces (PMFs) where their drug activities are more secure and their profits more assured". According to the newsgroup, it also led to a "massive increase in poppy cultivation, and heroin and methamphetamine production, in the Burma Army-People's Militia controlled areas, far more than in areas under rebel-ceasefire control".<sup>56</sup>

### The Mekong Killings: Case closed?

In October 2011, two Chinese cargo boats sailing down the Mekong River were attacked in the heart of the Golden Triangle. Methamphetamine was found on board the abandoned ships, leading to speculation about a drug deal that had gone wrong. The Mekong River is a key trafficking route for ATS.<sup>57</sup> The Thai police later found the bodies of 13 Chinese sailors in the Mekong River, some of them with their hands tied behind their backs. The killings sent a shock wave through the Chinese media and attracted huge public attention.

The Chinese authorities made it a top priority to find out who was responsible for the murders and to bring the perpetrators to justice. All fingers quickly pointed to a militia based in Shan State along the Mekong River led by Naw Kham, an ethnic Shan who used to be part of Khun Sa's MTA. Naw Kham was later arrested across the border in Laos where he had gone into hiding. The Lao authorities extradited him to China a month later, although Burma and Thailand also asked for him.<sup>58</sup> Naw Kham and three other militia members were found guilty by a Kunming court of having "planned and colluded with Thai soldiers in an attack on two Chinese cargo ships, the Hua Ping and Yu Xing 8, on October 5, 2011 on the Mekong River".<sup>59</sup> They were subsequently executed in March 2013, and the preparations for this, including the four men being led to the execution room, were broadcast live on national TV. This kind of public showing in China is now rare, and sparked a public debate in the country.<sup>60</sup>

Naw Kham's militia had for several years run a lucrative business by taxing all traffic and goods passing along the Mekong River – including drugs – mostly concerning boats coming downstream from China but also ferries between Burma and Laos. Following the killings and the subsequent arrest warrant, Naw Kham was able to remain in Burma without being arrested. According to a Shan newsgroup, Naw Kham had good relationships with high-ranking Burma Army officers, and was used

by the Tatmadaw to counterbalance the UWSA and the Mongla armed groups, including squeezing their business interests.<sup>61</sup> Initially, the Thai police claimed that nine Thai Army officers had carried out the killings. The soldiers denied the charges, and after Naw Kham was executed the case seem to have been forgotten.<sup>62</sup>

The high profile case is a clear example of how authorities in the region blame local parties to the conflict rather than seriously investigate an apparent protection and extortion racket from which local authorities and army units in different countries in the region profited. Privately, Burmese government officials expressed dissatisfaction with the intense Chinese pressure to 'solve' the case, the heavy-handed approach, and the extradition and execution of a Burmese citizen. However, since the truth was too embarrassing for all countries involved, Naw Kham's execution ultimately served everyone's interests.

Two months after the killings, China pushed for Burma, Laos and Thailand to undertake joint patrols of the Mekong River. China's drug control chief claimed that the operation seized almost 10 tonnes of drugs and detained over 2,500 suspects between April and June 2012.<sup>63</sup> According to local sources, however, drug trafficking has since resumed as normal on the Mekong River. "It's time to end the vicious cycle of new druglords emerging and being scapegoated over and over again. The political root causes of the drug problem must be tackled," the SHAN news agency commented.<sup>64</sup>

### Chinese Entrepreneurs

The ethnic armed groups in Shan State do not control and finance the drug trade. This has traditionally been the preserve of ethnic Chinese syndicates. There are strong connections between foreign entrepreneurs and those associated with the armed groups. "The local businessmen involved in the drug trade can only manage to expand their business because of money from outside sources, from China", said a former member of a ceasefire group in northern Shan State. "It is difficult to get rid of the drug trade because of the strong financial support from these drug traders."<sup>65</sup> According to a senior police officer: "The organisers are from outside the country, the financiers are Chinese, some from Hong Kong. They pay off these groups and manage the heroin production. The armed groups provide sanctuary and security."<sup>66</sup>

A 2009 study on the drugs trade in the Golden Triangle found little evidence that traditional Chinese organised-crime groups such as triads are currently the main actors in the drug trade in Southeast Asia. The study argued that a new generation of Chinese is not only involved in drug trafficking, but also active in money laundering and human trafficking. The most interesting revelation is that these are not professional criminals, but "otherwise legitimate

businesspeople who are also opportunists and risk takers”.<sup>67</sup> An earlier study by the same author on drug trafficking between Burma and China concluded that most drug traffickers are poorly educated, with few employable skills or alternatives to make a living that matches their aspirations. “Drug traffickers in general do not belong to street gangs, organized crime groups, or terrorist organizations. Most are simply bold risk takers who work with family members, or form alliances with friends or other social contacts whom they come to trust.”<sup>68</sup> The study found that drug trafficking between Burma and China has evolved in recent decades from large shipments by a small number of people to small-scale trafficking undertaken by a large number of individual traffickers, commonly known as ‘mules’, who are often unaware of the big traders behind the scene.<sup>69</sup>

### Corruption and ‘Markets of Violence’

The drug trade is a hugely profitable business, and it is clear that corruption and the involvement of high-ranking officials play an important role in the region. Until now, however, there have been few efforts to address this. As a Shan newsgroup, which regularly publicises drug issues, wrote following Thailand’s indictment of three suspected drug traffickers from Burma: “Drug businessmen, however,

question why Bangkok is doing nothing about financiers and government officials from Thailand who constitute the mainstays of the drug trade.”<sup>70</sup>

“When discussing drugs, there are no angels in this part of the world, but there are no full devils either”, said a former country representative of UNODC in Burma. “Is it fair to direct all the blame on one country? I think that the Government in Thailand has made its conclusions already. It has said, yes, we have a shared responsibility and we have to clean out our house because there is a lot of involvement and corruption on all sides of the borders.”<sup>71</sup>

During the first forum for opium farmers in Southeast Asia, held in Yangon in September 2013, participants stated that, in many areas, corrupt army and government officials tolerate opium cultivation in their area in return for ‘taxation’, sometimes agreed upon in advance. Weak governance, corruption and lack of awareness of the government drug control laws and policies were all seen as contributing to opium cultivation and use. According to one participant, “bribery and secret deals have become part of everyday life among the authorities”.<sup>72</sup>

The involvement of Tatmadaw units and commanders in the drug trade has also been documented. TNI research in Shan State, for instance, found that all parties in the



Opium market in Wa region before the 2005 ban

Government-backed militia in Northeast India



conflicts – including Tatmadaw units – taxed opium farmers.<sup>73</sup> Exile media groups have also reported the involvement of Tatmadaw units in the drug trade.<sup>74</sup> Corruption and involvement of Tatmadaw in the drug trade is also stimulated by the policy that local units have to be largely self-reliant, meaning that they have to find their own food and other supplies and enjoy less logistical support from the army headquarters.

Year in year out, the US State Department has argued that Burma has “failed demonstrably” to meet international anti-drug obligations. Among other things, the USA stressed the failure to “investigate and prosecute senior military officials for drug-related corruption.”<sup>75</sup> According to the 2013 US State Department report: “Many inside Burma assume some senior government officials benefit financially from narcotics trafficking, but these assumptions have never been confirmed through arrests, convictions, or other public revelations. Credible reports by NGOs and media claims that mid-level military officers and government officials were engaged in drug-related corruption; however, no military officer above the rank of colonel has ever been charged with drug-related corruption.”<sup>76</sup> This classification seems to some extent politically motivated, however, as in 2013 the only three countries that were identified as such were Bolivia, Burma and Venezuela. Conspicuous by their absence from the list are the US allies Afghanistan (the world’s largest opium producer), Colombia and Peru (the main coca and cocaine

producers) and Mexico (the main transit country for drugs destined for the US market).<sup>77</sup>

In Northeast India, corruption among local authorities is also a serious problem, according to a local source in Manipur who used to work in the border region: “Government officials from both sides of the border are involved in drug trafficking and precursor smuggling.”<sup>78</sup> According to the 2013 US State Department report, corruption is pervasive in India “across police forces at all levels of government, with officers rarely being held accountable for illegal actions. This undermines the effectiveness of even the most elaborate control regimes for dangerous drugs.”<sup>79</sup>

Regarding Laos, the 2013 US State Department report maintains that because the police and military earn low salaries, “corruption in Laos continues to plague law enforcement and government”, and that “it is likely that corruption in the security forces and government plays a role in narcotics trafficking in Laos.”<sup>80</sup>

With such pervasive corruption among the region’s politicians, army and government officials, militia leaders and ethnic armed groups, the drug trade cannot be blamed on only one of the conflicting parties or one country alone. The huge vested interests in this lucrative illicit trade have benefited from conflict, lack of the rule of law and the consequences of the war on drugs. In many of the unruly

regions in Southeast Asia, governments are often unable to provide law and order and satisfy basic security needs, and their efforts are superseded by a range of illegitimate security arrangements, creating a power and governance vacuum.

The use of government-backed militias in Burma and Northeast India has further contributed to violence and corruption. In Burma, the policy of tacitly allowing government-backed militias to engage in drugs production and trade has created a lucrative cooperation between Tatmadaw officers and militia leaders. There are similar problems in Northeast India. According to a high-level police officer in Manipur: “we cannot altogether rule out a politician-Army-Assam Rifles-underground group nexus.”<sup>81</sup>

With the absence of the rule of law and good governance, security potentially ceases to be a public good and becomes a private commodity. The effective monopoly on the legitimate use of force normally attributed to a democratic state is seriously weakened and ‘markets of violence’ or ‘markets of force’ become the predominant mode of security regulation. In this vacuum, violent entrepreneurs controlling certain territories impose alternative security arrangements, using arbitrary and random violence. A ‘market of violence’ arises from the complex social, economic, political and institutional processes that make violence a prevalent means of managing conflict and power in informal settings.<sup>82</sup>



Market in northern Shan State

According to the ethnologist Georg Elwert, who coined the term ‘markets of violence’ in the 1990s, it is:

*“... a field of activity which is mainly characterised by economic aims, in which both robbery and barter and the related activities of collection of ransoms, protection money, road tolls etc. feature. Each actor has a number of basic options ranging from theft to trade. The generals, princes, militia chiefs and party leaders who lead the troops in such conflicts are known in the research as warlords. Warlords are understood as entrepreneurs who use deliberate violence as an efficient tool for achieving economic aims. These ‘entrepreneurs’ differ from normal entrepreneurs in that they also use violence - although not exclusively - as an instrument for the generation of revenue.”<sup>83</sup>*

Informal local security arrangements, such as the government-backed militias in Burma, function as ‘parallel power systems’ or ‘feudal systems of government’. They can use their capacity for force to protect their criminal activities, extort security taxes and impose protection rackets on formal or informal economic activities, and also as a commodity for hire and sale. Every so often, members of the state security apparatus are involved as well, imposing their conflict management strategies as representatives of the regime and offering private protection for illegal activities in return for pay-offs.

For local proponents of promote democracy, ethnic peace and sustainable development, the existence of ‘market of violence’ conditions poses enormous obstacles, while violent entrepreneurs benefit from the instability, and conflict and lawlessness. The local population in such areas is trapped in an ambiguous situation where they are forced to ‘migrate into illegality’ in order to survive in a difficult and violent environment, for instance by taking part in the illicit economy of opium cultivation. The same holds true for ethnic armed opposition groups who control their areas but are at the same time denied access to the formal economy and may consequently be compelled to depend on illegal activities in order to sustain their base – a situation that could potentially corrupt their legitimate political aims. The Tatmadaw exploits this situation in its effort to manage the conflict instead of seeking a political solution, by creating and supporting militias and switching alliances with different armed groups at will. In a fast-changing and dynamic region, it will be essential in the coming decade to address the issues of transparent law and order and the suffering of local communities.



## Opium, Heroin, Amphetamines and Other Substances

*“Opium is a great medicine for those who know how to use it. In the past, the older generation used a lot of opium; they had a long life and succeeded in their work and business. The young generation has switched from using opium to heroin. Now drug users have become thieves and do not live a long life because they don’t know the dangers of using drugs.”<sup>1</sup>*

76 year old Kachin man

The Golden Triangle and its neighbouring countries have seen some dramatic changes in patterns of drug use over recent decades. In particular, users have moved from smoking opium to smoking and now to injecting heroin. Opium has traditionally been used for various purposes, including recreational, cultural and medicinal applications. The use of opium is still prevalent in opium growing regions in Burma, India and Laos, often without problematic consequences. Heroin use is now widespread, with some areas facing a ‘heroin epidemic’, especially Kachin State and northern Shan State in Burma. The high prevalence of heroin injection remains a key cause of HIV/AIDS and Hepatitis C in the region.

Since the 1990s the production and consumption of amphetamine-type stimulants (ATS) have dramatically increased in the region. According to UNODC, methamphetamine remains the top illicit drug threat in East and Southeast Asia, and its use and production continue to rise. East and Southeast Asia are home to about one-third of the global population, and “has some of the largest and most established ATS markets in the world”<sup>2</sup> The use of ATS is increasingly problematic, while health services are limited or absent, and focus mainly on opiate users.

Kratom is a mild stimulant that has long been popular especially in southern Thailand but also in other parts of the region. It has medicinal uses but is often negatively associated with violence in southern Thailand, and with its use in cocktails that include other more harmful substances. Cannabis has been grown in Asia for a long time and continues to be widely used throughout the region, including for religious and traditional purposes. Increasing amounts of cocaine are available on the regional market, which is a new trend.

Other substances on the regional drugs market include ketamine, which became a very popular ‘party drug’ in southern China and Hong Kong in the early 2000s. The market for tramadol has also grown in the Asia, significant illicit distribution of which is largely based on diverted pharmaceutical products. In recent years, countries in the region (often major producers of these substances such as China and India) have exerted strong and continuous political pressure at the United Nations

### Amphetamine-Type Stimulants (ATS)

In East and Southeast Asia the main type of ATS is methamphetamine in tablet form, popularly known as *yaba* ('crazy medicine') or *yama* ('horse medicine') in Burma and Thailand; and as *ma-huang-su* in China. High purity crystal methamphetamine or 'ice' (rock like crystals resembling frozen water); *ya ice* in Thailand, or *bingdu* in China is increasingly popular in the region. 'Doing meth' is called *liu bing* ('ice skating'), in China.<sup>3</sup> Less common are ecstasy-type ATS or psychedelic amphetamines (*ya-E* in Thailand and *yao-tou-wan* or 'head-shaking pills' in China). Ecstasy type ATS in the region is usually methamphetamine mixed with ketamine, with little if any MDMA (the active substance in 'real ecstasy', primarily produced in Europe), or with MDMA imported from Europe mixed with caffeine, heroin or ketamine or with new psychoactive substances produced in laboratories in China. A third popular substance is ketamine (*ya-K* in Myanmar and Thailand; *k-feng* or 'k-powder' in China), which is an anaesthetic that has hallucinatory effects and is also used in pure form.<sup>4</sup> Both the adulterated 'ecstasy' and ketamine seem to be gaining in popularity. In Hong Kong, ketamine is widely used by young people.<sup>5</sup>

Commission on Narcotic Drugs (CND) to schedule 'misused' essential medicines under the UN conventions on drug control, while ignoring the negative consequences of a worldwide scheduling in relation to access to these essential medicines. These Asian countries also ignore the strong recommendations against scheduling by the Expert Committee on Drug Dependence (ECDD) of the World Health Organisation (WHO), which decided that the harm related to the misuse of ketamine or tramadol did not warrant their scheduling and that their availability for essential medical use would be seriously endangered if they were subjected to such controls. While there are clearly negative consequences of certain patterns of use of these substances, there is a need to understand the problems associated with scheduling them worldwide in order to resolve national problems before seeking to add such substances to any existing drug control schedule.

Poly drug use is prevalent, with people using heroin and methamphetamine to balance the effects of the different drugs, or because their preferred substances are unavailable or too expensive. Drug users may – temporarily – switch to other substances or different methods of use, often entailing higher risks. Patterns of drug use differ from place to place, and also evolve. For instance, while injecting heroin use is now more prevalent in Kachin and northern Shan States, smoking opium remains popular in southern Shan State, ATS are the most commonly used drugs in Thailand, while in Northeast India injecting the analgesic Spasmo-Proxyvon was for a time the most prevalent form of drug use. Spasmo-Proxyvon is a synthetic pain reliever taken orally. It is not soluble in water and when injected

can cause abscesses, which if left untreated can lead to infections that may necessitate amputation and can cause other life threatening conditions.

### Traditional Opium Use

The region has a long history of opium use. Opium has been cultivated in India since the 10<sup>th</sup> century.<sup>6</sup> A study on the medicinal use of opium in mediaeval India concluded that opium was first used as an aphrodisiac and then as anti-diarrhoeal and subsequently as a sleep inducer and pain reliever.<sup>7</sup> At the end of the 19<sup>th</sup> century, two British Royal Commissions concluded that opium was mostly consumed orally, and that opium smoking was much less popular. It also found opium was used for religious purposes.<sup>8</sup> The 1895 Final Report of the Royal Opium Commission concluded that opium was a common household remedy for specific disorders, such as rheumatism, diabetes, chills, malaria, fever and diarrhoea. Opium was also used in cases of exhaustion and exposure. The Commission found no physical and moral degradation caused by the habit. It was not to be recommended to young men, except in a strictly medical sense, but it was used to positive effect as a restorative in a person's declining years to serve "as a prop to a falling house". As a rule, it was used moderately; excess was exceptional and generally frowned upon.<sup>9</sup>

The Commission, set up to consider ending India's export trade to the Far East and whether poppy growing and opium consumption in India itself should be prohibited for other than medical purposes, concluded that it would be impractical to limit opium consumption. "It could only be enforced, so far as any real enforcement might be possible, by the employment of an army of spies and informers, and by a constant intrusion into the domestic concerns of the people."<sup>10</sup> The Commission, reflecting the views of both the Indian Government and most informed Indians, rejected the cultural imperialism of British anti-opium reformers who sought to prohibit opium as "an exaggerated impression as to the nature and extent of the evil."<sup>11</sup>

A 1935 study confirmed that most opium consumers were moderate users who were by and large healthy, with only a minority showing signs of malnutrition and/or identified as problematic users in need of care. "Summarising, most were occasional users and did not show sign of dependency."<sup>12</sup> Studies on opium use in late imperial China reached a similar conclusion, and showed that although opium was affordable and easily available, most users consumed moderately without suffering many associated problems.<sup>13</sup> Most opium users were able to regulate both the quality and quantity they used. There were (and continue to be) many smokers who used only limited amounts and on specific occasions, and who were able to control their use, including reducing or stopping it if necessary.

Burma, Laos and Thailand have a similar history of traditional and non-problematic opium use. Opium consumption was introduced to Southeast Asia by Arab traders arriving from the Mediterranean region. The first references to opium use in the region date back to 1366 (Thailand) and 1519 (Burma).<sup>14</sup> It was used for medicinal and recreational purposes. Opium cultivation in what is now China's Yunnan Province, near the border with Burma, was observed in 1736, but cultivation increased in the 19<sup>th</sup> century, and also spread to northern Burma, especially to the Kokang and Wa regions, located in contemporary Shan State. For a long time, smoking opium was a socially accepted practice, similar to alcohol use in other parts of the world, and with only a minority of consumers experiencing addiction problems.

Just as the Royal Opium Commission began its work in 1893, the Government of British India imposed new, more stringent rules under the 1878 Opium Act that prohibited poppy cultivation in Lower Burma (which it had annexed in 1852), to protect the Indian excise system to sell Bengal opium imported from India by licensed shop owners in Burma. The new regulations banned the use and possession of opium by native Burmans, but permitted sales to Chinese, Kachins, Palaungs and Shans. Soon after the Government of British India annexed Upper Burma in 1885, regulations prohibiting the sale of opium and alcohol to Burmans had also been introduced in northern Burma, while establishing a limited number of shops to sell opium to Chinese and other non-Burmans "accustomed to its use".<sup>15</sup>

In Burma, the Buddhist religious order condemned the practice of taking opium (and alcohol), and most Burmans considered opium consumption "as a disreputable and

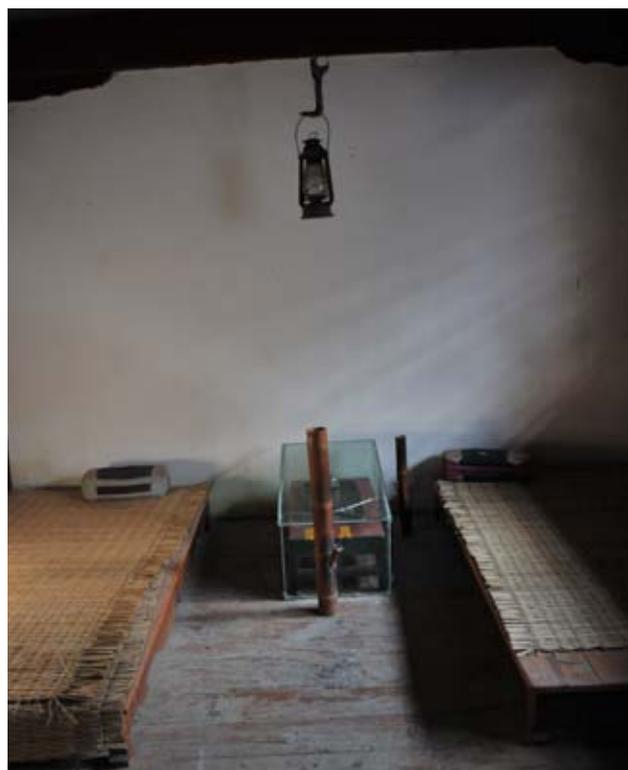
harmful habit".<sup>16</sup> Burmese rulers had prohibited its use by ethnic Burmans throughout the 19<sup>th</sup> century with varying degrees of severity. In general, the restrictions did not apply to the ethnic Chinese, or to the Kachin and Shan minorities, who were allowed to consume opium, primarily by smoking, despite the fact that British opium reformers called for a ban on opium throughout British-ruled Burma. Opium was a key source of revenue for all colonial powers in Southeast Asia as well as for the Kingdom of Thailand, the only country in the region to remain politically independent. All of them established opium monopolies, and bought up all local production – which they stimulated – and/or imported opium and sold it to opium dispensaries in their respective territories. Thailand operated legal opium dispensaries until 1959, Burma until 1962 and Laos until 1975, giving in to international pressure to limit opium use to medicinal and scientific purposes that had been building up since the 1912 International Opium Convention and subsequent treaties, and was ratified in the 1961 United Nations Single Convention on Narcotic Drugs.

Opium smoking in China had been banned after the communist victory of the nationalist Kuomintang (KMT) in 1949, and the country's new leaders introduced a strict anti-opium campaign, targeting both opium smokers and opium farmers. The campaign resulted in a shift by consumers to using heroin and morphine, either for smoking, snorting or injecting, and in conditions much more harmful than those in which opium was used. "If opium was medicine as much as recreation", concludes one study on narcotics culture in China, there is "plentiful evidence that the transition from a tolerated opium culture to a system of prohibition produced a cure which was far worse than the disease. Ordinary people were imprisoned and died from epidemics in crowded cells, while those deemed beyond and hope of redemption were simply executed".<sup>17</sup>

### Current Opium Use

Opium continues to be used in multiple ways in the region by communities living mainly in opium cultivating areas. Opium functions as a traditional medicine and a household remedy, especially in remote areas, and is used for pain relief and to assist the elderly more generally, not unlike the traditional and medical use observed by the Royal Opium Commission in India some 120 years earlier. In particular, opium is used to treat dysentery, malaria and fever. It is commonly administered by putting a small piece of opium into a garlic clove, which is then grilled over a fire and subsequently eaten. Opium has various other traditional uses, and is used for recreation and pleasure, including for instance among well-to-do urban people and by businessmen when they conclude a deal. It is offered to guests and for entertainment. Parts of the opium plant, especially the seeds and the leaves, are used in cooking.

Traditional opium smoking room in old Chinese house



### Traditional Opium Consumption Versus Problematic Heroin Use in Burma

*“I used opium, and mixed it with banana leaves, which I produced myself. I used opium because I had many kinds of health problems after I stopped being a soldier in the Kachin Independence Army (KIA). Opium is a great medicine for those who know how to use it. In the past, the older generation used a lot of opium; they had a long life and succeeded in their work and business. The young generation has switched from using opium to heroin. Now drug users have become thieves and do not live a long life because they don't know the dangers of using drugs. They don't want to do other jobs, they only want to use drugs. The original purpose of using opium was for work. I am 75 years old now but I still do hard work such as planting fruits, and I do not give trouble to my family. The young people who are using heroin are no benefit to our nation and future. If we lose our Kachin national pride, we also lose our Kachin politics. If you do not know how to use drugs, how will you be good leader or become a great nation. This is how I encourage those who use drugs. I always ask drug users: what kind of job do you do? How much money do you get? I would like to encourage everyone to work hard.”*

Interview with 76 year old Kachin man in Myitkyina, Kachin State

*“Before 1970 most men used opium recreationally. Women and children did not use opium recreationally but 90% of the households did use opium as a medicine against diarrhoea, fever or to treat gunshot wounds. Opium was smoked in water pipes [known as khatpong or kakoo], and it helped people when working long hours in the fields. It was a healthy drug. My uncle became 110 and he used opium every day. In Burma government opium shops were licensed to sell opium up to 1966. Then there was a period of transition and only people older than 50 years of age were allowed to use opium. Now it is no longer allowed but the drug problems have become much bigger, with many young people using heroin, often injecting it. In the past we did not have these problems. The government should allow opium use again.”*

Interview with 81 year old Kachin man in Lashio, northern Shan State

Opium is also used to tame animals, such as elephants and livestock, and also has veterinary uses for the treatment of animal diseases.

Opium also functions as savings and as collateral as it can be kept for several years and can be used as cash to pay for household items, agricultural tools and labour, and to barter for food, supplies and even education. In some cases opium is reportedly used as a community fund, for instance to help pay for a church or monastery or support religious functions. Opium is used for political influence and to buy votes. In some cases opium farmers report that when they had to flee from fighting between government



Preparing to smoke opium in village in Kachin State

## Opium Cultivation and Use in Shan State

*“In my native village, for generations everybody grew opium to support their families. I owned a plot of upland paddy field of just over one ha, as well as a poppy field of just under one ha producing about 5 kg of raw opium every year. In 1996, the local authority [the National Democratic Alliance Army] banned poppy cultivation in the Mongla region, causing several problems for most of the people as they lost their primary income source. My family had worked hard on upland farming and was able to produce enough rice to feed the family. However, after the poppy ban we could not find any alternative income to pay for essential things, such as clothing, medicine, daily kitchen utensils, etc. People were surprised and they never thought these things would happen to them. After suffering and living in a cycle of poverty for years, we could no longer bear the worsening situation. Therefore, in October 2000, we decided to leave our village together with some other families and moved to this present village [under control of the central government] where we can continue to grow poppy.*

*In the very first year, I was not able to produce rice because it was already late in the season, and we had to rely on rice donated by other villagers. Fortunately, I could catch up with the poppy cultivation season and prepared a piece land of about two acres, which produced about 5 kg of raw opium, providing my family a cash income of about US\$300. The village headman collected opium tax for the local authorities and militias, which depended on the size of the opium field, but every family has to pay not less than 160 g per household. Starting from the second year my wife and I worked hard, and we prepared an upland field of just over one ha for paddy and other crops such as maize, soybean and vegetables for our family. We earned some income from farm products and were able to purchase livestock (two piglets) by adding some money earned from selling opium.*

*My family lived happily and satisfied up to the year 2005, when I became an opium addict. As a result of working hard I suffered from illness and developed a stomach pain. There is no clinic or any health service in the village, and we have to travel to the nearest town to buy medicine or go to the hospital, which is 20 miles away. Whenever the villagers suffer from malaria, stomach pain and other common diseases they use opium as a painkiller. Only the seriously sick patients are sent to the hospital. In this way, I started*

*using opium regularly to treat my stomach pain. After I became addicted, my family suffered from lots of burdens. I could not work in the upland field, while my wife was also busy with our young kids. As result we faced food shortages. To solve this, we expanded the opium field as it could earn cash in a shorter period than other crops and could be easily sold to the opium collectors in the village.*

*Even though the poppy cultivation was illegal, villagers were free to grow it with tacit understanding of local authorities. In 2005, restrictions started regarding the location of the poppy fields. Villagers were not allowed to grow it in full view by the roadside but only in places out of sight. We were still lucky to be able to grow poppy but we had to spend more time to get to the field. Some other villages located near the roadside were forbidden to grow at all. Apart from this, the opium tax was doubled because the local authorities said they were now forced to share the tax not only to the local militias, but also with the army and police officers assigned by the government in the area. My family harvested about 6.5 kg per season that should have been sufficient in addition to the rice we grew for family consumption and some other needs. In reality, I consumed more than half of the opium produced, and the remaining income could not meet our family needs.*

*Then my wife also became weak and suffered from stress and strain by shouldering all the burdens of the family. She started to smoke one or two pipes of opium every day to release her from her tiredness. As a result of our addiction, the children dropped out of school before ending their primary education. To overcome these difficulties, the only solution is to let our eldest daughter find a job in a town. Many other teenagers are travelling up and down crossing the border to find jobs that quickly earn money, whether these are good or bad jobs. My daughter has to work as wage labourer and earns US\$2 a day. Considering the future of the family, this is the best solution to our problems.*

*Now I realise that even though opium gives a fast cash income and is a profitable crop, it has also created problems, destroyed the family and damaged my body. Although I am very well aware of the dangers of opium, it seems I have no choice but to continue using it. We will have to depend on opium income until my daughter has found a good job and can support our family.”*

53 year old Ahka opium farmer in Eastern Shan State

troops and ethnic armed opposition groups they had no time to take any possessions apart from the opium they had saved as contingency cash. While in hiding they survived by trading the opium for food and other necessary items.<sup>18</sup>

Problematic opium use is mainly found in opium cultivating communities. In such areas where essential medicines and health services are scarce, people often start to use opium as a painkiller or to deal with diarrhoea and other illnesses.

Frequent opium use can lead to addiction, which tends to make people less productive or able to contribute to the household income. Heavy opium use diminishes what can be sold for cash, and/or may result in the need to buy opium, thereby also eroding the household's resources.

Demand for opium is clearly one of the drivers of opium cultivation in the region, but there has been no research to document how much of the opium produced is for local

consumption, or to find out what proportion of opium consumers become problematic. The latter would also require a precise definition of 'problematic opium use'. Furthermore, without access to essential medicines, there will still be a local demand for opium. According to the Lao government, Laos had some 63,000 'regular' opium users in 2000. Following the decline in opium cultivation and detoxification programmes, the number supposedly dropped to below 5,000 in 2008. By 2013, the number of opium users in Laos was said to have risen again to some 14,000–15,000. Although these figures should be viewed with caution, it is clear that there are still a significant number of opium users in Laos.<sup>19</sup> There are no estimates of the total number of opium users in Burma, but according to government sources there are some 40,000 'drug dependent' opium users in the country.<sup>20</sup> TNI research has shown that opium use still is very common in opium cultivating areas in Shan and Kachin States, and the total number of opium users is likely to be much higher.

