



2010 Annual Report



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Our Mission

DARE Network is a grassroots national NGO. DARE Network provides culturally appropriate non-medical treatment and prevention education to reduce substance abuse and associated social problems within the communities of the displaced ethnic people from Burma, along the Thai/Burma border.

Our Vision

DARE Network envisions the strength of ethnic people from Burma to use the power of recovery from addiction as a non-violent means to resist oppression.



DARE Network is the first, and remains the only, organization that comprehensively addresses substance abuse within the refugee and migrant populations along the Thai/Burmese border.

History of DARE Network



The organisation began in 2000 as a collaboration between local ethnic community leaders and a Canadian Addiction Recovery specialist in response to substance abuse flowing from the policies of Burmese government in those ethnic communities.

This collaboration, initially known as CARE (Community Addiction Recovery and Education) trained addiction workers from Karen, Karenni Shan, Wa, Palaung, PaO, Wa, Lahu and IDP (Internally Displaced People) communities. This training blended skills from both traditional and modern western approaches to the treatment of substance abuse and prevention education.

These trained workers went back to their home communities in border refugee camps where DARE collaborated with them to establish facilities and community based programmes for the prevention and treatment of substance abuse and related social problems.

Since the first programmes in 2001, DARE has evolved as an organisation, and expanded or contracted its activities according to available resources. From its base in Mae Sariang, DARE-Ruammit currently has centres, trained workers and runs programs in 5 of the 9 border refugee camps and 1 Migrant worker area.

DARE is a member of CCSDPT (Coordinating Committee for Services to Displaced People Thailand) which is a forum bringing together the Royal Thai Government and the international NGO's which provide services to refugees and displaced people in Thailand. In addition to the membership requirements of CCSDPT, DARE is a signatory to Codes of Conduct for the Prevention of Sexual Abuse and Exploitation and other International Humanitarian codes.



Background environment and purpose of the program

Traditional substance production and use in target communities

While ethnic communities differ in their historical use of drugs, the Karen people, and other ethnic groups, who make up the majority of the population of the refugee camps, have for many generations used alcohol, for religious ceremonies and enjoyment, tobacco and betel nut for personal use. Marijuana has traditionally been used as an animal feed and occasionally as a treatment for intestinal worms.

Opium production and heroin use has existed at least since British colonial rule, primarily amongst Wa communities, though to a lesser extent among Karenni, Shan, PaO, Lahu populations. It had limited use as a ceremonial intoxicant, though was primarily a commodity for sale, with addiction a side effect. Today in the camps it is used minimally for pain control, as medical narcotics are not allowed in the camps for use by health NGOs.

Large scale amphetamine production is generally regarded as a recent phenomenon, of possibly 20 - 30 years duration. Limited use has been known in the region for slightly longer, with widespread use and increasing addiction related to production and distribution approved and/or controlled by the Burmese military.

Trauma and mental health in refugee and migrant communities

The mental health of refugees and displaced people inevitably comes under pressure as a result of the trauma, loss and experiences which have caused them to flee.

Apart from the direct effects of military conflict and acts of violence, ethnic communities have been, and are still, subject to forced relocation. In addition to the physical effects of loss of livelihood, the implementation of this policy has created significant social pressures which stresses both individuals and communities, and relations between them. In addition protracted life in

guarded refugee camps have added to the stress and depression of the refugees.

- The military government of Burma is one of the largest producers of opium, heroin and methamphetamines in the world.
- The production and sale of these substances enables the government to work systematically to eliminate the ethnic peoples of Burma.
- The military government of Burma aggressively promotes an agenda that inflicts murder, violence, forced labour, and rape on its people
- The military government of Burma reduces opposition by limiting opportunities for education and employment which sustain communities.

*SPDC – State Peace and Development Council; the chosen name for the then ruling, military government

Short time recovery client; Name – Confidential

I start to use because of I have to work in a cool place and I have to make relationship with SPDC officer. Sometime I use because culture. I come to treatment centre because I feel very bad and when I arrived to the camp I hear that there is one organization helping addict who want to stop the addiction. So I decide to come and at this time I feel very sick. I stay in treatment centre for a while I feel refresh and better a lot because of the workers give me many kinds of treatment and when we are feel better and the worker train us and sharing addiction knowledge to us and we become to understand about addiction. When I back to community there are some addict in community try me to drink and I told him I didn't want to hurt myself second times so I told them drug/alcohol are not good for us and our community. Then they not try me again. I am new arrival and I don't have much of old friends. I will still try to stay free.*

Role of substances in traumatised populations

While addictive substances have always been available to Karen and other Burmese ethnic communities, their use was generally controlled by the social stability of communities and the effort required to produce or grow them. Since the major military conflict of 1994 the combination of social breakdown, increased availability of both traditional and new addictive substances and the overwhelming nature of individual experiences has led to increased use and abuse of addictive substances. Increased addiction rates are seen in oppressed and traumatised populations around the world.

Structure of DARE Network

DARE Network Core Staff

The DARE Network Core Office is located in Mae Sariang. The Core Staff manage day-to-day operations, deliver training and coordinate with the various Field Offices, Funders, Refugee coordinating bodies, international volunteers and the Thai Authorities.

