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# MYANMAR

## Situation Assessment on Amphetamine-Type Stimulants



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The Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme seeks to enhance the capacity of Governments in key regions to generate, manage, analyze and report information on synthetic drugs. East and South-East Asia is the first priority region in which the Global SMART Programme is being implemented.

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A Report from the Global SMART Programme

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## Abbreviations

ATS	Amphetamine-type stimulants
CBO	Community-based organisation
CCDAC	Central Committee for Drug Abuse Control
DAINAP	Drug Abuse Information Network for Asia and the Pacific
DIC	Drop-in Centre
DTC	Drug Treatment Centre
GMS	Greater Mekong Sub-region
HIV	Human Immunodeficiency Virus
IDU	Injecting drug user
Lao PDR	Lao People's Democratic Republic
MDA	3,4-Methylenedioxyamphetamine (tenamfetamine)
MDE	3,4-Methylenedioxyethylamphetamine
MDMA	3,4-Methylenedioxymethamphetamine
NGO	Non-governmental organisation
SMART	Synthetics Monitoring: Analyses, Reporting and Trends
SPDC	State Peace and Development Council
UNODC	United Nations Office on Drugs and Crime

## 1. Executive Summary

- **ATS in East and South-East Asia:** The East and South-East Asia region is home to about 28% of the world's population. It is also home to between 50-80% of the estimated total number of amphetamine-type stimulants (ATS) users in the whole of Asia.<sup>1</sup>
- **Myanmar – major ATS producer:** Countries in East and South-East Asia have seen increasing manufacture, traffic and consumption of ATS. Myanmar, one of the largest countries by geographical area in South-East Asia, has over the past decade, become a major producer of amphetamine-type stimulants – particularly methamphetamine pills – in the region.
- **Opiates versus ATS situation:** Opium and heroin still rank as the most common drugs of use in Myanmar, followed by ATS – specifically methamphetamine pills. However, within this scenario, there are indications that heroin and opium have declined in importance as drugs of use, whereas the use of methamphetamine pills has increased.
- **Nationwide availability:** In 2009, methamphetamine pills were seized in 16 out of 17 administrative regions in Myanmar, highlighting their nationwide availability. However, the vast majority were seized in North Shan and East Shan states which are areas close to the production zones. In terms of the law enforcement statistics, with 1,001 persons arrested, methamphetamine-related arrests accounted for 26% of the overall 3,900 total drug-related arrests in the country in 2009.
- **Impact in the region:** There were renewed hostilities in 2009 between the government and ethnic armed groups which have negotiated ceasefire agreements with the government. This has served as a catalyst for increased illicit drug manufacture and trafficking. This, in turn, has impacted the trafficking patterns not just within Myanmar's borders but also in the Greater Mekong Sub-region (GMS). In 2009, there was a three-fold increase in methamphetamine pill seizures in Myanmar and the countries immediately bordering Shan State, when compared with 2008. In 2009, the total seizures of methamphetamine pills in Myanmar, Thailand and China, amounted to over 93 million – a rapid rise from the approximate 32 million pills seized in 2008. Methamphetamine seizures in the region continued to show an increasing trend in 2010, with more than 44 million pills being seized in Thailand<sup>2</sup>, and more than 22 million pills seized in Lao People's Democratic Republic (PDR), from January to September 2010.

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<sup>1</sup> World Drug Report 2009, UNODC, June 2009, p.145.

<sup>2</sup> '2010, Thailand Drug Situation', Presentation of the Thailand Office of Narcotics Control Board, 34th Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, Bangkok, 30 November-3 December 2010.

- **Comparing seizures of pills with seizures of labs:** The large number of pill seizures is inconsistent with the small size and number of the manufacturing facilities seized. Between 1998 and 2009, the Myanmar government seized only 39 manufacturing facilities, all of which – aside from two large-scale operations – were small tableting facilities. This may be indicative of the existence of large-scale operations not yet detected, or of a larger number of undiscovered small-scale operations.
- **Crystalline methamphetamine production in recent years:** Although no crystalline methamphetamine manufacturing facilities have been seized in Myanmar, authorities in Myanmar and Thailand confirm that manufacture occurs in the Golden Triangle and that the majority of crystalline methamphetamine seized in the northern part of Thailand in the past few years originated from this area.<sup>3</sup> Large shipments of crystalline methamphetamine destined for international markets were seized in Myanmar in 2009 and 2010.<sup>4</sup>
- **Concentration in and near North Shan and East Shan:** Within Myanmar, the majority of the methamphetamine pill seizures are routinely made near the production areas in the border towns of North and East Shan State.<sup>5</sup> The available seizure information, such as geographic spread of tableting operations and pills, as well as the large variety of logos identified suggests that there are a large number of groups involved in methamphetamine production and trafficking.
- **A shift to western Myanmar:** In the recent past, there also appears to be a shift in the pattern of trafficking routes within Myanmar itself. The seizures of pills from Myanmar in neighbouring countries such as Bangladesh appear to signal the existence of internal trafficking routes from the production centres westwards for export to South Asia. There have also been reports of seizures of high-purity methamphetamine pills from Myanmar, in countries which have not been traditional markets for these pills such as Bangladesh and New Zealand.
- **Precursors – a shift from bulk to pharma preparations:** In addition, there has also been a new pattern detected in the form in which precursors are being seized. Precursors such as ephedrine and pseudoephedrine are still mainly trafficked into Myanmar predominantly from India and to a lesser degree from China.<sup>6</sup> However, starting in 2009, there has been an observed increase in the seizure of pharmaceutical preparations containing these precursors. This type of shift from sourcing precursors in bulk in the form of powder to sourcing precursors from already-tableted pharmaceutical preparations has occurred globally. It is a response to the increased effective regulatory control of ephedrine and pseudoephedrine in raw powder form.

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<sup>3</sup> Thailand country presentation at Global SMART Regional Workshop, July 2009.

<sup>4</sup> Discussions at 34th Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, Bangkok, Thailand, 30 November-3 December 2010.

<sup>5</sup> Mostly in areas near to the Special Regions 1, 2 and 4.

<sup>6</sup> Amphetamines and Ecstasy: 2008 Global ATS Assessment, UNODC, September 2008, p.29.

- **Domestic use increasing:** While most of the drugs produced in Myanmar - either opiates or methamphetamine - are mainly destined for the international market, domestic use also occurs. There is a lack of consolidated information on ATS use in Myanmar because no comprehensive household or school-based surveys of drug use have been undertaken. However, even with the limited data available the trend is worrying. Unlike the case for other drugs, only methamphetamine use has been reportedly on the increase in recent years. This, coupled with the increased seizure figures, make it reasonable to infer that the use of methamphetamine is growing in Myanmar while the use of opium and heroin is either decreasing or stable. Similar to other countries in this region, drug treatment facilities in Myanmar are under-resourced, with no treatment facilities specifically focusing on ATS dependency.
- **Areas to be addressed:** The availability of better information and data from Myanmar, point to the increased efforts by government agencies to tackle the drug problem. However, issues such as the need for laws and policies conducive to dealing with synthetic drugs, the lack of sufficient information-sharing between relevant agencies, the lack of consolidated information and focused research on ATS use, impede adequate progress. These are the first critical steps needed for a clear understanding of the ATS situation in the country, in order to design effective and evidence-based responses.



## 2. Background: Drug control history

### **The geographical bridge between South Asia and East Asia**

Myanmar is one of the largest countries, by geographical area, in South-East Asia. It is bordered by China, the Lao People's Democratic Republic (PDR) and Thailand in the east, and Bangladesh and India in the west. The total land and sea perimeter of the country is about 6,159 kilometres.<sup>7</sup> About one-third of this consists of its long coastline stretching from the Bay of Bengal to the Andaman Sea.

The country is rich in natural resources such as oil, gas and minerals. Its major exports are gas, gem stones and agricultural products like rice and beans. The population of Myanmar is approximately 50 million.<sup>8</sup> Official sources classify the country internally into eight major national ethnic groups. Within these eight major groups, the government recognizes a further 135 sub-groups. According to the 2010 Human Development Report, Myanmar ranks 132<sup>9</sup> out of 169 countries and is described as having low human development.

### **Governance and state control**

Since 1988, the country has been ruled by a military government, the State Peace and Development Council (SPDC).<sup>10</sup> In 1989, the military government began to negotiate ceasefire agreements with armed ethnic opposition groups in the more remote parts of the country. By the mid-1990s, ceasefire agreements had been reached with most of these groups. At present, there are a total of 17 major ceasefire groups in Myanmar (see Figure 1). Under the ceasefire agreements, the government has allowed the groups to retain arms and control specific areas as self-administered regions, locally known as Special Regions (See Figure 1). The SPDC held national elections in November 2010 and the party was declared victorious. However, at the time of the finalisation of this report, the new government had not yet been formed.

### **Opium production, the 'Golden Triangle' and region's past drug control scenario**

The eastern part of the Shan State in Myanmar and the northern part of Thailand and Lao PDR form the historic 'Golden Triangle' – one of the two regions of the world notorious for illicit opium poppy cultivation, opium production and trafficking. In the 1970s and 1980s this region was the world's leading opium producer.

