

DARE NETWORK



2011 ANNUAL REPORT



PREPARED BY DARE NETWORK STAFF

Glossary

AW: Addiction Worker

ADRA:

AMI: Aide Medicale Internationale

ARC-GBV: American Refugee Committee-Gender Based Violence

CAN: Community Agriculture Nutrition

CCT: Community Coordinated Treatment

COERR: Catholic Office for Emergency Relief and Refugee

CPT: Community Peace Team

CHE: Community Health Educator

DARE: Drug and Alcohol Recovery and Education

FA: Families Anonymous Program

HI: Handicap International

IRC: International Rescue Committee

JACBA: Joint Action Committee for Burmese Affairs

KSNG: Karen Student Network Group

KESAN: Karen Environment Social Action Networking

KWO: Karen Women's Organisation

KYO: Karen Youth Organisation

KRC: Karen Refugee Committee

KYLMC: Karen Youth Leadership Management Course

KHWU: Karen Health Worker Union

LAC: Legal Assistance Centre

MI: Maltese International

MHC: Men Health Centre

MWA: Muslim Women Association

NA: Narcotic Anonymous Program

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 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.

- The 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 government of Burma has 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.

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.

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- Camp/Migrant Teams

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.

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.

2011 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.

Summary of People Reached

Training: 17 new Addiction Workers trained.

Prevention Education: 37,057 people

Treatment: 257 clients treated, 1,238 Narcotics Anonymous attendance, 71 people self-treated

DARE for All: 73 Men in 5 Men's Program Teams

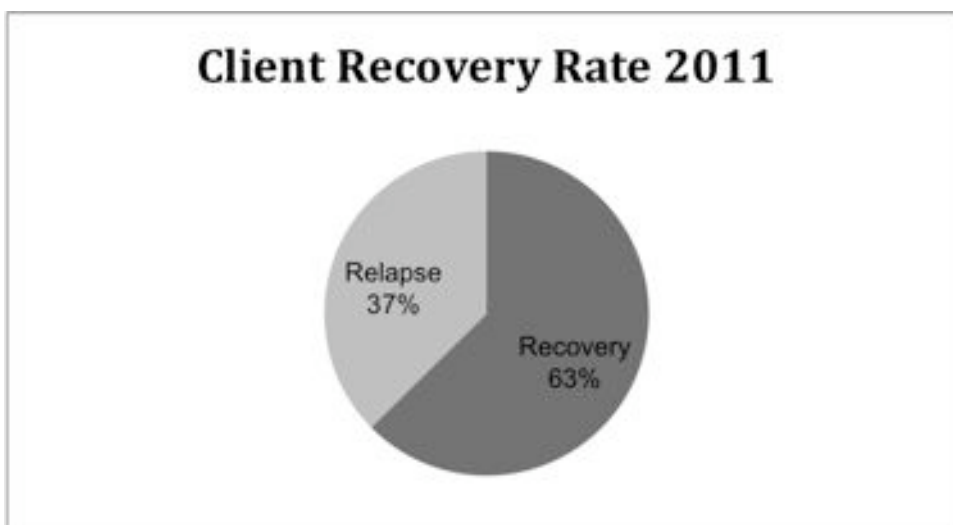
318 Teens in 5 Teens for Kids Teams

1050 Teens participate in Teens for Kids Programming

Impact

TREATMENT RESULTS 2011 (for more details see further in report)

All clients' recovery percentage in 2011



No	Teams	Total Clients	Recovery	Relapse	Can't follow up	Recovery %
1	Mae La Oo	26	9	10	7	47%
2	Mae Ra Ma Luang	19	12	5	2	71%
3	Mae La	34	15	13	6	54%
4	Umphieum	76	50	23	3	68%
5	Noh Po	102	58	35	9	62%
	Overall Total	257	144	86	27	63%

% does not include those who left the camp whom we can't follow.

Prevalence: 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. Comparisons are made between 2010 and 2011. It can be seen that estimates of Substance Abuse has remained the same or decreased and overall crime due to substance abuse had decreased significantly, between 2010 and 2011.

