



Central Committee for Drug Abuse Control



The Republic of the Union of Myanmar

National Drug Control Policy

20 February 2018

Completed in February 2018, this policy document was developed by the Myanmar Police Force (MPF) Central Committee for Drug Abuse Control (CCDAC), the Ministry of Home Affairs, with support from the United Nations Office on Drugs and Crime Regional Office for Southeast Asia and the Pacific and Country Office for Myanmar.



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Abbreviations

AIPA	ASEAN Inter-Parliamentary Assembly
ASEAN	Association of Southeast Asian Nations
CCDAC	Central Committee for Drug Abuse Control
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CSO	Civil Society Organizations
HIV	Human Immunodeficiency Virus
IBBS	Integrated Bio-Behavioural Surveillance
MPF	Myanmar Police Force
PWID	People who Inject Drugs
TOC	Transnational Organized Crime
UNGASS	United Nations General Assembly Special Session on the World Drug Problem
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization





Preface

For the past 18 years, the Myanmar Government has been implementing a drug control plan aimed at achieving a drug-free country. Under that plan, Myanmar's approach focused on supply reduction, including reduction of opium poppy cultivation. In 2015 the Government of Myanmar began considering what changes were needed and started development of a new drug control policy. At that time, the Government embarked on a process of consultation with over 150 national experts under the leadership of the Central Committee for Drug Abuse Control (CCDAC) with the support of UNODC. In 2017, the Ministry of Home Affairs formulated the resulting recommendations in the document 'Towards a National Drug Control Policy for Myanmar'.

This new drug policy references international best practices and aligns with the approach of the United Nations General Assembly Special Session on the World Drug Problem (UNGASS) 2016, and the recommendations of 'Towards a National Drug Control Policy for Myanmar', and is in compliance with the three international drug conventions. It is formulated to support the achievement of the Sustainable Development Goals (SDGs).

The policy presents a comprehensive approach to tackling the drug situation, involving government, non-government and civil society stakeholders. In addition to law enforcement and criminal justice efforts, it includes health and social policy responses, outlining a path to promoting sustainable alternative development for opium farmers, and promoting international cooperation. Major changes in this policy include the adoption of a harm reduction approach to users, and increasing compliance with human rights as a cross-cutting issue.

The balanced, comprehensive framework in this policy will pave the way towards promoting a healthy and safe environment for the people of Myanmar - an environment in which drug-related health, social, and economic harm is minimized. Ultimately, it is hoped that this policy will contribute to peace and stability in Myanmar.





Executive Summary

The priority needs of Myanmar, as identified through the consultations, combined with regional and international priorities, has led to the decision to include the following key approaches in the drug control policy:

Supply Reduction and Alternative Development

- Reduction of cultivation, production, and trafficking of illicit drugs and drug related crimes
- Development of effective laws for prevention, suppression and investigation of drug related offences
- Combating money laundering and corruption that are related to drug offences
- Development and implementation of alternative development programmes in order to reduce the dependency on illicit opium cultivation and illicit drug activity, including through creation of opportunities for sustainable livelihoods, and development of infrastructure and human resources

Demand Reduction and Harm Reduction

- Development and implementation of interventions for prevention of illicit drug use among children, youth, women, vulnerable populations and the general public
- Promotion of treatment for people who use drugs, and improving the quality of treatment services
- Implementation of rehabilitation and social reintegration interventions for people who use drugs
- Reduction of drug-related health and social harms and consequences
- Regulation of availability of controlled substances and drugs for medical treatment purposes in a proper, systematic and adequate manner



International Cooperation

- Promotion of international cooperation in drug control as this is a common problem in all countries, and responsibility for combating it is a shared duty for all countries of the world

Research and Analysis

- Invest in research and analysis to gain a clear understanding of the drug problem

Compliance with Human Rights

- Creation and promotion of opportunities for treatment, rehabilitation, access to justice and social services for children, disabled people, women and other vulnerable populations



Introduction

Background

The drug challenges facing Myanmar are significant. They include large areas of opium poppy cultivation and heroin production, increasing methamphetamine production and trafficking, cross-border precursor chemical trafficking, and increasing drug use and associated harms. Myanmar is one of the major opium producers in the world, accounting for 14% of the world's total opium production, and 20 % of the world's total cultivation.¹ Data from the 2017 Myanmar Opium Survey indicated that the total area of poppy cultivation fell 25% from its 2015 estimate to 41,000 hectares, and potential opium production decreased by 14% to 550 metric tons. The decrease in the total area under opium poppy cultivation has been in part offset by an increase in the average opium yield.²

