

Silent Offensive

How Burma Army strategies are fuelling the Kachin drug crisis



About Kachin Women's Association Thailand (KWAT)

Background

The Kachin Women's Association Thailand (KWAT) was formed in Chiang Mai on the 9th September 1999 to respond to the needs of Kachin women and children affected by the political and economic crisis in Burma. It currently runs programs in Kachin State and northern Shan State of Burma, as well as in Thailand.

Vision

As a non profit-making organization working on behalf of Kachin women, we have a vision of a Kachin State where all forms of discrimination are eliminated; where all women are empowered to participate in decision making at a local, national and international level; and where all Kachin children have the opportunity to fulfil their potential.

Mission

The empowerment and advancement of Kachin women in order to improve the lives of women and children in Kachin society.

Strategic aims

- To promote women's rights, children's rights and gender equality
- To promote women's participation in politics and in peace & reconciliation processes
- To oppose all forms of violence against women including human trafficking
- To provide health education & health services
- To promote women's awareness of how to manage and protect the environment

Activities

- (1) Capacity Building Program
- (2) Documentation and Research Program
- (3) Anti-Trafficking Program
- (4) Health Program
- (5) Migrant Program
- (6) Political Empowerment Program
- (7) Peace and Reconciliation Program
- (8) Advocacy

Silent Offensive

How Burma Army strategies are fuelling the Kachin drug crisis

Acknowledgements

We are very grateful to all the interviewees for their courage in speaking the truth, and to all KWAT staff and field workers who took great risks to collect the information.

We especially would like to thank the Burma Relief Center (BRC) for technical assistance in developing the report.

We would also like to thank the Ophidian Research Institute (ORI) and Open Society Foundation (OSF) for their generous financial support, which made this report possible.



Contents

Summary	5
Introduction.....	9
Methodology	9
I. Drug production in Kachin areas.....	10
Political context	
Background of Kachin conflict	
Burmese government militias allowed to deal in drugs	
Impacts of the war on drug production.....	14
Gains by government BGF and militia have fuelled drug production	
1. Areas of eastern Kachin State under BGF	
2. Militia-controlled areas of northern Shan State	
Box: Questioning UNODC’s opium survey data.....	18
Farmers planting more opium as war blocks other livelihoods	
II. Drug use in Kachin areas	20
Impacts of the war on drug use.....	20
Increased drug use among poppy-growing communities	
Alarming rates of heroin use in urban areas	21
Box: Injecting drug use among students	23
Continuing widespread heroin use in mining areas	
Use of heroin and “yama” spreading along trading routes	25
Impacts of the spreading drug problem on women.....	26
Impacts on wives and mothers of drug users	
Increased financial burden	
Needing to care for sick drug users	

Suffering physical abuse	
Shame, mental trauma	
Forced to leave home, separated from children	
More women becoming drug users.....	30
Women start using yama and heroin in China	31
Impoverished women turning to drug dealing for survival	32
Box: Conditions for women imprisoned for drug charges in Lashio Jail	33
III. Responses to the drug problem	35
Burmese government: token law enforcement	35
Box: Burmese intelligence officer sells drugs to Kachin youth.....	36
Only small-time sellers and users arrested	
International NGOs focusing on harm reduction.....	37
Local Kachin responses:	38
Strong anti-drug measures by KIO	
Church-run drug rehabilitation programs in towns	
Communities mobilize against drugs in rural areas.....	40
Women take the lead against drugs in Mong Baw	
IV. Conclusion and Recommendations	42
Appendix.....	44
- List of people interviewed for this report	
- Map of location of interviews	

Summary

This report, based on interviews with Kachin drug users, their family members, drug sellers, and community leaders in eight townships of northern Burma, paints a disturbing picture of the drug crisis in Kachin areas. It shows how the renewed conflict against the Kachin Independence Army (KIA) since June 2011 is fuelling drug production and worsening existing drug abuse among Kachin communities.

A key factor causing increased drug production is the Burmese government's policy of allowing its local militia to grow opium, and produce heroin and other drugs, in exchange for fighting against the KIA. As the Burma Army and its allies have progressively seized control of Kachin areas, drug production has been increasing.

In Kachin State, the main opium growing areas now are in Chipwi and Waingmaw townships, under the Burma Army and its Border Guard Forces 1001, 1002, 1003 and 1004, led by Zakhung Ting Ying, formerly a Kachin ceasefire group leader and now an MP in Burma's National Assembly.

However, the UNODC does not identify the Chipwi area as a "high-risk" opium growing area. Only Waingmaw and Tanai in Kachin State were designated "high-risk" and included in the UNODC 2013 opium survey. This throws into doubt the UNODC's estimate of a 10% reduction in opium cultivation in Kachin State from 2012.

In Kachin-populated regions of northern Shan State, the main opium growing areas are in Muse District under the control of the Burma Army and thirteen government People's Militia Forces, three of whose leaders are MPs in the Shan State Assembly. The KIA had formerly enforced opium bans in some of these areas.

Thousands of acres of poppy fields are being cultivated in these government militia areas, and are being taxed not only by the militia but by other government officials. Despite the taxes, increased numbers of villagers are turning to opium cultivation, as the conflict has prevented them growing other crops, and has blocked transport and markets. This includes displaced villagers, who risk travelling back to their farms to plant opium, or else work as laborers on others' fields.

Not only opium growing, but also heroin refining and methamphetamine production, is taking place with impunity in government militia-controlled areas. These drugs are flooding into Kachin communities, worsening existing problems of drug abuse and addiction not only in poppy growing areas, but also in towns, mining sites, and along trading routes.

Although opium has been grown and used traditionally by Kachin villagers for decades, there are now much higher rates of opium use among poppy farming communities than in the past. In some opium growing villages, children as young as five are smoking opium. IDPs resorting to laboring on poppy farms are also becoming addicted.

In and around urban areas, such as Myitkyina, Bhamo and Lashio, where heroin is cheaper than opium, and easily available, there are alarming rates of heroin use among youth. It is estimated that about a third of students at Myitkyina and Bhamo universities are injecting drug users.

Heroin use is also rampant in mining areas. Many Kachin men, young and old, migrate from towns and villages to find work in jade and gold mines, where the harsh working conditions and isolation encourage drug use. Local residents estimate that 90% of workers in Hpakant jade mines are drug users. Drugs remain readily available in Hpakant despite the conflict, which has disrupted large-scale mining since 2012.

Drug use is widespread at trading hubs and along transport routes to the China border. This includes not only opium and heroin, but increasingly methamphetamines or “yama.” At a timber trading site near Bhamo, it was estimated that 50% of youth were injecting drug users. Drivers on the Muse-Mandalay road, the main trading route to China, commonly use both heroin and “yama”. At some petrol stations in Muse, syringes and distilled water are given instead of small change.

Although increasing numbers of women, particularly in trading areas, are taking “yama”, the majority of Kachin drug users are male. Gender inequality in Kachin society heightens the problems this creates for women family members. Already bearing the burden of all domestic work, women struggle to survive when husbands, sons and fathers not only stop providing income to the family, but sell off family possessions and even steal to feed their drug habit. Women have to look after drug users when they fall ill, and suffer verbal and physical abuse.

Some wives of drug users have had to travel to find work in China to support their families. As described by KWAT in earlier reports, Kachin women migrating to China are highly vulnerable to human trafficking. Some women interviewed by KWAT said they started using drugs when in China.

Poverty, exacerbated by the conflict, is also driving women to turn to drug dealing. One woman from Bhamo who could no longer farm due to land-mines planted in her fields, started selling “yama” to pay for her son’s medical costs. Another woman

started selling heroin to pay for hospital costs of her husband, a heroin user.

Due to the government's lack of political will to crack down on the drug problem, and widespread corruption, there is no strict law enforcement against drug dealing. Only small-time dealers and users are arrested. Impoverished women, who could not afford bribes to secure their release, have ended up with long prison sentences. KWAT documented three cases of pregnant women being sentenced for drug use and/or dealing for terms ranging from 4 to 18 years; all gave birth in prison.

International NGOs responding to the drug issue are mainly supporting harm reduction programs, including needle exchanges. Local people have mixed feelings about this, as they worry that distribution of needles encourages drug abuse.

Many communities are therefore developing their own programs to address the growing problem of drug abuse. In towns, a number of local church groups have set up rehabilitation centres, and in rural areas, community groups have also started mobilizing against drugs.

Women are playing a leading role in these community efforts. Two years ago, a Kachin nurse called Esther set up a community group to campaign against drug abuse in Mong Baw, Muse District. Her group, which has about 200 members, holds public events in over 20 villages to raise awareness about the dangers of drug use, and helps users access medical care and rehabilitation services. They also pressure dealers to give up selling drugs by charging fines and handing them over to the police. The work has had some success – at least 12 dealers have been persuaded to stop selling -- but is also extremely dangerous. Esther has received death threats, and a bomb has been placed at her home.

KWAT is concerned that the international donor community is not focusing on the role of the war, and particularly the anti-insurgency policies of the government, in fuelling the drug problem in Burma. Donors are increasingly providing aid directly to the government, including for counter-narcotics activities. However, this is simply emboldening Burma's rulers to continue military operations against the ethnic peoples, including the Kachin, thereby perpetuating the war, and perpetuating the drug problem.

KWAT therefore urges all stakeholders, including international donors, to focus on finding a just, negotiated political settlement to the conflict as an urgent priority in tackling the drug problem in Burma.

We make the following recommendations:

To the Burmese government

- End all military aggression, begin troop withdrawal from ethnic areas of Burma, and begin real political dialogue with the ethnic resistance groups in order to establish a federal democracy, granting self-determination to the ethnic peoples
- Acknowledge that a negotiated political settlement to the ethnic conflict is a necessary prerequisite for eradicating drugs in Burma
- Stop their policy of allowing local pro-government militia to freely engage in drug production in exchange for fighting resistance forces
- Allow local community groups to carry out their own anti-drug programs without hindrance
- Allow humanitarian aid agencies to freely access and provide aid to IDPs in all areas, in order to prevent the further spread of drug abuse.

To foreign governments

- Pressure the Burmese government to end all military aggression, begin troop withdrawal from ethnic areas of Burma, and begin real political dialogue with the ethnic resistance groups in order to establish a federal democracy, granting self-determination to the ethnic peoples.
- Publicly condemn the Burmese government's policy of allowing their local militia to freely engage in drug production in exchange for fighting resistance forces
- Immediately provide sufficient humanitarian aid to IDPs in northern Burma, both in government-controlled areas as well as KIO-controlled areas; this aid should be provided directly to local community based organizations, to ensure accountability and cost-effectiveness

To the United Nations Office on Drugs and Crime (UNODC)

- Review the methodology of UNODC's annual opium surveys so that they more accurately reflect the opium growing situation on the ground; government militia-controlled areas should not be excluded from surveys
- UNODC's opium surveys and other drug reports should contain analysis of political factors influencing drug production, including maps showing who is in political control of opium growing areas
- UNODC should develop and carry out its programs in close cooperation with local community-based organizations

Introduction

Almost every Kachin family has been affected by the drug problem. Many of us at KWAT have lost family members because of drugs. We were therefore strongly motivated to carry out research for this report, to find out how we could begin addressing this critical problem.

