

BITTER PILLS

**BREAKING THE SILENCE SURROUNDING
DRUG PROBLEMS IN THE MON COMMUNITY**



A REPORT BY THE HUMAN RIGHTS FOUNDATION OF MONLAND -BURMA
JUNE 2013

Bitter pills

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problems in the Mon Community**



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June 2013**

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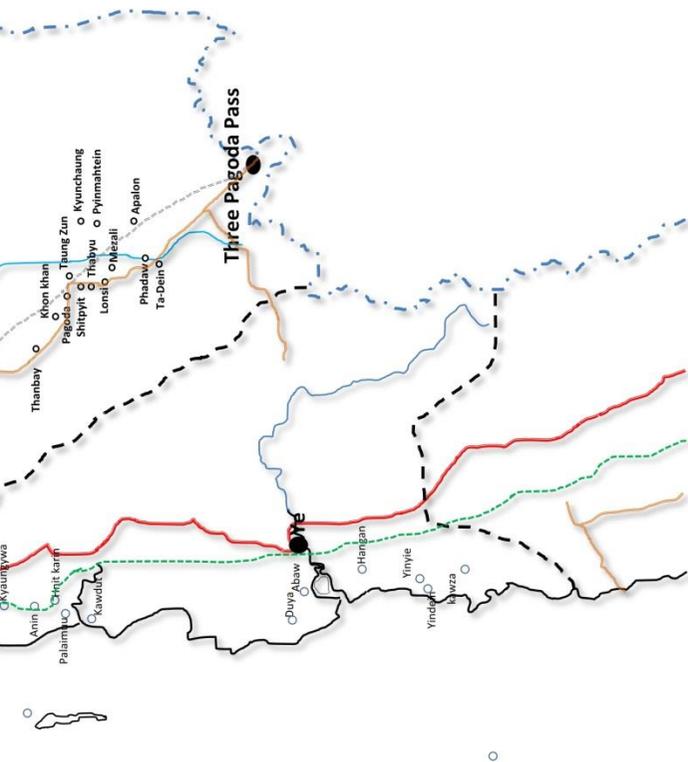
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ACRONYMS AND ABBREVIATIONS

ATS	Amphetamine-type Stimulants
ASEAN	Association of Southeast Asian Nations
CBO	Community-based Organisation
CCDAC	Central Committee for Drug Abuse Control
DKBA	Democratic Karen Buddhist Army
HURFOM	Human Rights Foundation of Monland
IDP	Internally Displaced Person
INL	US Department of State Bureau for International Narcotics and Law Enforcement Affairs
KNU	Karen National Union
NGO	Non-governmental Organisation
NLD	National League for Democracy
NMSP	New Mon State Party
SLORC	State Law and Order Restoration Council
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

Thailand



Areas of survey in this report

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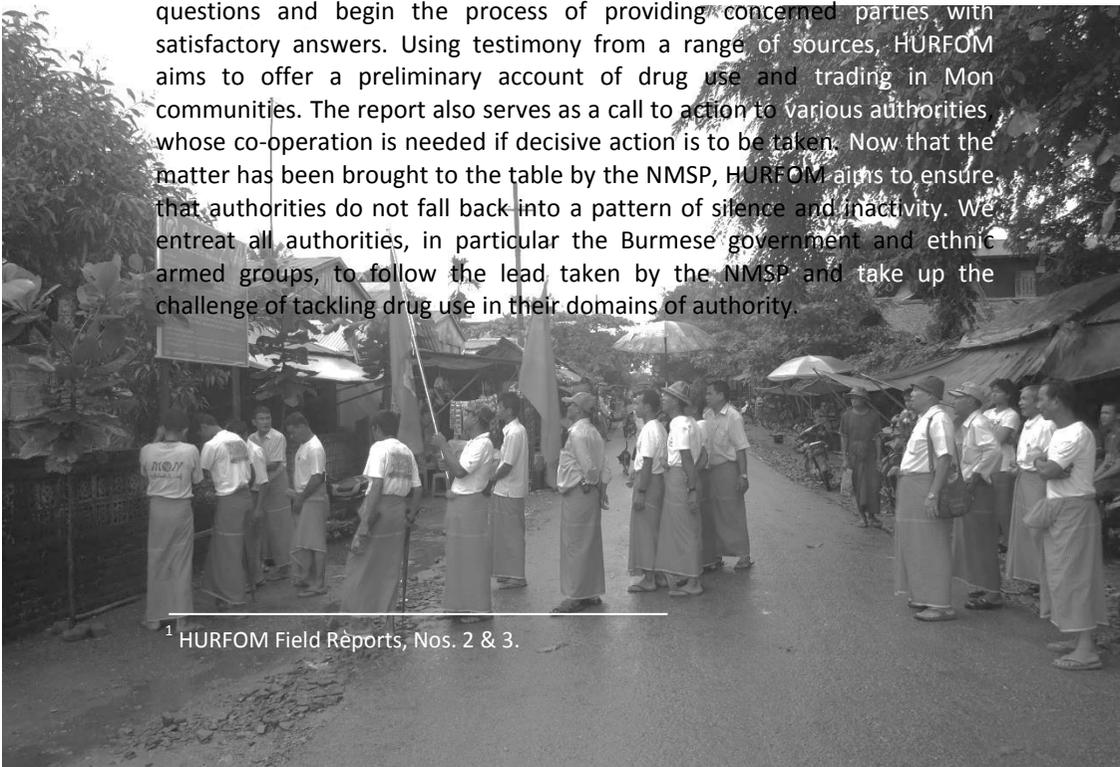
I. INTRODUCTION

In late 2012 the New Mon State Party (NMSP) initiated a vigorous anti-drugs campaign throughout various Mon communities in Burma.¹ Arrests of numerous drug smugglers were made, drug-using youth were sent to NMSP rehabilitation centres, and signs were erected in villages calling on residents to resist and combat drug use. This wave of action brought an issue to the table that had thus far been surrounded by silence from relevant authorities. Prior to this, domestic and international discussions of Burma's drug problems had largely been restricted to regions in Upper Burma, in particular Shan State. However, NMSP action highlighted that drugs were also prevalent in Mon communities and were being abused by Mon youth.

With a new focus on this issue, various questions have been raised. Exactly how widespread is the problem? Where are these drugs coming from? What are authorities outside of the NMSP doing to tackle drug use and trading? So far, these and other queries have been met with few adequate responses.

The main purpose of this report is to take on some of these questions and begin the process of providing concerned parties with satisfactory answers. Using testimony from a range of sources, HURFOM aims to offer a preliminary account of drug use and trading in Mon communities. The report also serves as a call to action to various authorities whose co-operation is needed if decisive action is to be taken. Now that the matter has been brought to the table by the NMSP, HURFOM aims to ensure that authorities do not fall back into a pattern of silence and inactivity. We entreat all authorities, in particular the Burmese government and ethnic armed groups, to follow the lead taken by the NMSP and take up the challenge of tackling drug use in their domains of authority.

¹ HURFOM Field Reports, Nos. 2 & 3.



This report concerns drug use in the “Mon community” in Burma, referring to Mon individuals living in Mon and Karen States. It begins by explaining the background of drug use and trading in Mon communities before moving on to focus on the particularly acute drug problem reported among the young Mon population. Consideration is then given to individual testimonies, followed by a detailed exploration of various authorities’ responses. The report concludes by issuing a set of recommendations suggesting how the broad set of responsible parties can best move forward on the issue.

It is of note that a report on the drug issue in the Mon community is a very new kind of undertaking for HURFOM. In the past, documentation has focused on direct human rights violations. However, a period of reform in Burma means that some very different human rights issues have come into focus. Discussions about the future economic and social development of the country have now begun in earnest. It is considered that a successfully developed country will have the capacity to ensure that all of the human rights of its citizens are satisfied, leaving no remaining excuses for any deficiencies. Drug use, particularly among youth, poses a threat to such development. For this reason, addressing the problem is a human rights issue and a matter of prime concern for HURFOM.

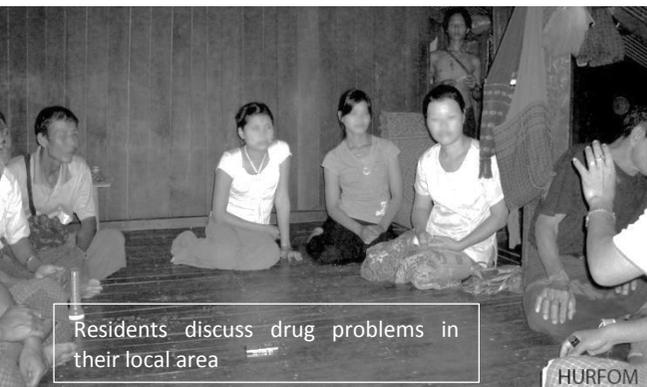
II. METHODOLOGY

HURFOM has documented the voices of Mon populations since 1995. Research for this report was carried out following methods used in previous investigations. Interviews were conducted by field reporters who shared this information with HURFOM colleagues via satellite phones, online communications, and handwritten interview transcripts.

Research was undertaken from March to May 2013 by four field reporters working under the guidance of one field coordinator; unless otherwise indicated, all references here to HURFOM sources refer to research collected during this period. Field reporters conducted interviews in Yebyu, Ye, Thanbyuzayat, Mudon and Moulmein Townships (all located in Mon State). Information was also obtained from partners in Paung (Mon State), Kyiakmayaw (Mon State), and Kyainnsiekyi (Karen State) Townships, although HURFOM field reporters did not themselves visit these areas. In total, around 140 individuals were interviewed. These included drug users, families of drug users, students, monks, ordinary community members, NMSP officials, members of the Karen National Union (KNU) and Democratic Karen Buddhist Army (DKBA), three officials from the Myanmar Police Force and two doctors. Where possible HURFOM uses interviewees' real names, though many requested to remain anonymous or to appear under an alias.

In the process of conducting interviews, reporters faced numerous difficulties. In general, gaining the trust of interviewees was difficult for field reporters due to the sensitive nature of the issue. The majority of drug users

were unwilling to supply detailed accounts of their own experiences, fearing that giving testimony might lead to repercussions. The NMSP, KNU and DKBA sources were in general hesitant to supply specific information. Of the three Myanmar Police Force officers interviewed, two were notably defensive and



Residents discuss drug problems in their local area

HURFOM

questioned the field reporter about why the testimonies were being collected. In Mudon Township, reporters said that they were physically prevented by Burmese military forces from accessing an area rumoured to be a hotspot of drugs trading. With the intimate workings of the drugs trade surrounded by secrecy, reliable information on its history and current operations was difficult to obtain.

In addition to new materials collected, this report includes information, testimonies and images from HURFOM's extensive archive. Some facts were also drawn from drugs research produced by the United Nations Office on Drugs and Crime (UNODC), World Health Organisation (WHO), US Department of Justice, and US Department of State. On the whole HURFOM noted a glaring absence of research targeting drugs production, trade and use in Mon and Karen States. Whilst the Burmese government and international organisations have produced data regarding the country as a whole, this is almost universally restricted to Upper Burma and largely concerns the Opium trade. Despite an on-going campaign against drug use in areas of Mon State, NMSP officials were either unwilling or without the resources to supply data on drug consumption in their areas of administration.