Dare Network Staff monitor treatment activities and provide necessary resources as needed to ensure there is no gap in these services. The effect of this provides more experience to the workers, which builds their confidence. Communities see the effectiveness of the treatment programs and refer more addicted people to the DARE NETWORK treatment centres. This in turn crosses over to the Relapse Prevention activities and involves the larger community more directly.



DARE Network Staff- Field Office

DARE NETWORK Teams are set up to implement activities in different ways in each community. Each community is at a dissimilar stage of development depending on when they were trained and when they began to implement their activities. Each community's environment is slightly different, with the biggest factors being the level of freedom of movement and availability of resources. Camp Staff consists of Addiction Workers. Addiction Workers work directly with clients in treatment as well as prevention and education activities within the community. Each camp DARE Team operates from a DARE Centre which is lead by a DARE Team Manager. Community Addiction Workers focus solely on prevention and education within the community.



Number of Workers at time of Evaluation (December 2010)

Community	Male	Female
Mae La Oon	6	6
Mae Ra Ma Laung	7	5
Mae La	5	3
Umpeium	5	-
Noh Po	5	6
Migrant	2	-
Total	30	20

DARE Community Volunteers

Within the DARE Community, teams of volunteers who are given basic addiction education assist the DARE Workers. The volunteers help with prevention education, client support, and family support and community coordination. These volunteers are teachers, religious leaders, camp committee members, village leaders and other interested people.

Current Programs

Current DARE programs have 3 broad objectives:

1. Build capacity and development of DARE both in refugee camps and for migrant workers in Thailand to recover from resettlement losses
2. Deliver community based non-medical culturally appropriate substance abuse treatment in refugee camps and to migrant workers
3. Provide community prevention education and community programming for families and youth to prevent substance abuse and to provide support to addicted families.

In pursuing our objectives, we conducted the following activities and programs during 2010

- Drug and Alcohol Prevention Education
- Family Home Visits
- DARE FOR ALL Families Program (Include men working with men for happy family, education for women and set up support group, teenager for kid to against drug/alcohol abuse, help your neighbour campaign, family intervention, addiction treatment for women and teenager, CCT – Community Coordinated Treatment
- International Anti-Drug Day Events include Art and Writing Contests
- Addiction Treatment
- Addiction Worker and Community Addiction Worker Trainings
- Anonymous Programs (N.A and F.A)
- Ultimate Frisbee program
- World HIV/AIDS Events include Art and Writing Contests
- Non residential (3 month or 6 week)
- 16 days SGBV campaign
- Music Program

Details of the treatment program can be found as an appendix to this report.



Achievements and Aspirations

The scope of demand for the activities of DARE Network teams is indicated in the perceptions and records of Camp Officers in 3 of the 5 border camps in which DARE operates.

Prevalence of Addiction in Refugee Camps 2010*	Camp Committee & Section Leaders	Camp Security
Mae La	30% of refugees have problem with alcohol or drugs	300 cases in detention in 2010 90 % alcohol related 10% theft, vandalism
Umpiem	40 % of refugees have problem with alcohol or drugs	70 cases in detention in 2010 80% alcohol related
Nu Poe	30% of refugees have problem with alcohol or drugs	150 cases in detention in 2010 70% alcohol related

*Camp statistics provided by section leaders and camp security.

Program achievements 2010: Drug prevention & education activities

Prevention Education activities were conducted in 5 camps and 1 migrant worker area within the DARE Network. A total of 187 drug prevention activities were held during 2010 with an approximate average frequency of 1 event every 2 weeks. These drug prevention events reached an estimated total of 12290 people across the 6 communities.

Substance abuse prevention and awareness activities are conducted in collaboration with Thai authorities, camp leadership and a range of Community Based (CBO) and Non-Government Organisations (NGO). These organisations include Karen Women's Organisation, Karen Youth Organisation, Karen Refugee Committee, Camp teachers and education committees, COERR, SVA, ZOA, MI and ARC. The list of collaborators varies from year to year depending on funding and the specific projects being undertaken.

Vice Camp social affair (Mae La Oon Camp)

When I heard the song that teenager group sing it is remind me and wish me for our country. To be happy and peaceful country we need to keep our culture. If we keep and maintain our culture it will put up our nation. DARE Network music competition activity is big energy for us and our teenager. So I want to say that teenager is important person for our nation and the energy of country. So I hope DARE Network to provide more activity like this.

Anti-drug day & World Aids day

Anti-drug Day and World AIDS day events were held in 6 refugee camps with teams taking part in a march through camp, attending speeches and participating in games and activities. The mainly teenage and young adult participants totalled nearly 4600 on Anti-drug Day and nearly 2200 on World AIDS Day.

Home Visits

Home visits by DARE Network staff reached out to more than 7700 men, women and children during visits to approximately 2700 homes to spread the message of the services available.

19. Questions specifically for Community Members (Section Leaders, teachers, medics, CBO & NGO staff, teenagers, community leaders, security, general public and religion leaders)

Do you know DARE Network Program? If so, how do you know and what DARE Network doing in your community? And Did DARE Network Program benefit to your community? If so, how do you know this?

