



Women and Drugs in Myanmar



a primer

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Contents

1.	Why do we need this primer?	4
2.	What is the role and position of women in opium cultivation areas in Myanmar?	6
2.1	Access to land, resources and public services	9
	■ <i>How women use opium as medicine</i>	12
2.2	The impact of punitive drug policies and non-inclusive policy making processes	13
2.3	Advancing gender equality in opium cultivation areas	14
	■ <i>Impacts of the military coup</i>	15
3.	What is life like for women who use drugs in Myanmar?	17
	■ <i>Some women's experiences with drugs</i>	18
3.1	Stigma and discrimination	19
3.2	Criminalisation	22
	■ <i>The experience of a woman working as a petty dealer to support her drug-use habits</i>	22
3.3	A rights-based approach: access to services - treatment, harm reduction, and social reintegration	25
3.4	Community-level voluntary support services	28
4.	Which international and national policy trends are relevant for women in the drugs market in Myanmar?	29
4.1	Other relevant policy trends at the international level	31
5.	What could be done to improve the situation of women who use drugs and women involved in the drugs market in Myanmar?	33
	Endnotes	38

1. Why do we need this primer?

Punitive drug policies have harmed people and communities worldwide. The harm takes various forms, from the denial of the right to health, mass incarceration and forced eradication, to stigma and discrimination. Numerous studies have documented such destructive policies and practices, their patterns and impacts. Often less articulated, but increasingly reported, are the disproportionate impacts on populations facing systemic marginalisation due to their ethnicity, gender, sexuality, migration status, and/or (other) socioeconomic conditions.¹ Research shows that women typically bear the brunt of such unjust dynamics.²

Myanmar is among the top ten countries with the highest numbers of women and girls in penal institutions, alongside Brazil, China, Indonesia, Russia, Thailand, the United States and Vietnam.³ In 2020, the global number of women and girls in prisons was estimated at 740,000, a 17% increase since 2010.⁴ Of the female prison population in Argentina, Brazil, and Costa Rica, 60% are there for drug-related offences, mainly low-level offences committed by women from disadvantaged economic backgrounds.⁵ Globally, 35% of incarcerated women are in prisons for drug-related offences, compared to 19% of men.⁶

Human rights violations in prisons are rampant, amidst worsening problems of overcrowding and the lack or absence of gender-sensitive healthcare.⁷ The devastating impact of punitive drug policies hits women's health and lives even harder when they are poor, when they engage in informal and criminalised sectors such as sex work, and/or when they live with HIV, hepatitis, tuberculosis, and other communicable diseases. Moreover, stigma related to drug use and other illegal activities tends to marginalise women even further, while cases of gender-based violence – by partners, police, or others – frequently target women who use drugs.⁸ Women using drugs are thus facing a double stigma – discrimination and even violence is intensified by the prevailing patriarchal systems.

This primer aims to map out the gendered dynamics of drug policy in Myanmar, drawing from discussions conducted in the country between 2018 and 2021 with women who use drugs, women who grow opium, as well as women engaging in sex work and/or involved in the drugs market. These

women work to survive across age groups (between 19 and 72 years at the time of interviews) and ethnic backgrounds, living in different areas in Shan State, Kachin State and Mon State.⁹

As one woman working at a women-focused harm-reduction drop-in centre¹⁰ put it, 'being a woman itself is something'.¹¹ It's quite something too to be a woman who uses drugs and/or involved in the drugs market and other heavily stigmatised and criminalised sectors like sex work. With regard to drugs and related policies, women and their experiences are often rendered invisible, or presented merely as an afterthought – even though women often face harsher effects of punitive policies. This primer emphasises the need for a rights-based approach for these specific populations of women – women using drugs, women dealing drugs or couriering (sometimes to support personal use), and women engaging in the drugs market through opium cultivation.

Despite their lack of visibility, women can also play a wide variety of active roles in the drugs market, and more importantly within their families and communities, this primer illustrates. Even when women are not directly engaged in the drugs market, they experience the direct impacts of the failed drugs policies and punitive laws, when their male family members – sons, husbands, nephews, brothers – are facing prison sentences for drugs-related offences and they have to support the family alone. But women are not only on the receiving end of repressive policies and practices. There is clearly a need to situate (drug) policy discussions within a broader look at women's roles in leadership and decision-making processes, not simply spelling out the impacts of drug policy and drug markets on women in Myanmar.

Finally, this primer highlights women's importance in relation to social reproduction activities and processes.¹² Social reproduction at the household level¹³ encompasses an array of unremunerated activities and dynamics that are essential to people's survival and collective well-being. It can range from (but is not limited to) bringing up children to spiritual gatherings, gathering fire wood, fetching water, making and washing clothes, foraging for edible herbs and plants, and preparing and cooking food. The issue of social reproduction is relevant here because it relates to the vital yet undervalued reproductive labour that falls almost exclusively to women and girls, often in combination with waged and/or 'productive' work. Sometimes these overlap, for example when opium is grown for both the market and for household needs. Using this lens, we emphasise the diverse, essential, and life-affirming

roles that women play, which extend well beyond the 'domestic' tasks often associated with them.

2. What is the role and position of women in opium cultivation areas in Myanmar?

Myanmar is the major supplier of opium and heroin to countries in East and South East Asia as well as to Australia.¹⁴ UNODC estimated that in 2019, one in nine households was directly involved in opium poppy cultivation in Shan State.¹⁵

The origins of opium cultivation, as recounted by women who grow it, vary from one region to another. In Pinlaung Township in southern Shan State the cultivation of opium poppy is said to have been passed down through generations. In other areas nearby, like Loilem and Hopong Townships, farmers started cultivating opium in the 1990s, following the loss of livelihoods due to armed conflict and displacement. In Mong Ping Township, in eastern Shan State, farmers began growing opium as recently as five to six years ago. Despite these differences, opium serves as one of the few, if not the only, viable livelihoods that are available to them. According to one woman in Hopong Township:

Before I grew opium, I planted cheroot leaves (thanatphet). We got 6 or 7 lakhs per viss of opium [EUR 300–350 euro per 1.6 kg]¹⁶, and only 3000 or 4000 MMK per viss of cheroot leaves [EUR 1.50–2,00 per 1.6 kg]. We didn't have enough food for our family when we grew cheroot leaves, that's why we started growing opium.

Women and men carry out most of the same tasks in the poppy fields, from land preparation to weeding and harvesting. One woman farmer commented that although sometimes men prepare the land:

Women have to do more for the rest of the plantation work. Women are also better at scratching opium poppy seed pods for latex because they are careful not to waste so much, so they have to do more work on the farm.

Apart from the poppy and other fields, women manage more domestic tasks such as cooking, washing clothes, and taking care of children, as well as

seasonal tasks including preparing food for monks and army or police officers who pay visits to the village. For most women, each day starts as early as four in the morning and ends around eight or nine in the evening, or until all chores have been completed.

According to a 30-year old woman in Mong Ping Township:

We have to walk 4 or 5 hours to our poppy field and we grow them where government departments cannot easily access and reach out. As for me, I have to wake up very early and cook for my family, then prepare [food] for my [six] children. After that I go to the poppy field or Taungya¹⁷ cultivation site. And I go back home in the evening and have to do housework."

Similarly, a 50-year old woman in Hopong Township says:

I get up early in the morning, do cooking and other housework including taking care of my two grandchildren. Then, I prepare a lunch box and go to the farm. After that, I work on the farm and return home in the evening to cook and do housework. I go to bed after all this housework is done.

Besides cultivating opium (whose entire season from preparing the fields to harvesting takes about four months) for both selling and household consumption, many women farmers also grow and sell legal crops such as tea (which in some areas is also processed into green tea), coffee, avocado, orange, beans, ginger, turmeric, cherooot leaves, maize, mustard, and bananas. Certain households collect and sell forest products such as honey, but this has become increasingly difficult with the decline in collectable products. Some farmers also work as daily wage labourers at other farms.

The income yielded through these means is far less than earnings from opium. According to one woman who grows opium in Hsihseng Township, Taunggyi District, Southern Shan State, during the COVID-19 pandemic:

Daily wage workers only get 3000 MMK [EUR 1.50] per day and it's very difficult for them to buy rice with their income. There was previously 1500 MMK for one pyi of rice [about 2 kg], and it's currently 2000 MMK for one pyi of rice. Although the rice prices are increasing, the workers' fees are decreasing. The income is only [enough] for rice and salt, and they normally have meals with vegetables and cannot buy meat.

She continued:

...we just continue growing opium because we don't have any money to start other businesses and also don't know how to do business. Actually, we don't want to grow opium anymore, the prices are very low now and it's very hard work. We are growing more corn this year. However, the market price is very low. We only get around 300 MMK per viss [EUR 0.15 euro per 1.6 kg] and the government pays around 200 MMK per viss. We will survive only when we get around 500 MMK per viss. For corn, we are planting local seeds. However, some are also growing CP corn¹⁸ and they get a bit higher price. CP corn seeds are bigger than local seeds. Then, the brokers are saying that local seeds are not good prices and so on. Therefore, I have sold my local corn seeds to brokers at a low price that they give. It's 360 MMK per viss for CP corn seeds and local seeds are 250 MMK per viss.