Given these difficulties, HURFOM emphasises that the research presented here is in many ways incomplete. HURFOM calls on local residents, CBOs, NGOs, grassroots organisations, armed groups, the Burmese government and international organisations to sustain this focus and undertake research that goes beyond this report's limits. In particular, HURFOM calls on all parties to ensure that drugs research can be undertaken with full cooperation and in the spirit of free investigation.



III. BACKGROUND

A. DRUG USE IN THE MON COMMUNITY

The history of drug use in Mon communities in Burma is difficult to trace. Reports suggest that drugs first became prominent in Mon areas after the Burmese military took control of the country in 1962.² It is claimed that, with support from corrupt army generals and no prevailing rule of law, Burma's drugs trade was given space to flourish. As a result, some of the drugs involved in this trade started to reach Mon populations.

Certainly, by the early 1990s drugs were highly visible throughout several Mon regions. Sources note that in this period drugs could be found for sale in many local shops, particularly Betel Nut shops. At this point, however, it seems that drugs were on the whole the domain of workers, who turned to drugs to cope with long days of hard labour.³



A local shop where drugs are available for sale.

According to a 45-year-old Public Health graduate who requested to remain anonymous, more widespread drug use in the Mon community developed under the rule of General Than Shwe from 1992 to 2011. This source pointed to increased labour migration caused by a languishing national economy as a key factor driving the growing drugs

² HURFOM, 'Young People and Drugs', 8 May 2013.

³ HURFOM Field Report, No. 2.

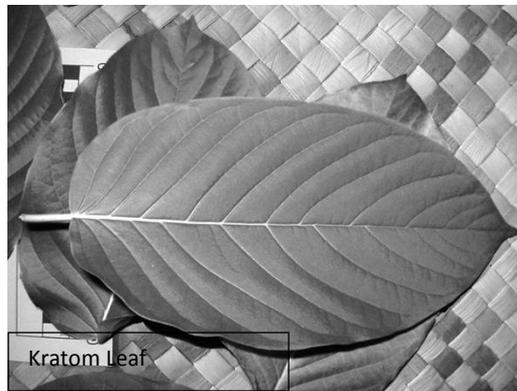
presence in Mon communities, with heavy drug use the result of exposure to and influences from foreign countries.

“In this time, most of the young Mon people went to neighbouring countries for work, for example Thailand, Malaysia and Singapore. In these countries today, especially Thailand, their governments are still working to solve their drug problems. In order to be able to work [abroad] young [Mon] people started to use drugs to become tough and strong. They wanted to become stronger, not for their health but [to be able to do] hard work. After using drugs for a long time, they became addicted to them without realising it. When they went back to their native towns, they brought back Kratom leaf...Then, amphetamine tablets started to be imported to the border areas from Thailand.”⁴

However, it is likely that the emergence of a drug problem in Mon communities was not solely the result of foreign influences and that events within Burma played a significant role. For example, in 1996 large numbers of people were displaced by forced relocations in Upper Burma undertaken by the military regime. Upper Burma, in particular Shan State, is well-documented

as a hotspot for drug production. As a consequence of displacement from this region, a number of internally displaced persons (IDPs) from Upper Burma ended up in Mon areas. The arrival of these IDPs to Mon resettlement camps in the Thai-Burma border area has been indicated as a contributing cause of the camps' current drug problems.⁵

From its rise in the 1990s to the present day, drug use in Mon communities transitioned from being an aid to heavy labour to become part of a culture of regular recreational use. In a commentary published by HURFOM in May 2013, a reporter expressed the following concerns:



⁴ HURFOM Interview, No. 35.

⁵ HURFOM Field Report, No. 2.

“Heavy drug use has begun to infiltrate Mon traditions and culture. According to Mon tradition, when someone holds a party, friends from the village come to help with preparations. In return, the house owner provides them with refreshments. Customarily, friends assisting with party preparations would be given tea, or in more recent time alcohol and M-150 [a Thai energy drink]. However, a growing drugs problem has meant changing customs. A new tradition has been created of distributing drugs to friends as they help to prepare for a party...We are worried that this is just the beginning, and that one day drugs will seep into all of our customs, creating a new culture of drug use.”⁶

This reporter is just one of many voices that have recently articulated fears about a severe and sharply rising drug problem in the Mon community today.⁷ Numerous individuals have reported that drug use in Mon areas of Burma has become casual, open, and commonplace. Whilst adults are also reported to be using drugs, the primary concern expressed by interviewees referred to the rate of drug consumption amongst Mon youth between the ages of 15 to 25. Evidence shows that young Mon people are beginning to use drugs at 15 or 16 years of age, with addictions developing and accompanying these individuals into adulthood.⁸ A group of monks from Mawkanin village in Ye Township suggested that trying drugs has become something of a rite of passage for young Mon people.

⁶ HURFOM, ‘Don’t let your mind be destroyed’, 10 May 2013.

⁷ HURFOM Interviews, Nos. 2, 3, 4, 7, 8, 11, 26, 29, 31, 34, 35; HURFOM, ‘Mon State communities troubled by growing Ya Ba usage among teens and students’, 20 August 2012; HURFOM, ‘Young People and Drugs’, 8 May 2013.

⁸ HURFOM, ‘Mon State communities troubled by growing Ya Ba usage among teens and students’, 20 August 2012.

Inset

The United Nations Office on Drugs and Crime (UNODC) is a UN office that, aside from a focus on global crime and terrorism, aims to “educate the world about the dangers of drug abuse and to strengthen international action against drug production, trafficking and drug-related crime.”⁹ UNODC was established in 1997 and today has a staff of 500, working both in its Vienna headquarters and 20 field offices throughout the world. UNODC works directly with governments and NGOs to develop drug control programmes, focusing on three main strands of work:

- Research and analysis to increase knowledge and understanding of drug issues and expand the evidence base for policy and operational decisions
- Normative work to assist States in the ratification and implementation of international treaties, the development of domestic legislation on drugs, and provision of services to treaty-based and governing bodies
- Field-based technical cooperation projects to enhance the capacity of states to counteract illicit drugs.

UNODC has an office in Rangoon, which currently co-ordinates 5 on-going programmes within Burma. These include drug education and rehabilitation services, illicit crop monitoring, schemes to assist the substitution of Opium for alternative crops, food security programmes and HIV-reduction efforts. These programmes are almost entirely based in Shan State and their focus is on Opium production.

However, UNODC has also shown some concern about the rise of Amphetamine-Type Stimulants in Burma (a group of drugs containing Methamphetamine pills such as Ya Ba, and known as “ATS”) and in 2010 published *Myanmar: Situation Assessment on Amphetamine-type Stimulants and Amphetamines*. In an official statement released in December 2012, UNODC named Burma the “top source of illicit methamphetamine pills in East and Southeast Asia.”¹⁰

“Before, when boys became men, they would try drinking alcohol. But now it is not like before. When they become adults they try drugs first.”¹¹

Detailed research into the scale of drug use in Mon communities is notably lacking, both due to a general absence of interest in undertaking such research and numerous obstacles to parties attempting to obtain accurate data (as detailed in Section II). However, a recent paper published by HURFOM drew on approximate indications from community leaders to present some estimates (see Figure 1).¹² Taken as a whole, this data designates an average of 38% of young people in the listed communities as “drug users”. An independent survey undertaken by HURFOM of a wider range of areas came to a similar conclusion, pointing to an average of 40% of young people in Mon communities as drug users. Even allowing substantial room for error, these approximations suggest that there may well be disproportionately high rates of drug use in Mon communities as compared to worldwide averages; as a point of comparison, UNODC reported that 5% of the world’s adult

population used an illicit drug at least once in 2010.¹³

Figure 1

Township	Proportion of young population using drugs
Mudon (Mon State)	55%
Thanbyzayat (Mon State)	50%
Lamine (Mon State sub-township of Ye Township)	45%
Kawkareik (Karen State)	45%
Pa-an (Karen State)	40%
Kyainnsiekyi (Karen State)	40%
Ye (Mon State)	40%
Kyiakmayaw (Mon State)	35%
Chaungzon (Mon State)	30%
Moulmein (Mon State)	30%
Paung (Mon State)	10%

Reports from the community have listed even higher figures. Several interviewees,¹⁴ including a village administrator from Ye Township and a youth from Thanbyzayat Township, claimed that they suspected 80% of young Mon people today to be using some kind of drug. Whilst this astronomical figure merits more detailed research, it is nonetheless significant that both Mon youth themselves and village leadership are ready to attest to a staggeringly high rate of drug use observed amongst young Mon people.

⁹ UNODC, *Making the world safer from crime, drugs and terrorism*, 2007.

¹⁰ UNODC, 'Methamphetamine use on the rise in East and Southeast Asia', 12 December 2012.

¹¹ HURFOM Archives, Ye Township, 2012.

¹² HURFOM, 'Young People and Drugs', 8 May 2013.

¹³ UNODC, *World Drug Report 2012*, 2012, p.iii.

¹⁴ Ye Village administrator quoted in HURFOM, 'Don't let your mind be destroyed', 10 May 2013; HURFOM Interview, No. 9, Thanbyzayat Township; HURFOM Interview, No. 4, Mudon Township; HURFOM Archives, Thanbyzayat Township, 2012.

Research conducted by HURFOM into drug use among these populations indicated use of a range of drugs, including Marijuana, Opium, Heroin, Crystal Methamphetamine and tranquilisers.¹⁵ However, far more commonly, interviewees emphasised Ya Ba, tablets containing a combination of Methamphetamine and caffeine used for a strong stimulant effect, and Kratom Leaf, a leaf consumed for a milder stimulant effect. Interviews suggested that these two drugs are considered to be at the heart of Mon people's rising drug problem. HURFOM has compiled profiles for both drugs, to be found here as appendices.

B. THE DRUGS TRADE IN MON AREAS

The rapid increase in drug use has been supported by an ever-growing drugs trade in Mon areas. It is likely that part of the lure of drugs is that they are so widely available, particularly in certain regions. One man from Ye Township said, "It is easy to buy drugs. We can buy them at the Betel Nut shop for around 3,000 to 5,000 Kyat per tablet. It is easy to get drugs if you have friends in Koemine or Hnin-Sone villages of Ye Township."¹⁶



Drugs seized by NMSP from a local drug seller

¹⁵Marijuana mentioned in HURFOM Interview, No. 1, Moulmein Township; HURFOM Field Report, No. 2; HURFOM Archives, Mudon Township, 2012; HURFOM, 'Young People and Drugs', 8 May 2013. Heroin: HURFOM, 'Young People and Drugs'. Crystal Methamphetamine (under nickname "ice"): HURFOM Interview, No.38, Ye Township. Tranquilizers: HURFOM Interview, No.36.

¹⁶Quoted in HURFOM, 'Don't let your mind be destroyed', 10 May 2013.

Research suggests that drugs are available in townships across Mon and Karen States, including in some NMSP-controlled territories.¹⁷ According to reports, an individual in any given Mon community today intending to buy drugs does not have to look very far afield. It is likely that even where the purchase cannot be made within their home villages, a minimal amount of travel is required to find a seller. Certainly this was the case in each of the regions surveyed by HURFOM.



A man arrested for selling drugs

This abundant availability suggests that behind Mon State's villages and townships lies an extensive network of drugs supply. Unsurprisingly, the exact nature of this network remains shrouded in secrecy. Interviews revealed that for most people their immediate point of contact with the drugs trade was through dealers in their local area. Some sources suggested that members of ethnic armed groups in Mon regions are directly selling drugs to local people.

