

Coping with drug abuse in Shan State



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การรับมือกับยาเสพติดในรั้วฉาน



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As we look around the study area, especially in the mountain areas and control over the ethnic armed groups areas, it is not hard to see the drug users and the other chemical substances selling and opium cultivation in the mountain areas. According to the drug dependents the opium cultivation can earn more money and easier than the other crops. As Lashio situated on the China- Myanmar Border Highway Road, China is the main producer of the chemical substances and importer to Myanmar. Because of the geographical situation, the study area is abundant in drug substances and chemical tablets. Heroin and amphetamine are the most popular moreover the number of drug dependents increasing according to the conversations and surrounding justice.

This research also examines what is happening in actuality concerning on drug abuse regarding with the instability of political situations in Myanmar. Furthermore, this research analyses some beliefs and myths of drug use in local community, the weakness of knowledge (their practices), education level and the other internal factors which is called social factors influenced the causes of drug abuse. In the study

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TABLE OF CONTENTS

	Page
ABSTRACT (THAI)	iii
ABSTRACT (ENGLISH).....	iv
ACKNOWLEDGEMENTS	v
TABLE OF CONTENTS.....	vii
LIST OF TABLES	x
LIST OF FIGURES	xi
Chapter I - Introduction	1
1.1 Background information and rationale	1
1.2 Objectives and Questions.....	4
1.3 Conceptual framework.....	4
1.3.1 Causes of drug addiction	5
1.3.2 Meaning of drug use.....	6
1.3.3 Analyzing the government policy for drug abuse	6
1.4 Research methodology.....	7
1.4.1 Site selection.....	8
1.4.2 Respondents and sampling procedure	8
1.4.3 Sample size.....	9
1.4.4 Summary of participants	10
1.4.5 Data collection and research instruments	10
1.4.6 Data treatment and translation.....	10
1.4.7 Limitations and scope of research	10
1.4.8 Ethical considerations.....	11
1.4.9 Significance of research	12
Chapter II- Literature review	14
2.1 Kinds of substances and their usages.....	14

2.2	Addiction or dependence	15
2.3	Causes of drug addiction.....	17
2.3.1	Economic and political perspective.....	18
2.3.2	Culture and nature perspective	21
2.4	Situation in Northern Shan State	22
2.5	Meaning of drug use	24
2.6	New policy on harm reduction in Myanmar 2018.....	26
Chapter III- Methodology		29
3.1	Study site and work plan.....	29
3.2	Research strategy	31
3.3	Research method- Qualitative technique	31
3.4	Research approach	31
3.5	Data collection method and tools.....	32
3.6	Sample selection	33
3.7	Research process.....	33
3.8	Data analysis	34
3.9	Ethical considerations	34
3.10	Research limitations.....	34
3.11	Process of interviewing.....	35
Chapter IV- History of drug use		38
4.1	Respondents' characteristics	38
4.2	History of drug use	44
4.3	Causes of drug addiction.....	50
4.3.1	Social issues.....	52
4.3.2	Political issues	53
4.3.3	Cultural issues	54
Chapter V- Meaning of drug use		56
5.1	Emotional life of drug addicts	59
5.1.1	Guilt;.....	59

5.1.2 Fear;	60
5.1.3 Helplessness;	61
5.1.4 Bully;	62
5.1.5 Resignation;	63
5.2 Meaning of the life for drug addicts	63
Chapter VI- Perception changes of the local people after Narcotic Drug Control Policy 2018	67
6.1 Overview of the National Drug Control Policy 2018	67
6.2 Analysing the new policy	68
6.2.1 Supply reduction and alternative development	69
6.2.2 Harm reduction	69
6.3 Previous perception of the local people on government	70
6.4 Understanding changes	71
6.5 Chapter conclusion	76
Chapter VII- Conclusion	78
7.1 Recommendations	78
7.1.1 Causes of drug addiction	78
7.2 Benefits of the research	81
7.3 Conclusion	82
Appendices	84
REFERENCES	93
VITA	96

LIST OF TABLES

Page

No table of figures entries found.



LIST OF FIGURES

Page

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Chapter I - Introduction

1.1 Background information and rationale

While there is decreasing the use of drugs and arising the health, decriminalizing and harm reduction approaches to drug abuse are being introduced around the world, however there are still some countries without the infrastructure or administrative organizational skills to make these approaches a reality. Around the globe, there are many global and national programs to reduce drug abuse and promote rehab centers as well as promoting other services for the drug addicted. Moreover, around the globe, there are numerous strategies and programs focused to reduce non-communicable diseases such as AIDS/ HIV, Hepatitis B, Hepatitis C and tuberculosis. According to the Sustainable Development Goals, SDGs 3 Good Health and Well-Being, there are also many bidirectional indicators and those of each targets support to achieve the goal of the SDGs goal 3 generally for all the human beings among these; indicator 3.5 indicates that it will "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" and the policy options include to reach the goal of indicator 3.5 is to ensure regulation to prevent exposure to hazardous chemicals and tobacco use (sdgcounting, 2016). In most of the countries around the world, some drugs can be used legally for some medical conditions but some of these are harmful if abused. There are many kinds of illegal drugs which are created from chemical substances or commodities and in most of the countries they can be acquired legally or illegally through various methods. In most of the countries, not only during Millennium Development Goals (MDGs) period but also the SDGs period, national governments have formulated many plans and programs to take action to reduce the use of drugs, to promote harm reduction and create effective policies for drug abuse and drug related crimes. There are various factors that can influence drug abuse such as political, economic, social, environmental or cultural. These factors have influenced drug abuse in most of the countries throughout the world. In Asia, Myanmar is the second largest producers of illicit opium (illegal or legal) and the second largest opium cultivation while Afghanistan is the first. Myanmar is also one of the countries situated in what has been designated by governmental institutions as the "Golden Triangle". An area

which encompasses the border areas of China, Myanmar, Thailand, Cambodia and Laos and this area is known as the main area of illegal drug trade and production in the world. So, in this production area, the various kinds of drug substances can be acquired by the consumer at a cheaper price. There are still many opium cultivation farms in most of the Myanmar hill regions especially in the Shan and Kachin state, which was began cultivating during colonial occupation. During colonization the crops were cultivated for medical purpose with respect to anti-pain medication but in the 1980s, under military rule, the opium cultivation and drug economy began to become steeped in the black market drug trade which continued to rise because of the political, economic, social, culture and environmental impact on the local people in the hill areas.

Myanmar is one of the developing countries with rich natural resources and the geography of the country is also situated on the main economic corridor for both maritime and land in the southeast asian region. From an economic perspective, the government of Myanmar maintained the economic policy of limited liberalization, which formed because of the "Burmese way to socialism" policy. In the 1980s, under military rule, there were identified human rights violations, such as the of the discrimination of the ethnic areas by the people's from the central areas. Firstly, in the ethnic areas most of the ethnic people have their own languages and cultures but under military rule the education system became a centralized education system which required that all students at the government schools had to learn in Burmese and that their unique languages and literature were to be banned. The children in these areas did not want to attend the government schools because they could not understand Burmese. This led to difficulties in ethnic hill people getting access to, basic education, awareness on health issues and knowledge regarding drug abuse. According to the past policy, drug related crimes was taken action and became under code, moreover when the drug addicted criminal is in prison, there is no treatment provided. Meaning the government has historically treated drug abuse as a criminal issue instead of a health issue. In general, this is one of the human rights violations concerning drug abuse. In Myanmar, beginning with Independence in 1948, the politics in the country became complicated especially between the central government

and ethnic groups. In most of the ethnic areas particularly in the Kachin and Shan state, there were many armed ethnic groups that rebel/stand/fight against the central government. Moreover, the tensions between the armed ethnic groups and the central government heightened due to political reasons of requesting in formation of federal state by ethnics, this led to years of fighting. As time passed, some of the ethnic areas were able to evade the controlling arm of the central government, these areas became havens for armed ethnic groups'. From the perspective of the insurgent's, in order to fund the fight against the central government then they became dependent on drug production and drug trade. The economy of insurgent groups relied on the main agricultural product from the hill areas, which is opium. As consumer demand changed, the border areas Myanmar shares with China and India provided access to other chemical products which can be utilized to make various kinds of illegal substances such as methamphetamine. The mismanagement and the lack of control by the central government were in fact leading to the increase of drugs production and the drug trade, especially under military government. Eventually, drug use became the culture in these areas, the local people have been using heroin for many years and drug use became a way of life, for social and culture reasons. At the moment, drug use is a tradition in these areas such as treating their guests to drug infused tea and the elderly believe that it is good for ones' health if they use heroin daily in general. There are many factors that lead to drug addiction in these areas and this research seeks to identify the causes of drug addiction especially concerning the region in the Northern Shan state of Myanmar.

Generally, most of the countries in the world have restricted by law the use of illegal drugs and the illegal drug trade but in reality, addressing the underlying issues are still an on-going process. The various kinds of narcotic substances have their own effects, both positive and negative effects as some can be utilized for medical purposes. The meaning of drug use by drug dependents can also vary according to their daily lives, culture and traditions or social landscape and the reasons for the drug use as well. In Myanmar especially in Kachin and Shan state, most of the people are using drugs for various reasons, sometimes, it is because drug use is their culture and tradition. However from health development of the citizens, 2 in 3 people are living

with HIV in Kachin State and 1 in 3 people in Shan state because of the drug injection with unsafe needles. Today, the drug use needs to be addressed as a public health issue and to assess why the citizens are using drugs so the State can develop a more effective policy. For the improvement of the health services, the national government has established a policy to reduce drug abuse and opium cultivation; however, there are still gaps between the needs of the people and services provided. This research also attempts to identify the weaknesses of the government's policy concerning the promotion of the public health awareness on drug use and to reduce illegal drug use in the country, which has been a historic danger to the ethnic people as well as to raise the awareness on the harmful effects of drug addiction among communities.

1.2 Objectives and Questions

The objectives that will be identified in this research are;

- To find out the socio-cultural, economic, political, environment and economic factors influencing the causes of drug addiction in Shan State
- To investigate the meaning of drug use by drug dependents
- To examine the perception changes after the new policy of Narcotics Drug Control Policy Myanmar

The questions that will be explored in this research are as follows;

Main question: How are socio-cultural, economic, political, and environmental factors related to drug addiction in the Shan state?

Why do drug dependents not seek assistance in becoming drug free?

How does the Narcotics Drug Control Policy change the perceptions of the people?

1.3 Conceptual framework

This research will cover the three main concepts; causes of drug addiction, meaning of drug use and the harm reduction policy analysis.

1.3.1 Causes of drug addiction

Economic approach; the government policy on economic is the relating factors of the economy of the community people. The limited economic liberation could lead more to the informal economy and the geography also influences the economy of the community. The drug trade areas are because of the opium cultivation and the local products are the drug related substances. The political factors also influence the economy of the community such as the ethnic groups are fighting against the central government; to fund their groups is on the drug production and drug trade. The unequal economic development or inequalities between two groups of people are also one of the factors of leading to informal economy.

Political approach; governmental mismanagement of government policies are the main reasons which could lead to more drug addiction at the community level. The administrative system and the conflicts between central government and ethnic armed groups. These two groups have negative impacts on the political stability and development of the country. Discrimination between two groups of people and human rights violations can lead to a more insecure environment and instability within the region.

Cultural and social approach; the behaviors of individual people and their day to day activities, and the beliefs of the local people influence the behaviors of the community. The choices of these individuals and the effects of these choices on the reverberate throughout the community and eventually became part of their way of life. Environmental landscape, societal differences between the age groups, the history of drug use within a family dynamic and one's social perspectives are also related to drug abuse. From a social perspective variables that contribute to drug addiction include, low education status, weakness of access to medical facilities, lack of health awareness and the inequality between the central area peoples and the ethnic peoples.

Geographical approach; in Northern part of Myanmar such as in Kachin State and Shan State are covered with opium cultivation. In Myanmar, most of the hillsides

are covered with opium cultivation and those are situated especially in Kachin State and Shan State. Moreover Shan State is connected with China which situated on the China- Myanmar High Way Road. China is one of the producers of the illegal chemical substances.

1.3.2 Meaning of drug use

The physiological effect of drug addiction is the main reason for drug addiction and prolonged drug use. Drug substances have the effects of psychological or physiological addiction a drug user enjoys the feelings the drug provides and therefore wants to take more for the satisfaction of their feelings. Some drug substances give the feeling of freedom, free from fatigue, others provide the power during working hours by reducing food intake, and the ability to stay awake. There are also drugs to help students who seek to spend long hours studying. Some kinds of drug substances also give the feelings of a "daily ride on an emotional roller coaster". The meaning of drug use varies based on the outlook of the individual.

1.3.3 Analyzing the government policy for drug abuse

The government's provided treatment programs and rehabilitation centers for drug abuse and harm reduction are important to addressing the underlying issue of drug abuse. Somehow, there are identifiable gaps between the needs of drug dependent people and the services provided by the government policy. The successful programs and plans from other developed countries provide Myanmar with the opportunity to benefit from their experiences. For drug abuse, the methods used to address the issue of harm reduction; policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of the illicit drug use and to reduce the harm to people who use drugs, their families and the community, which have been provided to drug dependents may be the best way to provide care going forward. Globally, the national level plan and policy have enacted to focus on the issue of drug abuse. At a national level, there may be the use of various approaches to provide services that best help to reduce an individual's drug abuse. In conclusion, the harm reduction approach is the best method to reduce drug abuse in

individuals according to the program assessments throughout the world. There may still be issues concerning the gaps between meeting the needs of the drug dependent people and the will of government policy.

1.4 Research methodology

In order to find out the causes of drug addiction and the meaning of drugs for drug dependents, the drug dependents who have been living with a dependency for many years and the key informant interview have been conducted. In addition research was conducted with a community leader and a health services provider who have experience with the causes of drug addiction in specific localities and the reasons why the local people have drug dependency problems. The research conducted includes qualitative data and an ethnographic study, focused on ethnic Shan in the town of Lashio, which is situated in Northern Shan state. The qualitative data combines in-depth and semi-structured interviews in order to incorporate the historical factors which lead to addiction and establish the meaning of drug use. The main focus of this research is on drug dependents located in Lashio of the Northern Shan state.

The field research was conducted over a one week period targeted toward information gathering objectives and on-site observational work in Lashio. The key informant interview process began with a community leader and service provider. The drug dependents that have lived in Lashio for many years are ethnically designated as Shan or a sub-ethnic of Shan, these interlocutors are the focus to investigating the causes of drug addiction and the meaning of drug use for them. It was decided to have interview not only with Shan but also with sub-ethnic of Shan because those people have lived in the Shan state after post dependence many years and those people are also referred to as Shan. The main informants are the drug dependents outside a rehabilitation center or patients who are partaking in treatment at a hospital or service center. Due to time limitations and the original scope of the research, interviews were only conducted to determine the cause of an individual's drug addiction and their interpretation of drug use.

1.4.1 Site selection

The drug dependents, the local community and the service provider wisdoms that are living in Lashio Northern Shan state (see Figure 1: for site location) will be the targeted demographic and geographical objective for this research.

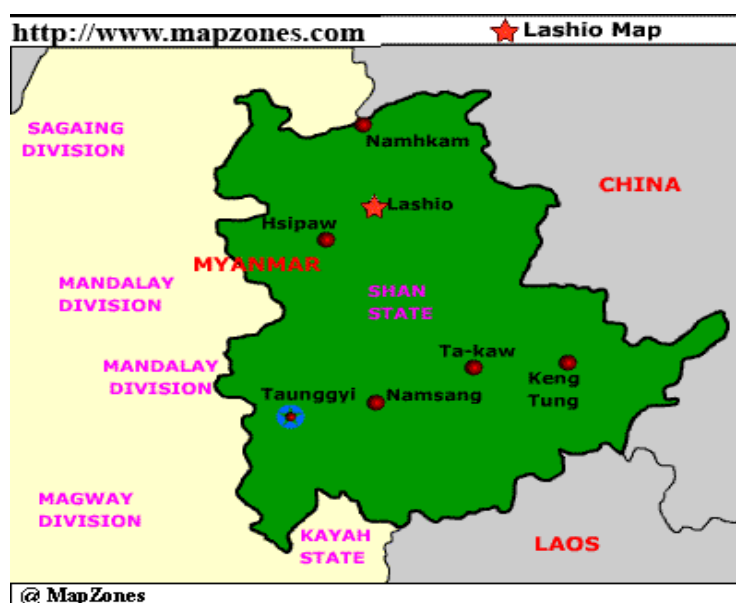


Figure 1 Site location of Lashio in Shan state

1.4.2 Respondents and sampling procedure

To conduct interviews for this research, there were two main groups; those with drug dependency and the other group is the community leader and service provider. There are 6 drug dependent respondents, one community leader and one service provider who have contributed as key informants. The key in conducting these interviews were to discover the causes of drug addiction and historical social perspective that contributed to the high rate of drug dependency in the region. The meaning of drug use or the reasons of why they use drugs was conducted strictly with those with drug dependency. The selection of a community leader and service provider as key informant interviews and the selection of drug dependents from

different gender, age, education level, stage of rehabilitation and position in the community helped provide variances to the resulting data. To know the personal perspectives, the researcher allowed the interviewees to choose the interview site in an attempt to provide a hospitable setting.

