

GDPO Situation Analysis

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Gender and Drugs in Myanmar¹

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Subject

In February 2018, Myanmar launched the National Drug Policy Control (NDPC) with the assistance of the United Nations Office on Drugs and Crime (UNODC). The NDPC aims to promote evidence-based and public health and human-centred approaches to drug issues.³ It includes programmes and interventions for women through integrating gender sensitivity, in line with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).⁴ This policy reorientation comes after decades of punitive approaches to drug users that negatively impacted women.

Female Drug Use in Myanmar

There is little information on female drug users in Myanmar.⁵ Drug use is typically secret due to stigmatization and discrimination.⁶ Locally, drug users are called 'Bein Sar' meaning 'Opium Eater', a Myanmar version of 'Junkie'.⁷ Stigmatization occurs regardless of gender identity. However, women are expected to uphold desirable cultural values and behaviours such as politeness, tenderness and modesty⁸ and this increases the

¹ This Situation Analysis was produced as part of a GDPO collaboration with Central European University's School of Public Policy (see <http://gdpo.swan.ac.uk/?p=494> for more information)

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³ The Republic of the Union of Myanmar, 'Myanmar Drug Control Policy' (Central Committee for Drug Abuse Control, 20 February 2018).

⁴ Ibid

⁵ Tom Kramer et al., 'Bouncing Back - Relapse in the Golden Triangle' (Transnational Institute, June 2014).

⁶ 'Hidden Troubles for Myanmar's Female Drug Users', The Irrawaddy, 21 August 2015, <https://www.irrawaddy.com/specials/women/hidden-troubles-for-myanmars-female-drug-users.html>.

⁷ Liz Gooch, 'Poppylands: Understanding Myanmar's Addiction to Heroin', *Aljazeera*, 20 June 2016, <https://www.aljazeera.com/indepth/features/2016/06/popylands-understanding-myanmar-addiction-heroin-160619114736853.html>.

⁸ Gender Equality Network, 'GEN Raising the Curtain Full: Cultural Norms, Social Practices and Gender Equality in Myanmar', November 2015. P.30

vulnerability of female drug users to discriminatory attitudes. These can be particularly severe if a woman is a sex worker.⁹

A report by Transnational Institute (TNI) found that use of methamphetamine and amphetamine-type stimulants (ATS) such as ‘Yaba or Yama’ is common among sex workers and workers in the entertainment/hospitality industry (who are mostly female) in Southeast Asia, including Myanmar.¹⁰ Stimulant drug use is attributed to a number of factors, including to enable women to work longer hours.¹¹ Health risks associated with drug use among this sector vary according to modes of drug administration, but commonly include vulnerability to communicable diseases such as HIV, hepatitis B and C, sexually transmitted infections (STI), tuberculosis and mental health problems.¹² There has been a deficit of dedicated harm reduction services for sex workers.¹³

The government provides services such as community-based outreach and drop-in-centre (DIC); these services are provided by the Myanmar Anti-Narcotic Action (MANA), a state-run rehabilitation programme.¹⁴ These include needle and syringe programmes (NSP), methadone maintenance therapy (MMT), and awareness raising around the prevention and treatment of sexually transmitted infections (STI) for People Who Inject Drugs (PWID).¹⁵ Unfortunately, these programmes are not targeting females¹⁶ and if accessed by women, tend to be used only for the short term.¹⁷ These programmes have previously not taken gender into account. More specifically:

- The majority of employees are men;¹⁸
- The female population who access these programmes is presumed relatively small, out of 6068 clients over 35 sites who were reported to access MMT in 2014 only 94 were females;¹⁹
- Although there are significant numbers of female injecting drug users, it was reported that there was only one female dedicated DIC;²⁰
- At the same time, these programmes pay limited attention to non-injecting drug users, such as in relation to amphetamine-type substance (especially methamphetamine pills and crystalline methamphetamine) use which is increasing.²¹
- Women typically rely on smaller community-based programmes, which have fewer resources. As a result, recovery rates are poorer than for men, with female users further impacted by a lack of support from families and communities.²²

⁹ Kramer et al., ‘Bouncing Back - Relapse in the Golden Triangle’.

¹⁰ Tom Blickman, ‘Amphetamine Type Stimulants and Harm Reduction: Experiences from Myanmar, Thailand and Southern China’, *Transnational Institute*, 10 October 2011, <https://www.tni.org/es/node/16096>.

¹¹ Kramer et al., ‘Bouncing Back - Relapse in the Golden Triangle’.

¹² Blickman, ‘Amphetamine Type Stimulants and Harm Reduction: Experiences from Myanmar, Thailand and Southern China’.

¹³ Ibid

¹⁴ The Three Millennium Development Goal Fund, ‘Comprehensive HIV Prevention and Care among Drug Users with Effective Harm Reduction Intervention’, The Three Millennium Development Goal Fund, accessed 27 March 2018, article.

¹⁵ UNAIDS, ‘Situational Analysis on Drug Use, HIV and the Response in Myanmar: Looking Forward’, June 2015.

¹⁶ Ernestien Jensema and Nang Pann Ei Kham, ‘“Found in the Dark”: The Impact of Drug Law Enforcement Practices in Myanmar’ (Transnational Institute and National Drug User Network, 2016), <https://www.tni.org/en/publication/found-in-the-dark>.