"The youth from our village buy drugs from neighbouring villages," said a young resident of Kaw Go village in Kawkareik Township. "Drugs are especially plentiful in Kaw Ket village. Karen soldiers sell drugs in Kaw Ket. They also sell in neighboring villages. Not only do they sell in Mon Hlaing village and Kyite Ka Pin village, but they also distribute drugs to other neighbouring villages. There is a Mon soldier who sells in Kyite Ka Pin, he works as a gatekeeper. He also supplies drugs to Mon Hlaing village."¹⁸

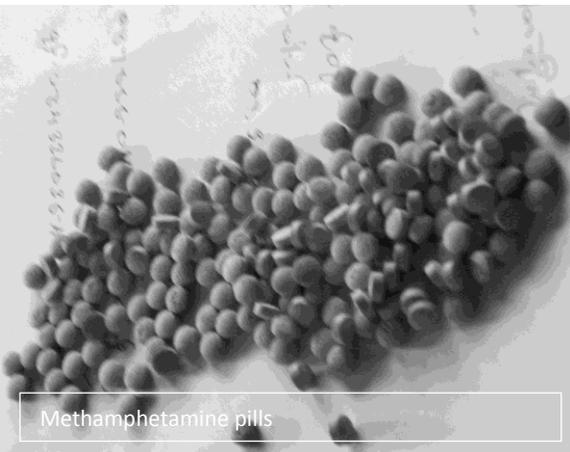
However, in other cases ordinary residents take on the role of drug dealers. In university

¹⁷ HURFOM Field Report, No. 2.

¹⁸ HURFOM Interview, No. 23, Kawkareik Township.

areas, it is reported that drugs are being sold by young people from the surrounding community. One student at Technology University, Moulmein, in Mon State stated, “Young people, just the same age as us, come and sell drugs...not everyone can buy from them, only people who know the dealers”.¹⁹ Accounts suggest that, at least in certain areas, a good relationship with drug dealers is vital for buyers.

Several sources also indicated a prominent presence of female drug dealers. According to a 60-year-old farm worker from Ka Law in Southern Ye, “There are one or two women selling drugs in Ka Law, Khaw Zar and Kaw Hlaing [villages]”.²⁰ A 51-year-old teacher from Han Gam village in Southern Ye agreed that this was also the case in his village.²¹



produced in Burma.

However, the Mon drugs trade extends beyond local dealers. Perhaps the most pressing question is the source of drugs that are being sold at a local level. Some interviewees suggested origins in Thailand and Malaysia.²² Nonetheless, it is likely that at least a significant proportion are smuggled from other areas in Burma. Or indeed that many of the drugs entering Mon areas from neighbouring Thailand and Malaysia were first

Burma has been named the world’s second largest Opium producer (second to Afghanistan) and the largest producer of Methamphetamine in East and Southeast Asia, with drug production concentrated in Shan State and frequently tied to the United Wa State Army.²³

¹⁹ HURFOM Interview, No.1, Moulmein Township.

²⁰ HURFOM Interview, No. 14, Ye Township.

²¹ HURFOM Interview, No. 15, Ye Township.

²² HURFOM Interviews, Nos. 15, 27, 35; HURFOM Field Reports, Nos. 1 & 2.

²³ UNODC, *World Drug Report 2012*, 2012, p.53; p.79. UNODC, ‘Methamphetamine use on the rise in East and Southeast Asia, UNODC says’, 12 December 2012

It is also possible that some of the drugs found in Mon communities are being produced locally. According to UNODC, “The presence of different types of ‘WY’ Methamphetamine pills in...Kayin [Karen] State, which are 30-50% cheaper in price compared to pills produced in Shan State, suggests possible local methamphetamine manufacture [in this state].”²⁴ HURFOM research pointed to drug production in various areas of Karen State, in particular Three Pagodas Pass sub-Township, Kyainnsiekyi Township (in particular Azin, Kyeikdon and Taung Dee villages), Kawkareik Township (in particular Palu village), and Myawaddy Township (in particular Nyi Naung Htoo, Ma Lae Pan, and Htee Poo Zan villages).²⁵

From areas of production, drugs are smuggled to destinations across Mon and Karen States to fuel the local-level drugs trade. Often movement is facilitated by locally employed “carriers”, individuals who are paid or coerced to become pawns in the larger drug smuggling industry.²⁶ Whilst no material evidence was uncovered, various sources suggested the network of drug supply to be headed by members of ethnic armed groups.

A 32-year-old community volunteer from Kamarwat village in Mudon Township noted:

“According to my friends, most of the sellers get their drugs from one of the military troops situated on the road to Kyiakmayaw. However, this is just what I heard from my friends, it is hard to know whether it is completely true or not. We are just normal people so we can’t get closer to the source of the drugs...There is only one military troop on the road to Kyiakmayaw. Most sellers get their drugs from that troop. We can assume that the drugs are sold by [him].”²⁷

A 50-year-old trader from Kaw Kyeik and Kan Nee villages in Kawkareik Township gave a similar testimony and suggested individuals from

²⁴ UNODC, *Amphetamines and Ecstasy: 2011 Global ATS Assessment*, 2011, p.18.

²⁵ HURFOM Interview, No. 22, Kawkareik Township; HURFOM Field Report No 2.

²⁶ HURFOM Interview, No. 25.

²⁷ HURFOM Interview, No. 3, Mudon Township.

ethnic armed groups (referred to here as “ceasefire groups”) are implicated in drug production as well as smuggling.

“From what we have heard, they [drug users] buy the drugs from a seller who obtains them from a ceasefire group. I seriously questioned this, but the answers I got confirmed it. I asked which ceasefire group sold these drugs, and was told that it was the Karen ceasefire group. However, they did not give me the name of the group or person. It is very dangerous for us to name them. If we were allowed to investigate the ceasefire groups’ camps, I am sure that we would find what we expect. From what my niece says (she is in a relationship with a member of a ceasefire group), they even have the machines for producing drugs. They use a machine, which is not that big, to produce pills...It is not surprising that young people are addicted to drugs since the producers and sellers are everywhere.”²⁸

These local suspicions were corroborated by a Mon social development seminar held in May 2013. The seminar’s participants, including Nai Naing Oo, a MP from Thanbyuzayat Township Constituency No. 2, concluded that ethnic armed groups are key players in the drug smuggling operations that affect Mon areas.²⁹

As of now, these accusations have not been substantiated by concrete evidence. Indeed, fearful interviewees were often unwilling to supply more detailed information. However, with members of ethnic armed groups implicated as complicit throughout the drugs trade, from dealing and smuggling to production itself, it seems clear that at the very least further investigation into the matter must be pursued.



²⁸ HURFOM Interview, No. 22, Kawkareik Township.

²⁹ HURFOM Field Report, No. 1.

IV. A FOCUS ON YOUTH: A GROWING DRUG ADDICTION IN THE YOUNG MON COMMUNITY

A. DRUG USE AMONGST YOUNG MON PEOPLE

With many youth drug users unwilling to talk to HURFOM about their experiences, a great deal remains to be uncovered about the seemingly widespread culture of youth drug use. However, a key theme arose from interviews, namely that the issue of drug use amongst Mon youth is as broad as the term “youth” itself. It is in a sense misleading to talk about “Mon youth” as a homogenous group: in reality, it comprises of a set of young individuals with very divergent backgrounds, realities, and aspirations. Whilst some universal root causes, practices and consequences of drug use can be identified across Mon youth as a whole, interviews made it clear that drugs have manifested themselves in different young people’s lives in some very different ways; a fact often masked by generalisations made about youth as a whole.

One key group of drug users is the Mon community’s educated and relatively advantaged university population. A 20-year-old university student in Pa-an Township, Karen State, said, “I started hearing about drugs when I was in Grade 10. I have been using them since I was in my first year of university, I am now in my second year.”³⁰

A student leader from Moulmein University alleged that student drug use is visibly rising. “At the moment, the number of youth and university students using drugs is increasing. Before I just heard about drug use in the news, but now I see it in front of me.”³¹

³⁰ HURFOM Archives, Pa-an Township, 2012.

³¹ HURFOM Interview, No. 2, Moulmein Township.

The prominent student market for drugs is recognised by dealers in university towns, who raise their Ya Ba prices from around 5,000 Kyat per tablet to 6,000-7,000 Kyat during term time.³² Some interviewees said that these high prices often relegate drug use to students from richer families.³³

Aside from purely recreational use, drug use amongst university students is reported to be part of attempts by students to catch up on work in the frantic lead-up to exams.

“My friend from Moulmein University always used drugs in the run-up to examinations; if he used them he didn’t want to sleep and could stay up all night studying,” said a youth from



A common method of drug use

Wal Lay Myine village, close to the Thai-Burma border town of Myawaddy. “Most Moulmein University students only start to study when they have examinations coming up.”³⁴

A 62-year-old expert, originally from Moulmein and

with experience in Public Health and Drug Demand Reduction programmes, shared his view on drug use amongst young communities in Mon State. Referring to the class of more advantaged youth, as exemplified by university students, he in part put drug use down to stress.

“Today youths are successful and have a lot of opportunities. They are successful, but have to feel stress at the same time. So, generally, we can say that they use drugs to relieve stress and to make their mind fresh.”³⁵

³² HURFOM Archives, 2012.

³³ HURFOM Interview, No. 1, Moulmein Township; HURFOM Archives, Pa-an Township, 2012.

³⁴ HURFOM Interview, No. 4, Myawaddy Township.

³⁵ HURFOM Interview, No. 36.

The same expert pointed to abuse of the tranquiliser Diazepam amongst the young upper classes and especially individuals in the music and entertainment industries.

However, when we turn away from the group of university students and young high-rising professionals, some very different cases arise. In Mon State it is estimated that only 10% of young people start university, with many others dropping out of education before completing High School, often due to financial difficulties within their families.³⁶ For the remaining 90% who do not go on to university, a life of opportunity is often far from the norm. Instead, manual labour in factories or plantations may be among the few options that young people have to support themselves. Often Mon youth migrate to work in neighbouring countries such as Malaysia and Thailand, where hours can be long and workplace conditions dire.

Various interviews revealed a narrative that played out again and again.³⁷ Typically, a young person starts taking drugs (usually Ya Ba) as fortification against hard labour, looking to feel stronger and avoid exhaustion. However, over time he/she needs to take the drugs in greater and greater quantities to experience the same effects. In this way, a deep addiction develops. Having started experimenting with drugs to better earn an income, the young person begins to forfeit their salary to fuel a growing drug dependency, leaving little or no money to support his/her family. A downward spiral ensues. Physical and mental states deteriorate, often resulting in joblessness and rendering the young person virtually unemployable. Where rehabilitation does not take place, estrangement from family, serious injury, or even death are known ways in which the story ends.

As compared to accounts of drug use in university populations, those stemming from the young labour force notably contain higher levels of trauma, perhaps indicating more routine use and greater risk among this less advantaged group.

Reports also suggest a final sector of youth drug users who experience a lack of opportunities in a different way.³⁸ Rather than coming to drug use to cope with the demands of physical labour, drugs are perceived as a way to relieve the boredom and inertia of a life with few future possibilities. Youth in this group may have dropped out of education and many are unemployed. With little else to do and with few realistic aspirations

³⁶ HURFOM, 'Young People and Drugs', 8 May 2013.