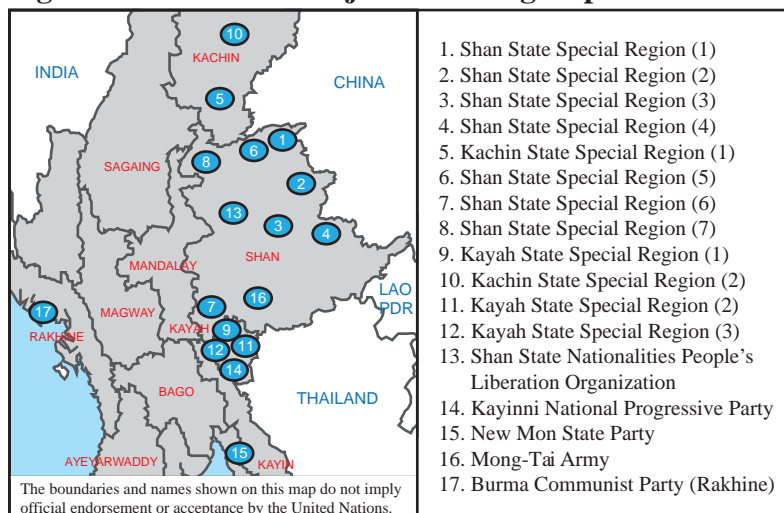
<sup>7</sup> 'About Myanmar', Myanmar Ministry of Foreign Affairs (Accessed at: [www.mofa.gov.mm/aboutmyanmar/geography.html](http://www.mofa.gov.mm/aboutmyanmar/geography.html); date accessed: 10 January 2010).

<sup>8</sup> United Nations Economic and Social Commission for Asia and the Pacific's Population and Development Indicators for Asia and the Pacific (UNESCAP), 2009.

<sup>9</sup> Human Development Report 2010, United Nations Development Programme (UNDP), 2010, p.145.

<sup>10</sup> The military government was named the State Law and Order Restoration Council until 1997.

**Figure 1: Location of major ceasefire groups**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

Historically, within Myanmar, some areas such as the Special Region 2 (Wa), Special Region 4 (National Democratic Alliance Army) and Special Region 16 (factions of Mong-Tai Army)<sup>11</sup>, all located in or near the Golden Triangle region of Shan State, have been the major areas for illicit opium poppy cultivation and for drug trafficking. The insurgent groups based in these areas also promoted opium poppy cultivation, opium and heroin production and trafficking as a means to finance their activities.<sup>12</sup> For most of the 1980s, Myanmar was the world’s largest producer of illicit opium, accounting for approximately 700 metric tons annually between 1981 and 1987.<sup>13</sup>

In an attempt to contain and reverse this problem, a number of initiatives were undertaken by the governments of the countries encompassing the Golden Triangle – often with help from donor countries outside the region. Over the years, these efforts have been generally successful in strict drug control terms, resulting in a dramatic reduction in the opium poppy cultivation in the Golden Triangle region. As a result of these measures, the area under opium poppy cultivation declined from 163,000 hectares in 1996 to 21,600 hectares in 2006, the lowest ever recorded.

<sup>11</sup> The Mong-Tai Army was dismantled in 1996. Some factions moved to areas of southern Shan State and became militias and insurgents. Some of these factions are involved in drug trafficking.

<sup>12</sup> Alfred McCoy, *The Politics of Heroin*, New York, Lawrence Hill Books, originally published in 1972, revised and updated 2003.

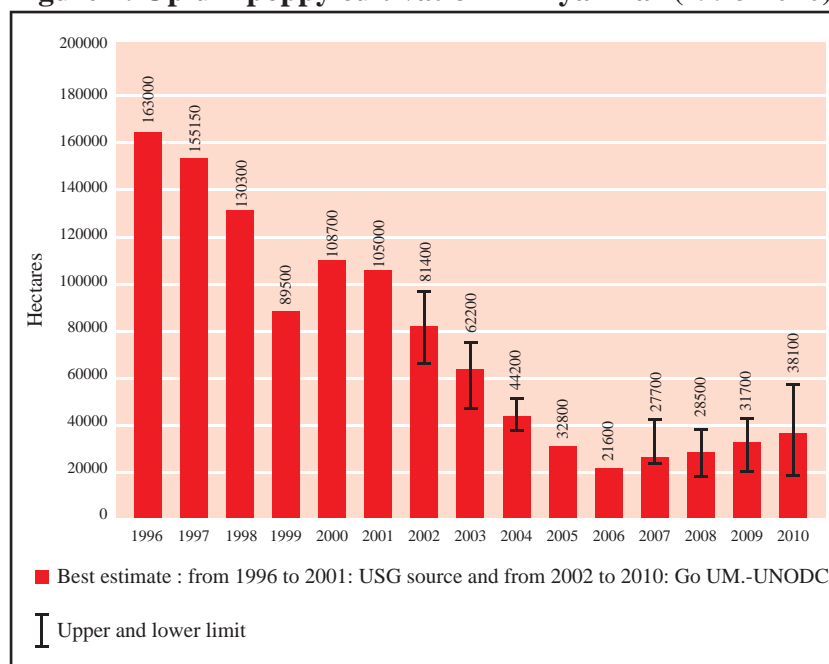
<sup>13</sup> *Opium Poppy Cultivation in South-East Asia: Lao PDR and Myanmar*, UNODC, December 2009, p.63.

The Government's approach included various law enforcement efforts and offering alternate livelihood opportunities to opium poppy farmers. These efforts led to major declines in cultivation over the years. For example, the area under cultivation decreased from 130,300 hectares in 1990 to 21,500 hectares in 2006, reflecting a decline of 83% during this period.

Nonetheless, it has become clear that some of the drug control measures introduced in the region have driven opium-growing communities towards chronic poverty and have adversely affected their food security.<sup>14</sup> Overall, however, the combination of these measures has resulted in the containment of the once-notorious opium problem.

Despite what has been a success in pure drug control terms, in the past few years, there have been worrying signs that the drug control situation in respect of opium poppy is reversing. Overall opium poppy cultivation in the region has in fact increased in the four years since 2006, mostly due to the growth in cultivation in Myanmar. According to the latest estimates, the area under poppy cultivation in 2010 was 38,100 hectares (see Figure 2). This represents an increase of about 20% over the comparable hectorage for 2009. Most of this increase occurred in the Shan State where 92% of Myanmar's poppy is estimated to be grown.<sup>15</sup>

**Figure 2: Opium poppy cultivation in Myanmar (1996-2010)**



Source: South-East Asia Opium Survey, UNODC, Dec 2010.

<sup>14</sup> See, for example, Transnational Policy Institute, From Golden Triangle to Rubber Belt? The Future of Opium Bans in the Kokang and Wa Regions, Drug Policy Briefing Number 29, July 2009.

<sup>15</sup> South-East Asia Opium Survey 2010: Lao PDR, Myanmar, UNODC, 2010, p.5.

**Institutions involved in drug law enforcement**

The Myanmar Central Committee for Drug Abuse Control (CCDAC) is the designated lead agency for drug law enforcement efforts in the country. The CCDAC is chaired by the Minister for Home Affairs. Serving as Vice-Chairs are the Minister for Foreign Affairs and the Minister for Progress of Border Areas and National Races and Development Affairs. The Deputy Ministers of other concerned Ministries are assigned specific duties as Chairs of the various working group sub-committees of CCDAC.

The Myanmar Police is mandated for drug law enforcement activities and a total of 26 Anti-Narcotics Units<sup>16</sup> are established under its Narcotics Department. These units are located at strategic points on the major trafficking routes. In addition to these specialised units, the local police, customs and the military also take part in drug law enforcement activities.

Myanmar's law enforcement efforts have achieved considerable results in recent years with increased seizures and arrests. However, the efforts have been constrained for a number of reasons. According to the government, law enforcement agencies have been restricted in their ability to undertake interventions in the Special Regions because of the inaccessibility of the areas controlled by the ceasefire groups. Other limiting factors cited include the constantly changing modus operandi of the traffickers, the lack of security checkpoints, and the collusion of some local officials. The lack of equipment to detect and identify drugs and precursor chemicals has also been identified as a limiting factor.

**The primary focus of the Drug Elimination Plan has, to date, been on opium**

In the late 1990s the Myanmar government developed a 15-year Drug Elimination Plan aimed at reducing the main perceived drug control threat in the country at that time – namely, that of opium poppy cultivation. The Plan, implemented since 1999, aims to eradicate drug production and trafficking by the year 2014. In 2009 the authorities initiated the final five-year phase of the Drug Elimination Plan.

<sup>16</sup>Information provided by the Myanmar Central Committee for Drug Abuse Control (CCDAC), discussions at SMART Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.

At the time when this plan was formulated, synthetic drugs were not a significant concern in the country. As a result, the Plan only focused on the reduction of opium poppy cultivation and on providing alternative development options for poppy farmers. Since the Plan did not have a focus on synthetic drugs, the policies and programmes under it have been very limited in their effectiveness in dealing with synthetic drugs.

## 3. ATS trafficking trends

**Table 1: Seizures of Amphetamine-Type Stimulants in Myanmar since 1996**

Year	Methamphetamine pills (Number of pills)	Methamphetamine powder (kg)	Crystalline Methamphetamine (kg)	Ecstasy (Number of pills)
1996	5,906,555	-	-	-
1997	5,028,600	-	-	-
1998	16,026,688	-	-	-
1999	28,887,514	-	-	-
2000	26,759,771	6.34	-	-
2001	32,438,981	664.52	518.00	52
2002	9,399,794	16.20	415.20	-
2003	4,002,684	8.06	102.00	-
2004	8,379,311	69.10	0.16	5
2005	3,651,509	19.30	280.32	5,807
2006	19,066,042	59.00	3.22	67
2007	1,666,142	454.76	0.94	2,690
2008	1,102,199	3.90	15.89	108
2009	23,899,156	339.16	124.71	5
2010*	1,659,578	-	162.04	-

\* January to September 2010

Source: DAINAP

### The current synthetic drug situation

In Myanmar, the first-ever reported seizure of methamphetamine pills (locally known as ‘yaba’) was made in 1996, and coincided with the start of the decline of opium poppy cultivation in the country. In subsequent years, the seizures of methamphetamine pills have steadily increased (see Table 1 above). Myanmar is now a major methamphetamine manufacturing country in the region with pills being trafficked out into various countries – mainly in the South-East Asia region.