Most women have little free time except during religious and/or social events like weddings or funerals, whereas most men have more time for leisure as well as social and political activities. However, women residing in the remote and mountainous Hsa Nin, Loilem Township, explained that during heavily rainy days, they regularly hold small gatherings to chat, or to exchange thoughts on agricultural techniques which they apply on a daily basis. They also share labour from time to time, in which one woman asks another for help in working on her field, returning the favour when needed later on. This sense of collective belonging, solidarity, and mutual aid, is also seen among women farmers in other areas, as noted by one woman in Mong Ping Township and similarly echoed by women in other areas:

We female opium farmers help each other, such as cutting the grass and cleaning each other's fields. Similarly, we help each other when we scratch poppy seed pods. Women have to work and spend more time in the poppy fields.

Women who grow opium have vast knowledge and expertise in the various forms of work they do to support their families. With regard to opium cultivation, many women farmers remarked that for a successful harvest necessary to provide them with adequate household income, they need to ensure that poppy seeds are planted at the right time, and are not closely mixed with other small plants, for example mustard, which many cultivate for household consumption. The amount of water or rain is another essential

factor, along with the proper use of fertilisers. The weeding period, in which women are said to be particularly specialised, is also vital. During the harvest, women gather poppy seeds to be kept for the next planting season. Yet some women in areas such as Hsihseng Township note the worsening challenges brought about by the climate crisis, causing unpredictable levels and frequency of rainfall and winds that damage the plants.

Most women farmers who shared their experiences said that they had rarely or never been involved in selling or transporting opium. This is mainly done by men who meet traders inside or outside the village. Due to the COVID-19 pandemic, however, one woman in Hopong Township in Taunggyi District, commented:

We don't have buyers now, so there are around 2 or 3 Viss [3.2–4.8 kg] of opium that I have to keep. Therefore, I don't have any profit if I compare it to the money I invest for cultivation.

2.1 Access to land, resources, and public services

The size of land on which farmers cultivate opium poppy – which usually depends on the size of each family and the capital they have – tends to vary per region, but generally ranges from one and 12 acres [one acre is 0.4 hectares] per household. According to a 45-year-old woman who grows opium in Hsihseng Township:

Some people have their own land, but some are renting land to grow. For renting fees, some have to pay depending on the production rates of opium. Some have to pay half of the production rate.

Households with financial resources sometimes opt to rent more land and hire additional labourers. In some cases, farmers simply 'don't define or know the exact acres of cultivation' especially as they 'grow [opium] on the mountain', according to the 45-year-old woman from Hsihseng.

In some ethnic communities, women can individually inherit and own land. In the case of marriage in such communities, land ownership is registered jointly and land titles are issued under both names. However, several women interviewed stated that in certain areas, certificates for land ownership

mention only the husband's name, even though local customs say that land is collectively owned by both wife and husband.

Customary tenure practices – or local and traditional ways of collectively managing land¹⁹ – are still followed in many opium-growing areas. According to one Lahu woman from Mong Ping Township:

Here, we manage our lands in our communities according to customary practices. Nobody owns Taungya, but we can give farmlands which are owned by our names for inheritance. Sons and daughters are equally inherited.

Another Lahu woman from the same area said:

We have plenty of land and we don't title them as these are mine or yours. We can grow where we want to, and we don't have any paper documents.

Most communities practising customary land management have lived on such collectively managed lands for generations.²⁰ Indeed, this centuries-old system, which serves as a vital source of life and livelihoods for farmers (regardless of what crop they cultivate), is now under threat due to recent land policies in Myanmar, particularly the 2018 amendment of the Vacant, Fallow, and Virgin Lands Management Law (VFV Law).²¹ The VFV Law 'allows the government to reallocate what in fact are villagers' farm and forest lands to domestic and foreign investors. These territories include both upland shifting land, especially fallow, and lowlands that do not have official land title'.²² As articulated by one farmer:

*We have been staying in our land since a long time ago, our livelihood and lives depend on the land. We feel safe to work and live in our land, if we have land to work on our food, livelihood, money, and other needs of our family are guaranteed. Now because of the law we might lose our land.*²³

Income generated from opium cultivation makes up about 50–70% of most families' total income, which spent mainly on food, health, and education. The percentage is even larger for households residing at higher altitudes, where legal (yet less economically viable) crops such as corn or bananas can barely survive. Given the significance of opium in meeting their short- and long-term needs, most women farmers view opium as an important source of income, and not as a substance or drug.

In many cases, women keep the household earnings and manage the family's day-to-day expenses. As illustrated by one woman with a family of six, in Hsihseng Township:

For example, if we get [an income of] 400,000 MMK [EUR 200], we have to manage to use the money like 100,000 MMK for rice, 100,000 MMK for fertilizer, 100,000 MMK for chicken manure, and 100,000 MMK for family health cost.

Another woman in the same township said that her household's income depends solely on opium cultivation. In addition to covering regular costs such as food and agricultural expenses, this income is also used to pay for the needs of her three children and her elderly parents.

Major financial decisions within a family are often made together by both spouses, for example in the case of purchasing a motorcycle, or in planning for agricultural investment for the following year. Nonetheless, these dynamics also depend on a household's economic situation. COVID-19, as well as the falling price of opium,²⁴ has clearly made it more difficult for farmers and their families to make ends meet and may cause domestic tensions about financial decisions. According to one woman in Hopong Township:

I don't get along with my husband much because businesses are not good and we have difficulties for livelihoods in my family... We couldn't sell our opium and the prices decreased. Currently, we are only depending on my daughter's salary, who is working in Thailand, for food and family livelihoods.

When asked about their views regarding existing public infrastructure and services, most women farmers said that they had little to no access to basic services like education and healthcare. In one remote village, the closest hospital is an hour away by scooter, which can easily turn into five hours in the rainy season. Roads, bridges, and other infrastructure are also sorely lacking, making farmers' everyday tasks and responsibilities, especially women farmers, even more burdensome.

Many women also expressed concerns about the lack of education opportunities for themselves and their children, sometimes exacerbated by the precarious nature of their livelihoods and income. If there is a shortage of

How women use opium as medicine

In many parts of Myanmar, especially in remote areas far from healthcare facilities, opium is still used as a traditional remedy for various conditions. Knowledge regarding the medicinal uses of opium has been preserved for centuries, and opium continues to serve as a crucial first-line relief from many diseases. This is what women say about opium as a medicine:

"To treat high fever, you need to dilute opium in alcohol, and then apply it on the body."

"Every household keeps a small amount of opium to treat diarrhoea and dysentery. We use it to treat sick animals as well."

"Opium is essential medicine for us and we would like to continue growing opium, we are afraid of chemical medicines. Moreover, if cows or buffalos are sick, we can use opium as medicine for them. If children are sick or hurt, we can dissolve opium and apply it on their body. If we experience pain, we can dissolve them and drink it. We can also use it for diarrhoea. Fresh opium is [also] very useful for medical purposes."

"Opium is used as medicine for coughing and diarrhoea. We bake opium (black) and take it to treat diarrhoea, and it's very effective."

money to pay for schooling many families prefer their sons to enjoy education and take their daughters out of school. Women's lack of education makes them reluctant to voice their opinion, effectively excluding women from decision-making processes or leading roles. It is rare to find a woman as the head of a village in Myanmar. According to one Lahu woman:

We don't have women leading roles in our village. We are not educated and cannot speak Burmese language.

Meanwhile, dropout rates are relatively high especially among high school students, while families who cannot afford sending their younger children

to primary or elementary school are thus forced to bring them along to the opium fields – which are often more than an hour’s walk from where they live. One woman in Hsihseng Township, Southern Shan State, is struggling with similar issues, and said:

My children are not staying with me. My daughter is now a nun and my son is a monk at a monastery. We have financial difficulties and I couldn't support them. That's why I sent them to a monastery and they could also study there, including religious [studies].

2.2 The impact of punitive drug policies and non-inclusive policy-making processes

Opium cultivation is prohibited under Myanmar’s narcotics law, with small-scale farmers often at the receiving end of supply-reduction policies primarily focused on crop eradication and criminalisation. The scale of implementation of such policies varies depending on the regions and their governing actors. In 2018, Myanmar adopted its new National Drug Control Policy, in which Alternative Development (AD) is highlighted as a guiding policy principle for opium cultivation. This new and progressive-sounding policy calls for the promotion of sustainable livelihoods as opposed to crop-eradication measures.²⁵

Indeed, there are AD programmes in some opium-growing areas in Shan State, offering assistance for the cultivation of coffee and other commercial crops as an alternative to illicit opium cultivation. However, the scale of these programmes is small. While some of the women interviewed were involved in these programmes, they also spoke critically about the selection criteria. For example, in some programmes, each farmer is required to dedicate 1.5 hectares of land to be eligible for assistance. At the same time, many women farmers remain wary of their future considering the continuing practice of eradication of opium fields.