Prevalence of Addiction in Refugee Camps 2010 and 2011	Camp Committee & Section Leaders Estimates	Camp Security from Security Records
Mae La	<p>2010: 30% of refugees have problem with alcohol or drugs</p> <p>2011: 33% of refugees have problem with alcohol/drugs</p>	<p>2010: 300 cases in detention in 2010 90% alcohol related</p> <p>2011: 120 cases in detention, 36% cases in detention related to alcohol/drug abuse</p>
Umpiem	<p>2010: 40 % of refugees have problem with alcohol or drugs</p> <p>2011: 10% of refugees have problem with alcohol/drugs</p>	<p>2010: 70 cases in detention in 2010 80% alcohol related</p> <p>2011: 150 cases in detention, 73% related to alcohol/drug abuse</p>
Nu Poe	<p>2010: 30% of refugees have problem with alcohol or drugs</p> <p>2011: 30% of refugees have problem with alcohol/drugs</p>	<p>2010: 150 cases in detention in 2010 70% alcohol related</p> <p>2011: 113 cases in detention, 33% related to alcohol/drug abuse</p>

Monitoring and Evaluation

DARE Network continues to provide addiction treatment and prevention education to 6 communities along the Thai/Burma border. As a way to learn lessons from our past experience, to improve effectiveness of all DARE Network activities and further develop the comprehensive addiction program offered by DARE Network an annual evaluation takes place. The participatory evaluation approach is the preferred option for DARE Network as this builds local capacity by empowering staff to be fully involved in assessing the impact of their projects and activities. They are then in an ideal position to see how and why tasks succeeded or could have been done better and discuss, as a team, ways in which improvements can be made. In this way, the results of the evaluation and the process itself are useful and meaningful to all staff.

From DARE's 2011 Annual Evaluation

Responses from DARE's Addiction Workers

What changes and improvements have you seen in your community around drug and alcohol abuse this year? Please provide examples or stories to illustrate the changes. *(All DARE Network team including DARE for All volunteers)*

Mae La Oon Camp

- In this year we see some changes and improvement in our community around drug/alcohol abuse because we hear according to camp committee member and security people. Because there are less number of alcohol cooker and drinker than last. In this year all the camp authorities work together and very strong on this issue.

Mae Ra Ma Laung Camp

- This year camp authority, security, section leader and Thai local authority are more pay attention on drug/alcohol problems and we have more close coordination with them. And violence problem in the community also decrease because camp authority make very strong rule and the same time give punishment to those people who abuse and there are pressure on the seller and user too. So
- we see the changes and improvement in our community on drug/alcohol issue.

Mae La Camp

- In this year in the camp the only change we see is more client come to treatment centre and most of them are high-risk condition.
- Some camp leadership know our treatment benefit and ask special request for their children and some problem makers.
- Get more recognize from other organizations.
- Get more leadership in community (religion leader, local organization staff, parent) participation in refer clients to treatment centre.
- ***In this year on December we see the rule put out in community about alcohol and drugs with strong punishment. (Just wait and see it is work or not) so we see some action change on drug/alcohol issue by camp leaders.***
- Family are feel satisfy with their popular addict after received addiction treatment and express their feeling to us.
- Some client from outside the camp come for their addiction treatment and their leader see benefit and support us with some extra we need (Some rice, oil, training materials)

Umpieum Camp

- The thing that change and improve in our community is we didn't see violence or fighting during ceremony and special event days and camp security said that there are less problem maker in detention place compare to last year.

Noh Po Camp

- We DARE Network workers see less violence related to alcohol because when we go to community for our program evaluation community leaders and security person said there are decreases numbers of crime related to alcohol compare to last year.
- Get community leadership more pay attention to addiction issues. So things are change and improvement in our community.

Migrant Worker

- We see thing are changing in our community on drug/alcohol problems because Thai authority and our area leader work together on this issues very strongly. They also help us when we provide addiction knowledge to village and school.
- We see some parent share back addiction knowledge to their children not to use alcohol.
-

Did DARE Network Program benefit to your community? If so, how do you know this? (Feedback from Addiction Workers)

Mae La Oon Camp

DARE Program is benefit for our community. Because if not DARE program we can't provide addiction knowledge to our community and they also can't learn addiction knowledge from us. We know because of we are working in our community and provide addiction treatment and addiction knowledge throw prevention education in community.

Mae Ra Ma Laung Camp

DARE Network benefit to our community we can say by looking to addiction treatment and addicts. There are many recovering addicts. Even some are relapse. Some blame to us but many people encourage us and talk about the clients that relapse are need to take care their self. And community leader and other organizations also see we should continue our activities in the community. And they said some addict after treatment they become a good example for other people in the community. And the prevention education activities also benefit to our community and open their mind.

