



# Reporting on HIV and Drug Use in Myanmar

A Guide for *J*ournalists  
2018



# Foreword

**T**he issues of HIV and drug use in Myanmar are deeply intertwined as people who inject drugs (PWID) are among the most affected by HIV, with one out of four PWID<sup>1</sup> living with HIV nationwide. In some areas such as in Kachin State, the HIV prevalence is higher than national with 41% of PWID<sup>2</sup> living with HIV.

The media has an important role to play in addressing this challenge as it is one of the most important sources of health information for the public. Given its influence in public knowledge and understanding, it is important for the media to cover HIV and drug use in an accurate and balanced manner, especially since stories can sometimes fuel stigma and discrimination amongst those already struggling to manage HIV or overcome their dependency on drugs.

Stigma and discrimination remain to be a challenge in addressing HIV as people living with HIV and populations at high risk of acquiring the disease are often reluctant to access prevention and treatment services out of fear of being discriminated against. The same can be said of drug dependence, where people with drug problems and their families feel ashamed to seek medical help.

This guide, developed in collaboration with Internews, aims to be a quick reference guide for journalists in covering the interlinked issues of HIV and drug use. It also explains the concept of harm reduction and its role in reducing new HIV infections. While the guide is mostly meant to help journalists to develop stories, we also hope that it can serve as an invitation for the media to challenge long-held misconceptions about HIV and drug dependency and view the issue of drug use from a public health perspective.

**Oussama Tawil**

**Country Director**

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# Glossary

*AIDS*– Acquired Immune Deficiency Syndrome (AIDS) describes a syndrome of opportunistic infections and diseases that can develop as a person’s immune response is partially or completely suppressed along the continuum of HIV infection (from acute infection to death)<sup>3</sup>.

*Drug dependence* – A cluster of physiological, behavioral, and cognitive phenomena of variable intensity, in which the use of a psychoactive drug (or drugs) takes on a high priority. It implies a need for repeated doses of the drug and indicates that a person has impaired control of substance use, as its use is continued despite adverse consequences. Physiological dependence involves the development of tolerance and withdrawal symptoms upon cessation of use of the drug<sup>4</sup>.

*Harm reduction*– refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community<sup>5</sup>.

*Heroin* - A semi-synthetic opiate synthesized from morphine. Heroin is approximately twice as potent as morphine and has a high potential for abuse<sup>6</sup>.

*HIV*– The Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system, ultimately leading to AIDS<sup>7</sup>.

*Methadone* - A long-acting synthetic opioid therapeutic drugs for detoxification or maintenance therapy in opioid dependence. It is on the WHO Model Lists of Essential Medicines, and is used to treat dependence, for example, opioid substitution treatment or HIV prevention in people who inject drugs<sup>8</sup>.

*Opioid substitution treatment or therapy (OST)* – The recommended form of drug dependence treatment for people who are dependent on opioids. It has proved to be effective in the treatment of opioid dependence, in the prevention of HIV transmission and in the improvement of adherence to antiretroviral therapy. The most common drugs used in OST are methadone and buprenorphine<sup>9</sup>.

*People who inject drugs (PWID)* - Refers to people who inject psychotropic (or psychoactive) drugs including but not limited to opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens<sup>10</sup>.

*Psychotropic (or psychoactive) drugs* - Any chemical agent affecting the mind or mental processes<sup>11</sup>.

# REPORTING ON DRUG USE AND HIV IN MYANMAR



# Introduction

## The Media's Role in Reducing Stigma and Discrimination Against Drug Use and HIV



A journalist listening to the story of a person who injects drugs in Kachin State

*“We need to write and help the public understand that drug users are not terrible persons to be feared, nor are they criminals.”*

*– Thet Wai Hnin,  
Reporter from The Standard Times*

The media has a critical role to play in correcting the myths surrounding drug use that has for decades, helped create an environment of misunderstanding, distrust and discrimination against people who use drugs. Drugs change the structure of the brain and how it works<sup>12</sup> and yet drug use is seldom reported as a health problem.

Media coverage has mostly been focused on law enforcement, with drug users often portrayed as criminals. This negative portrayal adds to the stigma and discrimination against drug users, discouraging them from accessing essential health services, including HIV prevention and treatment services.

Sharing of contaminated needles help spread HIV amongst people who inject drugs (PWID), with the use of contaminated injecting equipment estimated to account for 32% of all new HIV infections<sup>13</sup> in Myanmar. Aside from this, unprotected sex between PWID and their partners, and sex workers, also help drive the epidemic. For PWID who acquired HIV, the discrimination from the community is doubled, with HIV being seen as punishment for their actions.

Depending on the media's coverage of issues, discrimination against drug users and people living with HIV can either be heightened or reduced. In Sri Lanka, a critical analysis of news reports<sup>14</sup> showed coverage of HIV issues to be mostly under the 'Crime section' (90%) with most stories falling into the 'law enforcement' category. Stories related to 'health/HIV services' lagged far behind (5%) along with 'socio-cultural issues and personal stories' (4.8%). When reporting on drug use, people who use drugs were portrayed as 'junkies', 'petty thieves' or 'hardened criminals', often with no distinction made between drug users, people dependent on drugs and drug dealers. Fundamental journalistic values such as respect for anonymity and confidentiality were also routinely violated, contributing to the stigma and discrimination against people living with HIV (PLHIV) and drug users.

But the media can also help increase public understanding about HIV and reduce discrimination against PLHIV. In China for example, a study found

that mass media sources such as television programs, newspapers and magazines were frequently identified as channels for HIV information.<sup>15</sup> Exposure to multiple sources of HIV information was significantly related to HIV knowledge and less stigmatizing attitudes toward PLHIV.

*“Although drug users are shunned or feared by some people, they are actually in desperate need of understanding and sympathy.”*

*– Khin Myat Mon Wai,  
Mizzima*



Journalist conducting an interview in Waingmaw

# Part I

## Let's Talk about Drugs

### What is a drug?

A drug is: *“Any substance, with the exception of food and water, which, when taken into the body, alters its function physically and/or psychologically.”*

World Health Organization, 1981

Given this definition, drugs can be legal or illegal. Some of the examples of drugs that are legal are coffee, alcohol, cigarettes, prescribed medications and betel nut. Examples of illegal drugs on the other hand are heroin, cocaine, crack and amphetamine that are banned in most countries. There are some drugs however, such as marijuana, that are illegal in some countries, but legal in other countries for medical or recreational purposes.

