

DRUG DEPENDENCY TREATMENT & RESEARCH UNIT

# Annual Report

---

2017



## Table of Contents

<b>Abbreviations .....</b>	<b>3</b>
<b>Introduction.....</b>	<b>4</b>
Policy context .....	5
Objectives .....	6
<b>Activities (2017).....</b>	<b>8</b>
1. Drug Treatment services .....	8
2. Methadone Maintenance Therapy .....	16
3. Integrated services of MMT.....	22
4. Meeting and Workshops .....	25
5. Capacity Development.....	26
6. Research activities .....	27
<b>Collaboration with stakeholders.....</b>	<b>28</b>
<b>Conclusion.....</b>	<b>29</b>
<b>Annexes.....</b>	<b>29</b>
Annex 1: Summary of Notifications issued by Ministry of Health & Sports.....	29
Annex 2: Drug User Working Group structure and functions.....	30
<b>Figures</b>	
Figure 1: Youth and other age groups among new admissions in 2017.....	11
Figure 2: Heroin, Opium and ATS use among 2017 admissions.....	12
Figure 3: Expansion of MMT sites by year.....	17
Figure 4: MMT clients (Daily active) against MMT sites (2006 – 2017).....	18
Figure 5: Current methadone maintenance treatment sites in Myanmar by Region/States with caseload.....	19
Figure 6: Methadone patients in Mandalay Region.....	20
Figure 7: Methadone patients in Kachin State.....	20
Figure 8: Methadone patients in Shan State.....	21
Figure 9: Methadone patients in Sagaing Region.....	21
Figure 10: HIV prevalence among male PWID respondents.....	21
<b>Tables</b>	
Table 1: Structure of Drug Treatment sector.....	5

Table 2: Major DTC, minor DTC and MMT sites.....	6
Table 3: New admissions by gender.....	10
Table 4: New admissions by age groups.....	10
Table 5: New admissions by types of drugs used.....	12
Table 6: New admissions by method of using drugs.....	13
Table 7: New admissions by education.....	13
Table 8: New admissions by occupation.....	14
Table 9: Total admissions in 2017.....	15
Table 10: Methadone patients in 2017 .....	16
Table 11: Achievements of integrated services.....	23
Table 12: Training sessions organized by DDTRU.....	26
<b>References.....</b>	<b>31</b>

## Abbreviations

AHRN	Asian Harm Reduction Network
AIDS	Acquired Immunodeficiency Syndrome
ATS	Amphetamine Type Stimulants
BI	Burnet Institute
DDTRU	Drug Dependency Treatment & Research Unit
DTC	Drug Treatment Center
CCDAC	Central Committee for Drug Abuse Control
DoH	Department of Health
DUWG	Drug User Working Group
HIV	Human Immunodeficiency Virus
HPA	Health Poverty Action
ICCE	International Centre for Credentialing and Education of Addiction Professionals
MANA	Myanmar Anti-narcotic Association
MDM	Médecins du Monde
MMT	Methadone Maintenance Therapy
NAP	National AIDS Programme
PSI	Population Services International
PWID	People Who Inject Drugs
SARA	Substance Abuse Research Association
SDG	Sustainable Development Goal
UN	United Nations
UNODC	United Nations Office on Drugs & Crime
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNOPS	United Nations Office on Project Services
WHO	World Health Organization

## **Introduction**

Use of illicit drugs was an expanding problem worldwide and causing health, social and economic consequences of people in many countries affecting development. According to UNODC reports, there were estimated 247 millions of people who use drugs as per 2016 report and 255 million as per 2017 report. Estimated numbers of people with drug use disorders were 28.7 million in 2016 report and 29.5 million in 2017 World Drug Report of UNODC<sup>1</sup>.

In Myanmar, increased seizures of illicit drugs also reflects increasing drug abuse problem in the country. According to 2016 report of CCDAC, there were 769.26 kilograms of heroin (186.04 Kilo in 2015) and over 98.35 million of stimulant tablets in 2016 (over 49.5 million in 2015)<sup>2</sup> were seized and reflected increased illicit drug activity.

DDTRU was established since 1976 and its activities were increased gradually along with the changes in the field of drug use. Initially, DDTRU mainly worked for drug treatment activities and later, public health problems appeared as a consequence of injecting drug use. Prevalence of HIV became a significant threat to the country and prevalence was also high among people who inject drugs (PWIDs). According HIV sero-sentinel surveillance report of National AIDS Program (NAP) in 2008, HIV prevalence among PWIDs was 37.5% which was the highest among other risk groups. In that report, HIV prevalence among PWIDs across sentinel sites were 37.4% in Lashio, 37% in Mandalay, 54.5% in Myitkyina and 43.3% in Muse<sup>3</sup>. To respond the situation, harm reduction programs were implemented in areas where drug use was prevalent. Due to the use of heroin as a main drug for injecting drug use in Myanmar, DDTRU also started piloting of methadone replacement therapy as an opioid substitution therapy with the support of WHO at four sites (Yangon, Mandalay, Lashio and Myitkyina) in 2006.

In addition to HIV problem, blood borne transmission of hepatitis viruses also became a threat to communities and also caused public health threat to PWIDs as well. Therefore, DDTRU also included rapid testing and vaccination for hepatitis B in its activities.

In 2009, UN agencies<sup>4</sup> announced comprehensive package of services for PWIDs and National AIDS Program of Department of health in Myanmar also issued 'National Guidelines: A core package for HIV prevention amongst key populations in Myanmar' in 2014<sup>5</sup>. Comprehensive package for PWIDs included nine interventions and NAP also prescribed same package of services for PWIDs. The package included opioid substitution therapy and other evidence informed drug treatment, and hepatitis care covering prevention, vaccination, diagnosis and treatment of hepatitis.

At the time of this reporting period, there were 26 major drug treatment centers, 47 minor drug treatment centers and 51 methadone dispensing sites across the country. Methadone program was working in partnership with UN agencies, NAP, local non-government organizations and international non-government organizations.

## **Policy context**

As drug use becomes global problem, world leaders also included substance abuse problem in Sustainable Development Goals (SDGs) 2030 agenda. SDG (3) was adopted as "Ensure healthy lives and promote well – being for all at all ages". Under SDG (3), the goal 3.5 was "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" and among

indicators, indicator 3.5.1 was mentioned as "Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders".