Table 1 shows the seizures of various ATS in Myanmar since 1996. The data depicted in the table is comprised of seizures from the military, customs and police. It does not reflect seizure activity from within the self-administered regions where significant manufacturing is known to occur. For this reason, it is highly likely that the data significantly under-represents the amount of methamphetamine trafficked out from the country.<sup>17</sup> The actual scale of the production and movement of drugs is thus likely to be many times higher.

As noted, methamphetamine pills from Myanmar are trafficked primarily to neighbouring countries in the region. Thailand is one of the largest markets for these pills. However, methamphetamine pills manufactured in Myanmar are likely to be establishing markets even farther afield. For example, media reports as well as law enforcement officials from New Zealand indicate that high-purity methamphetamine pills from Myanmar were seized in the capital Wellington, at the beginning of 2010.

**Myanmar's  
internal security  
situation and the  
correlation with  
drug trafficking**

The Myanmar government has been negotiating with ceasefire groups to convert their status to so-called 'border guard forces' before the election in 2010. Some groups accepted the proposal. Others remain undecided. Groups such as the Wa (Special Region 2) and Mongla (Special Region 4) have resisted the government's demands.

The tense situation from 2009 onwards has been argued to have influenced the changing drug production and trafficking scenario both within Myanmar and on its borders with its immediate neighbours in the Greater Mekong Sub-region (GMS). In anticipation of increased government pressure, traffickers have reportedly moved drug caches to more secure locations and tried to develop newer markets.<sup>18</sup> There are also indications that groups involved in the drug trade stepped-up efforts to produce more drugs in order to secure arms in the prevailing circumstances.

<sup>17</sup> Even though ceasefire groups governing these areas have in principle agreed to share the information on manufacture, trafficking and seizures of illicit drugs with government agencies, such cooperation has rarely happened. There have, however, been occasional media reports on groups such as the Wa conducting drug burning ceremonies.

<sup>18</sup> Oral communication from CCDAC, 2010.

**Exponential increase in the seizures of methamphetamine pills in 2009, mostly in border towns and near production centres**

According to the statistics provided by CCDAC, until 1996, drugs seized in Myanmar were exclusively opiates in various forms (mainly opium and heroin) and cannabis. The authorities first became aware of methamphetamine and related precursor chemicals in late 1994 when the counterpart agencies from Thailand shared evidence of methamphetamine manufacture near the Thai-Myanmar border.

In March 1995, the first seizure of 3.5 kg of ephedrine<sup>19</sup> was made at the Thai-Myanmar border town of Tachileik<sup>20</sup> in the East Shan State. In 1996, Myanmar recorded its first-ever seizure of 5.9 million methamphetamine pills, also in Tachileik. Seizures increased significantly from 1997 to 2001, when Myanmar recorded its highest – to date – yet annual seizure of 32.4 million pills. Between 2003 and 2008, seizures dropped to a few million pills and the lowest seizure of 1.1 million pills was recorded in 2008. It has been argued that this decline in seizures was in some manner related to disruptive effect on trafficking patterns caused by the ‘war on drugs’<sup>21</sup> campaign launched by the Government of Thailand in 2003.

However, by the end of 2009, seizures had again risen to nearly 24 million pills. The majority of the seizures during 2009 took place near the production areas in Myanmar and in border towns of North and East Shan State – primarily in areas near Special Regions 1, 2 and 4. In 2009, one location accounted for more than 7 million pills and in excess of 750 kg of heroin (see Appendix for pictures and detailed information). Most of the drugs here appear to have originated from Special Region 2. From there they appear to have transited through Special Region 4 before making their way to Kyaingtong or Tachileik. There are also indications of small mobile laboratories in areas across the Shan State which are not wholly under the control of the government.<sup>22</sup> In 2009, a total of 10.5 million pills were seized in the East Shan State and over 13 million pills were seized in the North Shan State, accounting respectively, for 44% and 54% of the total annual seizures in the country. Most of these seizures were made by the Myanmar police. The military, which has a larger geographical coverage, has recently begun to account for a larger number of seizures than

<sup>19</sup> Ephedrine is one of several chemical precursors used in the synthesis of methamphetamine.

<sup>20</sup> Tachileik is a border town with Thailand where a large market for methamphetamine pills exists.

<sup>21</sup> Campaign aimed at the suppression of drug trafficking and the prevention of drug use.

<sup>22</sup> Discussions at the 34th Meeting of the Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, 30 November 2010, Bangkok, Thailand.

the police. In the last five months of 2009, for example, the military seized more than 10 million pills in Special Region 1, after the government gained control over the area.<sup>23</sup>

It can be surmised that due to the heightened risk of law enforcement interdiction in the Special Regions, traffickers minimised the use of traditional trafficking routes and have increasingly used alternative routes to transport drugs to markets in neighbouring countries. This may explain why, despite the exponential increase in 2009, reported seizures of methamphetamine pills in 2010 (January – September) in Myanmar dropped again to only 1.65 million, while seizures in neighbouring countries continue to increase.

Looking at the ATS pill seizure figures for the past decade, it is possible to discern a fluctuating pattern with very high seizures during a particular year, followed by low seizures. The reasons for this would appear to be multiple, but may coincide with government efforts and campaigns of limited duration, focusing on certain identified groups involved in methamphetamine production. This has tended to result in high levels of seizures during the campaign months. Subsequently, seizures decrease as the targeted groups lie low. As mentioned earlier, from 2009 onwards the security situation has been volatile. This has sometimes produced panic-selling and the movement of drugs by certain ceasefire groups.

Table 2 and Figure 3 show the geographic distribution of the seizures of methamphetamine pills in 2009 in Myanmar. As depicted on the map, significant amounts of methamphetamine pills seizures in 2009 occurred in the border areas.

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<sup>23</sup> This development was related to a large military operation in Special Region 1 in August 2009.

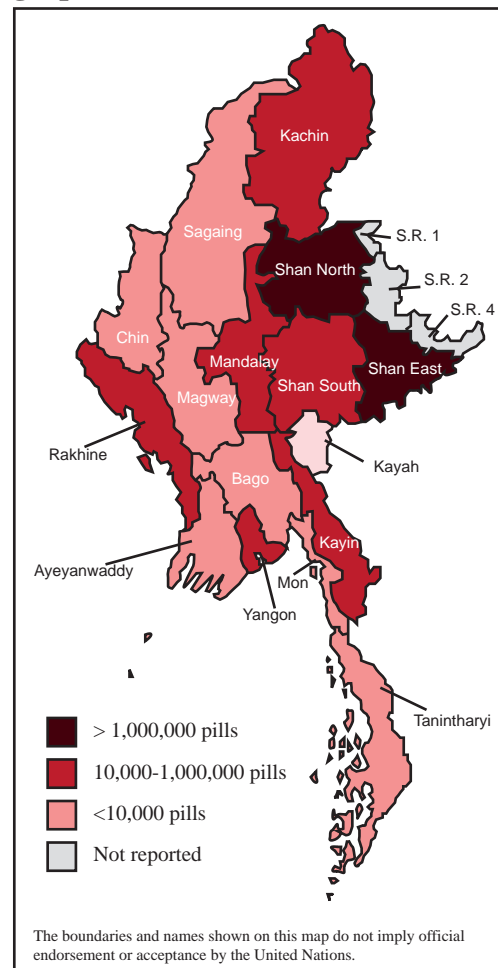


**Table 2: Geographic breakdown of methamphetamine pill seizures in 2009**

States/Divisions	2009 seizures (No. of pills)
Kachin State	23,878
Kayah State	1,930
Kayin State	11,450
Chin State	145
Sagaing Division	1,660
Tanintharyi Division	829
Bago Division	1,321
Magway Division	50
Mandalay Division	65,522
Mon State	104
Rakhine State	22,447
Yangon Division	84,082
Shan State (South)	85,803
Shan State (North)	13,067,020
Shan State (East)	10,532,915
Ayeyarwaddy Division	1
<b>Total</b>	<b>23,899,156</b>

Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

**Figure 3: Seizure of methamphetamine pills in Myanmar by geographic area in 2009**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

### Increase in crystalline methamphetamine seizures

Seizures of crystalline methamphetamine (also known as ‘ice’) were first reported in 2001. Following the initial seizure of 518 kg in that year, subsequent annual seizures have been sporadic, with only 20 kg seized between 2006 and 2008. In 2009, about 125 kg of crystalline methamphetamine was seized, of which 114 kg was accounted for at the Naung Cho checkpoint in Kyaingtong Township in the East Shan State. This consignment was destined for Thailand via the border town of Tachileik. The other large seizure of 10 kg of crystalline methamphetamine also occurred in Tachileik in August 2009, along with about 3 million ATS pills, 57 kg of heroin and arms and ammunition.