While opium remains a significant issue, Myanmar is one of the largest methamphetamine producers in the world. Geographically, Myanmar lies between two major chemical producing countries - China and India - and is situated in the region of East and Southeast Asia where the drug market is pronounced. Trafficking of methamphetamine is a particularly challenging issue, with large amounts originating from Myanmar seized across Southeast and East Asia and increasingly along western border with Bangladesh, suggesting that the South Asian market is expanding. Drug trafficking, especially of methamphetamine, has consistently been rated the most serious illicit trade issue at a country level and at individual checkpoints by border officials in Southeast Asia, according to UNODC surveys. Currently Myanmar provides easy access and opportunity for drug producers and traffickers based on this strategic geographic location. The volume of drug production occurring in Myanmar requires the importation of large quantities of precursor chemicals and cutting agents, and substantial quantities are trafficked from neighboring countries and continue to be seized. This lucrative two way trade of precursors and drugs,

¹ World Drug Report 2016

² UNODC Myanmar Opium Survey 2017: Fact Sheet



fuels transnational organized crime (TOC), corruption and associated illegal activity, and undermines national and regional security.

At the same time, there is a lack of reliable information on the extent of the drug use and its health consequences, although the number of people who inject drugs (PWID) is estimated to exceed 80,000 and HIV prevalence in PWID is estimated at close to 30%.³ Drug dependency is rarely appreciated as a health issue, and drug users in Myanmar face stigma, social exclusion and limited access to services.

There are currently 26 major and 47 minor drug treatment centres, as well as 51 methadone maintenance therapy (MMT) sites in Myanmar. These services need to be expanded to address methamphetamine use and other drugs-related harms; recognizing that drug dependence is a chronic relapsing health disorder. A cost effective and efficient programme on community based treatment and services for people who use drugs was endorsed and initiated in Myanmar in 2017, and needs to be expanded.

Under the current legal regime, drugs users are sentenced to imprisonment. Nationwide, 48% of Myanmar's 60,000-80,000 prisoners are detained for drug related offences, with the percentage of drug-related offenders as high as 70-80% in some prisons (such as in Myitkyina and Lashio). This is a significant financial and management burden to the prison system.⁴ Detaining of drug users not only burdens the criminal justice system but also carries negative social and health consequences for families and communities, both when users are in prison and after they are released.

Meanwhile there are gaps in legislation, weaknesses in law enforcement capacity, a lack of forensic testing capacity, and an absence of evidence and data on which to build policy. Along with this, there are increased challenges in implementing policies and legislation in many of Myanmar's regions and Nationwide the coordination of stakeholders and activities is difficult. These issues all contribute to the challenge of curbing drug production, trafficking and use in Myanmar and the region.

³ Integrated Bio-Behavioural Surveillance 2014

⁴ Presentations and discussions at the workshops/meetings on improving prison health in Myanmar during 2016



Recognizing the need to urgently respond to these issues, the Government initiated the process of reviewing the national drug policy and creating a new framework to incorporate international best practices and better meet the needs of the people of Myanmar.

Aims

The policy aims to build safe and healthy communities by minimising drug-related health, social and economic harm.

Principles of the Policy

The main principle of this policy is to shift Myanmar towards an evidence-based and health-focused approach in developing drug legislation, and creating practical strategies to reduce the negative effects of drug use. It outlines a comprehensive approach to both illegal and legal drugs based upon long-term and comprehensive planning. It will encourage realistic decision-making guided by evidence, and encourages and promotes regular evaluation of its effectiveness. Importantly, it promotes a whole-of-society approach starting with the individual and families, communities and community groups, civil society organizations and government at the local, regional and national level. It is only by harnessing efforts at all these levels that we can expect to achieve our vision for a safer, healthier Myanmar.

Process of the development of this policy

This policy was developed after extensive consultations and based on the recommendations of the United Nations General Assembly Special Session on the World Drug problem (UNGASS) of 2016. Following UNGASS, the Central Committee for Drug Abuse Control decided to develop a new balanced and comprehensive drug policy to more effectively address the drug issues in Myanmar during its meeting on 2 August 2016.

