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Methamphetamine use in Myanmar, Thailand and Southern China: assessing practices, reducing harms

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KEY POINTS

- Over the past decade, methamphetamine use has grown more popular in Myanmar, Thailand and Southern China. The substance has become more easily available, while prices have either decreased or remained at low levels. A similar trend has been observed across the entire region, despite a sharp increase in drug seizures and related arrests. This situation highlights the ineffectiveness of current policies, mainly based on repression, to curb the availability and consumption of methamphetamine.

- Methamphetamine tablets are the most popular form of amphetamine-type stimulants (ATS) in the region, in particular in Myanmar. However, crystal methamphetamine, commonly known as "ice", is strengthening its position on the market. While methamphetamine tablets are mostly smoked, crystal methamphetamine has a greater potential to be injected and is also a more potent substance. It therefore carries specific health risks that need to be addressed through the lens of public health, rather than criminal justice.

- A great diversity of people are using methamphetamine, although patterns of use can vary significantly. Methamphetamine use is a highly social practice that is particularly common among youths but also among people working at night and/or engaging in difficult manual tasks. Understanding methamphetamine use first requires to acknowledge the perceived benefits these substances can provide. At the same time, people who use them are aware of their negative consequences. There is much to learn from their experiences and the methods they have developed to reduce harms associated with methamphetamine use.

- Access to reliable, unbiased and evidence-based information on ATS is insufficient. As a result, people who use these substances have to learn about their negative consequences primarily through experience, at the cost of their own health. Because a wide range of people are likely to experiment with methamphetamine use at some point in their lives, access to information for a wide audience must be improved, including through the use of new technologies.

- The introduction and scale up of specific harm reduction services can play a critical role in promoting safer methamphetamine use practices. In particular, it can help prevent a major switch from inhalation to injection. Organisations providing harm reduction services should recognise and leverage the considerable experience of people who use methamphetamine and support them in their efforts to adopt safer practices.

- Access to evidence-based treatment for methamphetamine use disorders is insufficient and inadequate. Existing services almost exclusively rely on residential stay in closed facilities that consider complete abstinence as the only possible treatment plan. In contrast, cognitive therapies in community-based settings would be more cost-effective, easier to implement and better adapted to the needs of the majority of people with methamphetamine use disorders. The use of dexamphetamine as a substitution therapy has shown positive outcomes for people with severe methamphetamine use disorders in some other countries. Its introduction should be seriously considered. The potential benefits of milder plant based stimulants such as kratom and cannabis should also be investigated in pilot projects or controlled research trials.

- Stigma and discrimination against people who use methamphetamine are high and affect their lives in multiple ways. The fear of being arrested acts as a significant barrier for those willing to access health services. Existing laws, punitive in nature, fail to prevent the emergence of risky practices, such as a switch towards injection, and reinforce the marginalisation of people who use these substances. It is therefore crucial to ensure that drug use, as well as the possession of small quantities of methamphetamine for personal use, do not lead to prison penalties. Overall, a greater focus should be placed on harm reduction, and more efforts should be made to promote an environment that reinforces, rather than undermines, the ability of people who use methamphetamine to regulate their drug use, preserve their health and adopt safer practices.

INTRODUCTION

Southeast Asia is well known as a major market for both the production and consumption of amphetamine type stimulants (ATS).[1] Myanmar, in particular, has arguably become one of the world's major suppliers, as highlighted by the record seizures of methamphetamine regularly making the headlines.[2] The topic is ever more frequently debated in the media and is overall perceived as a major concern;[3] yet too little is actually known about these products and the people who use them.

Amphetamine type stimulants include a range of substances, which can vary significantly in their composition, form, potency and the way they are administered. For example, methamphetamine tablets – known as "Ya Ba" in Thailand and "Ya Ma" in Myanmar,[4] crystal methamphetamine (also commonly named "ice" or "Shabu" in the Philippines), and ephedrine tablets (a legally produced medication that is particularly popular in China) all fall within the broad category of ATS.

Methamphetamine tablets ("WY", "Ya Ba", "Ya Ma") *Versus* crystal methamphetamine ("ice", "Shabu"): what is the difference?

Tablets and "ice" belong to the same family of stimulant drugs known as "methamphetamine". In addition to their different forms, the concentration of methamphetamine they contain can vary significantly. Tablets typically contain around 10 to 20% of methamphetamine, while the rest is composed mostly of caffeine and other adulterants. On the other hand, "ice" can consist of as much as 80% methamphetamine. It is therefore stronger, has more harmful side effects and is also more addictive than methamphetamine in tablet form.

The illicit nature of the production, distribution and consumption of these substances makes it difficult to study them and to conduct research. People who use them are often reluctant to engage on the topic, due to the fear of arrest. Clinical research, when it is available, largely focuses on the impact of methamphetamine on the health of people using them and the potential cognitive deficits they can cause.[5] The clinical significance of these findings has, however, been questioned by specialists who highlighted flaws in the methodology and raised concerns about the interpretations of their results.[6]

The prevailing view in Southeast Asia, both among the public and policy-makers, is that repression is the best solution to tackle drug related problems (see box for a more detailed description of drug laws in the region). The justification offered for imposing harsh penalties on people involved in drug production, trafficking or even use is that exemplary punishment is necessary to deter and discourage future potential offenders. Forcing people who use drugs into compulsory treatment has also been extensively used in the

region.[7] There are, however, a growing number of people, including officials, who acknowledge that other approaches, more respectful of people's health and dignity, are necessary.[8]

Drug policies in Southeast Asia: a quick overview

Southeast Asia is arguably the region with the strictest drug policies in the world.[9] Beyond the national laws of its member States, the Association of Southeast Asian Nations (ASEAN) also promotes a zero-tolerance approach on drugs geared towards the achievement of a drug-free society. Simple drug use and the possession of small quantities of drugs for personal use are typically punished with several years in prison (e.g. 5 to 10 years in Myanmar for the possession of low quantities for personal use), while major offences such as drug trafficking can result in life imprisonment or even the death penalty.[10] The use of forced treatment or rehabilitation in detention centres is also widely practised across the region.[11]

This highly punitive approach has been criticised by civil society organisations on the grounds that it results in severe prison overcrowding, massive violations of human rights, worsening HIV and hepatitis C epidemics as well as widespread stigma and discrimination.[12] Recognising the negative consequences of this approach on the lives of drug users, the Governments of Myanmar and Thailand recently launched legal reform processes aimed at reducing the systematic recourse to criminal justice for minor drug offences, while emphasising the prevention, treatment, rehabilitation and care of people who use drugs.[13]

This study's primary objective is to improve our understanding of methamphetamine use in Myanmar, and to a lesser extent in China and Thailand, by shedding light on specific aspects that can help to better comprehend this complex phenomenon. It aims to answer a few basic, yet fundamental questions:

- What types of stimulant drugs are used in the region, and how are these used?
- Who are the people who use these substances, and in what context do they use them?
- What problems might methamphetamine cause to people who use them, but also, what benefits do they experience?
- Does methamphetamine use necessarily lead to problematic or dependent use, and are there ways to reduce harms and exert better control over one's use?

Finding "solutions" to ATS related problems requires, first of all, a better understanding of the experiences of people who use these drugs, in their

own terms and from their own perspectives. In fact, there can be no sound policies or effective interventions without learning first from those who know these substances best – the people who use them.

We hope that this report will contribute to a better understanding of this topic by the public and policy makers alike, and ultimately, support the adoption of a more rational and effective approach to drug control, based on evidence, public health and human rights.

