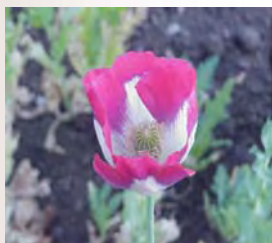


# Life in the Wa Hills: Reducing the Demand for Drugs



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## Wa Region at a Glance

Wa Special Region 2, a mountainous area located in the Northern and Eastern Shan State, has three districts, Mong Maw, Mong Pawk and Wein Kao, and 23 townships. Administered by the Wa authorities, it has a population of approximately 470,000 people, and the major ethnic groups are Wa, Lahu, Shan, Chinese, Akha and Tai Loi. Wa Special Region 2 has received special attention around the world due to its cultivation of the lion's share of opium poppy grown in Myanmar.

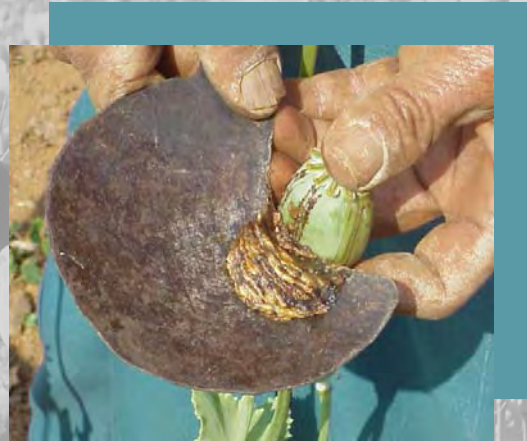




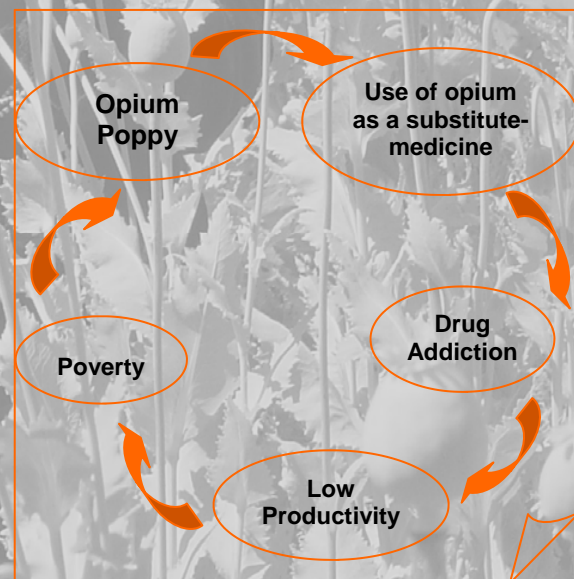
## Why grow opium poppy?

Opium poppy was first grown in the Wa Region as a garden crop to use for general household purposes such as a traditional medicine and cooking oil. Constraints - geographical and infrastructural - and incentives both ultimately contributed to the onset of commercial opium poppy cultivation in the Wa Region.

The mountainous terrain, coupled with minimum area of fertile soil, favoured the cultivation of crops that rendered maximum profit even for a lower yield. The lack of accessible roads and irrigation systems curtailed the provision of essential services including primary healthcare, as well as limited agricultural productivity. While these constraints worked against external assistance delivery, they worked in favour of drug dealers, who lured farmers to grow opium poppy. In the Wa Region, opium poppy cultivation, *inter alia*, contributed to drug addiction as people living in the area had better access to the drug.



Addiction significantly reduced household productivity and as a result, food shortages were likely to follow, with farmers often returning to cultivating the illicit crop. Farmers were, thus, caught in a cycle of opium poppy cultivation, resulting in low productivity, poverty and drug addiction.



According to surveys conducted by UNODC, food insecurity has been the main reason for farmers to grow poppy. A significant number of households were reported to suffer from rice deficits. Estimates suggest that 55% of surveyed households in the Wa Region reported a rice deficit of up to 3 months, while 45% had a rice deficit of 3 to 12 months. Until the opium ban was enforced by the Wa authorities on 26 June 2005, 74% of villages grew opium poppy for a living.



***55% of households in the Wa Region reported a rice deficit of up to 3 months, while 45% had a rice deficit of 3 to 12 months.***

Incentives associated with growing opium poppy make it difficult for farmers to substitute it for other crops. Opium poppy has a stronger resistance to local diseases; it needs less tending after cultivation and requires little post-harvest care. Growing opium poppy is a quick fix for farmers as its unit price has been traditionally high and the market price is stable. In addition, opium poppy does not require transport to the market as buyers come to the village to settle the transaction prior to the harvest. Yet, farmers who grow poppy are poorer than non-opium growing ones, as they have a less diverse economy, fewer skills, and are more at risk of drug addiction.