One woman farmer in Hopong Township shared her experience of having her opium plants eradicated:

An opium eradication team came and eradicated my poppy field in 2017–2018. At that time, I just kept some opium latex because it [the eradication]

seemed unfair, so they threatened me and asked me to pay the fine of 15000 MMK [EUR 7.50].

The fear of crop eradication and arrest is real among communities that grow opium as well as those who have to interact with traders to sell it – though it appears less of a concern for women residing in very remote areas which cannot be easily accessed by the Myanmar government. As explained by one woman farmer:

Farmers have to pay [unofficial] tax to the administrator of areas [where they grow opium]. Then the administrator informs the villagers in advance if he gets the news that the government is planning to eradicate the poppy farms in the areas, for example when and which day the government will come and eradicate. On these days, opium farmers cannot stay and be around at the farm. They have to hide themselves. Some farms have been eradicated but some have not. We always have to worry that when our farms will be eradicated. Farmers are also worried that when they sell opium, someone might see [them]. Therefore, they sell opium secretly outside of the village.

Another woman added that opium growers frequently ‘share and let each other know in advance if we hear something’ related to potential eradication or arrests, or simply when government actors are nearby. Despite this challenge, however, she asserted that:

Families who don't grow opium don't have a wrong view on families who grow them. They understand each other because it may be all of us are ethnic people.

2.3 Advancing gender equality in opium-cultivation areas

After decades of exclusion, criminalisation, and marginalisation, only in the past decade have opium farmers in Myanmar managed to have their voices heard at the policy-making level, thanks to the ever-growing networking and advocacy power of platforms like the Myanmar Opium Farmers' Forum. Women farmers represent only a small percentage of individuals active in these spaces, but their voices are growing louder each year, especially as some noted the benefits of participating in these platforms, which have contributed to their skills and capacity.

Impacts of the military coup

By early 2022, a year after the coup by the Tatmadaw (national armed forces) on 1 February 2021 and the formation of the State Administrative Council (SAC), the country has slid into ever deeper spiral of violent conflict, chaos and crises. The SAC remains determined to repress all opposition and resistance to its takeover by force, and remains on a violent path of destruction and repression to try to take control of the country. Its strategy consists of arrests, intimidation, beating and killings, and the use of excessive military force – including long-range artillery and areal bombings – on civilian targets in both urban and rural areas.

These dynamics have led to a profound humanitarian crisis in Myanmar, causing deaths and injuries on a daily basis. By December 2021, the number of new IDPs since the coup has risen above 280,000 people. Thousands of them are in Shan State, where most of the opium is cultivated in the country. . It is estimated that more than 80% of IDPs and refugees are women, children, and the elderly.²⁶ More cases of sexual violence against women have occurred since the coup, often perpetrated by military forces arresting women involved in anti-coup movements.²⁷

Such figures, however, do not provide a full picture of the socio-political crisis in the country. Many communities are living in extreme hardship, with government services barely functioning. Already in depression because of the negative impact of COVID-19, the fallout from the coup has only worsened the socio-economic situation for many families. Between February and August 2021, more than half a million women have lost employment.²⁸ In addition, labour migration to neighbouring countries – which has long been an alternative livelihood strategy of many opium-growing households – has been impossible. Farmers have been struggling to get to their fields as violent clashes or crackdowns erupt more frequently.

On the other hand, civil society informants observed that drug law

enforcement has weakened since the coup, as the Tatmadaw and the SAC have been concentrating primarily on repressing anti-regime resistance and dissent. Some farmers report that there are fewer rural checkpoints, which allows more traders to enter villages to purchase opium direct from farmers.

In urban areas, the SAC's extensive crack-down on anti-coup movements has created room for a greater influx of drugs. A member of Yangon's drug user network noted that heroin and ATS became more available after the coup, dramatically driving down prices. Dealers are now reportedly even providing buyers with needles and a spot for injection.

Nevertheless, communities are left with little to no access to essential public services, with education and health sectors being worst hit, especially after another wave of COVID-19 infections in 2021 affected several opium-producing areas.²⁹ Health and harm-reduction programmes have also been disrupted, and communities living on the margins (such as people who use drugs and people living with HIV) are losing the material support they need and are thus forced to collect donations to continue their work in the safest way possible. As highlighted by a worker in the HIV sector:

Some of our members got infected by COVID-19 when they were trying to provide health services to our members. As we know, there is no help and no treatment at the moment for COVID-19. So, people are just staying at home and trying to help themselves.

The coup and its resulting dynamics of conflict, instability, and injustice have generally made daily lives more difficult, and gender and other forms of inequalities starker – undoubtedly affecting women's essential social reproductive labour. Moreover, the proliferation of violence has disrupted various important social events – such as spiritual and wedding ceremonies, which often serve as women's only opportunity for free time in opium-cultivation areas – as well as communities' range of access³⁰ to land and natural resources.

Given the extra income it generates, opium cultivation – and women’s important role in it – can arguably serve as a tool that helps to alleviate gender inequality. Often acting as ‘secretaries’ within their immediate family, many women are in charge of keeping and managing household income – which is not to say that they enjoy full decision-making freedom in the household, let alone at the community level. Still, the income generated by opium can help to keep girls in school and increase access to education and their sense of self-esteem and the ability to become involved in decision-making processes. Much remains to be improved.

When asked to share what opium means to them, one woman said:

I don't know how to define 'Opium'. Only men can be involved in the decision-making process in my village and they don't ask women to join. People only follow the decisions which are made by men.

Another woman stated:

Although women have the rights to speak/freedom of expression, people don't listen and respect. I would like women to have the rights to freedom of expression and people recognise them.

3. What is life like for women who use drugs in Myanmar?

Women in Myanmar use drugs for various reasons: for recreational purposes with their friends, (sometimes coerced) with a partner, to be able to carry out tough jobs, to do sex work, to forget sorrow and trauma (including intimate partner violence, IPV)³¹ and for medicinal purposes. While most drug use can be considered non-problematic from a health perspective,³² women who use drugs face several social and economic problems as well as criminalisation. Because women play a pivotal role in their communities, the problems they face affect their immediate family as well as the wider community. Women are aware of the negative consequences and stigma for those for whom they are the main carers, which adds to their burdens. This chapter illustrates what women who use drugs are up against, and what could be done to support them. To gather information on the way different actors in a community

Some women's experiences with drugs

There are five to six women drug users in my village, some mothers are also using it. Most of them are daily wage workers. When the husband uses drugs, the wife also started using. They use drugs together with their friends. Some women started using because their family do not take care of them. There are instances that the woman has sex with the man just to get the drugs for free. The community avoids the drug users. So, they then use more drugs and finally, their mental situation becomes abnormal. (Female youth leader, Lamine Town, Mon State)

I use heroin as a pain killer but I am using just a little bit. I have been smoking heroin over the past 6 months as I am getting older. I used to smoke opium before but now it is difficult to find. I use heroin as I suffer from a terrible knee ache and heroin does its job to relieve it. Sometimes I smoke together with my friend. I have a limit in using heroin as I don't have much money to buy it. I usually spend about 5,000 kyats (2,50 euro) over 3 days to smoke it. (70-year-old woman who uses drugs/small dealer from a village in Nant Mon township, Kachin State)

I started dealing because I cannot rely on any of my family members for a living. My daughter-in-law also didn't know how to make money. I deal drugs just to buy some rice bran to feed my pigs. I measure heroin in a penicillin bottle cap and sell it for 300 kyats to 500 kyats (0,25 euro) per person. Many users in this area are quite poor so they cannot buy much. I don't really make much profit from selling heroin. I only share/deal with other elderly people in my village. (70-year-old woman who use drugs/small dealer from a village in Nant Mon township, Kachin State)

While working I use drugs and that helps me to tolerate my customers better, especially when they get rough. Usually, the customers have more energy for a longer sex when they use Yama, and it happens the same to me. Otherwise, I become less patient and when the customers get rough, I become angry. But I don't forget to use a condom with such kind of customers. The other benefit of using it regularly is to lose weight. I even became slimmer last month. I know others, four or five of my friends, who have the same job and use drugs like me. We use it only sometimes, not

always. It would be good if the law can protect working women like us. The girls (sex workers) are doing this job to make an income. They have to work and stay up late at the beat (place for sex work) or beer shop. They have no chance to sleep during work hours. Only when they take those drugs, they can stay awake to wait for their customers and work until morning. (27-year-old female sex worker who uses stimulants from Mawlamyine Township, Mon State)

In Hpakant/Lone Khin, there is a house and inside the house the opium pipes set up in line. We can choose the place we like, and they fill up the raw opium and heat it. So, we can just smoke it. Men and women are there in the same place. Sometimes, we find customers there on the spot while we smoked. We were high together so the conversation went smoothly and we went to the guest house right way. After the raw opium inhalation, we don't fall asleep easily and we can have sex for quite a long time. We are patient too. It felt so good. That's how I gave services to my customers and they liked it better. I went to Lone Khin since 2004 but I came back later on. I also have to look after my kids' education so I just stay and work here in Mawlamyine. (Woman who uses drugs and does sex work, Mawlamyine Township)

perceive women who use drugs, interviews were conducted among different ethnic groups, different age groups and in rural and urban areas. TNI spoke with men and women, some were using drugs and some did not.