According to Indian government data, the number of registered persons taking opium orally decreased from 200,000 in 1956 to some 125,000 in 1963 and to about 80,000 in 1977. By 2003 this number had dropped to 570 and to only 44 in 2004. The number of opium smokers also declined.<sup>21</sup> However, these data are likely to be a huge underestimation. A 2002 National Household Survey on Drug Abuse, for instance, found that 0.5% of adult males were current (use within the last month) opium users,

and that there were some 1.4 million opium users in the country.<sup>22</sup> In some areas, such as the Bishnoi villagers in western Rajasthan, there continues to be ritual opium use, which authorities tacitly allow.<sup>23</sup> Although some of the opium for local consumption may derive from leakages from the licit cultivation for pharmaceuticals, local opium use continues to be one of the drivers of illicit cultivation. There is also a demand for Indian opium in the international heroin market.

TNI research in China found that the non-problematic opium use continues, although at much lower levels, for instance among jade traders along the China–Burma border who smoke opium when concluding a deal. It is also used at weddings and funerals held by ethnic minorities in China's Yunnan province. Most of the opium consumed in China is thought to originate from Burma.

### Heroin Epidemic

The production of the high-quality heroin 'No. 4' in the border regions of Burma, Laos and Thailand started in the late 1960s, since when heroin use spread rapidly throughout the region and beyond. Currently, most heroin is produced in Burma's Shan State, and from there is also transported to other parts of the country, especially Kachin State. It is also exported to neighbouring countries. TNI research shows that some areas in the region, in particular



Injecting heroin users in Kachin State

in Kachin State and northern Shan State in Burma, are facing a 'heroin epidemic', with problematic injecting heroin use being widespread among young people. In these areas, few families are left unaffected. "In the past, we could ignore the problems related to drug use, but now these are getting bigger and bigger, because in this region there is increasing opium cultivation and drug use", stated a Christian priest at a public forum on drug use problems in Lashio. "Everybody is negatively affected by this, and we need to find a solution together."<sup>24</sup>

Heroin use is also common among workers at various mines in the area, including the infamous jade mines in Hpa-kant in Kachin State. According to official government data, there are some 65,000 registered drug users in Burma. However, the real number is thought to be

significantly higher, and international NGOs estimate the number at some 300,000.<sup>25</sup> There has never been a national survey and all these figures are based on small-scale studies and anecdotal evidence, and therefore should be treated with great caution. For instance, while official government estimates suggest that the number of injecting drug users in Lashio at some 1,200 people, local sources say a more accurate estimate might be around 6,000 – but this figure is also unreliable.<sup>26</sup> Research on drug use in Burma remains sensitive but is vital in order to inform policy makers and development agencies so that they can develop appropriate responses.

In the 1970s cheap and high quality heroin from Burma flooded Manipur and Nagaland in Northeast India, and soon became the drug of choice, often smoked in cigarettes

### Shifting from Opium to Heroin Use in Kachin State

*"I am married and have four children, and two of my daughters are still studying. I have never attended school. I started to use opium since I was 20 years old, and smoked it for more than 10 years. After the anti-narcotics policy by the KIO in 1992, it became difficult to find opium and the price became much higher than before. So I changed to heroin instead. I am selling heroin as well, because I am getting older so I cannot earn money as I did before. I only help to work in the mushroom farm where my wife is in charge. She understands me very much and so do my children. Even though I am a drug user I have never caused problems to my family, and not even brought an argument. Sometimes I hire labourers for working in the farm. Some of them are drug users so I can give them heroin as their daily wage. I used to work in an opium farm where I started to use and got addicted to opium. We often used in a group of friends. Now I am smoking heroin three times per day. I use one to two caps of 'Pu Jung Chywi' [penicillin] bottle per time. It costs 5 Yuan per one cover. My health is good enough so far."*  
56 year old Kachin man

*"I started to use opium as medicine when I had serious stomach ache, when I was only 18 years old. I changed to using heroin in 1992 because it was really hard to find opium and the price had become much higher. Even though I smoke heroin, I use it as a medicine, and that is why I feel that it does not harm me. But my stomach ache comes back whenever I try to stop using heroin. Apart from that I have no health problems. I could not bear the pain when it happens. Now I smoke heroin twice a day. Sometimes it is really difficult to get heroin, especially when there are strict checks and arrests by the anti-narcotics department. In that situation I usually go to find heroin in other villages and smoke it there. However, I never tried to inject, because I am scared. I burn one cap of 'Pu Jung Chywi' [penicillin bottle] a time. My youngest daughter sometimes buys a bottle of heroin for me. I do not have a permanent job, I only work randomly at other people's farms. During the sugar cane*

*harvest I usually go to work as daily labourer. Even now I am going to pick 'Hparang' or 'Indian Penny Worth' for selling in market tomorrow. Sometimes I collect forest products like bamboo shoots and other edible food from forest nearby the village."*

63 year old Kachin woman

*"I have been using drugs for more than 20 years. I started to use Khatpung (smoking opium with water pipe) when I was 25. I was a KIO soldier by that time. I was once in a battle, and I was shocked by the noises from the guns and bombs as I was still young, and I think I lost consciousness. After returning from the war I was paranoid. I always felt afraid and I heard strange noises. Some of my friends told me to use opium in order to heal those feelings. I tried as they suggested and I felt better so I kept using opium for more than ten years. After the price of opium rose I changed to using heroin. Now I have been using heroin for more than ten years. I am also selling heroin because I am old and my health situation is bad. I have high blood pressure, sometimes my body is swollen, now my eyes are getting blurred, I cannot see things clearly. I cannot do any better business. I need income not only for my health and my family but also for my daily survival. That is why I am selling heroin. I have permission from KIO to use heroin due to my health, but of course not for selling it. It is not easy to survive without any income. My wife helps me to sell drugs if I am not free. We do upland cultivation so we have to hire labourers to work for us. Some of them are drug users so we give heroin as their daily wage. The KIO comes sometimes but they understand our situation. Even though I have been using heroin for a long time I never tried to inject it. I have seen some of my friends inject heroin and they had a short life. I do not know exactly what is heroin made from but I am sure there must be some strong acid in it. I have no idea about HIV but I whenever I heard about that name I feel scared. Because of this drug, I often argue and quarrel with my wife. She said she lost her face in the community so it would be better if I died rather than living like this. I know it is true so I say nothing back."*

50 year old Kachin man

**Table 4: Examples of Rising Heroin and Methamphetamine (Yaba) Prices in Burma during 2005-2010 in Kyat \***

<b>Township</b>	<b>Heroin 2005</b> For 1 penicillin bottle	<b>Heroin 2010</b> For 1 penicillin bottle	<b>Yaba 2005</b> For one tablet	<b>Yaba 2010</b> For one tablet
Yangon	30,000	120,000	1,000	5,000
Mandalay	12,000	80,000	600	2,500 - 3,000
Lashio	3,000	20,000	300	1,800 - 2,000
Muse	1,500 - 2,000	14,000	200	1,000 - 1,500

\*During the 2002–2012 period, exchange rates fluctuated between 750 and 1,200 kyat to the US dollar. In early 2014 the rate was about 950 kyat to the dollar.

or snorted. When heroin became scarce and more expensive, users started injecting heroin, as this is more cost effective.

Regional demand for heroin continues to be one of the key drivers of opium cultivation in the region, but there are no reliable data on heroin consumption and production. According to a high-ranking Thai police officer, almost 90% of heroin produced in the region is exported to China.<sup>27</sup> UNDOC estimates that some 70% of all heroin consumed in the East Asia and Pacific region is used in China (including Taiwan and Macau).<sup>28</sup> “We estimate that China uses around 65 tonnes of heroin annually and there’s not enough heroin in the Golden Triangle to meet that demand, so heroin from Afghanistan is coming in as well to supplement it”, said a UNODC spokesperson, who also estimated that the region now supplies 10% of the world’s annual heroin production.<sup>29</sup> According to UNODC, Burma is still the main source of opiates on the Chinese market, followed by Afghanistan.<sup>30</sup> Heroin for the US market is supplied by opium producing countries in Latin America, mostly Mexico followed by Colombia. Most heroin on the streets of Canada and Europe is from Asia, chiefly Afghanistan.<sup>31</sup>

Heroin use in China has increased significantly since the 1990s, spreading from Yunnan Province, bordering Burma and Laos, to the country at large. In the 1980s, most drug users were farmers in the border regions of Yunnan and Guangxi provinces. According to one study, heroin use and trafficking in China emerged in these provinces “because of the historical tradition of tobacco and opium smoking in these provinces and their physical vicinity to drug-producing nations such as Burma, Thailand and Laos”.<sup>32</sup> This pattern has changed since the 1990s. Young urban residents throughout the country now constitute the main

group of drug users, most of them poorly educated and with limited skills.<sup>33</sup> Although there are no reliable data on drug use in China and estimates vary, the general trend is that injecting heroin use has increased dramatically in the last two decades.

According to Chinese government data, the total number of drug users rose from 70,000 in 1990 to 1.14 million by 2004. The true number is significantly higher, however, as this figure includes only those registered with the government and focuses on opiate users.<sup>34</sup> According to the International Harm Reduction Association (IHRA), by 2010 China was estimated to have nearly 2.5 million people who injected drugs, some 12% of whom are estimated to have HIV.<sup>35</sup> Most are heroin users, who often combine it with other drugs, mostly prescription opioids (pethidine and tramadol),<sup>36</sup> but ATS use is on the rise. In 2013, an estimated 29% of the more than 2 million officially registered users consumed ATS, according to the National Narcotics Control Commission. In 2008, ATS users accounted for only 9%.<sup>37</sup>

The public perception of drug addiction in China is defined around opiates such as opium and heroin, and conceals the risk of ATS. “Compared with heroin, which has a more direct and obvious impact on health, addiction to meth appears less severe and the body doesn’t show changes as quickly. An increasing number of people, especially among the younger generation, seem to regard it as being akin to smoking or drinking and see it as a way to socialize”, according to Li Wenjun, an associate professor of drug prohibition studies at the People’s Public Security University of China.<sup>38</sup> A study on drug policies and practices in China estimates the unofficial number of ‘drug addicts’ at between 6 and 12 million.<sup>39</sup> Recently, official estimates placed the number of drug users in China

at well over 10 million, most of them teenagers, according to Liu Yuejin, head of the Narcotic Control Bureau of the Ministry of Public Security. The sale of substances through social networking and video websites is becoming increasingly popular.<sup>40</sup>

As documented in ‘Withdrawal Symptoms’, following the decade long reduction in opium cultivation that lasted until 2006, the quality and quantity of heroin on the market declined while prices went up. Interviews conducted by TNI in Burma in 2010 showed that in coping with heroin shortages on the market, users switched – often temporarily – to other substances. “Heroin is getting scarce and more expensive”, said a user in Yangon. “There is a vast difference in quality now and before. Heroin is mixed with other substances or chemicals, and it is not fully pure like before. We now use all kinds of drugs, as long as we

get a high. Now I am taking methadone, and sometimes also methamphetamine. Those who cannot afford the high heroin prices go to the clinic and inject buprenorphine and diazepam.”<sup>41</sup> Drug users in Mandalay also reported that the availability and quality of heroin has been declining over the years. “Now the price of heroin has gone up, in the past it was only about US\$20 for one penicillin bottle, but now it costs about US\$75”, says a 36 year old taxi driver. “The quality of heroin is also not so good as before, it looks dirty and mixed. Students from Mandalay mostly use methamphetamine, and heroin has become less popular nowadays.”<sup>42</sup>

TNI research in Lashio in 2010 showed a similar trend. According to a 30 year old man who uses both heroin and methamphetamine: “Compared to the old days, the price has shot up. During around 2005, we paid only US\$5 for

**Table 5: Rising Prices of Heroin in Burma 2003–2013 (in Kyat) \***

Region	Heroin 2003 1 penicillin bottle	Heroin 2008 1 penicillin bottle	Heroin 2013 1 penicillin bottle
Taunggyi	2,000	12,000	70,000
Mandalay	3,000	21,000	60,000
Northern Shan	1,000	9,000	12,000
Kachin State	1,500	6,000	30,000
Tachilek	15,000	18,000	45,000
Monywa	-	40,000	90,000
Yangon	6,000	70,000	90,000

**Table 6: Rising Prices of Methamphetamine (Yaba) in Burma 2003–2013 (in Kyat) \***

Region	1 pill 2003	1 pill 2008	1 pill 2013
Taunggyi	250	800	2,000
Mandalay	200	500	3,000
Northern Shan	350	4,500	4,500
Kachin State	90	800	1,500
Tachilek	300	700	1,500
Monywa	1,500	2,000	3,500
Yangon	800	4,000	6,000

\* During the 2002–2012 period, exchange rates fluctuated between 750 and 1,200 kyat to the US dollar. In early 2014 the rate was about 950 kyat to the dollar.

### Problematic Heroin Use in Kachin and Shan State

*"I started to use drugs in 1989, when I was a soldier with the Kachin Independence Organisation (KIO) based near the jade mines in Hpa-kant. At that time there was only opium and heroin, I used both and became addicted. After that I left the KIO, and I got married in my native place. There are many drug users in my village so I continued to use drugs, and I have a big problem in my family because of this. My wife was sad and disappointed with me, so she left me in 1998 and married another man. My eldest daughter takes care of all our family affairs. She cannot study because of me. I tried to stop using drugs but then I became an alcoholic. Now I am using drugs and alcohol, and I spend at least US\$2 a day on drugs. I make money as a coolie and cutting bamboo from the forest. I tried stopping using drugs but there are a lot of drugs in my village so it is very difficult. I tried to stop using drugs with Chinese medicine but it did not work for me. Most of my drug user friends have died already. I believe I will also die very soon. I will try to stop using drugs in the future."*

46 year old Kachin man

*"I started to use drugs in 1999, after my parents did not approve of the girl I love. They said we are high blood family, and they looked down on my girlfriend's family, which is very sad. It made me start using drugs. In the past I used to look down on the drug users, but now I am an addict myself. I have been addicted for 10 years already, and I am isolated from the community. My family does not want to see me any more. We do not have any drug awareness programme in our village. Sometimes we received information about drugs from our church and pastors. I am very sad that I am using drugs but I cannot stop. When I would like to stop, I will come and see you. I need your help."*

38 year old Kachin man

*"I was selling heroin in 2001 and ever since 2003 I am also using it. In this area most drug users consume heroin. I use drugs for my health but at the end I became an addict. In the past I could sell drugs freely. When the police came from Kutkai and Nam Hpak Ka we bribed them so it was very*

*safe. Sometimes we also had to pay the village leaders. I am addicted so I cannot stop it, and if I do I will have serious health problems. I spend US\$2.50 a day on drugs. I used to make charcoal and cut bamboo from the forest to make money. This is my daily life. I feel sorry for my children but I cannot help them. I do not know what is happening in my life. I am using every kind of drug. One day, I hope I will stop it."*

36 year old woman from northern Shan State

*"I have been using drugs for already 20 years, and I am also an alcoholic. My wife divorced me because of my addiction. I spend US\$3 a day on drugs but sometimes more, depending on the drugs. I try to stop using drugs many times but I cannot do it because we can get drugs very easily in our place. In my family we have 11 brothers and six of us are addicts. So, you can call us a drug addict family. I have only one brother who is educated but he is dead already. I do not want to be an addict but it is very hard to stop. I think the devil controls my life. I met many NGOs who are giving health education and drug awareness. They donate syringes and encourage us to stop using drugs. We do not have a rehab centre for me to stay away from the drug using area. If God does not help me, nobody can save my life."*

39 year old man from Kachin State

*"I started using drugs 16 years ago when I was at the Hpa-kant jade mine. When I came back to my village, there was a lot of opium. I did not get any jade but instead I became an addict. Even at the village I could not escape from drugs because there too were many drug users. As I continued to use drugs my family left me. That is why I lived in the jungle for many years and did anything I wanted. I could not help my family for over ten years, so they are entitled to be angry with me. Only my wife takes responsibility for our children. She is a very clever woman. The church helped them for our children's education. I tried to stop using drugs six times but failed, until I used the Chinese medicine. My brother in-law helped me a lot when I stopped using drugs. In spite of this, my wife does not accept me. They believe in God but they do not forgive me. But I am human too, who am I living for now? For this reason I am now using drugs again and I do not wish to stop."*

47 year old man from Kachin State

one penicillin bottle of heroin, in 2008 it went up to US\$10, but by 2010 it is around US\$20." In previous years the heroin was quite pure but now (2010) because of chemicals and the mixture it is not quite good.<sup>43</sup> Most injecting drug users are in Lashio and other urban areas, whereas in villages and rural areas more people smoke opium. Many young drug users in Lashio start with injecting heroin, which is seen as more effective.

Recent TNI research shows that the availability of heroin on the Southeast Asian market has increased again, and prices have remained stable for some time. However, drug users report that the quality of heroin has declined compared to 15 years ago. Heroin began to reappear on the streets of

Yangon in 2012. "Now heroin is easy to get, there are so many small dealers, the authorities do not arrest the users", says a TNI local researcher in Yangon. "This change started a year ago, and since 3–4 months heroin is easily available again." At the same time, the price of heroin in Yangon has decreased from about US\$150 per gram in mid-2012 to between US\$50 and US\$80 in mid-2013.<sup>44</sup> Most heroin users in Yangon tend to be over the age of 20 years, and most younger drug users prefer ATS.

Unlike in Yangon, the availability of heroin in Lashio has remained stable for the last five years. Heroin comes onto the market in different quality and quantities. Larger amounts of heroin are sold in blocks in compressed form,

Discarded needle-syringes used for injecting heroin



which are then divided into smaller portions for sale on the streets, mostly in penicillin bottles or by the size of a cap of a penicillin bottle. There are different colours and quality of heroin on the Lashio drug market, including white, yellow and pink, which in 2013 all sold for about one dollar per penicillin cup, or about US\$17 for a penicillin bottle. One bottle of penicillin contains about 16 cups. The price of heroin in a nearby Kachin village that is famous for drug selling is lower (possibly because it is located nearer to a heroin factory), at about US\$12 for one penicillin bottle. The yellow heroin is reportedly of higher quality and more concentrated, and is locally called 'yellow stripe'.<sup>45</sup>

According to drug users in Lashio, heroin is easy to find but the quality is not as good as before. "We think the purity is less and some chemicals may be added to it."<sup>46</sup> They report that the price of one penicillin bottle is about US\$15–16, and if bought from a big dealer in greater quantities it could be for as little as US\$12 per bottle. The pink or red heroin is more common at present, but the yellow is also available. "This heroin gives a quick high, but it does not last very long, so instead of injecting about three times a day in the past users would now inject about five or six times per day", says a drug user in Lashio. "That is why overdoses are more common now. We liked the white powder that was available in the past the best. The price has steadily increased since the 1990s."<sup>47</sup>

The limited availability of heroin in India and the rising prices, caused by the drop in opium cultivation in the region, as well as increased law enforcement, caused drug users to shift from heroin to the analgesic Spasmo-Proxyvon (dextropropoxyphene), better known as 'Spasmo' or 'SP'. By 2011, there was a shift back from SP to heroin, as the available SP cannot be injected and is of

low quality. At the same time, heroin prices have fallen again, following a spike in opium cultivation in India and neighbouring Burma. Some local organisations allege that heroin is produced locally while others say that most is produced in Burma.<sup>48</sup>

Many heroin users have coped with heroin droughts and increasing prices by substituting it with pharmaceuticals as well as anything else that could give them a high, from alcohol to glue. An increasing number of heroin users say they are also using methamphetamine to balance the 'sleepy' effect of heroin and make them more active. "I use methadone, heroin and diazepam. Some use methadone and methamphetamine", says a drug user from Lashio. According to a drug user in Lashio: "Some drug users use more than one type of drugs, mostly heroin and ATS. I also use both, after injecting heroin I smoke methamphetamine, and its really good. Heroin makes one sleepy, while yaba makes one active and working hard."<sup>49</sup>

### Increasing Health Risks

Injecting heroin use continues to be one of the key drivers of the HIV epidemic in Southeast Asia. According to UNODC and UNAIDS, "People who inject drugs are among the population groups most severely affected by the HIV epidemic. In 2011 an estimated 370,000 people became newly infected with HIV in Asia, a region where an estimated 3–4 million people inject drugs and where drug use-related transmission has and continues to be a significant driving factor of the HIV epidemic since 30 years."<sup>50</sup> The same report estimates the global number of injecting drug users at some 16 million, of whom around 3 to 4 million live in Asia,<sup>51</sup> although there are no comprehensive and reliable data on the amount of injecting drug users in countries in the region. This is partly due to the fact that drug use remains criminalised in many countries, which hampers access to treatment and harm reduction services as well as data collection. Furthermore, in many countries there has been a switch from the predominant role of opiates to the use of methamphetamine, including injecting. According to UNODC/UNAIDS, "The current size estimates mostly reflect the estimated number of people who inject opiates, rather than size of the population who inject ATS."<sup>52</sup>

The early phase of the HIV/AIDS epidemic in China was predominantly driven by unsafe practices such as needle sharing among injecting drug users, starting in Yunnan province. The first epidemic outbreak occurred in 1989 among injecting drug users in the border town of Ruili, situated on the main trade road to Burma. By 2002 HIV/AIDS prevalence was found among injecting drug users in all 31 Chinese provinces. The use of heroin in Yunnan remains among the highest in China and the province is therefore still of special concern.<sup>53</sup> In 2010, about 12% of the estimated 2.5 million people who inject drugs were estimated to be HIV-positive.<sup>54</sup>

As in other parts of the region, needle sharing among injecting drug users was also one of the main drivers of the HIV epidemic in Northeast India, and Manipur soon became known as the “AIDS capital of India”.<sup>55</sup> In Northeast India, the heroin drought caused users to switch to injecting the analgesic Spasmo-Proxyvon (‘Spasmo’ or ‘SP’) and prescription medicines such as Nitazepam, Nitrosun 10 and Valium.<sup>56</sup>

People who inject drugs are also at high risk of contracting the Hepatitis C virus if they share needles. WHO has called the global hepatitis C epidemic a “viral time bomb”. Of the estimated 16 million injecting drug users worldwide, some 10 million are thought to be infected with the hepatitis C virus, and around 3 million with HIV. Most HIV-infected injecting drug users are co-infected with hepatitis C. The most effective way to prevent hepatitis C is by providing drug users with access to sterile needles and syringes. Countries with repressive drug policies that restrict access to clean needles, such as Thailand, typically have relatively high hepatitis C rates, where the prevalence is estimated to be over 80%, in Burma and China between 60% and 80%, and in India between 40% and 60%. In East and Southeast Asia some 2.6 million are infected with hepatitis C, the largest proportion in the world.<sup>57</sup> Hepatitis C rates in Northeast India are particularly high, with infection rates in Imphal, the capital of Manipur, at up to 90%. Treatment of hepatitis C is costly and largely unavailable for drug users in the region.<sup>58</sup> Local sources familiar with drug users in Lashio estimate that while hepatitis B is rare, some 80% of injecting drug users they know are infected with hepatitis C, compared to around 20% of them being HIV-positive.<sup>59</sup>

An underreported health risk for drug users is that of overdose. A heroin overdose makes breathing difficult and fluid enters lungs, further limiting access to oxygen. According to a study undertaken by the Asia Harm Reduction Network: “Although there is no overdose related data in Myanmar, field observations and programmatic interventions confirm that it is also a major health issue among opiate injectors... Accidental overdose is the biggest cause of death amongst people who inject drugs.”<sup>60</sup> NGO staff working with drug users in Lashio report that because of poly drug use, combining heroin with alcohol and ATS, there are many overdoses. “Alcohol lowers the tolerance for heroin. Heroin is easy to get in the evening, as in the daytime the police is going around the shooting areas. So first they drink alcohol to deal with their withdrawal symptoms.”<sup>61</sup> Other factors increasing the risk of a heroin overdose include using a kind of heroin that is potentially stronger and new to the user. Irregular heroin users are also at higher risk as the drug has a greater impact after not having been taken even for a few days.

Heroin overdose related problems are also frequent among injecting drug users in Thailand. A study on overdose among injecting drug users in Bangkok found

## HIV/AIDS and Stigmatisation

*“My first husband used drugs but he never injected. He died in poor health. After he died I had his second son, and I had a medical check-up but there was no problem. Six years later I met my second husband, who had many wives in the past. We had a baby, and at a medical check-up at an NGO clinic in Myitkyina they said that I was HIV-positive. I was very worried about my children and wanted physical help. I did not tell my husband I was HIV-positive because otherwise he would be very aggressive. I went to Muse hospital and told them my history so they took care of me and the baby was born there. When I checked him after one year he is negative. After three years, I told my husband the truth. He uses a lot of drugs, and spends US\$15 a day on it and sometimes more, which is more money than our family’s daily food. I persuaded him to have a medical check-up but he does not agree. He said that I got HIV from my first husband. I got a poor income after I got this disease. My husband does not take care of the family so I need to take care of them all. I feel as if I am in hell, but I really care for my children so I need to survive. I take Anti-Retroviral Treatment (ART) regularly, which is why I have a better health. We can buy this medicine outside but it is very expensive, about US\$100 a month. If we did not have this kind of clinic we could not afford to buy it. We need to take this medicine our entire life. We appreciate this clinic, it supports us not only with medicine but also with food.”*

38 year old woman

*“I do not know where I got this disease. I was the owner of the food shop and I had many boyfriends in that time. The last boyfriend is a Shan man, and as I wanted to marry him I did not use a condom. I got pregnant, but he already had a family. I felt very ashamed so I left him. I raised the baby alone and did not tell anyone. Then I started selling drugs and lived with my present husband, who is Chinese. During three years of selling drugs, I became a drug addict. My husband is also a drug addict. I live at Jiegao [economic zone in Ruili, China at border crossing with Myanmar] in a small apartment. One day I became seriously ill and also very thin, so my family took me to an NGO clinic, and I found out I am HIV-positive. Then I stopped using drugs. My husband does not want to be checked, and says he does not care for this. I take ART medicine at this moment. Now I have stopped selling drugs. I do not want to explain about my disease. Humans always look down on weaker persons, so I do not tell to others about my HIV except to the family. But I do not want to feel sorry for myself, and I live a normal life.”*

34 year old woman

“a history of non-fatal overdose was common among Thai IDU, with more than one-quarter of the sample (29.8%) reporting a previous overdose event” and that most of these were “linked to poly-drug use and incarceration”. The study revealed that almost 70% of injecting drug users interviewed had witnessed an overdose.<sup>62</sup> Research

among heroin users in southwest China also showed that “nonfatal heroin overdoses are common among Chinese heroin users”, and that over half of those interviewed were recently released from prison (52%), and 56% used benzodiazepines before overdose.<sup>63</sup>

In both Burma and Thailand drug users are often unaware how to respond to heroin overdoses, and several prevalent myths may in fact have a negative impact, such as injecting salt water. The most effective response to a heroin overdose is naxalone, but this is often available only on prescription or not at all. Peer education and appropriate access to naxalone could save many lives.<sup>64</sup>

ATS overdoses are less frequent and also less dangerous. In an unusual incident in March 2014, six people died and three others remained in a critical condition, apparently due to a methamphetamine overdose at a music festival in Kuala Lumpur. According to a Malaysian police officer, “All tested positive for high levels of drugs and the deaths have been classified as overdose”.<sup>65</sup> High-risk behaviour includes combining ATS use with heroin and benzodiazepam, which makes one feel relaxed while in fact the heart is working overtime, and swallowing ‘ice’. ATS overdoses can lead to the body being “over-stimulated which results in nervousness and panic, rapid rise in heartbeat and blood pressure and lack of oxygen to the heart. This pain can sometimes lead to cardiac arrest”.<sup>66</sup>

Drug users are also stigmatised and face discrimination from their families and the wider community. Combined

with the fact that drug use is illegal and a crime punishable by jail in most countries in the region, this reduces health seeking behaviour among drug users. Female drug users are even more stigmatised, especially sex workers, who often use methamphetamine because it gives them stamina. There are very few data on female drug users in the region, and few dedicated services for them. Most networks of drug users consist of male opiate users.

### Drug Use and Dealing

Many drug users sell drugs in order to sustain their habit and/or to feed their families and earn the income to meet their basic needs. Some small-scale drug traffickers start to use drugs after sampling their own merchandise. Some sell opium, heroin or ATS on the streets, others from their homes in their village. In some cases they are able to bribe local authorities to avoid arrest. These sellers usually trade in relatively small amounts, sold in penicillin bottles or by the cap of a penicillin bottle, and would have only a few penicillin bottles with them at a time. One heroin dealer in Ruili told TNI she would buy between five and eight bottles of heroin a day, while others would carry no more than two bottles. Some sellers buy larger quantities of heroin, usually in soapboxes, which contain around 30 penicillin bottles. These soapboxes are also used to trade heroin from production areas in Burma’s northern Shan State to the consumption market in China’s Yunnan Province. Small-scale drug dealers and traffickers are often poor people who have drug use problems. They are vulnerable



### Small Drug Dealers

“When I was 12 years old, I went to with friends to Ruili [border town in China opposite Muse in Shan State] to work as a greengrocer. However, when we arrived in Ruili we instead became drug dealers, and until recently I was selling heroin. I used to hide it under the vegetables and quickly passed it to customers, who pretended to buy vegetables. I can easily recognise drug users by looking at their faces. I sold heroin on behalf of someone else in the beginning but since I was 12 years old, I sold for myself. One soapbox of heroin costs between US\$160 and US\$260, depending on the situation, and US\$260 is the normal price. One ‘Pu Jung Chywi’ [penicillin] bottle of heroin can be sold for US\$11 US\$13, and there are between 30 and 33 bottles in one soapbox. I got addicted to heroin since two years after dealing it for a while. I smoke a maximum of three caps of ‘Pu Jung Chywi’ each time. I would say it is pretty good, and makes me feel good, gives sound sleep, and kills pain. I have never been caught by Chinese police during my life in Ruili. Now I’ve stopped dealing heroin because I have been robbed of my money several times. As I am a child some people wanted to bully me, and steal either my money or heroin. So I came back home to Kachin State, and now live with my father, who is 56 years old. All of my family members are using heroin too, but my father never smokes together with others. He sometimes drinks alcohol as well. Now I am on the way to pick up some vegetables and forest products to sell in Loi Je market. I do not have a permanent job. I work as daily labourer in the paddy field, especially at transplanting and harvest time, and also on sugarcane farms and other work as necessary.”

16 year old girl, Kachin State

“I have three children and my husband died last year. I try to support my children as much as I can, but at this moment the expenses and my income are totally different like heaven and earth, so I do this job. Mostly I sell the opium and also a little heroin. Most drug users use opium in this area. We do not need to worry about security; we can negotiate with the authorities. Sometimes I have to use drugs also for my business, and have it to serve to them and because of this I became addicted, and like a prostitute. I worry about HIV/AIDS but at this moment my family problem is more worrying than that. I worry each day about my family. One international NGO group is providing medicine for HIV/AIDS in my area. Many people die with HIV/AIDS. When I see them, I think I will also die like this in the future. But before I die, my children’s word ‘mammy’ is my strength. My duty is to plan for their future. I do not have a job, education or investment, so how can I live?”

33 year old female, Kachin State

“From 2007, I started selling drugs together with the dealer from Kutkai because we have no family income. I did not deal in a big way, but carried drugs through the jungle to other drug sellers. I had never done this work before, and I

was very scared, but because of our family’s financial problem I accepted this job. Then in 2008 my wife was arrested. The villagers were jealous of my wife so they informed the police. I could not help her, as we do not have money. My wife was 46 years old when she was arrested. I think she suffered a lot and she was in distress, and she had heart attack. She was moved from Muse jail to Lashio jail in January 2008, and died in August the same year. I am very sorry for what happened. So I will never do this job in my life again. The family is cold towards me and it is too late. I would like to tell you the truth. I was the only drug dealer in our village. I am very sorry for selling drugs. I will not sell drugs any more even though I am poor.”