STUDY DESIGN AND METHODOLOGY

This study is a follow up to a previous TNI drug policy briefing on Amphetamine Type Stimulants (ATS) and harm reduction in Myanmar, Thailand and China.[14] The same geographical area was selected, with, again, a greater focus on Myanmar. The current study was also conducted in response to the numerous solicitations TNI received in the past few years, especially from local civil society organisations, to conduct deeper investigation into methamphetamine use in Myanmar.

Because the realities behind methamphetamine use are complex in nature, we decided to opt for a qualitative study. In fact, we felt that it was the most appropriate method to relate people's experiences and try to better understand their motivations.

This study aims to assess some of the most common methamphetamine use practices in the areas mentioned above and to explore possible harm reduction interventions. Special attention was given to practices of self-regulation and strategies developed by people who use methamphetamine themselves, either implicitly or explicitly, to optimise the benefits and minimise the risks linked to their methamphetamine consumption. Indeed, we strongly believe that not only harms, but also the perceived benefits of methamphetamine use, from a user's perspective, should be highlighted, for these are a fundamental part of the experience of drug taking. This research also brings into focus some of the social determinants and factors that can influence methamphetamine use in the first place. The work and publications of researchers such as Peter Cohen, Justus Uitermark and Grazia Zuffa have been critically important in shaping our reflection, and deserve special credit.

The fieldwork was carried out between November 2017 and February 2018.[15] Respondents were deliberately recruited through a network of active peers, rather than among captive populations such as people attending drug treatment services. This aimed to prevent the bias of talking only to people who are more likely to have progressed towards dependent or problematic drug use. We acknowledge, however, that this methodology also entailed certain limitations: the sample was limited in scope; participants were co-opted by their peers; the described behaviours are based on self-declarations by participants.

Respondents included people with fairly different profiles, age and socio-economic background. The only admission criteria were to be aged 18 years or older and to have used methamphetamine for at least 6 months. Participants were informed about the objectives of the study and could withdraw from it at any time. Their identity was protected and anonymised. The level of drug use of respondents differed significantly: some would qualify as what some might call "moderate" or "occasional users", while a few others went through much heavier patterns of methamphetamine use and would probably be considered as "dependent users". This diversity of profiles allowed us to explore a broad range of drug use patterns, and thus to provide unique insights into both the positive and the negative aspects of methamphetamine use, in terms defined by people using these substances themselves.

FINDINGS AND DISCUSSION

The products and the market

Methamphetamine is widely perceived as being increasingly available in Myanmar.[16] We often heard, during events on drug policy organised by TNI in Myanmar, about presumably open sales of methamphetamine at street-side betel-nut vendors, or even free distributions in the vicinity of schools in order to lure students into addiction and later sell products at higher prices. The information collected during this study reveals a more nuanced reality, with some regional disparities. No evidence that could support these allegations came up whatsoever. Such occurrences, if any, are therefore more likely to be isolated anecdotes, rather than verifiable realities.

Overall, the majority of people who were interviewed confirmed that methamphetamine tablets have become both more easily available and cheaper than they used to be. However, some also emphasised that the ability and relative ease of access to methamphetamine would greatly depend on one's connections and network. In Yangon and Myeik (Southern Myanmar) for instance, the price of one tablet decreased from 5000 Myanmar Kyats (3,3 USD) on average five years ago to around 2000 or 2500 MMK (1,3-1,6 USD) at the time of the study.

Results showed, however, a slightly different picture in Myitkyina. In fact, prices of methamphetamine tablets have tended to increase in recent years, from an average of 2000 MMK (1,3 USD) per tablet to around 3500 MMK (2,3 USD). They appear to be cheaper, though, in other localities in Kachin State, such as Waimaw (average 2500 MMK (1,6 USD) per pill), Moegaung (average 1500 MMK (1 USD) per pill) or Hpakant. The relatively higher prices in the State capital may be explained by the higher presence of law enforcement agencies and local "Patjasan" vigilante anti-drugs groups,[17] however this is difficult to confirm. Several respondents underlined that prices and availability were anyway subject to fluctuations, especially in the wake of

police crackdowns, but that it usually did not take very long before the market returned to its previous level.
Interviews conducted in Thailand and China revealed a somewhat similar pattern, of increased availability with stable or higher prices over the past few years (from 40 (1,3 USD) to 150 Baht (4,7 USD) on average in Thailand).

Average price of methamphetamine tablets in surveyed locations in USD

Location		Average price for one methamphetamine tablet (range)	Price fluctuation over the past 5 years
Myanmar	**Yangon**	1.3 – 1.6 USD	▼
	Myeik	1.3 – 1.6 USD	▼
	Myitkyina	2.3 USD	▲
	Moegaung	1 USD	▶
	Waimaw	1.6 USD	▶
Yunnan (China)		5.8 USD (based on 1 single answer)	▶
Thailand		1.3 – 4.7 USD	▲

In contrast with increased availability, there was a vast consensus among respondents that the quality and the potency (the effect provided) of the most commonly found tablets had decreased over the same period. This perception could be partly explained by the higher tolerance to the products developed by people who use them over time. Respondents engaging in occasional or moderate use, who are therefore less subject to an increased tolerance, nevertheless shared the same opinion. Conducting regular lab investigations to monitor the composition of methamphetamine tablets available on the market would be the best way to understand if these have become less, more or are equally dangerous to the user's health. Unfortunately, these investigations are not carried out on a regular basis in Myanmar, or at least their results are not made available publicly.

Good practice: monitoring the composition of methamphetamine and other substances

Health Authorities from numerous countries routinely conduct chemical analysis of illicit substances – including methamphetamine – that are most commonly found in the streets to monitor the composition of these products. Whenever an unusually potent substance is detected, a warning is issued and disseminated into the community to inform people who use drugs about the specific danger posed by this substance, as a harm reduction measure.[18]

Overall, a greater diversity of tablets is reportedly available on the market, sold under various "brands" (WY, 88, 7, 8, 1), colours (red, orange, pink, blue, grey), and distinctive characteristics (slightly longer, shorter, thinner, thicker tablets, presence or absence of a tiny mark on the tablet etc.). In addition, a majority of respondents confirmed that crystal methamphetamine, also known as "ice", had become more easily available, especially in Yangon and

Image 1: WY methamphetamine tablets

Myeik, albeit at significantly higher prices than methamphetamine tablets (as much as 60,000 to 80,000 MMK per gram in Yangon).

Most importantly, the surge in the availability and the lower price of methamphetamine in Myanmar should be analysed in light of dynamics observed at regional level. Indeed, other countries in Southeast Asia have seen a similar trend in the past few years.[19] This highlights that increased availability, unlike what is often believed in Myanmar, cannot be attributed to lax law enforcement alone. In fact, as mentioned above, the number of methamphetamine tablets seizures and related arrests have considerably risen in the past few years.[20] In addition, countries where law enforcement and specialised drug agencies have significantly more resources than in Myanmar, such as China, Vietnam or Thailand, have seen similar increases in the availability of ATS.[21] This is a clear indication that the current policies implemented in the region, based on repression and drug-free objectives, are both ineffective and unrealistic. Rather than following the same path and responding with ever greater crackdowns, this situation should lead us to question the overall strategy and consider alternative models to drug control.

Methamphetamine use practices

The preferred route of administration of methamphetamine in Myanmar and neighbouring Yunnan Province in China, remains, by far, inhalation. The majority of people who were interviewed used in two main alternative ways, depending on their personal preference and the availability of materials. The first and overall preferred practice consists of heating methamphetamine tablets and inhaling the fumes through the use of homemade water pipes (see box). The devices used for this purpose are rather simple and can be

easily improvised with a plastic bottle and a straw, preferably of the type used to drink fruit juices (a straw with a flexible part).