Now that the drug issue is also coming onto the table in peace negotiations, we feel it is necessary for community voices to feed into the debate, so that any emerging policies reflect the concerns of people on the ground.

We sincerely hope that the findings of our report can inform the collective efforts needed to tackle this serious problem.

Methodology

During 2013 and early 2014, KWAT conducted 75 interviews with drug users, their family members, drug sellers, church members, community leaders, and KIO drug eradication committee members. The interviews were conducted in eight townships in Kachin State and northern Shan State. (See map on page 47 of places where interviews were conducted). We asked the interviewees about their knowledge and personal experience of drug production, availability and use in each area, and how the war has impacted this.





I. Drug Production in Kachin Areas

Political context

“In the 1960s, there was no road to my village. I would travel on horseback down to the town (of Tar Moe Nge) with a bundle of raw opium. I went to the market and sold the opium to pay for my schooling in Maymyo. In my village, only the older people smoked opium, not young people. At that time, no one had heard of heroin.” (a Kachin woman from Kutkai township, northern Shan State)

Opium has been grown for over a hundred years by villagers in highland areas of Kachin State and northern Shan State. Traditionally, raw opium was traded locally as a crop, and personal consumption was limited mainly to older villagers. Today, these highland areas are the source not only of increasing amounts of opium, but also heroin and synthetic drugs, which are being marketed for huge profits locally and abroad, and fuelling an “epidemic” of drug abuse among local Kachin youth.

To understand what has caused this proliferation of drugs, and who is mainly profiting from it, it is necessary to analyze the political situation in the Kachin areas, particularly the ongoing conflict.

Background of Kachin conflict

The Kachin in Burma are estimated to number between 1–1.5 million. They are traditionally hill-dwellers, who were ruled by village and clan chiefs. During British rule of Burma (from 1886 to 1948), the Kachin territories were specially administered as a frontier region. When Burma gained independence in 1948, the northernmost extremity of Burma was designated as Kachin State. However, little autonomy was granted, and discriminatory policies of the central Burmese government led to the launch in 1961 of a Kachin armed resistance movement, the Kachin Independence Organisation (KIO) and its armed wing the Kachin Independence Army (KIA), which operated throughout Kachin State, as well as in northern Shan State.

The Burma Army has used various tactics since the 1960s to try and suppress the KIA and other armed resistance groups in northern Burma. This has included “scorched earth” programs targeting civilians, which have led to forced displacement of many highland communities down to the plains of Kachin State. Today, over 80% of the state’s population live in the plains.

One of their main anti-insurgency tactics has been to organize local militia groups to fight against the resistance movements. In the 1960s, these groups were called Ka Kwe Ye. They were given free rein to carry out business, licit or otherwise, in exchange for policing against resistance forces.

Another tactic used by the Burmese military regime has been to persuade resistance groups to sign ceasefire agreements, promising them “development” and economic incentives, without any political concessions. In 1989, after the collapse of the Communist Party of Burma (CPB), which had been waging armed struggle since Burma’s independence, the regime persuaded the former CPB regional armies to sign separate ceasefire agreements, allowing them to maintain administrative control of their areas and carry out business. One of these was the New Democratic Army-Kachin, which operates on the Kachin-China border. Other ethnic armed groups were also pressured to sign ceasefires, and in 1991, a splinter group of the KIA in northern Shan State, the Kachin Defence Army, agreed to a ceasefire with the regime. In 1994, the KIA itself signed a ceasefire.

The Burmese regime took advantage of the ceasefire agreements to build up their military presence in Kachin areas, and authorize and profit from large scale resource exploitation, mainly of timber, jade and gold. Under the new 2008 constitution, which perpetuated Naypyidaw’s control over the ethnic states, the ethnic ceasefire armies were ordered to come under the Burma Army as Border Guard Forces (BGF) or else transform into pro-government People’s Militia Forces (PMF). The NDA-K agreed to transform into BGF 1001, 1002, 1003 and 1004, while the KDA transformed into a People’s Militia Force.

However, the KIA refused to be pressured into accepting the 2008 unitary constitution. Tensions grew as the new semi-civilian Burmese government pushed ahead with controversial Chinese-funded mega-development projects, including the planned Myitsone dam on the Irrawaddy River for the export of power to China. On June 9, 2011, when Burmese troops moved in to secure another Chinese hydropower project on the Dapein River, the KIA resisted, and the 17-year ceasefire was broken. Since then, fighting has spread through Kachin State and northern Shan State, displacing over 120,000 people. The Burma Army has not only brought in troops from other parts of the country to fight the KIA, but has also relied heavily on its local militia partners to assist in military offensives.

Burmese government militias allowed to deal in drugs

The Burmese government routinely blames the ethnic “insurgents” as the main culprits in the drug trade, but it is now members of its own military, including its Border Guard Forces and proxy militia who are the leading armed players in the drug business in Kachin areas. With licence to generate their own income, these groups naturally rely on the drug trade as the most lucrative source of revenue in these remote mountainous regions. They are either involved directly in growing, producing and trafficking drugs, or else tax and provide security to others carrying out this trade. Leaders of these groups operate with complete impunity, and some have even become members of parliament in the current Burmese government.

In the Kachin areas surveyed for this report, the main militia forces are listed below. According to our interviews, all are involved in the drug trade.

No	Village/Township	Military Post area	No. of Troops (estimate)	Leaders who are MPs
Kachin State				
1	Pangwah, Chipwi township	Pangwah Border Guard Force (1001)	around 100	Zahkung Ting Ying (MP in National Assembly)
2	Chipwi township	Chihpwi Border Guard Force (1002)	around 100	Zahkung Ting Ying (MP in National Assembly)
3	Kampaiti, Sading township	Kampaiti Border Guard Force (1003)	around 120	Zahkung Ting Ying (MP in National Assembly)
4	Hpimaw, Tsawlaw township	Hpimaw Border Guard Force (1004)	around 100	Zahkung Ting Ying (MP in National Assembly)
Northern Shan State				
5	Ta Mung Nye, Kutkai Township	Mung Nye	10 (80 reserve)	Wang Goi Ta a.k.a. Myint Lwin (MP in Shan State Assembly)
6	Mung Ji, Kutkai township	1. Mung Ji 2. Bang Lum Bum	30 (100 reserve)	
7	Nam Jaw, Muse township	1. Nam Jaw 2. Waw Hkyung	30	

No	Village/Township	Military Post area	No. of Troops (estimate)	Leaders who are MPs
8	Mung Han, Munggu township	1. Mung Hkawn 2. Bang Hpik 3. Shau Haw	40	
9	Man Je, Kutkai township	1. Man Je 2. Hu Bren	40	
10	Lung Htang, Kyukuk township	1. Lung Htang 2. Di Ma	40	
11	Kawng Hka, Kutkai township	1. Hu Hpyet 2. Hpa Hkik 3. Man Yen 4. Man Lun 5. Na Ti 6. Hu Lwi 7. Ga Leng 8. Ja Yang	400	
12	Mungbaw, Muse township	1. Mung Baw 2. Mung Hawm 3. Bang Hpik 4. Nam Hkawng Bum 5. Mai Hpang 6. Man CHyam 7. Myung Ya	150	Kying Mai (MP in Shan State Assembly)
13	Munggu township	Munggu	40	
14	Hpong Seng, Kutkai township	Hpong Seng	40	
15	Kutkai township	1. Kut Kai 2. Mung Yu 3. Mo Han 4. Mung Gu 5. Ga Leng	150	U Hkun Myet (MP in People Assembly)
16	Panse, Kutkai Township	1. Pan Se Bum 2. Ta Gawn 3. Man Jak	100	Li Shau Yung a.k.a Kyaw Myint (MP in Shan State Assembly)
17	Nampaka, Kutkai Township	Nampaka	100	

Impacts of the war on drug production

Gains by government BGF and militia have fuelled drug production

As the renewed war in Kachin areas has spread, the Burmese government has increasingly relied on its BGF and local militia to help fight against the KIA. Where the Burma Army has seized former KIA territories, it has allowed its allies to expand control over these areas. Overturning KIA anti-drug policies which had limited poppy cultivation, these allies have promoted opium growing and drug refining, leading to an increase in drug production.

1. Areas of eastern Kachin State under government Border Guard Forces

The map on page (15) shows that the main opium growing areas in eastern Kachin State are in Chipwi and Waingmaw townships under the Burma Army and its Border Guard Forces 1001, 1002, 1003 and 1003, led by MP Zakhung Ting Ying. Ting Ying's forces have been assisting the Burma Army to fight against the KIA during the renewed conflict, particularly since 2012, when fighting spread up to the Chipwi area.