54 year old Kachin man, Northern Shan State

“I have been selling drugs for four years. I usually sell heroin but sometimes I also sell yama. Most drug users use heroin in this area. I am a drug seller but I do not sell it always. In the past three years we were able to sell drugs freely but now it is not like as it was. Last year almost every family was selling drugs. Before we were able to sell drugs freely by bribing the village leader. The village leaders bribed the police and they in turn bribed their masters. We now sell drugs secretly. We are also drug users. From 2005 my husband used a lot of drugs so I stopped using drugs for a couple of months. My husband will not stop using drugs so I became angry and started using drugs again. In the end we both became drug addicts. Now my husband is in jail. He was arrested with drugs. I am very angry with him so I do not want to help him. I am selling a little bit of drugs at this moment. I cannot do anything if I do not sell drugs. I built this brick building by selling drugs. I bought tawlawgyi (small tractor) but I had to sell it again. My sons are grown up so I should stop using drugs, and I wish I could do this. I have many customers who are ethnic Kachin and Palaung. Now I sell drugs outside the village at the farm. For security I do not want to tell you where the place is.”

30 year old Palaung woman, northern Shan State

“Since 2004 I have been involved in drug trafficking. There was a factory producing heroin in Kutkai Township along the way to go to Datlai. Soldiers with uniforms were guarding around the heroin factory and we were not allowed to enter into it. I do not remember what the badge they had on their uniforms. We brought the heroin there and transported it up to the Sak Hkung river near Mang Shi, a town in Yunnan Province in China. It took us two days to get there, and each of us received 150,000 kyat (150 US\$) as payment. At that time our team consisted of 4 persons and 2 horses. I used heroin at that time with my friends, but I had an overdose and was sent to the hospital when we arrived at the border area. I was seriously sick and was vomiting. My friends lied to hospital and said that I was poisoned from eating fruit. I do not know exactly what is mixed with the heroin, but I saw there were some chemical and acid tins in front of the factory where we bought it.”

22 year old Kachin man

Heroin in penicillin bottles and methamphetamine pills



and inclined to high-risk behaviour to try to address their financial, social and health problems. They are therefore more likely to get arrested than the larger dealers and traffickers, who also often have good relationships with the authorities, and the means to bribe their way out of an arrest or to get lower sentences if they are taken to court.

### Amphetamine-Type Stimulants (ATS)

East and Southeast Asia continue to have high levels of ATS consumption and production, methamphetamine in particular, which is the most potent amphetamine derivative and most widely used substance in the region. The problematic use of ATS has become a significant health and social problem. According to UNODC, East and Southeast Asia have one of the world's most established methamphetamine markets, displacing traditional plant based drugs such as heroin, opium and cannabis.

ATS use is associated with a range of communicable diseases such as HIV and hepatitis B and C and other sexually transmitted infections, tuberculosis and mental health problems, in particular among vulnerable groups such as female sex workers and other workers in the entertainment/hospitality industry (clubs and casinos); youth (specifically those who are homeless, unemployed or in jail), and migrants. There is an urgent need to scale up prevention, treatment and harm reduction services in the region to avoid the further spread of potentially life-threatening infections.

Despite the lack of reliable data on the ATS market in East and Southeast Asia, there are strong indications that the situation is deteriorating as substances become stronger, methods of use more harmful and the number of users steadily increases. There is a worrying trend of growing numbers of injecting methamphetamine users in the region. At the same time, the use of a more pure crystalline form of methamphetamine, usually known as 'ice', has become more prevalent. Ice can be smoked as well as injected, and was previously mainly used in Australia,

Japan, Malaysia and the Philippines, but is now increasingly appearing on other markets, such as Burma, China and Thailand. 'Ice' is not only stronger than methamphetamine in tablet form, but also more harmful due to the risks involved with injecting. In Thailand, injecting is the second most common way to use 'ice', and the third most common way to use methamphetamine. Laos and Malaysia have both reported the existence of users injecting ice.<sup>67</sup>

Large-scale production of methamphetamines in the Southeast Asia started in Thailand in the 1990s, when the country experienced a yaba ('crazy medicine') epidemic. Following increased law enforcement by the Thai authorities, production moved to Burma. However, according to UNODC, significant production of ATS also takes place in China, Malaysia, Indonesia and the Philippines.<sup>68</sup> According to a 2011 UNODC report, the production of ATS has extended to new areas that previously used to be mainly transit countries, such as Indonesia, Malaysia and Cambodia. Indonesia in particular is reported to have high levels of ecstasy production. Malaysia has become a major producer of methamphetamine.<sup>69</sup>

According to UNODC, seizures of methamphetamine pills in East and Southeast Asia rose from an estimated 32 million pills in 2008 to 94 million in 2009, 130 million in 2010 and 122 million in 2011. In 2012, a record-high 227 million methamphetamine pills were seized – a 60% increase from 2011 and a more-than seven-fold increase since 2008 – along with 11.6 metric tonnes of crystalline methamphetamine, a 12% rise from 2011.<sup>70</sup> The majority is seized in China, followed by Thailand, Burma and Laos.<sup>71</sup> Methamphetamine pills in Burma are mainly produced in Shan State, and, after repeated crackdowns along the Burma–Thailand border, trafficked via new routes to China, Laos and Thailand. Among the key trafficking routes is the Mekong River, which flows from China's Yunnan province southwards to form the border between Burma and Laos and then between Thailand and Laos. There are also various reports of trafficking of methamphetamine from western Burma to India and Bangladesh. Most ATS is produced to supply regional demand, but recently East and Southeast Asia are reported to be producing for the global market.<sup>72</sup>

### ATS Precursors

The main chemical precursors for methamphetamine, ephedrine and pseudoephedrine are mostly imported from China and India. Furthermore, the main precursors for ecstasy, safrole or safrole-rich oils (or sassafras oil), are extracted from various plants and trees, particularly in Burma and Cambodia, with damaging environmental impacts in vulnerable rainforests.<sup>73</sup> Southeast Asian countries, and China in particular, are significant producers of plant-based pre-precursors and the chemical precursor for ecstasy. Clandestine ATS laboratories use

these chemicals and not the raw plant material, although safrole has been found in ecstasy laboratories. Safrole-rich oil and its derivatives have many legal uses as well. It is marketed worldwide in large quantities as raw materials for the fragrance and pesticide industries.

Due to the increased control of precursors in China and Vietnam, the two major trading countries, production of safrole-rich oils seems to have shifted to countries where controls are less strict and there is poor law enforcement capacity, such as Burma, Cambodia and Laos. Burma and Cambodia are significant producers of illicit safrole-rich oils. The illicit production methods endanger both the flora and fauna in fragile ecosystems and affect local livelihoods. To produce the oil, entire wild and often rare forest trees are felled and the oil is steam-distilled from the timber, root and stump. The wood is chopped into small blocks and shredded. This is then distilled in large metal vats over wood fires for at least five days. The firewood required for the distillation process exacerbates the damage. According to TNI research in northern Burma, for every safrole-rich tree, ten more trees are needed to distil the oil.<sup>74</sup>

Increasing controls on precursors for methamphetamine, ephedrine and pseudo-ephedrine, seem to have caused a shift in smuggling methods. Increasingly, the substances are extracted from ordinary cold medicines and large amounts of pills are diverted from the licit pharmaceutical trade. India is the largest producer of the precursor. Tablets manufactured by companies in Delhi and Haryana are transported by truck to Guwahati and Imphal in the northeast and from there to Mizoram, Nagaland and Manipur at the border before entering Burma. Recent arrests of army officials and the son of a prominent politician show that the local authorities may be involved, in particular by avoiding checks at the many road blocks in the area.<sup>75</sup>

In 2012, the Thai authorities discovered a huge smuggling racket, importing large quantities of pseudoephedrine-based cold pills (brand name 'Colcolco') into Thailand from South Korea and China, from where they were subsequently transported to Burma and Laos. The pills were imported under forged documents. The Thai authorities discovered the scam when they found that a Thai company had agreed to buy 10 billion pseudoephedrine-based cold tablets from China, of which 2 million had already been shipped in 2009. Since 2010 the same firm had already imported 87 million cold pills from South Korea in separate plane shipments using forged documents, and had agreed to buy another 850 million tablets (or 40 tons) from the country.<sup>76</sup> A discovery of large amounts of empty packets for cold tablets led to the discovery.<sup>77</sup>

A few weeks beforehand, the Thai public health minister had ordered all pharmacies and clinics to remove all pseudoephedrine containing medicines from their stocks within 30 days and return these to the pharmaceutical

companies. The move came after about 45 million pseudoephedrine containing tablets had gone missing from hospitals in Thailand, "raising concerns that the missing pills were siphoned off into hands of drug-trafficking gangs".<sup>78</sup> The government also ordered pharmaceutical companies to stop the production of medicines containing pseudoephedrine.

Thailand has often blamed Burma for flooding the Thai market with methamphetamines. In August 2012 at the ASEAN Special Ministerial Meeting on Drugs (ASOD), the Thai Deputy Prime Minister, Chalerm Yubamrung, stated that achieving ASEAN's target to make the region drug-free by 2015 depended on Burma.<sup>79</sup> A few months after the discovery of the pseudoephedrine-based cold pills racket in Thailand, Chalerm blamed Burma and Vietnam for the export of methamphetamine pills into Thailand. "The pills are manufactured in Myanmar while the trafficking route of base chemicals has switched to Vietnam after we successfully blocked pseudoephedrine", according to Chalerm.<sup>80</sup> However, given the high levels of corruption and the scale of pseudoephedrine contraband in Thailand, doubts remain about whether this is actually the case.

Rather than accusing other nations, countries like Thailand should focus more on addressing its domestic drug use related problems at home using evidence-based and harm reduction strategies. The regional drug market is intertwined and blaming Burma for all the drug problems in the region ignores the reality of the trade, which often has links to people in high offices. Smuggling routes for both the drugs and their precursors cross national borders in both directions, with precursors to produce methamphetamine and heroin flooding into Burma from other countries, while the methamphetamine produced in Burma is smuggled back to its neighbouring countries. China and India are the main suppliers of the precursors for heroin and methamphetamines, which are not produced in Burma, while raw plant-based materials to produce precursors, such as safrole-rich oils, are produced in Burma and Cambodia for ecstasy laboratories as far away as Europe and Canada.

Law enforcement crackdowns on drug production add to the complicated dynamics of the regional drug markets with various so-called balloon effects, not only in the shifts in opium cultivation from one area to another (as described in Chapter 1), but also shifts in ATS production areas, trafficking routes (for drugs and precursors) and substance use (from heroin to methamphetamines). The recent crackdown on methamphetamine production in the area of Lufeng (Guangdong province),<sup>81</sup> listed in 1999 and 2011 as one of China's key drug production areas by the Ministry of Public Security, might trigger the displacement of methamphetamine production to other areas in China or possibly across the border to Burma, where law enforcement is even less effective. Organised crime groups from the Chaoshan area in eastern Guangdong, which

includes Lufeng, are historically well connected with international drug-trafficking syndicates. Lufeng is the home town of one of Hong Kong's most notorious triads, the Sun Yee On. The US historian Alfred McCoy noted in *The Politics of Heroin in Southeast Asia* that [Chao-shan] syndicates have played an important role in China's organised crime and were involved in much of Asia's illicit drug trafficking from the mid-1800s, and in particular the heroin trade in the Golden Triangle since the 1960s.<sup>82</sup>

### Kratom

Kratom (Latin name: *mitragynia speciosa*) is a tree indigenous to Southeast Asia and belongs to the coffee family. It grows in rainforests in Burma, Indonesia, Malaysia and Thailand, and can reach over 15 metres in height. In Malaysia it is also known as *Ketum*. The large leaves contain low levels of the alkaloid mitragynine, which acts as a stimulant, and 7-hydroxymitragynine, which is a narcotic with a strong analgesic action. In low dosage kratom works as a stimulant, and keeps people awake – rather similar to the effect of drinking a few cups of coffee. A higher dosage has a sedative effect, hence its traditional use as a painkiller. Kratom is also known to be an anti-diarrhoeal medicine, and local communities where kratom use prevails use the leaves as a traditional medicine. The Thai National Household Surveys indicates that approximately 10% of kratom users are women.



Picking kratom leaves

In 1943 the Thai Kratom Act banned its use, trade and production for economic reasons. At the time, the government was levying taxes from users and shops involved in the opium trade. Because of the increasing opium costs, many users switched to kratom to manage their withdrawal symptoms. However, the launch of the Greater East Asia War in 1942 and declining revenues from the opium trade pushed the Thai government to curb and suppress competition in the opium market by making kratom illegal.<sup>83</sup> Traditionally the leaves were used for recreational and medicinal purposes, and were chewed or used to brew tea. For years the kratom ban was mildly observed in Thailand. Few people were arrested for kratom possession or use.

However, over the last decade there has been a steep increase in kratom related arrests. Kratom seizures in Thailand rose from 1.7 tonnes in 2005 to 23 tons in 2011. The number of kratom related arrests more than doubled from some 5,500 in 2007 to over 13,000 in 2011.<sup>84</sup> The increase is mainly related to the new consumption pattern of kratom. Over the last ten years or so, a new trend emerged whereby kratom leaves are boiled as a tea, into which other ingredients such as coca cola, cough syrup and ice cubes are mixed. This cocktail is known as *4x100 (sii khoon roi)*. The drink is highly popular among young people in southern Thailand, who drink it in hiding due to fear of arrest. Discrimination and stigmatisation of *sii khoon roi* users by conservative elements in both Buddhist and Muslim communities, coupled by increasing negative media reports, mainly focus on supposed cocktail ingredients including benzodiazepines, powder from fluorescent tubes, powdered mosquito coils, road paint, pesticides, ashes from corpses, and other substances found in the local environment to 'enhance' the effect of the cocktail. This has aroused major concerns among communities in southern Thailand about the growing popularity of the cocktail among young people. TNI research, however, found very limited evidence of the use of these dangerous and unconventional additives. The negative health impacts of kratom in cocktail form have more to do with the addition of cough syrup than with the kratom itself. Furthermore, when drinking *sii khoon roi*, some users combine it with swallowing amphetamine-type stimulants or benzodiazepine tablets.

The Thai drugs law stipulates that the import, production and export of kratom can result in a prison sentence of up to two years and a maximum fine of 200,000 Thai Baht (US\$6,400).<sup>85</sup> Possession for personal use can result in a one-year prison sentence and a fine of up to 20,000 Baht (US\$640), while use can result in being jailed for up to a year and a fine of 2,000 Baht (US\$64). Research into the implementation of the legislation has shown that law enforcement officials apply the sentences as required, although it seldom ends in a prison sentence. In southern Thailand a large number of kratom trees have been felled in an effort to curb availability. Sentences for the production of *4x100*, however, can be high. There are reports of



Kratom leaves

people having been fined large amounts (over US\$4,000) as brewing *sii khoon roi* is compared to operating a methamphetamine laboratory.

In Malaysia and Burma the kratom market appears much smaller. Kratom is not scheduled under the 1961 Convention on Narcotic Drugs, although Burma also banned it under the 1993 Narcotics Drug and Psychotropic Substance Law (section 30). In Burma, kratom related arrests increased from 89 in 2007 to 211 in 2011, and kratom seizures reached over 900 kg, double the quantity seized in 2007. In Malaysia, kratom was banned under the Poisons Act in 2003. Malaysia reported 1,040 kratom related arrests in 2010, and 1,224 arrests in 2011. In that same year 1,440 kg of Kratom was seized.

In 2010, research undertaken by the University Sains Malaysia showed kratom to be affordable, easily accessible and with no serious side effects despite prolonged use.<sup>86</sup> Kratom is attracting increasing attention as a natural alternative to medically supervised opioid substitution therapy (OST) because of its capacity to attenuate potentially severe withdrawal symptoms.<sup>87</sup> Importantly, self-treatment by using the leaves avoids users being stigmatised as drug dependent, because they do not have to go to a treatment centre. Current research in the USA focuses on its potential to wean addicts off heroin and cocaine with minimal withdrawal effects.<sup>88</sup> A large number of frequent drug users and those who are trying to stop substance dependence by going to harm reduction services in Thailand reported using kratom to manage withdrawal symptoms, either by chewing it or drinking the *sii khoon roi*.<sup>89</sup>

On 28 August 2013, Thailand's Minister of Justice announced that his office was considering decriminalising kratom.<sup>90</sup> He referred to evidence that kratom is not harmful and does not create dependence. The Thai government set up a committee to study possible legislative changes. Its report is expected in 2014. Meanwhile public opinion regarding kratom is only slowly changing since de-scheduling a substance is hard to imagine in a country where the 'war on drugs' has been the leading response to drug-related problems. The claimed benefits of kratom

merit serious scientific investigation. In view of the drug's harmlessness and its potential medicinal value, kratom should be decriminalised throughout Southeast Asia and unhindered access to kratom for scientific research to explore medicinal properties should be facilitated. At the same time the media should be better informed about the positive effects of kratom and ensure that the general public gains a more balanced insight in its value.

### Ketamine – a K-hole in the Market?

Ketamine, together with substances like 'ice' and ecstasy, became a very popular party drug in southern China and Hong Kong in the early 2000s, where it is known as 'K' or 'K fen' or 'king'; the region has become "arguably the epicenter of global ketamine consumption and production".<sup>91</sup> It is chemically related to phencyclidine (PCP or 'angel dust') and comparable with the cough suppressant dextromethorphan (DMX), has dissociative hallucinogenic effects and at sufficiently high dosage can induce a short-lasting out-of-body experience popularly referred to as the 'K-hole'. The medical form of ketamine is most commonly an injectable liquid, but for recreational purposes it is usually dehydrated to a white powder suitable for snorting or swallowing. It has also become widely used in tablets mixed with caffeine, (pseudo)ephedrine, (meth)amphetamine and/or MDMA. Ketamine also has become popular in other places in the region, including Bangkok ('ya-K'), Malaysia, Manila, Singapore and Taiwan.

In medical practice ketamine is widely used for its unique 'dissociative anaesthetic' properties. While most other anaesthetics depress critical bodily functions, ketamine only temporarily blocks the sensory connection between brain and body without affecting respiratory or other vital body activities. This makes it particularly useful as an anaesthetic for children, patients in poor health and burn victims. Ketamine is also one of the most widely used



Ketamine bottle



anaesthetics in veterinary medicine, from house pets to horses and other large animals. Another therapeutic use has been confirmed by recent research in Japan, the UK and the USA showing that ketamine acts as an antidepressant by boosting 'feel-good' hormones, making it "a promising candidate for the fast treatment of depression in patients who do not respond to other medications".<sup>92</sup>

WHO has classified ketamine as an essential medicine because in many district hospitals around the world it is the only anaesthetic that can be used because it is particularly safe. The correct administration of ketamine requires less medical expertise and technical equipment than is required for anaesthesia with, for example, gases such as halothane. While respiratory and heart rate control and other safeguards are essential for the patient's safety when other types of anaesthesia are used, in the case of ketamine a simple injection is sufficient. In many areas of rural Africa and Asia billions of people therefore depend on the availability of ketamine when requiring surgery.

This tension between controlling the diversion of ketamine to an expanding illicit market for non-medical use, especially in China and Southeast Asia, and the need to secure adequate availability for its essential medical purposes, poses difficult policy dilemmas and has led to competing visions at national as well as at the UN level. In 2012, the WHO Expert Committee on Drug Dependence (ECDD) decided that the harm related to ketamine misuse

did not warrant its scheduling under the UN drug control conventions and that its availability for essential medical uses would be seriously endangered if it were subjected to such controls.<sup>93</sup>

Many unsubstantiated media stories have circulated about the risks of recreational ketamine use, including lethal overdoses and its use as a 'date rape' drug. Ketamine is often listed together with Rohypnol (flunitrazepam) and GHB as a substance used to facilitate sexual assault. The allegation that ketamine is used to spike drinks, however, is not backed by any credible evidence. While ketamine is colourless and odourless, its very strong taste makes it unsuited to this purpose. The largest known forensic study of over 1,000 claimed cases of drug-facilitated sexual assault did not detect ketamine in a single one. Unsurprisingly, alcohol was the drug most often detected in blood and urine analyses, followed by cannabis and cocaine; in only 21 cases a sedative or potentially disinhibiting drug whose use had not been admitted was detected. These potential instances of deliberate spiking involved GHB, benzodiazepines and ecstasy, but not ketamine.<sup>94</sup> With regard to lethal overdoses, while ketamine can somewhat raise the heart rate and blood pressure, incidents of acute fatal health problems are very rare: "When ketamine is reported in drug-related fatalities, it is usually found together with other drugs that are more likely to have contributed to death."<sup>95</sup> What research has confirmed are risks related to temporary cognitive and physical impairment that makes users vulnerable to accidental injury while under the influence of ketamine, and risks of severe bladder damage in the case of chronic use.<sup>96</sup>

Most countries in Asia where recreational use in party settings has become widespread, such as China, India, Malaysia, Singapore, Taiwan and Thailand, have already added ketamine to their national drug control schemes. Placing it also under international control by, for example, adding it to the very restrictive schedule 1 of the 1971 UN Convention on Psychotropic Substances – as China recently requested –<sup>97</sup> would not make that much difference to their national situations. In Africa, however, few countries have scheduled ketamine and a new UN treaty obligation to do so could have dramatic consequences. In contrast to India or China, where local pharmaceutical companies produce ketamine in large quantities, most African countries depend on imports that would become subjected to treaty restrictions and mandatory rigours of procurement.

For these reasons, in the report of the 2012 WHO Expert Committee meeting "concerns were raised that if ketamine were placed under international control, this would adversely affect its availability and accessibility. This in turn would limit access to essential and emergency surgery, which would constitute a public health crisis in countries where no affordable alternative anaesthetic is available".<sup>98</sup> Moreover, in the four African countries in which hospitals were visited for the WHO review – Benin, Ethiopia,

Nigeria and Tanzania – “no cases of ketamine misuse were reported by the health care practitioners interviewed.”<sup>99</sup> UN scheduling could thus oblige many countries to introduce legal restrictions that would affect the medical availability of ketamine for surgery, despite the fact that they do not experience any local problems with misuse or diversion.

In the European Union (EU) ketamine also found a place in certain party cultures, which is why in 2002 there was a review in the context of the EU procedure established for so-called ‘New Psychoactive Substances’ (NPS). The EU review, carried out by the European Monitoring Centre for Drugs and Drug Addiction and Europol, did not recommend scheduling ketamine under international or national drug control legislation, but instead suggested that “as a common minimum, ketamine should be subject to control under medicines legislation in Member States” (which is virtually the case already) and that “possible options for improving control of diversion should be discussed with the chemical and pharmaceutical industry in order to ensure the continued availability of ketamine for medical and veterinary use.”<sup>100</sup>

“Due to the complicated multi-step synthesis, and the difficulty of purchasing the necessary precursors and numerous solvents and reagents, ketamine sold illicitly for recreational use appears to be mostly obtained by diversion of legitimate supplies”, according to the 2002 European analysis.<sup>101</sup> This seems to be largely still the case today, even though China in particular has regularly reported the

dismantling of “illicit ketamine facilities” in recent years. In 2012, a total of 326 clandestine synthetic drug laboratories were dismantled, mostly producing methamphetamine, of which 81 were producing ketamine, according to the Chinese authorities.<sup>102</sup> Malaysia and the Philippines have also reported illicit ketamine manufacture.<sup>103</sup> It remains unclear, however, to what extent such facilities really synthesise illicit ketamine from precursors, or whether they are merely processing facilities producing pills and mixtures using diverted pharmaceutical ketamine.

What is clear is that diversion from licit industrial production continues at a significant scale, especially in India. According to an official of the Directorate of Revenue Intelligence (DRI), diversion is taking place from Punjab, Himachal Pradesh and Maharashtra. “Himachal in particular has an industry-favourable tax regime that has led to proliferation of Ketamine manufacturing companies. Several of these firms have been found to be unscrupulously diverting Ketamine to illicit markets.”<sup>104</sup> Companies started to produce ketamine in powder and crystal form for which international demand and profits were high: in 2012 a kilo of ketamine sold for 35,000 Indian rupees (around US\$600) on the licit market, while illicit export could fetch up to one million rupees (around US\$18,000).<sup>105</sup> In India, ketamine has already been included in 2011 in the list of controlled substances under the National Drugs and Psychotropic Substances Act, and in response to continuing diversion was added in late 2013 to the stringent schedule X of the Drug and Cosmetics Act. This requires retailers to obtain a government license and maintain detailed records, including contact details of purchasers, for two years.<sup>106</sup>

Due to strong and continuous political pressure from a number of Asian countries and from the International Narcotics Control Board (INCB), WHO has once again to evaluate ketamine at its 36<sup>th</sup> Expert Committee on Drug Dependence in June 2014. This is despite the fact that the Committee assessed ketamine at its 34<sup>th</sup> and 35<sup>th</sup> meetings, in 2007 and 2012, on both occasions concluding that it did not recommend ketamine for scheduling under the UN conventions. The INCB and some countries were not willing to accept the experts’ conclusion and kept calling for scheduling ketamine in the annual INCB reports and in CND resolutions, contradicting WHO’s advice. In 2007 the WHO representative at the CND was “astonished” that the Board had called on states to place ketamine under national drug control legislation, urging countries to ignore it: “The call by INCB could easily lead to the impossible choice for physicians not to give surgery or to give surgery to patients in full consciousness. Who would be so heartless to wish doctors to make such a decision?”<sup>107</sup>

The WHO Expert Committee’s report five years later noted that it “may be argued that de facto over the years a situation of international control has emerged without any scientific assessment of the situation, due to both CND resolutions and the INCB continuous pressure on Member



Ethnic Wa woman in northern Shan State waiting at a clinic

States”. It also reminded countries “that according to the international drug control conventions the CND has no mandate to conclude to international control without a WHO recommendation and the INCB has no mandate at all”.<sup>108</sup> Yet at the 2014 CND session another resolution was tabled, this time by Thailand (most likely at the instigation of the INCB via the Thai Board member), noting that 48 countries had introduced national controls and that placing ketamine under international control should be considered, and asking WHO to reconsider once again its advice against it. After tough negotiations, however, and thanks to the efforts especially of the Netherlands, Switzerland and a few others, an important cautionary paragraph was added to the preamble:

“Mindful of the licit use of ketamine as an anaesthetic in both human and veterinary medicine, and noting that, in some parts of the world, ketamine is the only means of providing anaesthesia, and noting also that the 2012 World Health Organization critical review of ketamine stated that international control measures could adversely impact its availability and accessibility.”

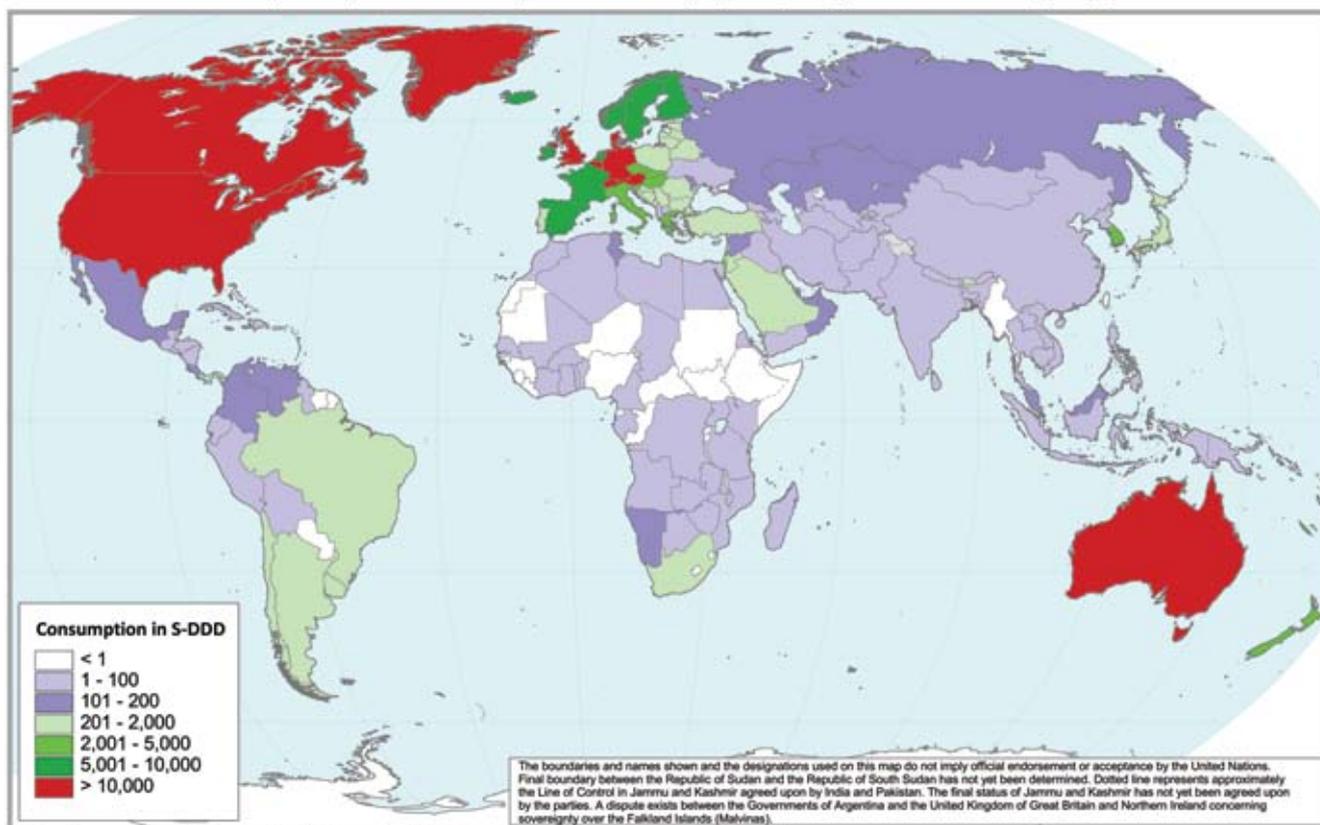
The relevant paragraphs of the final adopted version also included references to the “need to adopt comprehensive measures to ensure adequate availability of and access to ketamine for medical and scientific purposes, especially for surgery and anaesthesia used in human and veterinary care, while simultaneously preventing its abuse, diversion

and trafficking”. The controversial proposal in the resolution called on countries “to consider adopting an import and export authorization system for licit international trade in ketamine”, an attempt to introduce international controls even in absence of its scheduling under the UN treaty system, was at least complemented with “while ensuring access to ketamine for medical and scientific purposes”.<sup>109</sup>

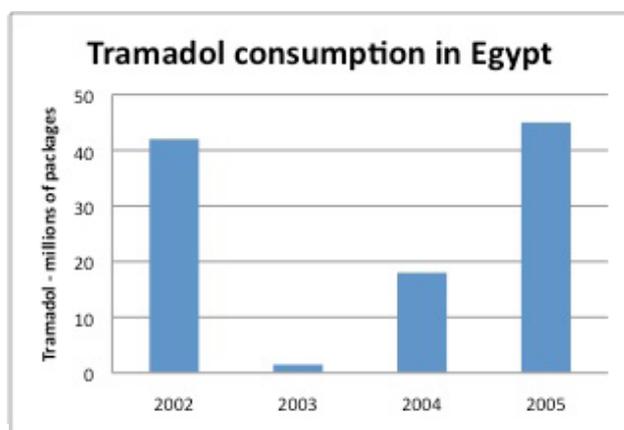
### Tramadol – Problem or Solution?