The second most common practice, better known as *chasing the dragon*, is even more basic. The only materials that are needed are a piece of aluminum foil and a lighter. The tablets are placed onto the foil and are slow-burnt from underneath. In order to slow down the burning process, some people equip their lighter with a small piece of needle or a toothpick that is inserted into the hole of the lighter. This helps to reduce the intensity of the flame and obtain a slower burning process. The fumes that are produced are then inhaled from above with the body of a pen, a straw, or directly with the mouth.

Most common practices to smoke methamphetamine tablets

Image 2: a straw is inserted into a plastic bottle. The bottle is usually half filled with water, soft drinks or milk.

Images 3 and 4: a tablet is placed onto a piece of aluminum foil and is heated with a lighter from underneath. The fumes are inhaled with the water pipe.

Image 5: the fumes can be inhaled directly with a straw, without using a plastic bottle. This technique is known as "chasing the dragon".

With regards to these practices, a few important aspects can be highlighted. First of all, although smoking / inhaling methamphetamine carries considerable risks (see section below), it is nonetheless less harmful than injecting, since it does not involve specific risks such as HIV, hepatitis C or other infections that can be transmitted through the use of infected injecting equipment. In both Myanmar and Yunnan Province, people who were interviewed indicated that the way they used methamphetamine had not changed over the past few years, and that injecting remained a marginal practice. In contrast, one of the Thai respondents had long injected crystal methamphetamine and another confirmed that injection had become relatively common. The increasing availability of crystal methamphetamine or "ice" in Myanmar could also result in the emergence of injection as a more common practice in the near future. Indeed, not only is "ice" associated with more serious health consequences than methamphetamine tablets,[22] but it also leads more often to a switch from inhalation to injection.[23] It is therefore

A common yet harmful practice

People sometimes scrape and recollect the residue of burned tablets that was left on the burning container or the foil, in order to inhale it through a second burning process. This residue is known as "shit" in the slang language used by users ("kyi"). This is sometimes done when someone ran out of methamphetamine tablets but has not yet achieved the desired effect. Still others simply like this practice or believe that it enhances the effect of methamphetamine. Most respondents, however, rightly viewed the practice as unhealthy and harmful.

critically important to develop specific strategies to prevent that switch and promote safer routes of administration, in close collaboration with people who use methamphetamine (see "harm reduction" section).

Another observation relates to the materials that are commonly used to inhale ATS tablets. Most of the time, these are cheap recycled materials, such as plastic bottles, or foil paper reclaimed from old cigarettes packs, chewing gums or coffee mix packs. These were not made to use methamphetamine in the first place or to withstand the high temperatures of a burning process. As a result, they most likely release harmful fumes and chemicals that are directly inhaled in the process.

"The type of drugs people use also depends on their background. Wealthy people are more likely to stick to methamphetamine tablets, while youths coming from poorer families may switch to heroin if they can no longer afford methamphetamine tablets."

Outreach worker from a harm reduction service-provider in Kachin State.

Making access to certain substances more difficult for people who already use them can push them to switch to potentially more harmful substances and practices.

Polydrug use and changing practices

Polydrug use is a relatively common reality in the region. Some respondents reported mixing methamphetamine tablets with heroin, in order to enjoy a high combining the stimulant effect of methamphetamine with the feel good / relaxing rush provided by heroin. A few others occasionally combined tablets with "ice", a practice that was reported as increasingly popular in the locations that we visited in Myanmar. Interestingly, the reason that was consistently raised for mixing tablets with "ice" was to obtain a slower and more pleasurable burning process, as well as a stronger and longer lasting high. Everyone who engaged in this practice highlighted that they resorted to it because of the lower quality of tablets recently available: unlike in the past, they argued that most methamphetamine tablets that are now available do not withstand well the burning process and are fully consumed within few seconds.

One of the respondents in Kachin State explained that he switched from methamphetamine to heroin use – which he soon started to inject, because of the increasing price of methamphetamine tablets.

These cases exemplify how police crackdowns and efforts to clamp down on given illicit substances, rather than preventing their use, can lead to markets' adjustments and result in the use of other substances - such as "ice", or the emergence of new - and sometimes more harmful - practices (injection).

The use of kratom in Southern Myanmar and Thailand[24]

Kratom is a tropical tree that can be found in Southern Myanmar and Thailand. Depending on its dosage, its leaves have a mild stimulant and/or sedating effect, which could be compared, in terms of its intensity, to that of betel nut. It is traditionally used in Tanintharyi Division and Mon State, including for its medicinal properties. The dry leaves are ground to powder and can be either chewed or infused in tea. In Myeik, urban youths sometimes mix kratom powder with cough syrup, yoghurt, and coffee, in a cocktail commonly known as "Asean". In Thailand, another cocktail called "4x100" (*sii khoon roi*) is composed of infused kratom leaves, coca cola, cough syrup and ice cubes.

The people who use methamphetamine

As explained in the introduction, people who were interviewed were recruited through informal networks of peers. This could have led to a certain similarity of profiles, in terms of age, social class, gender or patterns of use. Still, the people who were interviewed represent a fairly heterogeneous group. The respondents were aged between 18 and 56 years old, with a majority who were between 20 and 40 years old. Some of them were unemployed at the time of the interview, many were casual workers doing different types of odd jobs – including seasonal worker in jade mines - and a few had more stable jobs such as a hairdresser, an employee in a shop fixing electronic devices, taxi or highway driver, an employee in a palm tree plantation, a seller at a night market, etc.

The person with the longest history of methamphetamine use started using 25 years ago (30 years in the case of kratom), while the person with the shortest history had used for just two years. Two people were no longer using at the time of the interview. Importantly, almost all of them had stopped or taken breaks at least once, for varying lengths of time. These details are important as they show the great diversity of profiles and patterns of use among people who use methamphetamine.

Out of 37 respondents, only seven were women. However, this does not necessarily reflect low levels of methamphetamine use among women, as we will see below. This low number is rather due to a bias in the recruitment methodology, which relied on informal networks composed mostly of male users. It is also illustrative of the difficulty of conducting research on methamphetamine in a context where drug use is criminalised and highly stigmatised, especially among women.

The first observation is that most people we interviewed hardly fitted the image that is usually projected of drug users, that is, one of helpless and

reckless "addicts". In fact, the majority were working and had extended networks of friends, engaged in different social activities and maintained good relationships with their families. Some were married and had kids, who they were able to feed and provide an education for. Of course, some were also facing difficulties related to their drug use, and all recognised that the experience of taking methamphetamine entailed certain risks and could lead to serious consequences (see later section on harms).

"People who like gambling and rich people like using ephedrine".

26 year old man from Yunnan Province, China.

Almost all respondents confirmed that different types of people, in terms of age, occupation, social-economic status or gender, were likely to use methamphetamine.

Youths were unsurprisingly mentioned as being especially inclined to engage in methamphetamine use, mostly for experimental and recreational purposes. Many insisted on the fact that girls and women often used methamphetamine too, as opposed to other drugs such as heroin, which were seen as being more popular among men. The women we interviewed highlighted that tablets were especially appreciated by ladies, due to their fragrant smell – similar to chocolate – and their uplifting / stimulating effect resulting in increased confidence and social skills (see section on benefits).

"Both young and older people like to use methamphetamine tablets. Night drivers use them to stay awake, youths use them to go to clubs, some people just enjoy staying at home, while others will play music and sing. Wealthy people, artists, football players and even some police officers like using methamphetamines."

21 year old male respondent, Yangon.

Respondents almost unanimously referred to people working at night, or engaging in difficult or tiring manual work, as being more prone to using methamphetamine in order to stay awake and fulfill their professional duties. Examples frequently cited included people working in jade or gold mines in Kachin State, on boats in the fishery sector in Myeik, taxi or highway night drivers, or manual workers in 24/7 construction sites.