Mae La Camp

DARE Network is benefit for our community and really should have. We can say by people who received addiction treatment and recovery. And we see their family feel happy and support us as they can when we need help. And other CBOs and NGOs staff said to us the program should continue in our community. And we get more community feedback with their suggestions and helping our workers. And get more coordination on activities with us. And more people come for sauna even they are not clients. Usually for those kind of people we give sauna after our client finished and before we give we share addiction knowledge so they give feedback that they come to DARE treatment centre and received not only sauna also addiction information. They are coming more and because they get benefit from our program. ***We get some chairs and table donated from clients' family even we don't ask and they said that don't put their name.***

Umpieum Camp

DARE Network Program benefit to our community. We can say benefit because some client after they finished treatment and stay free from using. And when they stay at home and helping their family and understand each other. And they get respect from other people.

Noh Po Camp

The program is benefit to our community. Addicts know and understand the consequences. Then they come to treatment centre and get addiction treatment. And addicts understand their value and understand about their family problem. We see some addict finished and become good role model in their family and not violence. And share back their experiences in community by prevention education campaign activity and home visiting activity. Some young clients also try to encourage their friends for addiction treatment. Teenager group play and share their addiction knowledge to other friends and they are leaving drug/alcohol and join with teenager activity with their friends. So we can say that treatment and prevention program benefit to our community.

Migrant Worker

DARE Network prevention education activities in our migrant are very benefit because we see our migrant people have a chance to understand the addiction knowledge with change their life and we can provide our addiction knowledge to our people. And we can help our migrant workers who need our help. Because of the program we can work with local community in health, religion and social work.

Community Response (includes teachers, CBOs, local NGO staff, Camp Leaders and Security

Know DARE Network by

- The program that provide addiction treatment in our community and I heard the program not forces people to stop using and going to treatment centre. They encourage self-volunteer for treatment. The program is benefit to our community by helping our people. And I see one of my friend one time he become useless person and people are neglect him but after he get addiction treatment till now he free from using and he become a leadership in organization. It is a big change. So I can say the program is benefit.

We know the program very well because we work with them in community and we know the program provide addiction prevention education knowledge, publication, home visiting and addiction treatment for addict, who want treatment. They have their office and we see many people get treatment and can stop using. They also provide addiction knowledge to school and organize teenager groups in school and community.

We know the treatment program is free and nothing cost for the treatment. In Thailand or Burma if you want for the treatment you need to pay for the cost.

In our community we know about DARE program and their activities because we work together on special event days and 16 days gender base issue campaign in community.

We know DARE by participate in their teenager activities and know more about addiction knowledge and we can help our friends not to use.

In our community sometime we work with DARE and helping each other and we know the program is good for our children when I look at from religions side. We are happy to have this program in our community.

We know the program because they work with our students and educate our students about addiction knowledge and train a new sport activity call Ta Kwe Law Kaul (Frisbee) game for them and we (teacher) also participate in the activity.

I know DARE by attending monthly NGOs/CBOs meeting in camp and understand what they are doing in our community.

I know DARE well because I get back better for my health after go to DARE office and have sauna with my friend. Make change in my health condition so I know the program.

We know DARE Network program because we see their workers come to our section and doing home visiting activity with share us poster.

We see DARE program and know that good for our children because they try to organize many teenagers and give them addiction knowledge. So that we see some of student who created a problem in community go and participate with their teenagers program. And share back their experience to other friends.

Doing activities together at sharing addiction information poster, booklets and some other health message posters and human right posters in community and schools. And we see the program benefit for our migrant community by sharing addiction knowledge, health and human right knowledge. By this ways our migrant workers are getting their mind and eye open even they stay in other country.

Response from Clients and their Families

LONG TIME RECOVERY CLIENT

Name- Confidentiality

I start to use with friends for enjoy and went to traditional ceremony with my parent and there are alcohol you can drink. But at the beginning I just use some time in traditional ceremony. In the ceremony you can't drink a lot so after ceremony me and my friends try to find alcohol from other place and drink till enough for us. And doing like this for many years we become to can't stop drinking. When I come to stay in the camp I hear that there is DARE organization which provides addiction treatment and I ask one of section leader to send me to treatment centre for my addiction problem. During treatment centre all the workers are well take care me and give me acudetox, sauna, massage and many things that I can't remember. I feel very satisfy. When I back home I got many temptations but I can go through with the knowledge that I got and my own strong decision and try to tell them that I will not drink again. And I give promise to DARE workers that I will never try and to stay free from using so this promise help me too. The message for community is try to be free from using.

Family

We are very happy because of he can stay free from using again. Before he goes to treatment centre in our family there are sometime violence and income problem because of his using. After he back from treatment centre I didn't see he using again not blame to us as before. Now his children don't need to buy his alcohol and smoke. Not only stopped using. So we are happy.