³⁷ HURFOM Interviews, Nos. 4, 5, 18, 19, 21, 24, 25, 34, 35; HURFOM Field Report No. 2.

³⁸ HURFOM Field Report, No. 2.

to work towards, recreational drug use becomes an entertainment and form of escapism.

B. THE REASONS BEHIND RISING DRUG USE IN MON YOUTH

Discussion now turns to question of why drug use is becoming a problem across the broad sweep on Mon youth, from affluent university students to unemployed youth. As indicated above, we can point to specific causal factors, such as inadequate opportunities, that apply to particular groups of drug users. However, some more universal underlying causes can also be found.

A number of Mon youth interviewed attested to how their drug habits had developed as a result of influences from their friends. A 20-year-old student admitted that he had, “used drugs before because my friend told me to use them, so I tried it.”³⁹

Youth interviewed explained how they had learned new methods of drug use from their friends.

“I grow Kratom Leaf on my farm because I like to use it,” said a young rubber plantation worker. “I got a small Kratom plant from my friend in Kwan Ka Bwe village, Mudon Township. My parents do not know what this plant is and so they do not destroy it. At first I dried the leaf and drank it with tea. Afterwards, my friend showed me how to mix it with coffee and cough medicine and drink it. Actually, I used drugs before I went to Thailand. All of my friends use drugs.”⁴⁰



A Kratom plant

³⁹ HURFOM Archives, Pa-an Township, 2012.

⁴⁰ HURFOM Interview, No. 5, Mudon Township.

In a context where drug use amongst young people is rising, it seems that a combination of peer pressure and curiosity are leading more and more youth to ask themselves, “Everybody else is using drugs, why don’t I?” However, due to the addictive nature of the substances taken, casual experimentation can lead to heavy addiction, as described by a young person living in Three Pagodas Pass.

“Before, just one or two young people learned about drugs from outside Three Pagodas Pass, and then they shared [the knowledge] with their friends. At first they bought one Ya Ba pill and shared it among four or five people to let them try it. After that they became addicted.”⁴¹

This trend is exacerbated by the ready availability of drugs (resulting from a burgeoning drugs trade) and a general lack of repercussions for drug use and trading amongst Mon youth. Whilst the response of relevant authorities will be discussed in more detail in Section VI, on the whole it can be said that anti-drug crackdowns in Mon communities have been lacking, particularly on the part of the Burmese authorities. It is reported that university authorities will punish drug users if they are caught, but students are able to avoid punishment by concealing their drug stashes.⁴² In general it seems that, whether using drugs as a study aid, to help heavy labour, or simply as a new form of entertainment, young Mon people are largely left free by authorities to experiment with illegal substances as they desire.

In addition, a lack of education about the dangers of drug use means that young people are not sufficiently being encouraged to grasp the worrying repercussions for their mental and physical health. A student in his early 20s at Technology University, Moulmein suggested a lack of awareness in some young people about the substances that they are ingesting. “The students are using Ya Ba like Parmeton anti-sleep stimulant medicine. People who don’t know what it is may think it is Parmeton.”⁴³

⁴¹ HURFOM Interview, No. 20, Three Pagodas Pass.

⁴² HURFOM Interview, No. 28.

⁴³ HURFOM Interview, No. 1, Moulmein Township.

In addition to these root causes, a Public Health and Drug Demand Reduction expert consulted by HURFOM indicated that some young people may be more likely than others to develop drug habits due to their genes or upbringing.

“Drug addiction is related to genetic factors. Everyone has their own personality. We have to understand what personality each person has. Because of their personality, some people want to oppose every prohibition. Therefore, most [youths] start using drugs because they want to oppose the prohibitions of their elder family members or relatives.

“Another reason is that they don't get warm treatment and psychological care from their families. Also, they don't have harmonious relationships with their neighbours. It has been found that misunderstandings, domestic problems and a lack of care from parents were the main reasons for people becoming drug addicts.”⁴⁴

This account offers an interesting suggestion. It seems likely that drug-using friends, an extensive drugs trade, lax enforcement of drugs laws and poor drug education have together pushed many Mon youth toward drug abuse. However, if this expert is correct, our account is incomplete without the inclusion of individual psychology and broken relationships in the family and wider community. Taken collectively, this indicates a staggeringly wide domain of accountability for the rising drug problem amongst Mon youth. Accordingly, the call for collective and co-operative action spans local authorities, national government, individual communities, and family units.



Methamphetamine pills

⁴⁴ HURFOM Interview, No. 36.

C. THE IMPACT ON A GENERATION OF MON YOUTH

Just like the root causes of drug use, its consequences have common themes, albeit varying with the circumstances of individual users.

Alongside side-effects specific to particular drugs (outlined in this report's appendices), drug use in general is known to have a range of physical and psychological repercussions for users.



Local Mon youth attend an anti-drugs campaign event

“Drug users don’t want to sleep as long as the high lasts, and they don’t want to eat either,” said a young person from Three Pagodas Pass sub-township. “They drink a sweet drink and eat a little rice. When they use [drugs] for a very long time, they get thin. Most of the drugs users have a look on their faces like they don’t get enough sleep.”⁴⁵

A noticeable physical decline is often accompanied by changes in the user’s behavior. The Public Health and Drug Demand Reduction expert consulted by HURFOM detailed:

“When studying drugs, even where they have a good effect for medical purposes, they make people dizzy and dull because they are narcotics. They have physical and mental impacts and are highly addictive. These are related problems. Moreover, as psychotropic substances, they gradually change mood, cognition and the behavior of the user.”⁴⁶

In many cases drug use leads to serious medical ailments, including psychosis, depression, brain damage, HIV, TB, and Hepatitis.⁴⁷ There are also

⁴⁵ HURFOM Interview, No. 20, Three Pagodas Pass.

⁴⁶ HURFOM Interview, No. 36.

⁴⁷ HURFOM Field Report, No. 2.

numerous reports of suicides and fatal accidents (in particular road accidents) amongst drug users.⁴⁸ A second-year university student told HURFOM, “After people use drugs their faces seem to be not normal, and they do not feel fear for anything. They stand on the road and sometimes they die from car accidents.”⁴⁹

A key concern expressed by interviewees regarding the consequences of drug use in Mon youth related to the hope and perception that this generation are the future of the Mon people. With this in mind, communities are deeply worried that young people are putting themselves at high risk of serious medical conditions and even death. Equally, it was stated to be of concern that the future is in the hands of a “dizzy and dull” generation.

A recent HURFOM commentary reported:

“If, as the village administrator from Ye Township suggested, 80% of young people are using drugs, the mind of the Mon people will be destroyed in the next 5 to 10 years as this drug-affected generation grows up to lead our nation.”⁵⁰

Some interviewees expressed unease about the capacity of drug-affected young people to participate in national level politics as effective advocates for the Mon people.

“During this transition period we don’t want our Mon and ethnic young people intoxicated by the effects of drugs on their brains and minds,” said an NMSP member who requested to remain anonymous. “From using drugs, they can lose their capability and sense of normality, as well as their critical thinking. If their love for their nation and culture is lost, the Mon people will disappear. Therefore, to protect our nation, we must make eliminating the drug issue one of our main projects.”⁵¹

⁴⁸ HURFOM Interviews Nos. 11, 34; HURFOM Archives, Pa-an Township, 2012; HURFOM, ‘Tracking the dangerous drug trade’, 11 January 2013.

⁴⁹ HURFOM Archives, Pa-an Township, 2012.

⁵⁰ HURFOM, ‘Don’t let your mind be destroyed’, 10 May 2013.

⁵¹ HURFOM Interview, No. 29.

Various sources similarly expressed concerns about youth drug use endangering the progress of Mon people.⁵² Youth are considered by many to carry the responsibility of protecting Mon people and culture over the coming decades. If young people are seen, quite literally, as the future of the Mon people, then the ideal of a bright future necessitates a generation of bright, ambitious, hardworking and self-supporting individuals.



However, interviewees indicated that drug use is preventing young people from fully benefitting from the education made available to them. Sources described how drug-using students fall behind in their studies and sometimes drop out of school or university.⁵³ Although drugs may initially be used as a study aid, negative effects are often subsequently witnessed. One student said, “When the drug feeling moves out of our minds we don’t remember what we are learning and what we memorised.”⁵⁴ Monks from Mudon Township commented:

“After taking drugs they feel dizzy and forget everything. So it is terrible for the students because they lack interest in their studies. Parents are sending money for them [students] to spend on their education, but they spend the money on drugs...these activities seem to damage the future of this generation.”⁵⁵

⁵² HURFOM Interviews, Nos. 29, 31; HURFOM Archives, Mudon Township, 2012; HURFOM, ‘Don’t let your mind be destroyed’, 10 May 2013.

⁵³ HURFOM Interviews, Nos. 2, 7; HURFOM Field Report, No.1; HURFOM Archives, Pa-an, 2012.

⁵⁴ HURFOM Archives, Pa-an, 2012.

⁵⁵ HURFOM Interview, No. 7, Mudon Township.

A similar effect was noted among employed youth. Job performance was observed to suffer as a result of drug use, with many youth eventually fired by employers or quitting their jobs.⁵⁶ Even where drug users kept their positions, they were often noted to spend all of their income on drugs. Thus, rather than moving towards becoming self-supporting, many youth are perceived to be growing increasingly dependent on their families to survive.

In addition, contrary to being champions of the Mon community, many Mon youth are reportedly threatening their homes and villages. Local testimonies in the following section attest to drug use leading to theft, violence, damage of property, road accidents, and the breakdown of families. Whilst these issues apply to all drug users, it is of particular concern that the very people who are perceived as the future of these communities may in fact be complicit in their breakdown.

It is worth noting that all of the above concerns apply to the future of Burma as a whole, as well as the future of the Mon people. With reports alleging that drug use among young Mon people is ever on the rise, the concerns outlined here illustrate vital reasons why both Mon and union government authorities must take immediate action on this issue.

⁵⁶ See Footnote 37.

V. VOICES FROM THE COMMUNITY

In the process of collecting information on drug use in Mon populations, reporters were privy to powerful accounts of the harsh realities of drug abuse and addiction. Aside from broader concerns about the future of the Mon people, one of the most compelling arguments for combatting drug use is the profoundly distressing impact that it can have on individual lives and communities. The testimonies presented here represent only a small selection of these stories. With many individuals unwilling to talk to reporters about their own experiences, it can be assumed that many more tragic stories remain untold.

A. “NO REGARD FOR MY OWN LIFE”: TESTIMONY FROM REHABILITATED DRUG USERS

Some of the most powerful testimonies encountered came from rehabilitated drug users. As individuals who have struggled to get their lives back on track, they have also faced some of the staggering lows that come with drug abuse. A mechanic and plantation worker living on the Thai-Burma border shared his experiences:

"My name is Ah Tun and I was a driver before I moved here. Now I am a mechanic and a plantation worker. When I was a driver in Halockhani village [Three Pagoda Pass Sub-Township], I used to smoke, drink and consume drugs with friends in order to get the strength and courage to drive. I was addicted to drugs after using them for a long time. I spent all the money I earned on drugs and gambling and did not go back home. I did not want to work, all I wanted was drugs. My boss fired me because I missed work so many times. I was depressed because I had no money. I went back home and harassed my wife to get money from her. In my depression I threatened my wife with a knife to get money, but she only had 250 Baht. Giving them

this small amount of money, I intimidated my brother and his friend into buying drugs for me in Jone Kwee in Three Pagodas Pass Township. They got me 4 tablets and I took them all with no regard for my own life.