I know DARE Network by

They provide addiction prevention education, publication, home visiting and addiction treatment to community, education in school and they have their office and we see many people get treatment and can stop using. We see one of the program that benefits to our community, clients and everybody. Because of we have seen many teenagers are having a chance to change their life and stop using. Teenagers are our future leader and we don't want them to fell to wrong way.

(Camp location not recorded)

DARE for All Family Program

Is an umbrella program that recognises the effects of addiction extend well beyond the individual addict.

The objectives of **DARE for All** include:

- To work with refugee families to move from the disempowerment of addiction to prevention education for children and youth, and family reconciliation through treatment and relapse prevention for the addict and his/her family.
- To support women and children through addiction education and protection of families who live with addiction.
- To reduce domestic violence through treatment of perpetrators and education of women, children and youth.
- To develop family directed community support and relapse prevention.

Umpieum Camp, Short time recovery client, Name – confidential

Family

Before my husband go to treatment centre in my family is terrible situation. In the early morning if he eat rice is better. If he not eat rice he will drink and violence at home. At the beginning I am not trust to him to stop using. But after a few weeks I didn't see he drink and I become trust a little and feel happy. I happy for him to become healthy and would like to thank all workers from treatment centre.

DARE for ALL FAMILY PROGRAMS

1. **Support groups for women and addiction education** to women and other's living with addicts, set up in the community by DARE Workers, further developed and eventually run by Women and concerned friends.
2. **"Teens for Kids"** program including teenagers at risk for addiction to work with children both in and outside the school system using sports, music and art as a basis for mentoring children about substance abuse prevention.



Teenagers participating in Ultimate Frisbee competitions.*

Camp	June	September	October	November
Mae Ra Ma Laung	200		400	350
Mae La Oon	280	464	500	450

**Competitions were also held in Don Yang, Noe Poe, Tham Hin and Karenni refugee camps.*

Saw Lay Ya Moo – Teenagers Group

The prevention education, music and ultimate program is benefit for me and my community teenagers. I can say because of I myself become to stay free from using addiction again. After I finished my treatment and start to join the teenagers' team in the camp. And this is a big cover for me not to use. Before I am very famous addict in the community and always violence and fighting every where. When I participate with DARE teenager team group people are confusion at the beginning on me. But I try and show my behaviors to community that I change. After that I get more respect from other teenagers and they are enjoying working together with me. So the camp leadership and my relative are feel very happy when I change my behaviors. That why I see value to myself for working with the teen. I am enjoy to play ultimate Frisbee game.

3. Continued education for addicts including gender based violence education and rehabilitation modules.
4. Support groups set up for perpetrators of family violence by men trained by DARE Workers for this purpose. Named **Men Working with Men for Happy Families** it engages male role models in the community to educate other men about their role in Gender Based violence.
5. **Help Your Neighbour** campaign is directed to families of addicts who are in treatment to help them with food, shelter, childcare and other social needs. Neighbour of the Month Award system implemented to recognize volunteerism and the return to a cooperative culture lost in the refugee setting.
6. Introduce and implement **treatment for families**. Women, children and men may all be addicted in one family. By providing treatment for complete families, longer-term recovery has a good chance of success.
7. **Treatment for women** program as a day or residential program according to home and childcare needs.
8. Follow up on a **Community Coordinated Intervention** program within camp structure in coordination with the Camp Committee, Section Leaders, Security and Camp Justice system. This is a community-designed alternative to the former drug court, which has been revised to be compatible with community norms. The purpose is to reduce family violence and to treat problematic addicts, who do not initially volunteer for the program.

On-going Training

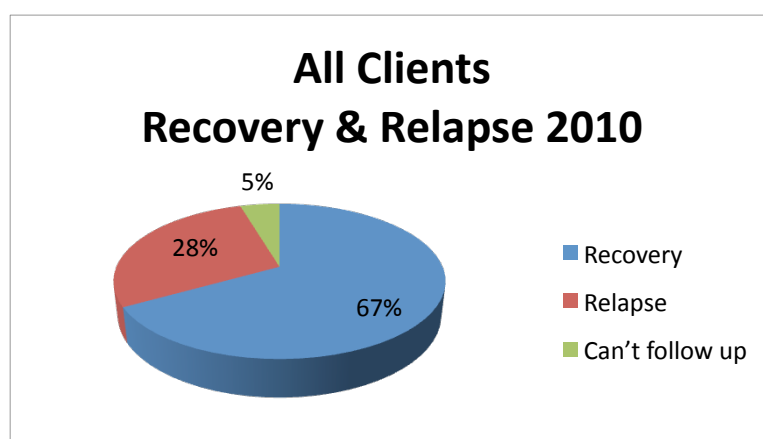
Dare Network continues to work to balance the effects of loss of personnel due to resettlement with on-going training at all levels. As refugees are resettled to third countries the skills and knowledge they have gained is lost to DARE, though the need for services continues as those fleeing fighting and human rights abuses in Burma continue to enter Thailand. This training is a central feature of DARE's program and allows the network to sustain it's activities over the long term.

Program achievements 2010: Treatment program activities

Treatment

During the 2010 calendar year nearly 200 people were treated for addiction in DARE treatment centres. Two-thirds of these people self-referred to the program, the remainder were referred by family (35 people) or camp leadership (24 people). These referrals resulted in 40% being treated in the residential, the remaining 60% were treated in a day program. Each DARE Network team chose treatment options that best suited clients and conditions within their communities as these varied from one camp to the next.