### What is drug dependence?

People begin using drugs for a variety of reasons. It can be out of curiosity, to socialize and have fun, relieve stress and boredom, cope with life problems, lessen inhibitions and gain confidence. Not all persons who use drugs develop drug dependence, the vast majority, or up to 90% of people who use drugs do not become dependent<sup>16</sup>. Drug dependence is described as a chronic relapsing health disorder. People who are dependent of drugs have an impaired control of substance use and continues to use it despite adverse consequences. It also involves the development of tolerance and withdrawal symptoms upon cessation of the use of the drug.

The most common illegal drugs in Myanmar are:

- Heroin
- Methamphetamines [ex. yaba -a mixture of methamphetamines and caffeine)
- Marijuana
- Opium



Drug dependence is not always about using illegal drugs. It applies to any drug, including alcohol, that is consumed repeatedly despite harmful consequences to the drug dependent individuals, their families and the community.

In the case of heroin withdrawal the symptoms may feel like a terrible case of flu and include chills, sweat, diarrhea, nausea, vomiting and body aches.



Paraphernalia for smoking and injecting heroin. National Drug User Network Myanmar

*"I tried to stop using heroin for at least 20 times. I tried to stop using by myself, but I found it difficult. I had painful joints, I can feel every muscle movement. I felt like jumping up and down and wanted to throw myself to the wall to alleviate the pain, the withdrawal process was just too painful.*

*No one chooses to be dependent on drugs. We start using it and gradually become the victim of the drug and can't stop anymore. People usually don't want to talk to drug users, but community support is important in making us stop using drugs."*

*Person who inject drugs from Yangon, 23 years old*

**Drug dependence is a medical, not a moral issue.** It has nothing to do with being weak or bad. As with other chronic conditions, there is no simple and quick remedy to address this complex illness. Long-term and continued care is often required. Those who manage to quit heroin permanently remain vulnerable and need enormous determination to avoid a relapse. Failure to acknowledge it contributes to further marginalize people with drug dependence problems, jeopardizing their recovery and chances of successful social integration.<sup>17</sup> On the contrary, showing compassion, understanding and being supportive, is of critical importance to help them resume a normal life.

# Part II

## Drug use and HIV: A Global Health Issue

### Problematic drug use: a major threat to global public health



An estimated quarter of a billion people used illegal drugs at least once in 2015. That represents about 5% of the global adult population aged 15-64 years<sup>18</sup>



### Drug use disorders

Globally, over 11% of people who used drugs (or around 29.5 million) are engaged in problematic use. This means that their drug use is harmful to the point that they may experience drug dependence and require treatment<sup>19</sup>.



**APPROXIMATELY ONE IN TEN  
PEOPLE WHO USE DRUGS SUFFERS  
FROM DRUG USE DISORDERS  
GLOBALLY**

## **Most harmful drug types**

**Opioids** - a class of drugs that include heroin - remain the most harmful drug type in terms of health impact<sup>20</sup>. They are responsible for a significant proportion of drug-related premature deaths. Using opioids involves the following risks: overdosing; acquiring HIV and hepatitis through unsafe injecting practices; and other medical and psychiatric co-morbidities.

**Amphetamines and methamphetamines** are psycho stimulants that increase a person's ability to stay awake and even increase focus. After opioids, amphetamine account for the second largest share of the global burden of disease attributable to drug use disorders and remain a major concern in East and Southeast Asia<sup>21</sup>, including in Myanmar.

## **Addressing problematic drug use: a specific Sustainable Development Goal.**

Target 3.5 of SDGs calls for 'strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol'. Recognition of problematic drug use as a development issue reflects its multiple health, social and economic impacts at global level. It also highlights the need for national policies to strengthen the public health response for harmful drug use and build capacity for prevention and treatment of drug-related health damages. Despite the magnitude of problem, fewer than one in six persons is provided with science-based services for the treatment of drug use disorders, each year at global level<sup>22</sup>.

## Drug use and HIV in Myanmar

Myanmar continues to be a main source of opium and heroin as well as methamphetamine in South-East Asia<sup>23</sup>. In 2015, Myanmar was the largest opium growing country after Afghanistan<sup>24</sup>.

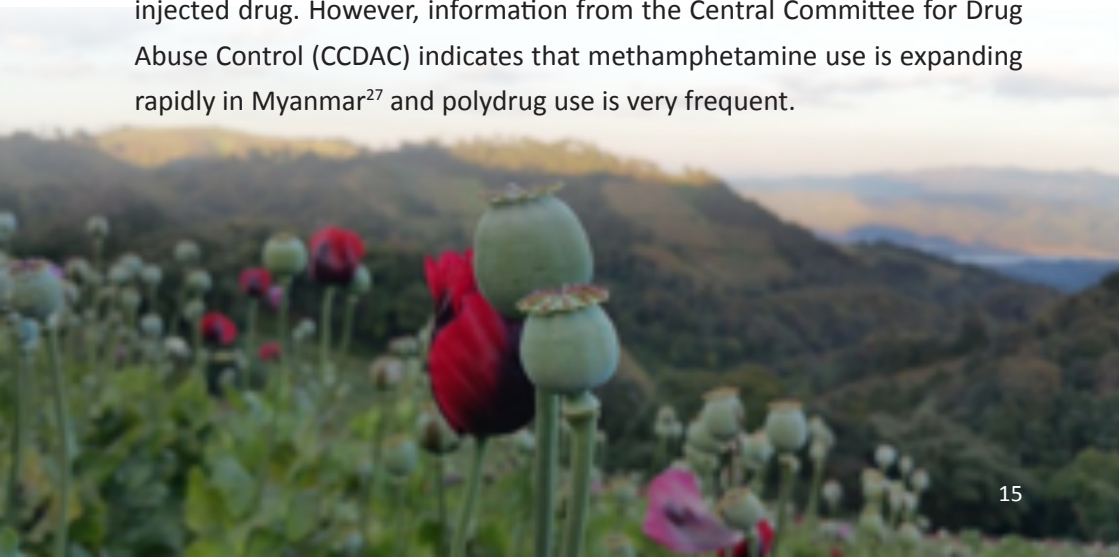
Since 2006, a threefold increase has been reported in the opium poppy cultivation production in the Golden triangle with Myanmar accounting for 90% of all cultivation<sup>25</sup>.

A rapid expansion in the production and trafficking of synthetic drugs such as methamphetamine has also been observed over the past years. Methamphetamine is mostly manufactured in eastern Shan State, and significant amounts originating from Myanmar continue to be seized in neighboring countries.