“Five minutes after taking the tablets, I began to feel terrible. I was scared of everyone I saw and started to act crazily. I went to a hill and just ran up and down it. I did not know what to do. I was not able to sleep until midnight. Due to the effects of the drug, when I woke up in the morning I was weak and sick. I went and received 5 days of treatment until I began to feel normal again. After this, I decided to move elsewhere because I didn’t dare to stay in a place where I had frightened my wife, family and other people due to the drugs. If I had not moved from that place, I would have become addicted to drugs again. Because of drugs, not only was I fired by my boss, but I lost my family's income.”⁵⁷

“Min Than Aung” (an alias), is a 29-year-old rubber plantation worker from Hnee Pa Daw village in Mudon Township. He described the difficulties he faced when quitting drugs and called for the rehabilitation of current drug users:

“When I stopped using [Ya Ba] I got headaches and felt pain in my body. I also had some problems with my knees and could not stand up very well...I have stopped using drugs for three months now. The main thing is not to spend time with friends who are still using drugs. If we spend time with them then we cannot control our minds and cannot stop using drugs. Now, I usually don’t go outside of the house. When I finish work I just spend time with my family; my father helps make sure I don’t go outside the house...Around 80 percent of people around me are using drugs. At the beginning everyone just uses them to get energy for their job. But later on, they can’t control themselves and use them a lot. Then, it affects their families and their jobs. My suggestion is that if we know that it is not good to use drugs, we should control our minds and should stop using them.”⁵⁸

⁵⁷ HURFOM Interview, No. 21, Three Pagodas Pass.

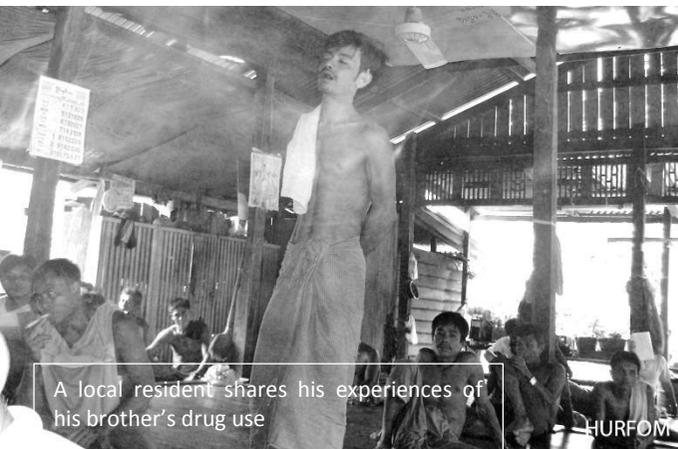
⁵⁸ HURFOM Interview, No. 4, Mudon Township.

B. “WE TRUSTED WHAT HE WAS SAYING”: VOICES OF THE FAMILIES OF DRUG USERS

In families dealing with drug addicted relatives, domestic violence, financial ruin and divorce were common themes collected during interviews.

Ma Than Maw, a 36-year-old mother of three from Three Pagodas Pass sub-township, explained her feelings about her husband’s drug use:

“Before, he just drank beer. But last year the KNU closed the forest and he needed to steal wood from the Thai forest [to keep up his job in woodworking]. Due to security, he could not work in the daytime. He needed to cut the wood at night. His reason for using drugs was that he needed them to get energy for his job. At first he just took half a tablet per day, but later he used a whole tablet and now he cannot stop using. Now he takes 4 tablets per day. It costs 120 Baht per tablet. We cannot survive on his income because he just spends it on drugs. Due to heavy drug use, now he feels tired all of the time and cannot work very hard.



A local resident shares his experiences of his brother’s drug use

HURFOM

“I cannot stop him from using drugs. If I say something to him about using drugs he does not listen to me and we fight. I feel embarrassed that our neighbors know about his drug use. When we started up our business, we used our house as security to borrow money from other people to invest in our business, and we had to

pay interest on the loan. Now we can't pay the interest because he spends all of his income on drugs. If we cannot pay interest for a long time then we will lose our house. Now we have almost lost our house. Our daughter will start Grade 8 this year. It seems that we almost can't afford to let her go to school this year. Our family feels so hurt. I could not say anything to him and now I just ignore him."⁵⁹

The mother of an 18-year-old drug user from Three Pagodas Pass also shared her experiences:

"After [my son] dropped out from school he said that he needed a motorbike to become a taxi driver and we bought it for him. After he got a motorbike he did not stay at home. He came back home very late. We did not know that he was using drugs. Then he lost weight and became skinny. He did not eat or sleep much. Also, he did not pay his income to me. When we asked him for the money he gave the excuse that he had needed to fix his motorbike and his friend had lent him money, so now he had no money. We had no experience of drug use and trusted what he was saying.

"One day our neighbor told us that he [her son] was using drugs and then we realised. We sent him to his uncle in Thailand. His uncle said that now he does not use drugs anymore. If he still lived in Three Pagodas Pass, we could not imagine what would have happened to him. All of our family members are worried about him and cannot concentrate on our work. I feel hurt and know the feeling of parents whose children, like my son, are using drugs."⁶⁰

⁵⁹ HURFOM Interview, No. 18, Three Pagodas Pass.

⁶⁰ HURFOM Interview, No. 19, Three Pagodas Pass.

C. “ELIMINATE DRUGS FROM OUR VILLAGE”: CALLS FOR ACTION FROM THE COMMUNITY

Another important voice on the issue is that of ordinary residents in Mon communities who have begun to witness the impact of drug use in their towns and villages.

Mi Tint, a 58-year-old from Ye Township, gave the following account:

"Most young men in Htin Yuu [Thanbyuzayat Township] are addicted to drugs. The number of people addicted to drugs has been increasing dramatically since last year. Accidents due to the effects of drugs have also been increasing. When they [drug users] are intoxicated they drive very fast, and the road is difficult. Many young people have gotten into an accident by slamming into a fence. In the last four months, in front of our house, there was one accident involving a young man intoxicated from drug use, who was taken to hospital. When we travel by bike or on foot, when we see that they [drug users] are driving we have to keep out of the way. They [young men] are intoxicated from using drugs, it is not very safe here. There were some other crimes, such as stolen motorbikes and burglaries. Four motorbikes were stolen during a festival in our village. Two houses have been burgled this year. On many occasions money has been stolen from stores during the day. We have not heard this kind of news before...

"My two sons are in Thailand for work, so I don't have to worry about them. If they were here I would be concerned for them. I was disappointed when I saw other people's sons intoxicated. I wish that drugs would be eliminated from our village."⁶¹

Nai Goe, a 54-year-old physician from Taung Pauk in Kyainnsiekyi Township, Karen State, gave his account:

⁶¹ HURFOM Interview, No. 11, Ye Township.

"Some news that I heard recently was that it [drug use] has caused accidents, which led to the death of victims. Men are lazy and unintelligible after using drugs, and so mostly are not able to work. As a result of this their wives, children and parents, who depend on their income, are confronted with a daily income problem.

"The effect of using drugs is similar to drinking alcohol; after ingesting it [drugs or alcohol] they become intoxicated. When they are intoxicated they are not afraid to commit any crime. They even do not notice how their speech affects others. They cause noise pollution and other problems in their community and surroundings. Drugs are designed to cause addiction and for the people who use them to feel crazy. Therefore, drugs are one of worst things for us. We should give firm warnings to our generation not to touch them."⁶²



⁶² HURFOM Interview, No. 34, Kyainnsiekyi Township.

VI. RESPONSES FROM THE AUTHORITIES

A. THE BURMESE GOVERNMENT: FROM PROMISING PLEDGES TO A DISAPPOINTING REALITY

On paper, the Burmese government has a firm anti-drugs stance. The State Law and Order Restoration Council's (SLORC) 1993 Narcotic Drugs and Psychotropic Substances Law brought Burmese law in line with the 1988 UN Drug Convention.⁶³ The law outlaws the use, production and sale of a host of substances, specifically naming substances derived from poppy (for Opium and Heroin), coca (for Cocaine) and cannabis plants and leaving additional illegal substances to be named at the discretion of the Ministry of Health; notifications issued in 2002 named Methamphetamine (such as Ya Ba) a Schedule II drug and Kratom leaf a Schedule III drug.⁶⁴

Under the 1993 law, drug users are required to register with the Ministry of Health and undergo medical treatment. The Ministry of Social Welfare, Relief and Resettlement is given the responsibility of helping rehabilitated drug users to go on to live normal lives, with resettlement and teaching means of livelihood to be conducted as necessary. Users who fail to register with the government or who do not co-operate with medical treatment are liable to three to five years of imprisonment.



Signs in a Mön area warning against drug use

⁶³ All following detail of the 1993 law comes from SLORC, 'Narcotic Drugs and Psychotropic Substances Law', 1993.

⁶⁴ Methamphetamine is prohibited in in Ministry of Health Notification No. 2/2002 issued 21 June, 2002 and Kratom Leaf in Notification No. 3/2002 issued 29 July, 2002.

In addition, a number of punishments are listed for individuals involved in the production and sale of drugs, or who mislead government drug investigations. Cultivation of prohibited plants, involvement with materials used in drug production, inciting drug abuse, and the possession, transport or transfer of drugs (not linked to sale) all merit a sentence of 5-10 years. Where possession, transport or transfer can be linked to sale (as in cases where the suspect has more than a specified quantity of the substance), or where a person has communicated intent to sell, individuals face from 10 years imprisonment to a life sentence. Where a person is directly implicated in the production, distribution and sale of an illegal drug, or where they can be linked to exports and imports, sentences range from 15 years to life imprisonment or even a death sentence.

These hefty punishments are matched by the strong rhetoric that enshrines the law, naming the prevention of the dangers of drug a national responsibility and linking drug use to “the degeneration of mankind”.

In addition to the punishments outlined above, the law announces the creation of a central body for regulating drug matters, which in late 1993 led to the establishment of the Central Committee for Drug Abuse Control (CCDAC). This committee, chaired by the Minister for the Ministry of Home Affairs, is divided into a number of working bodies. Its responsibilities include:

- Outlining government anti-drug policies in co-ordination with government and non-governmental bodies
- Co-operating with other states and organisations on anti-drug measures
- Giving medical advice to drug users, in particular imparting knowledge about drug use
- Facilitating investigations into drug offences
- Seizing and destroying drug stashes
- Scrutinising whether CCDAC programmes are effective and reporting to the government on the body’s progress

Since 1993, the Burmese government has on several occasions reaffirmed their commitment to eliminating drug use and production in the

country. In 1999 the Burmese government laid out a 15-year plan to eradicate drug abuse by 2014, which was extended to 2019 in October 2012.⁶⁵ Most recently, on 9 May, 2013 the Minister of Home Affairs met in Burma's capital Nay Pyi Taw with the UNODC and representatives from the governments of Cambodia, Thailand, China, Lao, and Vietnam to reaffirm collective commitments to co-operate on reducing drug trading and consumption in the Greater Mekong region. The agreement that was signed specifically recognised that, "the drug challenge threatens public health and socio-economic development, national security and stability", and in particular expressed deep concern that, "the young generation who are vital to the development of the region are most adversely impacted by drug use and often involved in criminal or illegal drug related activities."⁶⁶

Government commitments on the drug issue have had some material results. However, these have had notable limitations, and have inordinately failed to match the depth of the Burmese government's pledges. Firstly, the CCDAC Anti-Narcotics Task Force has made various drug seizures. From January to September 2012, Burmese police seized 15.97 million Amphetamine-type Stimulant tablets (known as ATS, this is a group of drugs that includes Methamphetamine), 100kg of crystal Methamphetamine,

148kg of heroin and 1,350kg of high-quality opium. This included the seizure of 1,807,500 Methamphetamine tablets in Rangoon in January 2012 and 8,726,400 Methamphetamine tablets from a storage location in Tachilek, Shan State, in February 2012.⁶⁷ However, to put this into perspective, Thailand's drug seizures in 2012 included 582 million Methamphetamine tablets; in other words, in 2012 Burmese

seizures of all ATS pills combined amounted to 2.75% of Thai seizures of Methamphetamine alone.⁶⁸ With widespread belief that most



Young Mon people participate in an anti-drugs campaign in Ye Township.