The development of the new drug control policy commenced in September 2016 with an inter-governmental meeting and briefing for the Members of Parliament, organized by the Central Committee for Drug Abuse Control (CCDAC) and the Ministry of Home Affairs with the support of the UNODC



Regional Office for Southeast Asia and the Pacific and UNODC's Myanmar Country Office. Lt General Kyaw Swe, the Union Minister for Home Affairs and Major General Aung Soe, the Deputy Minister for Home Affairs, chaired these meetings respectively. As the outcome of these meetings, the roadmap for the development of the new national drug control policy was approved and CCDAC invited concerned and interested Civil Society Organizations, through announcement in public newspapers, to take part in consultations also called working group meetings.

Five working groups were identified based on the thematic areas of drug control such as prevention of drug use, treatment and rehabilitation of drug use, supply reduction, human rights and new challenges and alternative development. In October, November and December 2016, three rounds of consultations (or working groups meetings) were organized with involvement of staff and experts from government ministries, agencies, UN organizations, NGOs and civil society organizations. These rounds focused on reviewing and considering available data about the drug situation in Myanmar, considering what has and has not been done, and what is needed. Out of the numerous recommendations made by participants, priorities were also identified during these consultations.

The sessions were structured to follow the themes of UNGASS 2016. This process was both inclusive and participatory and generated direct input from over 100 government and non-government stakeholders across a wide range of sectors, including health and social care, law enforcement and civil society organizations. The recommendations from these discussions were compiled by the national expert group, which composed of 46 representatives from government agencies, the UN, CSOs and national experts from different backgrounds on drug issues. The outcomes of these meetings were presented in the document "Towards a Drug Control Policy for Myanmar" released in 2017.

After further consideration by CCDAC, with the support of UNODC, a final drug policy was developed and presented at a second inter-governmental meeting chaired by the Deputy Minister for Home Affairs in September 2017 and subsequently at a national consultation meeting that was chaired by the Minister for Home Affairs, the Chair person of CCDAC and included



senior officials from related government ministries and all relevant stakeholders. A range of national and international experts, government officials and civil society reviewed the policy and input was given from a range of perspectives including: health, education, social care, psychology, academia, law enforcement, and rural development. The policy was adopted at the national consultation meeting on 23 November 2017.





Priority Areas of the Drug Control Policy

Based on review of the priority needs of Myanmar, as identified by all stakeholders, and combined with regional and international priorities, the drug control policy for Myanmar includes the following 5 priority areas:

- Supply Reduction and Alternative Development
- Demand and Harm Reduction
- International Cooperation
- Research and Analysis (a strong evidence base)
- Compliance with Human rights

Supply Reduction and Alternative Development

Reducing the production and supply of illicit drugs, and controlling the supply of legal drugs are essential components of a well-balanced approach to drug control. Increased availability of drugs potentially increases the risk of drug abuse. Therefore, Myanmar should focus efforts on the following areas.

Reduced supply and availability of illicit drugs

Supply reduction requires a coordinated effort between government and non-government stakeholders, at the local, regional and international level. At the local-level, community participation is vital in ensuring a balanced and integrated approach to implementing drug control. To reduce harm at the individual and societal level supply reduction requires a focus on regulation; enforcement of anti-drug laws; minimizing illicit opium poppy cultivation; control of precursor chemicals; border management to improve detection of trafficking and movement of illicit substances, including precursor chemicals used in the production of illicit substances, entering the country; and screening for drugs in prisons.



The following are suggested:

- Strengthening of joint operations for combined counter-narcotics task forces.
- Enhancing specialized law enforcement units for transnational organized crimes.
- Develop and conduct basic drug and precursor training for all law enforcement agents and relevant members of administrations.
- Promote the role of the community in combatting drug supply and production through increased coordination, cooperation, awareness raising and community policing measures.
- Strengthen cooperation mechanisms on drug control and rule of law with ethnic armed groups.
- Manage the supply and licit importation of narcotic substances and precursor chemicals to prevent the diversion into illicit channels.
- Provision and use of up-to-date international standard law enforcement curricula in police training academies.

Alternative Development

The UNODC World Drug Report states that food security, poverty and political uncertainty are the main factors driving the increase in opium production. Those involved in cultivating poppy are mostly poor subsistence farmers. 72% of poppy-growing villages in Myanmar reported that they cultivated opium to make more (or easy) money, or to cover basic living expenses, such as food, education and housing. Thus, supply reduction is supplemented by alternative development. Alternative development is a process to prevent and eliminate the illicit cultivation of plants (largely for reasons of poverty) used in drug production and contributes to economic development (especially in rural areas) to target the underlying factors and root causes of illicit drug economies.⁵ Investments in sustainable income-generating alternatives need to be available to decrease dependence on illicit cultivation over time.