Official data on the number of drug users in Myanmar is not yet available<sup>26</sup> but estimates of 300,000 to 400,000 were reported.

### HIV among people who inject drugs

In Myanmar, heroin is the primary drug of choice and the most commonly injected drug. However, information from the Central Committee for Drug Abuse Control (CCDAC) indicates that methamphetamine use is expanding rapidly in Myanmar<sup>27</sup> and polydrug use is very frequent.



It is estimated that 93,000 people who inject drugs in Myanmar<sup>28</sup>. This represents 0.61% of the male population aged 15-49<sup>29</sup>. Many people who inject drugs live in remote and/or border areas and conflict zones which are hard to reach and where health services are not always available.

People who inject drugs (PWID) are the group most affected by HIV, particularly in Kachin and northern Shan states where opium is produced. In some areas, almost every household is affected by the drug problem which exacerbates poverty and jeopardizes social and economic development. The stigma attached to drug users also rubs off on their families as they may experience shame, rejection and social condemnation.

**At the national level, nearly one in four people who inject drugs is infected by HIV<sup>30</sup>**

In specific areas of Kachin and Northern Shan states, nearly one in two<sup>31</sup> people who inject drugs tested HIV positive. With nearly half (47%) of people who inject drugs infected with HIV, Waimaw in Kachin State has the 5th highest HIV prevalence among PWID in selected geographical sites in Asia, after cities from Indonesia, Pakistan, and the Philippines<sup>32</sup>.

**Other drug-related health harms**

Beyond HIV, people who inject drugs are disproportionately affected by other life-threatening infectious diseases. They are at high risk of contracting hepatitis (B and C) as well as tuberculosis. Moreover, they regularly experience fatal and non-fatal heroin overdoses.

## Part III

### Harm Reduction Approach: Putting Public Health and Human Rights First

#### What is harm reduction?

*“Harm Reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Harm reduction benefits people who use drugs, their families and the community”.*

Source: Harm Reduction International

#### An internationally endorsed approach

Harm reduction was pioneered by the United Kingdom and the Netherlands more than thirty years ago to deal with harmful drug use<sup>33</sup> and became widely established as a pragmatic response to the HIV epidemic in the early 1990s<sup>34, 35</sup>. Over the past decade, international support for this approach has increased and there is a growing consensus among multilateral agencies that harm reduction must be placed at the heart of the national responses to HIV, hepatitis C and drug use<sup>36</sup>. A Comprehensive Package<sup>37</sup> of interventions for addressing HIV and other harms associated with drug use has been endorsed widely<sup>38</sup>.

## The comprehensive harm reduction package



Source: UNAIDS. Do No Harm report. Health, human rights and people who use drugs. Geneva. 2016.



## Harm reduction in Myanmar at a glance: an increasingly supported approach

Unlike most countries of the world, the concept of harm reduction in Myanmar was first understood, supported and embraced for its pragmatism by the law enforcement sector, specifically the Central Committee for Drug Abuse Control (CCDAC) in 2003-2004<sup>39</sup>.

The Ministry of Health and Sports formally endorsed this approach more than a decade ago and included harm reduction services for people who inject drugs as a key priority in both its national strategic plans for HIV / AIDS and viral hepatitis (2016-2020).

Although all elements of the comprehensive harm reduction package are important, the following two elements are of vital importance: the needle and syringe programmes and opioid substitution therapy and other evidence-based drug dependence treatment.



A member of a non-government organization packing clean needles and syringes for distribution in Myitkyina

## **Needle and Syringe Programmes**

- Using non-sterile injecting equipment is thought to be **3 times**<sup>40</sup> more likely to transmit HIV than sexual intercourse
- Needle and syringe programmes (NSP) are a public health measure with proven effectiveness in reducing the transmission of HIV and hepatitis C virus among people who inject drugs
- The key objective of NSP is to facilitate safe injecting practices by providing sterile injecting equipment, safe disposal of used needles and syringes, and education on safer practices
- Over 33 million needles and syringes were distributed in 2017, representing 358 needles and syringes on average per year per PWID<sup>41</sup>. The National Strategic Plan on HIV and AIDS 2016-2020 aims to increase distribution to 30 million, providing approximately 360 clean needles per year per PWID.

## **Opioid substitution therapy and other evidence-based drug dependence treatment**

- Buprenorphine and methadone are two synthetic opiate drugs used for the treatment of opioid dependence. They are included in the WHO Model List of Essential Drugs<sup>42</sup>.
- These two effective medications relieve withdrawal symptoms and craving in people dependent on heroin or other narcotic drugs. As with other chronic medical conditions, the treatment can be long-term and is referred to as maintenance treatment.
- Central to opioid maintenance therapy is the provision of counselling, case management and other medical and psychosocial services.

- In Myanmar, the opioid substitution treatment of choice is methadone. The methadone maintenance therapy program (MMT) started in 2006 under the responsibility of the National Drug Abuse Control Program, Ministry of Health and Sports
- There are 13,500 registered methadone patients in 2017<sup>43</sup>.
- The National Strategic Plan on HIV and AIDS (2016-2020) aims to increase the number of PWID enrolled in MMT to 32,000 by 2020.



A healthcare worker dispensing methadone in Kachin. *Médecins du Monde*

I was 16 years old when I started using drugs. I was then a student at a university in Kachin and my friends asked me to try heroin. At first, I was only sniffing heroin, but started injecting it when I was 17.

I noticed changes in my physical appearance. I looked pale and unhealthy so I decided to stop using drugs. I tried to stop on my own about 14 to 15 times. However, it was not successful. It was too painful and I couldn't stand the withdrawal symptoms. The pain only went away after using heroin again. My family also tried hard to make me stop, and my parents sent me to Yangon to have a change of environment. I found a job in Yangon. At first, I was able to keep away from drugs. But when I reconnected with my friend, I just couldn't manage to control myself and started using drugs again. I told myself that I'll only use it one time, but I kept using it and slowly started not showing up for work.

I learned about methadone through friends. I saw them taking it and they were very stable, so I got

interested. My girlfriend also encouraged and arranged for me to get methadone treatment. It took me three months to become fully stable on methadone. After taking methadone for four months, I found a job as a security guard. I came back to a normal life, where I take methadone in the morning and go to work in the evening. I didn't need to worry about money and stopped having cravings for heroin. My relationship with my family and girlfriend also improved as I don't ask for money anymore and can even send money to them.