HURFOM

⁶⁵ US Department of State Bureau for International Narcotics and Law Enforcement Affairs (INL), '2012 International Narcotics Control Strategy Report: Volume 1', 2013, pp.112-113.

⁶⁶ UNODC, 'Nay Pyi Taw Declaration on Drug Control Cooperation Among Signatories to the 1993 Memorandum of Understanding on Drug Control Cooperation', 2013, p.1.

⁶⁷ INL, '2012 International Narcotics Control Strategy Report: Volume 1', 2013, pp.113-114.

⁶⁸ *Ibid.*, p.295.

Methamphetamine tablets used in Thailand originate in Burma, this suggests that not enough is being done by the Burmese government to seize drugs at their point of production.⁶⁹ Furthermore, aside from drug seizures, UNODC has alleged that the Burmese government is not adequately dismantling Methamphetamine producing facilities; from 1998 to 2010 the government shut down just 39 facilities, only 2 of which were reported to be large-scale operations.⁷⁰

Another material result of government anti-drug commitments is the presence of drug rehabilitation centres. In 2012 there were reportedly 6 major Ministry of Health drug treatment centres, 49 smaller detoxification centres and 8 rehabilitation centres.⁷¹

However, coverage is by no means universal; in 2010 the World Health Organisation (WHO) reported that drug rehabilitation facilities had 770 beds in total, which were only available to anywhere between 10-50% of the population.⁷² In 2010, the UNODC reported, "Drug treatment in Myanmar is under-resourced and [rehabilitation facilities] are mainly designed for opiate users and not equipped for the different requirements associated with ATS treatment."⁷³

In general, the Burmese government's anti-drugs programme has failed to meet the promises made in government policy; if the government is aspiring to eradicate drugs from the country by 2019, it has a very long way to go. Indeed, deficient government anti-drug efforts thus far can be pointed to as facilitating the rise of Burma's drugs trade and encouraging individuals to experiment with drugs without fear of legal consequences. On the whole, anti-drug legislation remains unenforced and the CCDAC has not fulfilled the responsibilities assigned to it in a meaningful way.

⁶⁹In 2009 the Burmese Government reported an anomalously high seizure of nearly 24 million ATS pills. However, this has been attributed to the government using drugs policy in this year to put pressure on drug-producing armed groups to come under their control (UNODC, *Amphetamines and Ecstasy: 2011 Global ATS Assessment*, 2011, p.21).

⁷⁰UNODC, *Myanmar: Situation Assessment on Amphetamine-type Stimulants*, 2010, p.17.

⁷¹INL, '2012 International Narcotics Control Strategy Report: Volume 1', 2013, p.114.

⁷²WHO, 'Atlas of Substance Use Disorders, Country Profile: Myanmar', 2010.

⁷³UNODC, *Myanmar: Situation Assessment on Amphetamine-type Stimulants*, 2010, p.28.

Reports suggest that government anti-drug activity is particularly lacklustre in Mon communities. Of 23,899,156 Methamphetamine pills seized by the Burmese government in 2009, only 104 were in Mon State.⁷⁴ In part, this may be due to international pressure being focused on the high drug-producing areas of Upper Burma that supply the international drugs trade.⁷⁵ Whatever the reasons, the drugs problem in Mon and Karen States remains widely unacknowledged and unaddressed by the government.

According to one former Ya Ba user in Mon State, “Even though the government has made selling drugs illegal, they just put up signs around the town and do nothing else to enforce the law.”⁷⁶ Nai Zayar Min, a 40-year-old former school teacher from Ka Law village in Southern Ye Township corroborated this observation, saying that the only anti-drug activities he had seen in his area had come from the NMSP and not the government.

“To tell the truth, no one from the State or Township authorities has come to launch a [anti-drugs] campaign, or awareness-raising or education activities regarding the drug issue. Now, I only see that the New Mon State Party is trying to handle the drug issue in these areas. I think the State has more responsibility for such [drug] issues.”⁷⁷

People from Mon communities have also noted that the few government anti-drug activities that they have witnessed have been centred on Opium consumption. A university student from Mudon Township said, “The students do not use Opium, the police ignore those who use Ya Ba and that is why we do not see students being arrested.”⁷⁸ The UNODC has suggested that the government’s anti-drug strategy, initially laid out to handle the country’s “traditional” drug problem of Opium, should be reviewed to fit the rise of stimulants such as Ya Ba.⁷⁹

⁷⁴ *Ibid.*, p.13.

⁷⁵ For example, the only more specific references to Burma in UNODC’s 2012 World Drug Report are to “Northern Myanmar” (p.29) and Shan State (p.52; p.84).

⁷⁶ HURFOM Archives, 2012.

⁷⁷ HURFOM Interview, No. 13, Ye Township.

⁷⁸ HURFOM Archives, Mudon Township, 2012.

⁷⁹ UNODC, *Amphetamines and Ecstasy: 2011 Global ATS Assessment*, 2011, p.31.

With the government's response to the country's rising drug problem lacking, particularly in Mon communities, a number of reasons can be pointed to for this failure. Three youth from Well Ka Laung village in Thanbyuzayat Township gave their opinion that, "The government is not acting on this issue because they want local people to be intoxicated through drug use and fail to participate on policy issues."⁸⁰ This was an opinion also voiced by a 45-year-old Public Health graduate.⁸¹

The 2012 International Narcotics Control Strategy Report of the United States Department of State Bureau for International Narcotics and Law Enforcement Affairs put CCDAC's failures down to a combination of lacking resources, fragile domestic politics and possible government corruption.

"Though police officers from the Central Committee for Drug Abuse Control (CCDAC) continue to make efforts to enforce Burma's narcotics laws, they lack training and funding...The Burmese government considers drug enforcement secondary to national stability and is willing to allow narcotics trafficking in border areas in exchange for cooperation from ethnic armed groups and militias...



"Many inside Burma assume some senior government officials benefit financially from narcotics trafficking, but these assumptions have never been confirmed through arrests, convictions, or other public revelations. Credible reports from NGOs and media claim that mid-level military officers and government officials were engaged in drug-related

corruption; however, no military officer above the rank of colonel has ever been charged with drug-related corruption."⁸²

⁸⁰ HURFOM Interview, No. 8, Thanbyuzayat Township.

⁸¹ HURFOM Interview, No. 35.

⁸² INL, '2012 International Narcotics Control Strategy Report: Volume 1', 2013, pp.112-114.

Daw Aung San Suu Kyi also suggested government involvement in the drugs trade, as she criticised the government's handling of the drugs issue and promised to push for action. On a 27 May, 2013 meeting of the Central Executive Committee of the National League for Democracy (NLD) in Rangoon she said:

“Compared to three years ago, today the situation is much worse...In my country the drug problem is very important, not only for the present situation but for the future as well. It is directly impacting our youth. It is also linked with the power of the rule of law. My understanding is that the top levels of the State may be aware of this situation, but I do not understand why they are ignoring this issue and I have heard that some individuals at some levels [of government] are involved in the drug issues. In terms of the international community, if the State wants to get their support, this drug issue should be solved and we [the NLD] are also very concerned with this issue happening currently in Burma. We are deeply involved and will involve ourselves as much as we can.”⁸³

However, regardless of such pledges from the NLD, it remains the case that effective action on the drug issue will require significant commitments from the Burmese government itself, in particular ones that go beyond the creation of slow-moving working bodies and the signing of unenforced international declarations. In particular the CCDAC, a promising institutional structure in theory, must be transformed into a body that is effective in practice. The remainder of this report will focus on the response from other bodies, from local authorities to ethnic armed groups. Yet it is important to emphasise that, if increasing drug use in Mon communities is to be tackled, the government has an important responsibility, with the support of other groups, to lead the way in the fight against drugs.

The Public Health and Drug Demand Reduction expert consulted by HURFOM for this report emphasised:

⁸³ Daw Aung San Suu Kyi, speech at NLD Central Executive Committee meeting, Rangoon, 27 May 2013.

“The government must willingly accept [that drug addiction is increasing in Mon State]. As in every country, drug eradication programmes can't be done by citizens' force: it isn't effective. It is effective only when the government plans and materialises the programme.”⁸⁴

B. CORRUPTION WITHIN LOCAL AUTHORITIES

Whilst under the remit of the Burmese government's response, it is interesting to focus specifically on the response of local authorities to the drugs issue. A lack of commands from State level authorities to crack down on drug use in Mon communities has been compounded by a lack of interest from local authorities in arresting offenders. Many people interviewed suggested that this was a result of corruption in the ranks. Corrupt officials are reported to be taking bribes from drug smugglers and dealers to allow these individuals to continue their activities without impediment.

A 50-year-old village committee member from Mawkanin village in Ye Township said:

“I am quite sure that almost all villagers are aware of the drugs problem that is occurring in our young community. However, no one or no departments from the local authorities are physically acting to solve this problem. It seems quite a deceitful issue and I have received many rumours that corrupted officials are accepting bribes from the smugglers.”⁸⁵

HURFOM undertook a news investigation in May 2013 into corruption in Paung Township of Mon State.⁸⁶ It was found that in this area corruption has become so commonplace that recognised bribery practices have emerged. A Paung Township shopkeeper detailed how senior police officials train underlings to gather information and extort bribes, with money then being relayed to higher ranking authorities.⁸⁷

⁸⁴ HURFOM Interview, No. 36.

⁸⁵ HURFOM Interview, No. 10, Ye Township.

⁸⁶ HURFOM, 'Bribed authorities prosper from growing gambling and drug industries in Paung Township, Mon State', 27 May 2013.

⁸⁷ *Ibid.*

U Lwin, a goldsmith from Paung, told HURFOM that corrupt local officials in his township have allowed the area's drugs trade to flourish.