Methamphetamine use, however, is reportedly very popular among businessmen and wealthy people as well. In this sense, it was seen as very different from heroin, which respondents thought was more likely to be used by people from a poor socio-economic background.

Finally, there was a broad consensus among respondents that methamphetamine tablets were widely used in the entertainment sector (discos and karaokes), both by girls using them to alleviate their work (stay awake all night long, lower inhibition, sing and dance etc.) and by clients (improve sexual drive and enhance experience).

Reasons and conditions of initiation and prolonged methamphetamine use

Methamphetamine use as a social practice

The results of this study highlighted the critical importance of peers in the initiation of drug taking, a finding consistent with other studies previously conducted in the region.[25] In fact, every single person who was interviewed started using methamphetamine with friends, as an experiment or "for

fun". People described how they often shared the substances, prepared the materials in sometimes intricate rituals, smoked and enjoyed the feeling and effects provided by methamphetamine together, chatting, joking, playing the guitar or singing. Of course, some respondents also reported using alone, especially those using on a daily basis. However, the use of methamphetamine largely remains a social experience and an occasion to engage with friends and peers. Understanding this dimension is fundamental, as all social activities are subject to social controls, that is, norms and rules that are adopted by the group that can influence the individual experiences of the group's members. For instance, certain practices seen by the group as risky or dangerous may be proscribed, while others, considered safer or acceptable, may be encouraged. A supportive legal and social environment must, however, be in place, in order to support the emergence of safer use practices and reinforce self-regulation mechanisms.[26]

"People who drink alcohol don't mix up with people who use methamphetamines. How does this happen? I don't know. We don't easily befriend other people, as they are reluctant to engage with us. The same is happening with people who drink: it just becomes easier for them to stay among each other."

Participant in a focus group discussion in Yangon

Taking the examples of legal and socially accepted psychoactive substances can help us better understand this concept.[27] Drinking wine is a well-established social and cultural practice in southern Europe (Italy, France, Spain, Portugal). A majority of adults drink wine on a regular basis, often during meals, and teenagers are commonly introduced to wine tasting by their parents. These countries, however, have lower rates of problematic alcohol use than some other European countries, where people drink less frequently but in large amounts.[28] Although various reasons can explain this phenomenon, it is clear that drinking with moderation has become, in Southern Europe, more embedded into the mainstream culture, while binge drinking is not necessarily widely accepted, or at least remains the exception rather than the rule. This regulation process is largely the result of informal social and cultural norms that have become expected by the larger group and as a result influence individual practices.

The example of tobacco, considered by the World Health Organization (WHO) as a highly addictive substance,[29] provides another useful example of how a regulatory policy framework can help regulate and influence smokers' individual practices. During the past fifteen years, new laws and tobacco control policies based on harm reduction approaches have been passed in numerous countries, in the wake of the adoption of the WHO Framework Convention on Tobacco Control.[30] Typically, measures taken include restrictions or bans on smoking inside buildings and on the advertisement of tobacco, increased taxation and education and awareness campaigns on the negative consequences of tobacco on health. Access to treatment - including nicotine substitution treatment, have also been promoted and significantly eased. In countries where these laws have been seriously implemented, the consumption of tobacco has been rapidly decreasing,[31] illustrating how a combination of social and legal controls can support the emergence of an environment that is more conducive to self-control and regulation.

A similar harm reduction approach should be applied to methamphetamine and other psychoactive substances, in order to support and foster a culture of self-control and regulation among people who use these substances. Criminalising the use of methamphetamine does not protect people who use them: on the contrary, it directly undermines their ability to regulate and exert control over their use and increases the risks that they adopt more harmful practices. The legal and social stigma caused by these laws push people who use methamphetamine and other illicit drugs to hide and re-create groups or sub-cultures that are separate from mainstream society, at least when it comes to using drugs. This naturally hinders the emergence of more moderate and safer practices and self-regulation.

"Whether you use methamphetamines or cannabis, people in the community will consider that you are a bad guy. That's why we end up mingling mostly with other fellow drug users."

Participant in a focus group discussion in Yangon

Methamphetamine use in a professional context

Another important factor in the initiation or continuation of methamphetamine use is work and the broader working environment. Several respondents started, or were still, using methamphetamine to enhance their performance at work. Two of them, who formerly worked in jade mines in Hpakant, explained how methamphetamine use was almost a compelling necessity for the manual workers foraging day and night through the mountains of rubble discarded by companies in search of a forgotten piece of jadeite. One of them even described how his employer, well aware of their extenuating working conditions, provided him and other workers with three tablets of methamphetamine every night to boost their productivity. This allowed him to make bigger earnings, at least initially. However, his consumption later increased and the employer started deducting the cost of extra tablets from their pay.

In a similar pattern, several other respondents reported using methamphetamine to be able to work at night without falling asleep (two drivers, one seller at a night market in Thailand, one warehouse worker), or to cope with a physically exhausting job (one fisherman in Myeik).

"I used to work in a fishing boat. When I used methamphetamine, I could endure the weather, the waves and the wind more easily."

Male respondent, Myeik

These findings are consistent with the results of other studies conducted in the region that also underlined how methamphetamine could be used to improve performance at work[32] and increase the daily wages[33] of workers exposed to job and financial insecurity.

Both the mining and fishery sectors in Myanmar are known to be poorly regulated working environments, in which workers are highly vulnerable to economic exploitation. These conditions expose them to an increased risk of using methamphetamine to cope with their work, and eventually to become dependent. This topic certainly deserves more attention. In this sense, interventions aimed at protecting workers' rights and improving economic and social justice, may, in fact, prove more effective ways to curb problematic methamphetamine use than prevention campaigns designed to deter people from using them without addressing their working conditions.

Drug use trajectories

It is often believed that the addictive nature of methamphetamine is so powerful that using these substances necessarily leads to a loss of control and a progression from experimental to occasional, regular and ultimately dependent use. In reality, rather than a unique ascending trajectory, there is a variety of drug use patterns and histories.[34] Among people who were interviewed during this study, one type of trajectory emerged as more common than others, characterised by several phases:

1. A period of experimental and occasional use, usually in low quantities and with a low frequency of use;
2. A progressive increase in both the frequency and the quantity of methamphetamine tablets used – albeit significant differences between individuals – and culminating with a peak in use;
3. An alternation of occasional breaks and periods of abstinence of variable duration, with periods of more intense consumption;
4. A stabilisation of methamphetamine use at a level that is considered as more manageable by the person, which can vary in terms of frequency and quantity depending on individuals, and can eventually – but not necessarily – involve a reduction in use as compared to previous levels.

Yet, some respondents went through different patterns. One of them for instance openly acknowledged his inability to control his methamphetamine use, despite being strongly willing to stop or even simply reduce his consumption. In sharp contrast, another respondent simply stopped using methamphetamine after a period of heavy use. His decision was motivated by the conviction that his methamphetamine use was no longer providing him with any actual benefits. At the time of the interview, this person had not used any tablets for two years. In another noticeably different pattern, one respondent had always used only moderately and without marked increase over time, in average two tablets once to twice a week, with some weeks without any use.

Besides, the huge majority of interviewees had taken breaks in their methamphetamine use at some point in time. These periods of abstinence were often triggered by the realisation that their methamphetamine use had more detrimental consequences to their lives than benefits. In some cases, it was simply due to a change of environment or life circumstances. For instance, one respondent reported that he was primarily using when working in the jade mines in Hpakant, but much less or even not at all when coming back to Myitkyina to visit his family. The lack of money was also often mentioned as a reason for reducing or stopping using methamphetamine for a period. Respondents usually saw the process of reducing or stopping methamphetamine use as difficult, mainly due to the appearance of withdrawal symptoms (body ache and agitation, stress, impatience and anger – see more details in later section). However, some people reported no major problems in doing so.