3.1 Stigma and discrimination

Similar to many other societies, women's sobriety is deemed a virtue in Myanmar; women's drug use, including non-problematic recreational use, is not accepted in either rural or urban communities. Precise data on the prevalence of drug use among women in Myanmar is not available, but there are clear indications that it is much lower than among men. A similar trend can be observed with alcohol, betel nut and tobacco use.³³ The traditional view on women in Myanmar is that they should be pure, sober, homely, and take care of their family.³⁴ The use of drugs does not fit into this picture. While men who are using drugs can often count on the support of their family or parents, women are likely to face social exclusion, they are told to leave their home and family because they are viewed as a blemish on the family's reputation.

Sometimes the women we interviewed were very emotional about being considered 'a bad mother'.

As a female drug user, society viewed me as I didn't fulfil my duty and responsibility of care giver for my family. They didn't want to socialise with me. When I visited their home, they watched and monitored me as a robber trying to steal their property. (35-year-old woman from Putao Township, Kachin State)

Many people don't contact with them [women who use drugs] any more. Social skills become really poor. People don't respect them and they become burden for their relatives. People ignore them and they have a bad reputation. They have less and less friends. (Male singer Kyaikmayaw Township, Mon State)

Women and men who use drugs face different problems. Because women often work in the informal economy and carry out unpaid and/or social reproductive work, they have less income, which makes it more difficult to buy drugs. Some women will depend on men to provide them with drugs, which further weakens their position. One 25-year-old woman manual worker from Putao Township advised:

Please try to reduce drug consumption gradually and later refrain from usage. I quarrel with my family members and I don't have good relationship with my family. I also have difficulty in earning money and could not provide enough time for my children.

Women are said to use drugs in the confinement of their homes, rather than in the open. According to a 25-year-old female manual worker from Putao township:

Women use small doses of heroin. They use drugs in secure places and not in public areas. Female users can't earn money regularly to buy drugs like men do.

And according to a 29-year-old unemployed married woman from Putao Township:

Males have more income and use drugs more. Males didn't suffer more

discrimination than women. Males can look for heroin any time, especially at night.

When talking about the differences between men and women who use drugs, a 35-year-old female farmer from Putao Township said:

Women only use small doses of drugs, they don't have a regular income for purchasing drugs and they face more stigma and discrimination from their neighbours.

And according to a female youth leader in Mon State:

In people's eyes, a woman using drugs looks more impolite than men using drugs and it make[s] women less valuable. They dislike women who use drugs more than men who use [them].

Sex work often combines with drug use, causing further stigma to the women involved,³⁵ which in turn also affects their families, as is expressed by a 27-year-old woman from Mawlamyine, Mon State who is doing sex work and is using drugs:

I don't have any health problem from drug use. But I face social issues because of my job and it gets worse now that I am using drugs also. My family doesn't know that I am using drugs as I do it secretly. We just moved to a new quarter, so my neighbours don't know about it. My neighbours from the previous quarter knew it though and they made a big problem out there.

This can result in the social exclusion of the whole family. These multiple layers of stigma also make it more difficult to reach sex workers who use drugs with support services. The women would rather suffer in silence than draw attention to their situation and their family.

The notion that drug use among women is unacceptable is not only promoted by men but also by women. In Myanmar, various women's groups have been very vocal in their rejection of drugs and drug use. In fact, the 'Patjasan' movement, which has been actively involved in arresting and detaining drug users and destroying poppy fields in Kachin and northern Shan States, was founded on a model of a women's anti-drug group.³⁶ Alleged drug users

are sent to closed 'rehabilitation' camps, where they are required to follow a regime of physical exercise and prayers. Sometimes, people kept in these facilities are reportedly beaten and denied access to medical treatment.³⁷ Critical voices have highlighted the high relapse rates as well as the violations of human rights associated with these practices. In 2012, 12 UN agencies issued a joint statement calling for the closure of compulsory detention and rehabilitation centres on similar grounds.³⁸ Unfortunately, drug detention centres are still commonplace in Myanmar and in the wider Southeast Asian region. Voluntary community-based treatment models, which have proved more effective and humane, have been promoted as an alternative to the detention of drug users.³⁹ These are, however, few and far between in Myanmar and virtually non-existent for women.

3.2 Criminalisation

The experience of a woman working as a petty dealer to support her drug use habits

I am 54 years old with two sons. My elder son has already died and the younger one is away on a trip. My husband passed away quite a long time ago, so now I am all alone. Sometimes I go up to the mountain to gather forest products (fetching "Inphat" – a big leave that is used to wrap sale goods and it can also be used as a roofing material), and sometimes I work as a day laborer in the fields. Other users came to me and insisted I share some heroin with them when they realized that I am using drugs too. Initially just a few came and asked to sell for 500 kyats but later words travel fast to the other users as well. Actually, I got a more stable and cleaner income from "Inphat" selling where I can earn around 1,500-2,000 kyats (0,75 -1,00 euro) per day. When I sell drugs, I earn a little more which is around 2,000 kyats per day. But this is much riskier of course and eventually I had to face the police. I was arrested in 2013 with two charges; articles 19b (offering for the sales of drugs) and 15 (failure to register for drug treatment). Actually, it was caused by a small amount of opium, just the size of a remote-control battery. I was traced by the police after they arrested a guy who bought it from me. Frankly speaking, I did not want to sell to him but he insisted that he had diarrhea and the opium was to relieve the withdrawal symptoms.

Afterwards, I had to face the court while in detention for two months until the trial ended. I was sentenced for thirteen years as I was not able to afford a lawyer and unable to defend myself against the drug trafficking offence. Otherwise, the sentence would have been only 4-5 years for drug use (failure to register) alone. Those days, Mohnyin prison was still under construction so I was based at the Myitkyina prison. There I had to go through cold turkey to stop the opium addiction. I had withdrawal symptoms but it was not that serious as the prison clinic gave some injection medication to relieve my diarrhea. Altogether I was sentenced for 13 years but released after 4 years of my prison term with the presidential pardon. In fact, I encountered two times of presidential pardon and that's how I got released sooner. Luckily, I didn't need to pay anything to get onto the presidential pardon list. On the day of my release, the prison officer even gave me one thousand kyats and I spent it all along the way from the prison to the train station. I am not exactly sure but I heard that one thousand inmates were released from Myitkyina prison on the same day and 70 of them were women.

While drug use itself is no longer criminalised since the drug law was amended in 2018, the possession of any quantity of drugs is still a serious criminal offence that can result in long-term prison sentences. While sentences for drug possession are harsh, those for drug dealing, including for very small amounts, are far more severe.⁴⁰ Globally evidence suggests that women are penalised more heavily than men for drug-related charges, as it is culturally considered improper for a woman to be involved in drug-related matters, and the criminal justice system is clearly male dominated.⁴¹ It is not uncommon for charges to be combined: a sex worker using drugs with a client can be arrested for possession of drugs and also for prostitution. Because they lack financial resources many women who use drugs cannot afford to hire a lawyer, which further increases the likelihood of receiving the maximum sentence. This situation highlights the need for free legal aid services, which should be made much more available, to support women who use drugs.

In Myanmar in 2017 almost 10,000 women were incarcerated, 12.3% of the total prison population. According to estimates, between 50 and 70% of people held in Myanmar's prisons are there for a drug-related offence.⁴² Sexual harassment by prison staff is reported to have increased since

the coup in February 2021.⁴³ Because women who use drugs often lack the support of their families, their time in prison is even worse. As one interviewee said:

Most of the women in prison were very poor. Some even didn't have enough clothes to change as their family never visited them. It would be very good if people like them got some support.

Most of the women in prison have children. Often, they are the primary carers and their incarceration also severely affects the children emotionally, socially and economically.

In Myanmar, the prison system largely runs on the provision of bribes by inmates and their families: women in jail pay to have access to better food or to be able to carry out a specific prison job, or to be put on the presidential pardon list.⁴⁴

Every day after taking a bath, I went to the warden's office to plea to get my job back, but I did not have a chance to meet her a single time. Every time they gave me different kinds of reasons. 'Ma Ma Gyi [the warden] is ill, Ma Ma Gyi's mom is ill, Ma Ma Gyi is angry, Ma Ma Gyi is in a bad mood', and more like that. These experiences in jail that I got were only because of money. It was because I could not pay any bribe.⁴⁵

All prisoners alike face overcrowded conditions and are therefore highly vulnerable to the transmission of infectious diseases including COVID-19, tuberculosis, and HIV. In addition, no detoxification treatment, OST (Opioid Substitution Therapy) or NSP (Needle and Syringe Programme) are offered in Myanmar's prisons. There is no provision for menstrual hygiene.⁴⁶ Mother and child care, as well as sexual and reproductive health (SRH), are often non-existent or poorly organised.⁴⁷

Little attention is paid to the consequences of incarceration, which often last long after women are released: in fact, social stigma associated with prison increases their marginalisation, leading women to face more scorn from their community and further complicating their relationships with their family. Moreover, women who have been detained typically come home malnourished and sick. According to one ex-detainee it can take up to three to five years after release to recover physically, mentally and socially from the

time spent in prison.⁴⁸ In contrast, the provision of social and medical support upon release can make a big difference and contribute to a quick recovery. According to a 54-year-old woman who uses drugs and is petty dealing in Nant Non Township, Kachin State:

Although I got imprisoned, my neighbours and my friends did not look down on me. I have good neighbours who just treat me like their friend. All my friends are also treating me equally without stigmatising me and talking bad behind my back. I feel that my life is back to normal.