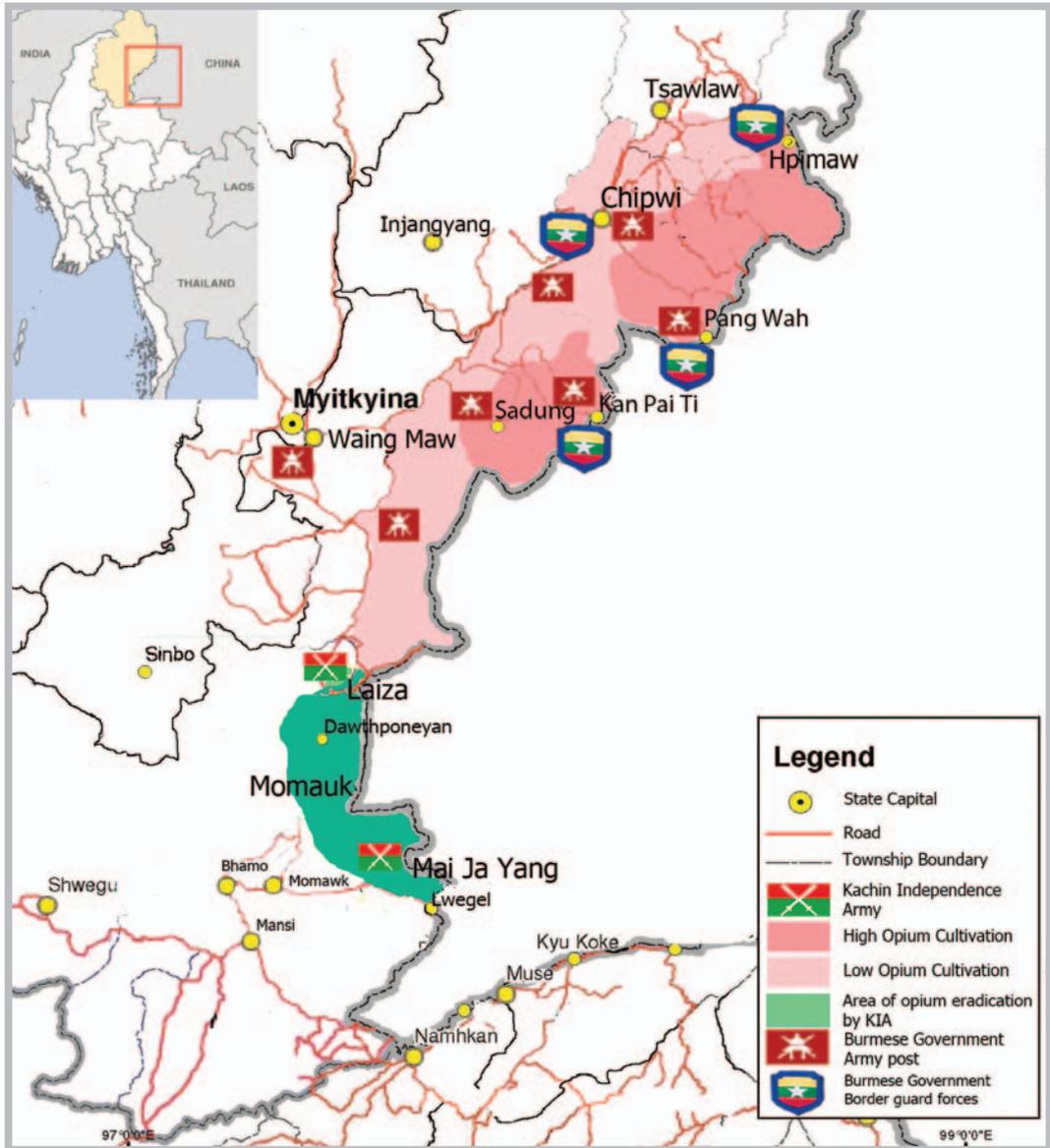
Local villagers say that they have been allowed to grow opium freely since Ting Ying was campaigning for election in 2010. Opium production has increased since the renewal of conflict in 2011.

An opium farmer from Sadung said there were 17 villages in his area which were relying mainly on growing opium. "The opium plantations are under the BGF post 1003, under the Burmese government. Each family has 2-3 acres of land to plant opium. When the quality of seeds of good, our village can get 150-200 kgs of opium a year. When it is harvest time, the Chinese come to buy it. 1 kg can sell for 3,000 yuan."

The farmer explained that it is not only the BGF which taxes their opium, but also Burmese government officials: "The Border Guard Force, police and forestry department come and get tax during sowing time. Every family has to give them money. The tax collector looks at the fields and collects about 10,000 or 20,000 yuan (from the village)."

He complained that the taxation meant that it was hard to earn a living from the opium growing. "I have 2-3 acres of opium fields, but the income is not enough for my family, because I have to give the government tax and hire workers to work in my fields. The work is also very tiring. I want to plant other crops, but I have no money. If the government helped us plant other crops, and opened a market to sell them, it would be good."

Prior to the renewal of conflict, many people from across the border in China had come to stay in the area and invest in opium plantations. However, after fighting broke out, most had returned to China, leaving local villagers to manage the fields, but returning to buy the product at harvest time.



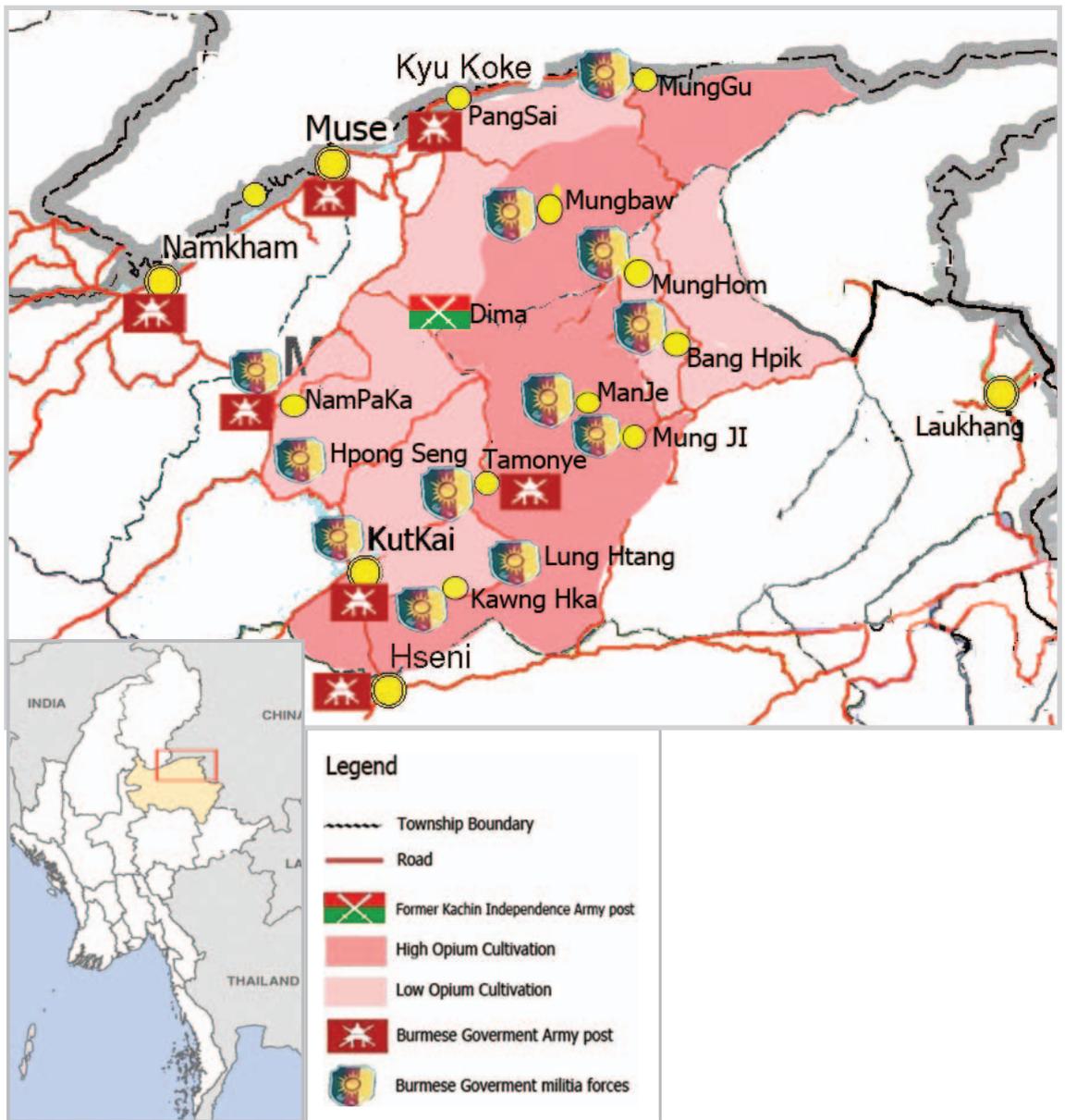
Map: Opium cultivation in eastern Kachin State

2. Government militia-controlled areas of northern Shan State

The map on page (17) shows that the main opium growing areas in Muse District are under the control of the Burma Army and government militia. Villagers in these areas say that the number of opium plantations in their areas has increased significantly since the renewal of conflict in 2011. Formerly, when the KIA 4th Brigade (headquartered in Dima, Kutkai township) was operating openly in northern Shan State during the 1994-2011 ceasefire period, KIA had implemented policies against opium growing, which had limited poppy cultivation to some extent.

However, since the renewal of conflict, the Burma Army has allowed its local militia to expand control into former KIA areas, leading to a corresponding increase in opium growing, and production of heroin and methamphetamines. For example, opium cultivation has increased greatly in the area of Nampaka, a town on the main road between Kutkai and Muse, which is under the control of Burma Army Battalion 123 and a government militia led by U Aye Maung. This is an area where the KIA had formerly implemented an anti-drug campaign. “My family used to grow opium, but in 2002, we stopped because it was forbidden by the KIA,” said a woman from Nampaka. However, according to local residents, now there are about 100 families planting opium around Nampaka. Some farms are not even a mile from the village. They estimated that up to 1,000 acres were being grown around the Nampaka area alone. They said that most of the opium farm owners are Chinese, some from China and some from Mandalay, Lashio and Taunggyi. “The exact number of acres is known to the militia, and they collect tax from this. They protect the opium farmers,” said a local church leader.

Another area where there has been a large increase in opium growing is Tar Moe Nye (Tar Mong Ngen), which is under the control of Burma Army Battalion 290 and a local government militia led by ethnic Chinese businessman Wang Kwe Tar (a.k.a U Myint Lwin) who is currently an MP in the Shan State Assembly.



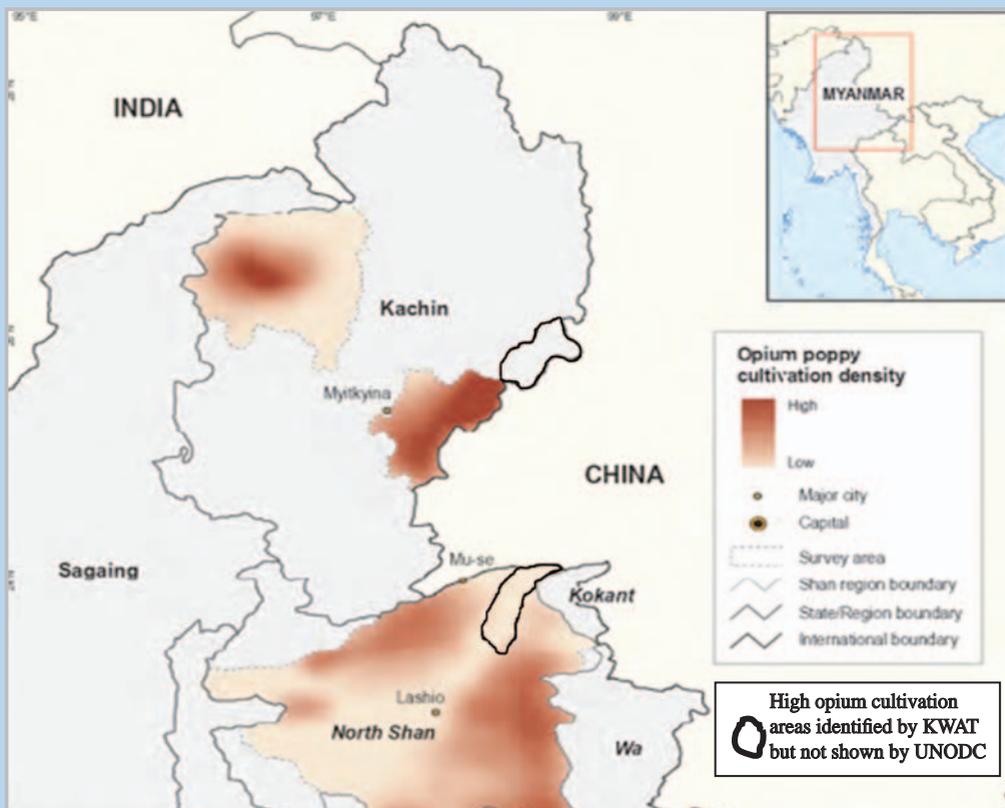
Map: Opium cultivation in Kachin-populated areas of northern Shan State

Questioning UNODC's opium survey data

The data collected by KWAT about opium-growing areas contrasts with data in the UNODC's 2013 South-East Asia Opium Survey. This is worrying, as the UNODC opium surveys are accepted internationally as the most reliable assessment of drug trends in Burma, and are influential in shaping policies of international donors.