All these individual stories show that keeping one's drug use under control, reducing or even ceasing all methamphetamine use, at least for a period, remains possible under certain circumstances. This can be motivated by family reasons, financial considerations (not being able to afford the products) or other factors.

Several respondents who reported using methamphetamine tablets on a regular basis (several times per week) appeared to be in firm control of their lives: they worked and earned decent money, were able to provide for their families, were content with their social life and were facing no significant health or other negative consequences due to their continued methamphetamine use. These examples show that methamphetamine use does not necessarily result in an inevitable loss of control,[35] and that it is actually possible to use methamphetamine and yet remain socially and professionally functional.

"I used to take methamphetamines frequently, but now I'm using only from time to time. It has to do with age: I've grown up and I'm no longer a child. I'm able to control my use because I know both the positive and the negative consequences."

Interview with a male respondent in Myeik

Positive and negative consequences experienced by people who use methamphetamine

One of the key objectives of this study was to explore the consequences of methamphetamine use, as experienced by people who use these substances and from their own perspective. Indeed, it is impossible to understand and grasp the complex experience of drug use without considering both its perceived benefits and its potential negative consequences. Focusing exclusively, or even primarily, on harms, while denying or neglecting the beneficial dimensions of drug use can only lead to an incomplete and biased understanding of methamphetamine use. This is problematic insofar as it weakens our ability to define strategies and interventions that are both effective and realistic to reduce harms associated with methamphetamine use and protect people's health.

As mentioned above, methamphetamine use is particularly common among people working in harsh or physically demanding conditions, because the effects of these substances concretely help them deal with their work. In other words, methamphetamine use is, in their perspective and at least in the short term, a direct answer to their problem (a physically exhausting job) and an important coping mechanism that can help them make a living. Neglecting this dimension and highlighting *only* the risks of methamphetamine use is not likely to influence these people's decision to start, use or stop using these substances, because no alternative and more suitable solution is proposed to address their difficult working conditions. On the other hand, acknowledging their problem, and the short-term benefits methamphetamine use can provide in this context, can lead to more realistic types of interventions. These can contribute to reducing harms in the short term (make sure users know both pros and cons of methamphetamine use before using, avoid the riskiest practices etc.), but also to addressing the root cause of problematic drug use in the longer term and changing the circumstances that favour the

initiation of drug use in a professional context: improve working conditions, daily wages and workers' protection so that people are less compelled to use methamphetamine for their work.

Overall, respondents were remarkably aware of the ambivalence of methamphetamine use: they knew and understood that it could provide them with perceived benefits but that it could also lead to serious harms and negative consequences.

Feeling fresh, energised and alert, and having an increased ability to focus and concentrate on specific tasks were considered as the greatest advantages provided by methamphetamine use. Again, these effects were seen as particularly useful in a professional context. All respondents described methamphetamine use as a pleasurable experience, something they enjoyed doing, because of the fragrant smell of tablets - somehow similar to chocolate, their uplifting effect but also as a social practice. This notion of immediate pleasure is often overlooked. It is, nevertheless, critically important, as people tend to repeat pleasant experiences.

Revisiting history: methamphetamine use to improve performance and the resilience of soldiers in wartime

"I read in a book that methamphetamines were once legal medicines in Germany. They were used to suppress fear among soldiers during the Second World War. Now we don't see this in the same way though. The system has changed, and while it used to be difficult to get [methamphetamine] it has become easy."
Male respondent during a focus group discussion in Yangon.

In fact, during World War II, amphetamine and methamphetamine were used extensively by both the Allied and Axis forces for their stimulant and performance-enhancing effects.[36] Similarly, the U.S. Air Force continues to promote the use of amphetamines to enhance the performance of its soldiers in military environments.[37]

Other examples often mentioned as positive included: increased confidence, loss of inhibition, improved social and talking skills, ability to stay awake at night, or enhanced sexual experiences.

These perceived benefits were based on the individual experiences of respondents. It must also be noted that the results of various scientific studies identified improved outcomes and performance at given cognitive tasks following the administration of methamphetamine (acute effects), at least in case of infrequent use. On the other hand, these studies concluded that the repeated administration of large doses may result in neuro-toxic effects and cognitive deficits.[38]

Respondents also developed a good understanding of what the negative consequences of methamphetamine use can be. Unfortunately, in the absence of reliable, evidence-based and harm reduction oriented information on these substances, they often had to learn at the cost of their own health.

The most commonly cited harms were related to the physical side effects of methamphetamine use on health (insomnia, loss of appetite, anxiety, hallucinations and paranoid thoughts etc.).

However, respondents also mentioned negative consequences that had little to do with the properties of the products themselves, but instead were linked to their legal or social status. For instance, many mentioned the risk of being arrested and sent to prison as a potential negative consequence of methamphetamine use. This has, nonetheless, nothing to do with the drug itself. Being incarcerated is rather the consequence of laws that criminalise drug use. Similarly, being ostracised by communities or dismissed by an employer for using methamphetamine, is a consequence of social stigma and discrimination, not of drug use *per se*.

Tables 1 and 2 provide an overview of the main benefits and negative consequences of methamphetamine use, as perceived by respondents. We underline that this information is based on their personal experiences.

Warning

Reactions to methamphetamine use can vary significantly from one individual to another. Methamphetamine related harm seems to increase in severity with higher doses or frequent use. It does not mean, however, that it is "safe to use" when taken in lower doses or less frequently. The information contained in the tables below should only be considered as a way to minimise risks and harms, not to negate them all together.

Scrolling through the list makes it easy to understand why methamphetamine use is popular among manual workers, who are often paid on the basis of their performance (e.g. the number of bags delivered), or people working at night, such as highway drivers. One respondent, however, noted that while *occasional* use could boost motivation, *regular* use could eventually result in a serious loss of motivation, at least in absence of prior methamphetamine use.

Although loss of appetite was consistently cited as a negative consequence, two respondents, in an apparent contradiction, considered this was rather positive: not only methamphetamine use would allow them to work harder, and to receive a higher wage as a result, but they could also skip a meal and therefore save on food expenses. This sad example once more highlights

Table 1: Benefits of methamphetamine use as perceived by respondents Ranked by frequency: uncommon (+) to common (+++)
• Increased alertness and energy (+++) • Improved motivation and ability to complete difficult tasks (+++) • Increased ability to focus and concentrate on given tasks (++) • Ability to stay awake at night or for long periods (++) • Clarity of mind (++) • Improved performance at manual and physical work, including in harsh weather and working conditions (++) • Relief of physical pain and tiredness (++) • Improved confidence and talking skills (++) • Sense of happiness and improved sociability (++) • Pleasure provided by the experience (smell and stimulant effect) (++) • Lower inhibition (++) • Enhanced sexual experiences (higher sexual drive, intensity and duration of intercourse) (++) • Absence of inebriation / drunkenness like symptoms (+) • Increased patience (+)

how economic vulnerability places precarious workers at higher risk of developing problematic patterns of methamphetamine use.

Methamphetamine use was also consistently reported as enhancing sexual experiences, from feeling increased sex drive and desire to experiencing more intense, pleasurable and longer lasting sexual encounters. Several respondents confirmed that it was common to use methamphetamine tablets before having sex, with their regular partners but also with sex workers.

The list of potential harms is impressively long, although most people do not experience the whole range of negative consequences. This clearly shows that people using methamphetamine actually have a good understanding of the risks and harms they are exposed to when using these substances. Most of them underlined that the severity and the likelihood of experiencing negative consequences, in particular the physical and psychological harms, were increasing with the quantities administered and the frequency of use. Although respondents had different opinions, a majority considered that using more than 4-5 tablets per day entailed considerable risks, all the more in case of daily consumption.