3.3 A rights-based approach: access to services – treatment, harm reduction, and social reintegration

It is important to promote an environment that allows for self-regulation and the development of harm-reduction practices. Many women who use drugs, especially in case of substances like methamphetamine ('yama'), cannabis, kratom and opium, do not need treatment and are finding their own ways to reduce and minimise harm. In Myanmar methamphetamine is the drug of choice among women, but there is hardly any reliable information on ATS and harm-reduction best practices.⁴⁹ The promotion of basic supportive approaches and services for women who use drugs could help alleviate some of the most serious consequences of problematic use. These notably include health interventions based on harm-reduction principles, including relating to ATS use, as well as treatment and social reintegration.

Harm-reduction and other health services

In 2018, the Myanmar government adopted a new National Drug Control Policy that includes harm reduction as one of its five priority areas.⁵⁰ Harm reduction was first introduced in Myanmar in 2004, with a focus on reducing HIV and other blood-borne infections.⁵¹ A growing number of services implemented in areas where injection practices are most prevalent has been available since then. Nevertheless, coverage remains limited and many people who use drugs do not yet have access to the services they need.⁵² Moreover, repressive drug policies have resulted in the use of more harmful substances and fuelled riskier forms of administration.⁵³ As a result, HIV, Hepatitis B and C infections are still at alarmingly high levels among people who use drugs.

While Drop-in-centres (DICs) for people who use drugs, needle-exchange programmes and condom distribution have gradually and overall become more accepted among the general public, there is still significant resistance from the communities where these services are based. In addition, women continue to face a range of social and logistical barriers that prevent their access to these services. First, women who use drugs often conceal this and are very reluctant to be identified as using drugs, due to their fear that this will result in being excluded from their community.⁵⁴ Other practical obstacles mentioned in the interviews included transport difficulties (women mainly have to depend on public transport and seldom own motorbikes), as well as a lack of free time resulting from professional and family obligations.⁵⁵ As a result, women often simply have no access to any services that meet their needs, as reflected by the words of these two women from Putao Township:

I don't know any services specifically for female drug users.

I do not normally reach out to any person or organisation when in need of health and social support. It is challenging for me to find support when I need it.

Services, however, can make an enormous difference for women who can access them, when and where available. As highlighted by this testimony, women who have been enrolled in methadone-substitution treatment programmes value what has become an essential service that helped them regain control over their life:

After release from the prison, I hooked up to heroin because it was very difficult to find opium by that time. I am afraid of injection and the needle. So, I only smoke heroin and never inject. Now I am also taking methadone treatment and my limit is 100 mg. I like methadone because it doesn't cost me money and it makes me feel like a healthy person. I have been taking methadone for six months now and my period comes back into a normal cycle after taking the treatment. Now during the COVID-19 pandemic, the methadone clinic is allowing take-away dosages for a week period.

I do not normally reach out to any person or organisation when in need of health and social support. It is challenging for me to find support when I need it. I am accessing MMT [methadone maintenance treatment]. I took

methadone daily and I also got methadone take away doses for 2 weeks. I could work daily and I could provide more time for my family since I took it.

The efforts of some of the existing providers, including from the public health system, to promote and facilitate access to services is also worth noting, as captured by the words of this woman from Yangon:

At that time, the head doctor from the drug dependency unit of the Ywar Thar Gyi mental health hospital called my brother, and said 'my patient will be in trouble, you should come and take methadone to her'. He said this fully with love and compassion as a doctor, so my brother went to Ywar Thar Gyi to pick up methadone for me. The next day, my brother came to Insein jail to visit me, and for the first time gave methadone to me in the women's jail legally. It was because of the doctor's signature and his compassionate effort for his patients to provide methadone at every possible place. It is really necessary to have such kind of doctors for us drug users. Because of the compassion of the staff, I could stay at the women hospital in Insein jail for one month for free [without paying a bribe] and tailed off methadone, and got some necessary treatment for this.

In general, however, drug-related services still tend to be less adapted to the needs of women, who often feel uncomfortable in the presence of male clients.⁵⁶ This situation led some non-government organisations (NGOs) to start providing harm-reduction services specifically aimed at women. These, for instance, include recruiting women outreach workers to locate and engage with women clients, specific corners at DICs for women who use drugs, the provision of SRH services or psychosocial counselling for both individuals and couples, or the support of women peer networks. These are often limited and not sufficiently available across the country, plus some of these services have been curtailed due to the COVID-19 pandemic.⁵⁷

Women are acutely aware of their needs, and many instances simply listening to them could easily lead to the provision of better adapted services. This woman from Kutkai stresses the importance of offering social and nutritional support to women who often are economically disadvantaged, but also to better integrate health services to facilitate their lives:

Regarding the provision of services for men and women, there are not many women who are drug addicts and their needs are different. If it targets only

women, their main needs will be for their livelihood. Food and nutrition would be a good supply as they can also give those foods to their children. As I am pregnant now, I have to go to Maternal and Child Welfare Association. I have to get Methadone at the hospital but they don't take care of my pregnancy. If I can do both for checking my pregnancy and getting the Methadone at the same place, I won't have to spend time for it separately.

Finally, the availability of drug treatment services for people willing to stop using drugs remains largely inadequate, with most services being concentrated in State capitals. Spaces that are adapted to the needs of women and can accept them are especially scarce, as highlighted by a woman from Mon State:

There should be a detoxification centre in Mawlamyine for people who use drugs. We have mental health hospital [where the psychiatrist consults drugs and alcohol patients], but there is not enough space available for the patients who want to undergo detoxification. For patients with drug issues, the hospital just gives intravenous infusion of medication at the OPD and later provides them some take-home medicine for self-detox. I used to help those people who want to undergo detox. When they do self-detox at home, they can reconnect with their old friends/peers. Then they get relapse of course.

3.4 Community-level voluntary support services

In recent years a growing body of evidence shows that community-level voluntary support is an effective approach to reduce drug-related harms.⁵⁸ A number of promising initiatives and practices have sprung up across the region, albeit on an isolated and small-scale basis. In fact, the criminalisation of drug use and possession for personal use continues to be a major obstacle to generalising this approach, due to the fear of people who use drugs of arrest and legal prosecution. The decriminalisation of drug use and possession for personal use therefore appears to be a fundamental pre-requisite for community-based support, ensuring that support can be sought and given without fear of arrest and legal prosecution. The provision of a greater range of services tailored to the needs of different people, including those of women who use drugs, is equally important.

Social support (including a fairer distribution of reproductive work), access to public services as well as to paid work can help women to improve their

social position. Unfortunately, many women who use drugs, who often live in precarious conditions, lack sufficient access to adequate support, as illustrated by the words of this woman from Kutkai Township:

Although I am pregnant, I do not get any support from anywhere for me and my baby. Maternal and Child Welfare Association haven't provided any support for me yet. They took a list and I heard that there were some people who got the support for one time but I didn't get any support yet.

Finally, the mobilisation and the direct involvement of affected communities in the provision of care (drug-related or otherwise) needs to be actively supported, in order to facilitate the expansion of more supportive, non-judgmental, and accessible models and services for people who use drugs.

Increasing community-level understanding about the problems women who use drugs are facing and the effectiveness of community-based services is a challenging, but essential, task. Public opinion is changing slowly, but many misconceptions remain deeply entrenched. In this context, gathering and sharing more evidence on the effectiveness of community-level voluntary support services would no doubt help to increase the awareness of the general public.