The map below shows how UNODC's designation of "high-risk" opium-growing areas in Kachin State does not include Chipwi township, which is well known as a main opium-growing area. The UNODC used satellite imagery to assess opium cultivation in the designated "high-risk" areas of Kachin State (but did not carry out ground verification "because of ongoing armed conflicts"), estimating a 10% drop in opium cultivation in Kachin State (from 5,100 to 4,600 hectares) since 2012. KWAT doubts this estimate given that Chipwi was not included in the survey.

Also, it is surprising that in northern Shan State, despite the increase in opium-growing in government militia-controlled areas of Muse district, these are also not shown as "high-risk" by UNODC.



Opium density map, Kachin and Shan States, Myanmar, 2013
(from UNODC's Southeast Asia Opium Survey 2013)

Farmers planting more opium as war blocks other livelihoods

In some areas, more villagers are now planting opium as a means of survival due to the impacts of the war. For example, a community leader from Mong Baw in northern Shan State explained how farmers in that area had turned to growing opium instead of cultivating other crops. “Because of the war, people can’t do farming like before. They used to plant rice, tea and corn, and also make charcoal. But when the fighting happened they couldn’t plant their fields. It was also difficult to transport produce to the markets. Opium is easy to grow and sell, so there is more opium being grown since the war started.”

Displaced villagers near poppy growing areas are also relying on opium cultivation. Those with sufficient capital can plant poppy themselves. A woman staying in an IDP camp in Myitkyina said she and others were travelling regularly back to Sadung to manage their poppy fields there.

However, most IDPs cannot afford to plant opium themselves, and simply work as labourers. A social worker in an IDP camp on the China-Burma border near Sadung said: “After the war, the number of fields in mountain areas under the NDA-K (now Border Guard Forces) has increased greatly. They easily get workers and also pay them very little. People from the (IDP) camp are now working in the opium fields.”



II. Drug use in Kachin Areas

Impacts of the war on drug use

Increased drug production due to the war is fuelling existing drug abuse problems across Kachin society. While opium addiction is an increasing source of concern in poppy growing areas, high rates of heroin addiction are the main problem in urban centres, as well as in mining areas. Yama is also an increasing problem in trading areas and along transport routes.

Increased drug use among poppy-growing communities

“Children from five to seven years old are smoking opium through pipes. They are enjoying smoking opium and forgetting everything else in their life. They do not go to school. Their parents also use drugs and try and earn money in any way they can in order to be able to take drugs.” (villager, Muse)

Although opium has been grown and used traditionally in Kachin villages for decades, there appear to be much higher rates of opium use among poppy farming communities now than in the past. An opium farmer from eastern Kachin State explained that now many farmers are themselves using most of the opium they grow. “The amount from selling opium is not enough for farmers to run their family, because they are also using it. Most of the opium they get, they use. In a family, at least parents and older people are already in the habit of taking opium. Most of the drug users use “black” opium. “White” opium (heroin) is used by the people in the urban areas.”

IDPs in eastern Kachin State who are working as laborers on poppy farms are also becoming addicted to opium. A social worker in one of the camps explained:

“People from the camp go and work in the opium fields. The money they earn from that they spend to buy opium. The older people already take drugs, but now the youth have started taking opium once they started working on those farms. Many of them in the camp are now taking drugs.”

Although not all residents of opium growing areas are involved in poppy cultivation, the increased availability of opium and heroin is causing worrying levels of drug use in nearby villages and towns.

In the poppy growing area of Mong Baw, in Muse township, northern Shan State, a survey by a local community group in 2012 found that out of 10,755 people in 20 villages there were about 438 drug users (i.e. about 4% of the population). These were almost all men, between 20-60 years old. There were only 3 women who took drugs; they were also married to drug users. There had been at least 20 deaths from drug use, and about 20 people had died from HIV/AIDS.

A similar drug use rate was estimated by a local church leader in Nampaka, another poppy growing area in northern Shan State. He estimated that about 500 people (5%) of the total population of about 10,000 people were drug users, and that about 50 people died from using heroin each year.

Alarming rates of heroin use in urban areas

“You can get drugs everywhere in Myitkyina city. I was arrested many times. I have 4 older brothers, but they all died because of drugs.” (former drug user, Myitkyina)

“More and more people are injecting drugs. You can see children in this quarter playing with syringes.” (pastor, Lashio)

“I buy drugs from Kachin people and also sell drugs to Kachin people. I sell about 6 “penicillin” bottles (of heroin) in one day, and use one for myself. I eat hardly any food. I just inject no.4 (heroin). I buy drugs from Shadau, Ubyit and Washawng (near Myitkyina). I inject in my legs, arms, hands, the inside of my thighs, all over my body. Sometimes, if I can’t find a vein to inject, then I just cut a hole in my temple and put the drugs inside, and then put a plaster on top of it.” (drug user, Myitkyina)

Many Kachin youth living in and around urban centres, such as Myitkyina, Bhamo and Lashio, are taking heroin. According to a social worker in Bhamo, “most of the youth (in Bhamo) between 15 and 25 are taking heroin, and every year the number of drug users is increasing.”

While heroin users tend to begin by smoking the drug, the cost of smoking is higher than injecting, so most use injections when they become addicted. This leads to problems of infection through dirty or shared needles, and of overdosing, or shock

through impure heroin.

A woman from Myitkyina described how her nephew had died from drug use: “He started taking opium when he was 13, because of his friends. His parents were in jail on drug charges. When he needed money to buy drugs, he stole from his grandmother. He started to take no. 4 (heroin). He was using his friends’ syringes to take no. 4. Because of that he was infected with HIV, and died.”

A social worker from Bhamo estimated that 80% of drug users in his area were HIV positive.

Drug users all said that drugs were easily available in and around urban areas. In every quarter, there are drug sellers who sell from their own homes or shops. A Lashio resident said that in his residential block alone, there were five houses which were selling drugs.

A woman from Shatapru, downtown Myitkyina, said that her three sons had become heroin addicts because they had been recruited to sell drugs by their neighbor, a local drug dealer. Two of her sons are currently serving jail sentences for drugs. She had reported her neighbor to the police, but the neighbor had simply paid bribes and been released. She said users would come and buy drugs and inject at her neighbour’s house: “The toilet was filled with syringes, and in the rainy season, syringes floated around the compound. There were already buckets of syringes from the toilet.”

Some villages close to towns are also well-known for high levels of drug use. For example, Wa Shawng, about 15 kms east of Myitkyina, is known as a place where drugs can be easily bought, as it lies on the road to opium growing areas on the China border. According to data collected by the Kachin Independence Organisation, out of 1,600 youth surveyed in Wa Shawng and nearby Wai Yan in Wai Maw, 1,400 were using drugs, and 1,040 were addicted.



Yama powder and penicillin bottle with heroin

Injecting drug use among students

There is a high rate of injecting drug use among students at both Myitkyina and Bhamo university. A Myitkyina university student estimated that about 30% of students were injecting drug users. He described his experience: “A lot of syringes were found in the toilets, mostly in the men’s toilets. Some students even dare to carry the syringes in their bags to class. Once, I saw a student take a pen from his bag to write, but instead he took out a syringe from his bag by mistake. The students buy and sell drugs in the campus like a market place. They use secret signs. Other people from outside also come to sell drugs at the campus, pretending to be students.”

A lecturer from Bhamo university estimated that about 35% of students there were heroin users, and most of these were Kachin. “It’s easy and cheap to use drugs. Students of 16 and 17 years old tend to like to test out drugs. The drug sellers know this opportunity and spread their market among the university students. They are turning the university into a drug market place. But we don’t see a lot of syringes. Since the university is far from town, the students normally go straight to the forest to inject drugs into their bodies.”

Heroin use is also now being reported in high schools. School students in Myitkyina interviewed for this report said that it was now common to find used syringes in the school toilets.

Continuing widespread heroin use in mining areas

Particularly since the 1994 ceasefire between the KIA and the military regime, there has been a huge increase in mining in Kachin State, not only of jade in the Hpakant area, but also of gold, which is being mined throughout the state. With few other job opportunities available, many Kachin men, including youth, migrate from towns and villages to find work in remote, mountainous mining areas, where the harsh working conditions and isolation encourage drug use.

Several of the interviews conducted by KWAT show that men and boys started taking drugs when in mining areas. They began by smoking opium, but later turned to heroin, because it is cheaper and more easily available. A smoke of opium costs about 5,000 kyats (5 USD), but a small vial of heroin for injection costs only 2,000 kyat (2 USD).

The wife of a drug user described this pattern: “My husband lived in Moe Gaung. He didn’t use drugs at that time. As he settled down in Hpakant jade mining area, he started to use drugs. At first he used “black” opium, then he changed to heroin. It is difficult to get the black opium, and more expensive. Heroin is cheaper and easy to buy.”

Another drug user’s wife said: “In my family, my husband, my son and my son-in-law are drug users. When they stayed at Mayan village near Myitkyina, they didn’t use drugs. But when they got to the jade mines, they started to use drugs. Both the husband and the sons began to use drugs after they got to the mining area. Even my son who was 15 years old began to use drugs. At first it was opium. Later he used heroin because opium was expensive and difficult to get.”

Residents of Hpakant estimate that about 90% of the people working in the jade mines use drugs, many of whom are Kachin. According to the wife of a drug user: “Most of the people in the mining area use drugs. Young men of about 15 or 16 use drugs. Buying and selling drugs is allowed openly. It is believed the government allows selling of drugs in the mining area.”

According to a heroin user: “Everywhere around Hpakant, people are selling heroin very easily. In the shops in Lawng Hkawng, Mawsi Za, Maw Wan, Seng Tawng villages, you can easily buy heroin. Both Burmese and Kachin are selling drugs.”

People go to the jade mines to earn money, but after taking drugs, they become sucked into a spiral of addiction, and end up working just to feed their drug habit. A 34-year-old drug user said: “One day I need between 5,000 to 10,000 kyat to buy heroin. I take heroin 4 to 5 times a day. I need more and more money. To buy drugs I search jade. Sometimes I do other work also. Sometimes I ask my boss to give me some money. People who are addicted to drugs can’t do any work without taking drugs.”