## Drug Addiction in the Wa Region

In Shan State, the Wa region has the second highest addiction rate after Eastern Shan State. According to targeted surveys conducted by UNODC, the number of male drug addicts is far higher than that of female drug addicts. Most addicts have reported to use opium, with a small number using ATS and heroin.



Ta She, an ex-addict, his wife and their five children from Yong Ran village, Wein Kao district



*...I received a wound when I was about 17. The wound was healed but the throbbing pain remained. It was so painful that I resorted to opium smoking in search of a relief since there are no other means to alleviate the pain I endured. Eventually, I became an opium addict. I decided to quit smoking opium. I enrolled myself at an UNODC detoxification centre and received treatment at the Wein Kao Centre in 2005. Our family depends on the income from selling the produce of a small rice field we own. When I was a drug addict, our family could only produce 8 pongs [approximately 80 kg] of rice seed. After receiving the treatment and leaving the opium behind, we produced 19 pongs [approximately 190 kg] of rice seed. I am currently living happily with my wife and five children. Today, I am no longer an opium addict...*

*Ta She  
Yong Ran village*

The lack of primary health care is the key reason for drug addiction in the Wa Region. More than half of the surveyed drug addicts reported to have started using opium for medicinal purposes, to alleviate pain, coughing and diarrhoea. However, this self-prescription of opium often leads to addiction, further deteriorates health, and decreases household productivity.



Yong Ran village, Wein Kao district

# The Consequences of Drug Addiction

- ***Decreased Household Productivity***

Drug addiction significantly reduces the productivity of both the addicts and their households. They become less productive, often spending more time consuming drugs than working. The problem becomes increasingly severe as most of the addicts are male and head of household. Women and children in the family must work strenuously in lieu of the drug addict in an attempt to offset the loss of income that derives from low productivity. Opium smoking requires a 'minder' to assist the addict before and during the process of consumption. As a result, family members are burdened with extra chores and the household productivity is further reduced.



- ***The Impact on Family***

Family members are also more prone to domestic violence. Children may be forced to drop out of school and start working when families cannot secure subsistence food. Some children may take the role as 'minders,' thus running the risk of themselves becoming addicts. In some cases, children have lost their parents to the scourge of drugs and are sent to orphanages.

- ***Increased Health Risks***

Drug addiction can also lead to other health-related problems. Drug addicts, especially Intravenous Drug Users (IDUs), are more likely to contract highly infectious diseases such as HIV/AIDS and hepatitis through the use of contaminated injecting equipment and unsafe injecting practices. Although the percentage of IDUs is relatively low in the Wa Region, lack of awareness about the transmission and prevention of various diseases can lead to their spread among the general public.





## UNODC Drug Demand Reduction Programme

The high rate and impact of drug addiction have led UNODC to implement drug demand reduction activities in the Wa Region. The UNODC Drug Demand Reduction Programme (DDR) started operating in the Wa Region in 2000 with the objective of decreasing the number of existing and potential illicit drug addicts. Since 2004, a combination of two approaches - centre-based treatment and community-based rehabilitation - is used to conduct DDR activities.



Ex-addicts treated under UNODC DDR Programme 2002-2003



DDR awareness raising activity

The DDR programme helps drug addicts detoxify with the aid of trained DDR assistants at the centre. The programme also includes capacity building of the local population by providing training to Village Health Volunteers (VHVs). VHVs support follow-up activities, such as monitoring and rehabilitation of ex-addicts; conduct awareness sessions on illicit drugs; and provide health education and treatment of common diseases to both ex-addicts and the community.

