



Report from the workshop
Harm Reduction for ATS
Yangon, October 13-14, 2011
Transnational Institute & Burnet Institute



Workshop participants included local representatives from drug user organisations, international and local NGOs, and UN agencies in Myanmar. Also present were participants from Thailand, China, Australia and the Netherlands to share experiences on ATS use and responses in their respective countries.

I. FINDINGS

The use of amphetamine type stimulants (ATS) is increasing rapidly in Myanmar

The main type of ATS used in Myanmar is methamphetamines. The majority of people use it by smoking it through a water bottle or pipe. Some people also use it by burning it on foil and inhaling it ('chasing the dragon'). A small minority of ATS users swallow the pills. However, there is growing evidence of people injecting ATS in Myanmar and the introduction of crystal methamphetamine ('ice').

In contrast to heroin, ATS are perceived as modern and fancy drugs, with little harms and risks, and believed to not be addictive. Younger people in particular like to experiment with different taste and feelings.

Main reasons for ATS use

Work related use - to stay awake, alert and focussed and to increase endurance, often when working long hours in hard and dangerous labour conditions (students, sex workers, manual labourers, mining, logging, long distance truck drivers, fishermen, entertainment and casino workers, jade traders).

Poly drug use - it is more easily available than other drugs and cheaper in some areas, and it is used to balance the effects of depressant drugs and compensate for a lack of availability of other drugs (such as opium and heroin). Adding ATS creates more fumes, a better taste and a different feeling while "chasing the dragon" with heroin.

Social use - for fun, at entertainment centres (internet games), in clubs and at parties, provided to guests at social functions, or used to enhance or prolong sexual pleasure.

Negative aspects of ATS use

Health problems - depression, insomnia, aggression, anxiety, psychosis, hallucinations, decreased appetite, dehydration, cardiac problems, stroke, hypertension, hyperthermia, seizures, malnutrition, dental problems and lowered immunity to infection.

Communicable diseases - enhanced libido, endurance and impulsivity can lead to risky behaviour, prolonged and rough sexual intercourse, and dry genitals (less fluids). These factors enhance the risks for STI transmission and can cause genital lesions (for both male and female) increasing the risk for sexual transmission of blood-borne diseases like HIV and Hepatitis B and C, (even when people are not injecting).

Social problems – aggression and violence, crime, accidents, mood disturbances, self harm and suicide, education drop out, family and relation problems.

Responses to ATS

Existing responses to ATS use in Myanmar are virtually nonexistent, as services are focused on injecting heroin users. There is a lack of awareness among policy makers, donors and communities on the issue. There is also a lack of technical expertise and reliable data to inform adequate responses. The ATS problem is not specifically addressed in a national harm reduction, prevention and treatment programme.

There is no evidence that compulsory treatment and detention centres are effective and relapse rates are very high.

Female sex workers and MSM are particularly vulnerable groups that are difficult to reach.

II. RECOMMENDATIONS

Currently there is a worldwide lack of effective pharmacotherapy, and of effective psychosocial interventions, to treat dependence on ATS. Consequently, harm reduction interventions to stabilise and minimise the negative consequences of ATS use within the cultural and social and economic circumstances of Myanmar are of paramount importance.

1. Research is needed to better understand prevalence and patterns of use nationwide (urban versus rural settings in different regions, work-related versus recreational use, different means of administration, age and gender).
2. Resources are urgently needed to start addressing the escalating ATS problem in Myanmar. The current focus is only on injecting opiate users in relation to addressing HIV/AIDS epidemic.
3. Examine current harm reduction, prevention and treatment interventions and services to assess if they are appropriate and sufficient for people using ATS.
 - Develop an integrated and comprehensive response at all administrative levels, including the non-government sector.
 - Provide honest and reliable information (no moral panic or scare tactics) in Myanmar in flyers and user magazines.
 - ATS users should not be criminalized and stigmatized as this will drive them away from treatment services.
 - Advocate comprehensive set of harm reduction approaches and immediate responses based on effective strategies employed in other countries.
 - Equip appropriate and effective drop in centres (DICs) with inexpensive preventive measures in response to specific ATS use problems (simple information leaflets, provide water, fresh fruits, dental care) and find sponsors for these.
 - Recruit and train peer educators and outreach workers to deliver harm reduction services that are relevant to ATS use.
 - Provide programmes for social reintegration and psychosocial support.
 - Provide community education and awareness-raising.