¹⁷ ‘Govt Should Change Tack on Addicts, Say Experts’, DVB Multimedia Group, 18 August 2016, <http://www.dvb.no/news/govt-should-change-tack-addicts-say-experts/69564>.

¹⁸ ‘In Burma, Female Drug Addicts Searching for Help Have Few Options’, DVB Multimedia Group, 20 September 2017, <http://www.dvb.no/news/features-news/burma-female-drug-addicts-searching-help-options/77478>.

¹⁹ UNAIDS, ‘Situational Analysis on Drug Use, HIV and the Response in Myanmar: Looking Forward’.

²⁰ Ibid

²¹ Ibid

²² ‘In Burma, Female Drug Addicts Searching for Help Have Few Options’.

There are a few female DICs run by civil society organizations, as in Hpakant, Kachin State run by ASEAN Harm Reduction Network (AHRN) Myanmar.²³ Female access to these programmes is significantly high, but unfortunately these centres have funding challenges limiting intake and female access to services.²⁴

Gender Based Violence

According to UNFPA's study conducted in Myanmar's Kayah, Kayin and Mon States, drug use and alcohol dependence are the main contributing factors to violence against women, particularly sexual violence²⁵ and intimate partner violence.²⁶ Field research conducted in Shan State found that, women are beaten if they cannot provide money to husbands when they are asked for it,²⁷ with alcohol and drug dependent men resorting to violence in order to sustain their habit.²⁸ In armed conflict areas such as Kachin and Shan, there are problems of drug dependence among young people both men and women.²⁹ Displacement and unemployment have been linked with increased drug and alcohol use by men, and increasing risks of GBV.³⁰ Domestic violence can also prevent drug dependent women from accessing services and support.³¹ Furthermore, the Women's League of Burma identified sharply negative, gendered impacts of male drug dependency in rural and ethnic areas:

- Women are required to assume the role of family breadwinner, exposing them to 'life-threatening violence, trafficking and economic deprivation';³²
- Cases have been reported of men exchanging their wife and children for money³³ and forcing children into domestic service;³⁴
- In situations of depleted family incomes due to drug use, boys tend to be prioritised in schooling.³⁵

Women in Myanmar have long been active in drug related business as dealers, traffickers and growers.³⁶ TNI found that several female drug users and female small-scale traffickers have been imprisoned.³⁷ This engagement in the drug trade is often driven by poverty and the absence of other livelihood opportunities.³⁸ Problematically, it is reported that drug policy enforcement can lead to sexual 'trading' by women with authorities in order to avoid arrest.³⁹

²³ Dania Putri, 'Women and Drugs in Myanmar: Beyond Harm Reduction', Transnational Institute, 8 March 2018, <https://www.tni.org/en/article/women-and-drugs-in-myanmar-beyond-harm-reduction>.

²⁴ Ibid

²⁵ UNFPA Myanmar, 'Powerful Myths Hidden Secrets', 2017.

²⁶ Ibid

²⁷ UNFPA Asia and the Pacific, 'UNFPA Asiapacific | Poverty, Drugs and Violence against Women: Breaking the Chain in Myanmar', 15 January 2016, <http://asiapacific.unfpa.org/en/news/poverty-drugs-and-violence-against-women-breaking-chain-myanmar>.

²⁸ Women's League of Burma, 'Long Way To Go: Continuing Violation of Human Rights and Discrimination Against Ethnic Women in Burma', CEDAW Shadow Report (Chiang Mai, Thailand: Women's League of Burma, July 2016), wlb@womenofburma.org.

²⁹ Adam Burke et al., 'The Contested Areas of Myanmar: Subnational Conflict, Aid, and Development' (The Asia Foundation, 2017), <https://asiafoundation.org/where-we-work/myanmar>.

³⁰ UNFPA Myanmar, 'UNFPA Myanmar | Safe Spaces Empower Displaced Women and Girls in Kutkai', 27 February 2018, <http://myanmar.unfpa.org/en/news/safe-spaces-empower-displaced-women-and-girls-kutkai>.

³¹ 'Hidden Troubles for Myanmar's Female Drug Users'.

³² Women's League of Burma, 'Long Way To Go: Continuing Violation of Human Rights and Discrimination Against Ethnic Women in Burma'.

³³ Ibid

³⁴ Women's Organization Network, 'The Voices of Myanmar Women', CEDAW Alternative Report (Myanmar, 2016), <http://www.burmalibrary.org/show.php?cat=713>.

³⁵ Women's League of Burma, 'Long Way To Go: Continuing Violation of Human Rights and Discrimination Against Ethnic Women in Burma'.

³⁶ Kramer et al., 'Bouncing Back - Relapse in the Golden Triangle'.

³⁷ Ibid

³⁸ Ibid

³⁹ 'Beyond the Male: The Case for a Gender Analysis of Illicit Drugs in Burma: Mon Human Rights', accessed 10 December 2017, <http://rehmonnya.org/archives/2809>.

Conclusion

As in many other countries, women in Myanmar experience drug issues, including opportunities for treatment, differently from men. Effective and gender sensitive implementation of the NDPC will require major change and improvement, in particular by ensuring women's participation in the design, delivery, monitoring and evaluation of drug policies, and in the collation of gender-disaggregated data on drug use and drug-related health and social services.

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