⁵ UNODC, World Drug Report 2015 (United Nations publication, Sales No. E.15.XI.6), p. 77



The following are suggested:

- Introduce rural development programs in drug producing areas.
- Promote the role and active participation of CSOs in the implementation of alternative development.
- Promote businesses and cooperatives by providing subsidies in drug producing areas.
- Simplify business registration and administration in drug producing areas and relax investment regulations.
- Educate and provide information to discourage drug production.
- Ensure farmers' right to land and right to access alternative development; strengthen people's right to access basic services (infrastructure, health, education, etc.).
- Empower communities to engage in sustainable livelihoods.

Legal Response Mechanisms

Effective legislation and law enforcement responses to drug-related crime are vital in reducing the supply of illicit drugs. This encompasses the key stages of drug supply including the illicit cultivation, production and manufacturing, and trafficking in illicit drugs, as well as drug-related crime and violence. To achieve this requires strengthened capacities of law enforcement officials to identify and investigate manufacturing and supply chains, detect illicit substances and prevent and respond to drug-related crime. Additionally, processes to manage drug-related seizures should be standardized. Increased cooperation between the community and law enforcement agencies is important to maximize the impact of these measures.

The following are suggested:

- Review and revise existing relevant laws (every 5 years).
- Update mechanism to speed up disposal of evidence related to money laundering and corruption in line with revised laws.
- Train relevant prosecutors, judges and law enforcement in drug case management.
- Establish the Confiscated Asset Trust Fund.



Reduced Corruption and Money Laundering

The supply, production and sale of illicit drugs is closely linked to other forms of organized crime such as money-laundering, corruption and other criminal activities that facilitate the drug supply industry. Responding to the serious challenges posed by increasing links between drug trafficking, corruption and other forms of organized crime, including money laundering will ensure that the law enforcement responses are comprehensive and multi-faceted.

The following are suggested:

- Strengthen capacities of law enforcement to counter money laundering, combating financing of terrorism and corruption.
- Improve financial transaction mechanisms to monitor money laundering through cooperation among relevant agencies.
- Strengthen legal, regulatory, institutional and operational frameworks to combat money laundering.
- Promote education programmes and increase legal response to combat corruption.

Demand and Harm Reduction

To reduce the potential drug-related risks to individuals and society, a new drug control policy should take a health-based approach with a focus on prevention to deter the initiation of drug use, target individuals at the highest risk of drug use, and reduce harm to individuals, families and the community from drug use.

Prevention

Educating the public against the use of illicit drugs is essential in deterring drug use. This requires strengthening the capacity of stakeholders, including community based organization, to deliver preventive interventions and promoting an enabling environment for implementation of related activities.



Primary prevention measures encompass a wide range of concepts including: awareness-raising; evidence-based prevention measures targeting vulnerable groups; and promoting alternative lifestyles including improving recreational facilities and activities. Coordination between government and non-government stakeholders, with a specific emphasis on civil society, will be necessary. Primary prevention activities identified as priorities include:

- Interventions: at the school and community level to educate against the use of illicit drugs.
- Health-related approaches: making mental health services available to youth.
- Social-approach: change perceptions of drug use through school-based measures and responses for children; and in the community and workplace to reach other vulnerable groups.
- Alternative lifestyles: developing and promoting social alternatives to drug use through school, family and in the community.
- Awareness raising: preventive drug education, awareness raising including through social media of prevention options and activities.
- Promoting an enabling environment through a favourable legal environment for implementation activities, and providing funds to promote prevention activities.

The following are suggested:

- Develop a workforce for prevention programmes.
- Train relevant stakeholders including educators, healthcare service providers, and community members to deliver prevention programs.
- Design and deliver information campaigns and other strategies to reduce drug use.
- Invest in skill building programmes for drug use prevention among children, youth, family and community including personal and social skills development for youth and parenting skills.
- Run social programmes to engage children and youth in at-risk areas.



- Promote and incentivise investment in drug prevention.
- Establish recreational and development facilities.
- Develop and implement school policies on substance use to create transparent and non-punitive mechanisms to address incidents of drug use by youth, transforming them into an educational and health promoting (including mental health) opportunity.