1.4.3 Sample size

During the one week of field work, the researcher proceeded using the following interview plan;

Table 1 Sample size

Participants Information	Participants	No.	Location	Sampling Procedure & Approach
Community leader	Any gender, age, occupation and education level	1	Lashio	Random
Service provider	Any gender, age, officer or volunteer who has experience on drug abuse in site location	1	Lashio	Random
Drug dependents (family members)	Any gender, age, occupation, and education level, patients	6	Lashio	Purposive

1.4.4 Summary of participants

Community leader and service provider = 2 individuals (semi- structured, key informant interview)

Drug dependents = 6 individuals (semi- structured interview)

1.4.5 Data collection and research instruments

Data collection was divided into two groups; community leader and service provider and drug dependents using in-depth, semi-structured interviews. The interview was divided into two sections; causes of drug addiction and the meaning of drug use. After that, the researcher analyzed what the interviewees thought about the new policy of harm reduction according to their individual observations within the framework. Finally, this research investigated from the semi-structured interviews with drug dependents, community leader and service provider, the gaps between the people's wants and the actual effectiveness of new policy on harm reduction.

For the interviews, the researcher used an audio recorder and note taking apparatus. The images of their environment which reflect the way of their lives and their daily activities were recorded.

1.4.6 Data treatment and translation

After the data and information have been collected from all the participants, it was archived in many forms such as recordings, notes and images. The information gathered through semi-structured interviews have been transcribed and analyzed manually by using content analysis method. The data in this research is presented using quotations and descriptions of the key issues and problems of the interviewees they faced throughout the content analysis. The situations in the Lashio area were recorded by images as well.

1.4.7 Limitations and scope of research

To interview with the community leader and service provider, the researcher was careful of the security issues regarding the interviewees, as this is a sensitive

research subject especially in interviewing with the community and the service provider. They may be reluctant to answer because some factors are political issues and they may feel insecure to answer due to the political situation in Myanmar. In Northern Shan state, the researcher cannot conduct interviews in other cities which are unsafe to travel, because of some political issues. Although, these areas can also be the most harmfully affected areas. However, for this research, the researcher has a limited time to travel and collect data if the researcher could have traveled to other areas which are the most affected by drug dependency the results would be more thorough. By limiting the research to just look at just one city the researcher was able to foster and building relationships with the community to get the recognition, trust and openness in interviews that allowed the interlocutors to share their lives, stories and other political commentary.

In terms of the scope of research, while the researcher sought to capture as many critical things from the drug dependents from a diverse sample group, discussions and it would be better to speak more with the other drug dependents and the more critically about the situation in Northern Shan state is impossible. In Myanmar, the drug issue is very large and difficult to synthesize in just one study and requires more follow-up if we intend to fully comprehend the questions this research seeks to investigate. Due to the time and monetary restraints, the scope of the research is also relatively limited. Regardless, this research is formulated enough concerning its qualitative aspect. Using content analysis the data was also explored by analyzing everything that the researcher found during the field work period.

1.4.8 Ethical considerations

This research was conducted after getting approval from the Ethic Review Committee of Myanmar. In consideration of the participants' safety, before going to question them, all the interviewees were informed of the research goals and objectives in order to gain the informed consent of all participants. Anonymity was granted to all participants, the first name of the participants will only be used in the final report of this study. The safety of the participants was considered when discussing certain topics regarding political issues about the ethnic armed groups. During the data

collection period, the researcher used the interpreter too, for clear connection and better understanding so as not to have any misunderstanding between the researcher and the participants. This research will have "no harm" before and after leaving the research site.

1.4.9 Significance of research

Opium cultivation and drug trade have been taking place in Myanmar for many decades, but the new policy to combat drug addiction just emerged in 2018 and the system of governance has changed under a more democratic system starting in 2011. This research is the new approach for Myanmar, for many years these areas have been difficult to govern because of the limitations of the political issues. The conclusion will seek to highlight the harm reduction process which works to improve the health within the society and the focus on the community. The government is taking action in improving the harm reduction process. However, after the new policy emerged the local community is still weak in awareness of the treatment program and other programs or process provided by the government. From the government's perspective, the government also needs to make sure that whether the local communities have enough safe services, citizens trust in the government or not and how the government plans to evaluate what the people think of the new policy of harm reduction. The government should also assess the gaps identified between the people's need and the services provided. In reality, the harm reduction is the core that needs to provide the local community and those who have been living with drug addiction for many years. The results of this study will be useful for the government, they can seek to upgrade the process of service process and understand the causes of drug addiction as well as the meaning of drug use. It will also give a historical understandings of the political factors that have influenced the drug trade and opium cultivation.



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Chapter II- Literature review

2.1 Kinds of substances and their usages

There are numerous kinds of drug substances that have been designated as illicit drugs in accordance to the rule of law in various countries. Narcotics can be plant-based products such as opiates and pain killers that have been used for many years and that is also designated as historic medicines. Normally, those kind of drug substances that are made from opium which is the tears or the resin of the opium poppy and when combined with other substances it becomes heroin or synthetic opioids. For medicinal use morphine is a kind of narcotic of which the primary active chemical is opium. Moreover opiates are also a kind of substance that when compared to other narcotics such as cocaine (cocaine is the coca plant that can be planted on the high mountain areas), cocaine is an illicit narcotic which is from the coca plant. Amphetamine is a synthetic Central Nervous System (CNS) stimulant, and sympathomimetic and methamphetamine are also sympathomimetic which is the replacement to ephedrine. Methamphetamine and bennis were made from the laboratory experiments using amphetamine. Methamphetamine can also be smoked which is called ice; smoking methamphetamine hydrochloride crystals. Other smoking substances include marijuana which is the most popular among young people. that is also made from cocaine. There is also another substance called hashish which is made from the concentrated resin of the cannabis plant, also used in smoking form.

When individuals use certain kind of drugs for various purposes, every drug substances has either positive or negative effects on the brain and the effects of the drug depends on the size, purity and quantity of the dose. Heroin and morphine are administered as painkillers since many years and heroin is more effective than compared to morphine. In the United States, diluted cocaine is used as a local anesthetic and for the other medical procedures. When cocaine is abused as a drug it is more dangerous than heroin or morphine. More crime and more addiction of drug abusers are from heroin and cocaine. Cocaine is used as a stimulant, chewing the leaves and holding the coca leaf in mouth can reduce the feelings of fatigue and it

would be better if it add lime, moreover, coca leaves are also popular among workers in the mining and transporting of gold and silver because it can increase strength and when they are hungry if they have nothing to eat for a while if they take coca leaves it can inhibit the need for food. Coca leaves can also give a general good feeling. According to the experiments, when cocaine is injected into animals, there was an observation that the animals want large proportions after injecting cocaine, they want to get more cocaine.

Methamphetamine has the strongest effects then compared to cocaine. Cocaine has a few minutes of effects after ingestion where methamphetamine can last for more than a day. Amphetamine is used to treat asthma and it is also effective in reducing activity in hyperactive children. For the medical procedures there are also negative impacts if abused, most of the youth or students in the United States used amphetamine or bennis to stay awake for a long time and amphetamine can also be used as a weight reduction method as it can reduce appetite. For the purpose of the reducing fatigue, depression and sadness temporarily, amphetamine can also be used it can give the feeling of the "daily ride on an emotional roller coaster"(Ray, 1978).

2.2 Addiction or dependence

There are three basic processes relating to the addiction of illicit drug substances and licit substances alcohol. What is addiction? Addiction is a behavior that we fulfill as daily routine either with positive or negative impacts on our lives. Addiction also involves the high tendency after withdrawal. Addiction also depends on the kind of substance consumed and the cause and effect of drugs on individuals. People believe that the addiction is the function or the effectiveness of the drug. Addiction effects the physical, mental and biological process of an individual central nervous system. In this section, I will discuss how addiction relates to the physical, mental (psychological) and biological process of a drug dependent. Sometimes, addiction is not the cause the proposed cause and the causes of the behavior or psychological factors are different for different people. The first one to discuss is tolerance, which means that the effectiveness of the drug is also related to the quantity of the drug use at the time of using. A repeated dose of the same amount of drug can

lessen the effects of the drug on an individual. The desired effects or the tolerance of the users is dependent on increasing the dosage of the drugs. However, the dangerous effects of the increase of the drug usage can be found that to cause death due to an overdose in many areas around the world. So tolerance is one of the keys to addiction.

Concerning the issue of withdrawal syndrome, the drug users have been using repeatedly or higher doses for a prolonged time so when the withdrawal occurs, the body responds by requiring higher doses of the drug to necessarily satisfy themselves. The symptom also vary regarding the kinds or class of drug. Withdrawal syndrome can promote more addiction because the body is responds by needing to get the drugs to satisfy or balance the use of a drug. Withdrawal syndrome also leads to the imbalance of the bodily responses. Normally, the body wants to regulate as usual using drugs as a routine in life, if someone experiences withdrawal syndrome then the body needs the function of the drug to correct and return to a normal daily life. That is one of the factors that could lead to more addiction and the negative impacts of the use of drugs that the people addicted to drugs cannot go back to a normal life. The symptoms appear when drug usage has stopped and if someone takes a large amount of a drug before the withdrawal. That is also one of the reasons that the people are not willing to stop using it.

It can also be said that the use of drugs have an impact on people's mental health. In the past, drug addiction was defined as people who are addicted to drugs because they are weak in self-control, lazy or immoral, but later drug addition became defined as those who use due to medical experiments moreover it can also be used to speed up power in the working hours other purposes. The effects of drugs also vary not only based on the substance but also on the kind of person. Sometimes if one of the substance is used by two people, if one think that he or she is willing to take it more and if the other one said that one cannot give such kind of willingness, it needs legal restriction that the recreation of that kind of substances should not be allowed to be produced. So the addiction of drugs and the effects also depend on the psychological and the biological genetics of the different people. There are also some findings on the heroin addiction that if someone is taking heroin and addicted to heroin when

withdrawal occurs when in jail, it is sure that he or she will go back to active heroin use (Ray, 1978).

2.3 Causes of drug addiction

It is difficult to believe that drug users are willing to pay the high price for the narcotic drug substances even if there is a risk and social ostracism because they do not want to skip the feelings of addiction or experience the illness of wanting the drug. The biggest reason why they use drugs is that they want to get the normal daily life but without using drugs their bodies cannot participate in a normal daily life. A consistent dosage of a drug can create a normal daily life for them. Normally, the drug users don't want to experience drug withdrawal from the addiction to drugs but withdrawal can be treated and pain relieved with the use of medical morphine. So a drug addict cannot successfully withdrawal if they have taken highly addictive substances and don't seek proper care. For the drug users who inject drugs for the first time or the next time mean that they already have a level of addiction which is called the "main-line" and means that the drugs can give the feeling of euphoria and the injection is the easiest way to reach the main-line easily. Moreover, a large dose can also reach to the main-line.

There are two factors that cause drug addiction, internal factors and external factors. The internal factor means that the drug dependents used it individually without any external influence. The external factor means that drug dependents used it because they have originated from a drug environment, no matter the individual's obvious willingness to use it. Addicts who have regular access to narcotics can lead more addiction. Concerning the drug culture, China is very popular in the drug culture. For example, in China the drug economy is easier than in Japan, so the drug addiction rate is higher in China.

There are three types of drug addiction which are maturational deficiency, reactive addiction and miscellaneous varieties of drug addiction. Maturational deficiency; the most serious form of drug addiction, are persons who cannot control themselves and they cannot reach the maturity undergoing on their age, the adult maturity cannot reach to their age. These kinds of drug addiction are people who are

lacking of self-discipline and seek self-gratification. They are unconcerned with social, economic, political, environmental, success. The euphoria is the value of drug use for them. They cannot control themselves and therefore become addicted to drugs. Reactive addiction; can commonly be found in slum-dwelling adolescents which was very popular in the United State at the end of the War World II. The slum dwellings that are the drug dependents have normal personalities. Those are the motivational immaturity and not hard to find there. The motivational immature addicts use drugs in large amounts without limitation. After the age of 18 that they have been used to drug use, their desires became strong and bigger than before such as they want to be more active, gang interests appeared and the causal use of drugs became more mature and it became their normal environment. The miscellaneous varieties of drug addiction; the persons who are professional drug users, they use it in small amounts in order to maintain their drug addiction. The stabilized use of drugs is the value for them rather than the original state of euphoria and this is called the mature motivational traits. So it can be assumed that the drug addiction sustained because of the fear of withdrawal symptoms. The euphoric effect is the most attractive in the causes of drug addiction (Ausubel, 1961).

2.3.1 Economic and political perspective

Opium cultivation in Myanmar started during the colonial period in almost every hillside region of the country especially in the Kachin and Shan state. According to research from United States, 50% of the drug production was from Asia especially from Pakistan, Afghanistan and the 'Golden Triangle' area the border area between China, Myanmar, Laos, Cambodia and Thailand. Myanmar suffered a military coup in 1962; moreover, since 1980s Myanmar became the second largest producers of drug and opium cultivation while under military rule. The economic mismanagement and the discrimination between Burmese and non-Burmese or ethnic minorities suffer more drug related crimes and participate at higher rates in the drug trade. In the 1980s, the economic policy was a non-aligned economic policy, the limited economic liberalism and the slow inflow of Foreign Direct Investment (FDI) lead more to the economic crisis and the little benefits of the economic development in the ethnic areas had negative impacts on the economic development of ethnic

peoples. Under military rule, the economic relationship with international and FDI's lacked success and those effects not only on the economic development of the central areas but also for the ethnic minority.

Since the colonial period, Myanmar was divided into two areas Ministerial area and Frontier area. This had many impacts on the inequality between Burmese and non-Burmese within the country. The Kachin and Shan state have shared the border area with China which supports the region with chemical materials to produce various kinds of illicit substances as well as the Golden Triangle area, which is the largest area of drug trade in Southeast Asia. In border areas, the economy of the local community relies on the drug trade, especially opium and heroin which are the fundamental products of these areas. In the northern Shan state, the economy of the local community has relied on the opium cultivation for many years since colonial period. The opium cultivation is of central importance to the local community. It can also be said that a significant factor of the northern Shan state is the opium field around the hillside region. Regarding the opium cultivation and drug trade in the area, most of the drug related violence and human rights violations in those areas are also the root causes of the conflict between the central government and ethnic groups. Since the colonial period insurgent groups have emerged to fight against the central government for the reason of the political sovereignty. Later, under the military regime tensions between the central government and the insurgents increased.

The insurgents groups controlled the drug trade across borders and the informal economy was increasing significantly under military regime. The insurgents want to get more money to funds their operations in fighting against the central government so they utilize their most profitable crop. Since these areas were not under the control of the military regime the local people having cultivated opium for many years the insurgents began upgrading the plantations of the opium and making money from informal economy. The economy of the cultivators was also on the opium cultivation, which the purpose of the cultivation is that to survive rather than to get more money. Economic exclusion is the root causes of the unequal development between the central areas and the ethnic areas. Opium is the only viable crops to cultivate in those areas at that time. Under military rule in 1962, there was a policy

enacted which is called "the Burmese way to socialism", which led to the more tensions and a surge in the informal economy which the people of Myanmar called the economically disastrous policy(Othman, 2004). The weakness of the government support, government policy and the limited economic liberalization are the factors that helped increase the strength of the informal economy.

Under authoritarian rule, the informal economy has increased because of the conflicts and violence in those areas. Because of the violence, there were many humanitarian crisis and human rights violations that occurred in these areas. The conflicts within the country also have negative impacts on the political stability and development of the country. The conflict in these areas has appeared since independence. The lives of the people have been dependent on opium cultivation for decades, opium cultivation can be said to be the main economy and a tool of conflict resolution and development within the region. Because of the discrimination and human rights violations to the ethnic people such as not being allowed to learn in their own languages, the local community did not have access to education which caused a lack of awareness to the dangers of drug addiction and health issues. Because of the conflicts within these areas there is insecurity and instability, which can also lead to the more addiction and drug related crimes. The lack of health awareness could lead to more HIV infections due to the injecting of drugs with unsafe needles. Historically, the conflicts emerged after independence, according to the Panlong Agreement in 1947, there has been an agreement that Myanmar would become a federal state and the ethnic people wanted this but after the assassination of Aung Sung the authoritarian immediately came to power and the situation between the central government and the ethnic changed. The insurgent leaders controlled their people, eventually the conflict affected people and other displaced people were forced by the insurgents to plant opium as a tax to stay in the area for their safety. In the Shan state, there was also a history of the Kumintong occupation KMT who are the insurgents of the sub-ethnic group of Shan, their leader Khun Sa has controlled the drug trade and the opium cultivation in those areas since when. KMT also controls the drug trade in the border areas and they wanted to fight against the military government at that time so they need to fund for the arms, the drug economy is their main source of income.