In April 2010, 108 kg of crystalline methamphetamine were seized at the Naungcho Township in North Shan State, which was destined for Yangon through Mandalay. The drugs were believed to be intended for onward transportation to international markets by air. More recently, in October 2010, 62 kg of crystalline methamphetamine destined for Thailand were seized at Tachileik. Law enforcement officials indicate that seizures of crystalline methamphetamine have been primarily intended for the international market, rather than for local consumption.<sup>24</sup>

Although there have been no clandestine laboratories reportedly seized for crystalline methamphetamine, the authorities in Myanmar as well as Thailand indicate<sup>25</sup> that manufacturing is occurring in the Golden Triangle. The majority of crystalline methamphetamine seized in the northern part of Thailand in the past 2-3 years is reportedly originating from the Golden Triangle. Thai authorities also confirm that the crystalline methamphetamine manufactured in the Golden Triangle is of increasingly high purity.<sup>26</sup>

#### **Ecstasy - not yet a major problem**

Ecstasy is not manufactured in Myanmar and the small numbers which are seized, are brought in from other countries, reportedly for use by members of the country's affluent urban elite which can afford this relatively expensive drug. The first seizure of ecstasy (MDMA)<sup>27</sup> in Myanmar was recorded in 2001 with only 52 pills seized. Most seizures occur in large cities like Yangon and Mandalay. In 2009, law enforcement officials reported seizures of a mere 5 ecstasy pills. No ecstasy seizures were reported from January to September 2010. Unlike methamphetamine, ecstasy seizures do not occur every year. The largest recorded seizure was 5,807 pills in 2005.

#### **Three-fold increase in methamphetamine pill seizures in Myanmar and its immediate neighbourhood**

Increasing seizures of methamphetamine pills, heroin and opium have been reported in countries neighbouring Myanmar, especially in the border regions of China and Thailand. The total seizures of methamphetamine pills in China, Myanmar and Thailand in 2009 amounted to just over 93 million pills. This represents a three-fold increase over the total seizure<sup>28</sup> in those same countries of 31.9 million pills in the preceding year (see Figure 4).

<sup>24</sup> Discussions at SMART Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.

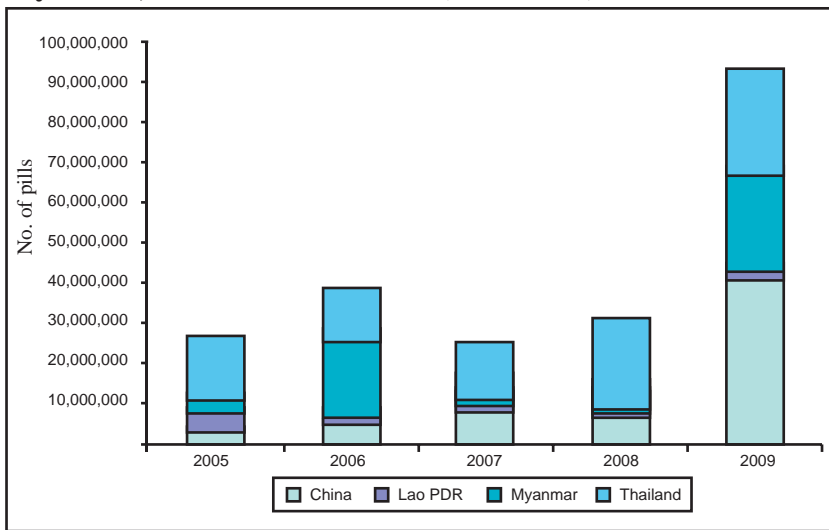
<sup>25</sup> Thailand presentation, Global SMART Programme Regional Workshop, July 2009, Bangkok, Thailand.

<sup>26</sup> Thailand presentation, Global SMART Programme Regional Workshop, July 2009, Bangkok, Thailand.

<sup>27</sup> 3,4-Methylenedioxymethamphetamine, or one of its analogues MDA, and MDE.

<sup>28</sup> The regional figure refers to the data collected from Japan and the Republic of Korea, and eleven countries in East and South-East Asia where the Global SMART Programme is being implemented. These countries are Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

**Figure 4: Combined methamphetamine pill seizures in Myanmar, China and Thailand (2005-2009)**



Source: DAINAP

In 2009, China reported total seizures of more than 40 million pills. This represents an almost six-fold increase from the 6.25 million pills seized in 2008.<sup>29</sup> There is no confirmation of the specific origin of these pills. But the Chinese government has been reporting a sharp increase of drug trafficking into China from the Golden Triangle region by means of constantly changing drug trafficking routes and methods. Reports have pointed to transnational drug syndicates attempting to sell stored drugs, with a resulting sharp increase of drug smuggled into China.<sup>30</sup>

Preliminary data for 2010 indicates that the large-scale trafficking of methamphetamine pills into neighbouring countries has continued in 2010. From January to September 2010, Thailand reported the seizure of over 44 million pills<sup>31</sup> and Lao PDR reported the seizure of over 22 million pills, representing a total of more than 66 million pills. Given that China has not yet report seizure data to DAINAP, there is a strong likelihood that total seizures in the region for 2010 will reach or even surpass the total seizures recorded in 2009.

**Significant trafficking of ATS into Yunnan province in China**

One of the indicators of this dramatic increase in trafficking of ATS into China is the seizure figures for Yunnan, a province of China bordering Myanmar. The seizure of 3.2 tons of heroin and approximately the same quantity of methamphetamine<sup>32</sup> in Yunnan province accounted for half of the total quantity of illicit drugs seized in China in 2009. Three of the self-administered regions (Special Region 1,

<sup>29</sup> Information from 'Promoting Drug Control, Building Harmonious Society', China country report to the 2010 Memorandum of Understanding meeting, 2010, p.32.

<sup>30</sup> Annual Report on Drug Control in China: 2010, National Narcotics Control Commission (NNCC), 2010, p.47.

<sup>31</sup> Thailand presentation at the 34th Meeting of the Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, 30 November 2010, Bangkok, Thailand.

<sup>32</sup> The source for this information provides seizure totals in metric tons, not millions of pills.

Special Region 2 and Special Region 4) in Myanmar are located on the border with Yunnan province. Methamphetamine pills seized in Yunnan province are – at the very least – trafficked through these Special Regions.

There are several additional indicators of significant quantities of ATS production on the Myanmar/China border. One such indicator was the seizure in Kokang Special Region 1 (in September 2009) of several tonnes of ATS pills and precursors, the latter sourced from China,<sup>33</sup> as well as several other seizures of methamphetamine pills. Most of this activity has taken place in and near to the Myanmar-China border town of Lauk Kai.

### **ATS trafficking from Myanmar into Thailand**

Thailand, which is one of the major markets for the methamphetamine pills in Myanmar, has witnessed increased seizures of pills in the recent past. As mentioned earlier, there have been a number of large seizures occurring in the towns located on the border between the two countries. More than 22.1 million pills were seized in 2008, following three years of more modest annual seizures ranging between 14-16 million pills. Total seizures in 2008 represented a 56% increase over the seizures of 2007.<sup>34</sup> The total seizures for 2009 increased again to almost 27 million pills. From January to September 2010, a total of 44 million pills were seized. The majority of these have been attributed to product coming in from Myanmar.<sup>35</sup>

### **ATS trafficking from Myanmar into Lao PDR**

Lao PDR saw a jump in the seizures of methamphetamine pills in 2009, with 2.3 million pills seized. This was almost double the 1.2 pills<sup>36</sup> seized in 2008. A significant percentage of this has been attributed to ATS produced in Myanmar.<sup>37</sup> In February 2010, over 21 million pills were seized in Lao PDR. The pills were suspected to originate from Myanmar. There have also been indications of syndicates moving drugs from Myanmar to Lao PDR and then into Thailand and then onward to Malaysia and other countries.

In summary, the impact of drug trafficking from Myanmar extends to not only the immediate neighbouring countries but to an expanding market in other countries in South-East Asia.

<sup>33</sup> Discussions at SMART Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.

<sup>34</sup> Information from SMART Drug Abuse Information Network for Asia and the Pacific (DAINAP).

<sup>35</sup> Discussions with CCDAC during SMART national workshops.

<sup>36</sup> DAINAP

<sup>37</sup> 2009 Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs in East and South-East Asia, UNODC, November 2009, p.77.

**The large number of pill seizures is inconsistent with the small size and number of the manufacturing facilities seized**

Although Myanmar is known as one of the major manufacturers of methamphetamine pills, most of the clandestine laboratories seized in Myanmar are relatively small-scale and not large industrial-sized operations. For this reason, the large number of pills seized in the country would appear to be inconsistent with the limited number of small-scale clandestine operations to be dismantled. This may be indicative of the existence of large-scale operations that have not yet been dismantled, or a larger number of undiscovered small-scale operations.

Between 1998 and 2009, the government reported seizures of only 39 manufacturing facilities, of which the majority were tableting operations and only 2 were reported to be large-scale operations. Three tableting machines were seized in 2009, all in the Special Region 1. Of these, one motor-driven machine was seized in a manufacturing facility together with large amounts of precursor chemicals (see Figure 6). There were indications that the laboratory was running on a 24-hour, round the clock basis for large-scale production.