Being a signatory to UN drug conventions, Myanmar enacted Narcotic Drugs and Psychotropic Substances Law (1993) which was under revision at the moment. Myanmar also formulated National Drug Control Policy in 2017 and DDTRU also involved all along the process. According to the policy, approach to drug problem would be health oriented approach and included four policy areas;

- Supply Reduction and Alternative Development
- Demand reduction and Harm reduction
- International Cooperation
- Research and Analysis

In line with 1993 law, CCDAC (Central Committee for Drug Abuse Control) formed committees according to respective sectors and drug treatment sector was formed as below<sup>6</sup>;

Table 1. Structure of Drug Treatment Committee

	Representatives	Ministry/Department	Designation
1.	Permanent Secretary	Ministry of Health and Sports	Chairperson
2.	Deputy Director General	General Administration Department, Ministry of Home Affairs	Member
3.	Deputy Director General (Disease Control)	Department of Public Health	Member
4.	Deputy Director General	Department of Medical Services	Member
5.	Deputy Director General	Social Welfare Department, Ministry of Social Welfare, Relief and Resettlement	Member
6.	Director (Head of Department)	Planning Department, Drug Enforcement Division	Member
7.	Consultant/Addiction Professional assigned by Chairperson	Department of Medical Services	Member
8.	In-charge / Project Manager	Drug Dependency Treatment and Research Unit	Member
9.	Director General	Department of Medical Services	Secretary

According to notification 3/2016 of CCDAC, the duties of drug treatment sector were as follows;

1. Adopting policy, goals and objectives in order to perform drug treatment measures effectively and successfully.
2. Conducting assessments and surveys such as epidemiology of drug use disorders, population size estimation for people who use drugs, integrated biological and behavioral surveys, household surveys and school surveys etc.

3. Setting up a surveillance system on the use of narcotic drugs and psychotropic substance and its consequences.
4. Formulating and implementing plans on prevention, treatment and harm reduction activities based on findings.
5. Coordinate and collaborate with relevant departments, UN organizations, and non-governmental organizations in order to obtain necessary supports while implementing drug treatment measures.
6. Continuous learning of new therapies on emerging new psychoactive substances in addition to opium, heroin and stimulants, providing treatments accordingly and conducting research on treatment outcomes.
7. Capacity building of drug treatment professionals and create new generation of medical professionals.
8. Expanding and upgrading drug treatment centers for wider accessibility of those with drug use disorders.
9. Developing guidelines, organizing training sessions, coordinating with relevant departments for community based drug treatment and conducting measures of implementation.
10. Formulating policy to reduce harmful consequences of drug use and implement activities.
11. Conducting awareness raising activities on risks and harms of drug use in collaboration with relevant departments.
12. Coordination with relevant departments for rehabilitation of people who use drugs after completion of drug treatment.
13. Managing with respective head of departments of medical services in Region, State, Naypyitaw Union Territory to provide close supervision and fulfilling requests submitted to them in order to implement drug treatment activities successfully.
14. Submission of progress reports to central committee occasionally.
15. Monitoring and evaluation of implementation of drug treatment measures.
16. Management and supervision of budget expenditures on drug treatment activities and managing in accordance with needs if budget contribution is from allocation of Region/State government budget.

## **Objectives**

DDTRU revised its objectives in 2017 in line with changing situations and activities.

1. To improve quality of integrated, innovative and voluntary-based comprehensive drug treatment services
2. To promote continuity of care to improve the response to the chronic and relapsing nature of drug dependency
3. To promote and support development of community-based comprehensive drug treatment response
4. To strengthen coordination, collaboration and capacity building to improve drug treatment service response
5. To strengthen and share cross cutting strategic information and research of evidence-based practices to improve comprehensive drug treatment response



Vice President visiting booth show on International Day against Drug Abuse & Illicit Trafficking



Union Minister of Health & Sports visiting booth show





The 38<sup>th</sup> meeting of Asean Senior Officials on drug matters in Vietnam

## Activities (2017)

### 1. Drug treatment services

Major drug treatment centers, minor drug treatment centers and methadone dispensing sites could be seen as below;

Table 2. Major DTC, minor DTC and MMT sites

No.	State/Region	Major DTC	Minor DTCs	MMT sites
1.	Yangon	Yangon	-	Yangon (2)
2.	Mandalay	Mandalay	Pyinoolwin, Mogoke	Mandalay (4)
3.		Meiktilar	Pyinmana, Myingyan	Pyinoolwin
4.		Kyaukse	(4)	Mogoke
5.	Sagaing	Monywa	Homalin, Tigyaing, Hkamti, Kanbalu,	Sagaing, Monywa, Kale,
6.		Kalay	Indaw, Katha, Wuntho, Kyunhla, Pinlebu, Banmauk, Kawlin, Tamu, Shwebo, Mawlaik (14)	Tamu, Kawlin, Pinlebu, Katha, Banmauk, Indaw, Mawlu, Homalin, Naungpoaung, (14) Hkamti, Paungbyin
7.	Kachin	Myitkyina	Mogaung, Mohnyin, Hpakan,	Myitkyina,
8.		Bhamo	Waingmaw, Momauk, Puta-O (6)	Aungmyintha, Bhamo, Waingmaw, Mogaung, Namte, Hopin, Mohnyin, Chipwi, Hpakan+Seikmu, (15) Lonekhin, Mansi, Shwegu, Momauk

9.	Shan (East)	Kengtung	Monghsat, Mongyang, Mongyawng, Monghpyak, Tachileik (5)	Tachileik (1)
10.	Shan (North)	Lashio	Kunlong, Kutkai, Kyuakme, Laukkaing, Manton, Monekoe, Mongmit, Muse, Namhsan, Nanhkan, Pangsang (11)	Lashio, Hseni, Kutkai, Namphatka, Muse, Nanhkan, Kyaukme, Tamoenye, Namtu, Nampaung, Tangyan, Namhsan, Hsipaw, Nawngkhio, Mongmit (15)
11.	Shan (South)	Taunggyi	Kalaw, Kunhing, Mongshu, Nansang (4)	-
12.		Loilen		
13.	Ayeyarwady	Pathein	-	-
14.		Hinthada		
15.	Bago	Bago	Thayarwady (1)	-
16.		Pyay		
17.		Taungoo		
18.	Chin	Hakha	-	-
19.	Kayin	Hpa-An	Myawaddy (1)	-
20.	Kayah	Loikaw	-	-
21.	Magway	Magway	-	-
22.		Pakokku		
23.	Mon	Mawlamyine	-	-
24.	Rakhine	Sittwe	-	-
25.	Tanintharyi	Dawei	Kawthoung (1)	-
26.		Myeik		
	Total	26	47	51

Drug treatment services were also available in two youth rehabilitation centers (Shwe Pyi Thar and Shwe Pyi Aye), 49 border area hospitals and township hospitals across the country.