The root causes of the conflict between the central government and the ethnic people are nationalism, ethnic identity and their security(Brown, 1999).

2.3.2 Culture and nature perspective

The culture is the daily routine that we adhere to and attitudes we have learned from those in our social environment. Each of us has had a different social environment and different views on the culture and environment of others. Moreover, a number of individuals have engaged either in more than one culture or more than one social environment. Cultures can also be different regarding the locations not only between the different countries within a country. Even within the countries there are different kinds of groups and indigenous peoples, the culture can be varied regarding these groups of people. Moreover, the culture of a people can evolve or even disappear over time. Although people are directly affected by their culture and their environment, they are not the positive victims of the culture like there has three choices; adopt, adapt and reject(Blumer, 1986).

So the future culture of drug dependency depends on the perspective or the three choices offered to the people. If people adopt the culture of another subculture, a larger homogenous culture will arise. If people adapt the culture, new cultures emerge through the existing culture. If people reject the culture, the culture of the community will die. So, the process of the drug use culture will also be the same, the culture of the drug use depends on the location, society and the perspective of the community culture. People have become the victims of the culture subjectivity. The culture and the behaviors of drug use can also vary by age, like children are influenced by the family and the youth by friends or school environment. However, the primary influence of culture is the perspective of the family or the parents. At an early age, the household defines the standards of their lives it is the choice variance of each individual to adapt, adopt or reject this standard it depends on their own choices. Accordingly, if early aged children are living with drug addicted parents, it is more possible that the children will become drug addicts in the future. These are children who choose to adopt their elders' culture, perhaps at an early age.

There are two types of drug experience, which are set and setting. Set means that the choice of drug addiction is because of the genetic factors and setting is the context and culture of the environment that they have been raised. Basically, addiction depends on one's social position, life circumstances, history of family and their choice. Additionally, the historical period of their childhood can form the behaviors and the attitudes of the person (Golub et al., 2005). Day to day activities also contribute to the long term goals and plans of the adolescents, which is influenced by their parents (Ray, 1978).

Different cultures have different kind of perceptions and this also varies according to the choices and context of individuals. The perception of the use of drugs also varies according to the location, social environment and the choice of the people, meaning the culture of drug use cannot be universal. Sometimes, drug use and drinking are the social culture in some communities. For instance, the culture to drink at a dinner party or drink at sporting events. Using drugs can also be a way to maintain the problem but not to increase the rate of the problem. In some communities, drinking and forms of drug use is the functional factor of social and the culture. Moreover, the culture can be said to be a social factor which is also a way of life within the community and sometimes a new culture has emerged due to the choices of the people over time. Regarding the nature and culture of drug use, it can be divided into two demographic groups to identify the different views on the culture of drug use; working-class oriented and middle-class oriented. The reasons for drug use amongst these two groups also vary through their perspectives on the culture of drug use and the purpose of drug use. But those reasons also have an effect on their community and environment and those perspectives also come from their environment and their choice on the culture and the nature (Sulkunen, 2002).

2.4 Situation in Northern Shan State

Northern Shan state has many experiences with conflict and violence for many years until now. There are also Self-Administered Zones (SEZ) in Northern Shan state which in this area is controlled by the ethnic minority Kokang. Moreover, there are several armed groups controlling these areas, there is conflict between the central

government and the ethnic armed rebels and even amongst themselves like between the Shan and Ta-ang (Pa-Laung) sub-ethnics. The Northern Shan state can be designated as areas of conflict or conflict zones which reside mainly around the Kyaukme, Hsipaw, Namtu, Kutkai and Namkham townships which are also on the China-Myanmar Border Highway Road. Due to the conflict there are many Internal Displaced Persons (IDPs) in these areas, because of the unstable conditions their livelihoods and economic welfare are also affected by the conflict and wars between armed groups. Moreover, humanitarian assistance is limited by the military, especially in non-central regions. International aid agencies have also many challenges in accessing the aid programs and getting to those conflict areas.

There are direct links between the drug trade and the conflict that is happening in the Northern Shan state in Myanmar. In the Northern Shan state, the Myanmar National Democratic Alliance Army (MNDAA) which was formed by the Kokang ethnic group that controls the drug trade in the region. MNDAA has been notorious in the production of drugs and drug trafficking and it has also been against the National Drug Policy. The Ta-ang National Liberation Army (TNLA) also participate in opium cultivation and has for many decades. In 2005, the central government was forcibly coerced the Palaung State Liberation Army (PSLA) to sign a cease fire agreement which commanded them to disarm and disband from the drug trade areas. These factors can lead to more drug production and drug trafficking by other armed militias such as the TNLA, which was renamed the Palaung Liberation Army after the ceasefire agreement signed in 1991. Particularly in Kutkai, Namkham and Manton areas where the drug production and drug trafficking dramatically rose. Then there have been many negative impacts on the Ta-ang society and the local people who also claimed that this is because of the disbanding, by the government, of the Palaung State Liberation Army and that the tensions have increased continuously and have become difficult to control by the government. In 2009, the tensions between the central government and TNLA increased. The TNLA declared, because the central government had destroyed the opium cultivation of the area due to the government policy at that time to destroy the drug production areas, that there was no actual harm reduction as a result of the process.

These are the linkages between the drug trade and violent conflicts. Since then the government's control over these areas have been limited and these areas are now controlled by the ethnic groups that continue to participate in drug production and the drug trade. These regions can easily acquire the chemicals needed for drug production of the popular and cheap pills called methamphetamine "crystal ice", which is called 'Yaba'in Burmese from China. The armed militias then produce and export illicit drugs not only internationally but to the local community. Starting from the disbandment of the militia period, the economies of these societies either directly or indirectly depend on the drug trade. The tensions between the central government and the previous policy made the society more lead to the drug related crimes and until now the society also suffered from trauma because of the government's past actions on them (*group, 2019*).

2.5 Meaning of drug use

One's behavior is the main factor to influencing the use of drug and further addiction. There are many substances which are called the 'gate way' substances, these gate way substances could lead to addiction and an increase of dosing, using other drugs or injecting drugs. According to research in the United States, nicotine and alcohol are the first step towards addiction to other substances. Smoking marijuana and trying cocaine could lead to more increased behaviors of an addiction to other substances. Human do not live by logic alone, as people live within a society and as humans are social animals who like to impress each other they also become pleasure seeking animals.

Every kind of substances has their own medical purposes but if the stimulant substances were abused it would have harmful effects, not only to the health of people but also to their community. Basically, drinking and drug use gave the feeling of freedom(Sulkunen, 2002) and with psycho active drugs there is a constant tendency to increase the frequency or amount of drug use. People are using amphetamine to tolerate the low food intake and remain awake, cocaine and the coca leaf are used to free an individual from fatigue, to fulfill the power and decrease the food intake. When starving the coca leaf also gives the feeling of having lifted their spirits. The neurological response to cocaine injection results in a high likelihood of addiction.

That after one injection, it will cause the feeling of wanting more injections Bennis is used to stay awake for long hauls. Methamphetamine provides the strong effects that cocaine has but it can give the feeling of lasting for a day or more. Those kind of drug substances give the feeling of [a] daily ride on an emotional roller coaster (Ray, 1978). Alcohol and drugs are also used to satisfy the stress variations in today's world. In the context of social relationships, relaxation and disinhibition are used as functional explanations of drug use. Students and employed use [the] weekend to recover from the intellectual stress and fatigue nowadays (Sulkunen, 2002). In other complex society, the drug is also used to reduce the anxieties, aggressions and tensions (Sulkunen, 2002).

Meaning of life is part of the meaning of life. Life is like a tragedy, life is fragile, perilous and sickeningly vulnerable. Chorus of Sophocles said that human existence is hard to find out the solution "Count no man happy till he dies, free of pain at last". Heidegger argues that humans have the capacity to put their own existence as a feature in problematic because humans are peculiar animals and they are the source of anxiety, ground of hope, burden and dread or absurdity. Sometimes human existence is contingent that it has no ground; goal, direction or necessity and that species might quite have in their life. However, life would be better without goal and the moment of ecstatic might make the life more precious and valuable. Self- reflection is integral to the business of living a fulfilled life. Some of the people are never asked of how their life is going and never find the way to go better means to the lack of self- awareness. When we have noticed on the self- reflection, people will think of what they need to do such as tinkering or transforming in their life by naturally or biologically. Life will become meaningless if the people haven't noticed how their body is made up of and whether they are living in the hole or under the ocean. Someone who life is meaningless could lead more to the unnecessary or dangerous actions in their life. Lack of significance which is the lack of purpose, quality, value and direction mean not that they cannot comprehend life, they have nothing to live for. Human beings are seeking for the happiness which is the desires it just seems to be part of the nature in human life. Julian Baggini argues that happiness if not all and end in life happiness is just a state of mind and a state of soul.

2.6 New policy on harm reduction in Myanmar 2018

In Myanmar since colonial period, there was much opium cultivation on almost every hillside in the part of the country, mostly in the Shan and Kachin states. Starting in 1990s, Myanmar became the second largest producer in the production of opium, while Afghanistan was the first. The opium cultivation became for the purpose of traditional and medical distribution. Myanmar dispersed the large amount of heroin to domestic and international body's from the Golden Triangle Area, which is the border area between Thailand, Laos, Cambodia and Myanmar. Starting from 1990s, the production of amphetamine which is called "Yaba" or "Yama" in Burmese was more lucrative instead of heroin. In the Myanmar society, especially among the youth amphetamine is cheaper than heroin and easier to get.

The unsafe injection of drugs has been the practice of the local people, so there are also many health consequences like HIV/ AIDS, hepatitis and tuberculosis. In the Shan state 1 of 3 people with drug addiction is living HIV positive and 2 of 3 in Kachin. The past policy was ineffective for the community in reducing opium cultivation and also on the policy of "drug free zone". The national strategic plan (2016- 2020) for harm reduction is also an on-going process to try to reduce and prevent the spread of the HIV and other related communicable diseases (Department of Public Health, 2015). The services included in the harm reduction plan is to provide safe needles to the drug addicts, opioid substitution (methadone therapy), blood testing services and prevention of death by overdose. The main purpose of the harm reduction plan is to reduce crime and prevent no new drug addiction cases in the country. The policy will also focus on the human rights approach and provide health services for the drug dependents. According to the harm reduction and health-centred approach the government will try to decriminalize drug related crimes, instead the government will try to focus more on the alternative development which is more focusing on the human well-being approach (Central committee for drug abuse control, 2018). In the past, because of the criminalizing of drug related crimes there were immense amounts the prisoners according to some reports. In the prisons, there were no health services for the patients; human rights violations also included the factor that there was also corruption by the prison staff. The government will try to

promote the livelihood of the farmers in those areas by providing rehabilitation for the opium habits and an alternative cultivation plan for them. In the past, there was also some kind of forced eradication in those areas that cultivate opium by the ethnic groups who controlled not only opium cultivation but also drug trade areas. The economy of the local people depended on the opium cultivation and drug trade.

The international drug control conventions have been enacted since 1960s (Sinha, 2001). According to those conventions, the opium and heroin cultivation in the state should be legal with limited amount of cultivation will be permitted as they have to use those in some medical purposes and some scientific medical experiments but the World Health Organization (WHO) will take responsibilities in whether the opium cultivation is really in the rate of limited amount or not. Moreover, the states have to report the cultivations and the patients annually to WHO. WHO will also provide the health services for the person who injects drugs (PWID) and also on the HIV/ AIDS patients who communicated the virus from injections with unsafe needles. In Myanmar, the aim of the new National Narcotics Drug Policy 2018 is promoting safe and healthy communities within the country. The National Health Plan (NHP), the Methadone Therapy Treatment Program and National Strategic Plan (NSP) on HIV/ AIDS will also support those with drug dependence and HIV/ AIDS patients. The NHP motto "Health for All", the basic health services will deliver to all the citizens and the clinic centers will also try to expand the clinic centers which were in conflicts in the past (National health committee, 1993). The Methadone therapy treatment program was started in 2004 and the methadone center in the state also expanded to centers that will also support and help the methadone patients to go back to their society. The aims of the methadone therapy treatment program are to reduce the unsafe injections PWID and to reduce HIV positive rate by reducing drug injection with unsafe needles (Department of health, 2012). According to the National Report on drug dependents in 2017, the Kachin and Shan states are the most of the affected areas by various kinds of drug 5,726 in Kachin and 1,913 in Shan have drug dependents situations (Drug dependency treatment and research unit, 2017) and according to the NSP there are more than half of the people in the state living HIV positive and only 50% get the treatment and more than 50% are of the PWID and

other are female sex workers (FSW), men who have sex with men (MSM) and others. And methadone therapy is only for the PWID who is dependent on the use of opium or heroin. Methadone is also the useful stage before the drug free and drug dependence will be under control (Ministry of Health and Sport, 2016).



Chapter III- Methodology

As indicated in the title, this chapter includes the research methodology of the dissertation. In more detail, in this part, the researcher explores the research strategy, research approach, the methods of data collection, the selection of the sample, the research process, the type of data analysis, the ethical considerations and the research limitations.

3.1 Study site and work plan

The work plan for the research took one week for the data collection. The site location of this research was in Lashio, Northern Shan state which is situated on the China-Myanmar Border Highway Road in Myanmar. It takes more than six hours from Mandalay, which is the central area of Myanmar it is 280.02 kilometers from Mandalay to Lashio. On the way to Lashio there are many mountain areas which are called Shan Yoma (mountain ranges) and the weather becomes cool and fresh in contrast to the central area. These mountain areas are green and covered with many green vegetation. At the entrance of the city one can identify that although the city is small and not very developed, it is still a neat and clean city in Myanmar. Lashio is 61,266 square kilometers and as a small city in Myanmar it is busy from trade relations with China in the export and import of the household goods and the other various products. In the market areas many China products can be purchased and there are also many Chinese shops in the downtown areas. From the entrance of the city and along the city area, most of the symbols and writing scripts are in Shan languages but one can also identify Burmese and Chinese script throughout the city.

Most of the local people are Shan and the other sub-ethnic groups of Shan but there are Chinese as well. For this research, the researcher interviewed the Shan ethnic people as much as possible. Based on the observations and looking around the city, most of the local people use their own languages and are very proud of their identity and nationalism. In the Northern Shan state, there are also ethnic armed groups, which are Ta'Ang National Liberation Army and Palaung State Liberation; the headquarters of these groups are in Namhsam which is 200 kilometers from

Lashio. According to the policy of their groups, they will fight not only for their identity but also against drug use and the drug trade. The decreasing rate of opium cultivation is equal to the increasing rate of opium cultivation in Myanmar¹. Since Independence, most of the hillsides in Myanmar are covered with opium cultivation farms and increasingly grew in 1980s to the point where Myanmar became the second largest opium cultivator while Afghanistan was the first. Up until now, the opium cultivation cannot be controlled under the central government but also not under the ethnic armed groups. High demand in Northern Shan state especially in Lashio, Namhsam, Muse, etc, which leads to a particularly abundant demand for products of heroin, amphetamine and the other chemical tablets.



Figure 2 Geographical situation in Northern Shan State which is covered with the hillsides

¹ UNODC Myanmar Opium Survey 2017: Fact sheet

3.2 Research strategy

This research used either primary data for to find out the causes of drug addiction or secondary data to analyse the government policy.. The primary data was based on qualitative interviews with six drug dependents and two key informants. The interviews were basically utilized to find out the causes of their drug addiction and the meaning of drug use by drug dependents. The secondary data was used to analyze the government's policy, the Narcotics Drug Control Policy by looking at how the government is working to change the perception of drug use in the community. Based on the interviews, the researcher has identified the gaps between the government policy and the perception of the local community.

3.3 Research method- Qualitative technique

To satisfy the objectives of this dissertation, ethnographic qualitative research was conducted. As this is a sensitive research topic, the qualitative approach is the most appropriate for a small sample size, this way the outcomes are more qualifiable. While conducting research it was identified that there are also some limitations, because of the sensitive topic of the research. The effectiveness of qualitative research is based on observations within the study area and the skills of the researcher. While a result has been identified, the reliability of the data and the analysis mostly come from the researcher's own judgements and interpretations. It would be more advantageous if the data reflected a wider population.

3.4 Research approach

The research approach that was conducted for the purpose of this research was an inductive one. According to this approach, this research began with specific observations and then a conclusion was drawn from such observations. The reason for using the inductive approach is that this research is sensitive and used only a small sample and after analysis, it produced the most reliable results and the conclusion can be linked to the observations.