Harm Reduction

Harm reduction refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of illicit drugs, and focuses on reducing the harm to people who use drugs, their families and the community. Harm reduction approaches start with the principle that drug dependence is a health disorder with social causes and consequences; the problem of illicit drug use cannot be solved through law enforcement measures alone, and structural reform is required to reduce the negative consequences associated with drug use and to promote alternatives to imprisonment for drug offenses.

The following are suggested:

- Decriminalize drug use.
- Promote and expand a comprehensive package of harm reduction including overdose prevention and treatment according to WHO, UNODC and UNAIDS technical guidelines.
- Capacity building for frontline providers including law enforcement officer and health care providers on harm reduction.
- Promoting an enabling environment: favourable legal environment for implementation activities, availability of funds to promote the activities.

Treatment, Rehabilitation and Reintegration

Reducing the limitations of accessing and receiving treatment is important for rehabilitating and reintegrating drug users into society. This includes removing unnecessary registration requirements, ensuring the right to choose a treatment option, reducing the legal implications associated with



treatment, and reducing the social stigma associated with drug use, both for individuals and their families. An increase in the availability and affordability of treatment options that address both mental and physical health would benefit the treatment of drug disorders, including the community based services for treatment, care and rehabilitation programmes for drug users. This requires investment in the capacity of health, social and law enforcement and other criminal justice authorities, not just in-service delivery, but in the implementation of comprehensive, integrated and balanced responses to drug abuse and drug use disorders.

The following are suggested:

- Transform compulsory treatment systems to voluntary drug treatment systems.
- Ensure adequate access to treatment, rehabilitation and reintegration services.
- Provide skill and capacity development for service providers in delivering treatment and rehabilitation services.
- Promote subsidies to reduce the cost of treatment at treatment centres and hospitals.
- Promote and incentivise investment in drug treatment.
- Develop processes to facilitate the successful reintegration into society for drug users, specifically youth and vulnerable groups.
- Establish screening, assessment and referral to various treatment options.
- Promote community based service delivery programmes.
- Enable private sector involvement in prevention, drug treatment and rehabilitation services.
- Strengthen and upgrade the public sector facilities for treatment and rehab.
- Involve peers in drug treatment and rehabilitation services.



Coordination of Response Mechanisms

A demand and harm reduction approach particularly requires coordination between government and nongovernment stakeholders to deliver a social, economic and health-based response.

The following are suggested:

- Define clear role and responsibilities in implementation and promotion of interventions.
- Strengthen effective coordination mechanisms among respective ministries.
- Invest in prison reform to address prison management and improve access to health services, including drug treatment services.
- Provide training and legislative support to law enforcement and judges to promote alternatives to imprisonment of drug users.
- Promote comprehensive service delivery approaches (prevention, harm reduction, treatment, reintegration available in one location).
- Establish coordination structure with meaningful involvement of other stakeholders such as CSOs.

Access to Controlled Drugs

A drug control policy should also ensure availability of, and access to, controlled substances for medical and scientific purposes.

The following are suggested:

- Ensure adequate availability and access to controlled drugs and substances for medical and scientific use.
- Develop notifications, orders and regulations surrounding the availability and accessibility of controlled drugs for medical use to prevent their diversion for illicit purposes.
- Provide education and capacity-building for those involved in the use of controlled drugs.



- In collaboration with the FDA and Ministry of Industry, develop guidelines and SOP of controlled drugs related to importing, manufacturing, distribution and prescribing.

International Cooperation

Myanmar notes that tackling drug trafficking requires a coordinated global response strengthened by international cooperation, technical assistance and information sharing. This relates to both law enforcement and border management.

Cooperation at the regional and internal level is crucial to address the illicit production, trafficking and use of drugs. This can include cooperation through the sharing of information and best practices in relation to both supply and demand reduction, and treatment and rehabilitation; enhancing technical skills and building capacity through partnerships and collaboration with international partners; increasing the availability of financial, technical and other resources; and conducting cross-border activities to increase the effectiveness of border management and to combat drug trafficking and drug-related crimes. Cooperation can be pursued at the regional or international level, including with governments and non-government organizations, through bilateral or multilateral arrangements. The existing cooperation engaged in by Myanmar at the regional and international levels such as the Mekong MoU, ASEAN mechanisms and AIPA should be strengthened. The aim of pursuing an agenda of international cooperation is to:

- Increase the effectiveness of border management.
- Increase the effectiveness of cross-border and transnational criminal justice.
- Seek and share information and best practices from/with international partners.
- Seek support from international partners that is aligned to this policy, including the contribution of financial, technical, diplomatic and knowledge resources.