Drug treatment in 2017

New admissions by gender (Table 3)

	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total	%
Male	929	891	1428	2469	239	102	656	129	72	104	412	7431	98.61
Female	29	2	8	35	16	1	13	0	0	0	1	105	1.39
Total	958	893	1436	2504	255	103	669	129	72	104	413	7536	100.00

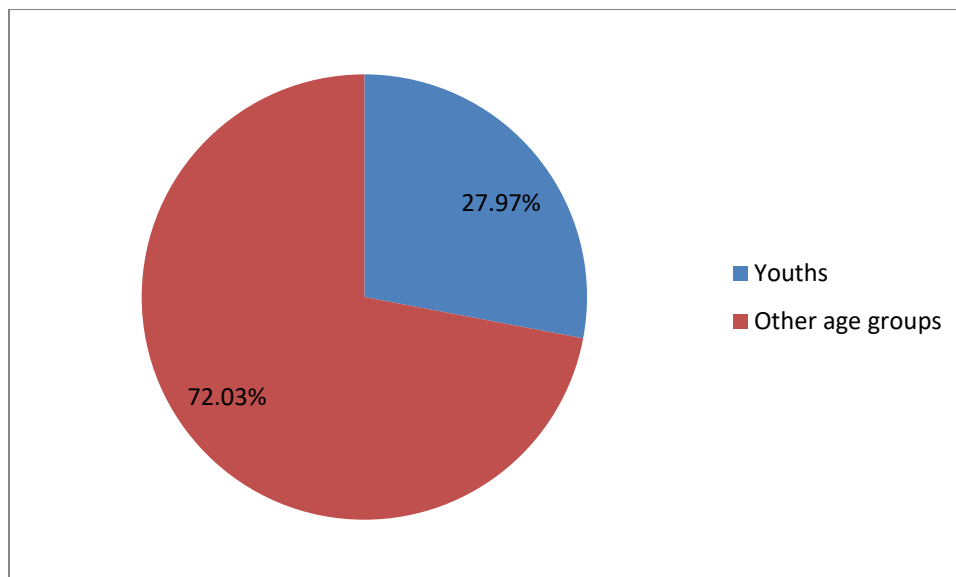
New admissions by age groups (Table 4)

	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total	%
10- 14	3	2	0	1	0	0	3	0	0	0	0	9	0.12
15-19	92	77	34	83	15	3	16	16	22	12	32	402	5.34
20-24	278	254	202	559	41	22	86	42	21	25	82	1612	21.41
25-29	235	201	275	549	30	24	112	44	10	20	107	1607	21.34
30-39	267	231	591	868	79	29	231	21	15	36	128	2496	33.15
40-49	76	95	264	349	51	15	140	5	4	8	61	1068	14.19
50-59	7	30	66	100	35	10	71	1	0	3	7	330	4.38
60 above	0	3	4	9	4	0	10	0	0	0	0	30	0.40
Total	958	893	1436	2497	255	103	669	129	72	104	413	7529	100.00

According to 2014 population census, children (0-14 years) constituted 14.4 million (29% of total population) and youths (15-24 years) constituted 9 millions (18% of total population) and projections showed to decline in future

<sup>7</sup>. As youths were valuable for the future of country, drug use phenomena among youths among those who received drug treatment could also be seen as below;

Figure 1: Youth and other age groups among new admissions in 2017

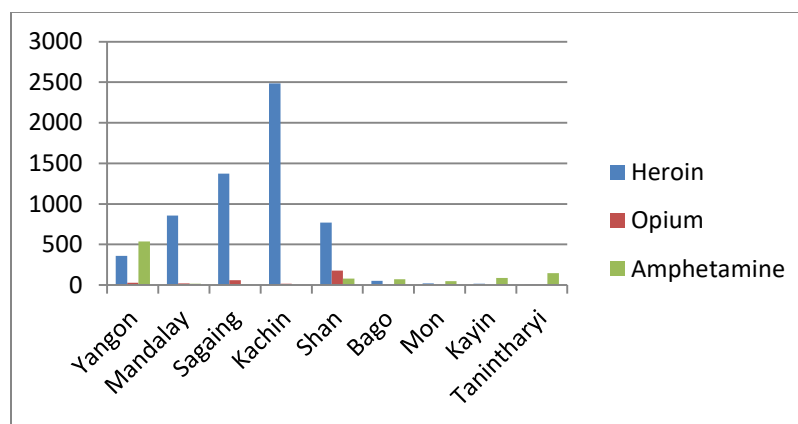


It could be seen that youths (15 – 24 years) came to receive drug treatment was 27.97% of total new admissions in 2017.

New admissions by types of drugs used (Table 5)

	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total	%
Heroin	359	855	1374	2487	106	19	644	51	19	17	5	5936	78.77
Opium	30	20	61	16	84	75	20	4	6	0	3	319	4.23
Marijuana	21	1	0	0	0	0	0	1	0	0	0	23	0.31
Tranquilizer	0	0	0	0	0	0	0	3	0	0	0	3	0.04
Amphetamine	538	17	1	0	64	9	5	70	46	87	146	983	13.04
Others	10	0	0	1	1	0	0	0	1	0	259	272	3.61
Total	958	893	1436	2504	255	103	669	129	72	104	413	7536	100.00

Among new admissions of 2017, opium, heroin and amphetamine uses could be seen as below;



(Figure 2: Heroin, Opium and ATS use among 2017 admissions)

It could be found that higher number of patients were admitted for treatment for heroin in Kachin, Sagaing, Shan and Mandalay Regions and those who were admitted for ATS use was highest in Yangon Region.

New admissions by method of using drugs (Table 6)

	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total	%
Oral	23	12	30	9	21	43	8	1	8	0	262	417	5.53
Smoking	686	168	177	225	165	50	237	88	60	75	138	2069	27.45
Injection	246	711	1229	2269	69	10	415	40	4	29	1	5023	66.65
Sniffing	0	2	0	0	0	0	9	0	0	0	0	11	0.15
Other	3	0	0	1	0	0	0	0	0	0	12	16	0.21
Total	958	893	1436	2504	255	103	669	129	72	104	413	7536	100.00

New admissions by education (Table 7)

	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total	%
Illiterate	4	7	8	20	85	85	49	0	0	4	18	195	2.59
Monastic	2	5	16	18	6	6	14	2	1	2	46	143	1.90
Primary	40	141	574	736	58	58	227	42	28	29	126	2006	26.62
Middle	211	299	509	907	55	55	216	50	28	37	144	2473	32.82
High	475	285	278	643	43	43	127	35	11	26	72	2026	26.88

University	148	104	40	110	4	4	19	0	4	6	1	444	5.89
Graduated	77	51	11	22	3	3	15	0	0	0	6	196	2.60
Others	1	1	0	48	1	1	2	0	0	0	0	53	0.70
Total	958	893	1436	2504	255	255	669	129	72	104	413	7536	100.00

Among new admissions, higher number of drug use was found among those with high school level (26.88%), middle school level (32.82%) and primary level education (26.62%).