Apart from one seizure in the Kachin State in 2004, the rest of the facilities detected so far have been in Shan State, especially in its east and north areas. Few facility seizures have happened in the Special Regions known for methamphetamine manufacture and trafficking. These areas are outside the control of the central government. Although the production capacity of the tableting machines is not high, the annual seizure of pills has nonetheless been large. This is a concern given the low estimated interdiction rate for ATS. According to UNODC estimates, the general global interdiction rates for ATS are relatively low.<sup>38</sup> Although individual interdiction rates vary widely across time and place, the estimates for such rates in the retail market are 2% - 7%, and for rates in the wholesale market, the range is between 3% - 10%.<sup>39</sup> In the case of Myanmar, the estimated interdiction rates of even 'traditional drugs' such as heroin remain as low as 1%.<sup>40</sup>

**Production patterns for organised crime groups**

SMART discussions with the stakeholders in Myanmar and Thailand have shed more light on the production and trafficking scenario. The extensive forensic profiling system of ATS in Thailand suggests there are 12 likely production sites for methamphetamine in Golden Triangle areas.<sup>41</sup> In addition there are indications of at least 50 different organised crime groups involved in activities related to the trafficking of drugs from Myanmar.

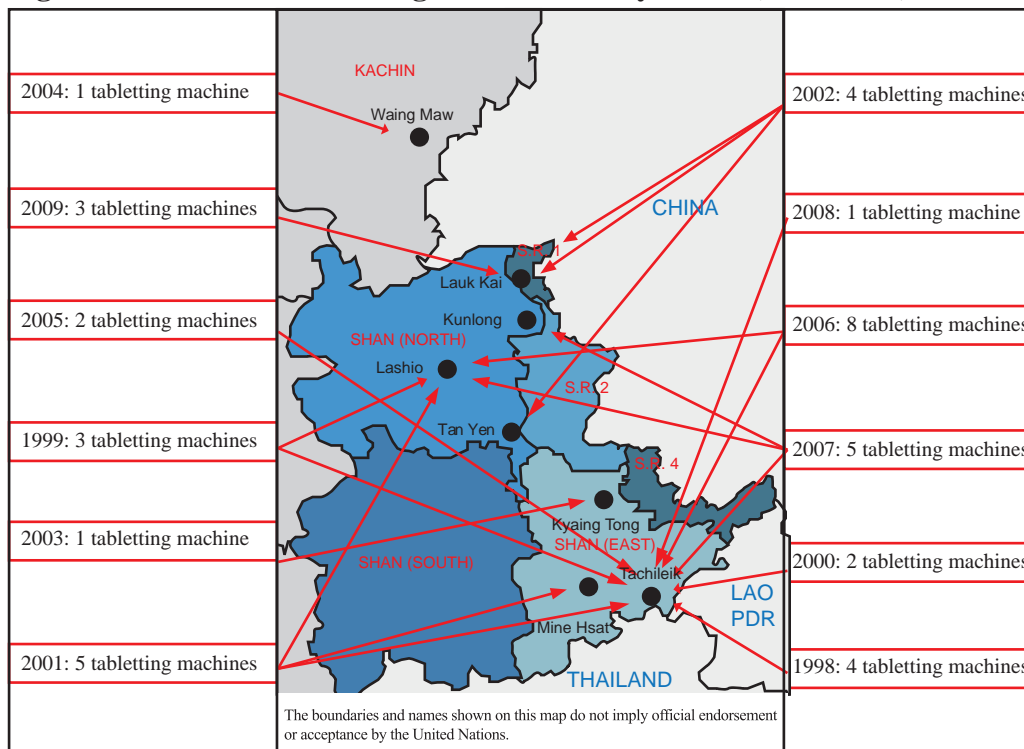
<sup>38</sup> 2010 World Drug Report, UNODC, June 2010, p.105.

<sup>39</sup> These estimations are based on 2008 figures. See, 2010 World Drug Report, UNODC, June 2010, p.105.

<sup>40</sup> 2010 World Drug Report, p. 47.

<sup>41</sup> Thailand presentation made at Global SMART Regional Workshop, July 2009, Bangkok.

**Figure 5: Seizures of tableting machines in Myanmar (1998-2009)**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

**Figure 6: Seizure of manufacturing facility in Lauk Kai**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

There are indications of the involvement of several groups in methamphetamine production and trafficking. These groups often use similar branding of methamphetamine pills to tap the market-share of the most popular type of finished pill, which is the pill with 'WY' branding.<sup>42</sup> It has been observed that there is a type of 'WY' pill in the Kayin and Kayah states which is 30-50% cheaper in price compared with other 'WY' pills produced in Shan State and suggests possible local methamphetamine production in those states. The available seizure information, such as geographic spread of tableting operations and pills, as well as a variety of logos suggests that there are more groups involved in methamphetamine production and trafficking than those which have been identified so far. A selection of the various types of branded pills is depicted in Figure 7 below.

**Figure 7: Types of methamphetamine pills found in Myanmar**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

<sup>42</sup> In the local market red/orange 'WY' methamphetamine pills produced in the Shan State are considered to be of high quality and are much more expensive than others.

In the wider region, seizures of facilities that produced ATS – either as methamphetamine in crystalline form, pill form or ecstasy – have been reported by Cambodia, China, Malaysia, Indonesia and the Philippines during the past 5 years.

**Domestic of trafficking routes within Myanmar**

Seizures of pills originating from Myanmar in neighbouring countries such as Bangladesh<sup>43</sup> also indicate a new pattern of trafficking from the main production centres westwards for export to, and through, South Asia. A new pattern witnessed in 2009 has been the emergence of a new trafficking route from Yangon to Rakhine State. Sittway, the capital of Rakhine State, was identified as the destination for a seizure of nearly 17,000 pills made at Yangon airport. Total seizures in the Rakhine State amounted to 22,447 pills in 2009. These were believed to be for export rather than for local consumption.

Domestic trafficking routes of methamphetamine pills are depicted in the map in Figure 8. Many towns in Shan State sit astride the major trafficking routes. Apart from Shan State, the ancient capital Mandalay – the largest city in the north<sup>44</sup> of Myanmar – is a centre for distributing drugs to various parts of the country, mainly to Kachin State and neighbouring Bago Division. From Bago drugs are transported further south into the former capital Yangon and to Kayin State and then further south all the way to the Thai-Myanmar border.<sup>45</sup>

<sup>43</sup> According to the Bangladesh Department of Narcotics Control, 8,184 methamphetamine pills were seized in 2007, 5,763 in 2008 and 4,051 in 2009. 'Statistics', Bangladesh Department of Narcotics Control website (Accessed at: [www.dnc.gov.bd/statistics.html](http://www.dnc.gov.bd/statistics.html); date accessed: 25 March 2010).

<sup>44</sup> This area is known as 'upper' Myanmar within the country.

<sup>45</sup> Oral communication from CCDAC.



**Figure 8: Domestic trafficking routes of methamphetamine pills**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

## 4. Precursor trafficking

### The problem of precursor chemicals

It is important to recognise that Myanmar does not have a significant chemical industry and does not produce the precursor chemicals required for the illicit manufacture of methamphetamine. Chemicals such as ephedrine, pseudo-ephedrine, and pharmaceutical preparations which contain these chemicals, are mainly trafficked to Myanmar from India and China.<sup>46</sup> The trafficking routes for precursors from the neighbouring countries to the production centres in Myanmar are depicted in Figure 9.

<sup>46</sup> Amphetamines and Ecstasy: 2008 Global ATS Assessment, UNODC, September 2008, p.29.

### **Traditional seizure patterns for precursor chemicals**

In Myanmar, large seizures of raw ephedrine powder have been reported since 1997. Such bulk powder reached a peak of 6.4 metric tons in 1999. Subsequently, the reported seizures declined gradually and have remained under 1 metric ton each year since 2003 (with the exception of 2006 when increased law enforcement activities<sup>47</sup> resulted in seizures totalling 1.3 metric tons of ephedrine). Similar to the patterns observed for methamphetamine and other drugs, ephedrine seizures increased again in 2009 to over 1.5 metric tons.<sup>48</sup> Most of the seizures resulted from precursors originating from India trafficked into Shan State, as precursors from China, trafficked directly across the border into the Special Regions could not be interdicted by law enforcement agencies due to the limited government control in these regions.<sup>49</sup>

### **Shift towards increasing use of pharmaceutical preparations in ATS manufacture**

A new and important trend has become the increased seizure of pharmaceutical preparations containing either pseudoephedrine or ephedrine which are then extracted to be used in the production of ATS. This shift to sourcing precursors from already-tabletting pharmaceutical preparations has, in recent years, been part of a global trend. It has occurred in response to increased controls and the scrutiny of ephedrine and pseudoephedrine in raw powder form.<sup>50</sup> It has been reported<sup>51</sup> that more than 8 million pills containing pseudoephedrine were seized in areas close to the production centres in 2008.<sup>52</sup> Data indicates that more than 9.4 million pills containing pseudoephedrine were seized in 2009 and that almost 4 million pills were seized from January to September 2010. An examination of the labels suggested that the preparations were manufactured and illegally imported from Thailand, India and China.<sup>53</sup> Trafficking of pseudoephedrine-based pharmaceuticals from India into Myanmar, through organised crime networks is now a well-established trend, as evidenced by the continuous seizure of these pharmaceuticals in the border areas between the two countries.

<sup>47</sup> Amphetamines and Ecstasy: 2008 Global ATS Assessment, UNODC, September 2008, p.29.

<sup>48</sup> There remains the likelihood that increased interventions against raw and prepared ephedrine and pseudoephedrine may shift production to other recipes which rely on other forms of precursor chemicals as is the case in other countries combating the manufacture of methamphetamine.