Tramadol is a synthetic opioid analogue of codeine with an analgesic effect comparable to pethidine and morphine but with fewer adverse side effects. It came first on the German market in 1977 and was launched in the USA only in 1995. Since then it has become one of the most commonly used analgesics for the treatment of both acute and chronic pain, its consumption increasing more than tenfold between 1993 and 2000. As noted in the 2006 WHO Expert Committee review report, “it would be difficult to explain such a rapid increase in tramadol consumption without considering its ‘regulatory advantage’ on the competitive market for analgesic drugs”.<sup>110</sup> Since most opiate analgesics are difficult to obtain because of overly stringent regulations, tramadol’s non-scheduled status offered a welcome alternative. In response to the WHO questionnaire countries from the South and Southeast Asian region in particular (Bangladesh, Burma, Cambodia, China, India and Thailand) expressed concern that the international control of tramadol would reduce its availability for medical use.

**Availability of opioids\* for pain management (2010-2012 average)**  
(Consumption in defined daily doses for statistical purposes (S-DDD) per million inhabitants per day)



As in the case of ketamine, WHO advised against scheduling: “If tramadol were controlled internationally, patients would get equal difficulties to obtain tramadol as they already have in obtaining other opioid pain medication.” As an example of the potential impact the report pointed to the case of Egypt where “tramadol consumption for medical use decreased dramatically” after it was scheduled at the national level in 2002. Two years later tramadol was once again made available via the normal Egyptian prescription status and consumption subsequently returned to the previous level. “Without any doubt increased national control would affect availability of tramadol in a negative way, in many countries probably extremely so”, concluded the WHO assessment.<sup>111</sup>



Following a similar approach as seen in the case of ketamine, the INCB in its annual report for 2012 highlighted that “increasing abuse of tramadol, a synthetic opioid not under international control [...] has become a serious problem in a number of countries in Africa, notably Egypt”, calling on countries to “furnish pertinent information on the extent and nature of the abuse of and trafficking in tramadol to the Board and WHO”. The INCB has no mandate to deal with substances not scheduled under the UN conventions, but at the March 2013 CND session, a month after the INCB report was published, Egypt tabled a resolution expressing concern about its growing non-medical use and illicit distribution. Egypt had reintroduced national controls on tramadol in 2012 and had seized no less than 320 million tablets in the first quarter alone, reportedly smuggled into Egypt mainly from China and India. The resolution also invited the Board to provide in its next report “information on global developments in the non-medical use and abuse, illicit manufacture and illicit domestic and international distribution of tramadol”.<sup>112</sup>

The INCB accepted the invitation to exceed its mandate and devoted a special section in its Report for 2013 (published in February 2014) to “Global developments in the non-medical use of tramadol”. The section was based on information gathered via a questionnaire the INCB had circulated, to which 81 countries had replied. While 40% of those countries “reported non-medical use and/or abuse

Seized shipment of Tramadol in Egypt



of tramadol” only five indicated that the “abuse of tramadol posed a significant risk to public health”. Moreover, 70% of the countries that responded to the specific question about control measures “were not considering placing tramadol under control, expressing concern that the introduction of control measures would limit accessibility and make doctors more reluctant to prescribe the drug”. The Board had difficulty hiding its disappointment in concluding: “It seems that a number of States do not intend to strengthen control measures for tramadol because they do not want to limit accessibility and because they do not have strong evidence of abuse and illicit trafficking.”<sup>113</sup>

The tramadol market has grown rapidly over the past two decades, including in Asia, and there is no doubt that significant illicit distribution channels by-passing prescription requirements have developed at the margins, largely based on diverted pharmaceutical products rather than illicit manufacture at any significant scale. The question of the extent to which those grey and black markets can be legitimately labelled as ‘recreational’ or even ‘non-medical’ is not readily answered. A more complex picture emerges in which tramadol seems to have played a crucial role in filling a gap caused by over-restrictive drug controls on opiates that have excessively limited their availability for medical purposes. This includes, especially in circumstances where methadone or buprenorphine for opioid substitution are not easily accessible, the fact that tramadol plays an essential role in ‘self-medication’ schemes for heroin-dependent people seeking relief from withdrawal symptoms at times of scarcity or in the absence of adequate treatment and harm reduction services. While not denying the reality that certain patterns of non-medical or quasi-medical use of tramadol can have detrimental health effects, the complexity of this bigger picture needs to be well understood before considering adding tramadol to any existing drug control schedule that would restrict its availability.



## Alternative Development First

*“Vast expenditures on criminalization and repressive measures directed at producers, traffickers and consumers of illegal drugs have clearly failed to effectively curtail supply or consumption... Government expenditures on futile supply reduction strategies and incarceration displace more cost-effective and evidence-based investments in demand and harm reduction.”<sup>1</sup>*

Global Commission on Drug Policy

The main policy response to drug-related problems in the Southeast Asian region has been aimed at suppressing the drugs market. This repressive approach has had many adverse consequences for the health and wellbeing of drug users and the communities in which they live, as well as for farming communities involved in cultivating opium and cannabis. The policies have forced marginalised poppy growing farmers further into poverty.

Despite the repressive stance towards the drugs market, the production and use of drugs have not declined in the region. In fact, since 2006 there has been a sharp increase in ATS production and use, while consumption of cannabis and heroin remained more or less stable and opium cultivation has more than doubled. Nevertheless there is a strong tendency towards deadline-oriented thinking in the ASEAN region: its political declaration adopted in 2000 aimed for a drug free ASEAN by 2015. High-level officials frequently reiterate their commitment to this deadline, and in 2012 at the mid-term review of the ASEAN strategy on drugs, governments agreed to intensify concerted efforts to achieve this goal by 2015. At the same time some officials have expressed the fear that the improved infrastructure and connectivity in the region as a result of greater ASEAN integration will facilitate a growing drugs trade. There is a need for more development-oriented approaches to drug control in the region, and for evidence-based drug policies with that incorporate a rights-based perspective.

### **A Drug Free ASEAN?**

In 1998, the UN General Assembly Special Session on Drugs (UNGASS) adopted a political declaration that aimed to “eliminate or significantly reduce the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008”. In the same year, at the ASEAN Ministerial Meeting, the regional grouping decided to follow this example and pledged to achieve a drug free ASEAN by 2020. Two years later the target date was even brought forward to 2015, and all member states developed national plans to meet the deadline,<sup>2</sup> although they did not agree on a common strategy on how to do so.

The ambitious UNGASS targets were reviewed in 2008, and had clearly failed to meet their objectives. In fact, there

is overwhelming evidence that the cultivation of opium poppy, coca bush and cannabis had increased during the preceding decade. Clearly, the strategy of ‘eliminating’ crops and achieving a ‘drug free world’ had not only demonstrably failed, but had also led to repression and criminalisation as well as to denying marginalised people access to services, sufficient health care and development programmes. A report by the executive director of UNODC that contributed to the UNGASS review listed some of the “unintended consequences” of the international drug control regime.<sup>3</sup> Nevertheless, the declaration adopted in 2009 repeated many of the earlier UNGASS targets including now “to establish 2019 as a target date for States to eliminate or reduce significantly and measurably” the illicit cultivation of opium poppy, coca bush and cannabis plant.<sup>4</sup> It is only in recent years that UNODC has developed a new vision. The realisation of the failure to reach the stated objectives has led to a shift in the international discourse from this ‘zero tolerance’ ideology and deadline oriented thinking towards a vision of ‘stabilising’ or ‘containing’ drug markets. Others suggest that it is better to work towards minimising the worst negative impacts of the production, trafficking and consumption of drugs, and thus to develop principles and policies aimed at reducing the harmful effects.

The ASEAN 2008 status report also reported “an overall rising trend in the abuse of drugs” and acknowledged that “a target of zero drugs for production, trafficking and consumption of illicit drugs in the region by 2015 is obviously unattainable”.<sup>5</sup> Privately, officials from ASEAN member states say that politicians set the goal to achieve a drug free ASEAN without much consultation with national drug control agencies in the region. Other government officials have stated more recently that “drug free” should be defined as being that “drug control programs are successfully implemented and the negative impact of drugs on society is significantly reduced”.<sup>6</sup> The 2008 status report therefore stated that “a qualitative and quantitative delineation of what drug free corresponds to must be established and agreed upon in order to meaningfully monitor progress”.<sup>7</sup>

In 1999, Burma adopted a 15 year plan to make the country drug free by 2014. Government officials say that this target was fixed without much consultation, and are at a loss to know how to implement it. “It will never work”, a senior military officer commented when presented with the national strategy to make the country drug free by 2014, “but carry it out anyway”.<sup>8</sup> In mid-2013 the deadline was postponed to 2019 (synchronising it with the new UN target date), because of the threat posed by amphetamines and the increase in opium cultivation.<sup>9</sup> According to Deputy Police Chief Zaw Win it was “crystal clear that (the) methamphetamine problem is growing rapidly”, and that “more and more international drug syndicates are becoming involved”.<sup>10</sup> Laos declared itself opium free in 2006, but cultivation levels have since increased

again. In 2013, UNODC reported that seizures of methamphetamines had reached a record high, up by 60% over the previous year. “The market for amphetamine-type stimulants (ATS) in the Asia and the Pacific region continued to expand in 2012”, warned the agency.<sup>11</sup>

These are clear warning signals for ASEAN, but the mission to become drug free by 2015 was reaffirmed at a meeting of the regional grouping in Brunei in September 2013.<sup>12</sup> According to the Brunei Minister of Energy at the Prime Minister’s Office, who chaired the meeting: “We have reaffirmed our determination to resolve and work closely together to realise the vision of a drug free ASEAN 2015 and beyond, realising that combating the drug menace is no longer just the individual responsibility of each ASEAN state, but the collective responsibility of all.”<sup>13</sup>

Drug control agencies in the region are thus forced to implement policies and design strategies with goals that are unrealistic and unachievable. These lead to negative and expensive policies, focusing on arrest of drug users, opium farmers and small traffickers, rather than on more positive outcomes that are achievable and could potentially bring immediate and long term benefits to affected communities. It is time to formulate and implement alternative policies, that are more sustainable, respect human rights and are cost-effective, such as focusing on reducing the number of drug overdoses, increasing the number of people in voluntary treatment centres and increasing the number of (ex-)poppy farmers involved in development programmes.

## Eradication and Opium Bans

There has been an expansion in the eradication of poppy fields in the region, especially in Burma and Laos, where the governments, under pressure to comply with drug free deadlines, are trying to quickly reduce opium cultivation. In Laos, poppy cultivation mostly takes place on small plots in isolated mountainous areas, and the scale of eradication is relatively low. In 2013, the Lao government claimed to have eradicated almost 400 ha of opium cultivation, mostly in two northern provinces, Houaphan and Phongsali.<sup>14</sup> The government of Burma stepped up eradication efforts, and claimed it had eradicated over 23,000 ha of poppy in the 2011–2012 poppy season, over three times more than the previous year.<sup>15</sup> According to a government official: “Every year the international community spends millions of dollars [on anti-narcotics initiatives] in countries like Afghanistan and Colombia, and the outcome is not satisfactory. Here, with international assistance, we guarantee to wipe out the opium problem by 2014.”<sup>16</sup> The government of Burma reported that it had eradicated almost 12,000 ha during the 2012–2013 opium growing season, most of it in southern Shan State. This is less than the previous season, but higher than annual eradication levels it reported over the preceding four years.<sup>17</sup>

While there are louder calls for an eradication-led approach, there is no empirical evidence that such policies will actually lead to a sustainable reduction in opium cultivation levels, even if carried out in tandem with 'Alternative Development' (AD) projects (see below). Instead, a focus on eradication can have severe negative consequences for the local population, and in some cases even lead to an increase in cultivation levels or to the displacement of crops to other areas. According to a 2008 UNODC evaluation report presented to the CND "there is little proof that the eradications reduce illicit cultivation in the long term as the crops move somewhere else".<sup>18</sup> Experience on the ground also shows that the simultaneous use of alternative development and eradication – often referred to as the 'carrot and stick approach' – is counterproductive. A thematic evaluation of alternative development undertaken by UNODC found that: "Alternative development projects led by security and other non-development concerns were typically not sustainable – and might result in the spread or return of illicit crops or in the materialization of other adverse conditions, including less security."<sup>19</sup> As this report shows, the eradication and implementation of strict opium bans in the region have failed to produce its intended results: sustainable reductions in cultivation levels. Rather, cultivation levels have doubled since 2006.

It is also often unclear what the exact goal of eradication is supposed to be. Is it to reduce opium cultivation by physically destroying part of the crop? Does it aim to create a risk factor associated with opium cultivation in order to discourage farmers from growing poppies? Or is the aim to

reduce the funds that could be used to finance opposition groups? Empirical evidence shows that none of these aims is being achieved. For instance, the risk of eradication is not a central criterion in a household's decision to grow opium.

The eradication-led approach used in Colombia in the form of aerial spraying has not led to a decrease in coca production levels. Rather, fumigation has caused human, social and environmental destruction. The chemicals used have a negative impact on other licit crops as well as on the health of the local population. This has created a 'vicious cycle', leading from fumigation to pollution, destruction of rural livelihoods, migration, deforestation (because coca cultivation is displaced into the forests), and finally more fumigation. In this process, fumigation has further contributed to an increase in human rights violations, the erosion of state legitimacy, support for the armed opposition in rural areas, the extension of the war to new areas, and a blurring of the boundary between anti-insurgency and counter-narcotics activities.<sup>20</sup> This does not bode well for Southeast Asia.

According to a study on Afghanistan, in some cases, especially in areas with poor markets, eradication can even lead to an increase in opium cultivation to recover from the previous loss of income that was caused by eradication. As one study warns: "What has to be addressed is the very 'riskiness' of the context – social, market and institutional relations – in which most farmers take decisions ... one cannot speak of creating legal livelihoods until there

Former opium farmers in the Wa region learning how to harvest rubber



## Opium Cultivation and Eradication in Sadung Region: Who are Benefiting and Who are Paying the Price?

By Zung Ring \*

Sadung town is located in the mountains of Kachin State, on the road from Myitkyina to Tengchong in China's Yunnan province. Since the road was renovated in 2006, Sadung has become a busy town. The region used to be a fierce battleground between the Kachin Independence Army (KIO) and the Burmese military government until a ceasefire was reached in 1994. Sadung became a new separate township in 2007, and now it has all the government administrative mechanisms. Since the breakdown of the ceasefire with the KIO in 2011, following attacks by the Tatmadaw [national army], fighting has resumed in the area.

Ever since I remember, people have been growing opium to earn a living in the Sadung region. People grew it freely and sold it only to cover their basic needs (i.e., food, medicine, clothes, and education for children) rather than for commercial purpose. There were no investors from outside the Sadung region. Families with bigger capital perhaps grew no more than five acres of opium while some with less capital only cultivated about one acre.

Despite generations of opium cultivation, outsiders knew nothing or little about it because cultivation was small-scale and in remote areas. The scale of opium cultivation was stable until 1995 when the KIO launched a major drug eradication campaign across the region. Several factors prevented the elimination of all poppy fields. Firstly, the fields were located in very remote places, and secondly, the people in Sadung grew slightly earlier than the conventional season and this also made the harvest earlier and finally, the farmers bribed the officials to avoid the destruction of all the fields.

The following one or two years after this first campaign, opium cultivation decreased. Then, however, the scale of cultivation in the region increased dramatically for a combination of factors. As a result of the eradication campaign the price increased, which resulted in a bigger incentive for local farmers to grow opium. The farmers who escaped from the eradication built a nice house and bought new things. Growing opium seemed a way out of poverty. The increase in poppy cultivation was also due to hyper-inflation of the kyat, as the prices of rice, clothes, school fees and other utilities never stop rising. Poor farmers have to increase growing poppy every year in order to keep up with this.

The rise opium prices started to attract outside investors from some of the larger towns in Kachin State, such as Myitkyina, Mogaung and Monyin. Moreover, investors from neighbouring China also came to the Sadung region to grow opium at an unprecedented scale. By the year

2002, the scale of opium cultivation was perhaps at its peak. And as a result, deforestation became widespread as people secretly grew opium deeper in the forest and in more difficult to reach places.

Outside investors obviously grow opium for greater profits. However, local farmers grow it for survival. They have no other employable skills and no proper education. The region is mountainous, and there is little land available for irrigated farming. Opium cultivation is what they know the best as they have been growing poppy for generations. The farmers feel that it is too risky to change to new profession with a lot of 'what if' questions. Besides, they don't know anyone who is successful without poppy cultivation. Even pastors and deacons who do not grow opium themselves benefit from it in the form of offerings from the congregation.

It appears there is a correlation between the anti-drug campaigns and the rise of the opium price. The high price creates an even a bigger incentive for local farmers and outside investors to turn to poppy cultivation. Every year the government and the KIO launch anti-drug campaigns but in fact they are tax collecting trips. None of them provide the necessary assistance to the farmers. Instead they suck farmers' blood in the forms of taxes, bribes and luxurious meals. At the end of every campaign, villagers are called into the pavilion and have to waste their valuable time listening to very long speeches by the officials, who enjoy luxuries that villagers cannot even dream of. Those luxuries are bought with the sweat of the villagers. The lengthy speeches preach villagers why they should not grow opium, but no one really shows them workable alternatives. No one ever talks about providing suitable skill workshops and training or initial capital for small business for the local farmers.

Sadung region is under the influence of three authorities: the government, KIO and the New Democratic Army-Kachin [NDA-K; now transformed into two Border Guard Forces – BGF, controlled by the *Tatmadaw*]. In the first major anti-narcotic campaign in 1995 by the KIO, it provided no necessary support to the farmers. A second major campaign took place in 2002 by a joint effort of the military government, KIO, and NDA-K. In that year, the authorities gave pine nursery trees (*sha mu*) and Chinese corn as substitution crops. However, this support was just like a doctor giving a wrong prescription to a patient. What the farmers urgently needed was rice and education fees for children and fees for health. The aid did not address the needs of the farmers. By the end of 2012, opium cultivation in KIO controlled areas ceased to exist in Sadung, but it now is widespread in NDA-K BGF areas.

There are at least three obvious reasons why drug eradication campaigns failed every year. First and most importantly, the Burmese military government has no serious intention to eradicate the opium. Opium plantation in the region is

in fact a kind of bonus for the frontline officials. Money is collected from farmers in every step of opium plantation. Numerous stories illustrate how the military government ignores the drug problems even in Myitkyina University. Many believe that the military government is waging a silent drug war against Kachin people. Opium eradication campaigns take place mostly in villages rather than in the fields. Subordinates go to the fields for a show but important deals are made in villages. When the authorities begin the campaigns, they travel from one village to another. The farmers (villagers) are busy with catering these officials – with cash, opium and abundance of good meals during the harvest time.

Possible strategies to curb opium cultivation should allow the community to grow poppy for a period of time with the government buying all the opium. At the same time, the government needs to introduce other long-term support

is a legal and legitimate context within which they can function.”<sup>21</sup> Eradication is driving poppy-dependent households further into poverty, thereby making them more dependent on opium cultivation since it is one of the few cash crops they can grow. “The underlying reason why forced eradication prompts replanting and crop dispersion is hardly a mystery”, concludes a study on the impact of eradication of coca bush in Latin America and opium poppy in Afghanistan and Southeast Asia. “The vast majority of coca and opium poppy growers are poor, small-scale farmers, so the rapid destruction of one of their primary income sources exacerbates their poverty – reinforcing rather than easing their reliance on crops for the illicit market.”<sup>22</sup>

Eradication is also often associated with corruption. Opium cultivation often takes place in conflict affected areas in weak states that are characterised by high levels of corruption. Farmers in Burma complain that representatives of various local authorities and government departments use the threat of eradication as a means to extort bribes.<sup>23</sup> Farmers in Afghanistan have experienced the same thing, as eradication has in many cases become a source of income for local officials, who accept pay-offs from owners and sharecroppers in return for not eradicating their fields.<sup>24</sup> Consequently, eradication is aimed mostly at the poorest of the poor, as they have no power to resist and no financial resources to pay officials to turn a blind eye. According to a UNODC/World Bank report on Afghanistan: “As a result largely of corruption and other irregularities in enforcement, the impact [of eradication] tends to be felt most by the weakest and poorest actors involved in the opium economy (poor rural households), who lack political support, are unable to pay bribes, and cannot otherwise protect themselves.”<sup>25</sup>

The eradication of opium cultivation by government authorities also often targets political adversaries and areas under their control. The demonisation and targeting of

to the farmers or give some relevant skill trainings. Other support such as initial capital to start new ventures to the farmers during the transitional period is also needed. The government should provide necessary assistances to prospect entrepreneurs. When the farmers see someone who does not grow opium but is successful in alternatives such as raising goats, cows, chickens, pigs or cultivating multi-fruits orchards, they will surely follow suit. Farmers grow opium to provide for basic needs such as food, health and education for children; if the government could upgrade hospitals and education and shoulder some of these burdens for farmers; it would be easier for them to shift to alternative source of income. They would run less risk and feel more confident. Once the transition period is over, cultivation of opium must be banned.

\* Zung Ring is the pen name of a Kachin national currently studying abroad

certain parties to the conflict because of their involvement in drugs production and trade while ignoring others is also taking place in Burma (see Chapter 2). In unstable environments such as Burma and Afghanistan, these policies cause a further breakdown of relations between society and the state while also increasing violence and conflict.

The USA has long supported and promulgated an eradication-led approach in drug producing countries. In the late 1980s, it supported the Burmese government in carrying out aerial chemical-spraying of opium fields, which failed to produce results (see Chapter 2). More recently, in Afghanistan the USA has financed and supported the eradication of opium fields by using tractors and manual labour. In 2009, however, in a first and welcome admission of this failed policy, Richard Holbrooke, the US Special Envoy to Afghanistan and Pakistan, described the US-supported poppy eradication campaign in Afghanistan as “the most wasteful and ineffective programme that I have seen in 40 years”.<sup>26</sup> However, the debate is still continuing, and several countries feel obliged to carry out eradication in order to comply with international pressure – including from the USA – and to be seen to be as at least ‘doing something’.

### Development First

Rather than a focus on law enforcement, consisting mainly of opium bans and eradication, there has been growing attention to and debate on the role of development in drug control. This approach, referred to as Alternative Development (AD), is often defined as doing ‘rural development in a drug environment’. The debate on AD has taken place for several years, and the concept has evolved from a focus on implementing crop substitution projects to a broader understanding of AD as an integrated and holistic concept that deals with the root causes of illicit cultivation,

and as a programme (and not just a project) that is part of a national development plan.<sup>27</sup> Current support for AD programmes in the region is very limited, especially compared to Afghanistan and Latin America, but even at the global level there is little investment in AD.<sup>28</sup>

There is also some debate about what AD means and what is it supposed to achieve. Some see it primarily as a means to achieve the immediate reduction of illicit cultivation in a certain area, in combination with strict law enforcement and the eradication of crops. According to a study on AD by David Mansfield, a British expert on the issue: “For those whose performance is measured simply in terms of reductions in the amount of opium poppy and coca grown, alternative development is seen as simply as the ‘carrot’ to the eradication ‘stick’, and the provision of development assistance is contingent on reductions in illicit drug crop cultivation.”<sup>29</sup> This approach also makes AD conditional on farmers giving up the cultivation of opium or coca. On the other hand, a growing number of people – among them especially those with field experience – see AD as part of the broader rural development agenda, but in a drugs environment. According to Mansfield: “For others, reductions in illicit drug crop cultivation are an externality of a development process (that includes extending good governance and the rule of law) aimed at achieving sustainable improvements in lives and livelihoods. In terms of both process and the primary goal there is still much disagreement with regard to alternative development.”

This disagreement on AD strategies and outcomes is due to the conflicting objectives of drug control (reducing

illicit cultivation) and broader rural development (long-term process towards reducing poverty and improving livelihoods). As discussed above, most of the illicit opium and coca cultivation takes place in fragile and conflict affected areas, with weak rule of law and few government services. Most farming communities become involved in illicit cultivation because poverty, in the widest sense of the term. An eradication-led approach and making development aid conditional on the eradication of crops destroys people’s livelihoods and main source of income before putting alternatives in place, and are inhumane and often counter-productive as they push communities further into poverty – the very reason people become involved in illicit cultivation in the first place. “Drug control and development policies often contradict each other”, states a GIZ study on ‘rethinking AD’.<sup>30</sup> The lack of clear and consistent policy guidelines for agencies wishing to adopt an AD approach also contributes to the problem, and makes it hard to measure the successes of AD projects. “While reduced drug crop cultivation has often been considered the core indicator of success of AD projects, this fails to take into account the entire development policy dimension of the AD approach.”<sup>31</sup>

Support for a development-led approach to address problems related to illicit opium and coca cultivation has grown over the last decade. The debate has very much focused on achieving more sustainable outcomes, which are conflict sensitive and respect human rights. According to a 2004 World Bank study on Afghanistan: “an eradication-led strategy could face severe problems with implementation, poverty impacts, and political

Pao women at market in southern Shan State



Rubber trees planted to substitute opium in northern Laos



damage. ... there is a moral, political and economic case for having alternative livelihoods programs in place before commencing eradication.”<sup>32</sup> During the 2011 workshop of the International Conference on Alternative Development (ICAD) organised by the governments of Thailand and Peru, held in Chiang Rai and Chiang Mai in Thailand, international AD experts and practitioners, as well as representatives from a wide range of countries, discussed lessons learned and the way forward for AD. They concluded that: “In short, poverty remains one of the key factors driving opium poppy and coca cultivation. The focus of alternative development programmes should be oriented to addressing the underlying causes of poverty and improving the socio-economic conditions of these communities. Illicit cultivation should thus be treated primarily as a development issue.”<sup>33</sup>

### Human Development Indicators

Instead of looking at short-term reductions in illicit cultivation of coca bush or opium poppy, which have mostly proved to be unsustainable because of the resumption of cultivation or because it was displaced to other areas, discussions on what AD could achieve have focused on defining other indicators of success. The key outcome of this debate is to look beyond short-term reductions in illicit cultivation and focus instead on long-term development outcomes, which will in the long run also contribute to decreasing cultivation levels. According to a 2008 UNODC evaluation report presented to the CND, “alternative development must be evaluated through

indicators of human development and not technically as a function of illicit production statistics... Moreover, the association of eradication with development interventions aimed at reducing illicit cultivation alienates the wider development community”<sup>34</sup> As the participants of the ICAD workshop in Thailand stated: “While reductions in cultivation – and impact measurement based on that objective – are not an adequate measure of real progress or long-term impact in drugs control, a direct relationship exists between improved social and economic conditions of an area and the sustained reduction of illicit cultivation.”<sup>35</sup>

The final ICAD workshop declaration in Thailand concluded that “control of illicit cultivation needs to be based on a more human-centric development approach to address the underlying causes and insecurities that enable and encourage cultivation, and need to be distinct from (though coordinated with) law enforcement. Under such an approach, impact measurement of AD programmes should take into account human development indicators, in addition to coca and opium poppy cultivation estimates.” An AD expert meeting held in Berlin in 2013 concluded that AD should not be expected to have significant impact on overall illicit crop cultivation levels in the short term, and that “rural and agricultural development requires extended project operational times and continuous human and financial support and that these considerations must be built into the programme at the stage of design”. For this reason, “indicators for a successful policy should include human development indicators (HDI) and broader rural development outcomes apart from merely focusing on the reduction in the area under illicit crop cultivation.”<sup>36</sup>

Even if support for AD programmes were to expand greatly, however, these would still not be able to achieve sustainable reductions in illicit opium and coca cultivation levels at the global level. According to GIZ: “Like many other drug control measures, [AD] frequently result in relocation effects, geographically shifting drug production on a national or regional level, but not reducing global output volumes. This empirical finding has been barely reflected in the ongoing planning and newly designed logical frameworks of AD projects. In contrast, the target of eradicating drug crops was frequently prioritised over development goals, which considerably impaired the project results’ sustainability and effectiveness.”<sup>37</sup>

The logic of the global and regional drugs market and demand and supply provides a far greater stimulus to illicit cultivation than what AD – as well as other drug control policies – can offer. It is important for all stakeholders to realise this, and formulate more realistic and achievable objectives and intended outcomes in designing drug control policies and AD programmes and strategies, focusing on the root causes (poverty, unjust policies, instability, lack of rule of law, demand–supply dynamics) rather than simply on the symptoms (levels of illicit cultivation). Ignoring this ‘market logic’ has too often resulted in louder calls for repressive policies, which have only made matters worse both in terms of drugs production and consumption as well as human suffering.

### Best Practices

There is a growing body of research and evidence suggesting that in the long run AD can help to achieve both drug control and development objectives in certain geographical areas, provided the interventions adhere to a number of key principles and best practices.<sup>38</sup> Key lessons learned in the AD field include the need for proper sequencing of policy interventions and the non-conditionality of aid. A 2008 UNODC paper recommends ensuring “that eradication is not undertaken until small-farmer households have adopted viable and sustainable livelihoods and that interventions are properly sequenced” and “not make development assistance conditional on reductions in illicit cultivation.”<sup>39</sup>

The importance to small-scale farmers of land tenure and access to land cannot be overstated. Most opium farmers in Southeast Asia practise upland shifting cultivation, and their land tenure rights are not currently protected by national policies and legislation. The growth of outside investment in their territories, sometimes under the guise of ‘development’ or ‘alternative development’ (see section below) has led to land grabbing and further impoverishment and loss of livelihood in already vulnerable communities, sometimes causing migration to other more remote areas to start or resume poppy cultivation. Among the most salient points that arose from

the ICAD discussions in Thailand were that “land tenure and other related resource management issues are also key components of building licit and sustainable livelihoods”, and that “monoculture generates a number of risks for the local communities including environmental degradation, dependence on market demands and prices, and reduction in agricultural areas affecting food security and other livelihoods”. Furthermore, the ICAD workshop declaration called on stakeholders “to take into account land rights and other related land management resources when designing, implementing, monitoring and evaluating alternative development programmes, including internationally recognized rights of the indigenous peoples and local communities”.<sup>40</sup> The importance of these issues was also stressed at the expert group meeting on AD in Berlin, where participants emphasised that “land tenure and land property rights are a fundamental principle for the long-term commitment of the community and the success of AD programmes, especially in areas where small-scale agriculture is prevailing”. The group also underlined that AD interventions “should include proper land tenure rights and operate within a clear legal framework that benefits and protects the rights of smallholder farmers”, and that decisions on the allocation, use and management of land “must have the participation and consent of local communities”.<sup>41</sup> In its 2013 Southeast Asia Opium Survey, UNODC also stresses the importance of access to land.<sup>42</sup> A commitment to land rights and land tenure security should prioritise and privilege rural poor people and their land tenure security and related rights as well as their aspirations for the future. Communities should not only have access to land but should also have the power to use it in the way they see fit.