3.5 Data collection method and tools

For this research, in-depth interviews were used. In-depth interviews were conducted individually with those who would identify their emotions, feelings and opinions regarding the research topic. The main advantage of personal interviews is that it can improve personal and direct contact between the interviewers and interviewees as those respondents already had social trauma to overcome. The researcher welcomed respondents to participate in interviews that were comfortable for them. Moreover, personal interviews can eliminate non-response rates because we have already gotten in touch before starting the interview. The interviewer also developed the skills to successfully carryout the interviews. Why the researcher used unstructured interviews for this research is that the unstructured interviews can offer a comfortable and flexible interview environment to the respondents or the drug dependents. Unstructured interviews allowed the respondents to answer freely and comfortably. However, there was also a risk that the interview had the possibility of deviating from the specific objectives and aim of the research topic.

As far as data collection tools are concerned, the conduction of the research involved the use of in-depth interviews that based on an interview guideline the researcher designed. Some questionnaires prepared before going to conduct the fieldwork, were used by the researcher as an interview guide to fulfill the satisfaction of the research objectives. From this other additional questions were developed during the encounters with interviewees. Some sample questions that were included in the semi-structured questionnaires can be found in Appendix A.

Observation technique in qualitative research was also used to capture the behavior and environment during the interview periods. This research has used the unstructured observation method to capture the whole social setting by discovering individual peoples function and by recording the interviews. The observation research is an ongoing dynamic activity that is more likely to provide evidence than interviews for process of something that is continually evolving. From the observations, estimations could be determined as to the influence of the physical environment on

individuals. The observations are based on looking identifying the humans' behaviors and collection of their functions in the environment.

3.6 Sample selection

The method of random sampling to identify two key informants and the purposive sampling for six drug dependents was used to develop the sample for this research. Sample members are selected based on their experiences and their demographic characteristics. In the current study, one of the selected members of key informants had experiences in drug issues and the other, a service provider had been working in the study area for more than 25 years. The six drug dependents had a history of drug use, experiences of using different kinds of substances and they have been living in the study area amongst the local people. The selected respondents were also active to sit interview after the researcher introduced the background and the aim of the research. The selected respondents were mentioned in Appendix C.

3.7 Research process

Meetings were held from the 26th of April to 2nd of May with the above mentioned respondents, after giving consent of participation in research. More specifically, the researcher went to the study area and after explaining the nature and the scope of the study asked them to participate in this research. Generally, the respondents were willing to participate in the research and the interviews were conducted within one week of meeting. The individual interviews took approximately no more than one hour. During the interviews, the interviewee utilized the methods of note taking, image retention and digital recordings to help the researcher in analyzing the data.

During the interview process, respondents were free to express their feelings regarding the topics related to the research as well as issues not included in this research.

3.8 Data analysis

Content analysis was used to analyze the data conducted from the individual interviews. Moreover, the hidden answers and the observations around the study area were also included in the analysis. Content analysis is a way to help the data analysis to be simplified and producing results that can be measured using qualitative techniques. Moreover, content analysis can help the researcher to build the collected data in a way to accomplish research objectives. There may also be errors that the researcher may miss from the data which can generate false and unreliable conclusions.

3.9 Ethical considerations

Due to the sensitive subject of the research the participants needed to give consent to the use of the information to the interviewee. All the respondents read and signed on informed consent form. At the same time, they were asked to sign a form of withdrawal from the interview if they decided to change their mind and leave the study. In the consent form, it has already mentioned that the participation of the respondents is voluntary and they were free to withdraw from it at any point, reason or time.

Next, the respondents were fully informed regarding the objectives of the study and they were assured that their answers will be treated as confidential and used only for academic purposes for this research. Additionally, the respondents were not harmed and abused both physically or mentally during the data collection process or after. Moreover, the researcher chose the interview place according to the wish of each respondent.

3.10 Research limitations

As it is for every study, this dissertation had the following limitations,

- The size of the sample was relatively small - eight respondents in general. Larger sample size would take more time.

- Qualitative research is not enough in measuring the changes in perception after the implementation of the National Drug Control Policy.
- The key informants can only be government officials according to the legal requirements of each location.
- In some cases, respondents may refuse to answer regarding with the experiences while drug addicts.
- As this is dangerous research for the researcher to conduct with the drug dependents, the researcher only conducted interviews with respondents of current drug program patients with past drug experience.
- Language is also a problem that occurred while conducting interviews with ethnic minorities.

3.11 Process of interviewing

The research process began after getting approval from the Ethics Review Committee. Firstly, to carry out interviews with the drug dependents. For the safety of the researcher the Ethics Review Committee does not allow the interviewing of drug dependent offenders who are not patients in the hospital. In interviews with the drug dependents, some questions which did not get responses from the respondents, such as trauma related issues have been skipped. Although the patients' list of those registered at methadone clinics have females, they didn't accept to sit for interviews so there are only interviews with male drug dependents. Current personal details have not been mentioned according to privacy regulations concerning the drug dependents.. Some of the drug dependents who agreed to sit for an interview did not answer once the interview started. However, all the respondents who agreed to sit interview for this research are patients who have mental disorders and suffer from social trauma. The respondents have been picked out by the medical officer in charge of the methadone clinics, because some of the patients cannot sit for interviews in respect to the safety of the researcher. Moreover, for the safety of the researcher, the interview was not

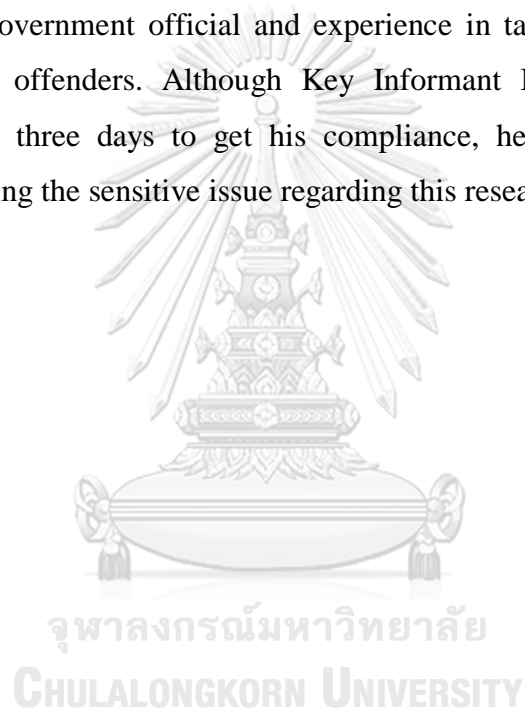
privately with the drug dependents, a medical officer was also sitting in on the interview process.

The interviews with all drug dependents or respondents used an in-depth interview approach and all the interviews took place at the same clinic. After they took methadone, they sat for their interview for around one hour each. The researcher chose the respondents by using purposive sampling methods and all the respondents answered after getting consent from the researcher. After the interview started, the note taker took handwritten notes and the audio recordings were recorded using a phone so as not to miss important details. The researcher used semi-structured questionnaires using probing questions but skipped the questions which made participants stressed or too scared to answer, as this research is sensitive. The researcher hold do no harm policy before and after the data collection in the study area. Based on the consent form given from the government, the researcher followed the rules of the Myanmar government and respected the situations and emotions of the drug dependents as these people can be mentally vulnerable. The interview rooms were also individually chosen by the drug dependents, for the safety of the researcher the medical officer also sat in during the interview process.

Two key informant interviews consisting of semi-structured questionnaire using probing methods were conducted with a health service provider and community representative each took about one hour. The informed consent form from the government was used to acknowledge their consent; the researcher also followed the "no harm" clause during the time before and after the interviews. The personal detail even the first name of the service provider will be kept secret at the individuals request. The political issues inquiries which made Key Informant A who is a service provider reluctant to answer have been skipped and the other questions of the government issues are as follows. The community leader, Key Informant B was open to accept and sit for an interview for this research. The semi-structured interview consisting of probing questions were used in interview with Key Informant B. At first, it was difficult to find a community leader with the wisdom and that has more experience regarding drug abuse in the community. The Key Informant B was one who took part in taking actions for the drug dependents and their drug related crimes.

The very recent movement made it more likely to comply with the researcher's request to sit for an interview. In reality, the data collection period took more than one week.

The researcher wanted to choose a community leader who has participated in taking actions in defense of drug offenders and those involved in drug-related crimes and who also knows the local situation very well. At first, it was difficult to find a community leader and who was willing to answer interview questions for this research topic. Key Informant B was eventually identified as an individual who has experience as a government official and experience in taking action to change the situation of drug offenders. Although Key Informant B accepted to sit for an interview, it took three days to get his compliance, he was reluctant to answer questions concerning the sensitive issue regarding this research.



Chapter IV- History of drug use

4.1 Respondents' characteristics

Pyae, PA is 27 years old, Burmese Buddhist, who is divorced after two years of marriage because of religious problems with a Kachin wife and he has a child which he has never seen. He currently works as a steel worker. His education level is grade 3 and he is from the central part of Myanmar and after his studies he moved to Lashio where he lives now. His salary was high enough for him to support his family. The reason for the divorce was due to religion, as he is a Buddhist and his wife is a Christian. Their parents didn't accept the marriage so they decided to divorce and after the divorce, his wife gave birth to a child that he does not even know is male or female. After the divorce, he became addicted to heroin because he was stressed by the family problems. He has been taking methadone since 4 years ago, he has withdrawn from the illegal drug use and he hasn't relapsed until now except WY.

He started using drugs after his divorce and was addicted to drugs for five years. His friends told him that it can release stress and he would feel better in his daily life if he used. So, he started using when he was 18 years old. He was also a smoker before he started using illegal drugs. He started using black poppy for the first time and he used it for a month. He said it would be better black poppy if he put it on corn leaves and cooked it before eating. That was the way of using black poppy according to his experience. In that area, since heroin is so easily accessible, after a month of black poppy use he started using heroin by freebasing heroin. After he used it, it gave the feeling of free from stress, he forgot any stress, he was free from fatigue, it change his thoughts, made him happy and active. At first, he used only 1 gram per week and it is only cost around 10,000MMK. Later he used 1 gram for every two to three days. At first, he used only to reduce his stress but later it became addictive and he began to notice that it made him not work like normal non drug addicted people, so he wanted to withdrawal. His friends told him that he can withdraw if he joined a methadone treatment program and moreover in that area, there is also the Asia Harm Reduction Network (AHRN) where he got some information

about a methadone program and they helped him to join. He quit his drug use according to his own wish, because he could not work anymore and he always wanted to use while he was addicted which stopped him from working. When he was addicted his society look down on underestimated him at first, he just kept using it more and more. Whenever, he did something bad or good, they just kept calling him an addicted person. This was also one of his reasons for seeking treatment. However, according to his experience of taking methadone, methadone can make him sleep even during working hours so he unfortunately sometimes took amphetamines to stay active.

Sai, S is 35 years old and he is Buddhist Shan. He has lived in Lashio since he was born. His education level is grade 10 and he is now working at local Non-Government Organization (NGO). He is single and as he is Shan, he has experience in going to the ethnic armed groups areas. He was a singer when he was addicted to drugs. The reason for using illegal drugs was because of his past profession. His friends told him that it would be a better time singing if he used narcotics substances. He didn't have any stress or any inconvenience in his life but he just wanted a mood stimulant in singing time. When he started using, he was 17 years old and he just started using it in Lashio. Some of his friends used narcotics substances, some are from rich families and some use because of family problems.

Sai, S started using drugs because his friends told him that it would be better during singing time. Such as the feeling became better and controlled his feelings while singing. So he used it to sing better. The first time use of drugs started with heroin and very often Yama. Firstly, heroin made him vomit and caused headaches however he liked the feelings of use because it made him happy and active for the performance. This caused him to keep using for the next times. He would like the feelings after he used. He became friendlier with other drug addicts rather than those who didn't use drugs at that time. He used 1 gram of heroin per day. He said he liked to use heroin, but later he didn't like it according to the conversations with that respondent. He also had experience that he has been hit by the police after they have noticed that he used. After 8 years of drug use, he decided to withdraw. He reached out to the Asia Harm Reduction Network (AHRN) and they told him that he can quit

if he joins the methadone treatment center. He has been taking methadone for 10 years and he has not gone back to using narcotic drugs. He said methadone treatment is good and convenient for the drug dependents and the services are also good enough for them.

The respondent Win, N is a 47 year old Buddhist Burmese. He lived in Lashio since he was born. His education level is grade 9. He is married and has two children one son and one daughter. He started working as a driver before he was addicted to drugs. He started using heroin because of family problems; he was very stressed at the time. His income was relatively enough to care for his family at that time. He just started using it by himself not because of peer pressure. He purely used heroin in various ways. At the beginning, he put in cigarettes or free-based by putting on the aluminium foil and heating. He used without limitation every day and after two months of heroin use he became addicted to other drugs. He was happy and forgot about the stress after drug use. However, he noticed that he had become addicted to drugs; he kept using it because he could not withdraw. He didn't want to go anywhere which was very far from Lashio or where it is difficult to find the drugs even though he is a driver. He brought as much as he could with him when he had to go far from his area. However, he was happy to go to the mountain areas because it is easier to find the drugs than in the downtown areas.

Later, he noticed that the economy of his family was not enough because he had spent too much money on the drugs. He could not provide more than 10,000 MMK a month to his family after drug expenses; moreover, the social environment began to look down on his wife and his children because his drug use. Moreover, he has been underestimated by his society unfortunately because he cannot withdraw from his drug use because his addiction has lasted longer than 10 years. Later his wife helped him to withdraw by joining a methadone treatment program so he decided to join with her. After he started taking methadone, his feelings became better and he was able to concentrate on his job thus the economy of the family became better. Before taking methadone, he also participated in mental health treatment at a hospital, getting helps from AHRN. When he was addicted to drugs he tried to stay away from the policed areas because he heard that police identified some areas as drug use areas.

Police corruption led to the drug addicts having to pay money in order not to be arrested by the police. Now, he is a methadone patient he says he doesn't need to worry about that anymore because they know he is now taking legal treatment.

The respondent Sai, LA is 34 years old and he is a mechanic both before and after the drug use. He is Shan and has lived in Lashio since he was born. His education level is grade 10 and he is single. His drug history began when he started using heroin and also black poppy at the same time. Even at the beginning of his drug use, he started by injecting the drugs with needles. According to the interview with him, he said he started using it just because his friends have used it since school and he thought it was just a normal daily behavior. He started using heroin when he was a 16 years old high school student. The first time he ever used the drug he vomited, but he liked the feelings after he used. At first, his family did not notice that he had become addicted and neither had he. After his family noticed, they brought him to the hospital to withdraw but he was thinking that he was in hospital because of a normal illness. He resumed using when he left the hospital. The second time he attempted to join a hospital sponsored program, he succeeded in completing treatment and he is now a methadone patient. He said he can quit the narcotics because of the effects of methadone, it curbs his desire to use heroin anymore. When he was using heroin, he was arrested by the police and they gave asked him the choice to either work as a porter in military or go to prison. He chose to go to prison but later his family got that news and were able to get him released. He does not know how his family got him out. While a methadone patient in Lashio, he can also pointed out some weaknesses to services of his methadone site, like there is still a need to increase the number of methadone sites in Shan State into those areas that are high drug affected areas. There are only a few sites that can treat the effects of drug use for drug dependents. He wants to go for work in areas in Shan State but he can't because the State does not have methadone site in some areas.

San, TA is 25 years old Christian Kachin and single. He was unemployed both before and after the drug use and his education level is grade 10. He started using Yama at the beginning and later moved to heroin. He started using because he wanted to become a gangster and his friends told him that the drug use can change his

personal characteristics so he believed that he could change his identity with drugs. He said drugs made him feel better whenever he used. He used it just for entertainment at first, but later it became an addiction and he could not stop using it because his body needed a daily dose. At that time he liked using not only Yama but also heroin. He used both at the same time and he used whenever he met with his friends. His daily dose was 1 gram per day and he used for two years before taking methadone. He didn't want his family to know about his drug use at that time, he was scared of being look down from his family or society. Later his parents started noticing the change in his daily life so he decided to withdraw, not only because his family but also his society became look down on him. At first he decided to withdraw without taking any suggestion from others and without participating in any treatment program. He was not successful. Then he decided to take methadone when his parents' friends told them that he can withdraw by getting treatment from the methadone clinic. He has been taking methadone for a year. He now likes taking methadone because he doesn't need to worry about the police, but he is still worried for his friends who are still dependent on narcotics.