4. Which international and national policy trends are relevant for women in the drugs market in Myanmar?

The 2016 United Nations General Assembly Special Session (UNGASS) on Drugs was a step in the right direction for the promotion of gender-sensitive drug policies at the international level. The UNGASS Outcome Document explicitly identifies the lack of health and social services for women who use drugs, highlighting how women and girls remain vulnerable to exploitation in the drugs market. The Outcome Document also calls for 'non-discriminatory access to a broad range of interventions to health, care and social services'⁵⁹ attentive to the 'specific needs of women', and emphasises the need to involve women in drug policy-making, implementation, and evaluation. Finally, the

Document underlines 'the specific needs and possible multiple vulnerabilities of women drugs offenders when imprisoned',⁶⁰ crucially referring to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules).⁶¹

Partly influenced by the 2016 UNGASS and international discussions that followed,⁶² Myanmar released a new National Drug Control Policy (NDCP) in 2018, consisting of five key elements: supply reduction and alternative development; demand reduction and harm reduction; international cooperation, research and analysis; and human rights as a cross-cutting issue. The NDCP notably mentions that 'programmes and interventions should be gender sensitive and in line with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)', of which Myanmar is a signatory.⁶³

In addition to the publication of the NDCP, in the same year Myanmar also amended its 1993 Narcotic Drugs and Psychotropic Substances Law, although this places a greater emphasis on criminal legal mechanisms. The amended Law notably prescribes lengthy prison penalties (of five to ten years) for people found with small quantities of drugs, thereby maintaining disproportionate punishment for people who use drugs and other low-level actors, including couriers and small-scale poppy farmers, whose involvement in the drugs market is largely driven by the need to make ends meet. Quantity thresholds for simple possession (that is, possession for personal drug use⁶⁴) remain low, so most cases of small-scale drug possession are treated as 'possession intended for sale'.⁶⁵ Furthermore, the amended law replaced the compulsory registration of people who use drugs with compulsory drug treatment,⁶⁶ both of which violate human rights and have proved ineffective in reducing drug-related harms.⁶⁷

In contrast, the NDCP prioritises a public health and human rights focus, explicitly referring to the necessary decriminalisation of drug use, the expansion of a comprehensive package of harm reduction, and the support of rural communities to gain their right to land and sustainable livelihoods.⁶⁸ These two core, yet conflicting, policy documents – and the convoluted results of such inconsistencies – constitute yet another sign that drug policy continues to do more harm than good in Myanmar. The adoption of the NDCP in itself was initially a hopeful development, most elements of the policy have yet to materialise.

Meanwhile, it is important to note the multifaceted nature of oppression faced by women (in Myanmar and elsewhere), facilitated and sustained not only by punitive drug policies, but also by laws such as the 1949 Suppression of Prostitution Act, which criminalises sex work(ers).⁶⁹ In addition, a range of other legal instruments cause further fragmentation and inequalities in the country. These typically include laws and policies that dispossess rural communities of land and natural resources on which they depend to survive, or support unjust forms of international trade in the agricultural and (other) extractive sectors.⁷⁰ These instruments have, for instance, caused greater precariousness among rural communities, and hence exacerbated the dependency of farmers on illegal livelihoods including opium cultivation.⁷¹ Though not directly related to drugs, these policies have significant impacts on the health, human rights, development and socioeconomic conditions of women who use drugs, women who grow opium, and other women in the drugs market.

4.1 Other relevant policy trends at the international level

The adoption of the International Guidelines on Drug Policy and Human Rights represent an important milestone at the global level. This document serves as a reference to ensure that drug policies are consistent with governments' obligation to protect human rights, including for specific marginalised groups such as children, women, persons deprived of liberty (such as those in prisons and other closed settings), and indigenous peoples. The document also addresses key issues often neglected in mainstream debates on drug policy, such as the human rights of people involved in drug production, as well as issues related to the traditional use of controlled substances.⁷² The Guidelines, released in 2019, were endorsed by the Office of the United Nations High Commissioner for Human Rights (OHCHR), UNAIDS, the United Nations Development Programme (UNDP), and the World Health Organization (WHO).⁷³

The 2018 United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas marked another positive change in discourse at the international level. The Declaration crucially highlights that 'peasant women and other rural women play a significant role in the economic survival of their families and in contributing to the rural and national economy, including through their work in the non-monetized sectors of the economy,

but are often denied tenure and ownership of land, equal access to land, productive resources, financial services, information, employment or social protection, and are often victims of violence and discrimination in a variety of forms and manifestations'.⁷⁴ Article 4 of the Declaration thus highlights that '[s]tates shall ensure that peasant women and other women working in rural areas enjoy without discrimination all the human rights and fundamental freedoms set out in the present declaration and in other international human rights instruments', such as the rights to access 'all types of training and education', 'to equal access to, use of and management of land and natural resources', 'to be free from all forms of violence', and many more.⁷⁵

More recently, the Kyoto Declaration (on Advancing Crime Prevention, Criminal Justice and the Rule of Law: Towards the Achievement of the 2030 Agenda for Sustainable Development) was adopted at the Fourteenth United Nations Congress on Crime Prevention and Criminal Justice (CCPCJ) in March 2021. The Kyoto Declaration calls for the '[m]ainstreaming a gender perspective into criminal justice systems', aiming for the 'advancement of women and women's empowerment in law enforcement and other criminal justice institutions at all levels', considering worsening problems such as prison overcrowding and poor prison conditions.⁷⁶ The Declaration importantly refers to the Bangkok Rules, the Nelson Mandela Rules (as mentioned above), and the Beijing Declaration.⁷⁷

Also worthy of mention is the growing attention of various UN bodies and working groups on the disastrous impacts of drug policies on the health and human rights of people and communities, especially of those facing multi-layered forms of discrimination, stigma, and criminalisation. For example, in its report published in July 2021,⁷⁸ the Working Group on Arbitrary Detention emphasises the catastrophic impacts of the war on drugs, in particular the criminalisation of drug use, on 'members of vulnerable and marginalized groups' such as minorities, women, homeless persons, sex workers, migrants, and many more. The report importantly acknowledges that the war on drugs 'frequently overlaps with discrimination in law enforcement directed at vulnerable groups. This has been referred to as the intersectionality of different forms of discrimination, which reinforces disadvantage'.⁷⁹

Concluding with comprehensive recommendations on decriminalisation, harm reduction, and many others, the report of the Working Group on Arbitrary Detention complements other progressive efforts and steps to set higher

international standards of drug policies that are based on human rights and public health.⁸⁰ Supportive of this process has been the adoption of the UN System Common Position on drug policy by the UN System Chief Executives Board for Coordination (CEB) in 2018. Relevant UN bodies such as UN-Women, OHCHR, UNAIDS, UNDP and WHO were involved in formulating the Common Position,⁸¹ promoting a more intersectional approach to UN-level drug policy as well as constituting a shift away from a prohibitionist model focused primarily on criminal legal ‘solutions’.⁸²

Notwithstanding these promising developments, international debates on drug policy continue to generate numerous controversies and disagreements; progress is gradual and marginalised voices remain remarkably little heard, if not excluded altogether. The major international policy documents have certainly helped and will continue lending support to policy-makers, civil society and community groups advocating for better drug policies for women, as global-level resolutions, declarations, and reports can be used to advocate for reforms at national and/or local level. These signs of progress, despite their high-level nature, have been made possible in part thanks to the work of a wide array of civil society and community activists. Essentially, these also include women working in the drugs market, such as Nang Yon, who represented the Myanmar Opium Farmers’ Forum at the fourth intersessional meeting at the Commission on Narcotic Drugs (CND), specifically at a session on Alternative Development and Crop Control Strategy on 24 October 2018.⁸³

5. What could be done to improve the situation of women who use drugs and women involved in the drugs market in Myanmar?

By sharing their experiences, each and every woman interviewed for this primer has contributed to magnifying the voices and improving the situation of women involved in the drugs market in Myanmar. Most of these women know what is needed to enhance not only their own living conditions, but also the quality of life of their families and communities, as illustrated below.

As they look to the future, women who grow opium demand equal rights and more space for women in decision-making spaces, which currently are mainly controlled by men:

Men are leading and decision making is on their hands. We don't really have equal rights. It has become tradition in our communities here. Of course, we really want to have the equal rights in the communities. I also want women to take the leading role and have a chance for that. (Woman from Hsihseng Township)

I would like women to have the rights to speak, express, or decide, and also would like to have equal rights. (Woman from Hsihseng Township)

Although women have the rights to speak and a freedom of expression, people don't listen and respect [us]. I would like women to have the rights to freedom of expression and that people recognize them. (Woman from Hopong Township)

Virtually all women in opium-cultivation areas also wish to gain better access to education and health facilities. In relation to education, several women specifically note the need for support for (higher) education for girls and young women, which many families cannot afford.

With regard to policies relating to opium cultivation and broader agrarian issues, several women who grow opium emphasise the need to have access to affordable basic supplies, including rice. This implies that in order to be able to afford sufficient food for their families, workers need higher wages and better working conditions. Rural communities depend on their land for subsistence, thus their human right to access and use land, including collectively managed land, should be protected.

Nearly all women demand the end of all forms of forced crop eradication. Some also highlight the following:

If [the] government has planned to substitute opium poppy with alternative crops or has other development plans for us, I would like to say we should not only be encouraged to grow alternative crops but we also need access to a stable market with good prices for farmers. (Woman from Hsihseng Township)

If the government allows it, we would prefer to keep growing [opium]. But the government also needs to guarantee a good price for it, because right now the poppy price is going down. (Woman from Pinlaung Township)

We want UNODC to change some of their beneficiary selection criteria, because right now they require us to have 1.5 hectares of land to be eligible to receive assistance. Only 30 percent of the households can fulfil this requirement. Another one is that they require us to have at least five people [in a family]. (Woman from Hsa Nin in Loilem Township)

Women often raise their need for paid employment. With a regular income, women are less dependent on their husbands or other family members.

The women involved in drug use we interviewed for this primer demand for better access to healthcare, treatment services, and harm reduction. Having spent several years in prison, some also call for better living conditions for incarcerated women.

Other recommendations emphasise the urgent need to decriminalise drug use, possession for personal use and sex work.