There are also discussions about who should benefit from AD. This is partly related to the issue of conditionality, e.g. only those who are ready to give up cultivation will qualify for assistance under AD programmes. Some also suggest that AD interventions should be focused on those households or communities involved in illicit cultivation, providing no benefits to people in the same village or area who are not involved. This approach is problematic for several reasons. First of all, it could divide communities and create tensions and conflict. It may also have perverse effects and result in some households and communities who were previously not involved in illicit cultivation deciding to do so in order to qualify for aid. Furthermore, such policies will often not move beyond a ‘crop substitution’ approach, ignoring the broader problems of poverty, inequality, conflict, access to education and health services, to land and to markets. Others have proposed different criteria to qualify for AD, such as households below a certain income level or land size, which poses similar problems as the conditionality as discussed above. There have also been suggestions to target only those farmers whose livelihood is solely dependent on illicit cultivation, and who have no other sources of income.<sup>43</sup> This criterion would exclude the large majority of poppy growing households in Southeast Asia, as most

farmers grow upland rice but not enough to feed their families for the whole year. Therefore, in addition, they grow opium as a cash crop in order to buy food and other essential household needs. For these reasons, AD is now promulgated by the UN and other international agencies as a programmatic approach and as part of a broader national rural development agenda, addressing the wider development problems in an entire community or area rather than focusing on individual households.

### Involvement of Farmers

For many decades poor producer nations have been subjected to intense crop eradication and law enforcement initiatives, ostensibly to protect consumer nations from 'drugs' and 'addiction'. They have borne the brunt of the war on drugs: the violence and corruption that have followed the creation of the criminal market; the trampling of indigenous and cultural traditions; and the criminalisation of traditional growers and peasant farmers. Alternative options on the demand side have received great attention in international debates on drug policy, and consumers have been able to voice their concern in various platforms on the principle of "nothing about us without us".<sup>44</sup> On the production side this has hardly been the case. To date, opium growing farmers in the region have had no voice in any of the debates and decision-making processes on issues that have great impacts on their lives.

In an effort to redress this, a 'First World Forum of Producers of Crops Declared to be Illicit' took place in Barcelona in January 2009. The forum was attended by representatives from Latin America, Africa and Asia (including three representatives from Burma), and produced a Political Declaration with recommendations.<sup>45</sup> This included calls for recognition of the traditional, cultural and medicinal use of plants declared illicit and the "historical character of the relationships between plants, humans, communities and cultures". The Forum also demanded that persons "should not be criminalized and/or penalized for cultivating such plants" and rejected eradication, instead calling for a crop substitution policy "that is only implemented based on results obtained in rural development and in consultation with the producers".<sup>46</sup> As a follow-up, two representatives of the Forum presented the declaration at the high-level segment of the March 2009 UN Commission on Narcotic Drugs held in Vienna.

In Latin America, there have been several forums for coca farmers to involve them in policy discussions, and to provide a platform to organise themselves and voice their demands. In Asia this has proved to be much more difficult, as cultivation is criminalised and the space for farmers to organise themselves in the key producing countries – Burma, Laos and Northeast India – is difficult because of government restrictions and the ongoing armed conflict. However, after decades of military rule and repression of civil rights, the reform process in Burma that started in



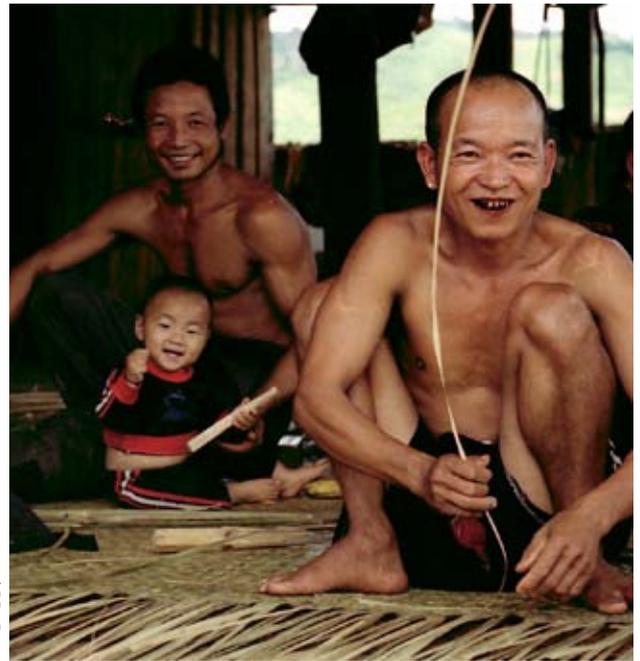
Women at market in northern Shan State

2011 has opened up new opportunities. Using the new space, in July 2013, a 'First Southeast Asia Opium Farmers Forum' was held, bringing together some 30 representatives of local communities involved in opium cultivation and local community workers from the major opium growing regions in Southeast Asia: from the Chin, Kachin, northern and southern Shan, and Kayah States in Burma and from Nagaland and Arunachal Pradesh in Northeast India. The Forum aimed to identify the main concerns of opium farmers and formulate alternative policy options that respect the rights of producer communities and involve them in decision making processes.

At the end of the Forum, the participants formulated a set of recommendations.<sup>47</sup> These included a call that policies of the government and local authority should focus on providing assistance to address people's basic needs, and improve governance by dealing with the problems related to corrupt government officials and army units as well as informal taxation – often in combination with the threat of arrest. Local communities should have the right to decide on, manage and receive the benefits from the natural resources in their areas. Participants also recommended that there should be room for communities growing opium to exchange ideas and advocate for policy change and that a network of farmers should be established to help them organise themselves. They also suggested that part of the opium cultivation should be legalised to help families meet their basic needs, and to preserve the medicinal value of opium and its traditional and veterinary uses. Finally, participants stressed the need to establish services for drug users to protect their health, including harm reduction services as well as rehabilitation and treatment centres, and for the government to allow these to operate freely. The forum is a first and important step, but much more needs to be done to foster greater involvement of opium farmers in the region.

### **Towards Agrarian Justice**

Closely related to the issues of developing different indicators for what constitutes a successful drug control policy, land rights of small-holder farmers, and the involvement of poppy growing communities in policy making is the question of what kind of 'alternative development' is actually being promoted, and who will benefit most from it. In recent years, transnational corporations and some national governments have initiated a large-scale worldwide enclosure of agricultural lands, mostly in the Global South, causing livelihood disruption, displacement and dispossession. An important factor is the global food and climate crisis. According to a recent study, the "agricultural establishment" has presented "capital intensive, large-scale, export-oriented, mono-cropping agriculture as the most productive and therefore most rational way to feed the world". Solutions from agribusiness to the global food crisis have thus "centred on

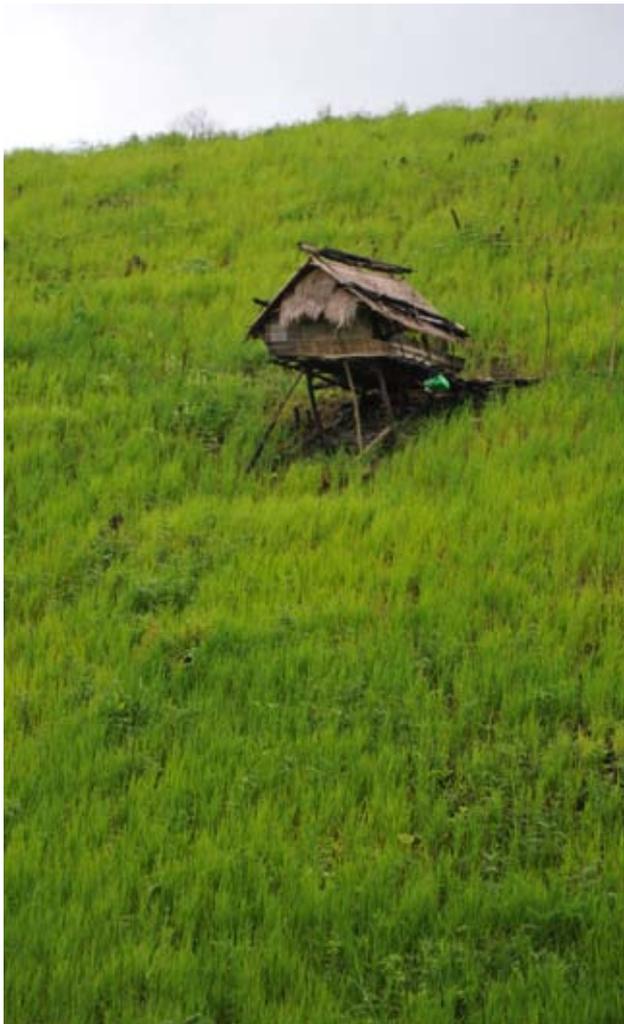


Ex-poppy farmers in northern Laos

the expansion of large-scale land deals, contract farming, and other forms of value chain and corporate controlled agriculture".<sup>48</sup>

While in the debate on drug policy the term 'Alternative Development' represents a strategy of pursuing rural development in areas where illicit crops are cultivated, in the broader sense the term has been used to describe a different path to development with different goals, which is participatory and people centred.<sup>49</sup> In this sense, it has been promoted as an alternative to the dominant development model of neo-liberal economic policy, which focuses on free trade and open markets, foreign investment, and large-scale agriculture managed by big business, often multinationals. Discussions on alternative development models have also looked at formulating different indicators of success. Promoting agrarian justice relates to the political struggles in rural areas around access to, control over and ownership of resources and land, as well as on international agrarian movements struggling against dispossession and working to construct alternatives.<sup>50</sup>

An example of large-scale dispossession whereby small-scale farmers have been turned into plantation day-labourers is China's opium substitution programme. Meant to address drug use related problems at home, the programme encourages Chinese companies to invest in large agricultural concessions in poppy growing regions in northern Laos and Burma, by offering subsidies, tax waivers, and import quotas for Chinese companies.<sup>51</sup> These monoplantations – mostly rubber – have mainly benefitted Chinese entrepreneurs and local authorities, and not (ex-) poppy growing communities, who have instead been deprived of their land and livelihoods. Serious concerns arise regarding the long-term economic benefits and costs of agricultural development for poor upland villagers, who have been further marginalised. Land encroachment and clearing are creating new environmental stresses, such as



Farmer's field hut in Shan State

further loss of forest biodiversity, increased soil erosion, and depleting water sources. The concessions also provide a cover for illegal logging, often encompassing villagers' traditional forestlands and newly demarcated community forests. The huge increase in large-scale commercial agricultural plantations in northern Burma and Laos is taking place in an environment of unregulated frontier capitalism. Without access to capital and land to invest in rubber concessions, upland farmers practising swidden cultivation (many of whom are (ex-)poppy growers) are left with few alternatives but to try to get work as wage labourers on agricultural concessions, or to move to isolated areas and grow opium again. This pattern of uplands development is an attempt to modernise the landscape and subsistence farmers in the pursuit of profit for governments and private investors. This is in no way a positive development for communities living in northern Burma and Laos. The only people benefiting are the local authorities and Chinese entrepreneurs.

The reform process and the subsequent political and economic changes in Burma have sparked great investment interest among governments and the private sector in the region and beyond. Large-scale investment projects are focused on the borderlands, which is where most of the natural resources in Burma – and indeed the Mekong region – are to be found. These are home to

poor and often persecuted ethnic minority groups, and include isolated and impoverished areas, where most of the region's opium cultivation is taking place. These war-torn borderlands are now in the international spotlight as Asia's last frontier.<sup>52</sup> It is uncertain whether and to what extent the economic reforms will benefit the majority, especially ethnic populations in the borderlands. So far, the liberal economic reforms that have been signed into law favour the urban elite and middle-class entrepreneurs, despite the government's stated commitment to pro-poor policies and people-centred development to benefit the farmers who are the backbone of Burma's economy. If local communities are to benefit from the reforms, there need to be new types of investment and processes of implementation. In their absence, the development of Asia's final frontier will only deepen disparity between the region's poorest and most neglected peoples and the military, business and new political elites whose wealth is rapidly consolidating.<sup>53</sup>

Against this background, calls for alternative development models have become louder. "Business as usual is not an option", concluded over 400 of the world's leading experts after a three-year global consultative process on the past, present, and future agriculture, managed by the International Assessment of Agricultural Knowledge, Science and Technology for Development (IAASTD), an intergovernmental, multi-stakeholder scientific body. The grouping calls for a paradigm shift in favour of agro-ecological, multi-functional, and resilient agriculture that is urgently needed to deal with the global food and climate crises.<sup>54</sup> Such alternative development models should respect the rights of small-holder farmers and upland farming communities in the region practising shifting cultivation, which includes many (ex-)poppy farmers. Instead of relocating and turning them into day-labourers on large plantations, their contributions to and investment in food production for their communities as well as beyond must be recognised and supported by national and local governments in a much more positive way. Investments in agriculture in the region should respect human rights, including the right to water and food and the rights of indigenous peoples. They should avoid land and resource grabbing. As a recent study states: "Key to stopping and rolling back land and resource grabbing are investments which are rooted in the principles of food sovereignty and land sovereignty. That is, they must guarantee the right of people to define their own agricultural and food policies and ensure that control over land, water, and other natural and productive resources are in the hands of the people that actually work on, care for, and live on the land."<sup>55</sup>

It is important that the discussions about 'Alternative Development' as part of drug control interventions connect with the debate about promoting better alternative development models to ensure outcomes that address the root causes of illicit cultivation as well as bringing about a more just and sustainable future for the small-scale agrarian sector in the region.

## Cannabis Cultivation and AD

There is a growing interest from countries with illicit cannabis cultivation, such as for instance Morocco and Nigeria, to be included in discussions around AD. However, until now very few AD projects have been implemented in cannabis growing areas, and the few experiences in Morocco have been a complete failure. The Rif region in Morocco, where most of the cannabis is grown, has had rural development projects since 1961, but these have failed to achieve development and subsequent AD projects have “failed to diminish or even contain cannabis cultivation in the region and some reportedly even had counterproductive unintended consequences.”<sup>56</sup> The Mae Fah Luang Foundation ran a project from 2006 to 2010 “to solve the problem of cannabis cultivation in Aceh Province, Indonesia through sustainable poverty alleviation.”<sup>57</sup> These examples have not been very successful, however, and in general applying AD concepts to illicit cannabis cultivation raises several questions. First, cannabis cultivation is much more widespread than coca bush and opium poppy, and is grown in many parts of the world, including Asia. As current international support for AD for coca and opium cultivation is already limited, international policy makers and donors are hesitant to start providing AD for cannabis, fearing this might be opening a Pandora’s box. In the USA and Europe a process of import substitution has taken place with indoor cultivation, and most western markets have become largely self-sufficient, apart from continuing Mexican exports to the USA, and Moroccan and Afghan cannabis resin exports to Europe. Most development funders do not therefore expect to exert any influence on the domestic cannabis market by supporting AD

programmes in developing countries, while in the case of cocaine and heroin, reducing the supply is part of the justification to invest in AD.

Furthermore, cannabis is far less harmful than heroin or cocaine, and so is less of a priority for donor investment. Moreover, several countries have decriminalised the consumption and possession of cannabis, while many others have become more lenient towards cannabis users, sometimes extended to small traders and cultivators, leading in practice to tolerated markets. In India and several other Asian countries, cannabis has a centuries-old history of traditional cultural, religious and medicinal uses, which are still prevalent and are tolerated to a certain extent in some areas. With the decision to legally regulate the whole cannabis market in the US states of Colorado and Washington and in Uruguay, the international debate now seems to be moving in the direction of cannabis regulation.<sup>58</sup> This irreversible policy trend will make development funders even less likely to invest in traditional AD projects that aim to reduce levels of cannabis cultivation. Rather, a discussion should take place on whether currently illicit cannabis cultivation by small farmers in developing countries could one day supply these licit markets elsewhere.

## UN System Incoherence

There are several inconsistencies in the UN drug control system and its three conventions: the 1961 Single Convention on Narcotic Drugs (as amended by the 1972 Protocol), the 1971 Convention on Psychotropic

Farmers in poppy growing village in Northeast India



Substances, and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Among the controversies is that while the 1961 Single Convention imposes obligatory controls on the cultivation of plants containing narcotic drugs and bans the traditional use of plants such as coca leaves, cannabis and opium poppy, the 1971 treaty imposed controls only on the isolated psychoactive alkaloids, leaving the plants themselves and cultivation beyond its scope.<sup>59</sup> If the control principles of the 1971 Convention about plants and their active compounds had been applied at the time of the 1961 Convention, there would not have been a treaty obligation to criminalise the cultivation of coca, poppy or cannabis for non-medicinal purposes.

The UN Guiding Principles on AD are an outcome of a process that started with the ICAD Workshop in Thailand in November 2011, which was attended by government and independent experts, and the follow-up ICAD High-Level Conference in Peru a year later was mainly attended by politicians and diplomats. While the final declaration of the ICAD Workshop in Thailand reflected a 'development first' approach, the ICAD Lima political declaration disregarded many of the lessons and recommendations brought forward by experts, placing more emphasis once again on law enforcement and eradication. The draft AD Guiding Principles coming out of the Thai experts' workshop subsequently underwent a process of political negotiations by diplomats in Vienna and the final version adopted at the Lima meeting had become a somewhat confusing mix of valuable lessons in AD practice with obsolete drug war rhetoric.<sup>60</sup> In the days leading up to the political negotiations in Lima, a group of farmers cultivating illicit coca, opium and cannabis gathered in Valencia in Spain, to discuss AD and the UN Guiding Principles on AD. The group made a statement about the draft declaration, and expressed their great concern that "Alternative Development is raised mainly in a framework of crop reduction, ignoring the broader social, economic and cultural context", and demanded "an explicit recognition of the right to the traditional use of plants declared illegal", as well as "a guarantee of the right to access and use of land by small farmers". Unfortunately, the final declaration as well as the resulting UN Guiding Principles on AD failed adequately to address these important issues.

The omission of other relevant UN agencies in drug policy discussions is also problematic. UN agencies such as the United Nations Development Programme (UNDP), the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and the United Nations Human Rights Council (UNHRC) and have had no involvement in debates on the future direction of AD. There is also a tendency by national representatives at the Commission on Narcotics Drugs (CND) in Vienna to avert discussions on drug policy at other UN forums. This has further contributed to a lack of coherent and consistent policies, and for the adoption of resolutions and policies on drug

control that ignore or contradict other UN guidelines and principles, such as the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), various International Labour Organization (ILO) conventions, the 'United Nations Declaration on the Rights of Indigenous Peoples' and the recently adopted FAO 'Voluntary Guidelines for the Responsible Governance of Tenure of Land, Fisheries, and Forests in the Context of National Food Security'.

These tensions and inconsistencies should be addressed at the 2016 UNGASS to review the global drug problem and define the most appropriate policy responses. The chronic lack of a coherent UN system-wide approach to drug-related issues, as again demonstrated in the case of the UN Guidelines on Alternative Development, has triggered a heated debate about whether to leave preparations for the 2016 UNGASS fully in the hands of Vienna, where the specialised agencies are based, or seek more active involvement from relevant UN agencies based in New York and Geneva. One of the vehicles established by the UN Secretary-General in order to improve a coordinated system-wide approach to drugs and crime is the UN System Task Force on Transnational Organized Crime and Drug Trafficking, led jointly by the UN Department of Political Affairs (DPA) and UNODC. Originally the Task Force was set up to improve a comprehensive UN response to crisis situations with high levels of drug related crime and violence, and to produce guidance on how to include drugs and crime issues into conflict resolution and development strategies. More recently the Task Force also has been given the mandate to develop a strategy for inputs from all relevant UN agencies into the 2016 UNGASS.<sup>61</sup>

### Containing the World Drugs Problem?

At the 2008 review of the UNGASS 1998 goal to "eliminate or significantly reduce the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008", the then UNODC executive director Antonio Maria Costa claimed in a well-known document, often referred to as 'Fit for Purpose', that "there is enough evidence to show that the drug problem has been contained".<sup>62</sup> The statement was a significant departure from the 1998 UNGASS goals, and an admission that these were unattainable. "Containment of a problem is not, of course, the same thing as its solution. The drug problem is still with us. The fundamental objective of the Conventions – restricting the use of psychoactive substances under international control to medical and scientific use – has not yet been achieved. Some of the more ambitious targets set at UNGASS in 1998 remain elusive."

Moving even further, in the same document Costa also acknowledged a number of "unintended consequences" of the drug control system and its implementation. These negative aspects include the existence of a thriving criminal

black market; policy displacement; (from a focus on public health to a focus to security); geographic displacement (shifts in cultivation from one area to another, or ‘balloon effect’); substance displacement (shifts from controlled to less controlled drugs); and the stigmatisation of drug users.

However, the containment argument seems to be promoted mainly by UNODC as a defence mechanism to explain why the levels of global drug production and consumption remain high. UNODC claims that it would have all been much worse without the international control system. According to Costa: “The fact that containment started chronologically at about the middle of the UNGASS decade, makes it tempting to postulate that it has occurred because of it. Although there is no statistical foundation to claim a causal relationship, the coincidence of the two events in time is worth noting.”<sup>63</sup>

In his statement to the 2013 Commission on Narcotics Drugs (CND), UNODC Executive Director Yuri Fedotov reaffirmed the containment strategy: “While the international drug control system may not have eliminated the drug problem, it continues to ensure that it does not escalate to unmanageable proportions.”<sup>64</sup>

### Harm Reduction for the Supply Side

The realisation that there is a need for different approaches is a welcome development. However, taking the argument that the global drugs problem can be contained rather than further reduced, and that the current international control system has several serious negative consequences, there is a clear need to develop new policy objectives. Such policy options have been referred to by some as ‘harm reduction for the supply side’, which argues that if it is impossible to significantly reduce the global drug problem in a sustainable manner, at the very least the aim should be to avert the most harmful consequences of drugs use, production and trafficking, and ensure that national legislation and the international control system support such an approach. As one study suggests: “A realistic and humane drug policy should focus on harm reduction – aiming to minimize the harms caused by illicit drug production, distribution and abuse, but also striving to minimize the damage done by policies meant to control drugs.”<sup>65</sup>

This approach would also look at other, more positive indicators for a successful drug policy, such as the number of people receiving treatment or development assistance, improved human development indicators, etc. According to an academic study to assess the merit of applying a harm reduction approach to supply-side drug control: “Rather than assessing drug policies on the basis of a handful of standard indicators, such as eradication, seizures, and arrests, we can begin to consider the related effects of drug policy on income, corruption, violence, environmental degradation, human health, and a host of other concerns



Ethnic Wa Woman in northern Shan State

spanning multiple policy communities. Thus, we can link our concerns about drug policy to the concerns of those in other fields that are touched – sometimes pummeled – by supply-oriented policy.”<sup>66</sup>

The discussion on applying a harm reduction approach to the supply side is new and is not without controversy. There has been a fierce debate on the application of harm reduction policies on the consumption side, notwithstanding abundant scientific evidence of their success. But support for widening the concept is growing. There are also arguments to apply the ‘harm reduction’ philosophy to the whole drugs market, including as a means to address the worst problems related to drug trafficking and drug related violence, rather than claiming these will be eliminated. A study on criminal justice and harm reduction in Europe states that: “Given that drug markets cannot be eliminated, but may operate in ways that are more or less socially harmful, the key questions for law enforcement become: what sort of markets do we least dislike and how can we adjust the control mix so as to push markets in the least harmful direction?”<sup>67</sup>

There are some practical examples of a harm reduction approach for the supply side. In Laos, opium has been used for recreational and medicinal purposes, especially in poppy growing communities, also causing some addiction. A strictly enforced poppy ban would deprive habitual users of cheap access to opium, and would force them to quit or buy at considerably higher prices on the black market. Realising this, in 2000 the Lao government made a special provision for elderly and long-term opium users: “For

## Drugs and Peace Talks in Colombia

The illicit drug economy has been one of the engines of the Colombian armed conflict. The issue of drugs has therefore been an important point of discussion in the peace negotiations currently being held in Havana between the Colombian government and the *Fuerzas Armadas Revolucionarias de Colombia* (Revolutionary Armed Forces of Colombia, FARC). The peace agenda envisages a “solution to the problem of illicit drugs”, which includes an examination of the situation of illicit crops, mainly coca bush. Discussions will take into consideration comprehensive development plans that involve community participation in the design, implementation and evaluation of coca substitution programmes, as well as the environmental recovery of areas affected by these crops. The agenda also addresses the prevention of drug use and combating drug trafficking.

The Colombian guerrillas emerged in the context of a comprehensive agrarian conflict that was motivated by land tenure problems. The Colombian agricultural sector has historically been characterised by highly concentrated land ownership, which excludes most of the rural population. In the last three decades, the situation was exacerbated by the penetration of drug trafficking and drug mafias or cartels in much of the rural area, worsening the already precarious living conditions of peasant farming communities. Drug trafficking became part of the war economy for various armed groups, enhancing the power of those who control part of the drug production, distribution and marketing process. Meanwhile, the proliferation of coca cultivation (and to a lesser extent of opium poppy and marijuana), and the spread of the illicit activities linked to the production and marketing of cocaine base paste, affected the traditional cultural practices of peasant and indigenous communities, who were often forced to become part of the violent economy. At the same time, the illicit cultivation of coca, poppy and cannabis provided an essential survival economy for many internally displaced and/or marginalised black, indigenous

some households that cannot spontaneously respond to this national priority due to family long-time addicts, local authorities gave special authorisation to plant the opium poppy in a controllable limited area for a certain period of time according to the Prime Minister Order dated 28/11/2000.<sup>68</sup> The regulation came to an end only a few years later when the amended criminal law Article 135 was enforced, which stipulates that “production, possession, import, export and transportation of opium are totally illegal”.<sup>69</sup> Unfortunately, there has been no study on the implementation and impact of the clause.

Another concrete example of harm reduction for the supply side is the effort by the British government in Afghanistan to produce socio-economic maps with target areas that are eligible for eradication since local people have access to other

and impoverished rural communities, representing for many a solution in the absence of other livelihood options.

In the peace talks, both the government and the FARC have called for a rethinking of the current government drug control strategy, based on the US-led ‘war on drugs’. The US-sponsored Plan Colombia, which has been applied since 2000, not only failed to reach its aim to reduce drug trafficking but also helped to fuel the conflict, generated massive population displacements and transformed large swathes of rural areas into war zones. The massive aerial spraying programme of coca and opium poppy fields in particular has caused much havoc and protest. The peace talks offer the possibility to reverse the negative impact of the drug economy on the most vulnerable social sectors.

Representatives of civil society, academics, NGOs, rural authorities and agrarian communities, under the auspices of UNODC, recently held two forums on drug policy in order to present proposals for new strategies and alternative options at the negotiating table in Havana. If the conflicting parties manage to reach an agreement, and if the government succeeds in implementing rural policies that contribute to resolving the structural problems facing the agricultural sector – including land reform – the violent drug war in the mountains and jungles of Colombia could become a thing of the past.

The Colombian government knows that signing a peace treaty with the guerrillas will not solve the problem of drug trafficking and organised crime in general – the FARC is only one of several actors in the business – but it could help to reduce the level of violence and insecurity linked to the illicit drug economy that tens of thousands of farmers have suffered for the last decades. It is time to move away from the present aggressive eradication focus and start to implement alternative models based on community participation, prioritising a life in dignity for the internally displaced and poor rural communities involved in the cultivation of crops used for illicit drug production.

livelihoods, thereby trying to avoid households that rely on opium cultivation for their survival. These target areas are based on a number of criteria, including rural livelihood projects, distance to markets, water availability, agricultural diversity, population density, extension of access to non-farm income and credit. Local security conditions are also included.<sup>70</sup> This policy follows recommendations made at several expert meetings and political statements by member states on AD, which argue: “Ensure that eradication is not undertaken until small-farmer households have adopted viable and sustainable livelihoods and that interventions are properly sequenced.”<sup>71</sup>

Unfortunately, the policy was never implemented, as provincial governors in charge of eradication had to balance eradication with security, and had to negotiate with all the

tribes. The governor-led approach did not take the central target maps into consideration. Local officials felt that the British targeting approach was too abstract and relied on questionable data. In practice, kinship ties and local power relations play a more important role in negotiating targets than supposedly 'objective criteria'. In fact, those targeted for poppy eradication tended to be those with the fewest alternatives available to them and had no power to resist.<sup>72</sup>

### **Conflict Sensitive Drug Policies**

'Do no harm' approaches are now widely accepted as the necessary preconditions for any development intervention in conflict affected areas.<sup>73</sup> As drug production often takes place in conflict affected areas and fragile states, there is also a need to develop principles for conflict sensitive drug policies that 'do no harm'. There is a large body of literature on the relationship between drugs and conflict and/or violence, and how these mutually interact. "AD projects should be designed, implemented and monitored in a conflict sensitive manner, since most illicit crop cultivation takes place in conflict or post-conflict settings", according to a report by GIZ. "In most drug cultivating areas, the main stakeholders of illicit drug economies are non-state armed groups and/ or criminal networks. Therefore, AD and development cooperation in violent drug environments should be designed according to the principles of non-interference and do-no-harm in order to avoid putting farmers at risk when participating in development cooperation activities."<sup>74</sup>

In the case of Burma, for instance, new ceasefires have been signed with most armed ethnic opposition groups. The country is trying to emerge from decades of armed conflict, and there is greater potential for conflict resolution than ever before. However, the situation is complex and international actors seeking to provide development assistance and implement programmes in conflict affected areas should take great care to ensure their interventions are conflict sensitive. Many of the conflict affected areas have drug related problems, including opium cultivation, production of heroin and ATS, and injecting heroin use. Some of the ethnic armed opposition groups have therefore developed their own responses, such as the Kachin Independence Organisation (KIO), The Ta-ang National Liberation Army (TNLA) and the Shan State Army–South (SSA-South), which often have focused on eradication and implementing strict bans on opium cultivation and the arrest and forced detoxification of drug users. There is a need to engage with these groups and build capacity in implementing more sustainable and effective drug policies that respect human rights and follow priorities and concerns of local communities.

Furthermore, many of the parties to the conflict in drug producing areas have some involvement in the drug trade. Some of these groups or individuals members

have lost their original political objectives and are now motivated by economic reasons. Others use a variety of financial resources – including the drugs trade – to achieve political objectives, such as the United Wa State Army (UWSA), which has an ethnic nationalist agenda while its leadership has been indicted by a US court on drugs trafficking charges.<sup>75</sup> The question is about prioritisation: achieving peace and reconciliation, or risking conflict and breakdown of a more than 20 year old ceasefire and trying to arrest the UWSA leadership.

In this case it is important to note who decides to arrest whom. In many cases, decisions about indictments and arrest warrants are more rooted in politics (targeting political opponents or business rivals) rather than in evidence. This has resulted in a tendency to blame one of the parties for all the drug problems in the country or region. Classic examples of this are first Khun Sa's MTA and now the UWSA in Burma, the Taliban in Afghanistan and the FARC in Colombia, ignoring corruption and involvement up to the highest government level, and the structural causes that facilitate the drug trade, such as conflict, lack of rule of law, state repression and weak governance.

Conflict sensitive drug policies that 'do no harm' should also look at the effectiveness of interdiction as a policy instrument. In some cases, interdiction may even have an adverse effect on drug production as it can stimulate farm-gate demand and price of opium. In principle, seized and destroyed quantities of opium and heroin do not lead to less consumption but are replaced by increased production. The market impact of interdiction – usually very small – depends on the precise level of the trade and the type of operation at which it is aimed. Furthermore, experience in Afghanistan and in others parts of the world have shown that eradication and interdiction are not conflict neutral but rather target political opponents, usually competing local commanders or other tribes. The widespread corruption in the country further contributes to a focus on poor farmers and small-scale traders, driving people into the hands of anti-government forces. This is in clear contradiction with the aim of stabilising Afghanistan, providing security and 'winning the hearts and minds'. Intensifying the war on drugs would only add further fuel to the conflict.<sup>76</sup>



## Harm Reduction and Drug Law Reform

*“It is illegal to possess and use drugs, if you are in the company of a person caught in possession of drugs, you will be tried and convicted together. There is a place called Kyaukthapake by the riverside, we buy and use our drugs there on the spot. We can’t take anything with us to use elsewhere, we are afraid to be caught by the police if we do. Sometimes the police raids Kyaukthapake but then the dealers are warned beforehand, it is a game of give and take between the police and the dealers.”<sup>1</sup>*

Taxi driver in Burma

While local and national authorities often acknowledge the scope of the problems related to drug use, policy responses tend to focus on prevention, abstinence-based ‘treatment’ and prison sentences. Under pressure to establish a “Drug Free ASEAN”, governments in the region have favoured disproportionate sentencing in a failed effort to control the drugs market. The adoption of harm reduction policies and provision of appropriate services for drug users is lagging behind as a result of repressive drug laws and the failure to respond adequately to developments in the regional drugs market. National responses to drug related issues have often been far more harmful than the problems caused by the drugs they aim to control.