Now, I am an outreach worker for the Youth Empowerment Team and provide support for my peers in overcoming challenges related to drug use. They look up to me because they saw the changes in my behavior and respect me for overcoming difficulties. I never thought I would be well like this, I was in a really bad condition. I am trying to maintain the positive change and continuing to improve myself every day.

Aung Lwin Oo from Kachin, 29 years old

## Harm reduction laws and policies in Myanmar

The need to shift from punitive to treatment approach is gaining ground in Myanmar as reflected in the amendments made to the Narcotic Drugs and Psychotropic Substances Law (1993) and the launch of the National Drug Control Policy in 2018.

The amended drug law, which was approved by the Pyidaungsu Hluttaw in February 2018, showed a positive approach by removing prison penalties for using drugs to facilitate drug users' access to health services. The amended law also removed compulsory registration of drug users when accessing treatment which protects patient confidentiality. Although encouraging steps have been taken towards decriminalizing drug use, the law still criminalizes the possession of small amounts of drugs, jeopardizing harm reduction efforts.

The National Drug Control Policy was developed by Myanmar Police Force (MPF) Central Committee for Drug Abuse Control (CCDAC) and the Ministry of Home Affairs, with support from the United Nations Office on Drugs and Crime (UNODC). The policy presents a comprehensive approach to promote a healthy and safe environment wherein drug-related health, social and economic harm is minimized. Based on a review of the priority needs of Myanmar, the drug control policy includes the following five priority areas;

- (1) Supply Reduction and Alternative Development,
- (2) Demand and Harm Reduction,
- (3) International Cooperation,
- (4) Research and Analysis,
- (5) Compliance with human rights.

*“Prevention and judicial strategies are not enough to solve drug problems. The economy, social affairs, health and development must be taken into consideration.”*

*Major General Aung Soe,  
Deputy Minister for Home Affairs<sup>44</sup>*



Myanmar Police Colonel Zaw Lin Tun briefs media about the need for a balanced drug policy.  
UNODC

*“We want to start referring drug users to health services and not put them in prison, where they do not have any support to stop drug use and other risky behavior.”*

*Police Col Zaw Lin Tun,  
head of CCDAC, project department<sup>45</sup>*

# Part IV

## Why is harm reduction newsworthy?

.... Because it's a steady source of success stories!

An overwhelming body of evidence shows that harm reduction works<sup>46,47,48,49,50</sup>. It saves lives, promotes health and enhances the human rights of people who use drugs. It is also beneficial to families, communities and society as a whole.

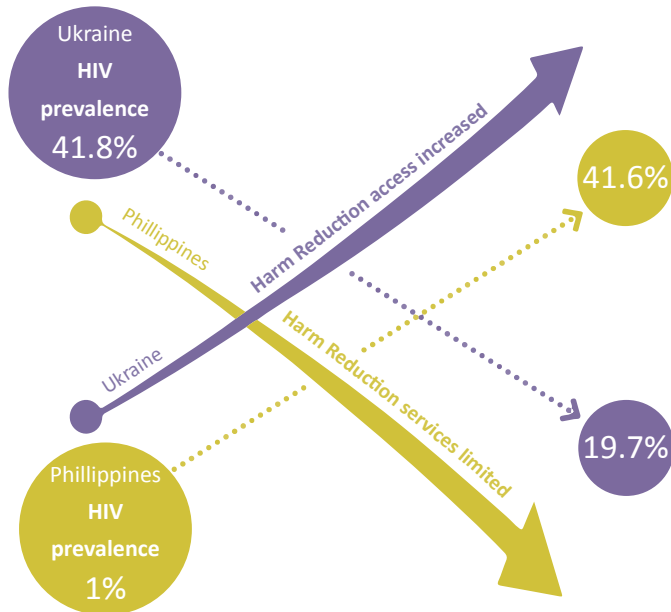
### Harm reduction saves lives

- Needles and syringe programs lessen sharing of injection equipment among people who inject drugs, that help avert HIV and hepatitis transmission
- Methadone maintenance treatment (MMT) leads to the reduction or cessation of illicit opioid use and decreases the risk of opioid overdose by almost 90%<sup>51</sup>.
- For people who use drugs living with HIV, MMT significantly improves HIV treatment outcomes
- Harm reduction improves overall health and quality of life

**In Malaysia**, the roll-out of needles and syringes programs and methadone maintenance therapy is estimated to have directly averted about a third (12,600 infections) of the expected HIV cases between 2006 and 2013<sup>52</sup>.



## Harm reduction vs. 0 Harm reduction and impact on the HIV in Ukraine and the Philippines



Source: Harm Reduction International: The Case for a Harm Reduction Decade. 2016

In Ukraine, in less than a decade, the HIV prevalence among people who inject drugs has more than halved with the roll out of harm reduction programs.

In the Philippines, where harm reduction is very limited, the HIV prevalence among PWID has increased to alarming proportions, from 1% in 2008 to 41.6% in 2014.

## Harm reduction benefits not just individuals, but also communities

- Methadone enables people who use drugs to resume a normal life, be productive and get back to work.
- Harm reduction programs improve psychological health as well as social relationships with spouses, families and friends.
- Harm reduction also reduces drug-related criminality as patients do not need to get money at all cost to buy drugs.

## Harm reduction saves money

*“Not only do the societal benefits of harm reduction programs exceed treatment costs, but they also present significant returns on investment due to infections and subsequent health costs which are averted”.*

Source: Wilson DP et al. The cost-effectiveness of harm reduction. Int J Drug Policy. 2015.

## Costs of needles and syringes programs versus HIV treatment

Needles and syringes programs are relatively inexpensive especially when compared with the costs of treating a HIV patient over a lifetime.

The cost-effectiveness of harm reduction programs substantially increases when wider health psychosocial and economic are taken into consideration such as: reduction

NEEDLE-SYRINGE  
PROGRAMMES

**US\$ 23-71**

PER PERSON, PER YEAR

ANTIRETROVIRAL  
THERAPY

**US\$ 141-481**

PER PERSON, PER YEAR

Source: UNAIDS. Do No Harm report. 2016

in criminal activity, criminal justice costs and drug-related incarcerations. Moreover, no evidence suggests that incarceration of people who use drugs is effective in reducing drug dependence as most detained people return to drug dependence shortly after release.