Drug addiction is not a serious offence like treason, it is not a like a big crime. I am asking the leaders of the nation to please stop putting us in jail with heavy sentences, and please send us to drug treatment centers and rehabilitation camps. We drug users also have our own strengths and skills, and we would like to use these skills to help building up the nation. We want to be a part of it. Please see us as human beings. We want to become a good citizen and we want to have jobs, and we want to have a full life as other people. I do not want to live and die under stigmatizing words such as 'addict', 'HIV positive', or 'ex-prisoner'. I do not want to waste my life under these stigmatizing words. I want to live my life fully. This is the message I would like to give to the head of state.⁸⁴

I would like to recommend to provide more employment opportunity for people who use drugs. Please don't arrest drug users, but enhance more services targeting female drug users. (25-year-old woman from Putao township)

Elimination of heroin will not be accomplished by police arrest on drug users. (29-year-old woman from Putao township)

Decriminalisation will also result in fewer mothers (and fathers) in jail, and as a result fewer children suffering from the emotional and social economic harm caused by the imprisonment of their parents. In some countries the fact that a woman has dependent children will lead to a reduced sentence or a community-service order instead of a custodial sentence.⁸⁵

In fact, reform of laws and policies in multiple sectors (not only drug policy, but also agrarian, trade, labour, public health and other sectors) will help to ensure that the health and well-being of communities – especially those frequently marginalised – comes first. This includes the need to reform laws and policies relating to land and natural resources, such as the VFV law, as well as laws and policies concerning healthcare, especially reproductive health. This process will help to address the multi-layered and intersecting nature of marginalisation, inequalities, and vulnerabilities women often face in the drugs market. Additionally, women’s organizations should be challenged to show solidarity with (rather than be prejudiced and discriminate against) women who use drugs or are involved in opium cultivation.

Fear of being stigmatised is hampering access to support services. Currently, men dominate most support services, making the women feel uncomfortable with visiting the centres.⁸⁶ Furthermore, most harm-reduction support is aimed at injecting drug use while in many cases women prefer to smoke drugs. To increase access to health and harm-reduction services and voluntary treatment these services have to become gender-sensitive. Women should be involved in designing the support, health and social services as well as in the implementation. Involving and centring women in outreach work will also help to reach women who use drugs, as suggested by a 54-year-old woman from a village in Nant Mon Township:

There are not many services available in my area especially for women who use drugs. It would be good if we have one. I think because of lack of expertise to share knowledges to fellow peers. I have no such expertise or experience. (When asked a question on women focused services).

There is a need to support, connect, and highlight (the power and impact of) existing, bottom-up and community-led forms of mobilising and organising, regardless of how small they seem to be. This means acknowledging the social bonds and solidarity found among existing networks of women associated with the drugs market, as well as networks of sex workers. Crucially, the

male-dominated nature of some peer networks (for instance of people who use drugs and of farmers) in Myanmar should also be challenged. Connecting urban and rural movements and organisations will strengthen the outreach. It might also be helpful to connect different yet interlinked issues to increase awareness across the board.

There is a need for more research to document the situation of women in the drugs market, including women in prisons and other closed settings (such as forced treatment centres). The role of peers and communities needs to be central in this, for example by encouraging community-led participatory action–research projects.⁸⁷

Women have long faced much harsher repercussions related to drug markets and repressive policies sustained by patriarchal norms and institutions. It is by no means a level playing field, and it will take more than gender equality to address the damage caused by these inequities. Looking ahead, what we need is gender justice.

Endnotes

1. Some examples can be found in the Philippines <https://longreads.tni.org/stateofpower/dismantling-the-imperial-boomerang-a-reckoning-with-globalised-police-power>, Brazil <https://www.dw.com/en/racist-police-violence-endures-in-jair-bolsonaros-brazil/a-53769828>; the United States <https://cdn.penalreform.org/wp-content/uploads/2020/05/Global-Prison-Trends-2020-Penal-Reform-International-Second-Edition.pdf>; and throughout Latin America and Southeast Asia <https://youtu.be/pOlq2Xvfl4Y>
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9. This primer cannot be comprehensive, since there is so much that can be said about the diversity of experiences of people most severely affected by gender-based injustice. These include not only women, but also non-binary people, gender-nonconforming people, transgender communities, and others whose marginalised positions, identities, and experiences can be similar to women's, but cannot be generalised. Their experiences should not be underestimated,

but the diverse and complex nature of these issues means that they fall beyond the scope of this primer, which is largely based on interviews with (cis) women.

- 10.** A drop-in centre is a place designed to meet the needs or provide services for a particular group or community. For example, a harm-reduction drop-in centre for women typically serves women who use drugs, providing them with access to needles and syringes, condoms, opioid-agonist therapy (OAT), counselling, childcare, and more.
- 11.** TNI (2018) 'Women and drugs in Myanmar: Beyond harm reduction, a Myanmar commentary'. <https://www.tni.org/en/article/women-and-drugs-in-myanmar-beyond-harm-reduction>
- 12.** Franco, J.C. and Borrás, M. (2021) 'The 5Rs in Myanmar: Five principles for a future federal democratic system where rural working people can flourish, a primer'. Amsterdam: Transnational Institute, p. 8. https://www.tni.org/files/publication-downloads/5rs_web.pdf
- 13.** While social reproduction at the household level is usually unremunerated, this is not the case for social reproduction activities at the wider community level. Yet while remunerated, employment in education, health care and many other "service" sectors (i.e. delivery workers in the pandemic, cleaners, child-care workers) is often grossly undervalued and low-waged.
- 14.** Global illicit production of opium was estimated at 7,410 metric tons (MT) in 2020, 96% of which was produced in Afghanistan, Mexico and Myanmar. Afghanistan alone produced some 85% of the global production. In 2020 Myanmar produced an estimated 405 MT, mainly in Shan State and Kachin State. UNODC, *World Drug Report 2020*. <https://wdr.unodc.org/wdr2020/index2020.html> and UNODC 2020, Myanmar Opium Survey; https://www.unodc.org/documents/southeastasiaandpacific//Publications/2021/Myanmar_Opium_survey_2020.pdf
- 15.** UNODC (2019) 'Opium poppy cultivation and sustainable development in Shan State, Myanmar'. https://www.unodc.org/documents/southeastasiaandpacific//Publications/2019/Myanmar_Socio-economic_Survey_2019_web.pdf
- 16.** 300 MKK = EUR 0.15; a viss is 1.6 kg.
- 17.** Taungya (in Burmese: taung = hill, ya = cultivation) is upland cultivation including shifting cultivation. It is also considered a form of agroforestry when practised in forests. <http://ecoursesonline.iasri.res.in/mod/page/view.php?id=106175> ; 'Many farmers in Myanmar's ethnic borderlands, where most have customary land-use rights, practice traditional upland swidden cultivation (taungya)', cited in Transnational Institute (2015) 'The challenge

of democratic and inclusive land policymaking in Myanmar, a response to the draft national land use policy', p. 36. https://www.tni.org/files/download/the_challenge_of_democratic_and_inclusive_land_policymaking_in_myanmar.pdf. See also: Oliver Springate-Baginski, (2018), 'Decriminalise agro-forestry! A primer on shifting cultivation in Myanmar', Transnational Institute.

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19. Springate-Baginski, O. (2019) "'There is no vacant land": A primer on defending Myanmar's customary tenure systems'. Amsterdam: Transnational Institute. <https://www.tni.org/en/publication/there-is-no-vacant-land>

20. Franco, J., Twomey, H., Vervest, P. and Kramer, T. (2016) 'The Meaning of Land in Myanmar: A primer'. Amsterdam: Transnational Institute. <https://www.tni.org/en/publication/the-meaning-of-land-in-myanmar>

21. The varied uses and impacts of the VFV law can be understood as a form of 'extra-economic coercion', in which 'powerful elites deploying (or threatening to deploy) coercive power –e.g. armed forces (and including paramilitary or militia groups) and courts – to force people to give up part or all of their range of access to land and nature' Cited in Franco and Borrás (2021)*The 5Rs in Myanmar*, pp. 34–36. https://www.tni.org/files/publication-downloads/5rs_web.pdf

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27. Myanmar Peace Monitor (3 July 2021) 'Sexual violence against women rises after Burma's coup'. <https://www.bnionline.net/en/news/sexual-violence-against-women-rises-after-burmas-coup>
28. UN Women (1 August 2021) 'Joint statement by UNFPA and UN Women: Impacts of the compounded political and health crisis on women and girls in Myanmar'. <https://www.unwomen.org/en/news/stories/2021/8/statement-impacts-of-the-compounded-political-and-health-crisis-on-women-and-girls-in-myanmar>
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40. Sentences for possession for personal use: 5–10 years of incarceration; possession for the purpose of sale is punishable with minimum sentence of 10 years, which may extend to an indefinite period.