Tens of thousands of people across the region are being jailed for minor drug related offences, as drug use continues to be criminalised and sanctions for micro-trading or street dealing are severe. Harsh custodial sentences for drug related offences result in overcrowded prisons. In 2013, China, Indonesia, Malaysia and Vietnam carried out executions for drug related offences. Laos, Singapore and Thailand imposed the death penalty for drug offences, but have not carried out the executions. The limited access to life-saving harm reduction services has led to the high incidence of HIV and hepatitis C among drug users. Repressive policies are further hampering drug users’ access to services.

In recent years there has been a change in how drug users are perceived, as the discourse has shifted from seeing them as ‘patients’ rather than ‘criminals’. While it is a positive move to decriminalise drug users, the region’s policy makers are increasingly adopting the false assumption that all drug users are patients who need treatment. Authorities do not distinguish between recreational and problematic drug use, and more than half a million people are undergoing compulsory ‘treatment’ either in a custodial setting or as out-patients. In most cases these treatment centres are run by law enforcement agencies with no medical supervision.

Across the region, the emerging response to repressive drug control policies shows an increase in poly-drug use,



including pharmaceutical drugs, and in more harmful forms of use. In order to avoid the displacement of drug related problems from one area or substance to another – the so-called ‘balloon effect’ – it is necessary to understand how the drug market responds to policy interventions.

At the national level, there has been a slight tendency in recent years to adopt a harm reduction approach with a stronger focus on addressing the health-related aspects of the drug problem. Burma, India, Laos, Malaysia, and Thailand all have adopted harm reduction initiatives as part of their national strategy. In practice, however, the implementation and scope of the harm reduction services leave much to be desired. There are hundreds of thousands of drug users in the region, many of whom suffer unnecessarily as a result of inadequate or unavailable services.

Much needs to be done to advance the drug-policy climate and work towards more humane and evidence-based policies. Some countries are reviewing their national drug legislation and it is hoped that this will bring some positive changes that incorporate a public health approach.

To date, the participation of civil society in the policy discussions among UN agencies and governments in the region is very limited. Civil society has hardly any influence on the design, implementation and evaluation of drug control policies and programmes, which greatly affect the lives of their communities – and this situation needs to change.

### **The Struggle for Harm Reduction**

In response to the HIV and hepatitis C epidemic in the region, several countries have adopted and/or approved harm reduction policies and programmes. However, the quality and coverage of services for drug users in the region remain inadequate to deal with the scale and

seriousness of the problems. There is an urgent need to develop more health-oriented approaches and to accept the validity of – and expand – harm reduction services. Current obstacles include strict drug laws and repressive policies that prevent drug users from obtaining access to life-saving services. Across Southeast Asia, public opinion generally favours a repressive approach, and drug users are often discriminated against and stigmatised. The fact that only a small percentage of drug use is problematic is barely recognised.

### **Problematic Versus Non-Problematic Drug Use**

Throughout history and in many parts of the world there is substantial and growing evidence that the large majority of people who take drugs are moderate and non-problematic users. Studies on opium use in late imperial China, for instance, found it remarkable that “in a society in which opium was cheap and widely available, so many people smoked lightly or not at all”.<sup>2</sup> While some opium users did become addicted and there were some problematic users, it is striking that most Chinese consumers were non-problematic and moderate users.<sup>3</sup> Other studies on opium smokers in China also show that most regulated both the quality and quantity they used. There were (and continue to be) many smokers who used limited amounts and only on occasion, and who were able to control their use, including reducing or stopping it if necessary.<sup>4</sup> A study on opium use in India in 1935 arrived at the same conclusion.<sup>5</sup>

Contemporary research shows similar trends. For example, a 1997 survey in the UK among people of between 16 and 24 years of age found that “drug use is commonplace and consumers tend to be independent, lead active lives, and do not lack self-esteem”. The survey found only “a minority of problem users, who fulfilled the stereotypical *Trainspotting* image and took a mixture of heroin and methadone with other drugs”. It concluded that “many anti-drugs campaigns and education packages are aimed at the wrong people, often falsely stereotyping young substance-abusers as friendless junkies with no ambitions”.<sup>6</sup>

This is not to deny the existence of serious problems related to drug use. In absolute numbers, there are many problematic drug users in the region who are in urgent need of more and better services. However, these constitute only a minority of all drug users in the region, and to be most effective, services should be geared to this group of vulnerable people.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines problematic drugs use as “injecting drug use or long-duration/regular use of opiates, cocaine and/or amphetamines”.<sup>7</sup> According to

the UK agency Drugscope: “Problem or problematic drug use tends to refer to drug use which could either be dependent or recreational. In other words, it is not necessarily the frequency of drug use which is the primary ‘problem’ but the effects that drug taking have on the user’s life (i.e. they may experience social, financial, psychological, physical or legal problems as a result of their drug use).”<sup>8</sup>

There is a high incidence of HIV and hepatitis C (a progressive liver disease) among injecting drug users in the region. According to UNAIDS, the HIV prevalence among people who inject drugs is estimated to be over 18% in Thailand and Burma,<sup>9</sup> compared to the prevalence among the general population of 1.2 % and 0.6% respectively. Recent years show a reduction in new infections in most countries in the region. The high HIV prevalence and related immuno-suppression in turn results in a high incidence of tuberculosis among injecting drug users.<sup>10</sup>

The hepatitis C virus among injecting drug users has now overtaken HIV as the most serious health threat. As mentioned earlier in this report, the prevalence among injecting drug users is up to 90% in Thailand<sup>11</sup> and Northeast India.<sup>12</sup> Estimates are that between 80% and 85% of users will develop chronic hepatitis C.<sup>13</sup> The treatment with Peginterferon and Ribavirin is costly and not provided by existing services for drug users. The treatment also causes side effects such as nausea, influenza, weight

loss and depression. Depending on the type of hepatitis C, patients are required to take these medicines for a period of several months up to a year. Hepatitis C is difficult to treat, especially if there is co-infection with HIV. The cure rate among mono-infected hepatitis C patients depends on the genotype of the virus; for co-infected patients the cure rate is lower than in the case of only one infection.<sup>14</sup> To address the high prevalence of hepatitis C UNAIDS is advocating for the joint prevention and treatment of hepatitis C and HIV.

Burma adopted its first National Strategic Plan on HIV and AIDS in 2006, and this already included harm reduction services. In 2011 the second National Strategic Plan was adopted with the aim of achieving the HIV-related Millennium Development Goals (MDGs) to be achieved by 2015. Initially there was resistance to a harm reduction approach, but such services were piloted in Lashio, northern Shan State in December 2004.<sup>15</sup> Since then drug users in Burma have had a growing number of services available to them. There have also been more awareness and prevention programmes about drug use and associated health risks. Drop-in centres (DICs) for drug users along with needle-exchange programmes and condom distribution are now becoming more accepted, although there remains some resistance. At the DICs the clients’ names remain confidential and codes are used in day-to-day management. Harm reduction services are slowly expanding across the country, although their quality and quantity are still inadequate to address the scope of the problem.

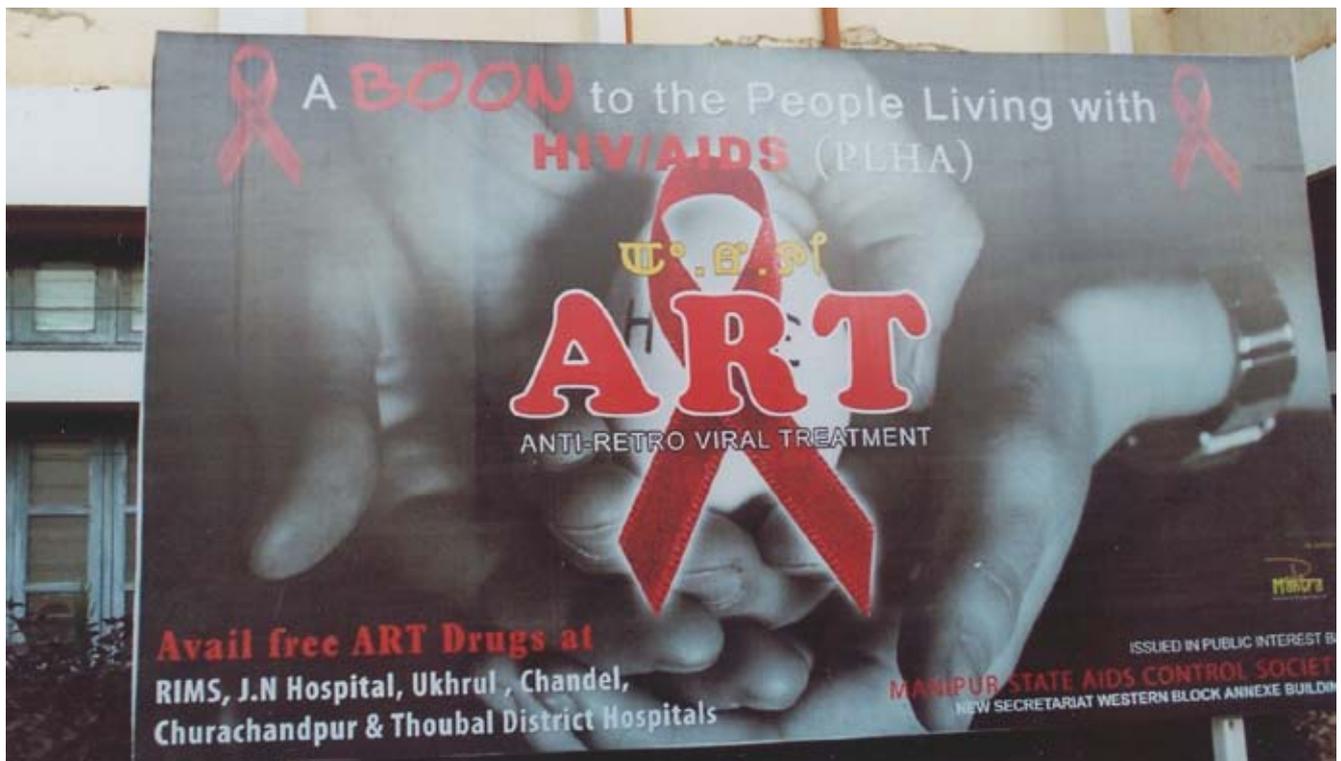
There is only limited Methadone Maintenance Therapy (MMT) in Burma, currently reaching about 3,000 people. Only government-run centres (mostly based in hospitals) can prescribe and supply methadone, and users are obliged to register in order to be eligible for it. A hospital psychiatrist decides on the dose, which usually starts at 25 ml but can be as much as 120 ml. According to outreach workers, some patients need up to 180 ml a day, and most users will revert to illegal drugs to avoid withdrawal symptoms. Drug user organisations in Burma recommend making methadone more widely available, and not only at state hospitals from 9am to mid-day as is currently the case.<sup>16</sup> They also recommend easing procedures for being allowed to travel while on MMT. At the moment it is still a complicated bureaucratic procedure to receive methadone elsewhere, and there are also restrictions on carrying methadone locally and out of the country. The government plans to have 8,000 people on MMT by 2015,<sup>17</sup> which is low compared to the estimated 60,000 to 90,000 injecting heroin users.<sup>18</sup> In certain regions where there are no government facilities to provide methadone, NGOs are allowed to offer maintenance treatment.

The lack of access to methadone or other substances to help opiate users deal with withdrawal symptoms has led to the exploration of various alternatives on the market.



Providing Buprenorphine at local NGO in Northeast India

Billboard in Imphal in Northeast India



Reportedly, opiate users in the China–Burma border region use Compound Diphenoxylate tablets, locally known as ‘CDO’, which they use to ease their pain and stop withdrawal symptoms. CDO pills contain diphenoxylate hydrochloride (2.5mg per pill) and atropin (0.025 mg per pill). This opioid agonist was widely used in China to treat diarrhoea. “I smoke heroin three times per day and two caps per time”, says a 53-year-old Kachin woman: “I use CDO when I do not have heroin. It costs 6 Yuan for one bottle, which contains 100 tablets. I take seven tablets for each time, and if I take it in the morning right after breakfast it controls my desperate urge to use heroin until the afternoon.”<sup>19</sup>

According to a 22-year-old Kachin man: “I tried to stop using heroin twice. During that time, I was suffering a lot, my nose was bleeding, I felt painful in the whole body, and I felt hot and cold. I used CDO pills to kill and reduce those feelings. It has a white colour and has 100 tablets in a bottle and costs only 6 Yuan per a bottle. I took 10 tablets at once, and I felt much better. There is also another drug called Ma-tau-hpyen. The colour and bottle are similar to the CDO bottle. It has 10 tablets in one card and it costs 8 Yuan a card. It is not so effective compare to CDO so it has fewer users. We can easily buy both of them in any Chinese pharmacy.”<sup>20</sup>

After 2009 when CDO became difficult to find on the market, drug users approached a harm reduction project in Kachin State near the China border to help them to get access to it. “We tried really had to get methadone for users but we could not during that time”, says a former project coordinator. “We had a shelter for the drug users and many of them came with no money, no clothes and no drugs. Some of them were willing to stop using heroin and this

was the only legal medicine that we could find to help them when they were suffering from the withdrawal syndromes. It actually works really well, and the drug users liked it very much.” The CDO pills were used in combination with Tramadol, and the treatment was a temporary solution as no other legal substitute could be bought in the area.

Although there are no reliable data, HIV rates among injecting drug users in Laos are thought to be low compared to neighbouring countries. However, as the country is a major heroin-trafficking route and heroin is easy to obtain, and there is high HIV prevalence among populations along its borders, the government set up a task force to address HIV and drug use, and to develop harm reduction policies and programmes. The country’s 2011–2015 National Strategic Plan for HIV and AIDS includes promoting clean needles and other harm reduction services, but implementation so far is limited to information and counselling for injecting drug users. A study on harm reduction focused on government officials in Laos found that “law enforcement officers in particular had limited understanding about harm reduction and the feasibility and appropriateness of harm reduction services in the Lao context”<sup>21</sup>

Thailand is still developing a comprehensive harm reduction policy. The government rejected legalising needle and syringe programmes, as it is convinced that these would stimulate drug use, and thus contravene the Thai narcotics law. This position has slowed down the implementation of harm reduction interventions.<sup>22</sup> As a compromise the government is now allowing NGOs to carry out needle and syringe programmes. Population Services International (PSI) has partnered with various local NGOs and support groups for people living with

HIV to distribute clean needles to the country's estimated 40,000 injecting drug users, 20% of whom share needles, according to 2010 government figures. The Global Fund has granted funds to "facilitate an urgently-needed roll-out of needle and syringe programs for injecting drug users and condoms for the most at risk populations such as drug users and sex workers. These populations remain a major gap in the HIV prevention interventions in Thailand".<sup>23</sup> In November 2010, the Thai government decided to launch ten pilot programmes to test whether needle and syringe programmes reduce the harmful aspects of drug use. But the authorities clearly felt more comfortable with prevention programmes, and most of the resources were spent on capacity-building and anti-drug exhibitions. In February 2014, the Thai Office of the Narcotics Control Board announced the launch of the new harm reduction strategy, which will also include needle and syringe programmes. The strategy will be piloted in 19 provinces across the country (four in the central region, six in the north and nine in the south) and run through to September 2015.

Methadone maintenance therapy is provided only in a small number of health centres in Bangkok, whereas in other cities only short-term methadone treatment is available. The National Health Security Office is providing the MMT but the capacity is low and only 7% of users are enrolled in a programme.<sup>24</sup> The programmes are strict: failure to produce a negative urine test results in two-week suspension of MMT. Some users reported that they needed to have a job in order to be allowed to participate in the programme.

The distribution of Naloxone to prevent overdose is very challenging in Thailand, despite being on the WHO Model List of Essential Medicines that should be available in all health-care facilities. Only after concerted efforts did PSI manage to make Naloxone available in 19 DICs in Bangkok.<sup>25</sup> There is a need for more pressure to allow all drop-in centres in the country to do the same. In Burma, the overdose rate among users is also reported to be high, although there are no exact figures. Unfortunately, neither the Global Fund nor the Three Millennium Development Goal Fund covers the costs of Naloxone in Burma, which are now met by international NGOs. The Asian Harm Reduction Network in Burma has trained peer educators to administer Naloxone.

Nagaland and Manipur, two sparsely populated states in Northeast India that border Burma, have the highest prevalence of injecting drug users in India. Unsafe practices, especially needle sharing, have been the main reason for the epidemic of HIV/AIDS and hepatitis C in these states, illnesses that have spread to the general population. The seriousness of the situation brought unconventional responses, and in 1996 Manipur was the first state in India to adopt a policy that included a harm reduction approach aimed at vulnerable groups such as

injecting drug users. The government set up the National Aids Coordination Organisation (NACO) to coordinate programme implementation. Nevertheless, the new policies and services have proved inadequate to deal with the scale of the problems. Between 2000 and 2010, HIV prevalence among the adult population in Manipur was estimated to be 1.4%, compared to the average prevalence in India of around 0.4%.<sup>26</sup> Local NGOs and drug user self-help groups complain that NACO does not work.<sup>27</sup> At the same time NACO claimed a huge decline in the number of HIV infections among drug users as a result of its harm reduction strategy.<sup>28</sup>

In China, the government also responded to the HIV/AIDS epidemic, caused largely by injecting drug users as in the rest of the region, by introducing MMT and needle and syringe programmes. MMT was first introduced in 1993, but only for in-patients in specific medical contexts. Since 2004, MMT clinics were set up in five provinces, which soon expanded, and MMT is mainly used as a detoxification method. NGOs and international donors set up needle and syringe programmes because the government believed that they would stimulate drug use. As evidence of their success grew, in 1999 the government introduced needle and syringe programmes in Quianxi and Yunnan provinces, bordering Southeast Asia. These programmes have now been extended to other provinces.<sup>29</sup>

While the government has expanded MMT, it has accorded less funding and political support to needle and syringe programmes, which remain controversial among government officials.<sup>30</sup> Though it is accepted that these programmes reduce HIV infection rates, they are seen as condoning illicit drug use. This is also reflected in different opinions within government departments on the issue: "Whereas public health practitioners prioritise reducing risk of infection from blood borne diseases amongst injecting drug users, public security authorities are charged with enforcing the laws against the sale and use of illicit drugs."<sup>31</sup> While the central government strategy includes MMT, implementation varies. And as long as China continues to make drug use illegal, services for current drug users will remain limited. This means that harm reduction policies and services in China remain inadequate.

Malaysia adopted harm reduction policies in 2006, and subsequently expanded MMT and needle and syringe programmes throughout the country. According to UNAIDS, Malaysia reports the highest coverage in the region with 200 syringes a year per injecting drug user and 26% coverage of opioid-substitution treatment.<sup>32</sup> However, the prevalence of HIV among drug users remains at around 19%, and there is a need to extend harm reduction services as "coverage remains too low, police harassment prevents effective implementation, and broad political or public support for these controversial policies is lacking".<sup>33</sup>



In recent years, the funding provided by the Global Fund – and the 3 Millennium Development Goal Fund in the case of Burma – has played a very important role in the expansion of harm reduction services and practices in the region. Domestic funding accounts for only a small percentage of the costs.<sup>34</sup>

In 2008, WHO, UNODC and UNAIDS published a technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.<sup>35</sup> The guide identifies a comprehensive package of nine interventions<sup>36</sup> that have proved effective in preventing the spread of HIV, in addition to reducing other harmful side-effects of drug use. The guide has been endorsed by the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, and the UNAIDS Programme Coordinating Board and serves as a tool to enhance the implementation of harm reduction strategies. But the reality is that still much remains to be done to achieve comprehensive harm reduction programmes in Southeast Asia.

### Compulsory ‘Treatment’

In addition to causing considerable health and social harm, repressive drug policies in Southeast Asia have resulted in a very large number of drug users undergoing forced treatment in closed settings. The number of compulsory ‘drug treatment’ centres has grown from 750 in 2005 to over 1,000 in 2010 in East and Southeast Asia.<sup>37</sup> For a while, Cambodia, China, Laos, Malaysia, Thailand and Vietnam

viewed compulsory centres as the answer to the drug problem. There are, however, many complaints about the treatment in these centres, where it is claimed that human rights violations are rampant.<sup>38</sup> Although treatment differs from one centre to another, in 2009 WHO concluded that “generally the approach provided in China, Malaysia, Vietnam and Cambodia needs much improvement”.<sup>39</sup> The detainees receive little or no medical care, and beatings, forced labour and compulsory exercises are part of the “treatment” in the centres. Often people are sent to these centres without due process, and with no right to appeal.<sup>40</sup> Relapse rates from the compulsory centres are high, ranging from 60% in China to close to 100% in Cambodia.<sup>41</sup>

In Thailand, the courts decide whether to sentence a person found guilty of drug related offences to prison or to compulsory treatment. Sentencing is based on the person’s history of drug use and a urine test. After reviewing the evidence and the reports of the inquiry officer, the relevant Sub-Committee will order compulsory drug treatment in either custodial or non-custodial programmes. In practice, the decisions of the Sub-Committees are also influenced by whether there is prison space. The Sub-Committee does not distinguish between recreational or problematic drug use. Once a person is confined for treatment the Sub-Committee has the authority to extend treatment for periods of up to six months at a time to a maximum of three years, and the detainee cannot appeal against an extension. Custodial treatment programmes initially involve four months in treatment centres, followed by a two-month ‘re-entry’ programme. Between 1 October 2008 and 1 June 2009 nearly 40,000 convicted



drug users were held in compulsory centres, and over 7,000 were held in detention.<sup>42</sup> These numbers have increased exponentially since then (see the Thai wars on drugs section below).

In 2010, Cambodia had 11 temporary centres for drug education and rehabilitation, treating over 1,100 people. The centres are run by various ministries, NGOs, and the civilian and military police. However, even government agencies have admitted that these centres have failed to provide the treatment intended.<sup>43</sup> In 2012, the Cambodian government made the commitment to expand community based treatment to 350 communes by 2016. Recent research by Human Rights Watch found that in the eight remaining Cambodian drug detention centres torture, physical abuse and forced labour still continue with impunity.<sup>44</sup>

In Laos, there is only one treatment centre in the capital Vientiane, which is heavily overcrowded with 1,000 people. So far Laos has focused on abstinence-oriented treatment, and other forms of treatment and services for drug users, based on harm reduction principles. It is crucial to apply international standards. “We can treat about 10 percent of drug addicts each year. But compared to the actual need, we are nowhere close to providing sufficient assistance”, according to the Acting Chairman of the Lao National Commission for Drug Control and Supervision (LCDC) in September 2013.<sup>45</sup> The Lao government is seeking funding from international agencies to extend these services. Several donors are supporting a community-based project

on opium addiction and civic awareness and a pilot project on community-based treatment for ATS users.<sup>46</sup>

Malaysia’s narcotic addiction rehabilitation centres (PUSPEN in Bahasa Malaysia) have been criticised over the years for “providing little medical care to the patients and resorting to corporal punishment verging on physical abuse” and for high relapse rates ranging between 70% and 90%.<sup>47</sup> However, since the introduction of harm reduction policies in 2005, the population of these centres dropped from an average occupation rate of 10,000 people to less than 7,000 by early 2010. The treatment practised in these compulsory centres used to consist of forced labour and sometimes ‘water treatment’,<sup>48</sup> both in violation of human rights and harmful to the patients. In 2010 the government decided to transform part of the compulsory centres into ‘Cure and Care Centres’, although some compulsory centres remain. At these Cure and Care Centres people can receive methadone treatment for three years, but the centres do not offer needle and syringe exchange. The urine sample must be clear of heroin in order to be admitted, and the centres have full waiting lists. The state runs methadone clinics, and the coverage in Malaysia is highest in the region after China: in 2012, some 52,000 people across 674 sites were enrolled. These clinics have to be registered, so private practitioners care for those who want to remain anonymous. Heroin arrests have been increasing in Malaysia in 2013 – although this is not necessarily due to increasing use but could also be because of more police arrests.<sup>49</sup>

In 1990, the Chinese government issued a regulation stipulating that drug users who were caught would be fined and encouraged to receive treatment at a government-run voluntary detoxification centre. Those who relapsed were sent to compulsory centres, which include forced labour. Anyone who was arrested and still using drugs after having gone through the two previous stages would be sent to labour camps for two or three years of re-education.<sup>50</sup> In 2006 the government issued a new policy to send drug users immediately to compulsory detoxification centres, while relapsed drug users would go to re-education labour camps. A few months after the policy was introduced large numbers of drug users were sent directly to these closed facilities. According to one study, “in June 2006 alone, 269,000 drug users were incarcerated and 71,000 of them were sent to reeducation labor camps. At the end of 2006, there were about 1000 incarceration sites in China.”<sup>51</sup>

### Joint UN Statement on Compulsory Treatment

In March 2012, 12 UN agencies released a joint statement calling for the immediate closure of compulsory drug detention and rehabilitation centres and for the establishment of voluntary, evidence- and rights-based health and social services in the community.<sup>52</sup> The statement reads:

*The UN entities which have signed on to this statement call on States that operate compulsory drug detention and rehabilitation centres to close them without delay and to release the individuals detained. Upon release, appropriate health care services should be provided to those in need of such services, on a voluntary basis, at community level. These services should include evidence-informed drug dependence treatment; HIV and TB prevention, treatment, care and support; as well as health, legal and social services to address physical and sexual violence and enable reintegration.*

*The UN stands ready to work with States as they take steps to close compulsory drug detention and rehabilitation centres and to implement voluntary, ambulatory, residential and evidence-informed alternatives in the community.*

In a 2012 UNODC survey on compulsory centres in Southeast Asia, six countries reported their existence, four reported anticipating a reduction in their number, and five reported that the number of people in the centres would decline over the next two years. This picture has been confirmed by UNAIDS: “Countries, including Malaysia, Vietnam, Cambodia and Myanmar, are moving away from compulsory detention for people who use drugs and investing in evidence-informed, community-based treatment approaches. Such efforts promote and protect human rights and produce higher quality public health outcomes, including for HIV.”<sup>53</sup> This shift to voluntary treatment has to be scrutinised, however, because in some

cases it is not as voluntary as it sounds. In Thailand, for example, drug users are offered ‘voluntary treatment’, but in fact they are offered the choice between prison or treatment – which means that many users who do not want or need it are being treated all the same.

Given prison overcrowding and human rights violations in the compulsory centres, and yet increasing drug use, governments need to invest in alternative and more effective interventions, such as community-based voluntary treatment. Problematic drug users should have a choice of whether and how they are treated; this is a fundamental human right as defined in the Right to Health.<sup>54</sup> There should not be preconditions or consequences tied to treatment, and relapse needs to be acknowledged as part of the process. People do not attend if they feel there are obstacles or conditions in place, or if they feel the treatment on offer is poor or ineffective. Drug enforcement agencies have to be informed about such services and should cooperate to ensure that they are successful and offer free access for drug users. Very few people actually need in-residence treatment, as most can be treated in their communities with support from their family and community. But most importantly it has to be acknowledged that most drug users do not need treatment at all – it has been estimated that only 10-20% of users become problematic, depending on their drug of choice.<sup>55</sup>

### Law Enforcement and Prison

Law enforcement and police arrests of drug users have a negative impact on access to harm reduction services. Drug users in Burma, India and Thailand complain about police harassment. Police officers are reported to have falsely accused people of using and dealing drugs, including planting drugs on suspects – often in order to extract bribes. Excessive force is used to compel users to inform on other people in the drug-using community. One drop-in centre in Bangkok, for example, reported that sometimes police officers visit and demand urine tests from all their clients. Despite the efforts of the DIC staff it proved impossible to establish a good professional relationship with the police.<sup>56</sup>

This harassment not only hampers access to life-saving services but also can result in the use of more dangerous substances and riskier methods of using them. In the same DIC in Bangkok, drug users started taking a mix of Dormicum and Midazolam to avoid the detection of ATS in their urine. In Burma, the mere possession of needles can lead to arrest unless the suspect is carrying an MMT registration card. As a result, users stop carrying needles on them and stash them away or run the risk of sharing needles.

Members of the National Drug User Network Myanmar (NDNM) report that they are under police surveillance,

and on some occasions people attending NDNM meetings have been searched. Clearly police practices have a large influence on the success of harm reduction services and it is therefore imperative for law enforcement officials to be supportive.

### Law Enforcement and Corruption in Burma

*“At the age of 22 I used to peek through the door of my brother when he used heroin. I stole his drugs and tried it myself, then got addicted. I smoked heroin the first two years, then my brother and I started injecting. It is illegal to possess and use drugs, if you are in the company of a person caught in possession of drugs, you will be tried and convicted together.*

*There is a place called Kyaukthapake by the riverside, we buy and use our drugs there on the spot. We can't take anything with us to use elsewhere, we are afraid to be caught by the police if we do. Sometimes the police raids Kyaukthapake but then the dealers are warned beforehand, it is a game of give and take between the police and the dealers. Now the price of heroin has gone up, before it was only US\$2 for a bottle of penicillin, but now it is up to about 7.50 US\$. The traffickers are caught and convicted, and heroin is difficult to transport. The quality of the drugs has gone down, it looks dirty and mixed.”*

Taxi driver in Mandalay

*“I am worried about my security but I would like to discuss with you about my experiences of our police force. Because of our country's political situation everyone is doing their own things. Most of the police are becoming thieves, and they are using many ways to get money from the local people. They bribe a lot and I am also doing that, because we do not have enough salary. I would like to say that we can only solve this problem when we have honest policeman to run a strong police organization.”*

Police officer in northern Shan State

*“Generally we can buy drugs in the border area. Most of drugs are couriered by women and I have received a lot of bribes from them. Often when we check families, they already have prepared a bribe for us. Each side - China and Burma - knows what we are doing, and my colleagues in China are doing the same. I would like to say the truth, we are doing special narcotic work, but we cannot stop receiving bribes because it is our income. We do not accept bribes always but it depends on the situation. I know there are not many Kachins who become rich by selling drugs. They do little business in drugs and are often arrested. When they are arrested they cannot pay the fine, so they have to carry enough drugs to pay for the fine: one kilogram of drugs pays for carrying two kilograms. I also carry drugs from Mandalay to Muse. Sometimes I spend a lot of money on the way, then the costs are higher than the benefits, it is very dangerous work.”*

Police officer in Laukhai township in the Kokang region

### Drugs and Prisons

Drug offences account for a large number of prisoners in Southeast Asia, largely as a result of the focus on law enforcement in drug control policies. The enforcement of harsh penalties for small-scale drug offences or simple possession has thus not only been ineffective in curbing the production, trafficking, and consumption of illicit substances, but has also had enormous negative consequences, including overwhelming caseloads in the courts, overcrowding in the prisons, and the suffering of tens of thousands of persons behind bars on minor drug related offences.