The following are suggested:

Border Management

- Design and implement infrastructure for drug detection and trade management at border points.
- Conduct coordinated counter-narcotics operations with neighbouring countries.
- Develop bilateral and regional mechanisms for joint management of border crossings.
- Expanding and strengthen the Border Liaison Office network.

Coordinated Action

- Coordinate criminal justice with other countries on cases related to cross-border and transnational drug syndicates.
- Strengthen intelligence-sharing mechanisms with other countries.
- Incentivise foreign investors to invest for alternative development in drug producing areas of Myanmar.
- Develop mechanisms and opportunities for international coordination by means of aid and trade.
- Share information, best practices and expertise in prevention, treatment and rehabilitation.

Information sharing and Liaison

- Establish database system on international trade and drug information with other countries.
- Establish drug liaison officers in Myanmar embassies as reciprocal basis.
- Exchange secondment counter narcotic officials with partner countries.



Research and Analysis

The collection of data and analysis of the results regarding illicit drug production, trafficking and abuse in Myanmar will be used to inform the approach to developing a longer-term, sustainable drug control policy. The immediate aim is to have a more comprehensive and useful understanding of the major issues and trends, backed by solid data. In the medium term, the focus is on strengthening the standing capacity of drug-related research and analysis and the capacity to respond. This requires an investment in research and analysis to develop responses tailored to the needs of Myanmar.

The need for research and analysis encompasses all areas of a drug control policy, including:

- Data on the production and manufacturing of illicit substances.
- Trafficking routes for illicit drugs, including precursor materials.
- The prevalence and use of illicit substances and associated health and social consequences.
- Effective prevention campaigns.
- Effective alternative development programmes tailored to the local community.

There are a number of priority policy areas the Government of Myanmar should consider:

Understanding the situation

- Collect information on national drug use and impacts.
- Map the supply and production of illicit substances.
- Identify the needs in drug-related areas, in order to promote alternative development.



Drug-related crimes

- Collect success stories of individuals who have recovered from drug use and their potential to contribute back to society.
- Conduct situational analyses of existing interventions, programmes and systems.
- Conduct legislative review related to illicit drugs and substances (including consideration of repealing of death penalty for drug related offence).
- Research the effectiveness of alternative treatment options including traditional medicines.

Strengthen capacity to respond

- Train law enforcement and other relevant stakeholders on conducting drug-related research, data collection and analysis and M & E systems.
- Develop standard procedures to outline an approach to reporting results of analysis and data collection to be adopted across relevant agencies.

Application of findings

- Incorporate researching findings into policy and practices.
- Measuring the impact.
- Develop standardized monitoring and evaluation system for drug control activities.

Human Rights as a Cross-cutting Issue

The Myanmar government is committed to developing a drug control policy that respects, protects and promotes all human rights, fundamental freedoms and the inherent dignity of all individuals and the rule of law. This approach is central to establishing an effective, sustainable policy that will be supported by the national and international community.



The following areas should be incorporated:

- Promote non-discriminatory access to justice, healthcare and social services: treat drug users as patients.
- Promote a human rights-based approach through awareness raising and education.
- Promote policies and criminal justice sector responses to drug use that respect human rights, including proportionate legal response mechanisms.
- Consider repealing the death sentence for drug-related offences.
- Programmes and interventions should be gender sensitive and in line with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).
- Capacity building and support for duty-bearers.
- Ensure the tailoring of drug control interventions to vulnerable populations including disabled persons, children, youth and women.





Conclusion

The Myanmar Government will ensure fulfillment of the United Nation Drug Control Conventions, to protect the health and welfare of all people when solving the drug problem, and will do so in-line with the approach of the 2016 UNGASS.

The Government recognizes that the drug problem cannot be tackled by the law enforcement and criminal justice sectors alone; it requires including multiple sectors such as health, social and economy development. Likewise, the role of the public sector is also important. This drug control policy has been formed through inclusiveness of all stakeholders. The Government also acknowledges that all activities should be undertaken in full compliance with the Declaration of Human Rights, and focus particularly on inclusion of youth, children and women.

Further, the Government is aware that the drug situation within each region and state is not the same. Going forward, the Government will have to develop a national strategic plan which allows all states and regions to implement activities as is required by their locals needs and priorities in order of meet the goals of the new drug policy.

The new drug control policy will be implemented with regular evaluations during the five year term.