Although the renewed conflict has halted large scale mining in Hpakant since 2012, and some of the local community have been displaced into IDP camps, drugs are still readily available. Several women in IDP camps, who had become the main family breadwinners after their husbands began taking drugs, complained that they had to keep supporting their husbands’ drug habit even in the camps.

Use of heroin and “yama” spreading along trading routes

Drug use is widespread at trading hubs and along transport routes to the China border. This includes not only opium and heroin, but increasingly *yama*.

At a logging trading site close to Bhamo, a drug user estimated that 50% of youth were injecting heroin users: “We trade timber and teak to earn money. From doing the business, we earn money. At the trading market place, there are all kinds of drugs. They sell drugs openly there. There were times when we have to stay awake and work. At that time, we were drawn into using drugs. Sometimes, friends provided each other with drugs while doing business. So for the purpose of business, we started to use drugs more often. As we did business, we began to engage in drugs more often and more with no control. When the business opportunities are gone and we come back home, we are already addicted to drugs.”

A drug seller at another border location in southeast Kachin State estimated that 9 out of 10 people were using drugs in his area, not only opium and heroin, but also *yama*. He said the drugs came from northern Shan State: “Drug users take a lot of *yama* in one day. There are about 40 shops (selling drugs). People think that when they use drugs, it makes things easier and more possible. So, when they go to buy timber, they first use drugs before they start their work.”

It is also well-known that many truck and van drivers along the Lashio-Muse highway, the main trading route to China, take *yama* to stay awake. “You can buy one *yama* pill for 1,500 kyat. You only need three pills a day. It’s quite cheap. North of Lashio the price of *yama* gets cheaper. As you go down to Burma the price gets higher,” said a driver from Muse.

Drugs are easily available at truck stops along this road, not only *yama* but also opium and heroin. A smoke of opium costs only 500 kyat. After smoking, sometimes drivers just park their cars at the side of the road and sleep, making their passengers wait.

Several people commented that opium and heroin use is common among taxi drivers in Lashio and Kutkai (which lies along the highway to Muse). “Taxi drivers in Kutkai just need to take one passenger, and they can earn 500 kyat, which is enough for a smoke,” said a Kutkai resident.

“You can see motorized trishaw drivers in Lashio stopping in deserted areas to inject drugs,” said a woman from Lashio.

Another driver reported that in some petrol stations in Muse, instead of giving small change for a purchase of petrol, attendants gave syringes and distilled water.

Impacts of the spreading drug problem on women

Impacts on wives and mothers of drug users

The majority of Kachin drug users, particularly heroin users, are male. Gender discrimination in Kachin society intensifies the problems this creates for women family members. Men are regarded as the head of the household and are expected to be the main breadwinner, while women's main duty is to serve their husbands, take care of children and do all the housework. In fact, particularly in poorer families, women often have to work outside the home, but are still expected to do all the domestic work. When men become drug users, and not only stop contributing income to the family, but start selling off family assets to buy drugs, the burden on women is magnified hugely. The traditional Kachin practice of male inheritance inhibits women from stopping their husbands or sons from selling off family property for drugs, while social stigma against divorce compels women to stay in abusive relationships.

Increased financial burden

“My husband uses heroin. All the money he earns, he uses to buy drugs. When I delivered my child I didn't have money to buy nutritious food. My children don't have enough clothes to wear. He asks money from me and if I don't pay him he becomes angry. He has stolen sacks of paddy and rice from the house. He has also sold bamboo and bunches of bananas. When he stays in the house, I cannot go to church because in my absence, he sold kitchen items. We are always quarrelling with each other. I cannot earn anything for my children. Sometimes I don't even have salt to make food. I have sent my elder son to his grandmother as I cannot take proper care of him.” (wife of drug user, Muse)

Drug users spend all their income to purchase drugs. When they no longer have cash available, they sell off household possessions, including food, kitchen items, bedding, motorbikes, and sometimes even the family land. They steal cash or valuables from other family members, and also steal possessions from neighbours to sell for cash.

This causes extreme hardship for the women in their family, whether mothers, wives or sisters, who not only have to become the main family breadwinners, but also have to deal with the debts and sometimes criminal charges incurred by the addicts. At the same time, they have to continue taking responsibility for all household tasks.

Some women have ended up paying their husbands to work for them. The 53-year-old wife of an opium addict in Muse is now employing her husband to make charcoal: “My husband sold his land (to pay for his drug habit). Now we make

charcoal. We have to wait 15 days to make one (load of) charcoal. I pay my husband to collect wood sticks. If I don't pay him, he will not work, and he will steal any item he wants from the house. After the charcoal is made, my husband takes it and sells it. The responsibility of my family is on me. If we relied on my husband, my children would not study."

Even elderly mothers have to try and work off the debts incurred by their sons. A woman in Bhamo had to work in a sugar farm to pay off the debts of her 25-year old son who had stolen motorbikes and borrowed money to pay for his heroin habit.

The fact that sons traditionally inherit property places Kachin women in a vulnerable position, as their husbands or sons can sell off their land to pay for their drug habit. A widow in Nampaka who relied on her farm to support her children, was threatened by her son, a drug user, that he would sell off his share of the family land: "My son stole many things from home. He stole many kitchen items, household materials and food items. One day I was very angry and told him to leave. I also told him to earn his own money. My son asked about his share of land. So after that I didn't say anything to him. I cried a lot because of him."

Needing to care for sick drug users

"When my grandson was injecting drugs at his relative's place, something went wrong, and he became seriously ill. He was suffering from mouth ulcers and diarrhea. He was not able to eat anything. He was on the bed, and so weak that he couldn't go to the toilet. Because of injecting heroin, his veins were blocked and there was no place to inject medicine. His arms were covered with injection scars." (grandfather of drug user, Loije, Bhamo)

The health risks for drug users are great. When they fall ill, it usually falls to the women in their family to look after them, adding to the burdens they are already shouldering. Caring for sick drug users is also often a thankless task, as described by the wife in Muse: "Because of taking injections, his arms were swelled up. He again stole a motorbike and ran away with that. At that time, he fell off the motorbike and became unconscious. When he woke up he did not remember anything and walked towards the cemetery. He stayed there for 3 days. After that some people identified him and sent him home. He lost his memory. We cured him (from his heroin addiction) but he started drinking alcohol. He demands money from me to buy alcohol, but when I don't give it, he beat me."

Many women have suffered the pain of losing fathers, husbands and sons to drug use. For women whose husbands die of HIV/AIDS, they face the added trauma of worrying whether the disease has been passed on to them or their children.

A health worker in Mong Baw, Muse, described how there were about 150 people with HIV in her community, and that about 50 had already died of HIV/AIDS. She was taking care of eleven children who had been orphaned by HIV.

Suffering Physical Abuse

“When my husband wants more drugs, he threatens me with a knife. Before marriage, my father abused me. After I got married my husband also abuses me. I have run away many times. But as I had nothing to eat, I was very hungry.” (wife of drug user, Muse)

“When I was pregnant, my husband started stealing things from the house. Once I caught him stealing half a sack of rice. We had a fight with each other. He pulled my hair. I beat him with a stick and then he started beating me with a stick. I fell unconscious. When I woke up, I saw that the sack of rice had gone.” (wife of drug user, Muse)

When family members do not agree to give money to drug users, they become abusive and sometimes use physical violence. Mothers, wives and daughters have been beaten by drug users.

A 28-year-old woman from a village in Mansi township, Bhamo district described how her husband beat her and her children to extract money for his heroin addiction. She was a daily worker at a sugar cane farm, who had to support the whole family and her children’s education:

“When he has enough drugs, he doesn’t do anything. But if he doesn’t have drugs, he beats us in many ways. One night when my daughter who was in 1st standard was reading books, we were sitting beside her, me and my son. When he came back, my son asked for a book from my daughter and started to cry. When my husband saw that, he said: “What kind of son are you? Do you want to die?” He kicked my son and pressed him with his foot on his body. He held his hand and kicked him. My son did not even know how to cry. My daughter was beaten with a stick on her whole body. I intervened and told him not to use violence to the children and I begged him. Then he told me we should all die. As he was speaking, he pulled my hair, kicked me and we all cried out. None of the neighbours dared to say anything, and he beat us as he wanted. I picked up my son and ran towards the kitchen. We were crying there. He didn’t follow us. The whole night, we didn’t dare go inside the house. The next day, my children didn’t even eat breakfast. Their bodies were brown from being beaten.

When he came back at night, he woke up the two children. He closed the nose of my son and daughter and when they cried, he shouted. “Why are you crying?” And he pulled them and threw them away. My son was afraid, and he was beaten until he urinated.

One evening, I was not at home. He told my son to have a shower, but he did not want to and ran away. He caught him and took off his clothes. Then he made him lie down and threw water on his face. The child was suffocated from too much water being poured on him. Then he got a bigger bucket of water, and pushed him into the water. When the in-laws told him not to act that way, he told them, "He is my son and this is none of your business." Then they didn't dare to do anything. They told me when I came back from my work. My son was sitting frightened and pale.

I am saddened by the way he treats my children. If I did not give him money, he threatens and hits my son and daughter. He knew that I could not stand him hitting my children. He is acting that way to get money from me.

Violence is also inflicted on other members of the community. A mother recounted how her 23-year-old son, a heroin user, had raped a girl in their village after taking drugs.

Shame and mental trauma

"Her son and one of his friends had stolen a motorbike from a shop near the road, in order to buy drugs. They had gone to the China side and sold it there. After that his mother went to the shop. She was crying and yelling; "I want to die!" (drug user, Loije, Bhamo)

Women spoke often of the "shame" of having family members who were drug users: "Because of my son, I feel very ashamed to mix with neighbours and community people," said the 55-year old mother of a user in Muse. Others suffered from low self-esteem: "I don't want to say anything. I am a fool for being a drug user's wife," said one woman.

This shame compounds the constant stress for women of having to deal with addicted family members, which has pushed some wives to resort to violence against their spouses.

A woman in Muse described wanting to kill her husband: "When I went to see my husband at the building we are constructing, he was using drugs. I was so angry I threw a stone at him. I was even thinking of killing him by throwing stones at him. My eldest daughter saw this and told me: 'Please just leave father alone. We haven't even finished our new house.' Since she told me that, I didn't stone him to death."

Another woman in Nampaka attacked her husband with a knife: "He became seriously addicted. I could not talk to him. One day I became very angry and threw a knife at him. That knife hit my husband's left arm, but he was still holding his drug cooking pot. At that, he cried like a baby, so his parents became very angry with me.... They told me to go back to my parent's home."

Forced to leave home

When addicted husbands push families into poverty, women are sometimes forced to leave home and migrate, either to China or to other parts of Burma, to earn money to support their children. As described by KWAT in earlier reports, Kachin women migrating to China are highly vulnerable to human trafficking.