<sup>49</sup> Oral communication from CCDAC, April 2010.

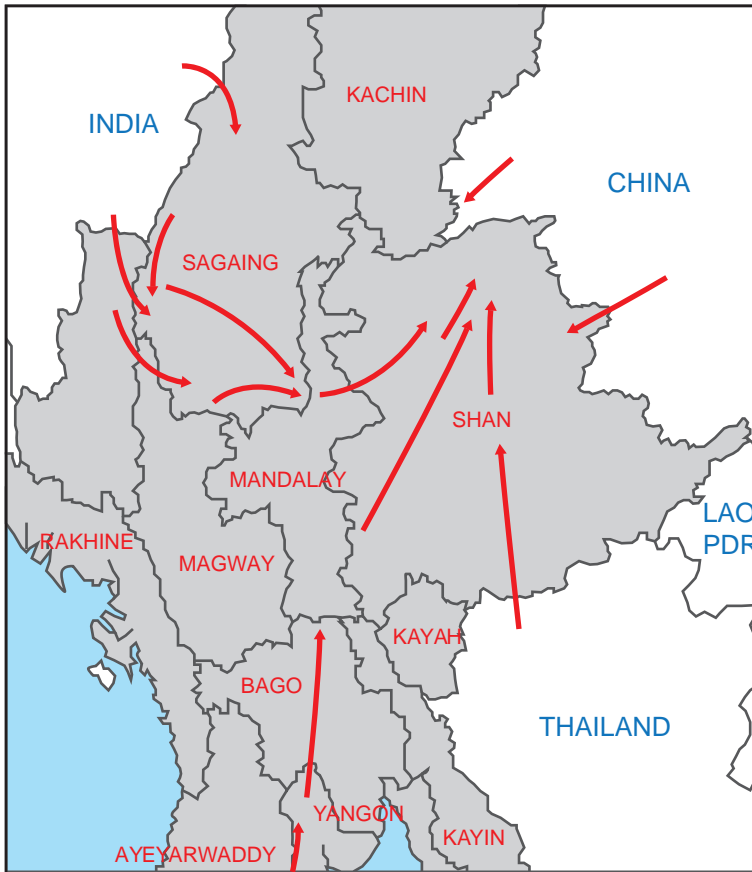
<sup>50</sup> World Drug Report 2009, UNODC, June 2009, p.122-123.

<sup>51</sup> Myanmar and Thailand presentations, Global SMART Programme Regional Workshop, July 2009, Bangkok, Thailand.

<sup>52</sup> Oral communication from CCDAC, April 2010.

<sup>53</sup> Oral communication from CCDAC, April 2010.

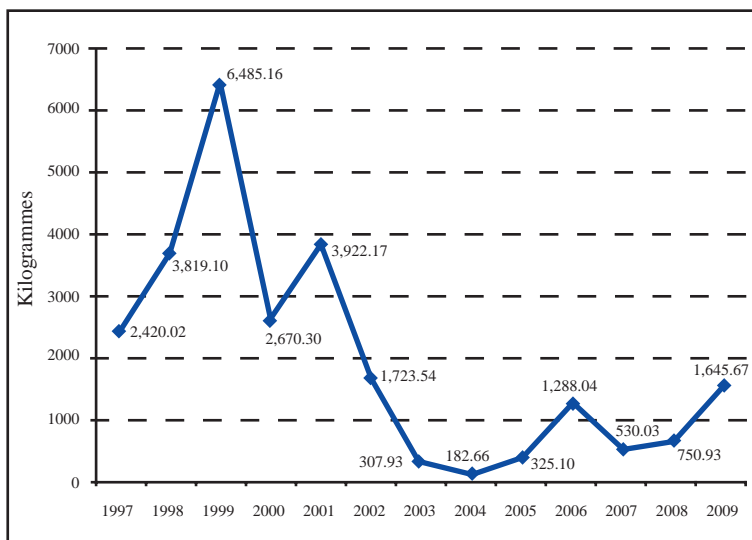
**Figure 9: Precursor trafficking routes**



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

Source: Amphetamines and Ecstasy: 2008 Global ATS Assessment, UNODC, Sep 2008.

**Figure 10: Ephedrine seizures in Myanmar 1997-2009**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

**The shift from tableted to liquid forms of pharmaceutical preparations**

In an even more recent development, precursor traffickers may be shifting to different physical forms of pharmaceutical preparations to avoid law enforcement detection. For example, in August 2009 more than 120,000 small nasal drop bottles<sup>54</sup> were seized in Special Region 1. Each of these bottles contained 2 ml of ephedrine solution and the labelling of these bottles suggests they were from China. The shift from tableted to liquid forms of pharmaceutical preparations containing pseudoephedrine for the manufacture of methamphetamine has also been reported in other countries with large-scale illicit drug manufacturing.<sup>55</sup>

**Figure 11: Nasal drop bottles seized in Special Region 1 (Kokang)**



Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw, Myanmar.

## 5. Drug prices

**Street price of methamphetamine**

The street retail price of methamphetamine varies according to its form and also according to the geographic location. Generally, prices in places such as Kyaingtong, Lashio, Taunggyi and Tachileik, which are located in the Shan State, are cheaper than prices in cities like Yangon and Mandalay which are located further away from the production centres. In addition, price varies by logo and the volume of pills sold. Table 3 shows the street price range of methamphetamine in some selected places in the country.

<sup>54</sup> Presentation by CCDAC, Global SMART Programme Myanmar National Workshop, December 2009, Nay Pyi Taw, Myanmar.

<sup>55</sup> For example, in June 2009, authorities in Mexico seized 49,640 litres of a pharmaceutical solution containing pseudoephedrine. International Narcotics Control Board Precursors Report for 2009, International Narcotics Control Board (INCB), 2009, p.10.

As mentioned earlier, in the local market, red/orange ‘WY’ methamphetamine pills produced in the Shan State are considered to be of high quality and are much more expensive than other types. In Myawaddy town in Myanmar located on the Thai border in mid-2009, a pack containing 200 red/orange ‘WY’ pills is sold for 18,000 Thai Baht (approximately \$515 USD) while the same pack for green ‘WY’ pills costs under 12,000 Thai Baht (approximately \$345 USD).<sup>56</sup> By comparison, the cost of ecstasy is around 60,000 Myanmar Kyat (approximately \$60 USD) per pill.

Information on the street price of crystalline methamphetamine is not available.

**Table 3: The street price range of methamphetamine for selected places in Myanmar in 2009**

Cities/Town	Price range in Myanmar Kyat	Price* range (in USD)
Tachileik	2000 – 3000	2.0 – 3.0
Kyaingtong	1500 – 2000	1.5 – 2.0
Taunggyi	3000 – 4000	3.0 – 4.0
Lashio	1500 – 2000	1.5 – 2.0
Yangon	3500 – 5000	3.5 – 5.0
Mandalay	3500 – 5000	3.5 – 5.0

Source: Central Committee for Drug Abuse Control, Discussions at SMART Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.

\* The prevalent market rate for \$1 USD to Myanmar Kyat in 2010 varies from 950 Kyat to 1,250 Kyat. For simplified calculation, 1,000 Myanmar Kyat for \$1 USD has been used.

## 6. Demand and Treatment

**Lack of consolidated information on ATS use. Indications of increasing use of methamphetamine pills.**

There is very limited information in Myanmar on the extent of use of illicit drugs and more specifically on ATS. However, even with the limited data, the trend is worrying. Unlike other drugs, only methamphetamine use has been reported as increasing for the past few years in the country. While most of the drugs - either opiates or methamphetamine - produced in Myanmar are mainly destined for the international market, domestic use also occurs.

<sup>56</sup> The currency exchange rate from USD to Thai Baht varies. For simplified calculation, 35 Thai Baht per USD has been used.

As recently as 2009, the government reported opiates (heroin and opium) as the primary drug of use, followed by methamphetamine in pill form.<sup>57</sup> Nonetheless, there has been a continuously decreasing trend of reported heroin and opium use over the past 5 years with a parallel increasing trend in the use of methamphetamine (see Table 4). This trend is expected to continue in the near future. Coupled with the increasing seizure figures in recent years, it is reasonable to infer that the use of methamphetamine is increasing in Myanmar while the use of opium and heroin is decreasing.

**Table 4: Reported trend of drug use in Myanmar in 2009**

Drug used in the past year	Rank	Drug use trend
Heroin	1	↓
Opium	2	↓
Methamphetamine pills/tablets	3	↑
Cannabis	4	↔

↑ = Increase, ↓ = Decrease, ↔ = Stable

Source: DAINAP.

In Myanmar, no comprehensive household or school-based surveys of drug use have ever been undertaken. Informal consultations with non-government and international organisations point to the drug dependent population being much larger than official figures suggest. The fact that methamphetamine pills are seized in 16 out of 17 administrative regions in Myanmar highlights their wide use and nationwide availability.

Experts in Myanmar believe that methamphetamine use in major cities like Yangon and Mandalay or locations away from the main production centres is not high. This is due to the relatively high cost of methamphetamine pills, as well as their decreased availability away from the production areas. Hence, the use in these areas is, at present, limited to those who are relatively more affluent. A majority of the youth in these urban areas are believed to use alcohol and cough syrup mixed with opiates rather than methamphetamine.

<sup>57</sup> 2010 Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific, UNODC, November 2010, p.91.