In addition, several respondents highlighted that some of the symptoms (anxiety, hallucinations, state of confusion and irrational behaviour, paranoid thoughts, increased heart rate) were much more likely to occur during or immediately after episodes of intensive use, for several days in a row, leading to prolonged periods without sleep and food.

Finally, two respondents who had used crystal methamphetamine reported more severe consequences (insomnia, hallucinations and paranoid thoughts,

Table 2: Harms and negative consequences of methamphetamine use experienced by respondents Ranked by frequency: uncommon (+) to common (+++)
Most common physical and psychological harms and consequences:
• Insomnia and sleeping disorders (sleeping crash / prolonged period of sleep) (+++) • Loss of appetite (+++) • Dry mouth, teeth grinding (++) • Anxiety (++) • Increased tolerance to product (need to use more to achieve same effect) (++) • Cough and throat itchiness (+) • Risk of TB transmission due to sharing smoking equipment (bottles) (+)
Physical and psychological harms and consequences more likely to occur in case of high and/or prolonged use:
• Palpitations and increased heart rate (+++) • Dental problems (decay, loss of teeth) (++) • State of confusion, irrational behaviour (++) • Hallucinations and paranoid thoughts (++) • Dependence (++) • Difficulties breathing and chest pain (+) • Profuse sweating leading to dehydration (+) • Bleeding cough (+) • Loss of memory (+) • Mental health problems / disorders (+)
Physical consequences in case of discontinued use (withdrawal and craving)
• Body ache and physical discomfort (+++) • Stress and agitation (+++) • Fatigue and exhaustion (++) • Bad mood and low motivation (++) • Compulsive desire to use (craving) (++) • Joint pains (+) • Diarrhea (+) • Nausea and vomiting (+) • Impatience, anger and increased aggressiveness (+)

Methamphetamine withdrawal symptoms

Methamphetamine withdrawal symptoms usually evolve and vary during three different phases: a crash period in the first 1-3 days, characterised by fatigue and lethargy; a period of 7-10 days of insomnia, nightmares, increased appetite and agitation; finally a less acute but longer phase which can last several months. During this period the brain readjusts and restores its cognitive functions. At the same time the person can experience depression. [39]

loss of memory, increased heart rate, etc.). This is consistent with scientific evidence on the effects of this substance, which is more concentrated and potent than methamphetamine tablets.[40]

Self-regulation and users driven harm reduction

As seen above, the analysis of the respondents' individual stories revealed the existence of very diverse patterns of methamphetamine use. This echoes the results of other studies, which highlighted that constantly ascending levels of use did not necessarily represent the majority of drug use trajectories.[41]

All the interviewees, including those with very high levels of methamphetamine use, had established at least some implicit and explicit rules to maintain a certain control over their use and limit or reduce potential harms. To cite a few examples, setting a limit to one's use and deciding in advance the number of tablets one would take, avoiding using on a daily basis, taking breaks from time to time, not using after a certain hour to be able to sleep at night, eating a full meal before using, or brushing one's teeth immediately after using to prevent tooth damage were some of the strategies developed by respondents.

This ability to set up some rules around methamphetamine use contradicts the very idea that people who use drugs necessarily lose control and give up their capacity to make rational choices. This is not to say that methamphetamine use can and is always well managed. Several respondents, in fact, did openly acknowledge their difficulties keeping their methamphetamine use under control. However, others were obviously able to do so, at least to the extent that they were in relatively good health, worked, had and maintained families, had friends, etc.

Respondents were primarily concerned by the negative consequences that can be caused by methamphetamine use, both for themselves and for others. All of them dispensed advice they thought might be useful to other people already using or considering using methamphetamine. The most common recommendation was, by far, to avoid using in the first place, as they saw this as the safest strategy to prevent harms. At the same time, all of them also acknowledged that some people might decide to use anyway. Consequently, this first advice was always followed by other inputs, which they believed could help preventing or reducing the likeliness and severity of methamphetamine related harms.

Limiting the quantity of tablets used in a day and the frequency of use was seen as the most obvious strategy. However, respondents came out with a broad range of answers, which are summarised in the table below. These constitute an impressive set of concrete advice that can help reduce the harms associated with methamphetamine. In order to be easily

Table 3: User driven harm reduction practices and advice
• If you can, avoid using methamphetamine in the first place. • If you are going to use anyway, know your limit and do not take more than a few tablets per day. If you use too much, you will no longer enjoy the positive sides of methamphetamine use; only risks and harms will increase. This may negatively affect your health and life. • Use slowly, not more than one tablet at a time. Wait a bit before you take another tablet. If you can, try to not use every day. • Avoid taking too many tablets at once: it will make you feel bad. You may become anxious and have scary thoughts, or even have an accident. • Do not use if you are in a bad mood or angry: using methamphetamine can exacerbate your bad mood and make you feel worse. • If you can, set some basic rules and try to stick to them: decide in advance how many tablets you are going to use and on which days you are not going to use. • If you can, be discrete when you use: some people may look down on you if they know you're using, including among your family. • Take breaks, especially after periods of heavy use: eat well and sleep plenty, your body needs to recover. • Make sure you sleep at least a few hours every day: not sleeping for long periods can affect your health and will make you feel bad. • If you want to sleep at night and you are going to use methamphetamine, use in the morning and avoid using later than noon or 1pm. • If you can, eat a full meal of nutritious food before using, as you will not be hungry after you have used. • Drink water, as your mouth will be very dry. If possible, brush your teeth after using. • Do not panic if you are having bad experiences after using: if this happens, try to relax and rest. • To prevent the transmission of tuberculosis (TB), do not share smoking equipment, especially bottles, with other people. • If you want to avoid problems and reduce the risk of being arrested, do not do certain things such as stealing from other people, or selling tablets to other users. • Do not re-use the residue of burnt tablets ("kyi"), it will only hurt your health. • If you experience withdrawal symptoms, taking cold showers can relieve you to some extent. • If you are trying to stop or reduce your methamphetamine use, using some cannabis or kratom can help you relieve withdrawal symptoms. • If you are having difficulties sleeping, consider going to see a doctor you trust or an NGO, they may give you medicines to help you sleep. • If you are trying to stop or reduce your methamphetamine use, avoid meeting with friends who are also using, as you may be tempted to use with them. • If you are pregnant, consider taking a break at least during your pregnancy, as methamphetamine use can harm the health of your baby.

understandable, some of these were slightly reformulated. All were, however, directly extracted from the interviews.

Some of the strategies experienced by people using methamphetamine may, in some cases, entail other types of risks or harms. This is particularly true when it comes to finding ways to reduce one's consumption and better deal with withdrawal symptoms. People who want to do so often do not have access to supportive health services. Consequently, they can be tempted to try other methods, such as using other psychoactive substances that can relieve these symptoms. In some cases, this may be relatively more benign than to keep using methamphetamine. For instance, several respondents reported drinking beer; a few used cannabis as self-medication to come off methamphetamine; and in one instance kratom was mentioned as a substance that can help to reduce withdrawal. This certainly deserves more attention and clinical research. A few studies conducted in recent years highlighted the potential benefits of cannabis in reducing the use of crack cocaine,[42] minimising side effects[43] or alleviating discomfort during withdrawal periods. Similarly, there are numerous other examples of plants being used as a substitute for stimulants drugs and a harm reduction strategy.[44] In other cases the strategies developed by users may be equally or even more risky, the most obvious example being to inject heroin, as reported by two respondents. In this sense, offering a wider range of safer and more supportive measures, not necessarily based on abstinence methods, would certainly reduce the risks that they self-medicate and turn to more harmful practices.