With only slight differences between residential and non-residential programs the overall recovery rates for clients treated in DARE Network treatment centres of 67% is illustrated in the graph below



A more comprehensive outline of the 2010 program data is included as an appendix to this report

Since 2007 Clients have been resettling to 3rd Countries. Prior to this time it was easy to follow their recovery progress over years as can be seen below. From 2010 onward we will only be able to follow clients who remain in the camps over time. The recovery rates will be divided between those we can follow and those we cannot. It can be seen however that generally the recovery rates of DARE Network remain at least double general western rates of recovery of 25-30%.

2009 Clients Follow up

January to December 2009 for drugfree and relapse during 12 months

Total Clients	Recovery Clients	Relapse Clients	Dead Clients	Resettlement Clients	Back to Burma
294	205	89	0	7	4

Total Non-Relapse for 2009 = 69.7%

2002-2008 Clients Follow up

Clients followed	In Camp	Resettlement	Return to Burma	Dead	Total
Recovered	306	29	17	1	353
Relapsed	266	68	18	11	363
Total	572	97	35	12	716
% recovered	53%	30%	49%	8%	49%

Our aims for the future

Looking forward to the 2011 calendar year and beyond DARE network is proposing to:

1. Continue to train Addiction Workers to recover from staff losses due to UNHCR resettlement program



2. Increase and improve Drug and Alcohol Prevention Education training and implementation in the target communities especially to young people.
3. Increase Day (outpatient) Programs to provide addiction people to more people including more women
4. Further develop DARE Teenagers for Kids Program to address substance abuse in youth and prevent it in children
5. Continue DARE's community-based Family Program DARE for All Programs working particular to expand its violence prevention program Men Working With Men for Happy Families in coordination with CBOs.
6. Increase the resources and capacity for DARE staff to improve their work for the refugees and displaced people remaining in the camps and on the border.

Migrant Workers Camp, name not recorded

Because of prevention education campaign I get addiction knowledge by my self and can think and change my life. And I can share the information to my neighbour.

People understand about addiction and the consequences.

In migrant area most of people are poor and low education. Getting information in our community is a big gift for us without need to pay.

To meet these challenges DARE needs to increase its core staff; infrastructure; training inputs including international expertise as DARE deems appropriate; food for training, treatment and camp staff; transportation and travel resources; printed and media resources; capacity building for its local staff.



Long time recovery client

Name- Confidential

I have relationship with many people and I just copy to my oldest brother because of I see he was drinking alcohol and look like will be very sweet. I start to test and I find it is good for working so I continue drink till I become addict. I come to treatment centre for addiction treatment and the same time to stay away from my friends and using. In the treatment I get many things from treatment and addiction knowledge to prevent our self not to use. When I back to community I have very strong decision and I really want to change my life. So when I meet with my old friends and I start to share my experiences from addiction treatment centre

before they offer me a drink. And they can't push me to use again. By this ways I can pass the temptation and can stay free from using. And I offer them if you want to stop I will sent you to treatment centre by myself.

Mae Ra Ma Laung Camp

Short time recovery client

Name- Confidential

I used alcohol since I was inside Karen state and using because of relationship and culture ceremony. And using for long time is I realize myself I feel like I become weakness and alcohol hurt my health. That why I start to think for stop using and come to treatment centre. I also feel very strong to stop. Everything that I get experience from treatment centre is good for me. I got acudetox, sauna, N/A, addiction knowledge training and other. During back to home after come back from treatment centre I face with many temptations and some time very difficulty to pass but I can. I can pass because of I have very strong decision for myself on not using again. Addiction is very easy to addict and difficult to stop. Have to try hard.

Family

We are very happy and satisfy for him because I try to live as he say and stay free from using. We hope and we will help him to stay away from using again.