A drug user's grandfather described how his grand-son's wife had gone to China to work to support their family. "She came back twice to see her sons. But after that she never returned. At that time her elder son was 5 years old, and younger son was 3."

Another woman from Muse arranged for her child to be adopted before leaving home to work in China. She arranged with some pastors to give the children to another woman, receiving in return 80,000 kyats, 10 eggs, a packet of sugar and a packet of cake. The woman was racked with guilt by what she had done: "I am worried about my child. I think I am getting punishment as I gave my child to others. ..I hope my child is having a good life. I wish I could call her. I don't have any contact with her. I am worried about her."

Another woman married to a drug user, sent her son away to work in Malaysia when she found him using drugs, in the hope that he would not become like his father.

More women becoming drug users

The use of yama is becoming common among women in Bhamo and Mansi townships. A social worker in Bhamo said that many more women in their 20s and 30s were taking yama. A community leader from a trading town in Mansi said that both husbands and wives were using yama. He described the damaging psychological impacts of the drug: "For some families, both the mother and father use yama and wander around. So they don't work and take care of their children. They become deranged and just go back and forth between their farm and house."

Although opium and heroin use is still less frequent among women, some started to take it because they were persuaded by their husbands, who were drug users, or else because they had begun selling drugs.

A 32-year-old woman in Muse, who was the widow of a drug user, began selling drugs to feed her two children, but later became addicted herself: "After my husband passed away, I delivered my daughter. I didn't have enough food to eat. I could not do any work because of my two children. I took some tablets of drugs from drug users. First I sold about 10 tablets, after that some drug users were known to me so I sold more and more in a day... I built a small shop and started selling drugs. I tasted the drugs before selling them, and gradually I was taking more and more.

I was seriously addicted. Sometimes I didn't have enough food. We ate nothing but I could not live without drugs. I am still selling it, but I don't get any profit because I am consuming it. ... Because of this drug I lost my compound..."



Women start using “yama” and heroin while working in China

Several interviews with women drug users revealed that they had started taking drugs when they were working in China. This is a source of concern as many Kachin women and girls displaced by the war end up trying to find work in China.

Sex worker

“In the year 2009, I did not have a job. At that time, my cousin invited me to go and find a job at the China border. We went to Laiza, on the Chinese side. We went to a small shop, and worked as masseuses in a spa. We were around 10 girls there. First, I didn't know how to use drugs, so I did not use them, but my friends there were taking *yama* and heroin. They asked me to try it. They also told me that if I took drugs I would feel good and would sleep well. So I tried them.

I didn't use to sleep at night. Sometimes the shop had many customers. We lived in separate rooms. Sometimes someone called us at night. My friends went with them. If I knew some customers, I would also go with them. My work was at night, so I didn't sleep at night, but in the day.

I started using *yama*. First, I took 2 to 3 tablets in a day. After that I took many more a day. I felt very happy at that time. Sometimes I also took heroin. Sometimes I asked my boss to lend me 50 yuan. I requested money 2 or 3 times a week. I bought

yama with that money. I don't know how much my friends spent on drugs, but most of my friends used heroin.

I worked there for 4 years. I don't know how much I earned a month. The shop owner gave us food and clothes. If we had two or three sets of clothes, that was enough for us. All the girls working there were under 25 years of age. I used drugs for 3 and ½ years. I was happy there. I didn't need anything. There were other similar shops in that area. In these shops, the employees were all from Burma. So we mostly talked in Burmese.”

Domestic worker

“In the year 2005, my husband was doing the timber business. One day Burmese soldiers arrested my husband and put him into jail. Then I didn't know how to earn money. So in the year 2008, I and my children went to Laiza to earn our living. As we were not getting proper work in Laiza, we went to the Chinese side of the border. We rented a house and stayed there. To earn money, I worked in a mustard plantation field and sometimes washed clothes in a Chinese woman's house. One day my leg became swollen and painful. At that time, a sex worker was living near my house, and she offered me *yama*. She told me I would feel happy after taking this. After that I used to take drugs daily. I was addicted to *yama*, and also started taking heroin. I didn't have money to look after my two daughters, so the sex worker took care of my family. Five and a half months passed like this. My children were not going to school. Then, my leg got better, so I started doing cooking, washing and other work in different houses. After getting money, I bought *yama* and also some food for my children. In 2010 I came back to Laiza.”

Impoverished women turn to drug dealing for survival

Poverty, exacerbated by the conflict, has driven some women to turn to drug dealing. A woman from a village in Bhamo started selling drugs after conflict broke out in 2011. “Before the war started, I was working in a farm, but I stopped working on the farm because mines were planted in the ground. My earnings stopped because of the war. My second son was suffering from stomach pains, and I also needed to repair my house, so I had to earn money quickly. I started working as a drug carrier. I carried 9 packages of *yama*. In each package were 200 pills. But I was arrested (by KIA). My husband was so ashamed of me, so one month after I was arrested, my husband passed away.”

Another woman from Myitkyina, whose husband was a heroin user and was ill, was persuaded by her husband's friend to start selling drugs to help support her

three children. She would buy a “penicillin” bottle of drugs for 40,000 Ks and repack it into 8 bottles, which she could sell for 10,000 Ks each, making a profit of 40,000 Ks (US\$40) at a time.

The profits are small compared to the risks. A woman who used to sell opium in her village in Nampaka said that she could earn about 100,000 (US\$100) to 200,000 kyats (US\$200) per consignment, but that she needed to buy the opium from other sellers in growing areas, and smuggle it past police checkpoints to bring back to her village to sell. She was caught by the police on the road to Nampaka, and sentenced to 18 years in prison, of which she served 6 years. She was pregnant at the time, and gave birth to her son in Lashio Jail. The harsh sentence did not deter her from going back to work on an opium field to earn money for her family on her release.

Conditions for women imprisoned for drug charges in Lashio Jail

A pregnant woman was wrongly imprisoned for drug dealing, and served seven years of a 14 year drug sentence:

“In 2006, I was selling Kachin medicine to China. One day, a Chinese man who lived in Nampaka brought some opium and offered to sell it to me. I told him I didn’t have money to buy it. When he left, he met with the Muse special drug police. He told them that the opium belonged to me. So I was arrested and taken to Kutkai jail. At that time I was pregnant. I had to spent about 60,000 kyat on food. They didn’t torture me, because I was pregnant. Instead, they arrested the wife of the Chinese man, who had run away. They slapped her and asked her where her husband was. They managed to locate him in China and then tortured him. He had a serious head injury, and had to have five stitches in his head. My familly couldn’t afford a lawyer to help me, and my urine tested positive for drugs, so I was sentenced to 14 years, on charges of drug selling as well as using drugs. The Chinese woman was sentenced for 12 years because her urine tested negative for drugs. The Chinese man was sentenced for 5 years. He died in prison. I stayed about 5 months in Kutkai Jail. I gave birth there. Then I was sent to Lashio Jail. I had to wear leg chains. We were trained by a trainer from 8 to 9 in the morning. If we didn’t follow their order, they beat us. When I reached there, I first cleaned toilets. I had to buy my own bed in jail. They asked me to buy a broom, and also gave me 5 pieces of flat wood for my child to sleep on. Some rich people gave the jailers 100,000 Ks to live freely in jail. If I refused to buy the broom, I was forced to sleep near the toilet. I was ordered to make blouses and cigarettes in jail. There were

fixed procedures in the jail. I had to give 3 packets of coffee mix to get toilet water. Every Monday, they read the jail rules to us between 10 and 11 am. The jail warden was always watching us. We had to get up at 4.45 am. We had to fold our blankets and pray in front of the Buddhist image. At 6 am, after the warden came and counted us, we were allowed to go out. My family had to spend money for me in jail. I faced many problems in jail because of my child. I think my family spent about one million kyat (US\$1,000) for me in prison. I was released in 2013.”

Another pregnant woman served nine years of an 18 year jail sentence for drug dealing:

“On July 2, 2004, I was carrying opium with my husband from Loi Kang Kawng Kha, when we were arrested by the Kutkai special drug police. They were waiting on the side of the road. I was sent to Kutkai Jail for 28 days, and then to Muse, where I was jailed for over 4 months. I received an 18-year jail sentence. My husband got 22 years, because his urine tested positive for drugs. I was pregnant, and my baby was born in jail. I stayed with my baby in jail for 2 years. I was ordered to make sweaters, then after my son was 2 years old I changed to another kind of work. Only about a month before I left prison, I was able to rest from that work. I was released in 2013. None of the jailers gave any problems to me, except in 2012, when a new jailer came. She abused the prisoners a lot. If she did not like someone, even old people, she kicked or slapped them.”





III. Responses to the Drug Problem

Burmese government: token law enforcement

The Burmese government clearly has little political will to tackle the drug issue in the ethnic areas. As explained earlier, its current priority is suppression of the ethnic resistance groups. It is therefore allowing its local militia to deal in drugs as a financial incentive to keep fighting the resistance. The substantial profits feeding back through corruption to all levels of authority are also a strong disincentive from cracking down on the drug trade.

However, for public relations purposes, domestically and internationally, the Burmese government needs to show that it is tackling the drug problem. It is therefore continuing to claim it is working towards a “Drug-Free” Burma (now postponed from 2014 to 2019), and periodically announces drug seizures and arrests of drug dealers.

In fact, only low-level drug sellers and users are being arrested, often only for the purposes of obtaining bribes. Higher level drug dealers are continuing to operate with impunity, enabling drugs to flow unimpeded into Kachin communities, despite the heightened security situation following the renewal of conflict.

Burmese intelligence officer sells drugs to Kachin youth

Many Kachin people suspect that some elements of the Burmese government are deliberately promoting addiction among Kachin youth to distract them from political activism. Although it is hard to find evidence of an official policy, an interview with a Burmese drug dealer from Man Win Gyi, Mansi township of Kachin State revealed that he had been hired by a Burmese military intelligence (“sa-ya-hpa”) officer to deal in drugs.

The dealer, a 41-year-old former Burma Army soldier, had spent ten years in Bhamo Jail for drug use. After being released in 2010, he was hired by the MI officer to buy and sell heroin and methamphetamines: “Ko Lat, of ‘sa-ya-hpa’, gave me money to buy and sell drugs. I distributed drugs from my coffee shop and also to some other persons. I was able to distribute them easily, and he (Ko Lat) also didn’t want his money back. I sold drugs to Kachin youth and students and to my customers (at the coffee shop).”

Only small-time sellers and users arrested

Several small-time Kachin drug sellers and users described being caught by police, either during spot checks on roads or raids on houses. Some were sentenced for up to 22 years in prison for dealing in drugs. Some of the male drug users died in prison, including a small-time Chinese drug dealer who was tortured and died in jail (see box on page 33).