Short time recovery client

Name- Confidentiality

I used alcohol and smoke when I stay inside Karen state but behind my parent. And later when I grow up I can't stop using and continue till I come to the camp. After arrived to camp in a few months I hear that there is the place for who want to stop for their addiction. And I decided to go and give my name to DARE worker for treatment and come to treatment centre. Everything that I get experience from treatment centre is good for me. I got acudetox, sauna, N/A, addiction knowledge training and good food than my house. After 3 months and back to home I face with many temptations and some time very difficulty to pass from my friends but I can. Any after they try many times and they know that I really want to stop and they told me good for you stop. And they said for them they can't stop now and ask me the experiences from treatment centre and I explain them everything I get from treatment centre and I encourage them if you want to stop I can help you to send to treatment centre.

Family

Before he goes to treatment centre he often to drink and smoke with his friends. We can't talk to him but when he decided to stop for his using we are very happy. I think he can't stop in his life. But after he finished his treatment and back home I see he is doing well and health. So as we are parent we feel very happy.

Long time recovery client

Name confidentiality

I start to use since I was young and more and more till I was adult. The reason I start to use is because of my own internal family and income problems. And I try to solve this problem but I can't. Later I put out my feeling with drinking alcohol. I think even I can stop by myself but because of friends and environment I need to go to treatment centre and family encouragement. If not I can't pass. So I come to treatment centre. The experiences I get from treatment centre are after detoxifications I feel like the toxic in my body are gone and after that I get addiction knowledge from workers my mind are open and fresh. Addiction knowledge and counseling section was good and can use for relapse prevention. Food also good and gain life experiences from other because we have a chance to share our experiences and learn from each other. After finished my addiction treatment I gain the skill that to face with friends temptations and how to avoid them. And know about a good relationship in the family. By this way I can pass my life without using again and if I have the stress I try to fall down in religion activities. And I try to direct the addict to treatment centre for the treatment if I see them. I want to share the information to public that I don't want them to use drug/alcohol.

No family member because they are resettles.

Short time recovery client

Name confidentiality

Since I was young I start to use because of I don't know about the consequences of alcohol. I come to DARE by hear the information from my brother who working with DARE men working with men group member and his encouragement. neighbor. In the treatment centre at the first month of treatment about fifteen days I feel like not freedom and like I still in detention. But after I pass this difficult time for fifteen days I start to feel a little bit better. I can start to eat, sleep and fresh. At the first two days I face with very strong withdrawal symptoms and very difficult for me to pass. At this time all the worker help me with many kinds of treatment and show their warm care. It is a big thanks to them for helping me when I was in difficult time. They give me massage, foods, medicines, sauna and acudetox. After that I feel like healthy. And I get to learn

the addiction knowledge and their consequences. Now I know the consequences well. After treatment and get back to community sometime I face with my old friends and their temptations. But I can go throw and put myself in the business. When they try me to drink I explain them if you want to see me long life please don't offer me because the doctor said me if I drink I will vomit with blood. Just try to avoid them by lying with medical problems The news that I want to share is drug/alcohol can hurt our physical, job, health and social relationship.

No family because they are still stay inside Burma.

Long time relapse client

Name- Confidentiality

I start to use when I meet with friends and just a little bit. And after again and again I become addict to alcohol I know myself. When I feel like I want to stop using I think DARE workers can help me. So I decided myself and come to treatment centre for treatment. When I stay at treatment centre all the treatment that the workers give to me is benefit a lot. I become healthy and I understand back my value. And I get the knowledge about how are drug/alcohol positive and negative consequences and how can hurt our body and health. Workers are take care me well. When I back to community I am try to share back all the information I get from DARE to my friends. But I face with many times of temptations from my old friends and till I can't control myself and become to use it again till now. The reason I use again is I can't pass my old friends temptation and I just follow my mind again. The message that I want to share to community is in our community DARE provide addiction treatment and if any one want to know the place I can show for them.

Family

Before he went to treatment centre I have to face many problems because of his using. And I have to cry many times because of he selling our ration such as rice, cooking oil and when he used and back home he violence, fighting with other people and take off his cloth and walk on the way always. Make me shame and unhappy. When he told me he will stop using and go to DARE treatment centre I feel very happy and I have full with hope from him to change. And I hope we will get peaceful family and his life also become well. When he back home in a few day I see he didn't use and I feel very happy. But in not many days he reuses again and I hope one day my husband to change his behavior and go again to treatment centre. If he have a chance I will be happy.