The last drug dependent Ye, THSM is 41 years old and he is now working as a volunteer at a local NGO. He graduated from the university and he was a government officer while he was addicted to drug. He is not from Lashio as he was a government officer he has had to move to other places. He has been addicted to drugs since 2001. He started with heroin and later according to bodily needs he choose which substances were available. He used every substance including black poppy. He injected heroin and mixed black poppy with water and drank it. He was confident in himself that he was not addicted to drugs even as he started using. Self- confidence drew him to addictive drugs. He didn't even notice that he had become addicted to drugs. He also shared his first experience of drug use as using heroin which gave him such a satisfaction, feeling better than a normal day, reducing stress and fatigue giving him a euphoria of energy. After the first time he used, he believed himself that he would not use again but later the symptoms of heroin withdrawal started and he became sick and felt severe illness. The most severe effect of the symptom of heroin use on him was the willingness of his body to use it for the next time. He got order

from the government to move to Yangon at that time and he believed that he could withdraw if he moved there. This was true for him, that he could withdraw for awhile but after moving back to the Shan State he started using again and starting from that period, he has already addicted to drugs. When he noticed that he was addicted to drugs it was when he noticed that he couldn't stand without using, this is when he decided to withdraw. He could not concentrate on his work, negative effects on his financial status and his social environment peers began to look down on him so he decided to join the methadone treatment after five years of drug addiction. He also mentioned some of the necessities the methadone centers need to promote, such as in Shan State there are many drug addicts and there are also a number of people who die because of drug use that the government needs to manage the number of the methadone treatment sites better. There are limited methadone treatment sites in the Shan State and there are still many drug addicts who cannot get access to the treatment centers and there are also addicts who still don't have knowledge about methadone treatment programs. For the key informant interview, the researcher interviewed the health service provider and community leader separately. The first interview with the service provider took half an hour; Key Informant A was working as a nurse in the Northern Shan state for more than 25 years specifically in the fields of psychiatric and mental health treatment for drug dependents. At the request of the respondent the name and mention to the individual will remain anonymous. KIA is over 50 years old, Burmese and not from Lashio. The researcher explained the purpose of this research and gave the consent for a signature, the agreement included taking notes and recordings but not the taking of photos. The interview was conducted at a place chosen by the interviewee to have privacy and level of comfort. All the questions of the researcher's were answered although there was a reluctance to answer the politically relevant inquiries. It was requested to delete the recordings after the data entry was finished to which the research complied.

The second interview with the Key Informant B, the community leader, was on the last day of the data collection period at the study site location. The interview took about an hour, the community leader has provided permission to use his identity. Thet, O, is over 50 years old and has lived in Lashio since he was young. The

interview was at his home according to his request. The community leader agreed to sit for the interview after being explained the purposes of the research and gave his consent before the formal interview began. He answered all the questions and he also offered to take a tour around the city. He was pleased and welcomed the opportunity to answer the questions and take part in the interview. After the interview not only with the health provider but also with the community leader, the researcher gave the participants some presents. The interview with the community leader was not a private interview, he was welcome to interview not only with him but also with his family present who also have experience regarding the issue of drugs.

4.2 History of drug use

This section will express why drug dependents start using and the circumstances for the first time usage or the reasons for continued drug use. This chapter was based on the conversations with all the drug dependents and respondents. The history of drug use regards the factors of age groups and social variables which lead to the drug addiction. The researcher uses the individual perceptions and accounts from the research participants.

The first drug dependent Pyae, PA stated that

"I am not from Lashio, I am from the central area of Myanmar I moved to Lashio when I was 20 which was the time that I started using heroin and black poppy. When I was 20 years old I was divorced because of the reason of religion as my ex-wife is Christian and I am Buddhist. Although my salary was enough for me, I was very stressed because of problem with my partner. At that time, my friends also told me that it can release stress if I use. At that time, I didn't want to move the other places because as I have been addicted drugs I was thinking if I moved, it would be difficult to find the demand. Here

it is only 8,000MMK² for 1 gram of heroin and 1,000MMK for 1 tablet of WY³".

The respondent married before the drug use began and he started using heroin when he was no longer a teenager. He started using drug after he arrived to the Shan State. In this case the geographical situation changed the perception on drug supply. When he started using it, heroin was the first substance in his drug history. At the time he was working as a steel worker, it is a job requiring using physical strength and it is a high fatigue job. Heroin use may have been because of the geographical location, as heroin is most abundant in the Northern Shan State. Moreover, according to the geographical situation, the Northern Shan State is the border area between China and Myanmar where chemical substances imported are cheap in price. Yama is one of the chemical substances coming from China, it can give the feelings of awakesness and energy for working long hours especially relevant for physical strength workers. From accounts like this it can be estimated that the experience of drug use may be because of reasons of the job. The reason mentioned by him was because that of peer pressure. His friends recommended it to him to use because he was stressed. The respondent had a lack of control and knowledge about using drugs whether heroin or yama and the risk of addiction after one time use. As he started using when he was 20, it can be argued that he used heroin before his brain was fully developed.

Sai, S explained his drug history,

"Yes I lived here since I was young; I started using heroin for the first and Yama as well since I was 17. I was a singer at that time. My friends told me that it would be better in singing time if I use it. Then I started using heroin. Yes I have been to the mountain areas which are under the ethnic armed control. At those areas, it can get easier than here like we can buy at the same place in anytime here sometimes it is difficult to find because the government police check if they find, they take action when they have project. So the

² 1USD= 1500MMK (The exchange rate depends on the daily rate)

³ Yama or Yaba

sellers are afraid of selling freely. Moreover, it is cheaper than here. When I was addicted, I also move to there to use, it is freer and easier to buy there."

The substances that the second respondent Sai, S have used are also heroin and Yama which is the same as the first respondent. The research proves that all the respondents have mentioned the use of heroin, which is the local trade mark of the Northern Shan State. According to the first and second respondents, the accessibility of the drug substances is easy at the local level. The researcher would say that it is more possible and easier for ethnics because the ethnics' armed groups may not have restrictions on drug use and they are ethnics and they have been fighting for their identity so they may have access to those groups. The high demand in the local area and his proximity there to is also one of the reasons of his drug history. In some areas in the Northern Shan State there are a lack of controls by the government and government policy. The local people also cannot get the services regarding drug education by the government. They believe that using drugs freely is the good way in their life and it is a normal situation in society for them. The drug journey of this drug dependent was the easy way. In this section, the respondent Sai, S also mentioned about the disturbance from the government to use drug in his daily life. The government sometimes may take action against the drug user or the drug seller. The government policy or plan wasn't effective for drug users to reduce consumption; moreover, it lead to more use because the drug dependents have known this way of life especially within ethnics' society.

"I am now 47 years old and I used heroin in cigarettes for 10 years and I am now taking methadone for six years until now. I was very confused and stressed at the first time using. Even I know it is not good for me, after two months of using it, it became addicted. I used it at anytime and anywhere without limit. My body needs it; I cannot stand without using it. After that I have noticed that I was addicted to drug but I cannot withdrawal. At the time of drug addiction, I decided not to move to other places although I was a driver; I accepted only a day return trip order. I was scared if I could not find it other places."

Win, N answered.

This respondent started using heroin when he was approximately 30, the first time using was at an age of maturity. Although he can decide whether drugs should be used, he decided to use drugs even though he knew the negative impacts of drug use. The knowledge on drug use are not shared enough society. Although he didn't mention about the government effort, it can be reasoned that the government is still weak in effectively sharing knowledge. He was aware of the negative effects of drug use by expressing that he was scared of using, but regardless he started using and the drug destroyed the fear and addiction began after the first use. He mentioned that when he was addicted, he used it without limit; he was addicted to the drug's effects a lack of self-control and no inhibitions. The lack of control and the addiction can make him even possibly quit his job. Without a job his economic status may become weak because of his decision to not take work because he always worried of finding drugs in those places. One of the points included in this section is that although he is living in the Shan area and one of the community he is not Shan, he didn't have any knowledge concerning with the drug areas connection to different ethnics. Along the journey of drug use, he was not worried or stressed about using heroin daily. He is now taking methadone so he can withdrawal.

Sai, LA, stated that,

"When I was 16 years, yes I was a high school student when I started using heroin. My friends have been used for long, that's why I started using it I just injected with needle even at the first time use. In Northern Shan State, it is not hard to use and find. I used it whenever I met with my friends. At first I haven't noticed that I was addicted to drug because I was thinking that is normal for daily use. At that time, I haven't noticed how my society reacted to me and I didn't have any feeling on it. Yes I neglected them. What I noticed is that I didn't get much contact with them. I became living out of society."

The respondent Sai, LA had a drug history of using heroin substance. The maturity of the drug dependent when he started using was of an adolescent and the

decision on anything should correspond with the age according to maturity. The rational part of his brain was not fully developed. He knew about heroin and how the substance's familiarity within the community and that the substance could be easily found in the community. Although he was studying as a high school student, he didn't have any knowledge about drug use that he caused any hesitation to his using. Even at his first time he dared to use the high dose form, which is directly injected into the vein. He started using because his society was already a known drug society. The group peer relationships affect the lives of adolescents. The peer influences may have been a contributing cause to the drug addiction in his life. The demand is also high in the local area and accessibility even for high school students is easy. The intellectual skills and emotional abilities mature at the different ages for people. At the age of 16, an adolescent cannot resist to the peer pressure as easily nor appreciate the consequences of dangerous decisions. In his drug journey, heroin is the only substance that he has mentioned. He didn't have knowledge about drugs therefore he didn't think of the drugs he used. The drug use without hesitation can be a result that he may like using drugs in general, without any reason and without any interference. As this person was of a young age when he started using, he didn't know how to decide or control the dose of the daily use, he may have followed his instinct, meaning he used without limitation. Even he cannot remember his dosages as he mentioned he just used whenever. His social peers were also addicted to drug so it can be assessed that he was not scared or stressed about the effects of his drug use. In actuality, if he had ignored the normal society, he may have ended up with social trauma while he was using.

"When I was 20, I want to become a gangster; I started using heroin and later Yama. I used 1 gram of heroin per day. Yes it is very easy to find here. At that time, I was very addicted to drug such as my body cannot live without using it. Even my parents were worried about me and my society underestimated on me, I just kept using it. I would never think of withdrawal."

by the respondent San, TA.

Following in line with the previous respondents, this dependent also used heroin and Yama. The respondent is also an adolescent in age when he started using. The main point that he mentioned which led to his use was the high demand and accessibility of the drugs. All the respondents have mentioned how much they like the feelings of addiction so much they may not be able to live without those substances. According to his responses, he had limited doses when he was addicted. The most important point that he mentioned in this section was that even he had noticed the society became look down on him, he kept using without any hesitation. During the time of his addiction his parents were worried about him, they were reluctant to inform government officials. They may have wanted to avoid the criminal repercussions of the government. Although he is Kachin, the study area is not his own place of birth so he didn't mention anything about the ethnic groups.

"I was a government officer so I have to move to many places so I arrived here to serve as a government officer. Since 2001 I started using because I wanted to test it as I don't believe that it can make addiction. I used it over five years before taking methadone. When I started using it, it was heroin and later I didn't choose what would be used, I used every substance. I was curiously used it at that time. I haven't noticed that I was addicted because it is very good for me. I got satisfaction and perfect feeling such as it can make me relaxed, reduced stress and became fresh after using it. I would say it is a good medicine but the feeling of addiction is awful, if I didn't used daily, I was sick and sweaty. Why I decided to withdrawal was that I cannot concentrate in working hours and even I didn't want to work. However, I would say I like it very much."

Ye, THSA explained about his drug history.

Interestingly, the researcher found this drug dependent to have a high level of education and he is the only respondent among the overall respondents. The geographical situation may change the perception on drug use because he is not from the study area he just moved there due to some reasons. He already had the knowledge on drug use and he may understand enough of the knowledge. In his drug

history, the effects of the drug made him more addicted. He didn't have the issue of peer pressure as his intellectual skills had already developed enough so he just followed his own incentives. He knew these substances can cause addiction, he believe in wrongly and tested it. Along his drug journey there was a disturbance in his job, he became absent from his duties and he may have spent most of his time using drugs. In concensus, it can be said all the respondents responded that these substances were good for them and they all liked using and the feelings it cause made them amazed. If they have a chance to reuse, they will freely and happily use drugs again. However, they all are now taking methadone and they have changed their mind sets. Although their beliefs cannot be changed on drug use because they already had the drug history their participation with drugs has.

The history of drug use by drug dependents include the reasons of why they have started using, and at what age. The reason of why they have started using may vary according to the respondents' characteristics and the history or biography of them. All of the respondents have started using in Lashio, which is geographical abundant in various kinds of drug substances. Based on the interview with the drug dependents, heroin is the most popular substance in the locality and they also expressed the ways of drug use such as injecting, freebasing with aluminium plate, adding in cigarettes, etc. The feelings after drug use at the first time that they have mentioned using was mostly vomiting and all of them have kept using because they liked it. In addition, they have kept using each time because they like the taste of it. Even though they are taking methadone at the moment, they like using drug substances and the feelings of substance use while expressing their drug history. Their physical expression while interviewing can also express how much they like their history of drug use. that would be the hidden answers of their feelings on drug use.

4.3 Causes of drug addiction

This section aims to identify the factors influencing drug addiction and why those factors could lead to more drug addiction from the perspective of drug dependents and other key informants. The findings in this chapter will be identified by in-depth interviews with five drug dependents and key informant interviews with a

health provider and community leader. According to the conceptual framework, the causes of drug addiction are because of political, economic, social, cultural and environmental factors. Therefore, this chapter will examine these factors influencing drug addiction for future drug dependents and for the community people in the high risk for drug dependency localities.

The causes of drug addiction by individual respondents are as follow. Those reasons are more related to social factors and the influence of their society. The responses from the five drug dependents regarding the social factors are as follow;

One of the key informants, health service provider who has over 25 years' experience working around the study area stated that,

"It was very common to see the drug dependents that are between 25 and 35. Especially it is because of the peer pressure which is because of the friends'. I think it is also because of the economic status as those age groups have good or enough income. Moreover, regarding with the education level, those people finish only middle or high school. The guardian ignorance is also one of the key factors influencing the causes of addiction on them. It is true that in most of the areas in Northern Shan state have been influenced drug problems for many years. I would say in the especially in the cultivation area you can see many users. In some parts of the Northern Shan State, it can be said that those are not under control by the government so it was very common to see the cultivation. When I was in Namhsam, I have been seen that the old people believe that the eating a piece of black poppy daily can make strong. Yes, I have seen now at the clinic one old lady has used it for a long time, later she became addicted so her family brought her to give treatment at the moment."

The community leader Thet, O stated that,

"In reality, most of the drug dependents are young age especially between 13 and 16. They are not studying at the time, they are just working outside. Here, the chemical substances importing from China and India are very popular and it can get in cheap price. It is popular here that working in the opium

cultivation areas can get more money rather than working formally. Most of the villagers want to go and work in opium cultivation areas. The government and the ethnic armed groups are working together to take action for the drug related crimes as I heard like that. But in the actuality, there are also some areas which are not under control by the central government and the ethnic armed groups. So, those areas are not under control by the central government or ethnic armed groups. According to the government, I brought some young drug users to the police station and they will be kept in juvenile for a while. Regarding with the cultural perspectives, in most of the villages in these areas, there also has a kind of culture that when we have wedding, the family of either groom or bride have to treat the youth who come to help for the ceremony with cigarettes and after that the youths will request for the narcotics substances especially WY which is very cheap in these areas. Then the family of the groom and bride have to prepare it to treat them as an expression of thankful manner."

4.3.1 Social issues

The causes of drug addiction according to interviews with the drug dependents are more relating with the social factors. Social factors consisting of education level, peer pressure, guardian ignorance, the weakness of knowledge, their society, etc have lead towards more drug use. According to the drug dependents, the drug use can commonly be found anywhere and is not much related with the education level or the level of knowledge. According to the community, it can be proved that the knowledge sharing at the community level during school hours is done not only by the government level but also on a community level. The key factor that can be seen at that point is that the knowledge sharing is not having much of an affecting among drug users. Based on the interview with the drug dependents, they had not heard any knowledge on the harmfulness of drugs before using them. They used it because the supply can get be got easily and it is normal to use because their society has a history of high drug use.

As regards to the peer pressure, it also influences the most on causes of drug addiction to drug dependents. They have been living in such kind of a society for so long, as they have mentioned that their friends have used before they started using. Not only the spoken peer pressure but also unspoken peer pressure has been an influence on the causes of drug addiction. The teen can influence or adapt easily to the way of life of a drug dependent. Peers are more attractive among teens and teen can adapt easily to his or her peers behaviors by listening or believing in the lifestyle of their peers. Even without any verbal communication, peer behavior can influence the life of teen as well. If teens have experienced the daily routines of others, his or her mind starts adapting to those peers' lifestyles. The teen may start using drug substances, like smoking or drinking without fear of repercussion, it can cause him or her to use without any hesitation because they have been living in that environment.

Their environment or society may create the factors that addicted persons' welfare to use more. The drug dependents may have the social stigma because their society became underestimating those people rather than helping them to be a gainful people. This underestimation could lead to more addiction because they don't want to be friends with those who discriminate against them as a drug dependents so they will become better friends with the drug users and keep using rather than going back to functioning independent people. Their social environment creates them to loss confidence within society which is also one of the ways towards the direction of more addiction.

4.3.2 Political issues

From the government's perspective, the government is trying to reduce drug addiction by taking actions against the drug offenses. The respondent Sai, LA mentioned that, "I was arrested by the military officer, they told me to choose either arrested in prison or served as a military porter. I informed to my parents to bring me out. If they find the drug use, they always arrest like that." In reality, the government still cannot control drug offenses effectively. The drug users may think that drug addiction is normal and they don't understand why they have been arrested, they just use it normally.