Umpieum Camp

Long time relapse client

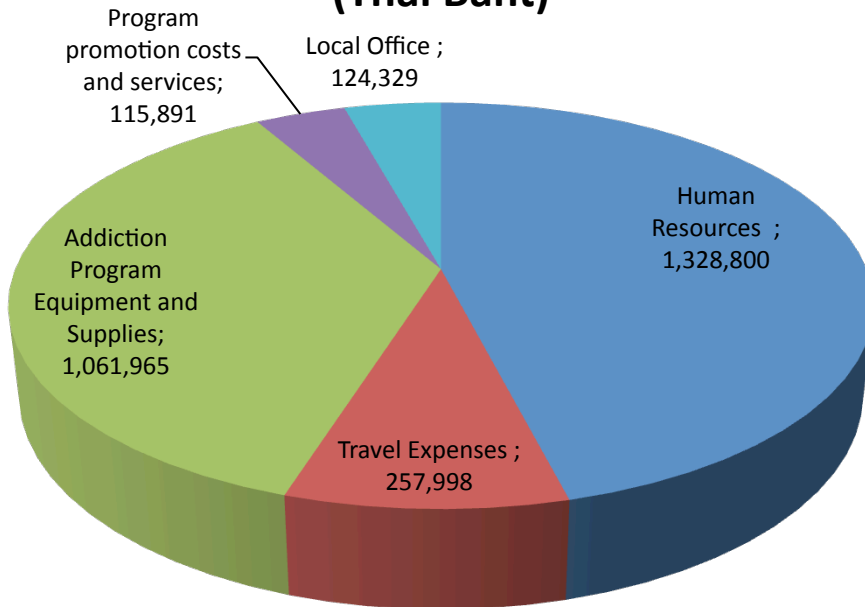
Name – confidential

I start to use because of I got temptation from friends. And I notice that not fair for my family and I come to treatment centre for addiction. Even I want to stop I was not confident for myself. During I stay at treatment centre I feel fresh and every thing are improved. I got many things from treatment centre and workers are patient and smile always to me. When back to community and arrived home I can stay free for a while but when I see the condition of my family I feel sad and I reuse again. But I will try the best to change behavior and live in family and community. The massage for community is for the future I will be the one who don't use drug/alcohol and try the best for this.

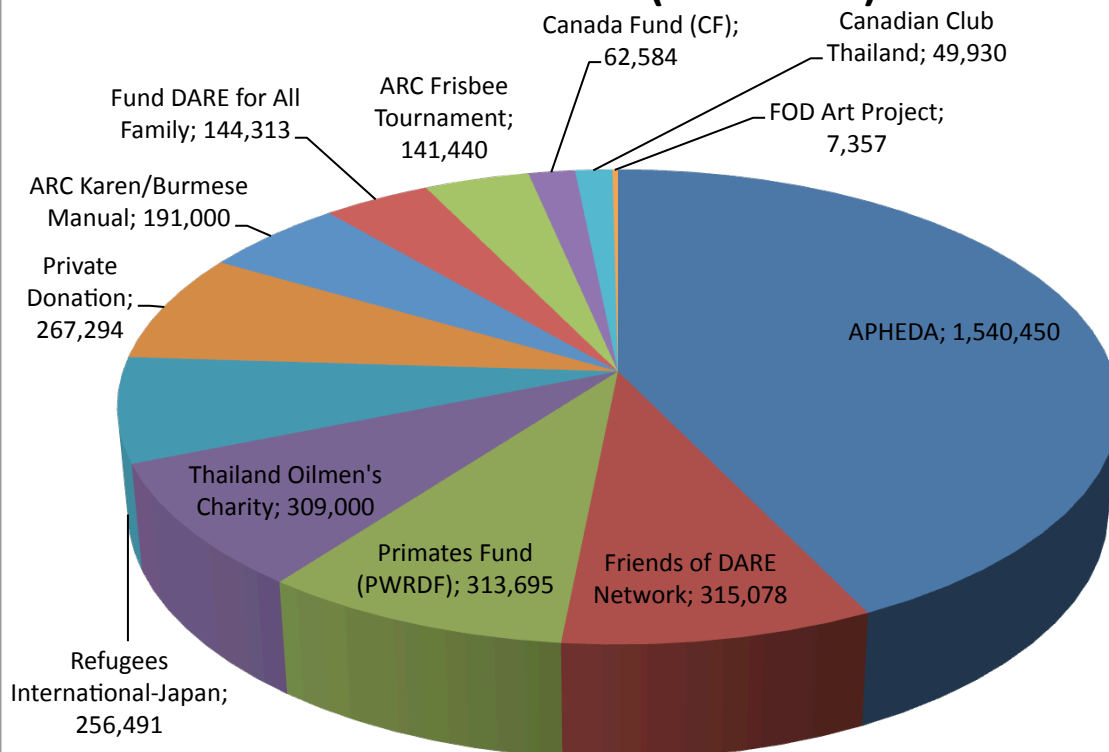
Family

Before he went to treatment centre he is the one drink a lot and we face many problems because of him. After when we talk about the money always we have to fight each other. But when he goes to treatment centre we feel very happy and pray for him to can stay away from using drug/alcohol. But when he use again we feel the same like before.

DARE expenses 2010 (Thai Baht)



Revenue 2010 (Thai Baht)



Balance forward to 2011: 710,023.43 Thai Baht



One element of a challenging operating environment!

Conclusion

The DARE Network continues to face the challenges of substance abuse within the communities of displaced people from Burma. Our goal of maintaining strong healthy communities remains unchanged.

Dare network has continued to track the success of their treatment programs and reports 67% success in the year 2010 for clients who can be traced.

With significant populations of children and juveniles confined within the refugee camps having limited opportunities for sport, education, and ultimately employment, the drug awareness education and prevention activities will assume increasing importance in the future. DARE Network is continuing to link prevention programmes with opportunities for young people to engage in diverse activities.

The environment for all NGO's operating within the refugee camps continues to be affected by significant losses of trained staff through resettlement programs. As a small locally based NGO, DARE Network is particularly vulnerable to comparisons with better resourced organisations when seeking to attract skilled workers and maintain their programmes in public view.

DARE Network, P.O. Box 47, Mae Sariang, Mae Hong Son, Thailand 58110
www.darenetwork.com

APPENDICES

TREATMENT PROGRAM:

Treatment of drug addicts and alcoholics

Treatment of addicts is at the core of the DARE NETWORK Program. Treatment is non-medical using Burmese herbal medicines, acupuncture, herbal sauna and traditional massage, as well as a variety of culturally appropriate therapies. HIV/AIDS Education and harm-reduction planning is part of the treatment process. Treatment activities require materials and resources to ensure that the Addiction Workers can offer on-going, on-demand services in coordination with their community leaders and organizations.