As in other parts of the world, a high percentage of prisoners have committed only minor offences for which they are serving disproportionately long sentences. These are often poor people with low levels of education, who are unemployed or have only temporary jobs. As argued earlier, very few major traffickers end up in jail (see Chapter 2). But the judicial systems in the region do not appear to differentiate between different levels of involvement in the drugs trade and make no distinctions between violent and non-violent offences. Many people serve lengthy jail terms just for possession or small-scale trading, with no other offences. TNI research in Burma also found that several female drug users and female small-scale traffickers have been jailed. Their number is still far less than the male prison population, but seems to be increasing.

Furthermore, the prison systems in the region fall short of meeting international human rights standards, and more often than not fail to provide for basic needs, such as access to sufficient and nutritious food and health services. The overcrowding of prisons – mainly due to the large number of drug related cases – also causes other problems. In such settings, incarceration has many negative health effects, such as STDs, including syphilis, herpes and HIV, mental health problems, skin infections, tuberculosis, and hepatitis B and C. AIDS and tuberculosis are reportedly the major cause of death among prisoners.

Research into prison conditions undertaken in 2012 by Chiang Mai University showed that 64% of the total prison population of over 246,000 were convicted on drug related offences.<sup>57</sup> The same study found high rates of HIV and tuberculosis; supply of drugs in prisons; injecting drug use with high infection risks; and high-risk sexual behaviour, especially among men having sex with men. Combined with stigmatisation and discrimination of HIV-positive people, which makes it difficult for this vulnerable group to obtain access to the necessary services (only 10% of HIV-positive people choose to undergo medical check-ups because of fear of discrimination), there are high health risks for drug users in Thai prisons.<sup>58</sup> Of those convicted of drug related offences, over 95% used ATS and 2.7% opium or heroin. The high percentage of ATS-related offences is because the police urine tests detect only ATS use and not

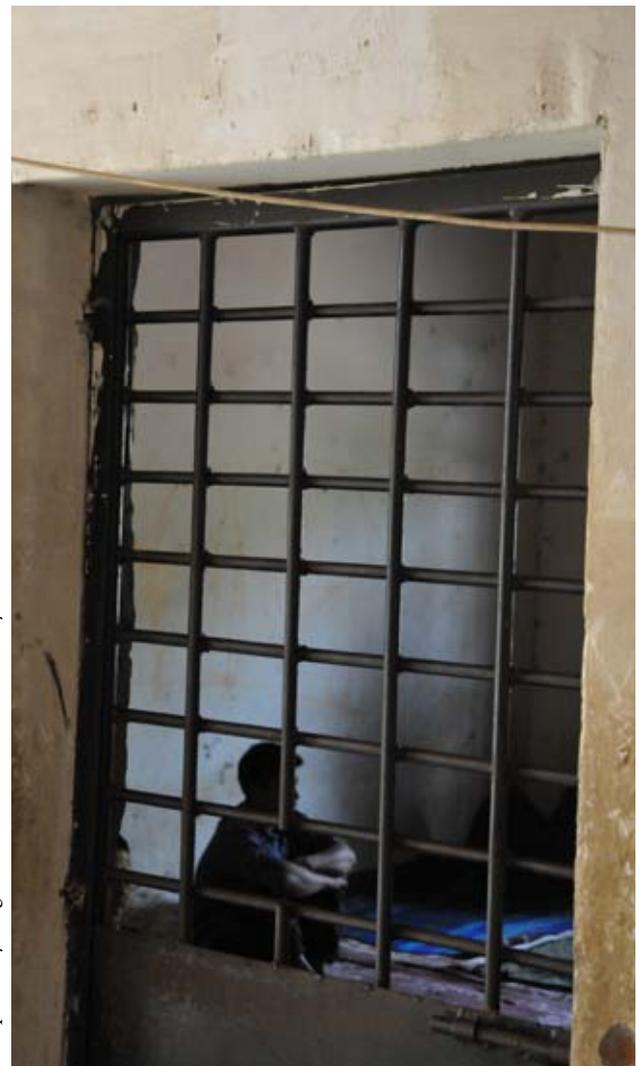
other substances.<sup>59</sup> The prison population in Thailand has continued to increase, especially among youth, causing more overcrowding and further reducing adequate access to health services. By early 2014, the Thai national prison administration reported that the prison population had risen to 290,000.

In Burma, sentences for drug related crimes can be very harsh.<sup>60</sup> In 2012, UNODC reported 5,740 drug related arrests in Burma.<sup>61</sup> Most are drug users and very few dealers are arrested. Once convicted of drug related crimes people are sent to one of the country's 42 prisons or 100 labour camps.<sup>62</sup> Burma's total prison population is estimated at some 60,000.<sup>63</sup> Compared to Thailand, whose population is some 10-15% larger than Burma's, this is a much lower incarceration rate.<sup>64</sup> As in Thailand, however, Burma's prisons are overcrowded, and a high percentage of people are jailed for small drug related offences. This includes people arrested simply for possession and use. TNI research undertaken in 2013 among drug users from different areas of the country showed that a large majority had at least been arrested once, mostly for failing to be registered (section 15 of the narcotics law) and possession (section 16). They estimated that over 60% of the prison population is there because of drug related offences, citing sentences varying from two months to 35 years. Some also reported to they had been forced to do agricultural work and mining while in prison.<sup>65</sup>

In Burma, even the suspicion of drug use is enough to lead to an arrest, and a positive drug urine test can result in conviction. However, the application of drug laws is heavily dependent on those who enforce the law and can therefore be quite arbitrary. Informal arrangements with police have in some cases prevented the arrest of drug users going to drop-in centres, even though the law formally requires law-enforcement interventions. This collaboration between public health and law enforcement operates through the township harm reduction coordination committees but has no a legal basis.

According to a 2011 study, Malaysia's prison population stands at some 36,000 people, including people held in drug treatment centres, detention facilities for illegal immigrants and juvenile institutions. Data from 2007 showed that 40% of the prison population was incarcerated for drug related offences.<sup>66</sup>

Information in India on the percentage of the prison population on drug related offences was elusive. Using the Indian Right of Information Act, one TNI researcher tried to gather information on the nature of the arrests made under the Narcotic Drugs and Psychotropic Substances Act (NDPS Act) in India between January 2001 and December 2011. Only the state of Punjab sent the requested overview of all persons arrested under the NDPS Act during those 10 years. All drug related arrests in the state of Punjab were of drug users or small peddlers, and one major trafficker or



Compulsory drug treatment center in KIO territory

'kingpin' was arrested. Drug use in prison is widespread, and according to local research the riot in Punjab's Kapurthala jail in November 2011 was caused by the fact that a new superintendent had stopped the supply of drugs, facilitated by police. After the riot, in which one user was killed and 13 injured, the superintendent was transferred and all went back to normal.<sup>67</sup>

With over 2,3 million people in jail and detention centres in 2013, China has the second highest per capita incarceration rates in the world, after the USA.<sup>68</sup> There are no available data on the number of drug related prison sentences. Those convicted for drug use are not sent to ordinary prisons but to compulsory detoxification centres and labour camps, which are also closed settings.

Unfortunately, we can be brief about harm reduction services in prisons in the region: they are virtually non-existent. According to the Global State of harm reduction Report not one country in Southeast Asia is offering needle and syringe programmes and only India and Malaysia offer limited substitution treatment to prisoners. In India, the only prison in the country that runs an opioid-substitution programme is Tihar Jail in New Delhi, where drug users can receive Buprenorphine. There is no opioid-substitution therapy available in any other detention facility. Only two

### Drug Related Arrests and Prison

*"I am a member of Kachin Independence Organisation [KIO – ethnic armed opposition group] but at the moment I am on official leave; I have already served KIO for 15 years. The past three years I have been selling drugs. In my home village most families used to sell drugs though at the moment not that many. In August 2008 I was arrested but I paid a bribe of about 10,000 US\$ so I was released in December 2008. The police did not find drugs in my house but they knew I was involved in drug dealing. I hid all the drugs in the jungle so that they would not find them. They also knew I am a KIO member so they did not ask too many questions but in the end they did find some drugs on my body. I told them that I was not a drug user but the drugs were for my friends. First I went to Muse jail and then to Kutkai jail. I am not a drug user but the police checked my blood to be sure. However, I still needed to bribe them to ensure that the test result was negative. In the end they sentenced me with article 15, 17 and 21 [failure to register, possession and providing financing assistance to commit an offence], but after that I spent only seven months in jail and I was released.*

*If you have money you can get everything in jail. If you want to use drugs, you can buy it from the police, you can have alcohol and play cards. The police even provide security when you use drugs in jail, and they warn you when the director comes. Outside of jail we give US\$1 for one cap of a penicillin bottle of heroin, but in jail we have to give US\$2. We can also get good curries in jail with our own money.*

*I lost all the money I got from selling drugs, I just have my house left. I paid many people who helped me, and I am still paying them. If I continue to sell drugs they will kill me so I am not interested in doing this job again. I was just released from jail so I have not decided what to do in the future. It is very difficult to get money if we live in Burma. I have no peace."*

Former KIO member in Kachin State

*"I went to jail in 1993 because of drugs and was released in 2003. The police arrested me at a checkpoint together with a friend. I carried drugs for other people, and the owner of the drugs followed in another car. When we got arrested she fled immediately. My friend who I was travelling with was only 16 years old then, she is very beautiful, but she has no education and cannot speak Burmese very well. As I felt sorry for her, I told the police that all the drugs belonged to me. I carried a lot of drugs on my body, but my friend had not that much. She carried drugs only two times, but I did it ten times already. She also has financial problems in her house. We carried drugs from Muse to Mandalay. I know the owner, she is also from our village, but I confessed to the police that all drugs belonged to me. They sentenced me to 15 years in jail.*

*I faced many difficulties in jail. We need to stay in good health in jail. When I was in jail, my husband became a drug addict. My eldest son also went to Hpa-kant jade mine area. My youngest son is also a drug user, so I am very sad at this moment. My husband died in 2004 as a result of his drug use. My youngest son has stopped to use drug this moment, he lives with his older brother in Hpa-kant.*

*Now I face financial problems again so I would like to be a drug carrier again. My daughter also carried drugs from northern Shan State to Maja Yang in Kachin State via China, but she was arrested in 2006 on the China side, so she is in a Chinese jail. I do not know when she will come back. When I was in jail the lady who owned the drugs I trafficked was also arrested. They sentenced her to 18 years in jail but she only spent five years, and then she was released. She is a very brave and clever woman. After her release, she became involved in drug business on the China side. Two years later she was arrested in China. She caused many problems to our village. Many women were trained by her and many women are in Burmese and Chinese jail. Her daughter is also in drug business, and she has HIV. I lost everything in my family because of drugs. I lost my daughter, son and husband. Now I serve at the children's school, I will live here and help the community."*

52-year-old Kachin woman from Northern Shan State

of the prisons in Malaysia offer care clinics for inmates. Elsewhere, prisoners have to be sent outside to obtain the care they need, but this depends on the warden's discretion. There is no condom distribution in prisons.

### Thai Wars on Drugs

The provisions of the Narcotic Addict Rehabilitation Act (2002) stipulate that people who use or are dependent on drugs should be "treated as patients, not criminals". However, the arrest and charging of drug users continue to take place under the Psychotropic Substances and Narcotic Control Acts (1975, 1976, 1979). In 2003, the populist Prime Minister Shinawatra Thaksin started an aggressive

'war on drugs', which aimed to eradicate drug use, trade and production within three months. The campaign resulted in the arbitrary inclusion of drug suspects in poorly-prepared government 'blacklists' or 'watchlists', the intimidation of human rights defenders, violence, arbitrary arrest and other breaches of due process by Thai police, coerced or mandatory drug treatment, and the extra-judicial killing of over 2,800 people. The government blamed these murders largely on gangs involved in the drug trade, but human right organisations blamed them on the endorsement of a policy of extreme violence by government officials at the highest level.<sup>69</sup>

After Thaksin was overthrown in a coup in September 2006, an independent special committee formed by the

temporary military government investigated the unlawful deaths. According to this committee, almost half of the victims were unrelated to drug dealing or were killed for no apparent reason. According to one newspaper report: "Senior public prosecutor Kunlapon Ponlawan said it was not difficult to investigate extra-judicial killings carried out by police officers as the trigger-pullers usually confessed."<sup>70</sup> With the elections in January 2008 Thaksin's People's Power Party was returned to power, and the final report presented to the cabinet only contained statistical data and no senior officials were linked to the killings.<sup>71</sup> Despite many promises to bring those responsible to justice, to date not a single high-ranking military or police officer involved in the atrocities has been formally charged.

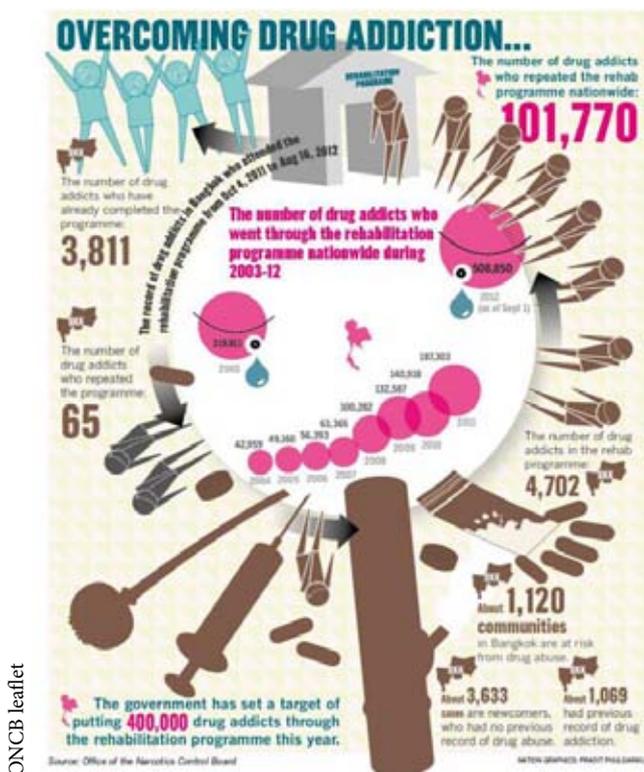
Opinion polls throughout the drug war showed support for the government's violent tactics. However, the violent outcome did not curb Thailand's illegal drug trade, use or production, but simply made it more dangerous. Most drug users continued to take heroin or methamphetamine, albeit at a higher cost and less frequently. Treatment experts also noted that many people who started drug treatment in early 2003 were not drug users at all, but were people who feared for their lives because they were suspected of using drugs. The Thai war on drugs targeted only petty traders (often drug users themselves, dealing in order to sustain their habit) and did not lead to the arrest of major drug traffickers, nor did it investigate corruption among government officials related to the drug trade.

Shortly after her election in 2011, Prime Minister Yingluck (sister of former Prime Minister Shinawatra Thaksin) announced another war on drugs. Immediately several human rights organisations voiced their concerns about

the potential consequences.<sup>72</sup> Deputy Prime Minister Chalerm Yoobamrung presented ruthless plans to take on this war, and proposed to cut the time on death row for those convicted of drug related offences to 15 days and halved the threshold for handing down a death sentence from possession of 20,000 to 10,000 methamphetamine tablets.<sup>73</sup> Currently 45% of the almost 700 people on death row in Thailand are convicted on drug related offences, but there has been no execution since 2009. In this second war on drugs judges have been ordered to cooperate with police and anti-narcotics officials to speed up the procedures for issuing arrest warrants. As a result, the number of drug related trials increased by 30% to over 8,700 in 2011. Chalerm is reported to have said that "the Ministry of Justice needs to prioritise narcotics over human rights"<sup>74</sup> and warned of "collateral damage".<sup>75</sup>

In September 2012, the Office of the Narcotics Control Board (ONCB) reported over 500,000 drug users had entered its rehabilitation programme, over 100,000 more than the original target. In 2011, there were over 247,000 drug related arrests in Thailand, of which some 192,000 were linked to methamphetamine tablets.<sup>76</sup> The number of people arrested on drug related offences in 2012 reached over 360,000. The number of confiscated methamphetamine tablets is enormous: 76 million between August 2011 and September 2012. Yet the purity and the market price remain more or less constant, a sign that these large seizures have not affected its availability.

Drug users represent a large proportion of Thailand's prison population.<sup>77</sup> In February 2002 this amounted to two-thirds, or well over 100,000 people.<sup>78</sup> In August 2013, Thailand's prison population had risen to nearly 280,000,



Safe injecting kit at DIC in Bangkok

ONCB leaflet

Billboards at Yangon airport



and occupancy was estimated at 133.9%,<sup>79</sup> which means that the prisons are housing nearly 34% more inmates than they are built for. To solve the problem of overcrowding the Thai Minister of Justice announced in October 2013 that the government would seek 30 billion Thai baht (US\$92 million) to build 42 new prisons nationwide.<sup>80</sup> The ministry was also considering suspending the remaining sentences of elderly inmates and of prisoners who have served at least two-thirds of their terms. By April 2014, however, the number of prisoners had risen to over 292,000.

Despite the massive number of drug users in prison and compulsory centres, as well as the huge confiscation of pills, in 2012 the Drugs Abuse Information Network for Asia and the Pacific (DAINAP) reported an increase in the use of all drugs in Thailand.<sup>81</sup>

### Death Penalty

China, Indonesia, Laos, Malaysia, Singapore, Thailand and Vietnam still impose the death penalty for drug offences. In 2013, China, Indonesia, Malaysia and Vietnam carried out executions for drug offences. Because China and Vietnam classify data on the death penalty as a state secret,

it is impossible to know the precise number of executions for drug related offences in the region.

Handing down the death penalty for drug offences fails to meet the threshold of 'most serious crimes' permitted under the International Covenant on Civil and Political Rights (ICCPR). UNODC, the UN Human Rights Commission, the UN Secretary-General and most recently the International Narcotics Control Board (INCB)<sup>82</sup> have all called for the abolition of the death penalty for drug related offences. At the 2013 High Level Segment of the annual meeting of the UN Commission on Narcotic Drugs, the death penalty for drug offences was heavily debated. Several member states wanted the Ministerial Statement to acknowledge that the INCB has announced that it encourages abolition of the death penalty for drug related offences. However, it was impossible to reach a consensus on a text and as a result the Ministerial Statement made no reference to the death penalty. Representatives of a number of member states said that this was a missed opportunity,<sup>83</sup> although others claimed that to express a view on the death penalty would exceed the mandate of the CND.<sup>84</sup>

The Thai government is considering abolishing the death penalty and has announced a review.<sup>85</sup> India has recently

amended its national drug law and no longer applies a mandatory death penalty for drug related offences.<sup>86</sup> Though this is a step in the right direction, even the discretionary death penalty for drug offences is in contravention of human rights standards.

### Drug Policies of Armed Groups

The armed groups in the Northeast India have an ambivalent position on drugs. They are believed to use drug production to earn money and influence in the region, but are also known for their violence towards drug users. According to a representative of a local NGO in Imphal, drug users used to be chained to the benches in ‘treatment’ centres to prevent them from escaping. No medical care was available at these centres and drug users were often physically abused. “They used to kill drug users and traders. Instead of killing them, they started shooting their leg, and putting them in low small cages”, says a Naga NGO worker in Kohima. “After some advocacy and dialogue they brought it down to forced labour. They call it work therapy.”

Organisations such as the All Manipur Anti-Drug Association (AMADA) and the Coalition Against Alcohol and Drugs (CADA), which are allegedly working closely with the government and rumoured to be secretly backed by the armed groups, are also aggressive toward drug users, dealers and producers, although this seems to have declined of late.<sup>87</sup> In the first half of 2010 AMADA “hauled up and reprimanded” 412 persons dealing in drugs or alcohol.<sup>88</sup> Local newspapers regularly publish articles naming and shaming people either reprimanded by AMADA or arrested by the police on suspicion of drug offences.

In Burma, various ethnic armed opposition groups have sought to respond to drug-related problems in their areas. A number of them have implemented strict opium bans, such as the UWSA in the Wa region, the MNDAA in Kokang and the NDAA in Mongla region. These regions remain opium-free, but cultivation has spread to other areas in the country. These groups also have strict policies against drug users. “When we know that people use drugs, we arrest them and they have to do three years of hard labour”, says a UWSA representative. A representative of the MNDAA reported that there are two prisons for drug users in Kokang. “At one place we have about 70 people, and at the other about 100 people. These places are only for drug users. In the daytime we make them work on building roads and planting trees, which is hard work. In the night we put them in prison.”<sup>89</sup>

The KIO has also adopted strict policies on opium cultivation and drug use. It has carried out several eradication campaigns in areas under its control. It has a compulsory drug-treatment centre in its capital, Laiza,

where drug users – most of them injecting heroin users – are forced to undergo detoxification. The KIO has launched a campaign to make Kachin State opium free. The Shan State Army-South (SSA-South) has included the drug issue in its ceasefire talks with the Thein Sein government. Initially, the SSA-South wanted to establish special anti-drug squads to eradicate opium and arrest drug users, but lately the organisation has made public statements that it will aim for a more development-led approach to controlling opium cultivation.<sup>90</sup>

### Drug Laws in Reform?

Several countries in the region are discussing the possibility of reforming their drugs laws. This interest is being driven, among other things, by prison overcrowding, the high burden on the judicial system, and the recognition that punitive and repressive approaches have not worked and may even have made things worse. Imprisonment has been shown to have damaging implications for individual and public health, including STDs, mental health problems, tuberculosis, hepatitis, as well as many other damaging effects – children who miss their parents, lack of family income, job loss, and forgone education.

The Burmese narcotics law dates back to British colonial rule. The Thein Sein government, elected in 2011, is reviewing all criminal and civil laws and intends to redraft the narcotics law. The stated aim is to bring all national laws

Buddhist monk speaking at drug use awareness forum in Lashio





into line with international conventions and human rights principles. Under the Global Fund, the Ministry of Health has agreed to a review of the HIV law with the assistance of civil society organisations (CSOs). The existing narcotics law still demands capital punishment and makes the possession of needles a criminal offence. Drug users call for the removal of section 15 (failure to register as drug user) and section 16 (possession). To abolish these laws would be a significant improvement, as it would end the criminalisation of drug users and provide a legal basis for harm reduction interventions. A draft proposal for a reform of part of the law has been completed, but has not yet been submitted to Parliament.

The Lao government amended the penal code in January 2013, so that a person who consumes, purchases or possesses less than 2g of heroin, morphine, cocaine, amphetamines or other psychotropic substances can be sent for treatment instead of prison. Unfortunately, this has not led to an improvement in the services offered to drug users, nor has there been any improvement in the care offered in the drug treatment centres.<sup>91</sup> Cambodia amended its drug law in 2012 and legislation now includes provisions for harm reduction including needle and syringe programmes. People caught using drugs or possessing a small amount for personal consumption now have a choice between imprisonment for up to six months or drug treatment.

India's Narcotic Drugs and Psychotropic Substances Act dates back to 1985 and has been amended twice, in 2011 and in February 2014. The positive amendments are: language to accommodate harm reduction, provisions to regulate private drug treatment centres, changes to ensure the availability of opiates for medicinal use, including

the introduction of a new category of 'essential narcotic drugs', and making the death penalty discretionary rather than mandatory in certain cases. The increased access to essential medicines and treatment is a definite improvement since access to essential painkillers in India ranked among the lowest in the world.<sup>92</sup> Although the abolition of the mandatory death sentence is a welcome change, even the discretionary death sentence for drug related crimes contravenes human rights principles. It is also worrying that the amendments double the punishment for the possession of a small quantity of drugs from a maximum prison sentence of six months to one year. This will lead to an increase of prisoners in India's already overcrowded India.<sup>93</sup> In addition, the sentencing is based on the quantity of drugs in a person's possession, which carries the risk of wrongful conviction because not all the circumstances of an offence are taken into account.<sup>94</sup> Overall, the reform of India's drug laws has been ad hoc rather than being part of a clear direction or long-term strategy. There is some sympathy but no legal backing for the push to decriminalise drug use. There is also a sense that drug users and poppy farmers are victims, but this recognition is not translated into the reformed legislation.

As mentioned in Chapter 3, the Thai government is currently reviewing the ban on kratom. Kratom accounted for over 13,000 arrests in 2011,<sup>95</sup> and decriminalisation of its use would be a very welcome step. It would also open up possibilities for the use of kratom as a substitute for methamphetamine. It is expected that the outcome of this review will be presented in 2014. In regard to the possible abolition of the death penalty, the Third National Human Rights Plan (2014–2018) outlines a procedure that includes research on required legal and constitutional amendments,

plans for public consultation, and a parliamentary debate. The Rights and Liberties Protection Department in the Ministry of Justice announced in August 2013 that it will conduct the study and will also seek public consultation on the possibility of abolishing the death penalty.<sup>96</sup>

The Global Fund programmes have helped to advocate for the reform of drug laws in the region to facilitate the implementation of the HIV-prevention and treatment programmes. Other UN agencies are also pressing for reforms that would allow harm reduction and alternatives to forced treatment. Over the past decades several indicators have been established, which will help in developing evidence-based alternatives to current policies. What is needed is a shift in targets: it does not help to aim for high arrest and seizure rates; we know these do not have any impact on the drugs market. The illegal market will always be one step ahead of enforcement. Instead, we should aim to reduce the harm of drug use to the individual user and the community; setting targets for an increase in the accessibility of services; the lowering of the overdose rate and the infection rates of blood-borne diseases; and the reduction of drug related violence. The European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) has identified five epidemiological indicators.<sup>97</sup> To assess the impact of the national drug strategies the focal points of the centre are carrying out general population surveys and gathering information on prevalence of high-risk drug use, drug related deaths, treatment demand and drug related infectious diseases. Governments in the region could usefully adopt these indicators.

### Involvement of Affected Communities

There are several reasons why it is crucial to involve drug users in drug policy-making. First, to adhere to the principle of ‘nothing about us without us’ implies that no policy should be decided without the meaningful and direct participation of those affected by it, especially marginalised population groups. According to a 2008 “manifesto by people who use illegal drugs”: “as organizations of people who use drugs, our organizations have an important role to play in advocating for our rights and for our health and well-being.”<sup>98</sup>

Drug users are well placed to understand their own needs and problems, and to help to develop appropriate and effective services and programmes. According to one study: “People who use illegal drugs have demonstrated they can organize themselves and make valuable contributions to their community, including: expanding the reach and effectiveness of HIV prevention and harm reduction services by making contact with those at greatest risk; providing much needed care and support; and advocating for their rights and the recognition of their dignity.”<sup>99</sup>

The stigma associated with drug use has been shown to have many negative consequences. Drug users have demanded to “be supported in fighting the fear, shame and stigma that keep us from fully participating in our communities and from accessing health services, and that contribute to health problems like HIV and hepatitis C.”<sup>100</sup> It is not uncommon for drug users to be banned from their community once their habit has been discovered.

Billboard against drug use in northern Shan State



The stigma associated with drug use can affect the whole family. The media are contributing to these sentiments, and in some places in the region it is not uncommon to find newspapers publishing the full names and places of residence of arrested drug users published, together with exaggerated and unsubstantiated stories about the behaviour of drug users.

Services such as needle and syringe programmes and drop-in centres for drug users are viewed with great suspicion, although these can greatly improve quality of life of the users as well as of their community. It can take a long time for communities to accept such services. According to workers at the Mitsampan drop-in centre in Bangkok, for example, it took at least 10 years before it was accepted in the neighbourhood. In Cambodia, the community-based treatment programmes have helped to improve the way in which communities perceive drug use. The reduction of stigma made it possible to provide services in the community, a more humane and effective alternative. Peer educators and outreach workers have also proved to be very effective in providing harm reduction services. Outreach workers know the places where drug users go and can provide support on the spot.

In Manipur and Nagaland in Northeast India, NGOs have played a major role in implementing the prevention and care programmes for drug users, especially in remote areas. “Since the late 1980s NGOs are mushrooming in Manipur because there was a lack of government services”, says a local NGO worker. People from the drug-using community decided to start self-help groups. “People from the community felt we needed to do this work better, and

do it ourselves. That is why most leading NGOs in the field of drugs and HIV and AIDS here are community based”, say the founders of the Care Foundation and the Social Awareness Service Organisation (SASO). “Our friends were dying; we had no choice and needed to do something. We started buying anti-retroviral therapy in bulk and the price went down by 30 percent.”<sup>101</sup> In the 1990s, NGOs such as SASO, CARE Foundation and the Nagaland Users Network pioneered harm reduction methods. The organisations learned by doing. “In the beginning we felt everybody had to be completely abstinent. It took us a long time to accept not everybody is able to completely stop taking drugs”, says one of the founders of SASO. The NGOs are run by volunteers, most of them with a background in injecting drug use. Home-based care has proved to be very effective, and this is now a priority for SASO. Often people who inject drugs are unable to visit a doctor. Service providers point out that the “conflict situation in Manipur, the everyday fighting, the frequent strikes and the curfews make the intervention programmes very challenging”. In Manipur and Nagaland all oral drug-substitution programmes are run by NGOs.

There are several self-help groups and drug-user networks in the region. These include, for instance, the National Drug User Network Myanmar (NDNM) and the Thai Drug User Network. There is also the umbrella Asian Network of People Who Use Drugs (ANPUD), which was formally registered in 2010. Most of the members tend to be male opiate users. There are very few female drug users and ATS users represented in these networks, as women who use drugs face even more stigmatisation and discrimination than do their male counterparts. Some of these organisations have gained access to decision-making platforms, mostly in UN and international donors’ forums related to addressing HIV and AIDS. Many obstacles remain, however, including the fact that drug use is still illegal in many countries in the region.

### ATS and Harm Reduction

The use of ATS has become a significant health and social problem in East and Southeast Asia, in particular the use of methamphetamine – known as ‘yaba’ or ‘yama’, the most potent amphetamine derivative and most widely used substance in the region. ATS use is associated with a range of communicable diseases such as HIV, hepatitis B and C and STDs, tuberculosis, sleeplessness and mental health problems.

Most methamphetamine is consumed by non-dependent users who do not require treatment, although they are exposed to the harmful consequences of methamphetamine use mentioned above. So while it is estimated that about 11% of ATS users become dependent,<sup>102</sup> there remains an urgent need to scale up prevention, treatment and harm reduction services for ATS users. Most drug treatment and



Signboard at drop-in-center for drug users in Northeast India

Speakers at 'Drug Abuse and Addiction Awareness Forum' in Kachin State



harm reduction services in the region continue to be aimed at injecting heroin users and have little to offer for ATS users. ATS users rarely use harm reduction services, largely because they do not identify with opioid users. Those who have been sentenced to attend compulsory facilities receive no specific treatment. In general there exist very few services to reduce the risks of ATS use or treat problematic use in the region.