### Cost-effectiveness of harm reduction Vs. incarceration of people who use drugs



**US\$ 1** spent on  
harm reduction in Australia returns  
**US\$ 5.50**  
in averted health-care costs.



**US\$ 1** spent on incarceration  
of people who use drugs in the United  
States of America generates **US\$ 0.33** in  
public safety gains.

# Part V

## Busting myths about drug dependence and harm reduction

Despite compelling evidence that harm reduction is beneficial to all, the approach still faces resistance, especially at the community level, due to myths and misconceptions surrounding it. These myths fuel discrimination against people who use drugs and hinder them from accessing health services. In this section we bust some long-held myths about drug dependence and harm reduction by presenting facts.

Myths	Facts
<b>Myth 1: People who cannot stop using drugs, don't have the willpower to stay 'clean'.</b>	Drug dependence is not a moral issue, but a medical one. It is a chronic relapsing disease that impairs a person's control of drug use and causes physical withdrawal symptoms when they attempt to quit. Recovery from drug dependence is often associated with more than one relapse.
<b>Myth 2: All people who use drugs are dependent on drugs</b>	Most people who use drugs do not become dependent to it. Drug dependence develops at different rates depending on a person's characteristics, reasons for using and drug of choice. Heroin however, is powerfully addictive and people using it often develop a tolerance that leads to increased drug consumption.
<b>Myth 3: Harm reduction interventions increase crime or violence</b>	There is no evidence to show that needles and syringes programs (NSP) increase violent crimes such as assaults or robberies in neighborhoods where they are implemented. Methadone maintenance therapy is associated with a significant decrease in crimes committed by people who use drugs.
<b>Myth 4: Needle and syringe programs encourage drug users to keep using and increase injection use</b>	According to the World Health Organization, there is no persuasive evidence to prove that needle and syringe programs (NSP) increase initiation, duration or frequency of illicit drug use or drug injecting. On the contrary, NSP contributes to public health by decreasing transmission of HIV and hepatitis B and C among injecting drug users.

Myths	Facts
<b>Myth 5: NSP encourage young people to start injecting or lower the age of first injecting</b>	NSP do not initiate injecting drug use or lower the age when a person first injects. When programs are large scale and well-established, fewer people start injecting drugs than in areas where there is strong law enforcement but either has no NSP or has smaller-scale programs.
<b>Myth 6: Methadone treatment is just about replacing one drug with another.</b>	Methadone is included in the WHO Model List of Essential Medicines. Methadone patients are dependent on medication in the same way a diabetic is dependent on insulin. People who are dependent on opioid drugs such as heroin, can be effectively treated with methadone. This medication enables them to live a normal life, work, or care for their children.
<b>Myth 7: Methadone is a ‘heroin antidote’ or a magic bullet or a ‘cure-all’.</b>	Methadone is not a cure for opioid dependence. It can be thought of as a tool that helps people repair harms caused by dependence and help them stay away from drugs and build a new life.
<b>Myth 8: Methadone is fake heroin or is more harmful than heroin</b>	Heroin is an illegal narcotic which may be cut with harmful additives. Methadone on the other hand, is safer by nature because it is prescribed and administered by medical professionals in a controlled environment.

# Part VI

## Tips and best practices in reporting on harm reduction



Person who inject drugs playing the guitar at a drop-in center in Myitkyina

Journalists covering harm reduction stories share some tips and best practices on interviewing and writing about HIV, drug use and harm reduction.

### Tip # 1: Write with empathy

“When coming across an individual suffering from harm, I have learned to take special care in my behavior or attitude towards him/her. I have learned to empathize with the person.”

– Maung Zaw, The Myanmar Times

“We can say that by writing harm reduction articles we have developed more humane practices. Because we all know that in the past drug users and those suffering from related diseases were ostracized by society. To be honest, we ourselves could have been part of that society. (Realizing) that this is not part of the solution to the problem, and the changes in our views and attitudes towards (drug users) – are best practices. When writing news reports we have learned to write with more empathy. Another good practice is being more aware and careful of our choice of words and expressions when writing.”

– Aung Nyein Chan, Myanmar Now

Do ask yourself: “What if this was me or someone close to me?”

Try to imagine yourself in the position of someone who experiences stigma and discrimination in his/her daily life. Also think about the impact of negative portrayals of drug users on their parents, their siblings and even their children.

## **Tip # 2: Report ethically**

“Rules, standards, laws, theories and ethics have been systematically developed because they are necessary in every field. That is why in (reporting harm reduction) the ethics and standards to be observed by the media are very important. For example, if a person who is a news source doesn’t wish to be identified, he/she shouldn’t have his/her identity exposed on TV. Only then, when one becomes an ethical reporter, will he/she be able to protect and help news sources. Trust can also be built between the reporter and the news source.”

– Khun Zaw Oo, DVB

The Media Code of Conduct was developed by the Myanmar Press Council (Interim) in 2014 as a statement of the standards to which all media outlets should abide. The code of conduct highlights that, “The responsibilities of the media in a democracy include duties of accuracy and balance, fairness and respect for others, and ensuring the right of people to receive information.” Below are some sections from the Code of Conduct that would be useful to keep in mind when reporting on harm reduction:

Sections	Content/Description
<b>Section 3.2</b> On protection of sources	Media outlets have a moral obligation to protect confidential sources of information and to respect confidences knowingly and willingly accepted in the course of their work
<b>Section 5.1</b> On privacy and the public interest	The publication or broadcasting of information about the private or family lives of individuals without their consent is acceptable only where this is justified in the public interest.  *Under the code it is noted that ‘in the public interest’ is not the same as ‘of interest to the public’. The breach of the Code is not justified by mere curiosity.
<b>Section 10.1</b> On discrimination	Media outlets should avoid any discriminatory, derogatory or patronizing reference to people’s race, colour, religion, sex, sexual orientation or preference, age, physical or mental disability or illness

### Tip #3: Avoid using terms that promote discrimination

“With regards to best practices, try to avoid expressions and writing news reports which may cause harm to news sources.”

– Thet Wai Hnin, The Standard Times

Words like “addicts” and “junkies” immediately paint a negative image among viewers and readers and further add to the stigma and discrimination against people who use drugs. When reporting about drug issues it is best to use ‘people-first’ language that respects the person’s individuality and



recognizes that the condition or behavior is only one aspect of who the person is and not what defines him/her. Examples: People who use drugs, people who inject drugs, people who are dependent on drugs /on a drug.

#### **Tip #4: Look at the public health angle**

“Average citizens don’t really understand what harm reduction is. They not only don’t know what it is, some even think it encourages drug use. If the media adds its support, there can be better awareness and more acceptance.”