Women have also been arrested and sentenced. KWAT documented three cases of pregnant women being sentenced for drug use and/or dealing for terms ranging from 4 to 18 years; they all gave birth in prison.

One of these women was not a dealer, and had been arrested on false charges. However, she had no money to hire a lawyer, and was landed with a 14 year prison sentence (see box on page 33).

A Kachin lawyer in Lashio said there were now about three times more cases of Kachin being arrested on drug charges than several years ago: “Before 2011, there were about 30 or 40 (drug) cases at a time in court. Maybe 60 cases in one year. Each case took about 3 to 5 months to finish. But since then the number has increased. Before, these cases were mostly Jinghpaw (Kachin) living in Shan State, but now more and more cases are Jinghpaw from Kachin State. They know the drug laws, but they need money to feed their families, so they do this work. Now there are more than 100 drug cases in the court. The government is not serious about eliminating drugs.”

Charges can also be avoided by payment of bribes. A drug user in Bhamo described how he had sold three acres of land to procure his release when arrested by drug police.

A mother whose two sons had been persuaded to deal in drugs by a neighbor, and who had been arrested and sentenced to 15 years and 7 years in prison, tried to report the neighbor to the police. Even though the woman was caught red-handed with drugs, she was released after she paid a bribe to the police officers. The mother was furious and said to the police: “You only catch the small drug sellers, not the ones who sell a large amount of drugs.”

A drug user in Hpakant said: “It is very easy to get drugs in the mining area. The government also doesn’t object to selling and buying. Sometimes the drug sellers sell their drugs so fast, they don’t have any more drugs left to sell.”

International NGOs focusing on harm reduction

“NGOs distribute syringes to drug users, which is a good thing. But as the drug users get the syringes, they take more and more drugs, which is not good. I think the NGOs aim to reduce the number of AIDS patients, not to reduce the number of drug users.”
(heroin user, Myitkyina)

International NGOs responding to the drug problem in Kachin areas are mainly running harm reduction programs, which aim to prevent the spread of HIV/AIDS by distribution of syringes to drug users, and collection of used syringes.

For example, a group called ASIN is operating a harm reduction program in Bhamo, in collaboration with AZG (Medecins Sans Frontieres). They have a drop-in centre for drug users, where syringes can be exchanged. HIV positive people are given support and referred to AZG for antiretroviral therapy.



Many people interviewed by KWAT had mixed feelings about the harm reduction programs. They appreciated the fact that NGOs were helping drug users with HIV, but voiced concern that the distribution of needles was encouraging drug use, and was not actually effective in limiting the spread of HIV. A social worker in Bhamo said: “This (needle exchange) program started in 2010, and has been continuing until today, but the number of HIV/AIDS

patients is increasing day by day. 80% of drug users (in Bhamo) are HIV positive.”

A pastor in Lashio said: “Since 2011, the buying and selling of drugs has increased in Lashio town. More and more people are using injections. NGOs also provide syringes to the drug users. Now you can even see children in the village playing with the syringes.”

Local Kachin responses:

With no political will on the part of the Burmese government to tackle the drug problem, and with INGOs focusing mainly on harm reduction, it has fallen to the Kachin people themselves to develop their own responses to this issue.

Strong anti-drug measures by KIO

The KIO has strong political motivation to curb drug production and use, due to the damaging effects on the health and morale of its own constituents. As the commander of KIA’s 3rd Brigade said: “More Kachin youth have died from drugs than from the war.”

During the 1994-2011 ceasefire period, KIO had tried to cooperate with the Burmese government on opium eradication, but found that the Burmese authorities were not sincere in enforcing the opium ban. Therefore, in October 2010, KIO decided they had to act alone, and formed a new Drug Eradication Committee, which has carried out opium eradication, punished dealers, and conducted rehabilitation programs for users in areas under their control.



During the 2010-2011 growing season, the KIO destroyed 6,000 acres of poppy in their territories in eastern Kachin State. They provided alternative crops to opium farmers, and, with assistance from the Chinese government, provided rice to farmers whose opium crops had been destroyed.

The following year, 1,440 acres in this area were found to be growing opium again, and were destroyed. During the 2012-2013 season, there was no opium growing recorded in the area, which had anyway become largely depopulated because of the renewed conflict.

Since October 2010, the KIO has also been arresting and fining drug offenders, in collaboration with local youth and community groups. Users have been put through rehabilitation programs for six months, while dealers have been jailed. The KIO has two drug rehabilitation centres in Laiza. One is a detention centre, staffed by nurses, and the other is an agriculture training facility, where recovering addicts are taught agriculture and animal rearing methods. KWAT interviewed drug users who had recovered from addiction after going through the KIO rehabilitation program, but also interviewed some who had returned to drug use afterwards.

KIO has also sponsored awareness raising campaigns. In 2014, April 25 was designated as Kachin Anti-Drug Day, and a large ceremony was held in Myitkyina, attended by hundreds of people. There were speeches by religious leaders, songs by famous Kachin singers, a photo exhibition on the danger of drugs, and leaflets and T-shirts distributed.

Church-run drug rehabilitation program in towns

Many local Kachin church groups have set up their own drug rehabilitation programs in towns in Kachin and northern Shan State, particularly since the renewal of conflict. They are funded by donations from local communities, and use gospel teachings to cure addiction. They are primarily for male heroin addicts. Below are some of these programs:

“People with Chemical Dependency,” in Myitkyina and Waimaw

This program started first in 2008, stopped for political reasons, then restarted in May 2013. It is run in coordination with community and church leaders. They collect data about heroin users, refer users to rehabilitation centres, and also give support and nutritious food to them. They are planning to set up their own rehabilitation centre in the future, where they want to use Bible teachings to facilitate recovery.

Nampaka Church “Drug elimination program”, N. Shan State

Since December 2012, Nampaka church in northern Shan State has been running a “drug elimination program” through “The Light of the World Mission” program. They invite local drug users to enter their centre, and teach them the gospel for three months to encourage them to give up drugs. 30 people are accepted at a time, referred through local churches. Each user has to give 20,000 Kyats (approx US\$20), to contribute to food costs, but most costs are contributed by Nampaka church members.

Kachin Baptist Convention rehabilitation centre, Myitkyina

The Kachin Baptist Convention set up a rehabilitation centre in Myitkyina in 2012. They run 3-month rehabilitation courses accepting about 55 people each time.

The drug users, who are addicted to opium, heroin, methamphetamine and “formula” (a mixture of cough medicine and opium), are usually brought by their family members to the centre. During their first two courses, over 20 people ran away from the centre before the end of the course.

Ram Hkye rehabilitation centre, Myitkyina

This centre was set up by a former drug user, who had started taking drugs when he was 15, and whose four elder brothers all died because of drugs. He managed to recover from his addiction through studying at Yangon Theology College, and in 2011 opened the Ram Hkye Opium Elimination Camp, open to all male drug users. By 2013, 37 people had been able to recover from addiction. Some went on to study theology.

An addict described how he had recovered from his addiction after attending: “Before I went to this camp, I had tried to get rid of my no. 4 habit. I took “English” medicine, but it was no use. I got addicted again. When I reached the (Ram Hkye) camp, and read the Bible, a transformation of my soul took place. They didn’t use any medicine. When I wanted to use the drug, they pushed me into the water. After this, when my body was aching severely, my friends rubbed my body.”

Communities mobilize against drugs in rural areas

Increasingly, rural communities are taking matters into their own hands against the drug problem. For example, in Loiwaw Zupra village in Lashio, where there is a high number of injecting heroin users, the local pastor and other villagers arranged for a petition, signed by 26 people, to be sent to the Shan State government at Taunggyi to take action about the problem. As a result, the police launched a crackdown on drug sellers, but this only had a temporary effect.

Women take the lead against drugs in Mong Baw

“We set up our group because so many local people were taking drugs. It was particularly mothers and wives who suffered. They couldn’t leave money or new things lying around at home or else their husbands or sons would take them to sell for drugs. Mothers would have to carry their money with them all the time, even into the bathroom. Some addicts even sold the iron roofing of their houses. Couples were separating, and kids were being taken out of school because there was no money to pay for their education.” Esther, community organizer from Mong Baw

A Kachin nurse in her mid-50s called Esther is currently heading a group in Mong Baw, Muse District, called “Community members mobilizing against drugs,”



Public talk against drugs by Mong Baw community group

which was set up in August 2012. Before this, Esther and some other local women had formed a group called “Voice of Suffering Women” to mobilize against the growing problem of drug addiction, but realized they also needed to include men. They therefore reorganized into the current group, comprising about 200 people, both men and women, in 20 Shan and Kachin villages in the Mong Baw area.

The group set a 3-year target from 2012 to 2015 to stop all drug production, sale and use in their villages. They educate communities about the dangers of drug abuse, in cooperation with local religious and culture groups, through prayer ceremonies, concerts and other public events. If they find people using drugs, they counsel them and try and refer them to local rehabilitation facilities. If people have HIV, they are assisted to access medical care.

They also target drug dealers. If they find anyone selling drugs, they fine them up to one million kyats (US\$1,000). They also warn them that if they are caught selling drugs three times, they will arrest them and hand them over to the police. When preparing to make an arrest, they put on their group’s uniforms (purchased with money from the fines collected), prepare the necessary supplies, including handcuffs (but no weapons), and sometimes rice, plastic sheeting, torches and water bottles, if they have to stake out suspects carrying out a drug deal in the jungle.

By mid-2013, the group had succeeded in reducing the number of known drug dealers from 69 to 57. The number of drug users had also halved.

Even though Esther always requests permission for the group’s activities from local Burmese police and government officials, and sends activity reports to the township office, the authorities are not always cooperative. They have tipped off dealers before the group has tried to arrest them, and have accepted bribes to set them free.

The work is also extremely dangerous. Esther has received death threats, and in 2012, a bomb was hung from her front gate, but fortunately did not explode, even though her grand-son went to play with it. Esther is undeterred by the threats, saying: “The community is worth more than my life.”



Our findings show that the renewed conflict in northern Burma is fuelling drug production and worsening existing drug abuse among Kachin communities. In particular, it is the anti-insurgency policies of the government which are fuelling this problem. However, this is being ignored by the international donor community, who are increasingly engaging with and providing aid to the government, including for “counter-narcotics activities.” In fact, the increased aid to the government is simply emboldening it to continue military operations against the ethnic peoples, including the Kachin, thereby perpetuating the war, and perpetuating the drug problem.

KWAT therefore urges all stakeholders, including international donors, to focus on finding a just, negotiated political settlement to the conflict as an urgent priority in tackling the drug problem in Burma.

We make the following recommendations:

To the Burmese government

- End all military aggression, begin troop withdrawal from ethnic areas of Burma, and begin real political dialogue with the ethnic resistance groups in order to establish a federal democracy, granting self-determination to the ethnic peoples
- Acknowledge that a negotiated political settlement to the ethnic conflict is a necessary prerequisite for eradicating drugs in Burma
- Stop their policy of allowing local pro-government militia to freely engage in drug production in exchange for fighting resistance forces
- Allow local community groups to carry out their own anti-drug programs without hindrance
- Allow humanitarian aid agencies to freely access and provide aid to IDPs in all areas, in order to prevent the further spread of drug abuse.