There have been some promising indications in the region of a willingness to embark on new approaches, at least on paper. The Sub-Regional Action Plan on Drug Control 2011–2013 recognises that “while there are internationally tested drug prevention approaches and psychosocial interventions for ATS use and dependence, these have not yet been fully validated in Southeast Asia, where ATS use is on an upward trend and represents a majority of treatment demand in several countries in the region.”<sup>103</sup> The Action Plan recognises the need to scale up public health-oriented policies, as well as to develop alternatives to compulsory drug treatment and detention centres, and to implement a community-based approach based on prevention, early intervention, treatment and care that is integrated into the health system. But to date very little has been done to develop services aimed at including ATS users, a Thai policy official said of methamphetamine users: “We think they can be treated with ordinary methods, we encourage them to go to treatment to change their behaviour.”<sup>104</sup>

The WHO Regional Office for the Western Pacific recommends that “policy makers must aim to reduce

the harms from ineffective drug policies which allow for undifferentiated punishment and detention of all drug users, and find common ground between law enforcement and public health, thus enabling appropriate interventions to assist all ATS users”. The Office published a series of four technical briefings laying out the latest available evidence on patterns and consequences of ATS use; harm reduction and brief intervention; guiding principles of prevention and treatment; and therapeutic interventions.<sup>105</sup> To date there are no approved pharmaco-therapeutic or substitution treatments for ATS use. Research into the use of kratom as a possible substitute for methamphetamine should be encouraged. Also further research is needed to better understand prevalence and patterns of use nationwide (urban versus rural settings in different geographical regions, work-related versus recreational use, different means of administration, age and sex).

Resources are urgently needed to begin to address the escalating ATS problem in the region. Community-based services and peer education can help make harm reduction, prevention and treatment interventions available for ATS users. Practical measures could include equipping drop-in centres with inexpensive preventive measures in response to specific ATS-use problems (e.g. information leaflets, drinking water, fresh fruits, dental care, condoms) and find sponsors for these.



## Conclusions and Recommendations

The drug market in the Golden Triangle – Burma, Thailand and Laos – and in neighbouring India and China has undergone a number of profound changes. After a decade of decline, opium cultivation and production have doubled since 2006. The related drop in the quality and quantity of heroin on the regional market has also started to recover and there has been a further rise in the production and consumption of ATS – especially methamphetamines. The use of cannabis has long been prevalent in the region, and is used for recreational, medicinal and religious purposes. Drug users have shifted between substances, depending on availability, price and quality, as well as personal preferences and work-related issues. These trends in the regional drug market show that ASEAN's goal to make the region drug-free – or even to significantly reduce drug-related problems – by 2015 is not attainable. The deadline put great pressure on member states to achieve the impossible, which has in turn resulted in more repressive drug control policies.

The development of rational and effective policies depends on understanding the dynamics of the local, regional and international drug markets. Policies to address the supply and demand sides need to be integrated since they are strongly interconnected. Current drug-control strategies focus on repressive measures, ignoring the adverse consequences for drug users, poppy farmers, small traders, their families and society as a whole. It is important to understand how the market responds to policy interventions in order to avoid displacing drug-related problems from one area or substance to another – the so-called 'balloon effect'. Poorly designed policies can have severe unintended, or even counterproductive, impacts. Effective and sustainable drug policies would be based on understanding why people grow, trade in or use drugs. They would also put the interests of people first, especially the marginalised communities most affected by the negative impacts of drugs or of drug control measures.

This report argues that there is an urgent need to reform drug policies in the region to make them more humane, with a focus on health, development and human rights rather than on repression and law enforcement. Designing new policies and objectives is an opportunity to focus more on positive outcomes and to define indicators that are meaningful and achievable. Adopted in tandem, reforms in drug laws to decriminalise the most vulnerable people involved, shifts in resources from law enforcement to social services, rural development and harm reduction, and the provision of evidence-based and voluntary treatment services for those who most need them, could make the region's drug policies far more sustainable and cost-effective.



### The Return of the Poppy

The Golden Triangle is once again a major opium growing region. After a decade of decline, poppy cultivation has doubled since 2006, and in 2012 the region accounted for almost 30% of global illicit cultivation. The cultivation of opium has shifted from the main cultivating areas in the Wa, Kokang and Mongla regions of Burma to southern Shan State. Poppy cultivation has also increased in northern Shan State and Kachin State as well as in Northeast India, and to a lesser extent in Laos (which was prematurely declared opium-free in 2005) and Thailand (where cultivation levels remain very low).

There are several reasons for this bounce-back. First, the strict implementation of opium bans in key cultivation areas, especially in Burma but also in Laos, pushed up the price of raw opium, making it more lucrative to expand cultivation to other areas. At the same time, the prices fetched by other cash crops dropped, while the cost of basic household items continued to rise. Lack of access to land also stimulated opium cultivation. When people could no longer grow licit cash crops because they had no access to land, some turned to growing opium in remote and isolated mountain areas. Ironically, China's opium substitution programme, which encourages Chinese companies to invest in large-scale agricultural concessions, has also contributed to this trend.

The main incentive for communities to cultivate opium – poverty – has not been addressed. Poverty is not solely a function of income, but is influenced by a range of

socio-economic and security-related factors. Upland rural communities are not 'profit maximisers' but rather cultivate opium as a coping mechanism to address various challenges and threats to their life and livelihoods. The continuing conflict in Burma and Northeast India has also stimulated poppy cultivation.

Finally, changes in the global heroin market influence the supply–demand dynamics of the Southeast Asian opiates market. The decade of declining opium production coincided with a process of regionalisation of the global market. While heroin from the Golden Triangle once ruled the world, the North American market was almost fully taken over by supplies from Colombia and Mexico, the established European market and newer markets in the former Soviet Union were flooded with expanding Afghan production. Global demand for Southeast Asian heroin dropped significantly in that period, explaining why the sharp decreases in opium production did not initially lead to substantial price increases. By 2006, however, the decline had reached a point where it could no longer satisfy existing regional demand (including Australia), while demand for heroin continued to rise, especially in China, leading to shortages and price increases and providing the economic incentives for a revival in production.

While there are no reliable data on how much opium is cultivated, it is becoming clearer that illicit poppy cultivation in India has now reached significant levels, larger than those of Laos and Thailand combined, making India the world's third-largest illicit opium cultivating country after Afghanistan and Burma. This recent increase,

primarily in Northeast India, needs to be interpreted as a response to the same regional and global market dynamics described above. It coincides with the shift in opium cultivation from the northeast of Burma to the southern part of Shan State, and the poverty in upland communities in Northeast India and the continuing conflict there created similar conditions for increased cultivation.

### Trends in Drug Use and the Spread of HIV and Hepatitis

The Golden Triangle and its neighbouring countries have experienced dramatic changes in the patterns of drug use. The region has seen a shift from eating and smoking opium to smoking and subsequently injecting heroin. Opium has traditionally been used for various purposes, including recreational, cultural and medicinal uses, and the region has a long history of patterns of occasional and relatively non-problematic consumption. Opium is still widely used

in poppy growing regions in Burma, India and Laos, and local demand is among the drivers pushing up opium cultivation.

Heroin use is prevalent throughout the region, with some areas facing a 'heroin epidemic'. Most heroin is currently produced in Shan State, from where it is transported to other parts of Burma and exported to neighbouring countries. After the recent increase in poppy cultivation, the availability of heroin on the Southeast Asian market has risen again and prices have remained stable for some time, although the quality of heroin on the retail market has not yet fully recovered to previous levels. A similar trend can be seen in Northeast India, where users who had earlier shifted to the analgesic Spasmo-Proxyvon (SP) have switched back to heroin, also because the available SP cannot be easily injected and is of low quality. Throughout the region, heroin users have coped with temporary heroin droughts and rising prices by substituting it with pharmaceuticals. An increasing number of heroin users say they are also using methamphetamine to balance its 'sleepy' effect. High rates of injecting heroin use remain a major factor in the spread of communicable diseases such as HIV/AIDS and hepatitis C, which the WHO has called a 'viral time bomb'.

East and Southeast Asia continue to have high levels of ATS consumption and production, mostly methamphetamine. Problematic ATS use is a significant health and social issue. ATS use is also associated with the spread of HIV, hepatitis B and C, other sexually transmitted diseases, tuberculosis and mental health problems, in particular among vulnerable groups such as sex workers, unemployed youth, prisoners and marginalised migrant communities. There is an urgent need in the whole region to scale up evidence-based prevention, treatment and harm reduction services to halt the further spread of potentially life-threatening infections.

### Policy Dilemmas Regarding Other Substances

The leaves of the kratom tree, indigenous to Burma, Indonesia, Malaysia and Thailand, have traditionally been widely used because of their psychoactive and medicinal properties. In low dosage, chewing kratom produces a mild stimulant effect (comparable to chewing khat in the Horn of Africa and the Arabian Peninsula or coca leaf in the Andean region), while a higher dosage has a narcotic effect, hence its traditional use as a painkiller. Kratom is not scheduled under the UN conventions, but was added to national drug control schedules in Southeast Asia (although not in Indonesia). Recent years have seen an increase in kratom-related arrests in southern Thailand, triggered by concerns about a new consumption method whereby the leaves are boiled as a tea and mixed with other ingredients such as Coca-Cola, cough syrup and ice cubes, and sometimes used by young people in combination



Preparing for heroin injection

Pharmacy, Lashio market



with ATS or benzodiazepines. While such cocktails may produce certain negative health impacts, kratom as such does not appear to have serious side-effects even in the case of prolonged regular use. In fact, the traditional use of kratom seems to prevent people from ‘graduating’ to more harmful patterns of alcohol, opiate or methamphetamine use, and it is attracting increasing attention for its potentially effective medical use in substitution treatment for opiate and methamphetamine dependence. In 2013 Thailand’s Minister of Justice announced it was considering the decriminalisation of kratom, a very welcome step that would also facilitate unhindered access for scientific research to explore its medicinal properties.

Other substances emerging on the region’s illicit drug market are diverted pharmaceutical drugs such as tramadol and ketamine. In recent years, countries in the region have exerted strong and continuous political pressure to bring these ‘misused’ pharmaceuticals under control of the UN drug conventions, ignoring the negative consequences of such a move for the availability of these essential medicines. These Asian countries also disregard the strong recommendations against scheduling made by the WHO Expert Committee on Drug Dependence, which decided that the harm related to the misuse of ketamine or tramadol do not warrant their scheduling and that their availability for essential medical uses would be seriously endangered if they were subjected to such controls. While there are clearly negative consequences of certain patterns of use of these substances, the potentially grave impact on their being available and accessible needs to be better understood

before considering adding such essential medicines to any UN convention or national drug control schedule. In most countries, existing legislative frameworks for the regulation of medicines outside the sphere of ‘illicit drug control’ seem to provide - if effectively enforced - adequate provisions to address the risk of large-scale diversion.

### Conflict, Crime and Corruption

The international drug control system has been unable to prevent the existence of a large and growing illicit drug market. Rather it has created the conditions for organised criminal groups and drug syndicates to operate in a situation already rife with ethnic tensions and conflict, weak governance and conflicting international geo-political interests. The existence of a profitable illicit drug market has exacerbated conflict and stimulated corruption, crime, violence and human rights violations. Heavy-handed, zero-tolerance approaches and a focus on law enforcement have criminalised vulnerable and marginalised communities, including drug users, small traders and opium farmers. Such policies have also in some cases targeted political adversaries while providing space for allies to engage in illegal activities.

Most of the opium cultivation in Burma and Northeast India takes place in conflict affected areas. The conflict has destabilised and further marginalised ethnic upland communities, driving them deeper into poverty. Some of these communities have reverted to cultivating opium as a means to survive. The ongoing conflict hinders appropriate development initiatives and also limits drug users’ access to treatment and harm reduction services. In Burma, the *Tatmadaw* (national army) has followed a strategy of concluding ceasefires with some ethnic armed opposition groups while continuing to fight against others. Successive military governments have focused on ‘managing’ conflict as opposed to attempting to resolve it. As part of its counter-insurgency strategy, the *Tatmadaw* has stimulated and supported the creation of a large number of militias. Since security is of paramount concern, the *Tatmadaw* has left temporary military allies – in particular the militias – virtually undisturbed to produce and conduct trade in opium and heroin. The militias are now heavily engaged in drug production and trade. The use of government-backed militias in Burma and Northeast India has further contributed to violence and corruption.

The drug trade is a hugely profitable business, and corruption is widespread in the region – and extends to high-ranking officials. Weak governance and the absence of rule of law further contribute to drug related problems. This makes it unrealistic to attribute the drug trade to only one of the conflicting parties or to one country alone. There are huge vested interests in this lucrative illicit trade that benefit from these problems, and security has in some cases ceased to be a public good and become a

Former opium farmer tapping rubber in Wa region



private commodity, weakening the effective monopoly on the legitimate use of force normally attributed to a democratic state. In this vacuum, violent entrepreneurs controlling certain territories impose alternative security arrangements, using arbitrary and random violence. A 'market of violence' arises from the complex social, economic, political and institutional processes that make violence a widespread means to manage conflict and power in informal settings.

The local population in such areas is trapped in an ambiguous situation whereby they are forced to 'migrate into illegality' in order to survive in a difficult and violent environment, for instance by taking part in the illicit economy of opium cultivation. The same holds true for ethnic armed opposition groups who control their areas but are at the same time denied access to the formal economy and may consequently be compelled to depend on illegal activities in order to sustain their base – a situation that could potentially corrupt their legitimate political aims.

The promotion of an alternative agenda would serve to shift the focus of 'security' away from enforcement and repression and towards a 'human security' agenda that focuses on social solutions and places more emphasis on good governance, social and economic development and human rights. An open debate on alternative policies aimed at reducing the worst consequences of conflict,

crime and corruption is long overdue. This will require a critical analysis of the impact of drug control and law enforcement measures on conflict and crime, including their unintended consequences, and an open-minded exploration of potential alternatives that might be more effective and less costly – not only in terms of resources but also for human security.

### Alternative Development First

There has been an expansion in the forced eradication of opium poppy fields, especially in Burma and Laos, where the governments are under pressure to comply with unrealistic drug-free deadlines and therefore seek the fastest way to reduce opium cultivation. However, there is no empirical evidence that such policies will lead to a sustainable reduction in opium cultivation, even if carried out in tandem with 'Alternative Development' (AD) projects. On the contrary, a focus on eradication can have severe negative consequences for the local population, and in some cases even lead to an increase in illicit cultivation or to its displacement to other areas.

The conflicting objectives of drug control (short-term reduction of illicit cultivation) and broader rural development (long-term process of reducing poverty and improving livelihoods) have led to a discussion about AD strategies and outcomes. The concept has evolved from a focus on crop substitution projects to a broader understanding of AD as an integrated and holistic concept that deals with the root causes of illicit cultivation, addressing the wider development problems in an entire community or area, rather than focusing on individual households. The importance of land tenure and access to land for small-scale farmers cannot be overstated. Most opium farmers in Southeast Asia practise upland shifting cultivation, and their land tenure rights are not protected by national policies and legislation. One of the key lessons learned about AD is the need for proper sequencing of policy interventions and the non-conditionality of development aid: alternative livelihood options need to be firmly in place before communities can be expected to abandon illicit cultivation when this is essential to sustain their right to live in dignity and free from hunger.

Even if support for AD programmes were to expand greatly, they would still not be able to achieve sustainable reductions in illicit opium cultivation at the global level while there is no drop in demand. Well-designed AD programmes can significantly diminish the dependence of rural communities on the illicit economy, can sustainably reduce or even eliminate opium cultivation in certain areas without pushing the communities involved deeper into poverty. But AD programmes – just like other supply-reduction strategies such as eradication, interdiction or drug law enforcement – cannot break the demand–supply logic of the global drug market. Ignoring the basic

dynamics of the illicit drug market has too often resulted in louder calls for a ‘war on drugs’ which has only made matters worse.

There is a growing appeal from countries where there is large-scale illicit cannabis cultivation to be included in AD policy discussions, in the hope of becoming eligible for special development assistance. Since there is currently only very limited support for AD to address areas of illicit coca and opium cultivation, international policy makers and donors are hesitant to agree to fund AD for cannabis as well. Furthermore, cannabis is less harmful than heroin or cocaine and thus less of a priority for international attention and funding. For these and other reasons, more and more countries tolerate or have decriminalised cannabis use and its possession and cultivation for personal consumption, and recently Uruguay and the states of Washington and Colorado in the USA have opted to regulate the whole cannabis market ‘from seed to sale’. Rather than adding cannabis to the already difficult AD debate, a more promising discussion would be on whether illicit small-scale cannabis cultivation might one day supply licit regulated markets elsewhere.

### **Harm Reduction and Drug Law Reform**

In recent years there has been a change in how drug users are perceived, as the discourse has slowly shifted to seeing them as ‘patients’ rather than ‘criminals’. While any move towards decriminalisation of drug users is a positive step, the region’s policy makers are increasingly adopting the false assumption that all drug users are patients who need treatment. This has legitimised large-scale forced treatment, and is becoming a new obstacle to the cost-effective allocation of resources. Authorities do not distinguish between recreational and problematic drug use, and more than half a million people in Southeast Asia are undergoing compulsory ‘treatment’ either in a custodial setting or as out-patients. In most cases these treatment centres are run by law enforcement agencies with no medical supervision.

Compulsory treatment has proven to be very ineffective and is in breach of international human right principles. Throughout history and in many different parts of the world there is substantial and growing evidence that the large majority of people who take drugs are non-problematic and moderate users. Among those who do need treatment, only very few need residential care as most can be better treated at home, with the support of their family and community.

At the national level, there has been a slight tendency in recent years towards adopting a harm reduction approach with a stronger focus on addressing the health-related aspects of the drug problem. In practice, however, the implementation and scope of the harm reduction services

leave much to be desired. The hepatitis C virus prevalence among injecting drug users has now overtaken HIV as the most serious health threat. In order to address this, UNAIDS is advocating the joint prevention and treatment of hepatitis C and HIV.

Criminalisation and arrests of drug users have a profoundly negative impact on access to harm reduction and treatment services. Drug users and small dealers are stigmatised and face long custodial sentences in overcrowded prisons. Human rights violations in the name of drug control are rife. Some countries in the region still apply the death penalty for drug trafficking, thereby failing to meet the threshold of ‘most serious crimes’ defined in the International Covenant on Civil and Political Rights. UNODC, the UN Human Rights Council, the UN Secretary-General and most recently the INCB have all called for the abolition of the death penalty for drug-related offences. At the 2014 CND in Vienna no consensus could be reached on the issue, and as a result the Ministerial Statement made no reference to the death penalty. This was clearly a missed opportunity. UNODC and international donors should ensure that funding and technical cooperation in the field of drug control and intelligence-sharing do not in any way enhance law enforcement capacity to make drug-related arrests that might result in the death penalty. In case of reasonable doubt, the precautionary principle requires the suspension of such funding and cooperation until adequate guarantees are put in place.

Some countries are currently reviewing their drug legislation and it is hoped that this will bring some positive legal changes in support of adopting a public health oriented and evidence-based approach to drug policy, in compliance with accepted human rights standards. Compulsory centres should be closed and disproportionate sentences, including the death penalty, should be abolished. The Global Fund programmes have helped to advocate reforms of drug laws in the region to facilitate the implementation of HIV prevention and treatment programmes. Other UN agencies are also pressing for reforms in order to allow the implementation of harm reduction programmes and other alternatives to forced treatment.

Across the region, the emerging response to repressive drug-control policies is an increase in poly-drug use, including pharmaceutical drugs, and in more harmful forms of use. In order to avoid the displacement of drug-related problems from one area or substance to another – the ‘balloon effect’ – it is necessary to better understand how the drug market responds to policy interventions. There is an urgent need for resources to begin to address the region’s escalating ATS related problems. For a long time – and for good reasons – the main focus has been on injecting heroin users in relation to addressing the HIV epidemic, but it has become critically important to complement this with developing harm reduction, treatment and prevention strategies for problematic methamphetamine use.

### **‘Nothing About Us Without Us’**

It is vital that people who are most affected by drug control policies have a much greater say in policy making. The principle of ‘nothing about us without us’ should be applied to all communities affected by drug related problems. Drug users are well placed to identify and understand their own needs and problems, and to help in the design of the most appropriate and effective responses. Women who use drugs face even more stigmatisation and discrimination and should be better represented in the policy debate. Similarly, opium farmers should be able to voice their grievances and aspirations in decision-making processes that affect their lives. However, the criminalisation of drug users and opium growers has excluded them from the policy debate in the key producing countries, Burma, Laos and Northeast India. Government restrictions and the ongoing conflict have further limited the space for farmers to organise themselves.

Some important first steps have already been made recently. Some representatives from opium growing communities and from Andean coca growing communities were allowed to participate in the ‘International Workshop on Alternative Development’ organised by the Thai government in collaboration with UNODC in November 2011 where initial inputs were discussed for the UN guidelines; a ‘First Southeast Asia Opium Farmers Forum’ was organised by TNI and *Paung Ku* in July 2013 in Yangon; and several representatives of opium growing communities in Northeast India participated in a government-sponsored drugs conference organised by the Delhi Institute for Narcotics Studies and Analysis (INSA) in December 2013 in Guwahati, the capital of Assam state. But much more needs to be done to ensure meaningful involvement of opium farmers in the region.

A more participatory and people-centred approach will also help to create alternatives to the dominant neo-liberal economic development model, which focuses on free trade and open markets, foreign investment, and large-scale agricultural production by big companies, often transnational corporations. It is important to create alternative development models that promote agrarian justice in rural areas in relation to access to, control over and ownership of resources and land. There is a need for a paradigm shift in favour of agro-ecological, multi-functional and resilient agriculture to deal with the global food and climate crises. The rights of small-holder farmers and upland farming communities in the region, which includes many (ex-)poppy farmers, need to be respected. Rather than relocating and turning them into plantation day-labourers, their contributions to food production for their communities and beyond should be positively recognised and supported by national and local governments. Agricultural investments in the region should respect human rights, including the right to water and food and the rights of indigenous peoples, and current practices of grabbing land and resources should no longer be allowed.

### **UN Drug Control and System-wide Coherence**

There are inconsistencies in the UN drug control system that need to be openly discussed. The UNODC, INCB and CND, the specialised UN drugs triangle based in Vienna, too often operate in isolation from the larger UN framework and principles. The report has highlighted tensions with WHO about scheduling decisions for essential medicines such as ketamine or tramadol, and the inherent bias of the drug control agencies to prioritise law enforcement and reducing drug supply over guaranteeing



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the adequate availability of drugs for licit purposes. Similar tensions exist between zero-tolerant repressive approaches to drug control and the full protection of universal human rights, including the right to life; the right to health; the right to live in dignity; the right to be free from hunger; the right to be free from cruel, inhuman or degrading treatment or punishment; the right to due process and a fair trial; and indigenous rights to practise cultural and religious traditions. Many of these rights are violated on a daily basis as a consequence of repressive drug control policies.

The omission of other relevant UN agencies in the drug policy debate is also problematic. For instance, in the discussions on the UN Guiding Principles on Alternative Development, other specialised UN agencies have been completely absent, even though organisations such as the United Nations Development Programme (UNDP), the Food and Agriculture Organization (FAO) and the World Bank have much to offer in terms of expertise and experience in rural development, arguably more so than UNODC.

These tensions and inconsistencies should be addressed during the 2016 United Nations General Assembly Special Session (UNGASS) on drugs, for which preparations will start soon. The main challenge is to contribute to a more comprehensive and coherent approach to drug-related problems, which requires bringing into the discussion the various UN agencies that address the issues of drugs and crime from a health, development, human rights and peace-building perspective. The UN System Task Force on Transnational Organized Crime and Drug Trafficking established by the Secretary-General could play an important role in this process.

### **Drug Policy Goals and Indicators of Success**

Numbers play a key role in shaping drug control policies in the region. Temporary reductions in opium cultivation are seen as successful outcomes, while increases are often used to legitimise the need for tougher measures. However, these figures are at best ‘guesstimates’, not reliable data. There should be a greater focus on addressing the underlying driver of opium cultivation – poverty in its broadest sense – rather than dealing with the symptoms, such as levels of opium cultivation. This requires a long-term vision and the commitment of national and international stakeholders to shift their attention to human development indicators. Similarly, instead of measuring numbers of people arrested and tons of drugs confiscated, more positive and meaningful indicators such as the number of people who have ready access to services and a decline in the number of overdoses should gain more weight when making policy choices.

Drug control agencies in the region are under constant pressure to apply policies and design strategies on the

basis of unrealistic and unachievable goals. This leads to making choices that favour measures that can show short-term ‘results’ in terms of numbers of arrests, seizures and hectares eradicated, and that can provide a public image of being ‘tough on drugs and crime’ by handing down disproportionate penalties. For the evaluation of policy effectiveness such ‘results’ are meaningless as they do not give any indication about their impact on drug-related problems. The relevance of other indicators needs to be brought forward to highlight the positive impacts of drug policies that are not based on zero-tolerance and deadline thinking and on criminalising users and producers, but instead aim to reduce as effectively as possible all drug-related harms.

This raises the fundamental question about the ultimate goals of drug control, according to the preamble of the 1961 Single Convention originating from concern about “the health and welfare of mankind”. The 1998 UNGASS adopted a Political Declaration which talked about the ideal of “a society free of drug abuse” and set a target for the year 2008 with regard to “achieving significant and measurable results in the field of demand reduction” and “eliminating or reducing significantly the illicit cultivation of the coca bush, the cannabis plant and the opium poppy”. Since then several UN reviews have been undertaken to measure progress achieved towards those targets. Struggling to defend the effectiveness of the global drug control system in view of clear evidence that the volume of the illicit market was not decreasing, UNODC claimed in 2008 that “there is enough evidence to show that the drug problem has been contained”. This containment hypothesis was defended again at the high-level CND review in March 2014, acknowledging that “the overall magnitude of drug demand has not substantially changed at the global level”.

While the evidence base for attributing the stabilisation of parts of the illicit drug market to the global drug control system is very weak, the containment theory does represent a significant departure from previous drug control dogma. It acknowledges that the original aspiration of a drug-free world is not a realistic policy goal, and that the focus of drug policy should shift towards averting the most harmful consequences of drug use, production and trafficking, because the illicit drug market may be contained but is here to stay. For Southeast Asia, accepting this reality poses a fundamental challenge to the ASEAN 2015 deadline and requires redirecting policies and resources towards a harm reduction strategy for managing – and no longer eliminating – the illicit drug market in the least harmful way. In view of all the evidence documented in this report about the bouncing back of the opium economy, the still expanding ATS market, and all the negative consequences of the repressive drug control approaches applied so far, making any other choice would be irresponsible.

## Endnotes

### Preface

- 1 In 1989 the then military government changed the official name from Burma to Myanmar. They are alternative forms in the Burmese language, but their use has become a politicised issue. Although this is changing, Myanmar is not yet commonly used in the English language. For consistency, Burma will be used in this report. This is not intended as a political statement.

### Introduction

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### Opium Cultivation in the Golden Triangle

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## Abbreviations

AD	Alternative Development	ICAD	International Conference on Alternative Development
AFSPA	Armed Forces Special Powers Act	INCB	International Narcotics Control Board
ART	Anti-Retroviral Treatment	KDA	Kachin Defence Army
ASEAN	Association of Southeast Asian Nations	KIO	Kachin Independence Organisation
ASOD	ASEAN Special Ministerial Meeting on Drugs	Kg	kilogram
ATS	Amphetamine-Type Stimulants	KMT	Kuomintang
BA	Burma Army	MDG	Millennium Development Goals
BGF	Border Guard Force	MDMA	3-4 methylenedioxymethamphetamine
CBN	Central Bureau of Narcotics (India)	MMT	Methadone Maintenance Therapy
CND	Commission on Narcotics Drugs	MNDAA	Myanmar National Defense Alliance Army
CPB	Communist Party of Burma	MTA	Mong Tai Army
CCDAC	Central Committee for Drug Abuse Control	MQY	Minimum Qualifying Yield
CPS	Concentrate of Poppy Straw	NDAA	National Democratic Alliance Army
DIC	Drop-In Centre	NDA-K	New Democratic Army - Kachin
EU	European Union	NDNM	National Drug User Network Myanmar
FARC	Fuerzas Armadas Revolucionarias de Colombia	NGO	Non-Governmental Organisation
FPIC	Free, Prior and Informed Consent	NPS	New Psychoactive Substances
GHB	Gamma-Hydroxybutyric acid	NSCN-IM	National Socialist Council of Nagaland - Isak-Muivah
GIZ	Gesellschaft für Internationale Zusammenarbeit	NSP	Needle and Syringe Programme
GOB	Government of Burma	ONCB	Office of the Narcotics Control Board
Ha	hectare	OST	Opioid Substitution Therapy
HDI	Human Development Indicators	PMF	People's Militia Forces
		RRF	Rebellion Resistance Force
		SP	Spasmo-Proxyvon
		SPDC	State Peace and Development Council
		SSA-N	Shan State Army–North
		SSA-S	Shan State Army–South
		STD	Sexually Transmitted Disease
		TNI	Transnational Institute
		TNLA	Ta-ang National Liberation Army
		UK	United Kingdom
		UN	United Nations
		UNGASS	UN General Assembly Special Session on Drugs
		ONCHR	Office of the UN High Commissioner for Human Rights
		UNODC	United Nations Office on Drugs and Crime
		US	United States
		USA	United States of America
		USDP	Union Solidarity and Development Party
		UWSA	United Wa State Army
		WHO	World Health Organisation

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The illicit drug market in the Golden Triangle – Burma, Thailand and Laos – and in neighbouring India and China has undergone profound changes. This report documents those changes in great detail, based on information gathered on the ground in difficult circumstances by a group of dedicated local researchers. After a decade of decline, opium cultivation has doubled again and there has also been a rise in the production and consumption of ATS – especially methamphetamines. Drug control agencies are under constant pressure to apply policies based on the unachievable goal to make the region drug free by 2015.

This report argues for drug policy changes towards a focus on health, development, peace building and human rights. Reforms to decriminalise the most vulnerable people involved could make the region's drug policies far more sustainable and cost-effective. Such measures should include abandoning disproportionate criminal sanctions, rescheduling mild substances, prioritising access to essential medicines, shifting resources from law enforcement to social services, alternative development and harm reduction, and providing evidence-based voluntary treatment services for those who need them.

The aspiration of a drug free ASEAN in 2015 is not realistic and the policy goals and resources should be redirected towards a harm reduction strategy for managing – instead of eliminating – the illicit drug market in the least harmful way. In view of all the evidence this report presents about the bouncing back of the opium economy and the expanding ATS market, plus all the negative consequences of the repressive drug control approaches applied so far, making any other choice would be irresponsible.

The Transnational Institute (TNI) was founded in 1974 as an independent, international research and policy advocacy institute. It has strong connections with transnational social movements and associated intellectuals who want to steer the world in a democratic, equitable, environmentally sustainable and peaceful direction. Its point of departure is a belief that solutions to global problems require global co-operation. TNI carries out radical informed analysis on critical global issues, builds alliances with social movements, and develops proposals for a more sustainable, just and democratic world.

TNI's Drugs & Democracy programme analyses trends in the illicit drugs market and in drug policies globally, looking at the underlying causes and the effects on development, conflict situations and democracy. The programme promotes evidence-based policies guided by the principles of harm reduction and human rights for users and producers. Since 1996, the programme has maintained its focus on developments in drug policy and their implications for countries in the South. The strategic objective is to contribute to a more integrated and coherent policy – also at the UN level – where drugs are regarded as a cross-cutting issue within the broader goals of poverty reduction, public health promotion, human rights protection, peace building and good governance.

TNI's Burma Project stimulates strategic thinking on addressing ethnic conflict in Burma and gives a voice to ethnic nationality groups. Burma has been exposed to some of the longest running armed conflicts in the world. Ethnic nationality peoples have felt marginalised and discriminated against. Addressing ethnic conflict in the country is a prerequisite to achieving democracy, development and peace. TNI believes it is crucial to formulate alternative policy options and define concrete benchmarks on progress. The project aims to achieve greater support for a different Burma policy, which is pragmatic, engaged and grounded in reality. It also builds capacity of local actors on key policy issues, including natural resource management with emphasis on land and water, and drug policy.