"I usually use as many tablets as I have. I don't keep any with me because of the risk of being arrested. It's not easy to get rid of them and you can't swallow them in a hurry either. So I use them all at once."

Male respondent, Myitkyina

The criminalisation of methamphetamine use and the risk of being arrested work against safer use and self-regulation mechanisms, and can push people to use in a more compulsive way.

The increasing availability of crystal meth, which is more potent than methamphetamine tablets and also presents a higher risk of being injected, is a worrying development. Two respondents explained how they switched from methamphetamine use to injecting heroin because of increasing prices and difficulties to access tablets. Offering safer alternatives that are not necessarily based on abstinence is therefore a matter of necessity to prevent the emergence of riskier practices. Interventions such as dexamphetamine substitution have long been used in other countries and have shown overall positive outcomes.[45] They could prove valuable tools in the context of Southeast Asia.

The strategies developed by people who use methamphetamine themselves to reduce harms, as well as the advice they are willing to share with their peers, show that harm reduction should be considered as a transformative process driven by individuals who use drugs in the first place. However, laws that criminalise drug use weaken people's ability to adopt safer practices, better regulate their use and protect their health. In contrast, the implementation of alcohol and tobacco control policies in numerous countries provide excellent examples of how a regulatory framework, based on legal regulation and harm reduction, can help reduce the most negative consequences of substance use, both for individuals who use them and society at large.

Access to information, harm reduction and treatment services

The information gap

As underlined in previous sections, people who use methamphetamine often have an excellent knowledge of the effects provided by these substances. It should be noted, however, that this knowledge is rarely transmitted through means of education, awareness campaigns or harm reduction interventions. In fact, it is almost always acquired empirically, that is, through direct experience. The respondents knew the negative consequences of methamphetamine use because they had experienced them in the first place, at the cost of their own health. In fact, most awareness or information sessions on drugs conducted in the region seem to be based on over simplistic messages ("just say no") and scare tactics ("if you use drugs you will become addicted and will die or will go to prison") that fail to provide comprehensive and balanced information on drugs.

While methamphetamine and other psychoactive substances have become widely available, access to unbiased, reliable and evidence-based information on these products remains scarce. Several respondents deplored that they had no way to know what substances they were actually using and if tablets they had access to contained dangerous adulterants. Their concerns sometimes related to being sold "fake" tablets that do not provide the desired effect. But they were also worried about the risk of experiencing overdoses in case products were more potent than usual, as illustrated by the fentanyl related overdose crisis in the USA.[46] This clearly highlights how the decision to make methamphetamine or other products illegal, and consequently to "abandon" their production and distribution to uncontrolled black markets and actors, actually exposes people using these substances to much greater risks.

"Quarter administrators sometimes organise talks on drugs, but they are more interested in getting information on users and arresting people than providing useful information on drugs."

Male respondent in Myeik

Allowing drug checking would, in the short term, help reduce the likelihood of such incidents taking place. These programmes consist of conducting basic chemical analysis of methamphetamine tablets, so that people who want to use them have access to more information on their composition, purity and the presence of adulterants. These interventions have proved an effective way to minimise the risks associated with their use. Not only do they allow the detection of dangerous substances, but they also create opportunities for engaging with people who use methamphetamine and delivering other harm reduction messages.[47]

Methamphetamine myths

The lack of access to evidence-based information on methamphetamine also facilitates the spread of misconceptions and myths among people who use these substances. Several examples emerged throughout this study.

The most commonly shared, yet inaccurate belief, was that using methamphetamine with a water pipe was significantly safer for health, as a result of a "filtering" process presumably occurring when the smoke passes

though the liquid contained in the bottle or receptacle (water, juice, milk). Respondents consistently believed that this was an effective way to prevent tooth decay or loss of hair, in contrast with other administration practices involving a direct contact between "unfiltered" smoke and the teeth. Some respondents further added a piece of fabric onto the tap of the bottle to provide for additional "filtering", or would put their straw deeper into the mouth in an attempt to minimise the direct contact between unfiltered smoke and their teeth. If all respondents confirmed that they experienced dry mouth when inhaling methamphetamine tablets, none of them seemed to be aware that tooth decay is precisely and primarily the result of dry mouth (xerostomia) combined with poor oral hygiene, rather than the result of a direct contact between "unfiltered smoke" and teeth. The negative impact of methamphetamine use on their teeth was actually a major concern for a majority of respondents, who consequently tried to adopt practices they perceived as reducing or mitigating this problem. Organisations providing harm reduction services should use this as an opportunity to engage users about a topic they consider highly relevant and provide evidence-based information on the actual cause of tooth decay. This is just one example of how reliable information on methamphetamine can contribute to debunking some of the existing myths and reinforcing people's ability to manage their own health.

Another misconception that was repeatedly brought up, although less often than the previous, is that methadone can be used as an effective substitute for methamphetamine. This is inaccurate and can actually be dangerous to people's health.[48]

One respondent also suggested that in every package of 200 methamphetamine tablets, there was one single pill of a distinctive colour. According to him, this pill was nothing less than an "antidote" suppressing the effect of methamphetamine use at once. In his own words, whoever would be given that pill, should it be available, would immediately recover in case of overdose. This inaccurate and dangerous belief was further probed during a later focus group discussion. All three participants acknowledged that larger methamphetamine packages contain one tablet of a different colour. However, none of them shared the opinion of its effects. One of them thought it was indeed an antidote to be used in case of overdose. Another thought it was a better quality and more potent pill. The last one thought it was simply a dull tablet that would not produce any effect.

Finally, one respondent mistakenly thought that methamphetamine could effectively protect against the transmission of HIV during sexual intercourse, just as a condom could.

These are just a few concrete examples of how the lack of access to evidence-based and harm reduction oriented information on methamphetamine contributes to the spread of inaccurate beliefs that can adversely impact the health of people using these substances. One of the key informants

underlined that having access to such information would be very useful not only to youths or people using these substances but also to parents who are willing to learn more about methamphetamines, the risks they entail and the services that exist for people who use them. Bridging this information gap, via specific harm reduction programmes but also through the use of new technologies, the internet, social media or smartphone applications, could help reduce harms caused by ill-informed methamphetamine use. The experience and knowledge developed by people using these substances themselves, as well as their willingness to share advice with others, should be recognised, reinforced and leveraged to improve access to evidence-based information.

Access to harm reduction services

Most people who were interviewed had little or no contact with organisations providing harm reduction services, except for those who were also using and injecting heroin. Three outreach workers from service-providers who were interviewed as key informants recognised that their services were mostly geared towards the needs of people injecting drugs, although one organisation had developed leaflets with specific information on methamphetamines and also distributed food grade aluminum foil that could be used to smoke these substances.

"Poor people use methamphetamine tablets. Rich people use ephedrine. Only beggars use heroin."

56 year old male respondent from Yunnan Province, China.

As mentioned before, methamphetamine use has become more popular over the past few years. Organisations working with people who use drugs and drug users self support groups should therefore make more effort to develop specific interventions. At a minimum, they could build on what already exists and provide more comprehensive information on methamphetamine use and how to reduce harms associated with it. Recruiting peers who use methamphetamine, designing and handing out specific leaflets, providing lighters and safer smoking kits with food grade aluminum foil are simple yet effective ways to establish contact and engage people who use these substances, as highlighted by the innovative Karisma's Shabu Outreach project in Indonesia.[49] Other successful experiments in basic interventions in other countries that could easily be replicated include the opening of dedicated spaces where fruits, vegetables and other nutritious food are distributed, as well as toothbrushes and toothpaste to promote dental hygiene. It is striking that every single respondent who participated in this study welcomed the prospect of specific information and services on methamphetamine becoming more easily available.