Short time relapse client

Name – confidentiality

At the beginning I just use for friend relationship but after I become addict. I come to treatment centre for stop my addiction when I meet with DARE worker and I hope to take out toxic in my body. In treatment centre I feel OK and healthy worker are well take care and treat us with many things such as medicine, addiction training, sauna, acudetox and good food. After I back to community I meet with my old friends and my neighbour and they are happy and encourage me but only myself need to take response because I just follow my mind and not listen to other people. Later I start with a few and continue again. The message for my friend and neighbour and community is better not to use or touch.

Family

In our family before he going to treatment centre we feel very tired and when we see him in the family happy are gone. We are feel very happy when he go to treatment and hope not use again. But when he back home in a few weeks he start to use again and his behaviour are the same before. We hope one day he will change.

MONEY

DARE wants to thank our wonderful donors. The great thing about our donors is their real interest in our work and the moral support they offer in addition to the much needed financial resources.

2011 Donors

Dave and Kerry Rickard Foundation, Union Aid Abroad-APHEDA, Refugees International Japan, Primate's World Relief and Development Fund, Friends of DARE Network, GlobalGiving, Thai Oilmen's Charity, Soi Dawgz Ultimate Frisbee Team, United Nations Office on Drugs and Crime, Canadian Club Thailand
Many, many, many private donors

2011 Revenues: 3,773,204 Baht = \$122,487 USD (approx)

2011 Expenses:

Human Resources	1,302,500.00
Program Materials	1,188,002.00
Transport & Travel	395,191.17
Direct Program Costs	131,743.11
Office Administration	116,357.61

Total Expense: 3,133,793.89 Baht = \$ 101,730 USD (approx)*

*** Some grants and activities cross over year-end which is the difference between Revenues and Expenses.**

Looking forward to 2012

This may be a year of change inside Burma. Certainly, International Governments and big business are rushing to the border to get inside first. The media heralds ceasefires, Aung San Suu Kyi is contesting a by-election and the new Burmese Government seems to be reaching for reform. People have begun talking about a return to Burma for the refugees. All these things are hopeful.

In reality, on the ground in Burma, not much has yet progressed. Fighting continues, people are hiding in jungle locations, the ethnic states are covered with landmines, ceasefires are fragile and do not yet include political dialogue. The Burmese refugees in the camps in Thailand are eager to return home but only when it is safe to do so in a stable and peaceful environment. For the time being this environment doesn't exist. We expect that it will still be some time before people can go back home. We encourage all our donors to continue to support the refugees and the work at DARE for the time being, knowing that we too are working toward happy changes for all the wonderful people we serve, who deserve our support.

DETAILED INFORMATION ON PROGRAMMING AND RESULTS

CAPACITY BUILDING

DARE Network have 6 Core Local Staff including Program Coordinator, 3 DARE Trainers, Accountant, Thai Liaison Officer and part-time international Capacity Advisor/Addiction Trainer.

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.

In pursuing our objectives, we conducted the following activities and programs during 2011

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.

DARE Network Trainers responded to continued resettlement by training new addiction workers in all the camps as follows. DARE's training is 6 months long providing both theoretical and experiential training to complete the requirements to become and

New Addiction Workers Trainees in 2011			
No	Name	Sex	Community
1	Sar Blut Say Ku Htee	M	Mae La Oon Camp
2	Neh Neh Htoo	F	Mae Ra Ma Laung Camp
3	Eh Kaw Moo	M	Mae Ra Ma Laung Camp
4	Moo Eh	M	Mae Ra Ma Laung Camp
5	Sar Muh Taw	M	Mae La Camp
6	Htun Htun Oo	M	Mae La Camp
7	Nyut Nyut Mae	F	Mae La Camp
8	Nam Nwe Oo	F	Mae La Camp
9	Moo Tha	M	Mae La Camp
10	Naw Evening	F	Umpieum Camp
11	Naw Rosy Paw	F	Umpieum Camp
12	Ku Ku	F	Umpieum Camp
13	Twa HayTha	F	Umpieum Camp
14	Ma AungNaing	M	Noh Po Camp
15	Lah Kuh Paw	F	Noh Po Camp
16	Sar Htoo	M	Noh Po Camp
17	Eh Poe Po Htoo	F	Noh Po Camp
	Male- 8, Female- 9		

Addiction Worker with DARE. DARE Network Trainers responded to continued resettlement by training new addiction workers in all the camps as follows. DARE's training is 6 months long providing both theoretical and experiential training to complete the requirements to become and Addiction Worker with DARE.