### UNODC DDR Objective

To decrease the number of existing and potential illicit drug addicts

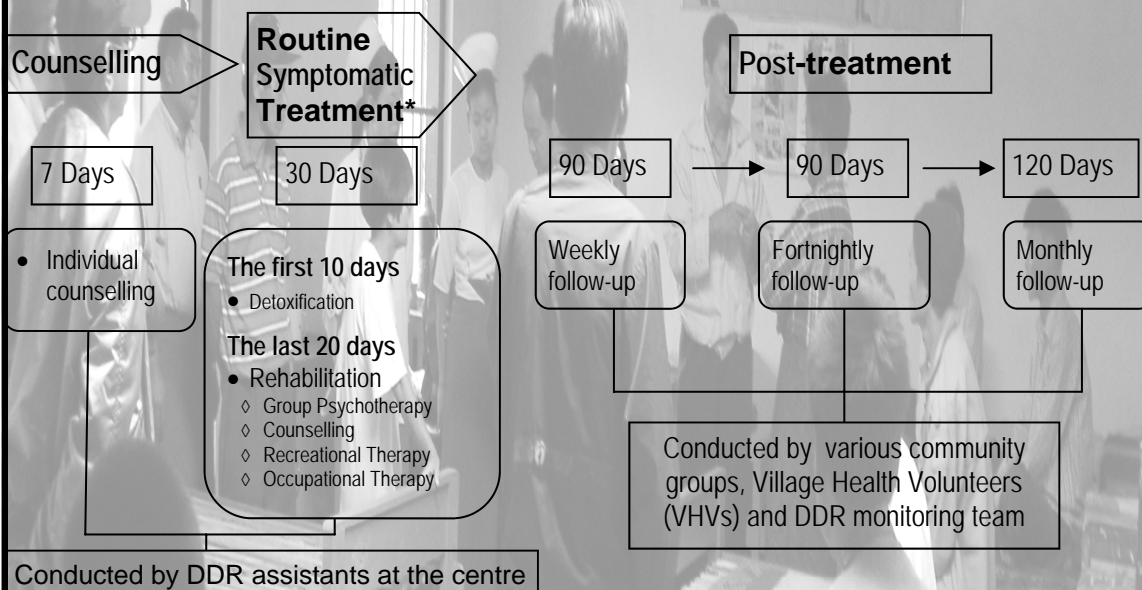




Counselling and treatment for drug addicts are provided as part of the detoxification process. Drug addicts take part in individual counselling sessions at the centre for a week. This is followed by centre-based detoxification and community-based rehabilitation, provided by trained demand reduction assistants for 30 consecutive days.



### Treatment Procedures used by the Centre-based Drug Demand Reduction Programme



\*The routine symptomatic treatment is the smoothest among the detoxification methodologies. In this treatment, drug addicts are given drug substitutes such as opium tincture solution or methadone or alkaloid-based herbal medicine. In addition, other medicines are provided for symptomatic treatments.



After detoxification, ex-addicts partake in a follow-up programme for ten months. This follow-up is monitored by a DDR monitoring team and Village Health Volunteers (VHVs), in collaboration with various community groups, who also coordinate and arrange visits to ex-addicts.

Health services such as treating minor ailments of ex-addicts and their families, as well as other families in the villages are also provided. In addition, the centres help ex-addicts reintegrate into mainstream society by providing them with opportunities to acquire skills in agriculture, carpentry, and livelihood technologies. Ex-addict associations are also formed to provide support and to help reducing the rate of illicit drug abuse in their communities.



Ai Sum (far left), an ex-addict, and his family  
From Yong Moot village, Nam Kham Wu township

*...Being curious about 'the heavenly pleasure,' of which my opium addict friends told me, I started smoking opium. Smoking opium granted me a satisfaction as if all my dreams came true. Within a week, I became an addict and could not stop using it as I began experiencing withdrawal symptoms - agonizing pain, nausea and vomiting. The production of my rice farm plummeted since then as I became less productive. I was in despair and did not know how to balance myself between the consumption and the shortage of funds. I was very excited to hear about UNODC DDR programme coming to my township in 2006. I began receiving treatment at the centre, and after detoxification, I learnt carpentry under the Food for Training programme. Now I am starting a new life, growing maize and soybean for income and fixing my house during my spare time...*

*Ai Sum  
Yong Moot village*

DDR programmes bring together various community groups such as women's groups, youth groups, township and village drug control committees and ex-addict associations. This cooperation plays a key role in helping to rehabilitate ex-addicts, reduce the relapse rate and curb potential drug abuse. In order to support these efforts, the DDR programme provides these groups with training on awareness education and illicit drugs.

Seven UNODC DDR centres have been established in two districts: Mong Pawk and Wein Kao. Five centres are located in Mong Pawk District, in the villages of Mong Kar, Mong Pawk, Ho Tao, Mong Phen, Nam Phai. The two remaining centres are in Wein Kao District, in Wein Kao and Nam Kham Wu.



Ai Sum using the carpentry skills he learnt at the UNODC training programme

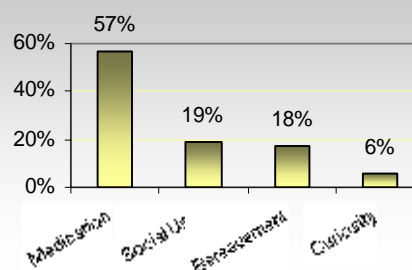


## 2002-2003 DDR Programme (Mong Pawk and Mong Kar)

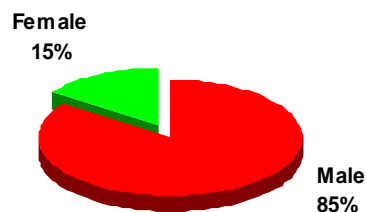
The first DDR programme operated from February 2002 until December 2003 in two townships - Mong Kar and Mong Pawk - in Mong Pawk district. These two townships had a total population of 21,840 - 5% of the total population in the Wa region. Drug addicts treated under the programme accounted for 3% of the total population in the two townships.