– Aung Nyein Chan, Myanmar Now

Presenting drug dependence as a chronic disease or a serious health condition, brings the attention back to its medical aspect. Viewing the issue from a public health lens, and not just from a crime stories angle, could help the community better understand the nature of drug dependence and the need to provide a solution through health services. Journalists, in the development of their articles, could also help encourage drug users and their families to seek treatment and support.

Success stories abound of people who use drugs who were able to recover and find work with the help of harm reduction programs. Other possible story angles are the health and social cost benefits of the harm reduction approach, such as how it prevents transmission of diseases such as HIV and hepatitis B and C.



Healthcare worker collecting a blood sample for HIV testing. *Médecins du Monde*

### **Tip #5: Expand news sources**

In developing articles about drug use from a public health aspect, it is best to interview various sources and not just rely solely on law enforcers as a source for stories. Some possible news sources for stories are:

- People who use drugs and people living with HIV
- Representatives from non-government organizations and community groups working on harm reduction
- Medical experts on drug dependence
- Government officials from the Ministry of Health and Sports (National AIDS Program and National Drug Abuse Control Program) to get information about national and local health programs relating to drug dependence and HIV

## **Tip #6: Take special care in taking photos of interviewees**

If the person being interviewed doesn't want his/her identity revealed, some useful techniques could be to photograph him/her in silhouette or from behind. Taking non-identifiable photos and providing pseudonyms can also help protect the identities of individuals. It would also be good practice to get a written consent from the interviewees. Lastly, also take special care in writing the captions to make sure that they don't contain terms that contribute to discrimination against the interviewees.

# Part VII

## Useful Resources

### Contacts of organization

Name of the organization	Contact information
<b>Government and information bodies</b>	
National AIDS Program, Ministry of Health and Sports	Address: Office No. 4, Nay Pyi Taw, Myanmar Email: info@mohs.gov.mm Tel: +95 67411189 Facebook: <a href="https://www.facebook.com/nap.npt.mmr/">https://www.facebook.com/nap.npt.mmr/</a> Website: mohs.gov.mm
Drug Dependency Treatment and Research Unit, Ministry of Health and Sports	Address: Mental Health Hospital, Ywar Thar Gyi, East Dagon.
<b>Harm reduction service providers</b>	
Asian Harm Reduction Network (AHRN) -INGO	Address: No. 135 (G), Mawyawaddy Street, Pyay Road, 8 Mile, Mayangone Tsp, Yangon Tel: 01-666731, 652903, 665874 Email: contact.ahrn@gmail.com Website: <a href="https://www.ahrnmyanmar.org/">https://www.ahrnmyanmar.org/</a>
Burnet Institute (BI) - INGO	Address : No 226, 4th Floor, 226 Wizaya Plaza, U Wisara Road, Bahan Township, Yangon Tel : +61392822180 Email : lia.burns@burnet.edu.au Website: <a href="https://www.burnet.edu.au/countries/2_myanmar_burma">https://www.burnet.edu.au/countries/2_myanmar_burma</a>
Medical Action Myanmar (MAM)	Email : medicalactionmyanmar@gmail.com Website: <a href="http://medicalactionmyanmar.com/">http://medicalactionmyanmar.com/</a>
Médecins du Monde (MDM)	Website: <a href="https://www.medecinsdumonde.org/en/countries/asia/myanmar">https://www.medecinsdumonde.org/en/countries/asia/myanmar</a> Facebook: <a href="https://www.facebook.com/Medecins-du-Monde-Myanmar-Mission-1430841610541606/">https://www.facebook.com/Medecins-du-Monde-Myanmar-Mission-1430841610541606/</a>

Médecins Sans Frontières (MSF)	<p><b>MSF Holland:</b> 5/59 Ayeyadananar Street, Thirigon Villa, Waizayandar Road, Thingangyun Township, Yangon. Tel (+95)(01)122 1308; (01)855 1264</p> <p><b>MSF Switzerland:</b> 101 Dhamazedi Road, Kamayut Township, Bahan. P.O. Box 11201, Yangon. Tel: (+95)(01)526 194; (+95)(01)502 509 Website: <a href="https://www.msfmyanmar.org/en/about-us">https://www.msfmyanmar.org/en/about-us</a></p>
Metta Development Foundation	<p>Address: Parami Condominium Housing, Building 12+1A Room 1302, 16 Quarter, Hlaing Township, Yangon Tel: +95 1 522266/ Fax: +95 1 522357 Email: <a href="mailto:ygn.office@metta-myanmar.org">ygn.office@metta-myanmar.org</a> Website: <a href="http://www.metta-myanmar.org/">http://www.metta-myanmar.org/</a></p>
Myanmar Anti-Narcotics Association (MANA)	<p>Address: Building 37-G, Kyun Daw Street, Kamayut Tsp., Yangon Tel: 502893, 502892, 532229 Email: <a href="mailto:manacentral@yangon.net.mm">manacentral@yangon.net.mm</a>, <a href="mailto:manaygn@yangon.net.mm">manaygn@yangon.net.mm</a></p>
Substance Abuse Research Association (SARA)	<p>Address: Number 18 (A), Thirimon 9th Street, Thirimon Plaza, Bayintaung Ward, Mayangone Tsp, Yangon Tel: 0951 682094 Website: <a href="http://www.saracentralmm.org/">http://www.saracentralmm.org/</a></p>
<b>Community networks</b>	
National Drug Users Network in Myanmar (NDNM)	<p>Sai Aung Kham, <a href="mailto:saiaungkhannn@gmail.com">saiaungkhannn@gmail.com</a> Tel : 09 966 950 045 Email : <a href="mailto:ndnmlonelone@gmail.com">ndnmlonelone@gmail.com</a></p>
Myanmar Positive Group (MPG)	<p>Address: Room (1007), Bayint Naung Tower (2-B), Hledan Road, Sinmalite Junction, Kamayut, Yangon Tel: 09 310 65510 Website: <a href="http://www.myanmarpositivegroup.org">www.myanmarpositivegroup.org</a> Facebook : <a href="https://www.facebook.com/MyanmarPositiveGroup/">https://www.facebook.com/MyanmarPositiveGroup/</a></p>