"If you use methamphetamines, people look down on you but somehow, you still belong. But people who use heroin are simply considered as outcasts in Kachin society, this is how bad it can get...".

Male respondent, Myitkyina

Developing specific contents on safer sex for people using methamphetamine to enhance their sexual experiences would also prove very useful. In Myanmar, organisations working with sex workers and their clients, men having sex with men and transgender people seem to often overlook methamphetamine use and the impact it can have on risky sexual behaviour (e.g. unprotected sex with multiple partners).[50] Similarly, harm reduction service providers tend to neglect the sexual practices of people who use drugs or stick to very general messages.[51] They should therefore

consider developing specific services that better address the needs of both male and female users.

Access to treatment and substitution services

Some respondents were aware of at least some type of drug treatment services available in their area, especially in Kachin State, where they referred to both Government facilities in Myitkyina and religious based rehabilitation centres. However, they were also prompt to dismiss these services as viable options, for mainly two reasons. First, these facilities propose "detoxification" services that are exclusively aimed at complete abstinence and are provided in closed residential settings. This concretely means that people who attend these facilities, once they enter, can no longer leave and are constrained to remain until the completion of their "treatment". The duration can vary from about three to four weeks in Government facilities to as much as several months in religious based rehabilitation centres. Second, people who were interviewed considered the medical support provided in these facilities insufficient, especially in religious based rehabilitation centres where no medicines are given to alleviate withdrawal symptoms. Some respondents also explained that despite their willingness to stop or reduce their methamphetamine use, they did not dare consult a doctor or go to a private clinic to ask for support because of the consequences they could face in case they admitted using methamphetamine.

"People around us think we [drug users] are just addicts and worthless people. They say things such as keep an eye on your property because there are addicts living in the neighbourhood. People look down on us, really they treat us worse than dogs. This is the kind of stuff we have to endure, and it can come both from the community and from our families."

Male respondent, Myitkyina

One respondent tried multiple times to cease using methamphetamine, and attended treatment facilities in Thailand, in Yangon for an entire year, and in a religious-based rehabilitation centre in Kachin State. Unfortunately, he was not successful in quitting methamphetamine and eventually started using again at some point. Although it is not widely known, a medicine called dexamphetamine has been used in the United Kingdom for at least 25 years, and in Australia for more than 10 years, as a substitution therapy for people with problematic methamphetamine use.[52] Despite their positive results, these programmes are too rarely promoted. Should this intervention become available in Myanmar, it could make a real difference for this person and other people who have not been successful with classic treatment programmes aimed at abstinence.

"I wish people did not condemn us – for using drugs – but help us find appropriate jobs and give us a chance. I want to say do not judge or abandon us, but give us a hand and an opportunity. I would also like the law to be reviewed and prison penalties to be reduced."

Male respondent, Yangon

Stigma and discrimination

Social tigma

Methamphetamine use is highly stigmatised. The vast majority of respondents confirmed that most people around them held negative views of people using methamphetamine. They described how this could affect their relationships with friends or other members of their community, especially when people heard or knew that they used methamphetamine. A few respondents underlined that stigma towards heroin users was probably more severe. They explained it was potentially due to the fact that people who use methamphetamine often continue to work and live normal lives, but

Problematic methamphetamine use

The World Health Organization (WHO) estimates that only around 11% of people who use methamphetamine will ever develop dependency or other health and mental problems associated with their drug use. In other words, 9 in every 10 people who ever use methamphetamines will not suffer any health or mental problem because of their use.

also that it was easier to conceal than heroin use and could go unnoticed for long periods of time.

Being publicly known to be using methamphetamine was unanimously seen as a factor reducing the chances of finding or keeping a job. It is worth noting that being dismissed or excluded from a potential job because one is known to be using drugs holds little chance of supporting behaviour change. Instead, it is rather a factor that can contribute to further marginalisation and increase the risks that this person progresses into problematic or dependent use. One respondent stressed that discrimination led people who use drugs to maintain relationships mostly with other fellow users, thus reinforcing a vicious circle of stigma and marginalisation.

"If [the police] really have to arrest people, then they should take action against big dealers and traffickers, not against poor people. If you are arrested and sent to prison, you'll have nothing left when you go out. You won't be able to find a job and make a living, you just got old... I mean, [when you use drugs] really you don't hurt anyone...".

Male respondent, Yangon

Interviews also revealed how pervasive stigma around drugs could be. Some of the respondents seemed to have internalised negative views commonly held of drug users, and considered themselves as somehow weak and unreliable people, because they were using drugs and were not able to stop. This is one more illustration of how stigma and discrimination undermine the confidence and self-esteem of people using drugs, further endangering their ability to be in control of their own lives.

The impact of the law

Almost all respondents considered that the prison sentences for drug related offences contained in the current laws were unfair and disproportionately harsh. Most of them were very much aware of the existing laws, and several people stressed that being caught with one single tablet of methamphetamine could lead to a minimum of five years in prison. Decriminalising drug use and establishing threshold quantities, under which one would not be prosecuted and incarcerated, was viewed as the most desirable change. One of them highlighted that if drug use did not entail prison penalties, people using methamphetamine or other drugs would no longer need to hide and could access health services more easily.

Several people made no secret about the fact that paying bribes to the police or to the judge increased the chances of being released or having their sentence reduced, and underlined that simple users constituted the overwhelming majority of people ending up in prisons, while traffickers would rarely be incarcerated. Beyond the inequity of this system, these

testimonies highlight how the criminalisation of drug use actively fuels corruption of officials and State institutions.

"My biggest challenge in life? I used to smoke up to 2 packs of cigarettes per day, but I decided to quit smoking after I married again. This is my own decision and I have to make it. Now I'm slowly reducing by one cigarette per day."

Female respondent, Yangon

Stigma and discrimination have shaped our views on drugs to the extent that most people consider, almost by default, that using methamphetamine or other illicit drugs is necessarily the cause or the greatest problem one can face in life. However, the vast majority of people who were interviewed simply considered that having decent work and being able to make a living was their greatest challenge and main concern. Among all respondents, only one person considered dependence on methamphetamine to be his greatest problem. This is not to deny that methamphetamine use can be harmful, and in fact, it is harmful in many instances. However, these answers should lead us to reconsider the way we think about drugs as being the main issue to be addressed in people's lives. Public campaigns aimed at ending stigma around drugs and promoting access to health and social services could in this sense yield better results than the current punitive actions.

CONCLUSION

"If you are caught with one single pill you will go to prison for three, five or more years, but people who steal or even kill others are sometimes released after a few days in custody. One of my friends was caught and sentenced to ten years in prison. Really, that should not happen."

Female respondent, Yangon

The use of amphetamine type stimulants in Myanmar, Thailand and Southern China has continued to increase over the past few years, despite the intensification of police efforts and the growing number of seizures and related arrests. Using methamphetamine has become more popular, especially among youths but also among those working in difficult environments and conditions. Unfortunately, people who use these substances too often learn their negative consequences at the cost of their own health. Access to specific and evidence-based information, harm reduction and treatment services for people who use methamphetamine should therefore be considered as a priority. The knowledge and experience of people who use these substances should be recognised and leveraged, and their efforts to adopt safer use practices encouraged and supported. Punitive approaches implemented in the region have a negative impact on the health and lives of people who use methamphetamine. They are also ineffective for preventing drug use and the emergence of more risky practices. In order to build healthier and safer communities for all, it is urgent to replace repressive laws with robust public health programming, more respectful of people's rights and dignity.

Endnotes

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https://www.straitstimes.com/asia/se-asia/myanmar-makes-record-drug-bust-with-30-million-meth-pills

3. For example see:
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