A total of 611 addicts were treated under this programme with an average relapse rate of 32%. Concerns over the high relapse rate made the DDR team re-evaluate the methodology used to treat drug abusers. Evidence indicated that this rate of relapse was the result of the availability of opium at a low price, and the lack of a community participatory monitoring mechanism. The outright centre-based approach with no community participation made difficult for DDR staff to monitor ex-addicts once they finished detoxification at the centre. Ex-addicts were likely to start consuming drugs once again as a result of the intense pressure from other users and from dealers. Learning lessons from this experience, the DDR programme modified its approach and started implementing a combination of centre-based treatment and community-based rehabilitation in 2004.

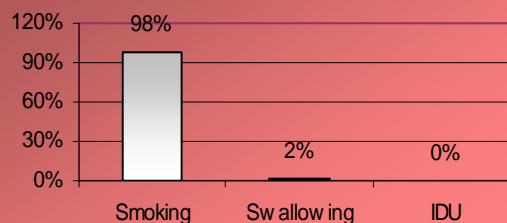
### Reasons for Drug Use, Mong Kar and Mong Pawk Townships, 2002-2003



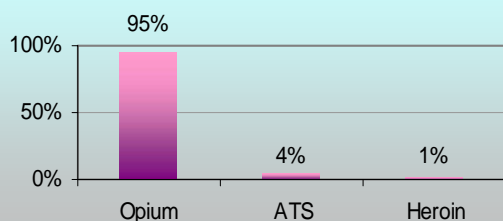
### Male-Female Drug Addict Ratio, Mong Kar and Mong Pawk Townships, 2002-2003



### Mode of Drug Consumption, Mong Kar and Mong Pawk Townships, 2002-2003



### Types of Drug Use, Mong Kar and Mong Pawk Townships, 2002-2003



## Highlights

### Treatment

- ♦ A total of 611 drug addicts were detoxified and rehabilitated

### Awareness Raising

- ♦ 484 sessions of awareness education training were held in 114 villages covering 4,408 children over the age of fifteen

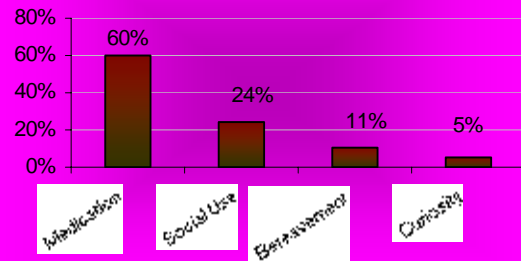
## 2004 - July 2006 DDR Programme (Mong Pawk and Wein Kao)

Sine January 2004, the DDR programme has been operating in three townships (Ho Tao, Mong Phen and Nam Phai) in Mong Pawk district and two townships (Wein Kao and Nam Kham Wu) in Wein Kao district. With a population of 67,716, these five townships account for 14% of the total population in the Wa Region.

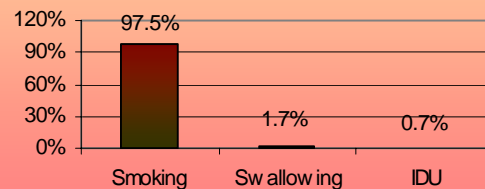
This programme relies on a new approach which uses a combination of centre-based detoxification and community-based rehabilitation. The objective behind this new methodology was to ensure that ex-addicts received appropriate community support, to facilitate their re-integration into society and to decrease the potential of relapsing.

A total of 1,701 addicts have been treated under the DDR programme with an average relapse rate of 6%. The DDR staff's endeavour and commitment, soaring opium price and growing community interest in the UNODC Programme have also contributed to this relatively low relapse rate.

## Reasons for Drug Use in Five Townships in Mong Pawk and Wein Kao, 2004 - July 2006



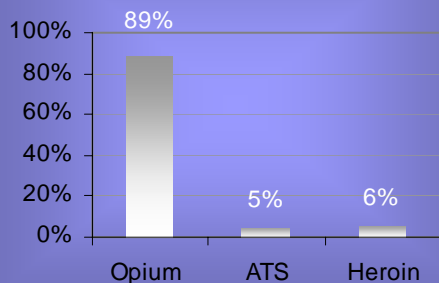
## Mode of Drug Consumption in Five Townships in Mong Pawk and Wein Kao, 2004 - July 2006



## Male-Female Drug Addict Ratio in Five Townships in Mong Pawk and Wein Kao, 2004 - July 2006



## Types of Drug Use in Five Townships in Mong Pawk and Wein Kao, 2004 - July 2006



## Highlights

### Treatment

- ◊ A total of 1,701 drug addicts were detoxified and rehabilitated with an average relapse rate of 6%
- ◊ 8,028 counselling sessions for drug addicts and 5,936 sessions for families were conducted

### Awareness Raising

- ◊ 595 sessions of awareness education were held in 347 villages covering 14,309 children over the age of 15



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