<b>UN agencies</b>	
Joint United Programme on HIV/AIDS (UNAIDS)	Address: 137/1 Thanlwin Road, Kamayut Township, Yangon Tel: +95 1 538087, 538938, 503816, 504832, 534498 Facebook: <a href="https://www.facebook.com/unaidsmyanmar/">https://www.facebook.com/unaidsmyanmar/</a>
United Nations Office on Drug and Crime (UNODC)	Address : 11 (A) Maylikha Road, Mayangone Township, Yangon Tel: +95 1 9666903, Fax: +95 1 651334 Email : fo.myanmar@unodc.org
World Health Organization (WHO)	Address : No. 403 (A1), Shwe Taung Kyar Street, Bahan Township, Yangon, Myanmar Tel: +95 1 534 300/Fax: +95 1 538 233 / 538 435 Email : semmr@who.int

## Sources of information and additional readings

<b>International Websites</b>	
Harm reduction international	<a href="http://www.hri.global">www.hri.global</a>
Harm reduction coalition	<a href="http://harmreduction.org">harmreduction.org</a>
Global Commission on Drug Policy	<a href="http://www.globalcommissionondrugs.org">www.globalcommissionondrugs.org</a>
International Drug Policy Consortium (IDPC)	<a href="http://idpc.net">idpc.net</a>
INPUD – International Network of People who Use Drugs	<a href="http://www.inpud.org">www.inpud.org</a>
UNAIDS	<a href="http://www.unaids.org">www.unaids.org</a>
WHO	<a href="http://www.who.int/en/">www.who.int/en/</a>
UNODC	<a href="http://www.unodc.org">www.unodc.org</a>

## International resources:

Harm Reduction International: The Global State of Harm Reduction (2016)
Harm Reduction International: The Case for a Harm Reduction Decade: Progress, potential and paradigm shifts (2016)
UNAIDS: Do No Harm report (2016)
UNAIDS: A public health and rights approach to drugs (2015)
UNODC: World Drug Report (2017)
UN Joint statement calling for the closure of compulsory drug detention and rehabilitation centers (2012)

## Local resources:

Myanmar Ministry of Health and Sports. National AIDS Program. National Strategic Plan on HIV and AIDS (2016-2010)
UNAIDS Myanmar. Fact sheet on HIV Prevention: Harm Reduction for People Who Inject Drugs. 2016. (Fact sheet)
UNAIDS Myanmar. Situational Analysis on Drug Use, HIV and the Response in Myanmar: Looking Forward. 2016 (reprint)
UNAIDS. UNODC Myanmar. Best police practices in support of HIV prevention, care and treatment among people who inject drugs in Myanmar. 2015 (policy brief)
UNAIDS. UNODC Myanmar. Expanding the law enforcement role in the HIV response among people who inject drugs in Myanmar. 2015 (policy brief)

# References

- <sup>1</sup> 2016 HIV Estimates & Projections (National & Sub-National Levels). (2018). Ministry of Health and Sports
- <sup>2</sup> Ibid.
- <sup>3</sup> UNAIDS Terminology Guidelines. (2015). [PDF] Geneva : UNAIDS. Available at : [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) [Accessed 30 Jul. 2018].
- <sup>4</sup> UNAIDS Terminology Guidelines. (2015). [PDF] Geneva : UNAIDS. Available at : [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) [Accessed 30 Jul. 2018].
- <sup>5</sup> Harm Reduction International. (2018). What is harm reduction?. [online] Available at : <https://www.hri.global/what-is-harm-reduction> [Accessed 2 Aug. 2018].
- <sup>6</sup> Terminology and Information on Drugs. (2016). 3rd ed. [PDF] New York: UNODC. Available at: [https://www.unodc.org/documents/scientific/Terminology\\_and\\_Information\\_on\\_Drugs-3rd\\_edition.pdf](https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-3rd_edition.pdf) [Accessed 30 July 2018]
- <sup>7</sup> UNAIDS Terminology Guidelines. (2015). [PDF] Geneva : UNAIDS. Available at : [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) [Accessed 30 Jul. 2018].
- <sup>8</sup> Terminology and Information on Drugs. (2016). 3rd ed. [PDF] New York: UNODC. Available at: [https://www.unodc.org/documents/scientific/Terminology\\_and\\_Information\\_on\\_Drugs-3rd\\_edition.pdf](https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-3rd_edition.pdf) [Accessed 30 July 2018]
- <sup>9</sup> UNAIDS Terminology Guidelines. (2015). [PDF] Geneva : UNAIDS. Available at : [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) [Accessed 30 Jul. 2018].
- <sup>10</sup> HIV and Young People Who Inject Drugs: A Technical Brief. (2014). [PDF] UNAIDS. Available at: [http://www.who.int/hiv/pub/guidelines/briefs\\_pwid\\_2014.pdf](http://www.who.int/hiv/pub/guidelines/briefs_pwid_2014.pdf) [Accessed 2 Aug. 2018]
- <sup>11</sup> Terminology and Information on Drugs. (2016). 3rd ed. [PDF] New York: UNODC. Available at: [https://www.unodc.org/documents/scientific/Terminology\\_and\\_Information\\_on\\_Drugs-3rd\\_edition.pdf](https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-3rd_edition.pdf) [Accessed 30 July 2018]
- <sup>12</sup> Drugabuse.gov. (2018). Drug Misuse and Addiction. [online] Available at <https://www.drugabuse.gov>



drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-abuse-addiction [Accessed 10 July 2018]

- 13 Situational Analysis on Drug Use, HIV and the Response in Myanmar: Looking Forward. (2015). UNAIDS
- 14 Stigma, Discrimination and Key Affected Populations: Strengthening the Role of Media Advocacy in Sri Lanka through a Critical Analysis of News Media Coverage. (2013). [PDF] Bangkok: UNDP. Available at: [http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic\\_governance/hiv\\_aids/stigma--discrimination-and-key-affected-populations--strengtheni.html](http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/stigma--discrimination-and-key-affected-populations--strengtheni.html) [Accessed 15 Mar. 2018].
- 15 Li L, Rotheram-Borus MJ, Lu Y, Wu Z, Lin C, Guan J. (2009). Mass media and HIV/AIDS in China. *Journal of Health Communication*, [online] 14(5), pp.424-438. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/19657923> [Accessed 2 Aug. 2018]
- 16 World Drug Report. (2017). UNODC.
- 17 World Drug Report. (2016). [PDF] Vienna: UNODC. Available at: [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf) [Accessed 20 Mar. 2018]
- 18 World Drug Report. (2017). UNODC. These estimates are based on updates by some 25 countries in which new data were available and reflect the best data currently available on the global extent of drug use.
- 19 Degenhardt L, et al. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *Lancet Global Health*, 5(12)
- 20 World Drug Report. (2017). UNODC.
- 21 The Challenge of Synthetic Drugs in East and South-East Asia. Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances. A Report from the Global SMART Program. (2017). UNODC.
- 22 World Drug Report. (2017). UNODC.
- 23 The Challenge of Synthetic Drugs in East and South-East Asia. Trends and Patterns of Amphetamine-type Stimulants and New Psychoactive Substances. A Report from the Global SMART Program. (2017). UNODC.
- 24 Ibid. Myanmar and the Lao People's Democratic Republic together accounted for 22 per cent of the total global area under opium poppy cultivation and 12 per cent of total opium production over the period 2010-2015. The 2015 estimates have been used here

as proxies for opium poppy cultivation and production in both countries for 2016.