However the situation is different in the states bordering the neighbouring countries to the east where migrant workers exist and border trade is open. People residing in these areas tend to have relatively higher incomes. In addition, there is availability of drugs at a more affordable price. This may result in higher drug use in these areas.

The primary mode of using methamphetamine pills in Myanmar is smoking.<sup>58</sup> The injecting of the crushed methamphetamine pill has not yet been officially reported in Myanmar. However, neighbouring countries in the region such as Cambodia and Lao PDR, are reporting the injecting of methamphetamine pills.<sup>59</sup> Thus, it is possible that injecting drug use of methamphetamine in either pill or crystalline form, may exist in high-pill-availability areas like the Shan State. Unfortunately, the lack of data from these areas makes it difficult to estimate the extent of use or injecting drug use, and results in a large gap in understanding of usage in these highly vulnerable areas. There is no official reported use of crystalline methamphetamine in the country. Ecstasy use is also not reported to be widespread, although anecdotal information indicates use among the urban youth party circuits and clubs. In the absence of on-the-ground studies and surveys, it is difficult to get reliable information on the use patterns.

### **High estimates of HIV prevalence among IDUs is a cause for concern**

Estimates of the size of the injecting drug user (IDU) population in the country vary between 60,000 to 300,000 depending on the source.<sup>60</sup> HIV prevalence among the IDUs also varies according to which source is consulted. For example, the Ministry of Health estimates the prevalence rate to be 37.5% in 2008.<sup>61</sup> HIV prevalence among the IDUs is reported to have peaked in the early 1990s at over 70% before beginning a slow but steady decline to where it stands now. HIV sentinel surveillance data from 2007 indicates that prevalence among the IDUs ranges between 25% and 32%. Prevalence was highest in Lashio (48.5%), followed by Mandalay (38%), Myitkyina (30.8%) and Muse (30%).

The already high HIV infection rates and estimated underground user population, make it even more necessary to undertake focused surveys on the health aspects and use of ATS in Myanmar. These are essential to understand the various dimensions of ATS use in the country.

<sup>58</sup> The pills are crushed and then vaporized in glass pipes or on aluminium foil heated underneath by a flame so that the user can inhale the resulting fumes.

<sup>59</sup> DAINAP

<sup>60</sup> Mathers, Degenhardt, et al, 'Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review', *The Lancet*, Vol. 372 No. 9651 pp 1733-1745; Aceijas, C., et al, 'Global Overview of Injecting Drug Use and HIV Infection Among Injecting Drug Users', *AIDS* 18, 2004, p.2295-2303.

<sup>61</sup> Presentation by Myanmar Ministry of Health, Global SMART Programme Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.

**Drug treatment is under-resourced and there is inadequate focus on treatment specific to ATS**

Drug treatment in Myanmar is under-resourced and, similar to the situation which exists for most other countries in the region, there are no treatment facilities specifically focusing on ATS dependency. According to Myanmar law, compulsory drug treatment is required for those arrested for drug possession. This means that a drug user has to be registered and put into the Drug Treatment Centres (DTCs) operated by the Ministry of Health. There are 69 such DTCs country-wide.<sup>62</sup> However, these are mainly designed for opiate users and not equipped for the different requirements associated with ATS treatment. While guidelines are provided to the DTCs, there is a lack of training for staff.

Another reason for such limited information on the drug user population is the stringent punishment meted out to users under the existing Narcotic Drugs and Psychotropic Substances Law. This Law was enacted in January 1993 and to replace the outdated 1974 drug law. However, the drug use patterns have changed over the years, particularly over the last decade, there are questions about whether the current law can adequately respond to the current reality from a public health perspective.

SMART discussions in the country have also indicated that registration for compulsory treatment adds to stigma for the drug user. For this reason, many drug users seek treatment in other ways. They will normally prefer to receive treatment at the psychiatric wards in general hospitals and in private clinics specialising in mental health treatment because this allows them to avoid contact with the DTCs. As a result, the actual picture of the drug use situation related to methamphetamine is difficult to ascertain.

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<sup>62</sup> Information from the Myanmar Ministry of Health, SMART Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.



**Poor representation of ATS users in data collection mechanisms has led to a large grey area of ATS use estimation**

This has also resulted in the poor representation of ATS users among the currently-operating drug data collection systems mentioned above. Hence, specifically-targeted data collection mechanisms and novel approaches in data collection on ATS use, such as outreach models, ad hoc surveys and rapid assessments, need to be developed to accurately monitor the ATS use situation.

Table 5 depicts the number of registered patients who received treatment for ATS (primarily methamphetamine), at the DTCs from 1999 to 2008 by gender and age. The number of people receiving treatment gradually increased, ranging from 6 to 254 between 1999 and 2005. Then the numbers dropped to 19 in 2006. The total number of persons receiving treatment in 2009 was 23. However, it is clear that because of the compulsory nature of registration and treatment, these numbers do not reflect accurately on the overall number of ATS users in the country.

In 2006, a small rapid assessment survey was conducted in Tachileik, the Myanmar-Thai border town on a major trafficking route. The survey was based on a small sample size of 60 ATS users who were accessing Drop-in Centre (DIC) services or were in contact with outreach workers from the Tachileik Outreach Project (a harm reduction project for IDUs). The survey found that among the ATS users, 23% used ATS alone, while the rest used ATS with other drugs.<sup>63</sup> A majority of the users were aware of the available treatment options but only a few reported having accessed drug treatment. The most commonly accessed treatment service among them was the DIC, which was generally preceded by home-based care. This preference indicates ATS users prefer to receive treatment in places that are private (and where their confidentiality can be maintained) and in places that are flexible to their personal situation and needs.

Table 6 shows the 2009 figures for the number of registered drug users by drug type in Myanmar. The numbers for each of the drug types are quite low. This is because Myanmar has a compulsory drug treatment system, as explained above, and does not incorporate the data from the treatment given by non-governmental organisations (NGOs), community-based organisations (CBOs) or religious institutions.

<sup>63</sup> 15% reported the use of ATS with 1 other drug, 15% used ATS with 2 other drugs, 30% reported the use of ATS with 3 other drugs, 32% reported the use of ATS with four or more drugs. Information from draft report of the Rapid Situational Analysis on ATS treatment and Training in Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam: An Emerging Challenge, UNODC, 2009, p.171-172.

**Table 5: Number of registered patients receiving treatment for ATS dependence at Drug Treatment Centres by age and gender, 1999 - 2008**

Year	15-24		25-29		30-39		40-49		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
1999	2	0	2	0	2	0	0	0	6
2000	10	0	6	0	7	0	0	0	23
2001	15	0	14	0	11	0	3	0	43
2002	15	1	14	0	15	0	3	0	48
2003	22	0	23	0	19	0	5	0	69
2004	47	4	33	3	58	1	23	2	171
2005	40	1	44	4	70	10	66	19	254
2006	8	0	7	1	14	1	2	0	33
2007	2	0	5	0	8	0	4	0	19
2008	8	0	9	0	3	0	0	0	20
2009	-	-	-	-	-	-	-	-	23

Source: Ministry of Health, Discussions at SMART Myanmar National Workshop, 15 Dec 2009, Nay Pyi Taw.

**Table 6: Registered drug users by type of drug in Myanmar in 2009**

Drug type	Number	%
Opium	227	21.3
Heroin	797	74.8
Cannabis	12	1.1
Amphetamine	23	2.2
Ketamine	7	0.6
<b>Total</b>	<b>1066</b>	<b>100.0</b>

Source: Ministry of Health, Discussions at SMART Myanmar National Workshop, 15 December 2009, Nay Pyi Taw, Myanmar.

#### **Prevention campaigns are general and not specifically targeted for ATS**

Every year, events on drug awareness are conducted in schools around the country by the Ministry of Education. However, these have a broad focus and are not targeted specifically to ATS. Also there is a lack of campaigns targeted at institutions of higher education.<sup>64</sup> Posters with messages on the danger of ATS exist but are only found in very few areas in the country. ATS prevention and civic awareness efforts are needed for wider audiences, increased duration and in more geographic locations in the country.

<sup>64</sup> Discussions during the SMART Myanmar national workshop, 15 December 2009.

## 7. Conclusion

The outcome of the government's negotiations with ceasefire groups will have an impact on the direction of the anti-narcotics efforts in the country.

Due to the increased pressure and to avoid losing the drugs during any potential crackdown, traffickers have started moving drug caches to more secure areas and to markets along the trafficking routes. The impact of this scenario has been an increasing number of seizures in 2009-2010 of methamphetamine pills, heroin and opium in neighbouring countries, especially in the border regions of China and Thailand.

The spill-over of these drugs is an issue of concern for the wider sub-region and has led to increased availability and demand in various points along the trafficking routes.

It is clear that although the majority of drugs produced in the country are intended for beyond Myanmar itself, the availability and the use of amphetamine-type stimulants, especially methamphetamine pill, both are increasing in Myanmar. The increase in domestic demand and the previously hidden user population is a cause for concern.

The lack of consolidated information related to ATS use has hampered the development of evidence-based programmes and policy responses to tackle the issue. Comprehensive surveys on ATS use among the general population need to be conducted in order to better understand the actual situation on the ground.


The focus of the government's efforts in the past has been on curbing the "traditional" drug problem. The emergence of ATS may prompt a review of the strategic direction of the country's Drug Elimination Plan, which is entering its final stages.

The Myanmar authorities have achieved a significant decrease in opium production in the first and second phases of the programme. However, the recent political instability in border areas and the increase in ATS production and prevalence suggest that the Myanmar authorities will have to intensify efforts to reach their stated drug control goals by 2014.