"I think this kind of situation [the Township's growing drugs trade] is directly caused by the authorities. They do not solve the drugs problem because they get money from the traders. The authorities' henchmen are also involved with drug traders...In Paung Township, the government-employed police and village administration does not help the villagers, they just make a profit from them."⁸⁸

Clearly, there is a strong responsibility for the government to speak out and act against local level corruption. However, HURFOM encountered popular feeling that some commitments equally need to be made on the part of local authorities. A retired teacher from Zin Kyite village, Paung Township, gave the following verdict:

"The main cause of youth drug use is bad administration in our community. No other country would close its eyes and allow this drug problem to remain. It could not happen if the administration officers, authorities and police did not take bribes...The people who govern our communities must not be selfish. They should prepare to act in these situations. For example, the police station has had a bad name for a long time now. I would like to say that that the character of the police should change, just as Burma's situation is changing right now."⁸⁹

⁸⁸ *Ibid.*

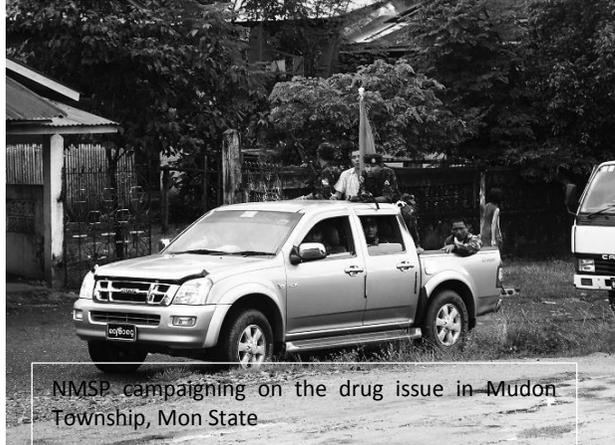
⁸⁹ *Ibid.*

C. THE NEW MON STATE PARTY'S ANTI-DRUGS CAMPAIGN

Thus far, the most promising anti-drugs activity witnessed in Mon communities has been undertaken by the NMSP. In the past, NMSP has taken some intermittent actions against drug use in its controlled territories. For example there are reports of arrests of drug consumers by the NMSP in the Halockhani resettlement camp in the 1990s.⁹⁰ However, in more recent times anti-drug activity has become one of NMSP's flagship campaigns, which it has extended to Mon areas beyond NMSP-controlled territory.

In late 2012, starting in Moulmein District, NMSP initiated a programme of action against drug use and smuggling. So far, areas that the campaign has reached include:

- Moulmein District - Ye, Than-byuzayat, Mudon and Kyainnsiekhi Townships
- Thaton District - Kyiakmayaw, Kawkareik, Thaton and Chaung Ninh Kwa Townships
- NMSP controlled territory - Japanese Well, Kyan Taw, Aye Chan Thar, Kyor Thint, Kyaw Pha Lu, Ga Enn Ku, Paleidonpike, Halockhani, Three Pagodas Pass.⁹¹



NMSP campaigning on the drug issue in Mudon Township, Mon State

NMSP action has mainly consisted of the arrest and detention of drug users and sellers, who have on average been between the ages of 15 and 25.⁹² Whilst sellers face prison sentences, drug users have been released following rehabilitation and drugs education trainings. Accurate figures proved hard to obtain, but on the whole testimonies collected by HURFOM suggested that the NMSP has made over 100 drugs-related arrests since it began the campaign.⁹³

⁹⁰ HURFOM Field Report, No. 2.

⁹¹ HURFOM Field Reports, Nos. 2 & 3; HURFOM, 'Tracking the dangerous drug trade', 11 January 2013.

⁹² HURFOM Interview, No. 31, Tavoy District.

⁹³ HURFOM Field Report, No. 3.

Arrests have included some well-publicised cases. On December 18 2012 Mehm Ah Pout, a 23-year-old from Waekharou Village, was arrested near the military cemetery in Thanbyuzayat Township with 17 Ya Ba tablets in his possession.⁹⁴ An NMSP anti-drugs official had contacted him pretending to be a drugs buyer, and as a result was able to catch him in these incriminating circumstances. His testimony led to the arrest the following day of 28-year-old Mehm Ah Beat, also from Waekharou village, who was found with 276 Ya Ba tablets. NMSP has alleged that the two were part of the same drugs trading circle. Once these individuals had been processed through the NMSP system they were handed over to the local legal system to be tried in court in Moulmein, the capital of Mon State.

In addition to arrests and drug rehabilitation programmes, the NMSP has erected signs in villages urging residents to come together to prevent drug use and on many occasions has called on the Mon community

to further assist their activities. In March 2013 Nai Ong Magae, a member of the NMSP Central Committee and the head of NMSP's anti-drug campaign in Tavoy District told HURFOM:



A young Mon villager from Kyainsemyi Township asks about the NMSP drug rehabilitation process

“We have set up concrete plans to fight against drug addiction in

young people and [drug] smugglers in our ruling district. These operations started on 24 November last year [2012]. In particular, as a national plan [referring to the Mon nation] we are aiming to eliminate drug issues in all levels of the community. We are also cracking down on groups or individuals who are trading drugs in our areas of responsibility. These areas must be drug-free zones soon. I think we need to seek more local assistance. Without local inhabitants' support, the anti-drug campaign activities will not be successfully implemented. We know that these operations are not easy to implement, but we need to work hard with the collaboration of

⁹⁴ Story detailed in HURFOM, 'Tracking the dangerous drug trade', 11 January 2013.

local people and support from community based organisations.”⁹⁵

According to an NMSP member who requested to remain anonymous, plans for the anti-drugs campaign emerged during peace talks between NMSP and the Burmese government in early 2012. It is claimed that in these talks the NMSP pledged to take responsibility for the drug problem amongst Mon people. He explained that after this point new resources were directed towards anti-drug activities.

“Although the NMSP has attempted to break down the drug problem before, efforts have not been effective due to a lack of resources. NMSP is more able now to implement effective action; NMSP members involved in the drugs crackdown have been given training and have been supported with equipment for drugs testing.”⁹⁶

The opinion of NMSP members seems to be that this campaign is working. A NMSP official from Ka Law in Southern Ye said:

“Youth are using fewer drugs now because of our activities. We have to scare people because there is a lot of drug smuggling. We got the attention of drug users; now, they say that they need to be careful when using drugs because the NMSP is active here and the next time it will be them.”⁹⁷

On the whole, the response from the Mon community to NMSP action against drug users and traders has been markedly positive. In particular, it appears to have highlighted the deficiencies of the Burmese government. Nai Dat, a 43-year-old villager from Han Gam in Southern Ye told HURFOM:

“Personally I strongly support the NMSP arresting the drug users and smugglers in our area. Even though they are a

⁹⁵ HURFOM Interview, No. 31, Tavoy District.

ceasefire group, they are interested in making an effort to fight against the drug issue for us. The government authorities should be embarrassed for their [lack of] responsibility.”⁹⁸

Indeed, the NMSP drugs campaign seems to have made a strong impression on others in Southern Ye, giving the group a foothold in an area where previously their influence had been lost.

“After the Burmese army arrived in Khaw Zar most of the villagers started to support the Burmese soldiers, so the New Mon State Party didn’t come to this area anymore,” said a 40-year-old truck driver. “In this area, the power of the NMSP and their campaigns was lost a long time ago...They have got some more support from the villagers recently when they came to campaign about drugs and gambling.”⁹⁹

In particular, parents of drug users have shown wide support for the campaign, reportedly sending their children to NMSP for rehabilitation in the hope of a solution to their difficulties.¹⁰⁰ In fact, with limited resources and holding space, it seems that NMSP may well be being overwhelmed by such requests. Nai Dee Moe, a 40-year-old water supply worker from Ka Law, Southern Ye, explained that the NMSP has started to refuse to detain particularly out-of-control youth:

“Their [drug users’] parents send them to the NMSP, but the NMSP doesn’t accept them and says: how can we control them now? You should have sent them to us earlier.”¹⁰¹

This testimony supports HURFOM’s observation that, whilst on the one hand many in the Mon community have been pleased by a new anti-drugs push that goes beyond anything Burmese authorities have offered, others have become frustrated that, given the scale of the problem, the campaign has not gone far enough.

⁹⁶ HURFOM Field Report, No. 3.

⁹⁷ HURFOM Interview, No. 30, Ye Township.

⁹⁸ HURFOM Interview, No. 32, Ye Township.

⁹⁹ HURFOM Interview, No. 37, Ye Township.

¹⁰⁰ HURFOM Field Report, No. 2.

¹⁰¹ HURFOM Interview, No. 12, Ye Township.

One 37-year-old teacher from Khaw Zar, Southern Ye commented, “Not only don’t the government come and arrest the drug smugglers, but also NMSP do not come and arrest them, so drug smugglers are selling drugs as they wish.”¹⁰² Also expressing frustrations, Nai Dod, a 60-year-old farm worker from Ka Law, Southern Ye, remarked, “The New Mon State Party from Htar Wel District came to the village to make arrests and give trainings on this [drugs] issue. But the people selling drugs have contacts among the [NMSP] authorities and remain free.”¹⁰³

These villagers expressed some important concerns, notably raising the possibility that some NMSP members may be failing to carry out the party’s campaign due to individual corruption. Investigations into bribery and corruption should be undertaken, but it can also be pointed out that in terms of anti-drug activity there are limits to what the NMSP can be expected to achieve alone. This is particularly true in Mon communities where the NMSP is not the primary or even a major source of authority. Whilst NMSP anti-drug activity thus far has largely been commendable, a full solution to the drugs issue must require the support and co-operation of all other groups considered here, in particular the Burmese government.

¹⁰² HURFOM Interview, No. 38, Ye Township.

¹⁰³ HURFOM Interview, No. 14, Ye Township.

D. A LACK OF ACTION FROM OTHER ARMED GROUPS

In general, the many other Mon and Karen armed groups acting in and around Mon communities in Mon and Karen States have not made discernible moves to tackle drug use or trading.

HURFOM talked to one KNU officer about drug use and trading in his area of concern.¹⁰⁴ He remarked that he had personally observed many negative effects of drug use and that in the past two months a large amount of drug-related reports had been submitted to his liaison office. However, he said that whilst the KNU has a drug reduction policy, it was not taking action because it did not want to make enemies. With their recent 2012 ceasefire still fragile, he expressed that if they were to act on drugs they would need the support of the Burmese government.

The general lack of action from ethnic armed groups, notwithstanding the NMSP campaign, about the drug issue in Mon areas is a concern for a number of reasons. Firstly, these Mon and Karen armed groups are a major source of authority in many Mon communities and in the areas in which the drugs trade which supplies these communities is based. As has been asserted by UNODC, the co-operation of these armed groups is necessary if any other bodies (governmental or otherwise) are to be able to carry out anti-drugs activities in regions under their direct control or influence.¹⁰⁵ In addition, in these areas campaigns backed or carried out by these armed groups are likely to have considerable force. The high rate of drug use in Three Pagodas Pass sub-township is a stark reminder that, in areas like this where sources of authority are manifold (from the Burmese government to various armed groups), drug use is unlikely to decline unless the relevant parties co-operate to enforce a programme of strict anti-drugs activity.¹⁰⁶

Secondly, as outlined in Section III of this report, armed group action is necessitated by the fact that members of these groups may well be implicated in the booming drugs trade that supplies Mon communities. Even

¹⁰⁴ HURFOM Interview, No. 39.

¹⁰⁵ UNODC, *Myanmar: Situation Assessment on Amphetamine-type Stimulants*, 2010, p.8.

¹⁰⁶ HURFOM Field Report, No. 3.

where they are not suspected of being direct participants in this trade, like all other bodies discussed here they are widely reported to be failing to act as a result of bribery from drugs smugglers and dealers. Whilst these varying degrees of complicity explain the lack of anti-drug activity by individual members, this suspected involvement with the drugs trade makes the co-operation of armed group leadership of prime importance. There is a strong onus on group leadership to investigate any suspected wrongdoing amongst members and preserve the integrity of their groups by bringing effective anti-drug policies to fruition.