DARE serves people who are primarily addicted to alcohol, methamphetamines, marijuana, opium and tobacco. DARE Network workers treat the addiction not the particular chemical. Through self-referral and the Community Coordinated Treatment interventions program, people come to one of three treatment programs: Day Program, Residential Program, Combination Program. After an initial assessment clients are enrolled in one of the three programs and progress through four phases:

Detoxification: During this phase, trained addiction workers administer auricular acupuncture, traditional massage, Burmese herbal medicine and herbal saunas to help clients manage their withdrawal symptoms.

Recovery: This phase of treatment teaches clients about self-care and positive coping mechanisms. Through nutrition, sleep, and exercise, clients are able to "reset" their body systems. At this point in the treatment, clients are learning how to rebuild their relationships with family and the community. Through culturally appropriate therapies and counselling clients share their experiences, feelings, fears and hopes to help each other, with the guidance of the DARE addiction workers.

Education: During this phase of treatment, clients learn about the causes of addiction and how to prevent addiction relapses. HIV/AIDS and Gender Based Violence prevention education is also a key component of the treatment.

Reintegration: Before clients return to their lives and families, we work to make sure that they are ready for reunification. Through family meetings and the development of support systems, we ensure that the client's transition back is planned for on-going recovery.

Community Coordinated Interventions:

In 2006, we developed Community Coordinated Treatment interventions in collaboration with refugee camp leadership. This intervention enables Camp Committees, Security and Section Leaders to refer individuals who may be substance addicted and who have engaged in violence, public disturbance other security issues to DARE Network for treatment rather than for punishment. We have observed that with the support of family members, many people readily choose treatment.

Recovery and Relapse Prevention:

Since DARE Network began providing treatment for the refugee and migrant populations, we have worked to ensure that relapse remains minimal. Our relapse prevention includes follow-up workshops, individual meetings, and peer support groups with clients and their families. Clients who have successfully recovered for a year are encouraged to participate in DARE's prevention education programs and some even become Addiction Workers themselves. Through these activities we are both helping our clients to remain substance free while strengthening the community. As most of our recovering clients remain trapped in the closed refugee camps we have been able to follow our clients easily. In 2007, the DARE Network was able to help 69% of clients become and remain substance free from 1 to 6 years. As compared to various western programs, DARE Network has higher success rates, which we attribute to our community based and culturally competent model of treatment.

Relapse prevention has been developed, designed and implemented in each community. The activities that surround this are further training workshops. Community planning for vocational, spiritual, physical health, peer support for recovering addicts. Key trainers, health care, vocational and spiritual leaders need resources as well as the DARE NETWORK Team members from each community so that they can participate with the recovering person in the process. It is necessary to involve as much of the community as possible by supporting community based activities that contribute to relapse prevention but also benefit the whole community. This is especially true where the community members are subsisting and have no time to devote to addiction recovery activities. The relapse prevention activities will be connected to each community's needs. These needs will be determined by the evaluation in each community.

12 Step meetings

Narcotics Anonymous meetings, Families Anonymous meetings and home visits are critical activities of DARE to support addicts and their families in their efforts to return to fully functioning members of their communities. In excess of 430 meetings were held in 5 camps supporting in excess of 1000 people affected directly or indirectly by addiction.

Prevention Education is the most stable and easiest activity to implement. It can be done directly by the DARE NETWORK Team in each community as they determine what is most effective according to their culture and organizational set up. Further direction is needed for Prevention Education by the DARE NETWORK staff and the activities need to be supported with appropriate resources.

Dare Network teams are set up in different ways in each community to implement activities. Each community is at a dissimilar stage of development according to when they were trained and when they began to implement their activities. Each community's environment is slightly different, with the biggest factors being the level of freedom of movement and availability of resources. (Please see map for all DARE Team locations)

TRAINING

Training is an on-going activity of DARE Network as we have the capacity to replicate programming, increase worker numbers, replace resettled workers and introduce new programming such as DARE for All Family Program and Relapse Prevention. In addition DARE Information Exchange Workshop gives advanced training and the opportunity for workers to share their community experiences across ethnic groups and situations in a common location.

Annual information exchange workshops present the opportunity for workers from all DARE's communities to come together to review, share and learn new skills to improve their abilities and to build a strong organization through exchange of experiences, challenges and problem solving.

WORKER TRAINING

Addiction Workers: trained 6 months to treat addicts in their community and to do prevention education and community coordination.

The communities who were first trained will complete training of additional Addiction Workers. This is an ongoing activity according to the treatment and social needs of the community. The effect of this is to strengthen the working teams in the communities and to prevent attrition and loss of human resources. It also looks to the future when these teams may disperse. The more trained workers there are the more likely the programming can survive inside the workers' states inside Burma.

CAPACITY BUILDING

DARE Network needs 9 Core Local Staff including Program Coordinator, Administrator, Program Assistant, 3 DARE Trainers, Accountant assistant, Thai Liaison Officer and part-time international Capacity Advisor/Addiction Trainer. Currently the Accountant and Program Assistant positions are unfilled.