## Appendix

### Details of prominent seizures\* (2009-2010) in reverse chronological order

1.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**22 October 2010:** Seizure of 62 kg ICE and 68.26 kg heroin in Tachileik, Eastern Shan State (in cooperation with Office of the Narcotics Control Board of Thailand)

2.



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.



**27 September 2010:** Seizure of 1.42 kg ICE at Yangon International Airport (arrested one Malaysian and one Filipino courier)

\* Seizure information from Myanmar Central Committee for Drug Abuse Control (CCDAC).

3.

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.


**7 July 2010:** Seizure of 1.43 million cold tablets containing pseudoephedrine in Sagaing, Sagaing Division

4.


The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

**27 June 2010:** Seizure of 98,730 methamphetamine pills and 539,857 cold tablets containing pseudoephedrine in Mandalay, Mandalay Division

5.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**23 April 2010:** Seizure of 108 kg of ICE at Naungcho checkpoint in Naungcho, Northern Shan State

6.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.


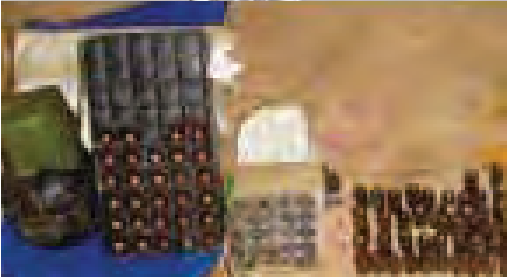


**8 March 2010:** Seizure of 138,400 cold tablets containing pseudoephedrine at Wantarpin Checkpoint in Kyaing Tong, Eastern Shan State

7.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.






**11 November 2009:** Seizure of over 2.6 million methamphetamine pills, 1 grenade, and other ammunition at Haun Late tract in Tachileik, Eastern Shan State

8.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.





**10 November 2009:** Seizure of over 2.2 million cold tablets containing pseudoephedrine at Kyaut Chor checkpoint, Pa Thein Gyi township, Mandalay Division

9.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**10 November 2009:** Seizure of 445,230 cold tablets containing pseudoephedrine at Chan Aye Thar San township, Mandalay Division

10.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**10 October 2009:** Seizure of 80,000 methamphetamine pills and ammunition at Wan Kyaut Loin village at Tachileik, Eastern Shan State



11.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**6 October 2009:** Seizure of 450,000 methamphetamine pills and 18,000 cold tablets containing pseudoephedrine which were hidden inside a natural cave near Lauk Kai, Special Region 1

12.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**2 October 2009:** Seizure of ethanol and related materials used for the production of methamphetamine pills from an empty house near Lauk Kai, Special Region 1

13.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**29 September 2009:** Seizure of 10,860 methamphetamine pills and 193 bottles of sodium hydroxide (500 grams in each bottle) which were hidden inside a natural cave near Lauk Kai, Special Region 1

14.





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**23 September 2009:** Seizure of 63,000 methamphetamine pills which were hidden inside a natural cave near Lauk Kai, Special Region 1

15.


**19 September 2009:** Seizure of equipment, moulds and precursors used for methamphetamine production at Lauk Kai, Special Region 1

16.





**2 September 2009:** Seizure of a manufacturing facility, together with a motordriven tablet machine, 154,400 methamphetamine pills, 196 kg of ephedrine and other precursors at Lauk Kai, Special Region 1

17.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**1 September 2009:** Seizure of 14 types of cold tablets containing pseudoephedrine totaling up to 40,870 tablets at No.1 Friendship Bridge in Tachileik, Eastern Shan State

18.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.





**31 August 2009:** Seizure of 122,400 nasal drop bottles (each containing 2cc of ephedrine and related production materials) at Lauk Kai, Special Region 1

19.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**24 August 2009:** Seizure of over 2.9 million methamphetamine pills, 10 kg of ICE, 57.4 kg of heroin, arms and ammunition at Tachileik, Eastern Shan State

20.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**1 August 2009:** Seizure of 16,950 methamphetamine pills concealed inside plastic shampoo bottles at the Domestic Terminal of Yangon Airport

21.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.




**22 July 2009:** Seizure of 420,000 cold tablets, each containing pseudoephedrine hydrochloride (60 mg), concealed under the floor of vehicle near Khin Aye oil field in Monywa District, Sagaing Division

22.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.



**10 July 2009:** Seizure of 2,177 heroin blocks (761.95 kg) and 340,000 methamphetamine pills at Lwetaw Hkam checkpoint in Tachileik, Eastern Shan State

23.

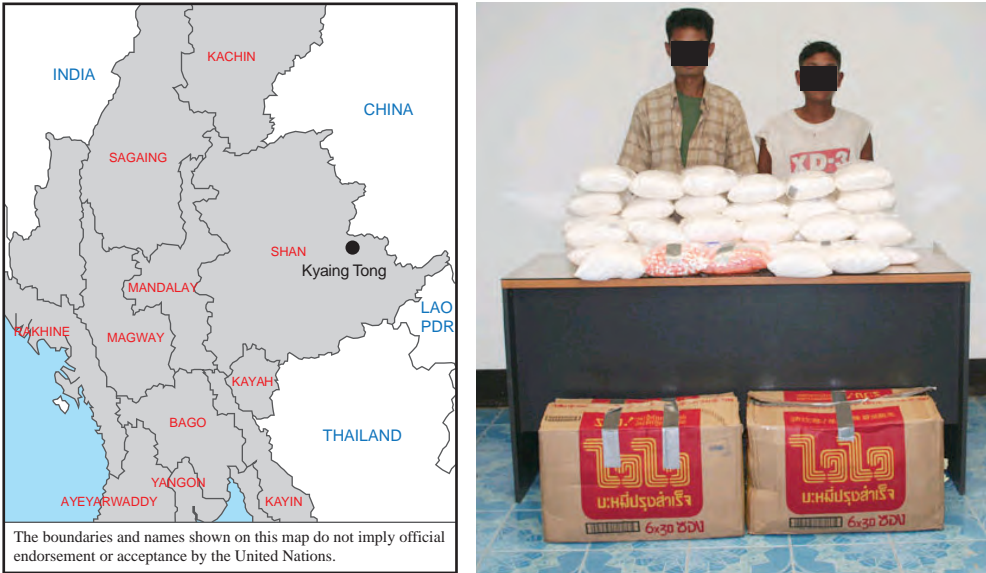


The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

**9 July 2009:** Seizure of 138 kg of ephedrine at Tharweihti checkpoint in Leway Township, Mandalay Division

The image consists of two parts. On the left is a map of Myanmar showing its states and regions: KACHIN, SAGAING, SHAN, MANDALAY, MAGWAY, KAYAH, BAGO, KAYIN, AYERWADDY, and YANGON. Neighboring countries are labeled: INDIA, CHINA, LAO PDR, and THAILAND. The city of Tharweihti is marked with a black dot in the Mandalay region. On the right is a photograph showing two men standing behind a table with several large white bags of ephedrine. The bags are labeled with weights: 0.23 kg, 0.25 kg, and 0.25 kg. Below the table, a van is shown with more white bags inside, and several people are standing around it.

24.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.



**6 May 2009:** Seizure of 414,700 cold tablets containing pseudoephedrine at Tar Pin checkpoint in Kyaing Tong, Eastern Shan State

The image consists of two parts. On the left is a map of Myanmar showing its states and regions: KACHIN, SAGAING, SHAN, MANDALAY, MAGWAY, KAYAH, BAGO, KAYIN, AYERWADDY, and YANGON. Neighboring countries are labeled: INDIA, CHINA, LAO PDR, and THAILAND. The location of Kyaing Tong is marked with a black dot in the Shan region. On the right is a photograph showing two men standing behind a table with a large stack of white cold tablets. In front of the table are two large cardboard boxes with Burmese text and a logo. The boxes are labeled 'မုခ်ပိဗ္ဗင်အာရီဒါ' and '6x30 ၂၀၀'.

25.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.






**23 April 2009:** Seizure of 114 kg of ICE at Naung Cho checkpoint in Kyaing Tong, Eastern Shan State

26.




The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

**7 March 2009:** Seizure of 2 million methamphetamine pills at MaeYann checkpoint in Tachileik, Eastern Shan State



27.



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

**2 February 2009:** Seizure of 1 million methamphetamine pills concealed inside the secret compartment of a passenger bus at Naungnon checkpoint in Kyaing Tong, Eastern Shan State

The image contains a map of Myanmar on the left and two photographs on the right. The map shows Myanmar's states and neighboring countries: India, China, Laos PDR, and Thailand. States labeled include Kachin, Sagaing, Shan (with a black dot for Kyaing Tong), Mandalay, Magway, Kayah, Bago, Yangon, Ayeiawaddy, and Kayin. The top photograph shows two men standing behind a large stack of yellow-wrapped packages. The bottom photograph shows a close-up of these packages, some wrapped in white plastic.





## Contact details

Global SMART Programme (East Asia)  
United Nations Office on Drugs and Crime (UNODC)  
Regional Centre for East Asia and the Pacific  
UN Building, 3rd Floor, Block B  
Rajdamnern Nok Avenue  
Bangkok 10200, Thailand

Global SMART Programme (Headquarters)  
United Nations Office on Drugs and Crime (UNODC)  
Vienna International Centre  
P.O. Box 500  
A-1400 Vienna  
Austria

[www.apaic.org](http://www.apaic.org)

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