To foreign governments

- Pressure the Burmese government to end all military aggression, begin troop withdrawal from ethnic areas of Burma, and begin real political dialogue with the ethnic resistance groups in order to establish a federal democracy, granting self-determination to the ethnic peoples.
- Publicly condemn the Burmese government's policy of allowing their local militia to freely engage in drug production in exchange for fighting resistance forces
- Immediately provide sufficient humanitarian aid to IDPs in northern Burma, both in government-controlled areas as well as KIO-controlled areas; this aid should be provided directly to local community based organizations, to ensure accountability and cost-effectiveness

To the United Nations Office on Drugs and Crime (UNODC)

- Review the methodology of UNODC's annual opium surveys so that they more accurately reflect the opium growing situation on the ground; government militia-controlled areas should not be excluded from surveys
- UNODC's opium surveys and other drug reports should contain analysis of political factors influencing drug production, including maps showing who is in political control of opium growing areas
- UNODC should develop and carry out its programs in close cooperation with local community-based organizations

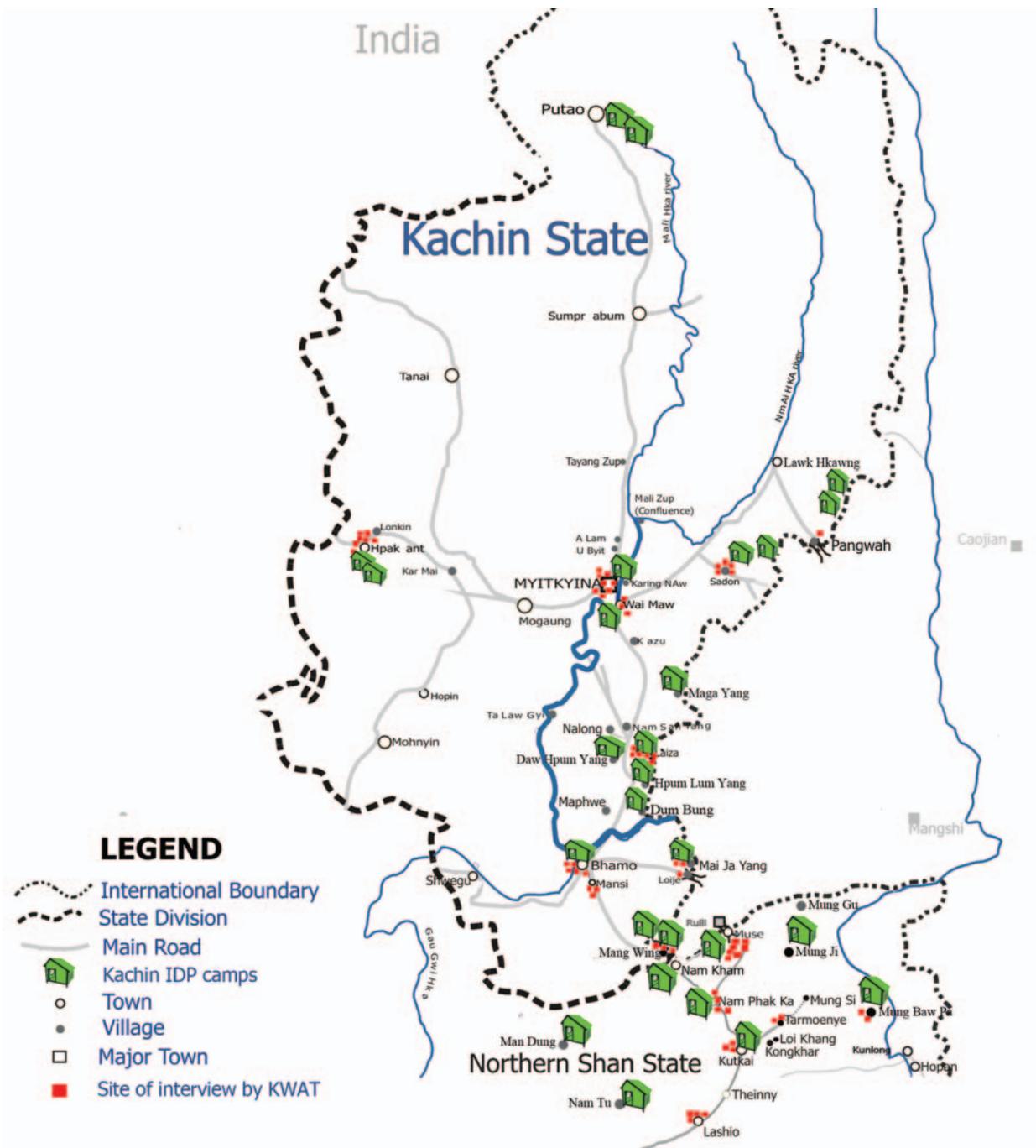
Appendix

List of people interviewed for this report:

No	F/M	Age	Person Interviewed	Location
1	M	23	Secretary of Drug Eradication Committee	Lai Za, Dawhpumyang sub-township, Bhamo district
2	F	27	Youth from Bhamo	Bhamo township
3	M	51	Drug eradication committee member	Kung Law Pa, Bhamo
4	F	N/A	Zai Awng IDP camp leader	Zai Awng IDP camp, Laiza, Dawhpum yang sub-township, Bhamo district
5	M	N/A	Kachin Affairs research discussion group leader	Waimaw, Myitkyina township
6	F	42	Drug dealer	Nampaka, Kutkai township
7	F	60	Drug user's mother	Nampaka, Kutkai township
8	M	22	Drug user	Mawhpawng, Myitkyina township
9	F	55	Drug user's wife	Hangkai village, Muse township
10	M	36	Villager	Sengtawng town, Hpakan township
11	F	32	Drug user's wife	Hangkai village, Muse township
12	M	41	Drug dealer	Manwin, Mansi township
13	M	23	Drug user	Chyai Len village, Muse township
14	M	47	Drug dealer	Nampaka village, Kutkai township
15	F	29	Drug dealer	Kachin Su quarter, Myitkyina township
16	F	53	Drug user's mother	Chailen village, Muse township
17	F	23	Drug user's wife	Hangkai village, Muse township,
18	M	34	Drug user	Hpakan township
19	M	19	Drug user	Mawmaubum, Hpakan township
20	M	51	Drug user	Manseng village, Mansi township
21	M	45	Drug user	Maumaubum village, Hpakan township
22	M	22	Drug user	Laiza, Dawhpumyang sub-township

No	F/M	Age	Person Interviewed	Location
23	F	37	Drug user's wife	Nam Um, Muse township
24	F	65	Drug user's wife	Hkumung, Muse township
25	F	38	Drug user's wife	Chyailen village, Muse township
26	F	29	Drug user's wife	Dima, Muse township
27	M	N/A	Kachin Baptist convention pastor	Myitkyina township
28	F	75	Drug user's mother	Chyailen village, Muse township
29	F	22	Drug user	Waimaw, Myitkyina township
30	F	38	Drug user	Laja yang IDP camp, Laiza, Dawhpumyang sub-township
31	F	32	Drug user's aunt	Sitapru quarter, Myitkyina township
32	F/M	N/A	Rehabilitation center leaders	Dukatawng quarter, Myitkyina township
33	M	23	Drug user	Namgawn, Loi Je township
34	M	29	Myitkyina University teacher	Myitkyina township
35	M	36	Pastor	Loiwaw Zupra, Lashio township
36	M	39	Drug user	Kachin su quarter, Myitkyina township
37	M	25	Drug user	Loi Je township, Bhamo district
38	M	65	Pastor	Hpaikawng village, Kutkai township
39	F/M	N/A	People with Chemical Dependency (PCD) field staff	Myitkyina township, Kachin State
40	F/M	N/A	School Committee member	Lashi Maga yang, Chihpwi township
41	F	28	Drug user's wife	Nbapa village, Mansi township
42	M	43	Drug dealer and user	Gat Chang Yang village, Myitkyina township
43	M	27	Drug user	Myitkyina township
44	F	N/A	Drug user's aunt	Sitapru quarter, Myitkyina township
45	M	N/A	Law major student	Bhamo township
46	M	22	Drug user	Laiza, Dawhpumyang sub-township
47	M	64	Drug user	Nampaka village, Kutkai township
48	F	38	Drug user	Laiza, Dawhpumyang sub-township

No	F/M	Age	Person Interviewed	Location
49	F	8	Drug user	Laiza, Dawhpumyang sub-township
50	M	43	Drug user	Nampaka village, Kutkai township
51	F	N/A	Zaiawng Camp committee (Women's leader)	Laiza, Dawhpumyang sub-township
52	M	63	Drug user	Hpakan township
53	F	N/A	Leader of Anti-Drug group	Jan Mai Kawng quarter, Myitkyina township
54	M	N/A	Bhamo University professor	Bhamo township
55	F	60	Leader of Womens association Mungbaw	Mungbaw, Muse township
56	M	51	Drug user	Pangse village, Kutkai township
57	F	32	Drug user's wife	Maumaubum, Hpakan township
58	F	37	Drug user's wife	Sitapru quarter, Myitkyina township
59	F	22	Drug user's wife	Sitapru quarter, Myitkyina township
60	F	15	Drug user's sister	Sitapru quarter, Myitkyina township
61	F	20	Drug user's sister	Sitapru quarter, Myitkyina township
62	M	36	Pastor	Lashio township
63	M	30	Lawyer	Lashio township
64	M	43	Kachin culture group member	Lashio township
65	F	68	Drug dealer and user	Lashio township
66	M	39	Opium farm owner	Sadung township
67	M	N/A	Opium farm owner	Pangwah townhsip
68	M	N/A	Community leader	Sadung township
69	M	19	Drug user	Namati village, Myitkyina township
70	F	58	Drug user's mother	Maumau bum, Hpakan township
71	F	56	Drug user's mother	Mawmaubum, Hpakan township
72	F	36	Drug user's wife	Maumaubum, Hpakan township
73	F	37	Drug user's wife	Maumau bum, Hpakan township
74	M	70	Tamonye village administrator	Tamonye village, Kutkai township
75	M	30	Villager	Tamonye, Kutkai township



Map : Location of interviews for this report

Kachin Women's Association Thailand (KWAT) is a non profit-making organisation working on behalf of Kachin women. We have a vision of a Kachin State where all forms of discrimination are eliminated; where all women are empowered to participate in decision making at a local, national and international level; and where all Kachin children have the opportunity to fulfill their potential.



Kachin Women's Association Thailand

Email: kwat.secretariat@gmail.com
kwat.office@gmail.com
website: www.kachinwomen.com

Published in October 2014