Relating to the ethnic armed groups, drug respondents have responded in the affirmative that they have visited ethnic control areas because those areas are freer and easier to get and use rather than the central government control areas. The village and mountain areas are still the high opium cultivation areas. Especially for the ethnic people, this factor could be what leads to more drug addiction additionally, most of the ethnic people in Myanmar are proud of their identity as an ethnic. Normally, they want to keep contact with their groups and they don't want to be on a blacklist of their ethnic tribe. The main purpose of the ethnic armed groups are also to fight for their nationalism and their identity. Moreover, there is no doubt that the drug economy is the main economy for them because this is the only way to raise fund for them. As the drug economy had been the main economy for long periods of history particularly in Northern Shan state.

4.3.3 Cultural issues

The beliefs of the older people in those areas mentioned by the two key informants are relating to the cultural or myth of that community. In the community level, they have believed that drug use for daily consumption can make them stronger than before and those beliefs have been passed on for many years, beliefs that can be found more in older people. The effects of drug use can immediately make the users appear more active and keep active and energize during working hours. The effects of drugs cannot be denied. According to interviews with the drug dependents, they mentioned that the substances can make them more active and happy even when they are stressed. The older people who have believed in that myth haven't noticed the harmful and negative effects of drug use such as heroin can be highly addictive and addiction cannot be controlled. Interestingly, those kinds of myths are still a mindset of such community's.

According to the conversation with the community leader, the culture of the local people depend on the distribution of drug at local ceremonies. The local people celebrate some ceremonies with the distribution of drugs this practice of the local people is seen especially by youths as an acceptance of drug use. An acceptance started from the culture practices and perceptions of these practices. The donors also

provide for the drug use in their home to those who help them for their ceremony and the way of requesting for the drugs is also one of the behaviours or the practice of the local people. That kind of practice could lead to drug use without the hesitation especially for youth's. This can also be identified as a cultural cause of drug use among youth's. As that kind of culture is still on-going in the community it is difficult to control the drug use not only by the government but also by community forces.



Chapter V- Meaning of drug use

The meanings of drug use by drug dependents are discussed in this section. This section is basically on the answers given by the drug dependents and the respondents. The meaning of drug to them, is meaning of themselves and the definition of what they want to achieve in their daily lives mentioned are as follow;

Pyae, PA mentioned about his perception on drugs that,

"Although I used it to release stress at the first time, I cannot stand without using it later. At first, it was only 1 gram per week later; it became 1 gram per 3 days. It became a daily routine and I cannot stand without using it daily. It can make me freedom from everything, forgot any stress, happy, active and allegro. It can reduce my stress. Even I have noticed that was not good because I cannot work and I always want to use. If not, I was very sensitive to any issues, I cannot withdrawal".

The second respondent Sai, S expressed about himself that,

"I would say the taste is very good even cannot express how. I like it because it can make me happy and active and it made me feel better in singing time. At first, I used it only for the singing time later I used it because I like it and I cannot stand without using it. I used it twice a day and it became one of my daily activities."

"I was very confused and stressed at the first time using. Even I know it is not good for me, after 2 months of using it, it became addicted. I used it at anytime and anywhere without limit. My body needs it; I cannot stand without using it. After that I have noticed that I was addicted to drug but I cannot withdrawal. At the time of drug addiction, I decided not to move to other places although I was a driver; I accepted only a day return trip order. I was scared if I could not find it other places." that was stated by the interview with the respondent Win, N.

According to the respondent Sai, LA,

"In Northern Shan State, it is not hard to use and find. I used it whenever I met with my friends. At first I haven't noticed that I was addicted to drug because I was thinking that is good for normal daily use. At that time, I haven't noticed how my society reacted to me and I didn't feel anything about it. Yes I neglected them. What I noticed is that I didn't get much contact with them."

The respondent San, TA replied that,

"I want to become a gangster when I was young. I used 1 gram of heroin per day. Yes it is very easy to find here. At that time, I was very addicted to drug such as my body cannot live without using it. Even my parents were worried about me and my society underestimated on me, I just kept using it. I would never think of withdrawal."

Ye, THSM stated that,

"I was curiously used it at that time. I haven't noticed that I was addicted because it is very good for me. I got satisfaction and perfect feeling such as it can make me relaxed, reduced stress and became fresh after using it. I would say it is a good medicine but the feeling of addiction is awful, if I didn't used daily, I was sick and sweaty. Why I decided to withdrawal was that I cannot concentrate in working hours and even I didn't want to work. However, I would say I like it very much."

Firstly, what the drug dependents want to obtain in using drugs can be found in the meaning of drug use. Basically, it can be realized that the respondents want to use to get the feeling of satisfaction for themselves. The meaning of satisfaction for them is that they use without thinking of negatively or positively good on them if they use it. The kinds of satisfaction mentioned by the drug dependents are happiness, hyper activity, freedom, stress-relief, euphoria, overjoyed, pleased, etc. Regarding most of the respondents, they were stressed at the first time of usage. What they want to obtain by using drugs during that time was they wanted to release stress. They want

to be free from what they were feeling at that time. From the perspective of the some respondents, they wanted to impress their friends and they thought it was a good way to be proud and confident in front of them. One of the respondents Sai, S mentioned that he used drugs to be better during singing time, which means that it give him confidence in singing. Whereas the respondent Ye, THSM's response reveals that he wanted to get the experience of using drug.

Based on the interview with other drug dependent San, TA, he saw himself as a gangster. His story reveals that the use of such substances can influence the normal life of people. It can make the user to be isolated in normal daily life. It can be said that they feel impressed after using it and see themselves as a hyper active. On the other hand, they think they are not a normal person in society because they have been discriminated against by other people. The underlying answer is that they can no longer be viewed as a normal people within society. Because of the social stigma, the repressiveness may have an effect on them after they notice that their society sees them as drug abusers. The drug used among them as preventive drugs to get out of their society and away from the difficulties. They used drugs to reduce stress and fatigue, the meaning of drugs according to them includes ignoring the society which discriminates against them, ostracism may occur by society. They became isolated from society however; they can feel encouraged if they are living within the drug society. The drugs became one of usages for them to prevent them from the social discrimination and social pressure. They believed they could live without contact with the formal society by staying on the fringes of that society in their normal daily life. Knowledge sharing is not good enough to prevent usage among youth's. . The knowledge sharing should include the information on the harmfulness of drug use and the social knowledge of encouraging the drug society rather than the criminalizing or discriminating against drug users. The drug use among the drug user society is the regular activities of their life and later it becomes the practical way of doing things within society. The behaviours of society can neither be changed by society nor by an individual. The behaviours of people are one of the ways of life of the people. It would be impossible to change the behaviours of the people because it is already so engrained in their normal daily life.

There were also some underlying issues which are based strictly on the observations made while being interviewed. The drug dependents or the methadone users have mentioned that they still like drugs, they cannot use it because of the effects of methadone is much stronger than the other substances and if they kept using It would be impossible to feel the feelings of the drugs and could even lead to an overdose as methadone can influence other drug substances. But according to the observations, the facial expressions of the drug dependents cannot be said that they are not using the other drug substances at that time. Some of the drug dependents revealed expressions consistent with still being dependent on drugs. Some of these characteristics included being sweated and more agitated than normal. However, the over feelings of the respondents can be because of the interviewer's presence or the past drug use, this factor could not be exactly examined.

5.1 Emotional life of drug addicts

5.1.1 Guilt; the first respondent Pyae, PA stated that,

"I was scared of being someone to know about me at that time. I was a disgrace to my family. Moreover, when they became noticed, they underestimated me such as whenever I did something they just said I am a drug dependent and they didn't believe on me. So I started doing ironically such as using drug in more doses and it can make me more addiction."

The respondent Win, N mentioned that,

"At the time of drug addiction, I didn't work well and the economy of my family became weak. I gave for about 30,000MMK per day to my wife before but after the drug use cannot give even 10,000MMK, then I became started thinking of my family. I have one daughter and one son, they became depressed and got social stigma because of the image of mine. Moreover, my wife became scared and stressed on the future of our family."

According to those respondents, they had a feeling of guilt. Guilt mentioned in response to their emotional life of drug use meaning that drug addicts may be aware

of their behaviours has caused on their loved and the stress and heartache on them. That's one of the emotional feelings concerning how drugs can affect drug addicts. According to the above two respondents, the respondent Pyae, PA had feelings of stress when he thought of his affect on his family. Moreover, this guilt can also lead to more addiction because the feelings of guilty can cause a lack of self-esteem. Self-esteem may give the drug addicts the difficulty to find their courage to quit drug use. As he was only 20 years of age at that time he started using, those impacts occurred early in his life.

The respondent Win, N already had a family at the time of his drug addiction. In his drug journey, he also had feelings of guilt. He felt heartache for his beloved son and daughter. However, after he has noticed that he had the strength to decide to withdraw from drug use he sought help. The positive decision to seek rehabilitation started because of his family. In the above mentioned cases, both respondents faced the over emotional effects of their drug life.

5.1.2 Fear; the drug addicts are fearful of the stigma of being exposed and the possible loss of relationships, employment, and sense of personal dignity.

The respondent Pyae, PA stated that,

"When I started addicted on drugs I didn't want to work because I felt already satisfied after drug use. Then I cannot go for work. Then I started to join methadone program to withdraw."

The respondent Win, N said that,

"When I was addicted, I was worried and fear of going out because I had one thought that if they noticed about my drug symptoms, they may become underestimated on me. At that I was thinking I was with unusual manners."

The respondent Sai, LA mentioned that,

"I became out of my society. I never think of their opinions and judgements on me."

According to the above mentioned respondents, they have already experienced the feelings of fear of losing relationships, employment and personal dignity. Although the first drug dependent used to work as a steel worker for his money, but he could not keep working after the drug use began. His life became dependent on drugs for his daily life routine without notice the affect on his legal job. Although the drug use destroyed his judicial life, he kept using. According to the respondent Win, N, he had the feeling of a loss of personal dignity. As he mentioned, when he noticed that he became a person with unusual personality he tried to withdraw but the point that the researcher may need to ask is did he really try to withdraw by himself to become a normal person was driven by society. According to him, he tried but it was difficult to find the way to quit. Beside legal the drug use also had an effect on the personal dignity in their daily life. The loss of relationship was mentioned by the respondent Sai, LA. He became independent because of the society ignorance.. He may become scared or ashamed to live as a normal person within the society because they had already identified him as a drug addict. Although he has noticed he became out of the society and he tried to quit the drug use, he cannot effort to withdrawal. . Based on the observations while interviewing the drug dependents, the experiences along the journey of drug use can invoke the emotion of fear.

5.1.3 Helplessness; some of the addicts wanted to quit drug using at sometime in their journey with wdrugs, so they tried to quit on their own in their own way. But the drug addicts also accept that they lacked the control to do it by themselves because of their addiction.

The respondent San, TA stated that,

"I decided to withdraw by myself just at home but it was not successful then I decided to join methadone program because my friends shared the information that I can withdrawal with a limited symptoms."

Ye, THSM said that,

"I moved to Yangon at the time of addiction because of my job. When I moved to Yangon it was a little bit difficult to find the substance that I have used. The

local situation gave me a chance to withdrawal then I decided not to use anymore from that time. However, it was impossible I became sick, sweaty and unsatisfied on any cases."

According to the above two respondents, they had tried to quit drugs in their own way but they failed. That can be because of the lack of power, self-esteem and self-control. The addition to different kinds of illegal substances can cause this kind of emotional insecurity. Although they have tried to quit the drug use, they could not control themselves and they felt they had to reuse again, and use without any hesitance even though they decided to quit. Their emotional feeling gave them a sense of helplessness during a time of addiction. Those substances can damage their self-controlling system and they began to notice it. Although they felt a lack of self-control as well as having noticed the negative emotional and physical effects of drug use, they just kept using.

5.1.4 Bully; the respondent San, TA stated that,

"I have only one hope that I want to become a gangster when I started using it."

All of the respondents have mentioned that they became sensitive to emotional issues and could not stand without using the drugs they used. That kind of feeling may also have an effect within their society that upon finding out one is a recovering drug addict others may become afraid of being friends with those drug addicts. Drug addicts may damage their personal relationships such as when they need to find the substances for their daily satisfaction at a time when they are out of money. In such cases the addict may find another way to get the money or drug, possible illegally which could lead to criminal activities. Their family and loved ones will be disgraced due to the actions by drug addicts in such cases. Criminal activities provides an environment where people become afraid of living in a society of drug use.

Basically, the meaning of gangster is a group of people whom participate in violent crimes such as beatings, assassinations, black-market trade, smugglings and drug selling. One of the respondents who used drug to become a gangster may have

such kind of a feeling. The use may cause a feeling of being able to control their fate. They may have beliefs that they can change their personal inhibitions after drug use.

5.1.5 Resignation; this stage is the perilous stage of drug addiction. At this stage the drug addicts need to get help before that way of life leads to despair as they may have already given up on themselves and their own lives.

The respondent Pyae, PA,

"I have noticed that is not good for me and my health but I cannot withdraw because whenever I didn't have enough money, I tried not to use for a moment, my body cannot stand without using. So tried to find and just kept using."

The respondent Win, N stated that,

"I decided not to when I was addicted but the drugs can give the feelings of inability to stop use. So I just kept using."

The above mentioned respondents had the feelings of designation that although they decided to quit from drug use, they could not stand without using it. The effects of the drug substances cause the symptoms of addiction and a user becomes dependent on drugs and their life on drugs. and The effects even alter the way they live their life. If they cannot overcome and quit using drugs, then they risk giving up their own lives for the dependency. However, they have a chance to withdraw by getting help from others or their society to help them join a methadone program. There are other people who are still living with a drug dependency who need to get help from their society if not they may risk death of an overdose when they reach a lethal stage.

5.2 Meaning of the life for drug addicts

Generally, the meaning of life for drug addicts is simple. Like as a tragedy their life becomes very fragile, perilous and full of pain both physically and mentally. Whenever people have personal difficulties or are in trouble, they find the other ways to recover from that situation. Tragedy in life can affect not only normal people but

also drug addicts. The meaning of life is very difficult to identify. It is too easy to think such as we just pass day by day experiencing many difficulties, joyful moments or solace. But sometimes, we all seek for the way to escape the suffering from a painful mind. The life of drug addicts become free from such kinds of thoughts, when they use they can be free from the stressful thoughts and they may even feel they are happier in the end. When they notice that they withdrew from society, they are drug addicts. The ostracism may make the drug dependents to get depression and lack of confidence. At the first time of the drug use, the feelings of the drug addicts may have deep feelings about the nature of the human difficulties. However, even the feeling of normal difficulties may destroy the thoughts of the normal people to use drug that is one of the way to courage for living in the human society. Then they start using drugs to avoid the feeling of unhappiness and other difficulties. The drug addicts don't think on the first time of use that it would not trigger a bigger problem in life. Everybody may have the feeling of pain and there is no one in life that is free from pain and the problems of life but using drugs is hardly a way to solve those problems that they have to face after time. We all have such kind of feelings at times but normally people are find other ways to solve the problems. Some of the people are finding other ways to solve their difficulties by taking a different pathway which is easier and faster to solve the problems than those that live as normal people. When users start they are sure that they will be free from the stressful thoughts, but later the feelings of life and tragedy became more serious than those of normal people. The life of drug addicts eventually become full of worry, which are the rooted feelings of drug addicts. The feelings of worry that can be found with drug addicts are especially when they are worried they will not be able to find the substances they need and they also are worried of being arrested by the police. Normally, human life is like a movie of tragedy. The people in this world have to notice that there is no one who's life is always full of happiness and free from pain. The meaning of life is normally viewed that humans are peculiar animals and that we all have sources of anxiety, grounds for hope, full of dread and moments of absurdity. We all have to confront these factors with questions, quandary or burden. The life of the drug addicts may feel more stress than those who live a normal life such as users may have more anxiety.

In our life we all have the chance to choose whatever we want for our future or for our satisfaction. Sometimes, people are living in their life without goals, a direction or any hope. Particularly, most of the drug dependents used drugs not for anything but they need to be free from society. From the interviews with the drug dependents, they did not have any hope or goal as to why they would like to use drug substances. In their life, drug use was only one of the choices in their life. If they have the chance to use, they won't hesitate. Moreover, even they didn't want to know or they haven't noticed who they are and what they do. Sometimes life would be too easy to see from our simple view that the precious moments cannot be bought with money. From the perspectives of the drug addicts the moment of drug use was unforgettable memory and they don't have any chance to avoid from drug use. It is too simple that when we look at the life of the drug addicts, they may have euphoric moments from the drug substances which can influence the life of the drug addicts.