New admissions by occupation (Table 8)

	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total	%
Farmer	41	110	341	682	85	40	167	5	13	16	47	1547	20.53
Sellers	85	110	87	134	41	14	24	11	2	8	4	520	6.90
Gov. Intellectual	13	11	3	5	1	1	5	0	0	0	0	39	0.52
Gov. Servants	9	5	7	22	0	0	10	0	3	4	0	60	0.80
Intellectual	61	19	4	7	1	4	9	0	0	2	6	113	1.50
Manual	114	286	333	463	36	17	210	0	18	28	169	1674	22.21
Traders	61	40	38	107	5	2	15	0	2	9	101	380	5.04
Craft work	23	17	5	21	1	1	5	0	0	0	0	73	0.97
Student	67	31	6	10	3	2	4	25	2	2	1	153	2.03
Dependent	318	185	328	468	63	22	131	42	21	18	4	1600	21.23

Retired	1	0	1	6	1	0	0	0	0	0	0	9	0.12
Odd jobs	67	51	203	402	18	0	42	46	7	11	81	928	12.31
Driver	98	28	91	177	0	0	47	0	4	6	0	451	5.98
Total	958	893	1436	2504	255	103	669	129	72	104	413	7536	100.00

Total admissions in 2017 (Table 9)

Admissions	Yangon	Mandalay	Sagaing	Kachin	Shan (E)	Shan (S)	Shan (N)	Bago	Mon	Kayin	Tanintharyi	Total
First	958	889	1436	2504	254	103	662	129	76	104	413	7528
Second and above	465	527	0	432	1	29	164	0	1	0	0	1619
Total	1423	1416	1436	2936	255	132	826	129	77	104	413	9147



## 2. Methadone Maintenance Therapy (MMT)

MMT program was started in 2006 and expanded its activities gradually. In 2017, MMT dispensing sites were increased up 51 sites.

Methadone maintenance therapy was crucial for PWIDs to reduce risks of transmitting HIV and other blood-borne infections as well as social consequences.

Number of clients taking methadone in 2017 could be seen as below;

Table 10. Methadone patients in 2017

No.	State/Region	MMT site	Year started	Male	Female	Total
1,2	Yangon	Yangon	2006	560	15	575
3,4	Mandalay	Mandalay	2006	1842	19	1861
5		Pyinoolwin	2013	132	3	135
6		Mogoke	2017	207	0	207
7.	Kachin	Myitkyina	2006	668	7	675
8.		Aungmyinthar	2013	42	1	43
9.		Bhamo	2007	615	3	618
10.		Waingmaw	2011	312	1	313
11.		Mogaung	2007	561	10	571
12.		Namtee	2010	301	2	303
13.		Hopin	2012	524	7	531
14.		Mohnyin	2012	515	0	515
15,16		Hpakan, Seikmu	2012/2013	1108	57	1165
17		Lonekhin	2014	676	10	686
18		Mansi	2015	104	0	104
19		Shwegu	2015	75	3	78
20		Chipwi	2016	9	0	9
21		Momauk	2016	113	2	115
22	Shan (North)	Lashio	2006	344	3	347
23		Hseni	2012	63	1	64
24		Kutkai	2011	137	1	138
25		Muse	2010	296	6	302
26		Nanhkan	2011	212	2	214
27		Namphatka	2013	49	2	51
28		Kyaukme	2013	154	1	155
29		Tamoenye	2014	39	2	41
30		Namtu	2014	81	0	81
31		Nampaung	2014	53	2	55
32		Tangyan	2015	96	2	98
33		Namhsan	2015	7	0	7

34		Hsipaw	2016	84	1	85
35		Nawngkhio	2017	29	0	29
36		Mongmit	2017	99	0	99
37	Shan (East)	Tachileik	2010	137	10	147
38	Sagaing	Sagaing	2013	197	0	197
39		Monywa	2013	41	0	41
40		Kale	2013	212	2	214
41		Kawlin	2013	247	1	248
42		Pinlebu	2014	407	1	408
43		Katha	2014	169	1	170
44		Tamu	2014	150	6	156
45		Hkamti	2014	218	5	223
46,47		Homalin/ Naungpoaung	2014/2017	357	3	360
48		Banmauk	2014	208	0	208
49		Paungbyin	2016	224	0	224
50,51		Indaw/Mawlu	2016/2017	572	3	575
		Total			13246	195

\* Naungpoaung data was combined with Homalin data as it is under Homalin Township administration. Similarly, Mawlu data was combined with Indaw data.

Methadone dispensing sites were increased gradually based on availability of funds and it could be seen as below;