41. Margo, G. and Burger, L. (Eds.) (2020) *Gendering Drug Policy*, pp. 23–32.

42. At the Myitkyina prison in Kachin State, drug offenders constitute more than 70% of the prison population. See UNODC and UNAIDS (2020) 'Alternatives to imprisonment, reducing drug related prison overcrowding and promoting public health responses to drug use in Myanmar'. <https://drive.google.com/file/d/1bbvyAfUDMdbPpaZ7SUsT1U7ngBDLG93s/view>

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- 58.** Vo, A.T., et al. (2021) Assessing HIV and overdose risks for people who use drugs exposed to compulsory drug abstinence programs (CDAP): A systematic review and meta-analysis'. *International Journal of Drug Policy*, 96. <https://www.sciencedirect.com/science/article/abs/pii/S0955395921003066>; Science Daily (2016) 'Mandatory treatment not effective at reducing drug use, violates human rights, researchers say'. <https://www.sciencedaily.com/releases/2016/06/160621115655.htm>
- 59.** Para. 4.b.
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- 61.** http://fileserv.idpc.net/library/UNGASS_5y_Review.pdf. See also the United Nations Standard Minimum Rules for the Treatment of Prisoners, or the Nelson Mandela Rules. https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf
- 62.** A positive change in discourse and growing attention to gender-sensitive drug policies continued at the UN level after the 2016 UNGASS. In the same year, the International Narcotics Control Board published an annual report with a dedicated chapter on women and drugs. The 2018 World Drug Report also included a booklet on the same theme, documenting a wide array of challenges faced by women, such as trauma, gender-based violence and inequalities, stigma, and higher health risks. In 2018 and 2019, the Commission on Narcotic Drugs (CND) passed two resolutions concerning harm reduction for women who use drugs. http://fileserv.idpc.net/library/UNGASS_5y_Review.pdf
- 63.** p. 25. https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf
- 64.** According to the West Africa Model Drug Law, personal use of drugs should not be criminalised. Personal use, in this case, means 'a) for the sole use of the person in possession of the controlled drug, or b) for the collective and voluntary consumption of the controlled drug by a group of adult persons, all known personally to the person in possession of the controlled drug, where the person in possession of the controlled drug does not stand to gain financially from the collective consumption' (p. 12). <http://www.globalcommissionondrugs.org/wp-content/uploads/2018/08/WADC-MDL-EN-WEB.pdf>. Released in 2018, the West Africa Model Drug Law serves as a legislative model for a drug law that is based on human rights and drug policy, as well as being in line with the international drug-control conventions. Though formulated largely to support reforms in the West Africa region, the Model Drug Law could function as a 'template' for any country's drug law.

- 65.** UNODC and UNAIDS (2020) 'Policy Paper, Alternatives to Imprisonment: reducing drug-related prison overcrowding and promoting public health responses to drug use in Myanmar', p. 2. <https://drive.google.com/file/d/1bbvyAfUDMdbPpaZ7SUsT1U7ngBDLG93s/view>
- 66.** For a more detailed explanation of how the current law ends up maintaining coercive measures to push people into 'treatment' and other forms of punishment, see pp. 9–10 of the policy paper. <https://drive.google.com/file/d/1bbvyAfUDMdbPpaZ7SUsT1U7ngBDLG93s/view>; and for an analysis of the legal amendment (and its contrast with the NDPC) itself, see, for example, Transnational Institute (2018) 'Will Myanmar complete its transition'. '
- 67.** Vo, A.T., et al. (2021) 'Assessing HIV and overdose risks'; Science Daily (2016) 'Mandatory treatment'.
- 68.** Republic of the Union of Myanmar, National Drug Control Policy, 2018. https://www.unodc.org/documents/southeastasiaandpacific/2018/02/Myanmar_Drug_Control_Policy.pdf
- 69.** See pp. 15 and 18.
- 70.** Myanmar's law on sex work, particularly on prostitution, still criminalises sex workers, warranting a prison sentence of up to five years as well as a fine. In addition to being prone to abuse at both the workplace and at law-enforcement premises, sex workers who have been arrested and detained become more likely to be subject to further arrests and detention. The law on sex work was put under review in 2018. Advocates have used the opportunity to push for alternatives that could reduce criminalisation and support sex workers, though it has proved to be a very slow and cumbersome process. <https://www.mmtimes.com/news/could-new-law-better-protect-sex-workers.html> Central to this has been the emergence of laws and policies (such as the 2018 amendment to the 2012 Vacant, Fallow and Virgin Lands Management Law or VFV Law) aimed at enclosing and commodifying land and natural resources in Myanmar, mainly for the interests of extractive industries and mega infrastructure projects, taking the form of land grabs (at the expense of centuries-old customary land and resource-management systems), conflicts, displacement, and environmental degradation. <https://www.tni.org/en/topic/land-policy-in-myanmar>. As argued in this primer, '[t]he threat is particularly severe on the poorest working people, as well as women and young people in rural areas, especially those under customary tenure', p. 22 https://www.tni.org/files/publication-downloads/5rs_web.pdf. Further, 'most of the criticisms levelled against customary systems are more applicable to state-based private land systems: where land ownership tends to be unequal, where few

if any women have land titles in their names, where control is remote and inaccessible and bribe-seeking common, where taxation and input costs can drive farmers into debt bondage, landlessness, even suicide, and lastly where the systems tend to be static and inflexible over time'. <https://www.tni.org/en/publication/there-is-no-vacant-land>

71. As explained in chapter 2, farmers are often faced with growing prices of basic needs such as rice, amidst stagnating or decreasing wages for labourers. In the case of commercial crops such as corn, farmers frequently struggle with low market prices and inadequate access to markets, as well as the relatively large amount of time and investment needed for productive cultivation (for example, it takes two to three years for coffee trees to yield). Needless to say, land grabs and resource commodification (see footnote 67) further complicate matters.

72. International Guidelines on Human Rights and Drug Policy. <https://www.humanrights-drugpolicy.org/groups/>

73. Nougier, M., Cots Fernandez, A., and Putri, D. (2021) 'Taking stock of half a decade of drug policy, an evaluation of UNGASS implementation'. http://fileserver.idpc.net/library/UNGASS_5y_Review.pdf

74. United Nations Declaration on the Rights of Peasants and Other People Working in Rural Areas, 2018. <https://digitallibrary.un.org/record/1650694>

75. Ibid., Art.4.

76. Kyoto Declaration on Advancing Crime Prevention, Criminal Justice and the Rule of Law: Towards the Achievement of the 2030 Agenda for Sustainable Development. https://www.unodc.org/documents/commissions/CCPCJ/CCPCJ_Sessions/CCPCJ_30/Kyoto_Declaration_V2102815.pdf

77. The Beijing Declaration and Platform for Action was adopted at the United Nations Fourth World Conference on Women in September 1995. Often cited as one of the key international documents on gender equality, the Declaration lays out principles and goals with regard to achieving equality between women and men. https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf

78. Working Group on Arbitrary Detention (2021) 'Study on arbitrary detention relating to drug policies'. A/HRC/47/40. <https://www.ohchr.org/EN/Issues/Detention/Pages/Detention-and-drug-policies.aspx>

79. Ibid., p.8.

80. Another important document is the 2020 WHO/UNODC International standards for the treatment of drug use disorders, which – contrary to the

coercive nature of rehabilitation mandates currently implemented in Myanmar –calls for ‘informed and voluntary participation in treatment’ (p.21). https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf

81. Jelsma, M. (2019) ‘UN Common Position on drug policy – Consolidating system-wide coherence’. Amsterdam: Transnational Institute, <https://www.tni.org/files/publication-downloads/un-common-position-briefing-paper.pdf>

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84. Transnational Institute (2020) “Treat us like human beings”.

85. In line with UN Resolution 65/229 United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules): *‘Emphasizes that, when sentencing or deciding on pretrial measures for a pregnant woman or a child’s sole or primary caretaker, non-custodial measures should be preferred where possible and appropriate, with custodial sentences being considered when the offence is serious or violent’*; and Rule 2 of the Rules of General Application of the Bangkok Rules states: *‘Prior to or on admission, women with caretaking responsibilities for children shall be permitted to make arrangements for those children, including the possibility of a reasonable suspension of detention, taking into account the best interests of the children’*.

86. 3MDG Fund. (2018) ‘Women who inject drugs: a hidden population’. <http://hivinfo4mm.org/women-who-inject-drugs/>

87. See for example this participatory research project of women who use drugs in Indonesia <https://www.opensocietyfoundations.org/voices/what-s-life-women-who-use-drugs-indonesia-it-s-time-we-asked-them>



The Transnational Institute (TNI) was founded in 1974 as an independent, international research and policy advocacy institute. It has strong connections with transnational social movements and associated intellectuals who want to steer the world in a democratic, equitable, environmentally sustainable and peaceful direction. Its point of departure is a belief that solutions to global problems require global cooperation.

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TNI's Drugs and Democracy programme analyses trends in the illicit drugs market and in drug policies globally, looking at the underlying causes and the effects on development, conflict situations and democracy. The programme promotes evidence-based policies guided by the principles of harm reduction and human rights for users and producers. The strategic objective is to contribute to a more integrated and coherent policy where drugs are regarded as a cross-cutting issue within the broader goals of poverty reduction, public health promotion, human rights protection, peace building and good governance.

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