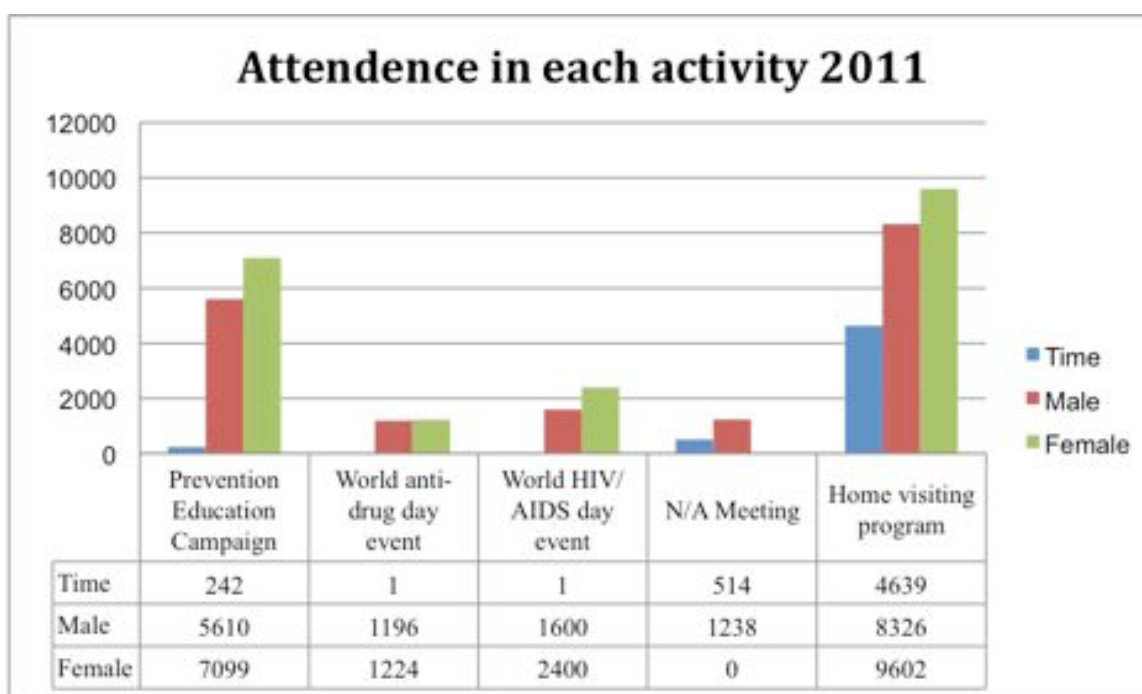
The Prevention Education and Community Intervention activities that we accomplished in 2011 year are as below. The type of activities are listed 'A to L'. The table below that indicates which activities took place in which communities, how many attended and the number of times they took place.

- A. Drug and Alcohol Prevention Education
- B. Family Home Visits
- C. DARE FOR ALL Families Program (Include men working with men for happy family, teenager for kid to against drug/alcohol abuse, help your neighbour campaign, family intervention, addiction treatment for women and teenager, CCT – Community Coordinated Treatment
- D. International Anti-Drug Day Events include Art and Writing Contests
- E. Addiction Treatment
- F. Addiction Worker and Community Addiction Worker Trainings
- G. NA/FA Programs
- H. Ultimate Frisbee program
- I. World HIV/AIDS Events include Art and Writing Contests
- J. Non residential (3 month or 6 week pilot program)
- K. 16 days SGBV campaign
- L. Music Program

Communities	Activities											
	A	B	C	D	E	F	G	H	I	J	K	L
Mae La Oon Camp	x	x	x	x	x	x	x	x	x		x	x
MaeRaMaLaung Camp	x	x	x	x	x	x	x	x	x		x	x
Mae La Camp	x	x	x	x	x	x	x	x	x		x	
Umpieum Camp	x	x	x	x	x	x	x	x	x	x	x	
Noh Po Camp	x	x	x	x	x	x	x	x	x	x	x	
Migrant (Propra area)	x	x		x		x			x			

We are provide prevention education in community about addiction knowledge, GBV knowledge, Health, Social issue and special events day together with all the CBOS and NGOs name in the table below.