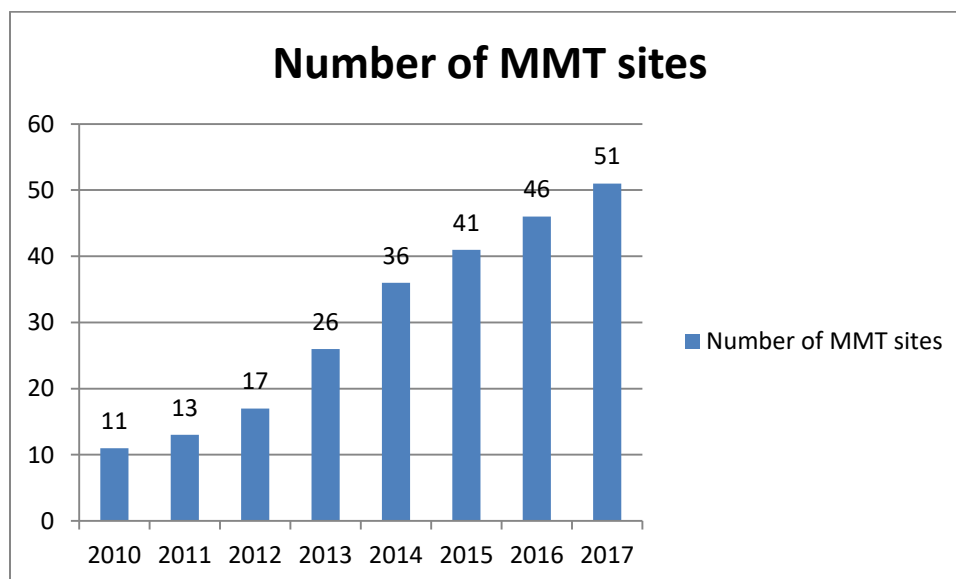


Figure 3: Expansion of MMT sites by year

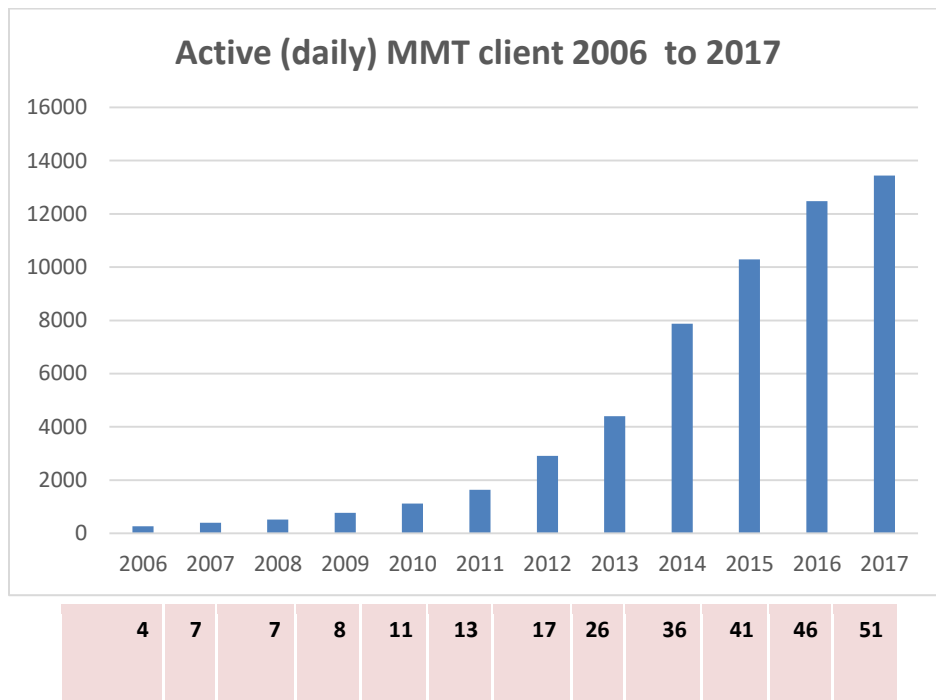


Figure 4: MMT clients (Daily active) against MMT sites (2006 – 2017)

### Methadone centers and density of Methadone patients in Myanmar 2017

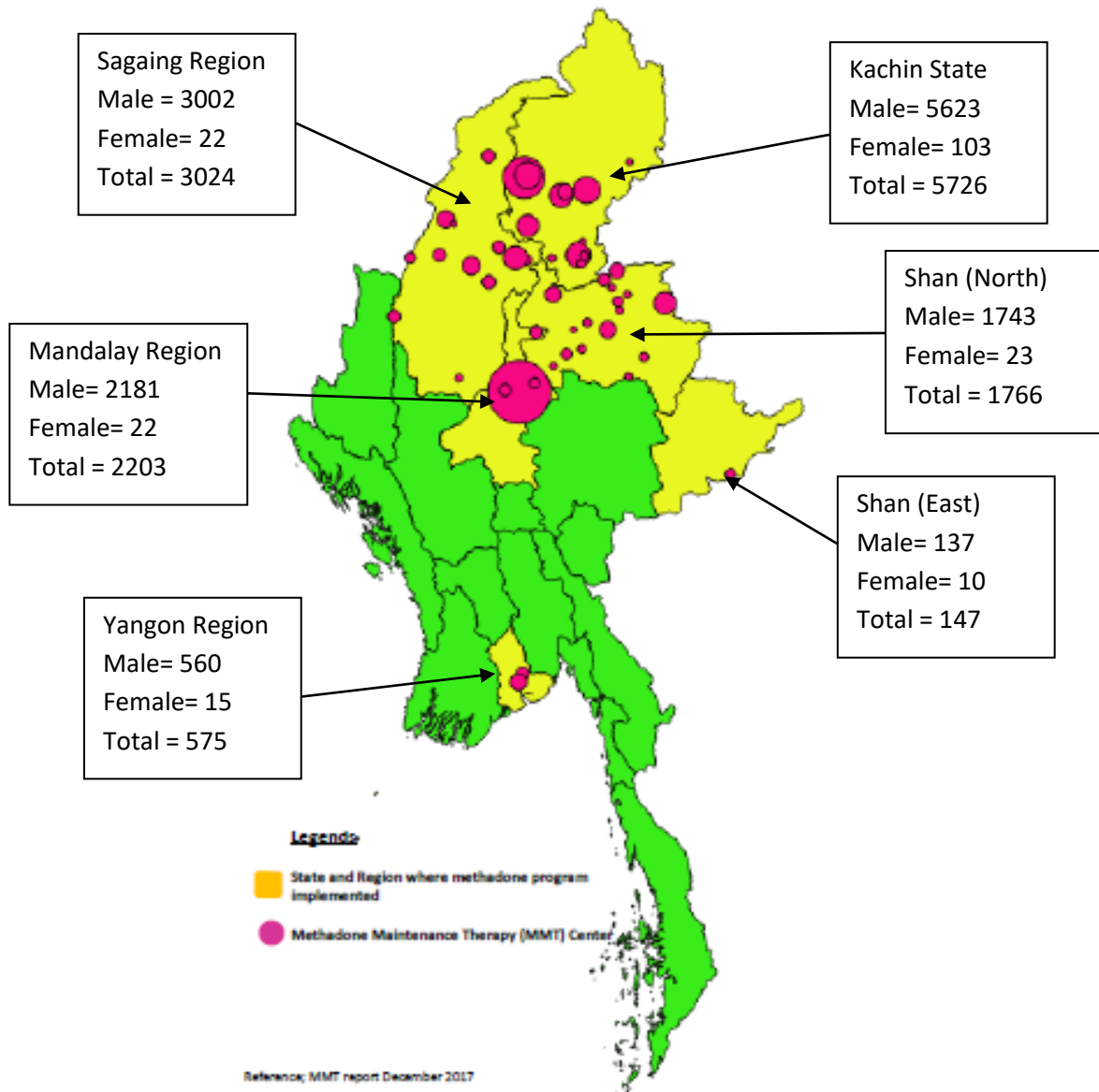


Figure 5: Current methadone maintenance treatment sites in Myanmar by Region/States with caseload