As we all are human beings it cannot be denied that we are always seeking a sense of happiness. If happiness is what we desire in our life, then desiring is a part of the nature of human beings. When our life becomes stressful from any inconvenience, we find ways to escape from those situations. We all have spent our time to look for the happiness, to anticipate the next days. From the perspectives of the drug addicts, the meaning of happiness was to be free from a lack of stress. Humans' are always struggling with the good and bad things, this is the normal life of human beings. Drug addicts seek to feel the happiness without any stress and free from the unpleasant things.. From the perspectives of the drug addicts, the drug use can influence the desires of the human beings and happiness would be one of the ways to get satisfaction in their daily lives moreover; especially when they have already had the experience of drug use.

The meaning of drug use can also be defined as a lack of self-reflection. Drug addicts don't ask themselves whether their life is going well or not or in what way they are using in order to achieve a life goal. Everything that we have done reflects on what we get in return in life. The respondents have mentioned that their lifestyle when they were dependent on drugs was that they were living on drug use in their daily life. They did not notice how their life was going and sometimes they even ignored to the

their families. The drug addicts became outside of society and they became depressed and leading to more drug use. The actions that they took in their daily life reflect in the life of the drug addicts. That would be a reflection of what they have done and what they get in return. Moreover, self-reflection always trying to prevent to the reaction of the environment, they became more drug use when they have noticed of social ostracism. The reaction of the drug addicts became stronger than to prevent themselves from society then they just do more rather than transform to the good.

One of the hidden answers of the respondents was the life of a drug addict became meaningless. Most of the respondents when they were addicted to drugs, they only hope to use drugs, they don't think of what it will do to their body make up, of what they are doing at the moment or how their life is going to end up. The life of a drug addict become meaningless based on the observations during this research. Their life's existence as drug addicts become empty during that time. When the life existence is empty, it means that the drug addicts do not comprehend on the drug use life. In vice versa, the more meaningless life feels to the person the more likely they are to reach to drugs.

Chapter VI- Perception changes of the local people after Narcotic Drug Control Policy 2018

6.1 Overview of the National Drug Control Policy 2018

In Myanmar, most of the people who inject drugs (PWID) are living Human Immunodeficiency Syndrome (HIV) positive and they are coming to the clinic for their treatment. According to the National Strategic Plan (NSP) on HIV/ AIDS 2016-2020, the government's strategy is to reduce HIV and drug related health problems. The goal of NSP is basically on the delivery of health services for HIV/ AIDS patients and to prioritize those services to the burden areas. Since 2013, under Millennium Development Goals (MDGs) of getting fund from international organizations, the government made the health service approach more on the drug related health issues. It can be said that Ministry of Health and Sports is trying to follow the successful experiences from other nations in providing the health treatment for drug dependents. This approach is called the harm reduction approach where as the drug policy or plan at that time in Myanmar was more focused on the supply and demand reduction. The National Narcotics Drug Control Policy 2018 in Myanmar was implementing and achieving more towards the harm reduction and human rights based approach of the problem. For the past 18 years, the Myanmar government had been implementing their drug-free plan in Myanmar which focused more on the supply reduction the main plan to reduce the opium cultivation in Myanmar. In late 2015, the Myanmar government started making plans to change the policy on drugs thus began the collaboration of 150 national experts under the leadership of the Central Committee for Drug Abuse Control (CCDAC) with support from the United Nations Office on Drugs and Crime (UNODC) to decided how to change the drug policy in Myanmar. This new policy is based on international best practices and recommendations from the United Nations General Assembly Special Session on the Drug Control Problem (UNGASS) and achieves compliance with three international drug conventions. This policy emerged because it became important to achieving the Sustainable Development Goals (SDGs). The major change of this policy is to promote the harm reduction factors for drug dependents. The government is trying to minimize the environment, social and economic harm to the Myanmar people and to promote peace

and stability. The collaboration of the government and other stakeholders such as the international organizations, the local, regional and community level experts and other key actors to achieve the goal of this new drug policy. The main priority areas of this policy are;

- Supply reduction and alternative development
- Demand reduction and harm reduction
- International cooperation
- Research and analysis
- Compliance with human rights.

Myanmar is situated between the largest chemical producers of drug substances which are China and India. Moreover, Myanmar is one of the largest drug producers in the world and the drug challenges in Myanmar are obvious. Opium is still a major cultivation in some of the areas in Myanmar. According to the UNODC surveys, Myanmar still provides easy access to border management for drug producers and traffickers. While the drug trade still cannot be controlled, the health issues became one of the trigger issues that can be more effectively addressed in Myanmar. The effective treatment and services are the key factors being provided by the government. In prisons, there are still many prisoners who were arrested because of the drug related crimes luckily they are also one of the priority groups to be provided services. So the government initiated the process of creating a new framework for Myanmar people by collaborating with the local, regional and international level stakeholders.

6.2 Analysing the new policy

In this section, the most relevant for this research are the first and second priority purposes are supply reduction and alternative development and demand reduction and harm reduction which initiated to the needs or the perception changes of the local people. To find out the perception changes in the community level is more related to those areas of priors.

6.2.1 Supply reduction and alternative development

In implementing the drug control policy regarding supply reduction, local or community participation is vital. To reduce the supply, the role of the community needs to promote the combating of the drug supply and production networks. The process of implementing includes coordination, cooperation, awareness raising and community policing measures. The collaboration of the government with the ethnic armed groups is also important to strengthening the rule of law. Up-to-date standardized police training will also provide the police with academic training. For the alternative development, the government will implement rural development programs in drug affected areas especially to the opium cultivation areas. Those areas are still the areas of opium cultivation because the people live in poverty, and have a lack of food, security and political certainty are the factors leading towards more to those types of situations, according to the UNODC report. The government is trying to promote the role of the participation of the CSOs in the implementation of the alternative development. Especially, to promote the opportunity to make more money or to cover the expenses of the basic living. The government will create or allow the investment in sustainable income for the local community, instead of by growing opium. The government will also empower the communities to engage in a sustainable livelihood.

6.2.2 Harm reduction

Harm reduction policies are mainly to reduce the health, social and economic consequences of illicit drug use by more focusing on the reducing harm to the people who use drugs, their families and the community.

In order to reduce the drug related risks among individuals, families and the community, the new policy should be the health-based approach to prevent the drug related risks. Firstly, the government will promote drug education in school and at a community level. Regarding the social approach, the goal is to change the perceptions of drug use, the knowledge sharing in school could be shared in the community and workplaces to reach more vulnerable groups. To promote a favourable environment,

the government will implement the awareness activities and provide funds to promote prevention activities. The process of delivering the prevention programs includes, training for the educators, health providers and community members. For the youth addicted to drugs, the government is trying to develop non-punitive mechanism, for incidents of drug use by youths they would be transformed to an educational and health promoting opportunity. In the harm reduction process of Myanmar, one of the major changes is the decriminalizing of drug use. For the coordination mechanism, the ministries are in charge of the cooperation to achieve effective harm reduction treatment by investing in prisons, promoting the comprehensive treatment and sharing with the community and establishing the coordination of meaningful involvement of other stakeholders such as CSOs.

6.3 Previous perception of the local people on government

On the observations from interviews with the drug dependents and looking around the study area, the drug offenders have been arrested in prison. In the past drug users do not want to let society know about their drug use and drug history therefore, most of them did not seek the relevant treatment because they were scared of the experience. Before going to the treatment site to get treatment, drug dependents are worried about the social issues that they already have experienced from the social trauma. Moreover, they do not trust to tell the treatment site about their drug history and other personal details. Interestingly, in the Shan state they have had past experiences that because they are ethnic people; they feel they may be discriminated against by the people from central areas.

According to the past policy, it was criminalizing drug related crimes or if they have noticed there was drug use. The criminalizing is one of the factors that lead seekers to stay away from the treatment and rehab process. From the perspectives of the farmers who grow opium, 72% of the opium cultivation grower has mentioned that they have to grow it even for their daily life or the basic needs⁴. They may not be interested in other crops or in alternative development because they have been used to

⁴ According to the UNODC report which has mentioned in Narcotic Drug Control Policy Myanmar

growing it for so long. Concerning the economic relations with China, the drug trade is one of the ways to get more money into the ethnic region's community. The drug economy is very popular within such societies and it is also the way of living in the Northern Shan state, especially in the border areas with China. The local people also want to depend on an economy which can gain more money without much effort.

6.4 Understanding changes

The most effective way of changing the perception of the new policy is on the harm reduction program section. The drug dependents believe more in harm reduction programs so much they began joining treatment sites over the past years. The number of the patients who have joined the program became increased over the past years. The methadone program is more effective for the users who can safely take it for a longer time. The drug dependents want to join this program because they believe that they can withdraw and take the safe treatment with limited withdrawal symptoms from heroin. With regards to the methadone sites' locations, the number of sites are still limited so the drug dependents have many difficulties in traveling time. Some of the users may work in other places than their treatment center. If there is a methadone clinic in that area then they cannot leave because it is difficult to propose for the availability to takeaway a dose of methadone. So if the government wants to promote the harm reduction policy it needs to establish a more attractive way of delivering the treatment to those that need it most.

According to the government's new policy, the government is trying to transform the treatment programs from compulsory to voluntary. The participation of the CSOs will take part in this section. In the local areas, most of the drug dependents know the Asian Harm Reduction Network AHRN, that organization is helping and encouraging drug dependents to quit drugs. They have created a network of the rest areas for drug dependents. The drug dependents are able to take a rest after they have used drugs. That organization is also taking part in promoting the harm reduction program sponsored by the government. They have done the counseling process for drug dependents and attract to take methadone program. Most of the drug dependents

come to these methadone treatment centers because that organization has shared the most information. Unfortunately, the community leader said that,

"I know about that programs but still don't have much knowledge on it and the drug dependents do not want to join it because they don't want the other people to let them know that they are drug dependents."

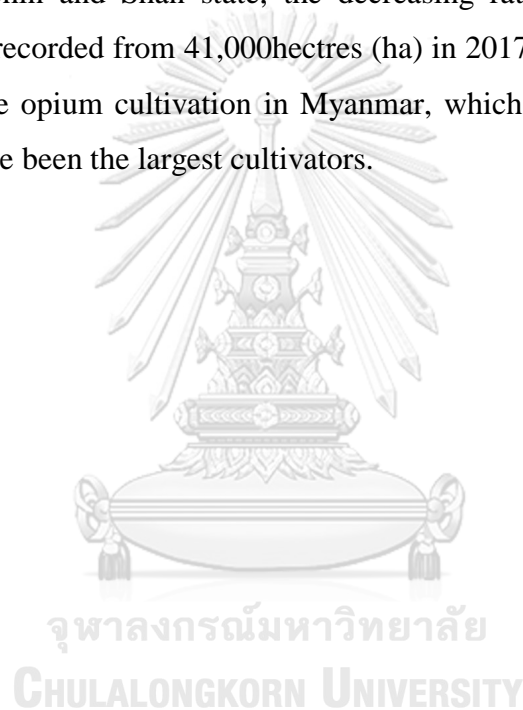
The community awareness is still working in a slow process because the perceptions of the community of the drug users is still discriminatory toward drug dependents. It can thought of that drug dependents are depressing their society. That kind of situation should promote to get the real form of harm reduction.

Considering the workforce in service providing, there is still necessary to provide the service provider for methadone sites,

"The human resource is still need to promote for providing services for drug users as you can see here in methadone clinic sites most of the service providers are females. I would say male service providers need to provide because most of the drug dependents are male and sometimes it is very difficult to control them by female's force. Yes, the service providers have been provided the training for more than twice a year either by the government or by the other organizations."

For the demand reduction and alternative development part, the demand still cannot be controlled under government rule. The price of the drug substances are still the same as before and the sellers keep selling it as usual. The community leader has mentioned that in the border area with China there is still an increase in the demand rate. The demand reduction and alternative development is not working in the community and it can be said that nothing has changed in the community. Moreover, the international cooperation cannot work at the moment, it may be because of the deep culture in the current practical way of life economy that the community has been living for so long.

Opium cultivation and the situation of the drug economy in Myanmar can be found in the figures mentioned below. In the Kachin and Shan states there is the most opium production areas in Myanmar, which also showed a strong correlation of the conflict between the ethnic and the central government. The 2018 opium cultivation in Myanmar also affected the GDP of the country, Myanmar' opiate economy share of the overall national economy of the country ranged between 1.5%- 3.3%. The income for farmers of opium fields are annually between USD 61 and USD 103 million. In 2018, The opium cultivation in Myanmar decreased 26% less than the figures in 2017. Especially in Kachin and Shan state, the decreasing rate of opium cultivation in Myanmar is 12% recorded from 41,000hectres (ha) in 2017 to 36,000 ha in 2018. The figure 3 shows the opium cultivation in Myanmar, which groups have owned those areas and who have been the largest cultivators.



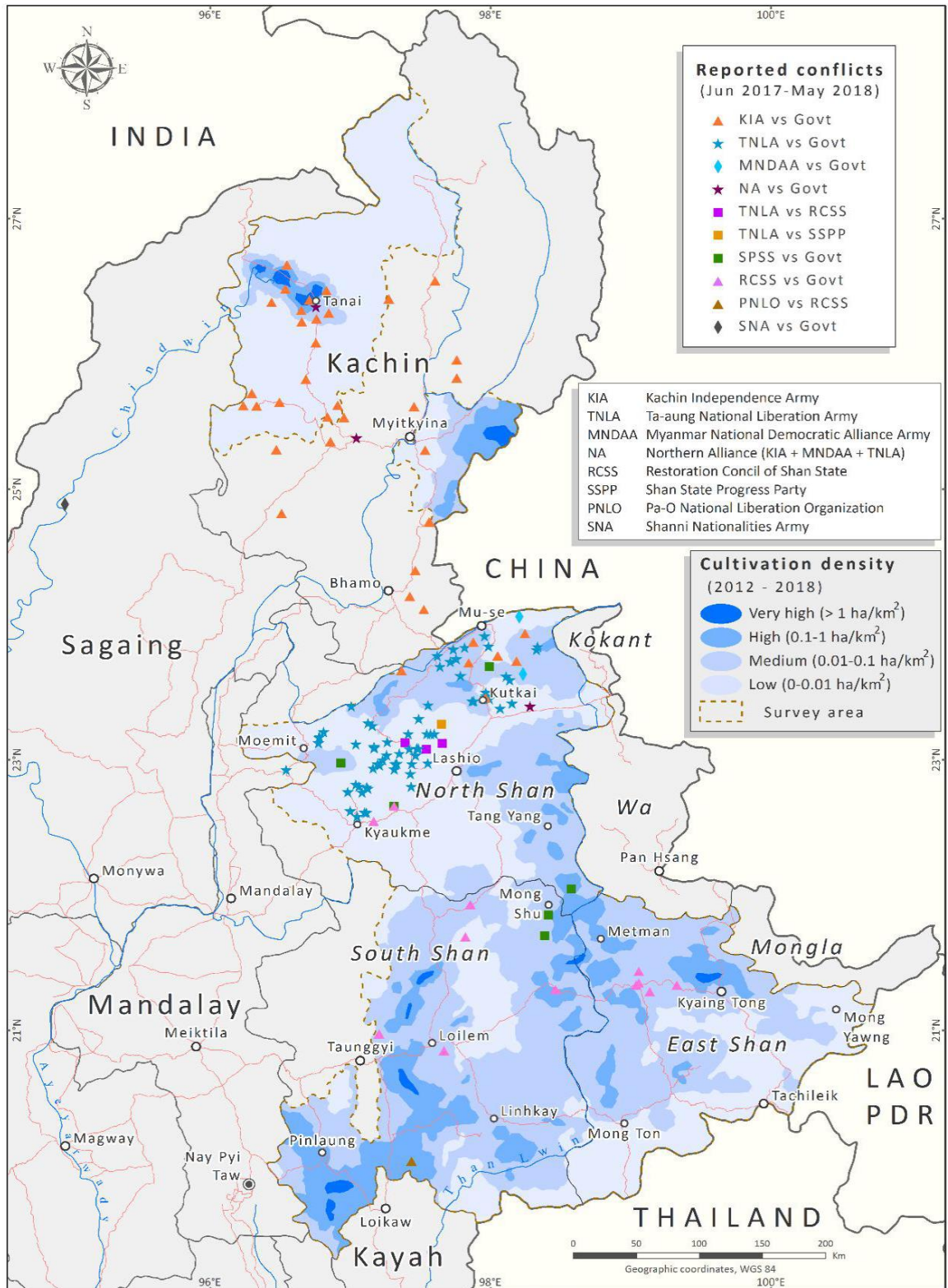


Figure 3 Showing opium cultivation in Shan State Myanmar

Table 2 Areas under opium poppy cultivation in Myanmar (ha) 2018* (UNODC report)

	2017	2018	Change 2017- 2018
East Shan	11,000 (6,900 to 15,100)	10,100 (6,900 to 14,000)	-8%
North Shan	9,400 (5,200 to 13,600)	8,700 (4,400 to 14,200)	-7%
South Shan	16,700 (7,900 to 25,400)	13,900 (8,800 to 20,900)	-17%
Shan State Total	37,100 (26,500 to 47,600)	32,700 (25,300 to 42,400)	-12%
Kachin	3,900 (1,500 to 6,400)	3,400 (1,800 to 5,800)	-13%
Kayah	NA	570 (434 to 706)	NA**
Chin	NA	630 (573 to 671)	NA***
National Total	41,000 (30,200 to 51,900)	37,300 (29,700 to 47,200)	NA****

* Values in brackets indicate the 95% confidence interval , ** +24% compared to the area in 2015 (460 ha)

*** +29% compared to the area in 2015 (490 ha), **** -12% for the comparable areas, considering the sum of Shan and Kachin States only

6.5 Chapter conclusion

The social, political, environment, economics and cultural factors have caused drug addiction problems in the community. Among them, the social factor, of which peer pressure is the most significant one in influencing the causes of drug addiction. The conflicts between the central government and the ethnic armed groups play in the political factors which influence the causes of drug addiction. Moreover, it also includes the weakness of the role government plays in these regions. The discrimination against drug dependents within the society is the main factors of influencing the causes of drug addiction regarding environmental factors. In the environmental factors, there is also geographical part, that the Northern Shan state is rich in chemical substances due to its situation on the China-Myanmar Border Highway Road. The causes of drug addiction is because of culture or myth also influenced the local people living in the society. Additionally, Chinese influence and some of the Chinese beliefs are still influencing the local people.