VII. CONCLUSION AND RECOMMENDATIONS

As outlined in the introduction, this report is only the very beginnings of a detailed investigation into drug use in Mon communities. It is hoped that other parties will pick up where this report has left off, undertaking comprehensive research into the exact scale and nature of the issue. Nonetheless, from our inquiries HURFOM has found drug use to be an issue of acute concern to many in the Mon community. With reports suggesting drug use to be widespread, especially amongst youth, HURFOM echoes calls from the community for the drugs issue to be brought to the fore by all relevant parties for the sake of afflicted individuals, the future of the Mon community, and that of Burma as a whole.

Thus far, with the exception of recent NMSP anti-drug activities, the response of the Burmese government, local authorities and ethnic armed groups has been disappointing; indeed it is likely that the collective lack of action has encouraged, rather than inhibited, the growth of drugs consumption and trade in Mon communities. The failure to act effectively against drugs is particularly unsatisfactory on the part of the Burmese government. Therefore, HURFOM concludes that the Burmese government must lead the way in taking action against drug use and trading in Mon communities, with the close co-operation of all ethnic armed groups exerting influence in these regions.

An underlying theme of this report is that corruption, at all levels and amongst all different groups involved, is the likely reason that the drugs issue in the Mon community has only very recently started to be addressed in any meaningful way. One 32-year-old community volunteer from Kamarwat village in Mudon Township said:

“Most people want the drug problem to be dealt with. But who, or which organisation, can make it stop when the military and authorities themselves are involved? Most of the people selling drugs are related to military forces, authorities and ceasefire groups.”¹⁰⁷

In addition to promoting decisive action on the drug use, HURFOM calls on all parties to end the culture of corruption that has allowed pleas from the community for assistance to fall on deaf ears.

HURFOM issues the following recommendations:

- For the Burmese government to publicly acknowledge the drug problem in Mon and Karen States and initiate detailed research into the matter.
- For the Burmese government to honour both its duty to protect its citizens and pledges made to the international community in the May 2013 Nay Pyi Taw Declaration; as a result, to take decisive action against the country’s drug industry. In particular, to transform the CCDAC into an effective working body (through greater government support and funding), with activities that combat use of drugs of all types and extend to all areas of the country, including Mon and Karen States. It is recommended that CCDAC proceeds by strictly enforcing anti-drug legislation in affected areas, with fair investigation and punishment of suspected offenders. However, also to work with the community to introduce a state-sponsored programme of (i) Education about the risks of drug use, (ii) Rehabilitation of existing drug addicts.

¹⁰⁷ HURFOM Interview, No. 3, Mudon Township.

- For the Burmese government to act to reduce unemployment and other conditions that encourage rising drug use in Mon communities, in particular creating new job opportunities.
- For the Burmese government, local government and ethnic armed groups to undertake strong action to reduce the corruption that supports the drugs trade and prevents successful anti-drug campaigns. In particular, for all parties to promote transparency of action, with leadership investigating and punishing individual members found to be complicit in the drugs trade.
- For all ethnic armed groups working in and around Mon communities to, following NMSP's strong example, enforce extensive anti-drug campaigns. In addition, for these armed groups to co-operate with both each other and the Burmese government to produce maximal effective action.
- For the Burmese government, local authorities and ethnic armed groups to provide relevant data upon request and to allow CBOs, NGOs and grassroots organisations to carry out data collection on drug use freely and without impediment.
- For the community to assist the authorities in anti-drug campaigns and to share information that will assist the elimination of drug use. In the case of employers, to enforce strict anti-drug policies in the workplace.
- For civil society, religious and grassroots leaders to raise and explore the issue of drug use in their own communities, encouraging individuals to resist drug use.
- For donor agencies to make funds available to NGOs, CBOs and grassroots organisations specifically for the implementation of research, capacity building, rehabilitation, and education and health programmes in drug-affected areas in Mon communities.
- For the international community (most notably ASEAN, UNODC and the Thai government) to acknowledge and take an interest in the drugs problem in Mon and Karen States. For the Thai

government in particular, the large number of Mon migrants living inside their borders makes a solution to this issue crucial to their own interests. As a result, for the international community to (i) Support and (where appropriate) initiate anti-drugs activities in this region, in particular for the UNODC to instigate a thorough research programme, (ii), Call on the Burmese government to take effective action.

VIII. APPENDICES

A. DRUG PROFILE: YA BA¹⁰⁸

Name: Ya Ba (from the Thai for “madness drug”)

Also known as: “Horse Medicine”, “Bean”, “Poitse” (a Burmese word that roughly translates as “object”)

What is Ya Ba? Ya Ba comes in the form of small, often pink, tablets containing a mixture of Methamphetamine and caffeine. It comes in different types, WY and R (these letters are printed onto the tablets), with WY reported to be of slightly better quality.

What does Ya Ba cost? Ya Ba can cost anywhere from 2,500 to 7,000 Kyat per tablet, depending on where and when it is purchased. Whilst on average Ya Ba can be found for around 5,000 Kyat, students have reported that heightened demand during the school year inflates prices beyond this.

¹⁰⁸ This profile collates material from; HURFOM Interviews, Nos. 1, 4, 6, 16, 20, 23, 24, 35, 38; HURFOM Field Reports, Nos. 1 & 2; HURFOM, ‘Mon State communities troubled by growing Ya Ba usage among teens and students’, 20 August 2012; HURFOM, ‘Young People and Drugs’, 8 May 2013. The profile also draws on UNODC, ‘Ya Ba, the ‘crazy medicine’ of East Asia’, 2008.

How is it used? Ya Ba tablets can be ingested orally, inhaled, or in some cases injected. A student in his early 20s at Technology University, Moulmein detailed a popular method of using Ya Ba:

“Take the piece of silver paper from inside a cigarette box and curl a white paper [from the cigarette box, or a bank note can be used instead] into the shape of a pipe. Then, put one Ya Ba tablet on the silver paper and heat it. Finally, inhale the smoke [using the white paper] to get high.”¹⁰⁹

Effects of Ya Ba: As a stimulant, Ya Ba induces increased energy, alertness and focus, a feeling of increased strength, euphoria, and decreased appetite. One youth from Wal Lay Myine village (close to the Thai-Burma border town of Myawaddy) told HURFOM:

“Many youth and adults in my village use drugs, especially the large numbers who earn an income from hard labour. Using Ya Ba stops you from needing to sleep and makes you stronger. One man ran all the way from our village to Myawaddy after using Ya Ba. This journey takes 5 hours by bus.”¹¹⁰

History of Ya Ba: Methamphetamine was introduced to Southeast Asia during the Second World War, when it was used by soldiers having difficulties staying alert for long periods of time. Today, Ya Ba is the most common form of Methamphetamine found in Southeast Asia. At first the use of Ya Ba was mainly restricted to workers looking to enhance their performance (for example, truck drivers and plantation workers), but by the late 1990s it was also being used recreationally by youth. Whilst Thailand is known as the region’s hotspot for Ya Ba use, most of these tablets are reported to have been produced in Burma. Ya Ba use within Burma itself is widespread and steadily on the rise, including in Mon State. Many in the Mon community attribute this trend to migrant workers developing a Ya Ba addiction whilst in Thailand and bringing this habit back with them to their homes in Burma.

¹⁰⁹ HURFOM Interview, No. 1, Moulmein Township.

¹¹⁰ HURFOM Interview, No. 24, Myawaddy Township.

Where does it come from? Burma has been pointed to as the largest producer of Methamphetamine in East and Southeast Asia. In general, the Ya Ba used in Burma is produced within the country itself. Armed groups, in particular the United Wa State Army in Shan State, have been implicated in this production. In Mon communities Ya Ba prices are reported to be at their lowest in areas close to Taung Dee village, Kyainnsiekyi Township, Karen State; this fact points to Taung Dee as a possible host of Ya Ba producing operations.

Dangers of Ya Ba: Ya Ba is a highly addictive substance. Amongst many physical defects, prolonged usage can result in fatal kidney and lung disorders, brain damage, strokes, convulsions, heart failure and liver damage. Ya Ba can also seriously affect the mental state of users, causing anxiety and violent behaviour, and even paranoid delusions and psychosis.

Regular Ya Ba users can develop a tolerance to the drug and tend to require increasing quantities in order to receive the same satisfaction. This puts them at heightened risk of serious physical and mental harm through excessive doses. In some cases, users start to inject the drug directly into their drug stream, introducing the risk of contracting HIV or other diseases associated with intravenous drug use.

B. DRUG PROFILE: KRATOM LEAF¹¹¹

Name: Kratom Leaf

Also known as: “Opium Leaf”, “Heroin Leaf”

What is Kratom Leaf? Kratom Leaf is the leaf of the *Mitragyna Speciosa* plant, a deciduous tree native to Southeast Asia.



What does Kratom Leaf cost? In Mudon and Thanbyuzayat Townships, where Kratom Leaf is grown, one leaf sells for 50 Kyat. However, the leaf is transported to other townships and sold on at a premium. For example, in Ye Township a leaf can be sold for 200 Kyat.



Kratom Leaf being drunk as a “tea”

How is it used?

Traditionally, Kratom Leaf was used by chewing the leaf. However, in recent times it has become common to make it into a “tea”, grinding the leaf and boiling it with water. Often liquids such as coffee, energy drinks and cough medicine are added to the mixture to enhance its effects.

Effects of Kratom Leaf:

In low doses Kratom Leaf acts as a stimulant, but taken in high doses it can become a depressant.

¹¹¹ This profile collates material from; HURFOM Interviews, Nos.4, 9, 16, 26, 35, 28; HURFOM Field Report, No. 2; HURFOM, ‘Don’t let your mind be destroyed’, 10 May 2013. The profile also draws on US Department of Justice Drug Enforcement Administration, ‘Drug Fact Sheet: Kratom’, 2012.

Producing a milder high than Ya Ba, Kratom Leaf is commonly described as creating a feeling of increased freshness and energy.

History of Kratom Leaf: Kratom Leaf has been used for centuries in Southeast Asia for medicinal purposes; it can be used as an antidiarrheal, to treat opium addiction, as an anti-depressant and to lower blood pressure. Recreational abuse of Kratom Leaf is said to originate in Thailand, where it was made illegal in the 1943 Kratom Act and grouped with Cannabis in the 1979 Thai Narcotics Act. It is reported that today's heavy use of Kratom Leaf amongst Mon people is the result of migrant workers (particularly those working in Southern Thailand) bringing the practice and the plant itself back with them to their homes in Mon State.

Where does it come from? In particular, Kratom Leaf has been reported as being grown in Mudon and Thanbyuzayat Townships. It is often grown in the land between rubber plantations, where it is planted alongside other crops to obtain some camouflage.

Dangers of Kratom Leaf: The risks of using Kratom Leaf are not as widely documented as those of Ya Ba. However, it has been reported to be addictive, and that users suffer from withdrawal symptoms upon attempts to stop taking the drug (e.g. body aches, aggression and mood swings). Prolonged and heavy usage can lead to skin-darkening, nausea, constipation, loss of appetite and insomnia. Some cases of psychosis and hallucinations as a result of Kratom Leaf use have also been noted.

BITTER PILLS

**BREAKING THE SILENCE SURROUNDING
DRUG PROBLEMS IN THE MON COMMUNITY**



A REPORT BY THE HUMAN RIGHTS FOUNDATION OF MONLAND -BURMA

JUNE 2013