## Methadone clients by Region/States

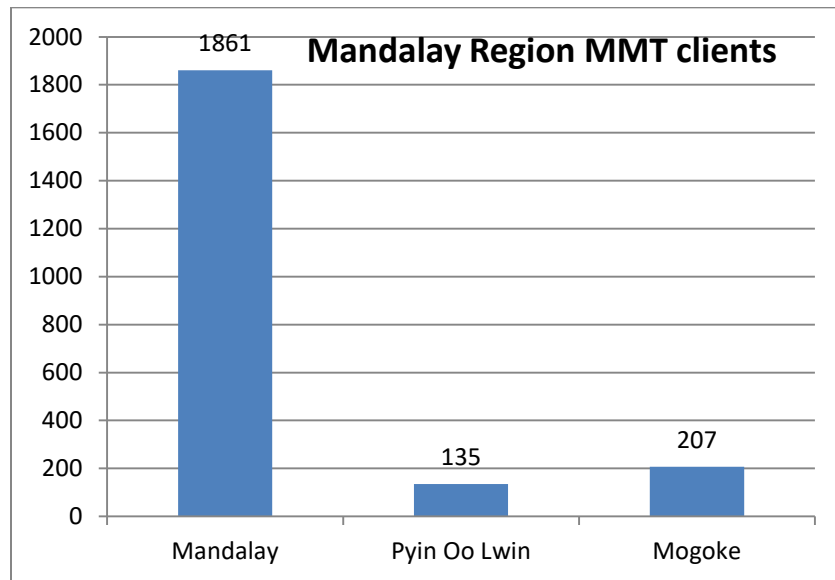


Figure 6: Methadone patients in Mandalay Region

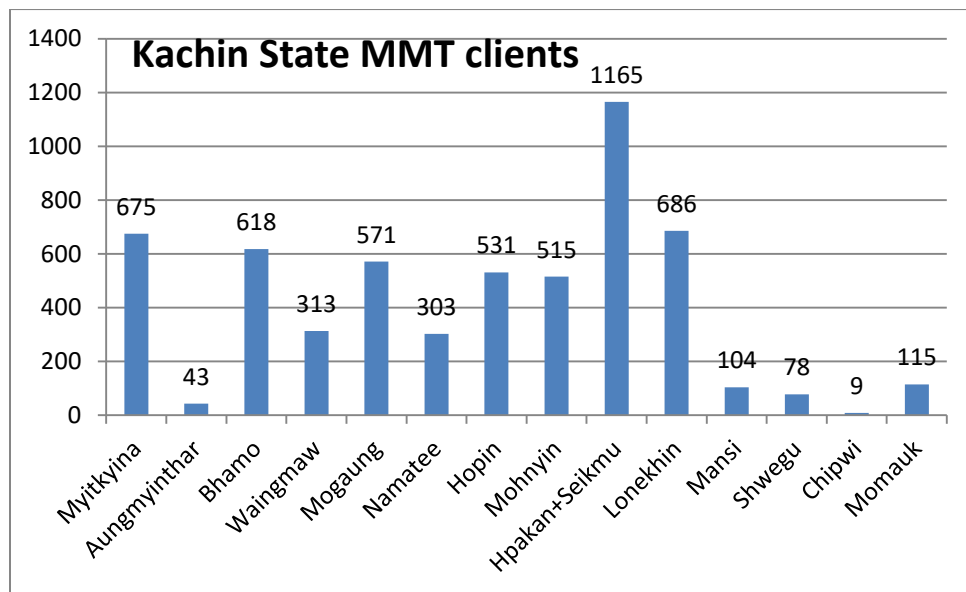


Figure 7: Methadone patients in Kachin State

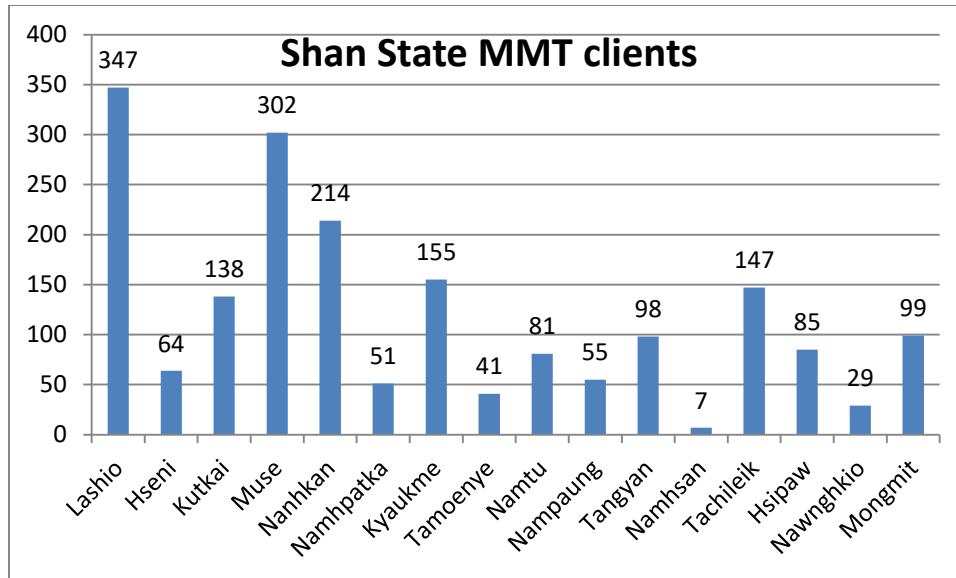


Figure 8: Methadone patients in Shan State

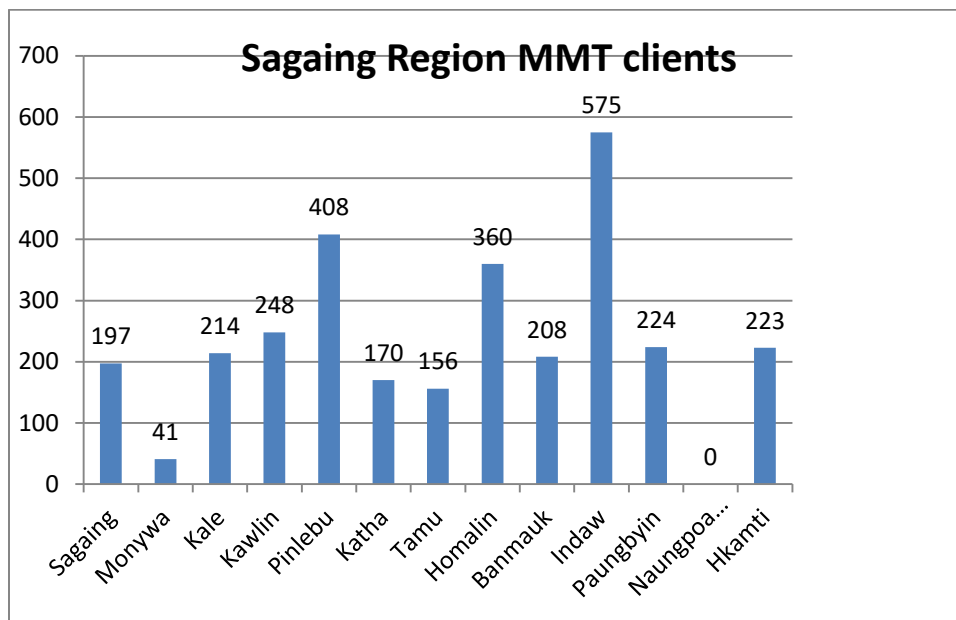


Figure 9: Methadone patients in Sagaing Region



Advocacy event to launch MMT center in Nawngkhio of Northern Shan State

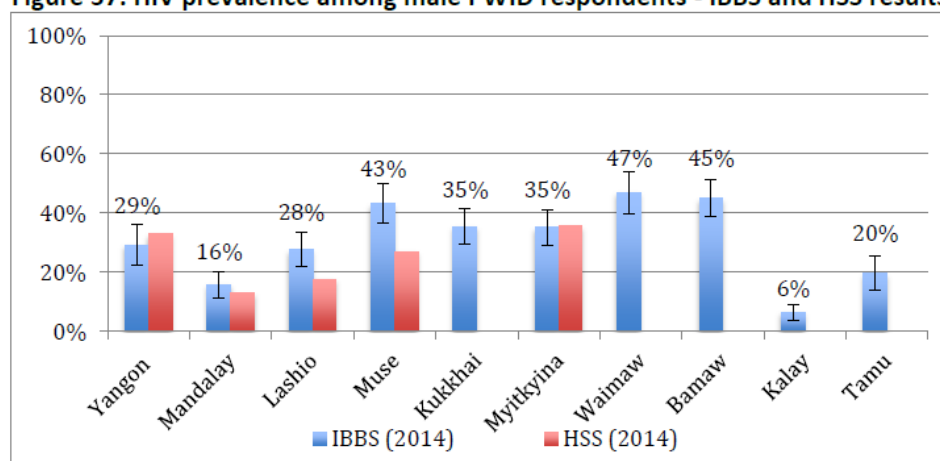


A methadone patient visiting to receive daily medication at Hseni

### 3. Integrated services of MMT

In 2014, other components of comprehensive package for PWIDs were integrated into MMT program to be able to contribute more to national response to HIV problem. According to Integrated Biological and Behavioral Surveillance in 2014<sup>8</sup>, HIV prevalence in study sites were seen as below;

**Figure 57. HIV prevalence among male PWID respondents - IBBS and HSS results**



Denominator: All male respondents

**Figure 10: HIV prevalence among male PWID respondents**

Integrated services included HIV testing service (HTS); anti-retroviral therapy (ART); condom distribution program for PWID and their sexual partners; targeted information, education and communication (IEC) for PWID and their sexual partners; Hepatitis B Virus (HBV) Testing and Vaccination; and Hepatitis C Virus (HCV) Test, prevention, diagnosis and treatment of tuberculosis (TB); and detection and management of sexual transmitted infections (STI).

**Achievements of integrated services (Table 11)**

Achievements by indicators <sup>9</sup>		Male	Female	Total
Number of MMT patients who received an HIV test and who know the result		5298	96	5394
Number partners of MMT patients who received an HIV test and who know the result		8	72	80
Number of MMT patients who received HBS Antigen rapid test		4562	73	4635
Number of MMT patients who received vaccination with rapid schedule for Hepatitis B infection		1368	17	1385
Number of MMT patients who received Hepatitis C test (HCV Antibody)		4178	48	4226
Other achievements by activities				
Number of IEC materials distributed to PWIDs	22,725			
Number of condoms distributed to PWIDs	124,160			
Number of PWIDs referred for ART	656			
Number of PWIDs referred for STI	105			