Community	CBOs/ NGOs
Mae La Oon Camp	KWO, KYO, Camp Leaders, Teacher, Camp Education Department, Camp Health Department, Security, KSNG, COERR, CPT, MI, SVA, ZOA, HI, CAN, ADRA, PPAT
Mae Ra Ma Luang Camp	KWO, KYO, Camp committee, Security, Teacher, COERR, ARC, CPT, SGBV, MI, ZOA, HI, CAN
Mae La Camp	KYO, LAC, Teacher, CPC, PU-AMI, VCT, KWO, Section leader, HI, SGBV, PPAT, COERR, Solidarities
Umpieum Camp	Camp committee, Section leader, VCT, ARC, KWO, KYO, MWA, HI, RTP, PPAT, COERR, GBV, CAN
Noh Po Camp	AMI, ARC, RTP, COERR, ARC, SGBV, HI, KYO, KWO, KSNG, ADRA, VT, SVA, VCT, KHWU, Camp committee, Section leader, Security, Religion leaders, Local Thai authority
Migrant (Proper area)	SHDA (Social Health Development Association), WE (World Education), MHC (Men Health Centre), YC (Youth Centre), SAW (Social Action Women), IRC education and Thai local public health, Religion leader, Migrant school teacher



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.

The number of prevention education sessions delivered per community and the number of community members present is presented below. Prevention education presentations completed in Jan to Dec 2011

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	28	1030	1337	2367
Mae Ra Ma Laung camp	School(high, primary), Section leaders, ,KYO, KWO, Camp security people, Clients, DARE Team, General public	32	1083	1449	2532
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	43	707	946	1653
Umpeium camp	School(high, primary), Section leaders, General public, KYO, KWO, Clients and their family member, DARE Team	26	770	909	1679
Noh Po camp	School(high, primary), Section leaders, General public, KYO, KWO, clients and their family member, DARE Team	33	1287	1584	2871
Migrant	Migrant community and school	80	733	874	1607
	Total	242	5610	7099	12709

Team in Community World Anti drug day events (26) June 2011

Community	Male	Female	Total
Mae La Oon Camp	185	255	440

Mae Ra Ma Luang Camp	287	325	612
Mae La Camp	66	25	91
Umpieum Camp	220	223	443
Noh Po Camp	378	271	649
Migrant worker (Prophra)	60	125	185
Total	1196	1224	2420

Participants in HIV/AIDS day events (1) December 2011

Community	Male	Femal e	Total
Mae La Oon camp	250	350	600
Mae Ra Ma Laung camp	200	300	500
Mae La camp	500	800	1300
Umpiem camp	300	450	750
Nu Poe camp	200	300	500
Migrant	150	200	350
Total Estimate	1600	2400	4000

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.

Number of home visits made in 2011

Community	Houses	Male	Female	Total
Mae La Oon camp	1237	2734	2935	5669
Mae Ra Ma Laung camp	779	775	903	1678
Mae La camp	588	669	773	1442
Umpeium camp	831	1437	1993	3430
Noh Po camp	1204	2711	2998	5709
Migrant	0	0	0	0
Total	4639	8326	9602	17928

TREATMENT PROGRAM:

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.

Number of clients treated in Addiction Treatment Centre for *residential treatment* this year? 2011

Community	Male	Female	Teenager	Total
Mae La Oon	8	2	16	26
Mae Ra Ma Laung	5	0	14	19
Mae La	29	1	4	34
Umpieum	0	0	0	0
Noh Po	0	0	0	0
All Total	42	3	34	79

Clients treated in Addiction Treatment Centre for *non residential (day) treatment*? 2011

Community	Male	Female	Teenager	Total
Mae La Oon	0	0	0	0
Mae Ra Ma Laung	0	0	0	0
Mae La	0	0	0	0

Umpieum	53	18	5	76
Noh Po	32	7	63	102
All Total	85	25	68	178

Type of referral to treatment

Community	Self	Family	Leader&CCT
Mae La Oon	19	2	5
Mae Ra Ma Laung	13	6	0
Mae La	5	22	7
Umpieum	65	11	0
Noh Po	96	6	0
All Total	198	47	12