The meaning of drug use for drug dependents is that they expected to experience satisfaction. The drug use is a daily routine for drug dependents and they are satisfied with using. Moreover, the effects of the drugs also influence the psychology of the users such as they became more active, stronger, awake and free. The important point that they all mentioned is that they like using it and even thought they are in withdrawal they still know how good drug use is to them and the feelings of it.

The goal of the new policy is more of an approach towards harm reduction and health focused. The MOHS⁵ have already initiated the health program for the drug dependents under MDGs since 2016. However, the harm reduction approach policy of National Narcotics Drug Control Policy is for the first time approaching the topic of harm reduction within the Myanmar government. There are many new changes to the new policy and some are concerning the locally vulnerable people. The mechanisms need to be used to change the perception of the local people and the perception of the government towards the community level stakeholders. The process of implementing

⁵ Ministry of Health and Sports

the new policy is still in progress as this policy is very recent and the mechanism was used over the last year cannot be used to evaluate the effectiveness of the new policy.



Chapter VII- Conclusion

7.1 Recommendations

7.1.1 Causes of drug addiction

Based on the observations, the causes which could lead to the drug addictions are social, political, and cultural or myths based however, geographical and environment are the main causes of drug addictions.

Social and environmental dimension:

From interview with the drug dependents, peer pressure is the key factor of causing drug addiction. It would be better to create a favourable environment, especially for the younger age groups. According to the government's new policy, they are trying to establish a more favourable environment within the local communities. As the government policy is very recent, it is difficult to evaluate how the mechanism is working based on results. The effectiveness of creating a favourable environment can change the peers' influence on a community level. To create a favourable environment, the local, regional and international participation needs to cooperate.

Knowledge sharing is weak amongst the communities either in or outside of school. To promote drug awareness at a community level, not only does the government but also other stakeholders have to create and campaign for activities that support them. In the policy the effective ways of knowledge sharing through a school strategy is an on-going process at the community level. The knowledge sharing platform should go straight to the drug dependents in an attractive way to promote the of sharing and cooperation with the community and government. Through activities without discrimination, creating a safe and favourable environment for socializing, instead of speaking at them also creating a kind of counseling to support conversations within the community and among the service providers. Knowledge sharing in the community should be through the people who can influence the community such as religious and local leaders.

Political dimension:

Looking toward the dimension of the armed groups, they are historically fighting for their cultural identity or nationalism. Their policy on the drug use is not mentioned and they don't against for the drug use and drug economy. The cooperation of the central government and the ethnic armed rebels which were also mentioned in the new drug policy of the government document's is one of the ways to reduce the risks of drug related crimes. The most drug affected areas are not under the rule of law not only from the central government but also by armed ethnic groups. Ethnic groups should be attracted to participating in reducing drug addiction within these vulnerable groups. Not only the police but the military officers of the central government should be trained in the best practices in fighting drug issues.

Geographical dimension:

It cannot be denied that Myanmar is situated between major chemical suppliers to produce drug substances. International cooperation and getting help from the other neighbouring countries especially from India and China would be vital to hindering the problem from a geographical dimension. Border management by the government needs to find effective ways of controlling the access the border allows to drug production and drug trafficking. Those areas have been the center for opium cultivation for so long the farmers have the right to grow whatever they want but the government or other stakeholders should create alternative development programs for the farmers.

The investments made into these areas should be sustained for achieving real changes on the community level. The investments should be supported according to the needs of the local people. The perceptions of the local people regarding the opium cultivation should be changed by knowledge sharing that the villages and community participate in. The collaboration between the community people and CSOs is also necessary to implement the investment approach. The investments should be making sure that those challenges being met for the changes that seek to address them at a community level.

Culture and myth:

There is no doubt that the old perception on drug use among old people is still influencing the perceptions in communities. To change the social myths in the community, the young age group is the first priority to promoting drug education through state schools to the community level. The drug education includes three pillars based on medical, psychological and sociological theories. The drug education should include the activities of promoting active participation from the community. The delivery of the drug education can fail if it unsuccessfully address the central problems. The first step is to deliver the drug education to the children that need it and to share with the primary school level children who are 5 years old and younger. Although, it can be an overlapping approach, the evaluation can be on way this approach effects the causes of drug addiction on the youth.

The information-based approach in providing drug education is still relevant. The information-based approach is sharing the dangerous, negative and unpleasant information to young people before starting a drug experience. Concerning the drug issues, health-promotion schools needs to highlight the attractiveness of living a drug-free life style. For this purpose, the government has to connect with the local community and other relevant agencies to maintain contact with young people especially outside school hours. Drug education can prevent harmful effects on people. The government has to combine drug education and prevention at the same time to provide effective programs. Drug prevention may include fixed messaging which can lead to consider awareness raising, the education needs to be provided at the primary stage, as it may encourage debate and open conversations about drugs and messages are interpreted as revealing the complexities of life. Harm reduction is also a kind of drug prevention it is not directly minimizing harm . The effectiveness of drug education can be measured according to the evaluation of drug consumption. The effectiveness of drug education should be based on the changing behaviours within local community(Blackman, 2004).

7.2 Benefits of the research

This research was formulated on the three objectives; to find out the causes of drug addiction, the meaning of drug use by drug dependents and the perception of changes from the government plan on drug abuses in localities. By investigating the causes of drug addiction, the causes of drug addiction compared with the past causes can be analyzed of to find out ways of how to reduce the causes of drug addiction. According to the literature, the causes of drug addiction in the Shan State are because of the culture or myths and politics within a community but looking at the field work, the causes of drug addiction nowadays is because of the social or peer pressures. The data that this research provides is information on how to reduce drug consumption in a community, by underlying the sharing of knowledge to societies in the high burden areas about drugs.

By analysing the meaning of drug use by drug dependents, drug use is a part of their normal daily life, this is the key factor. This data may reinforce how to share drug knowledge within community before new drug experiences begin. The daily dose of drug use is based off the experience or the effects of each drug and the knowledge about doses should be shared with the community by the government or other relevant agencies. This method would be useful in analysing how to better provide drug education to community after such analyses.

By examining the government's Narcotics Drug Control Policy and prioritizing the policy areas that's main purpose is to change the perception of the community regarding illicit drugs, it is clear that the policy is very recent. The new policy emerged in 2018 and it has only been in effect for one year. The main objective after changing the policy was the focus on narcotic drug abuse. The data gathered thus far may help in changing the perception of the locality if transmitted effectively. The most important point of this research concerning the new policy is the harm reduction pillar it has to spread to all the communities and the other relevant agencies. In helping the drug users, the new policy needs to promote the dissemination of information to the community especially to the high burden areas. The benefit of the

research in this section is that it shows that the community is still weak in its access to the knowledge on the harm reduction actions.

As this research took place at a methadone clinic, it can also offer how to promote these clinics to drug dependents. The suggestions are as follows;

The respondent Sai, LA mentioned that,

"The government program is good enough in general but the numbers of methadone sites are still limited, so we cannot travel while taking methadone".

The respondent Sai, S stated that,

"the take away dose is the problem for use as we cannot take it easily, we need to get signature from the local leader that have mentioned the purpose of why I want to take and I have to bring my parents to the clinic to prove that I am traveling for some purposes".

7.3 Conclusion

- This research was successful in capturing the causes of drug addiction, the meaning of drug use and analysing the government policy by interviewing the drug dependents, a community leader and a service provider.
- Peer pressure, weakness of drug education, level of education, weakness of health knowledge and the immature age are all social factors which influenced the causes of drug addiction
- The economic situation in in border areas such as the Shan State which has strong economic relationships with China leads to , opium cultivation by the local people and to the drug trade which leads to drug addiction.
- The beliefs of the older people, the culture and tradition among local people are also some of the factors affecting the causes of drug addiction.

- There is a correlation between the causes of drug addiction due to the conflicts between the central government and the ethnic armed groups. .
- The severe emotions and the life of the drug addicts are also the factors regarding the meaning of drug use for drug addicts.
- The government's new policy was enacted in 2018, the demand reduction and the harm reduction which are directly connected to changing the perceptions of the local people in the Shan state are also discussed.
- In the Shan State, the problem of conducting research by interviewing respondent was the language problem.
- In the Shan State, it is not hard to find the drug addicts because most of the local people are already familiar with drug use.
- In Myanmar, the Shan state is the most drug affected area and the largest opium cultivation area.

Appendices

Appendix A

Coping with drug abuse in Shan State

In- depth interviews (key informant interview)

Basic

Name, age, level of education, occupation

Have you noticed about the drug addiction in the community?

What age groups are more affected the drug addiction youth or adult? What is your observation on the use of drug among men and women, who are more addicted? If so, why?

Under which conditions do they most affected? Does it more relating to the education level or economy?

Does the addiction make by their choice or accidentally addicted?

Economic dimension

Do local people or farmers depend on the drug and opium cultivation for economy of their family?

Do the opium cultivation and drug trade become the main economy of the community people?

Which type of economy is the most influencing in the community? (Opium cultivation, production of drug, drug trade)

Does the level of economic status make the drug addiction? Which people are the most affected under what economic status? (Upper class, middle class, lower class)

Do they have awareness on the harmfulness of drug use and drug relating crime?

Do opium cultivation and drug trade become the factors of leading to the drug addiction? Could you please share your experiences?

Is the drug trade the economy of the local community or whose? If so, could you please share me the reasons why?

What about the relationship between the ethnic armed groups and their economy relating with drug trade and opium cultivation? If so, does it effect on the economy of the local people?

Do you think that drug economy and the drug production became the factors of drug abuse? If so, could you please share your opinion?

What do you think of the substitution plants instead of opium cultivation? Do the local people have awareness on government plan of substitution plants instead of opium? What are the opinions of the local people on that plan?

Do the perspectives or the economy of the local people or people whose economy on opium cultivation or drug trade change after the new government or the new policy?

Have you noticed about the substitution plants by the government? If so, please share me your opinion.

Culture and social dimension

Do the local people use drug as to treat the guests with tea or other drinks?

Do you have any experience that the whole family use drug for their leisure or other purposes? If so, do you think is it the behaviours or the normal habits for them?

What you think if the family members or the parents' drug addiction became one of the factors of the addiction upon youth or the children?

Have you noticed that the local community have awareness on the harmfulness of drug addiction? How about the government's effort on that? If so, please share me your opinion.

How you think that the drug addiction was by the choice of them or by the other social factors such as sociability and traditions of drug use within community?

How you think does the historical can form the behaviours and the attitudes of the people? Do you think the drug use also started by the traditions or the culture of the community?

In general, as we are living in society do the local people especially youth want to impress each other by using drugs?

What would be your suggestions to change the behaviours or the attitudes or the beliefs of the local people? What about the government's responsibilities for that?

Meaning of drug use or the reasons of addiction

Do most of the people addicted to drug after they have tried? Why?

Which age groups are addicted most? Why you think those age groups are most addicted?

Why do they addicted to drug such as because of the effects of the drug substances or because of the influences of their society or they don't have choice to do it? If not, why?

Normally, when do they use most and for what? (Fatigue, to stay awake, to reduce food take, to get strong power in working hours, to get the emotion of freedom)

Have you noticed about the government new policy on harm reduction? If so, tell me about your opinion and what is your suggestions that need to take actions or make plan by the government for drug abuse?

In- depth interviews with drug dependents using purposive sampling methods

Basic

Age, level of education, occupation, marital status

Have you addicted to drug? When you have started using it? Can you tell me about your experiences of why you became drug addicted?

Have you noticed that the drug addiction have negative impacts on your body and health?

Have you tried to withdraw drug? If yes/ no, share me your experiences. Did you contact with the government service centres or other organizations to get services to stop using it?

Meaning of drug use

Why you have tried to use it for the first time? (Your choice or pressure by someone or anything)

After you have tried for the first, do think it made the feelings you to want it more?

Do you think you have addicted to drug? What is your opinion why you have addicted to drugs?

Do the drugs give you the feelings of freedom, free from fatigue or others?

What is the reason of using drugs? Or is it the way of life in the community?

When do the drug dependents use drug and what are the reasons of using drug for most of them?

Do the social factors become the reasons of using drugs? If so, what kind of social factors?

Do you satisfy in using it and under what conditions can make you satisfied?

Analysing government policy

Have you noticed the government plan for drug abuse?

What is your opinion to get more effective action for drug abuse? Why?



Appendix B

Participants included in data analysis

Name	Address	Drug history	Age	Sex	Ethnic
Pyae, PA	Central Myanmar	Black poppy, Heroin, Yama	27	M	Burmese
Sai, S	Lashio	Heroin, Yama	35	M	Shan
Win, N	Lashio	Heroin	47	M	Burmese
Sai, LA	Lashio	Heroin, Black poppy	34	M	Shan
San, TA	Lashio	Yama, Heroin	25	M	Kachin
Ye, THSM	Central Myanmar	Heroin, Black poppy	41	M	Burmese

Key informant interview participants included in data analysis

Name	Address	Experience	Age	Gender	Ethnic
Service provider	Northern Shan State	Over 25 years	Late 50s	F	Burmese
Thet, O	Lashio	Local	Late 50s	M	Burmese

Appendix C Informed Consent Form for Research

Name the group of individuals for whom this consent is written.

This informed consent form is inviting drug dependents/ service provider/ community leader to participate in the study, titled "Coping with drug abuse in Shan State".

Name of Principal Investigator :

Name of Organization :

Name of Funding Organization :

Title of the Study :

PART I: Information Sheet

Introduction

I am Thiri, a Master student from Chulalongkorn University. I am doing research on Coping with drug abuse in Shan State. I am going to give you information and invite you to be part of this research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or of another researcher.

Purpose of the research

- To find out the causes of drug addiction
- To examine the meaning of drug use by drug dependents
- To investigate the perception changes after the new Drug policy

Participant Selection

You are being invited to take part in this research because we feel that your experience as a _____ can contribute much to our understanding and knowledge of local health practices.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. There will be no effects on your career whether you participate or not.

Procedures

We are asking you to help us learn more about_____. We are inviting you to take part in this research project. If you accept, you will be asked to participate in an interview with myself.

During the interview, I will sit down with you in a comfortable place. If it is better for you, the interview can take place in your home or a friend's home or any other places you are comfortable with. If you do not wish to answer any of the questions during the interview, you may say so and the interviewer will move on to the next question.

No one else but the interviewer will be present unless you would like someone else to be there. The information recorded is confidential, and no one else except my research team will access to the information documented during your interview.

Duration

The research takes only not more than an hour.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about how it can be handled by the government concerning with drug abuse.

Confidentiality

The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. We will not be sharing information about you to anyone outside of the research team. The information that we collect from this research project will be kept private. Any information about you will have a code on it instead of your name. The recording file will be saved in the computer protected with password. Only the researchers will know what your code is. It will not be shared with or given to anyone except the research team.

Sharing the Results

The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Following the meetings, we will publish the results so that other interested people may learn from the research.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following: [Thiri: thirimoemyint.96@gmail.com]

This proposal has been reviewed and approved by the Ethics Review Committee, Department of Medical Research, which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find out more about the Committee, contact the secretary of the committee at the Department of Medical Research, No 5 Ziwaka Road, Dagon PO, Yangon, phone 375447- ext: 118.



Part II: Certificate of Consent

I have been invited to participate in research about Coping with drug abuse in Shan State. I understand that I will participate in a face to face interview. I have been informed that the risks are minimal and may include only some privacy information. I am aware that there may be no benefit to me personally. I have been given with the name and address of a researcher who can be easily contacted.

(This section is mandatory)

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the interview at any time without in any way affecting me.

Name of participant _____

Signature of participant _____

Date _____

Day/month/year

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