DARE Core Staff has improved their capacity to design and implement programming, train workers, coordinate all DARE Teams, manage all the day to day finances, evaluations, monitoring, report writing, computer technology, addiction materials development, testing, publication and distribution. Local DARE Staff have begun proposal writing and applied to selected funders for grants. More resources are needed to increase Human Resources

GENDER

Because addiction is a family and community problem, DARE focuses training and Treatment activities on women and the role of families in the recovery process under its new **DARE for All Family Program**. DARE works directly with established women's organizations. Mechanisms are set up to allow women to approach community authorities to help refer alcoholics in their families to

treatment rather than punitive responses, enabling family reconciliation and alleviating poverty for women as the men addicts are able to contribute to the family income. DARE provides gender training to both men and women with an emphasis on the role of drugs and alcohol in domestic violence. These trainings are implemented in partnership with women in the communities who have previous gender training from other agencies. Gender training has been given to DARE Staff and the staff is part of the community network on gender related activities. Treatment for women addicts is available and authorities, community organizations, and families are encouraged to support this.

Note: The details of the DARE for All program are included in the body of the report

HIV/AIDS

Drug addicts and alcoholics are at increased risk for HIV because of sharing needles and unsafe sexual practices while under the influence of addictive substances. HIV can be passed onto spouses and children and destroy families. DARE provides HIV education to recovering addicts and gives public prevention education to communities on the link between addiction and HIV. DARE cooperates with reproductive health programs to give education to women.

2010 program data

Prevention education presentations completed in Jan to Dec 2010

Community	To whom	Time	Male	Female	Total
Mae La Oon camp	School(high, middle, primary, adult school, special school), Section leaders , KYO, KWO, Camp security people, clients, DARE Team, General public	24	1575	1794	3369
Mae Ra Ma Laung camp	School(high, primary), Section leaders, ,KYO, KWO, Camp security people, Clients, DARE Team, General public	22	932	1034	1966
Mae La camp	School(high, middle, primary, adult school, special school), Section leaders, General public, KYO, KWO, Camp security people, Clients and their family member, DARE Team	26	559	585	1144
Umpeium camp	School(high, primary), Section leaders, General public, KYO, KWO, Clients and their family member, DARE Team	15	518	604	1122
Noh Po camp	School(high, primary), Section leaders, General public, KYO, KWO, clients and their family member,DARE Team	28	1421	1775	3196

Migrant	Migrant community and school	72	756	737	1493
	Total	187	5761	6529	12290

Team in Community World Anti drug day events (26) June 2010

Community	Male	Female	Total
Mae La Oon	350	400	750
Mae Ra Ma Laung	250	350	600
Mae La	0	0	0
Umpieum	60	109	169
Noh Po	250	280	530
Migrant	90	60	150
Total Estimate	1000	1199	2199

Participants in HIV/AIDS day events (1) December 2010

Community	Male	Female	Total
Mae La Oon camp	400	450	850
Mae Ra Ma Laung camp	300	450	750
Mae La camp	500	700	1200
Umpiem camp	350	400	750
Nu Poe camp	350	450	800
Migrant	149	99	248
Total Estimate	2049	2549	4598

The Number of Narcotics Anonymous or Families Anonymous Program meetings run in each community this year by the Men's Group and the Women's Group Volunteers?

Community	Time	Male	Female	Total
Mae La Oon camp	87	186	130	316
Mae Ra Ma Laung camp	87	165	100	265
Mae La camp	84	105	-	105
Umpeium camp	90	133	20	153
Noh Po camp	84	177	47	224
Migrant	-	-	-	-
Total	432	766	297	1065

Note

- Migrant Worker (Propra area) not start DARE FOR ALL Family Program yet.
- The above figures are the total number of Narcotics Anonymous and Families Anonymous meetings held, which includes all meetings in the community.

Number of home visits made in 2010

Community	Houses	Male	Female	Total
Mae La Oon camp	323	699	767	1466
Mae Ra Ma Luang camp	284	320	349	669
Mae La camp	480	250	326	576
Umpeium camp	922	1180	1183	2363
Noh Po camp	707	1274	1386	2660
Migrant	-	-	-	-
Total	2716	3723	4011	7734

Number of clients treated in Addiction Treatment Centre for *residential treatment* this year? 2010

Community	Male	Female	Teenager	Total
Mae La Oon	12	1	12	25
Mae Ra Ma Laung	6	-	18	24
Mae La	15	-	3	18
Umpieum	-	-	-	-
Noh Po	8	1	5	14
All Total	41	2	38	81

Clients treated in Addiction Treatment Centre for *non residential (day) treatment*? 2010

Community	Male	Female	Teenager	Total
Mae La Oon	7	-	2	9
Mae Ra Ma Laung	1	1	1	3
Mae La	16	-	-	16
Umpieum	36	3	3	42
Noh Po	19	-	26	45
All Total	79	4	32	115

Type of referral to treatment

Community	Self	Family	Leader&CCT
Mae La Oon	21	10	3
Mae Ra Ma Laung	16	5	6
Mae La	28	3	3
Umpieum	16	15	11
Noh Po	56	2	1
All Total	137	35	24