Residential Treatment Recovery and Relapse 2011

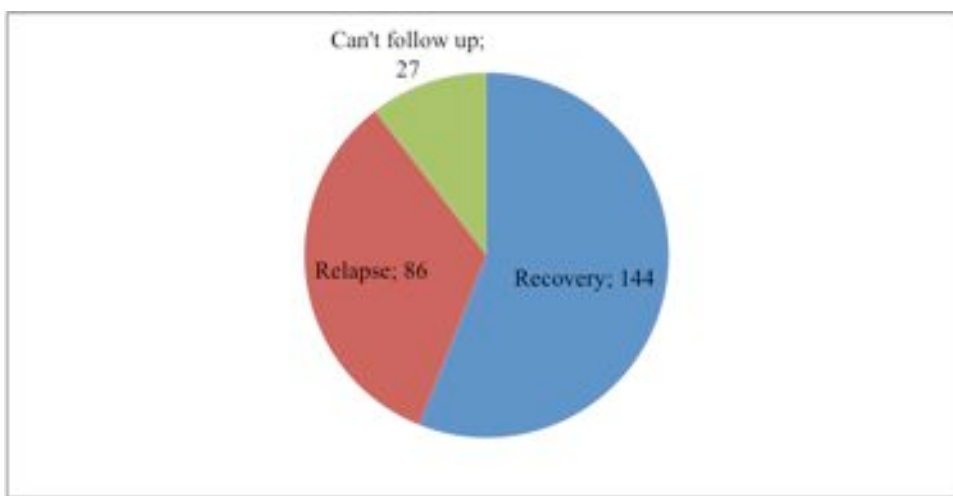
No	Teams	Total Clients	Recovery	Relapse	Can't follow up	Recovery %
1	Mae La Oo	26	9	10	7	47%
2	Mae Ra Ma Luang	19	12	5	2	71%
3	Mae La	34	15	13	6	54%
4	Umphieum	0	0	0	0	0%
5	Noh Po	0	0	0	0	0%
	Overall Total	79	36	28	15	56%

Non-Residential (Day) Treatment Recovery and Relapse 2011

No	Teams	Total Clients	Recovery	Relapse	Can't follow up	Recovery %
1	Mae La Oo	0	0	0	0	0%
2	Mae Ra Ma Luang	0	0	0	0	0%
3	Mae La	0	0	0	0	0%
4	Umphieum	76	50	23	3	68%
5	Noh Po	102	58	35	9	62%
	Overall Total	178	108	58	12	65%

It is significant that the non-residential recovery rates are higher this year than residential. This information will inform our planning for 2012.

2011 Clients follow up



January to December 2011 for Recovery and relapse during (12) months

2011 Clients follow up

Total Clients	Recovery Clients	Relapse Clients	Dead Clients	Resettlement Clients	Back to Burma	Recovery%
257	144	86	2	7	18	63%

After they finished treatment and a few months seven clients were resettlement to USA. Eighteen clients back to Burma and two clients death by illness. This year we are not following up clients who are leaving the camp.

2010 Clients follow up

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

Total Clients	Recovery Clients	Relapse Clients	Dead Clients	Resettlement Clients	Back to Burma	Recovery %
196	131	56	0	4	5	67%

2009 Clients Follow up

January to December 2009 for drug free and relapse during 12 months

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

It is significant to note that a larger number of Resettled clients relapsed than those remaining in the refugee camps. The upheaval and trauma of resettlement is likely the cause. The numbers are accumulated over 7 years and represent the average. The longer the follow-up the more relapse was seen. Nevertheless, these represent excellent results in the addiction recovery field.

Self-Treatment

As a result of DARE's Prevention Education Campaigns and self-reflection, 71 people stopped using Drugs and Alcohol on their own.

- 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	-	1	-	3	-	-	4
By health	2	1	1	1	7	1	13
By health and DARE education	6	2	-	8	1	3	20
By family pressure and income	3	3	-	6	8	2	22
By religion	1	-	1	5	1	2	10
By resettlement issues	-	-	-	-	-	-	-
By community	-	-	-	-	2	-	2
Total	12	7	2	23	19	8	71

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.

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.

The Number of NA 12step Program run in program and in community for this year

Community	Time	Male	Female	Total
Mae La Oon camp	96	185	0	185
Mae Ra Ma Laung camp	98	186	0	186
Mae La camp	116	178	0	178
Umpeium camp	104	217	0	217
Noh Po camp	100	472	0	472
Migrant	0	0	0	0
Total	514	1238	0	1238

Note

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

DARE for ALL FAMILY PROGRAMS

1. **“Men Working with Men for Happy Families”** is a peer support program involving identified male role models interacting with known addicts in the community. Typically the substance abusers are men who are chronically violent in their families or the communities as a result of their drinking. They repeatedly end up in detention. This program is an attempt to direct them to treatment.
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.

DARE FOR ALL Family Program members.

Community	Men group	(M) Teenagers	(F) Teenagers
Mae La Oon	15	30	17
Mae Ra Ma Laung	7	37	24
Mae La	7	30	14
Umpieum	13	31	17
Noh Po	32	67	51
Total	73	195	123

Teens for Kids Prevention of Addiction and Violence through Ultimate Frisbee

Teenager participate in Frisbee 10 tournaments in 2011
105 Teams, Boy (633) and Girl (417)
MLO (17) Teams – 2 tournaments
MRML (27) Teams – 2 tournaments
ML (4) Teams – 1 tournament
UP (15) Teams – 2 tournaments
NP (40) Teams – 2 tournaments