- <sup>25</sup> World Drug Report. (2016). [PDF] Vienna: UNODC. Available at: [https://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](https://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf) [Accessed 20 Mar. 2018]
- <sup>26</sup> The Government of Myanmar is in the process of implementing a national household survey on drug use with support from UNODC
- <sup>27</sup> Drug Abuse Information Network for Asia and the Pacific (DAIN-AP).
- <sup>28</sup> Myanmar Global AIDS Monitoring Report and Estimates. (2017).
- <sup>29</sup> Integrated Biological and Behavioural Surveillance (IBBS) among People who inject drugs. (2014)
- <sup>30</sup> Myanmar Global AIDS Monitoring Report 2017
- <sup>31</sup> Integrated Biological and Behavioural Survey (IBBS) among People who inject drugs 2014
- <sup>32</sup> National Strategic Plan on HIV and AIDS Myanmar 2016-2020. (2016) Ministry of Health and Sports.
- <sup>33</sup> Harm reduction: evidences, impacts and challenges. (2010). [PDF] Luxembourg: European Monitoring Center for Drugs and Drug Addiction. Available at: <http://www.emcdda.europa.eu/publications/monographs/harm-reduction> [Accessed 13 Feb. 2018]
- <sup>34</sup> Wodak A, McLeod L. The role of harm reduction in controlling HIV among injecting drug users. (2008). AIDS, [online] 22, Suppl 2:S81-92. Available at : <https://www.ncbi.nlm.nih.gov/pubmed/18641473> [Accessed 2 Aug. 2018]
- <sup>35</sup> Hunt N. A review of the evidence-base for harm reduction approaches to drug use. Forward Thinking On Drugs Available at: <http://www.forward-thinking-on-drugs.org/review2-print.html> [Accessed 13 February 2018].
- <sup>36</sup> Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users. (2009). Geneva: WHO, UNODC, UNAIDS.
- <sup>37</sup> Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. (2012). Geneva: WHO, UNODC, UNAIDS.
- <sup>38</sup> By WHO, UNAIDS, UNODC, the UN General Assembly, the Economic and Social Council, the UN Commission on Narcotic Drugs, the UNAIDS Programme Coordinating Board, the Global Fund to Fight AIDS, Tuberculosis and Malaria and PEPFAR.
- <sup>39</sup> Situational Analysis on Drug Use, HIV and the Response in Myanmar: Looking Forward. (2015). UNAIDS Myanmar

- <sup>40</sup> Facts about Drug Use and the Spread of HIV. [PDF] UNODC, UNAIDS. Available at: [https://www.unodc.org/documents/frontpage/Facts\\_about\\_drug\\_use\\_and\\_the\\_spread\\_of\\_HIV.pdf](https://www.unodc.org/documents/frontpage/Facts_about_drug_use_and_the_spread_of_HIV.pdf) [Accessed 30 Jul. 2018]
- <sup>41</sup> Global AIDS Monitoring Report. (2017). UNAIDS.
- <sup>42</sup> WHO Model List of Essential Medicines. (2015). [PDF] WHO. Available at <http://www.who.int/medicines/publications/essentialmedicines/en/> [Accessed 29 Jul. 2018]
- <sup>43</sup> Myanmar Global AIDS Monitoring Report & Estimates. (2017).
- <sup>44</sup> Nyein, Z. and Myo, M. (2017). General unveils drug strategy. Eleven Media Group. [online] Available at: <http://www.elevenmyanmar.com/politics/10931> [Accessed 2 Aug. 2018]
- <sup>45</sup> Unodc.org. (2017). Establishing community based drug treatment in Myanmar. [online] Available at: <https://www.unodc.org/southeastasiaandpacific/en/myanmar/2017/04/community-based-drug-treatment/story.html> [Accessed 10 July 2018]
- <sup>46</sup> Wilson DP, Donald B, Shattock AJ, Wilson D, Fraser-Hurt N. The cost-effectiveness of harm reduction. (2015). The International Journal on Drug Policy. 26, Suppl 1:S5-11. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/25727260> [Accessed 2 Aug. 2018]
- <sup>47</sup> Ibid
- <sup>48</sup> Wodak A, McLeod L. The role of harm reduction in controlling HIV among injecting drug users. (2008). AIDS, [online] 22, Suppl 2:S81-92. Available at : <https://www.ncbi.nlm.nih.gov/pubmed/18641473> [Accessed 2 Aug. 2018]
- <sup>49</sup> Hunt N. A review of the evidence-base for harm reduction approaches to drug use. Forward Thinking On Drugs Available at: <http://www.forward-thinking-on-drugs.org/review2-print.html> [Accessed 13 February 2018].
- <sup>50</sup> Cook C et al. The case for a harm reduction decade. Op. Cit.
- <sup>51</sup> Opioid overdose: preventing and reducing opioid overdose mortality. (2013). [PDF] UNODC, WHO. Available at: <https://www.unodc.org/docs/treatment/overdose.pdf> [Accessed 10 Jul. 2018]
- UNAIDS Terminology Guidelines. (2015). [PDF] Geneva : UNAIDS. Available at : [http://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf) [Accessed 30 Jul. 2018].
- <sup>52</sup> Naning, et al., Return on Investment and Cost-Effectiveness of Harm Reduction Program in Malaysia. (2014). [PDF] Washington, DC: World Bank Group. Available at: [https://umexpert.um.edu.my/file/publication/00007479\\_126170.pdf](https://umexpert.um.edu.my/file/publication/00007479_126170.pdf) [Accessed 19 Feb. 2018]



The Three Millennium Development Goal Fund  
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