Number of PWIDs referred for TB	249			
Number of drug abuse prevention pamphlets distributed	3,089			
Number of drug abuse prevention pamphlets distributed	1,218			





Taking blood sample from a client for blood test at Nawngkhio MMT clinic



Awareness raising on drug abuse at Tangyan, Northern Shan State

#### 4. Meeting and Workshops

- Workshops on development of "National Drug Control Policy"
  - National Expert Group review meeting on "Development of Drug Control Policy in Myanmar (6-7 June 2017)
  - Meeting on endorsement of National Drug Control Policy in Myanmar (23 November 2017)
- Advocacy meeting in Kale for Community Based Drug Treatment (16 December 2017 )
- Meeting with Township Steering Committee in Kale (16 December 2017)
- Drug User Working Group meeting (8 August 2017, 30 October 2017)

- Workshop on methadone guideline review (22 September 2017)
- Expert Working Group Meeting to review UTC 6&7 of Colombo Plan (25-27 April 2017)



Township Steering Committee Meeting in Kale



Expert Working Group Meeting of Colombo Plan in Yangon

## 5. Capacity development

In 2017, review of methadone therapy and drug dependency treatment guideline which was printed in 2012 was revised and others were developed as below;

1. Guidelines on Methadone Therapy and Treatment of Drug Dependence in Myanmar (Revision)
2. Standard Operating Procedures for Methadone Maintenance Therapy (October 2017)
3. Guidelines for the management of Methamphetamine Use Disorders in Myanmar (November 2017)

Training sessions organized by DDTRU (Table 12) could be seen as below;

No.	Title	Place	Date	Participants
1	Training on Drug Abuse Prevention and Treatment including MMT	Mandalay	15-17 February 2017	49
2	Training on Drug Abuse Prevention and Treatment including MMT	Myitkyina	22-24 May 2017	45
3	Training on Drug Abuse Prevention and Treatment including MMT	Lashio	11-13 September 2017	55
4	Training for Counseling in MMT	Mandalay	20-21 February 2017	55
5	Training for Counseling in MMT	Myitkyina	25-27 May 2017	47
6	Training for Counseling in MMT	Lashio	14-16 September 2017	52
7	Training workshop on drug abuse prevention and treatment including MMT	Myeik	24-25 August 2017	32
8	Training workshop on management of substance use disorder including community-based drug treatment	Hpa-An	29-30 August 2017	31