Residential Treatment Recovery and Relapse 2010

No	Teams	Total Clients	Recovery	Relapse	Can't follow up	Recovery %
2	Mae La Oo	25	19	6	0	76 %
3	Mae Ra Ma Luang	24	18	5	1	75 %
4	Mae La	18	9	4	5	50 %
5	Umphieum	-	-	-	-	-
6	Noh Po	14	8	6	0	57 %
	Overall Total	81	54	21	6	66.67 %

Non-Residential (Day) Treatment Recovery and Relapse 2010

No	Teams	Total Clients	Recovery	Relapse	Can't follow up	Recovery %
2	Mae La Oo	9	2	6	1	22.2 %
3	Mae Ra Ma Luang	3	1	1	1	33.3 %
4	Mae La	16	11	5	0	68.75 %
5	Umphieum	42	32	10	0	76.19 %
6	Noh Po	45	31	13	1	68.89 %
	Overall Total	115	77	35	3	66.96 %

All clients recovery percentage in 2010

No	Teams	Total Clients	Recovery	Relapse	Can't follow up	Recovery %
2	Mae La Oo	34	21	12	1	61.76 %
3	Mae Ra Ma Luang	27	19	6	2	70.37 %
4	Mae La	34	20	9	5	58.82 %
5	Umphieum	42	32	10	0	76.19 %
6	Noh Po	59	39	19	1	66.10 %
	Overall Total	196	131	56	9	66.84 %

2010 Clients follow up

January to December 2010 for drugfree and relapse during (12) months

Total Clients	Recovery Clients	Relapse Clients	Dead Clients	Resettlement Clients	Back to Burma
196	131	56	0	4	5

After they finished treatment and a few months four clients were resettlement to USA. Five clients back to Burma. This year we are not following up clients who are leaving the camp.

1. Do you know if any people in the community have stopped using alcohol or drugs by themselves? If so, how do you know this? How many have stopped this way and what prompted them to do it?

People stop using by them self and the different reasons of stopping. (Workers and DARE FOR ALL member response)

- 1) Mae La Oon Camp
- 2) Mae Ra Ma Laung Camp
- 3) Mae La Camp
- 4) Umpieum Camp
- 5) Noh Po Camp
- 6) Migrant Worker

Community	1	2	3	4	5	6	Total
By DARE Education	4	1	2	2	7	1	17
By health	13	-	4	4	5	-	26
By health and DARE education	4	2	-	1	2	2	11
By family pressure and income	3	2	1	2	5	5	18
By religion	5	-	-	10	2	1	18
By resettlement issues	-	-	1	-	-	-	1
By community	1	-	-	-	1	-	2
Total	30	5	8	19	22	9	93

* Note. We know from their self, their family, friends, neighbour, leaders and other organization staffs and religion leaders

2. How many DARE FOR ALL Family Program members are there in your community?

DARE FOR ALL Family Program members.

Community	Men group	Women group	(M) Teenagers	(F) Teenagers
Mae La Oon	8	8	21	19
Mae Ra Ma Laung	5	5	32	23
Mae La	-	-	37	22
Umpieum	-	-	34	18
Noh Po	-	-	76	42
Total	13	13	200	124

Note-

- Many of teenager are resettlement to third country.

Events location (Mae La Oon Camp)

Teenagers Teams participate in music competition on November, 2010

Music Team	MLO	MRML
DARE Teenager Team	3 teams	1 teams
Karen Youth Organization (KYO)	1 team	0 team
Section Teenager	0 team	2 team
Karen Women Organization (KWO)	0 team	1 team
High School teenager	2 team	0 team
All together	6 teams	4 teams

Music Teenager Team	Team	Girl	Boy
1. Mae Ra Ma Laung Camp	4 teams	8	16
2. Mae La Oon Camp	6 teams	12	24
Teenagers teams all together	10 teams	20	40

1st & 2nd Winner team

Music competition location	1st Winner	2nd Winner
Mae Ra Ma Laung Camp	KWO	Section 1 teenager
Mae La Oon Camp	DARE Teenager	NO.3 high school

Community participate in competition

Music competition location	Participants estimate Female & Male
Mae Ra Ma Laung Camp	350
Mae La Oon Camp	450
All together	800

Note (They doing music and frisbee competition in each Camp)

Teenagers play in Frisbee tournament on November, 2010

Ultimate Frisbee Tournamete Teenager Team	Team	Girl	Boy	Total teenager	Total play game
1. Mae Ra Ma Laung Camp	11 teams	44	66	110	16
2. Mae La Oon Camp	9 teams	45	63	108	15
Teenagers teams all together	20 teams	89	129	218	31 games

**Note (They doing music
and frisbee competition in
each Camp)**

**Teenagers Teams participate
in tournament**

Team	MLO	MRML
DARE Teenager Team	3	5
Leadership School teenager	0	0
Middle School teenager	2	0
Section Teenager	4	6
High School teenager	0	0
All together	9	11

1st & 2nd Winner team

Ultimate Frisbee Tournamete location	1st Winner	2nd Winner
Mae Ra Ma Laung	Section 6 teenager	DARE Teenager 7A
Mae La Oon Camp	PBL middle school	Section 1 teenager