Training on Drug Abuse Prevention and MMT in Myitkyina



Training on substance use disorders including community based treatment in Hpa-An



Commander of Drug Enforcement Division providing opening remarks at ToT workshop on community based services in Myanmar

## 6. Research activities

Research and assessment activities done in 2017 were as follows;

1. Way forward for Methadone Maintenance Treatment (MMT) Program: Looking at a glance at a high burden area (Nanda Myo Aung Wan, Kyaw Lwin Show, Yin Thet Nu Oo, Le Le Win, Kyaw Thu Hein; DDTRU and Department of Medical Research)
2. Analysis of Methadone programme data, client profile, treatment outcomes, referrals and linkages to antiretroviral treatment and TB care among drug users in Myanmar – generating Myanmar-specific evidence on retention in treatment and referral to care (National Drug Abuse Control Program and WHO)
3. Mapping of Substance Abuse Treatment and Care Facilities (DDTRU & UNODC)



## Collaboration with stakeholders

- UN agencies: WHO, UNODC, UNAIDS, UNOPS
- Colombo Plan: International Centre for Credentialing and Education of Addiction Professionals (ICCE) initiatives in Myanmar
- NGO/INGOs working for harm reduction: Asian Harm Reduction Network (AHRN), Burnet Institute (BI), Health Poverty Action (HPA), Medicine du Monde (MDM), Myanmar Anti-Narcotic Association (MANA), Substance Abuse Research Association (SARA)

Project Manager of DDTRU also acted as the chairperson of Drug User Working Group (DUWG). DUWG was formed of representatives from CCDAC, NAP, UN agencies (UNODC, UNAIDS, WHO) and NGO/INGOs working for harm reduction. It was an important body under Technical Strategic Group on HIV and DUWG was also important for coordination of harm reduction activities at operational level.

NGO/INGOs working for harm reduction across the country collaborated and worked together with MMT program at field level to be able to implement program successfully.



Opening event of Colombo training on addiction treatment



Myanmar - Thailand workshop on drug treatment and rehabilitation held in Mandalay

## Conclusion

Drug use problem was a big threat to the development of the country. Along with policy changes in the country, DDTRU played the leadership role to initiate community based drug treatment program in some areas of the country in collaboration with UNODC in 2017 and also participated in developing 'National Drug Control Policy'. DDRTU also expanded MMT program and opened five new sites in drug use prevalent areas to improve access as well as availability of services in this year.

Changing trends of drug use along with poor knowledge on drug use as well as desire to try new things were challenges to drug treatment sector with resource limitations. As methadone clients had to visit to dispensing site daily routinely, it was also a challenge for clinical staff with increasing number of clients as well as subsequent increase in workload. In 2017, two automatic dispensing machines were installed at Yangon and Mandalay centers and workload related to daily dispensing activities might be reduced if automatic machines could be installed at methadone clinics more and more in the future. However, DDTRU worked together with its teams and partners to reach planned goals.

## Annexes

### Annex 1: Summary of Notifications issued by Ministry of Health & Sports

Notification	Subject/Items
1/2002	Control of precursor chemicals (Schedule I, II, III) as per 1988 Convention
2/2002	Psychotropic substances as per 1971 Convention (Schedule I,II,III,IV,V)
3/2002	Narcotic drugs as per 1961 Convention (Schedule I, II, III)
4/2002	Announcement of major drug treatment centres
5/2202	Announcement of minor drug treatment centres
1/2004	Amineptine was added to psychotropic substances as per 1971 Convention (Schedule II)
1/2005	Zolpidem and Ketamine were added to psychotropic substances as per 1971 Convention (Schedule IV)
2/2005	Mytragyna Speciosa and Tramadol were added to narcotic drugs as per 1961 Convention (Schedule III)
6/2010	Safrole rich oil was added to Schedule I of 1988 Convention Drugs
10/2012	Mytragyna Speciosa (Kratom): Dry leaves/powder 1.5 Kg and above, wet leaves 6 Kg and above shall be deemed to possess for the purpose of sale and to transport, transmit or transfer for the purpose of sale.

## Annex 2: Structure and functions of Drug User Working Group

Designation	Ministry/Department/Organization
Chair	Program Manager of DDTRU
Co-chair	Representative from CCDAC
Members	NAP (Department of Public Health), Department of Social Welfare, UNAIDS, WHO, AHRN, BI, HPA, MANA, MDM, National Drug User Network Myanmar(NDNM), AIDS Alliance, Save the Children – PR, UNOPS – PR, 3MDG, Drug Policy Advocacy Group (DPAG), PSI and Sao Mon, SARA

### Functions of DUWG

1. Provide technical input in the development of National Strategic Plan, operational Plan and provide inputs on costing as well as Legal and Policy reform related to drug issue
2. Provide support to TSG on the drug related issues such as;
  - a. Contribute in development / revision of guidelines
  - b. Scale up harm reduction interventions
3. Assist the setting up and strengthening of country wide Drug User Networks, establishing links through various partners
4. Coordinate with the other working groups such as care and support, mobility, youth, PMTCT, OVC and Sex Worker working group, etc.
5. To facilitate the provision of up-to-date data on key indicators and coverage information- which will help to identify gaps in provision of quality services and strengthen the existing services, problem of HIV and drug use, results/impacts of interventions
6. Designing and carrying out research such as operational research, denominator population exercise, behavioral studies etc.
7. Developing advocacy initiatives where necessary, relating to policy or operational issues, and policy papers related to harm reduction

## References:

---

- <sup>1</sup> World Drug Report, UNOD (2016)/(2017)
- <sup>2</sup> 2016 Annual Report of CCDAC
- <sup>3</sup> Report of the HIV Sentinel Sero-surveillance Survey, 2008: NAP, DoH Myanmar
- <sup>4</sup> Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users; WHO, UNODC, UNAIDS
- <sup>5</sup> National Guidelines: A Core Package for HIV Prevention amongst Key Populations in Myanmar, October 2014: NAP, DoH, Ministry of Health
- <sup>6</sup> Notification 3/2016, CCDAC, Ministry of Home Affairs
- <sup>7</sup> The 2014 Myanmar Population and Housing Census: Thematic Report on Children and Youth, Census report volume 4-M, Department of Population, Ministry of labor, Immigration and Population, Myanmar.
- <sup>8</sup> Myanmar Integrated Biological and Behavioral Surveillance Survey and Population Size Estimates among People Who Inject Drugs 2014, Ministry of Health and Sports Myanmar
- <sup>9</sup> National Strategic Plan on HIV and AIDS Myanmar (2016-2020)