Compounding Vulnerabilities

Results of the Participatory Assessment and Response on Drugs & Substance Use and HIV/AIDS in **Phnom Penh, Battambang, Siem Reap, and Sihanoukville**

USAID FROM THE AMERICAN PEOPLE

International HIV/AIDS Alliance
Supporting Community Action on AIDS in Developing Countries

FRONTIERS PREVENTION PROJECT

KHANA
Khmer HIV/AIDS NGO Alliance

From the Director

This report documents KHANA's first steps towards developing a drugs and alcohol-related HIV/AIDS programme in Cambodia. It collates the results of the Participatory Assessment and Response activities done by 8 of KHANA's partner NGOs over the last year and the technical response framework developed by KHANA for this programme.

The results validate assumptions on certain areas being “hot spots” for drug use while at the same time challenging the long-held belief that drugs are not a big problem in Cambodia. The results of these assessments greatly informed the design of the programme that KHANA is currently implementing. Furthermore, the results will still impact the development of future strategies when the programme is scaled up in the future.

Aside from documenting the experience of doing participatory assessments in the context of drugs and HIV/AIDS, we at KHANA are hopeful that this document will also serve as inspiration for partners and stakeholders who wish to engage in drug-related HIV/AIDS work.

Dr. Oum Sopheap, MD, MPH

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Introduction

Used needles and syringes collected from the street and disposed of by Kor Sang, an NGO in Phnom Penh

Illicit drug use has only been recently recognized by the Cambodian government as having the potential to worsen the HIV/AIDS epidemic in Cambodia[1]. Responses to this issue were focused, at best, on arresting dealers and sending users to military style camps for rehabilitation. In 2005, KHANA began to see increasing evidence that illicit drug use was becoming a major issue in relation to HIV transmission but that the response to this issue was small and uncoordinated.
Partner NGOs reported drug use among target populations while a small number of surveys and assessments demonstrated that drug use was increasing, posing a grave threat to HIV prevention efforts. The Alliance and KHANA both acknowledged that an urgent response was needed.
Experience from neighbouring countries in the region demonstrates that without timely interventions, HIV prevalence within the drug using population can explode to dramatically high levels. In Bangkok in 1987, for example, prevalence among injecting drug users (IDU) surged from 1% to 40% in the space of 12 months. Drug users are not separate from the wider population, and evidence from other countries has shown that a rapid increase in HIV prevalence within this group leads to increased prevalence among non-drug users too, usually the sexual partners of drug users.

In August 2005, USAID supported the International HIV/AIDS Alliance and KHANA to carry out a situation assessment into drug/alcohol use and HIV/AIDS, identifying the gaps in service provision and mapping out a response. USAID were also interested in the possible role a group of Cambodian American returnees could play in the response. This community based organisation was beginning to work with drug users in Phnom Penh. The assessment showed that intravenous drug use was becoming an increasing problem and that widespread use of amphetamines was also being reported among young people, street youth and sex workers. There were serious misconceptions about drugs at the community level, with many people believing that illicit amphetamine type substances (ATS) were actually no more than 'strong vitamins' that gave them more energy to work. Equally, it was clear that NGOs did not have adequate information and skills to respond to these problems and there was a significant shortfall in resources to develop projects. Existing drug-related programmes focus largely on abstinence or prevention, on military style rehabilitation and little on harm reduction, even if this is one of the guiding principles of the national HIV/AIDS response.[2]

However, a supportive political environment for working with drug users was noted, with relevant policy statements and targets being developed to tackle the combined challenges of HIV and drug use at a national level. KHANA developed a technical response framework outlining a comprehensive package of services (see page for details) based on information from the situation assessment and on international good practice. As a result, USAID supported KHANA and the Alliance to develop a programme of activities to support NGOs in two sites to develop appropriate drug and HIV/AIDS prevention projects using

[1] *Implementing Guidelines of the Law on the Prevention and Control of HIV/AIDS; National AIDS Authority; 2005; p. 12*
[2] *National Strategic Plan for a Comprehensive & Multisectoral Response to HIV/AIDS 2006-2010; National AIDS Authority; 2005; p. 15*

KHANA's extensive experience of working with vulnerable populations. Four NGOs in Phnom Penh and Battambang were identified: Community Development Action (CDA), Sacrifice Family and Orphans Development Association (SFODA), Khmer Development of Freedom Organisation (KDFO) and Kor Sang (the aforementioned group of Cambodian American returnees). These NGOs are all in urban areas with relatively high numbers of drug users and where there is significant potential for cross-over between drug users and the general population.

Immediate interventions were put in place to:

- mobilise communities and increase knowledge of the situation around drug use and HIV/AIDS;
- build the capacity of NGOs to provide basic education to the general population about drugs and their harms;
- increase understanding of the links between drugs and HIV among NGOs including KHANA, communities and key stakeholders including government; and,
- provide services to drug users to reduce their risk of HIV infection.

The interventions began with participatory site assessments based on the Alliance toolkit "Developing HIV/AIDS work with drug users: A guide to Participatory Assessment and Response"[3] being carried out by each NGO partner.

Concurrent with the development of this USAID supported programme, KHANA was also seeking to expand its successful Frontiers Prevention Project which works with key (most at risk) populations in three sites: Battambang, Siem Reap, and Sihanoukville by reaching drug users in these sites. KHANA supported Mith Samlanh, a local NGO working with street youth, to build on its experience of drug use and HIV services in Phnom Penh by conducting training and community assessments on HIV/AIDS and drug use with four NGO partners in the three sites. The NGOs involved were: Men's Health Cambodia (MHC), Friends Association Pioneers (FAP), Operations Enfant de Battambang (OEB), and M'lup Tapang.

This report collates and summarizes the results and findings of the eight participatory community assessments carried out by NGOs and outlines the response framework developed by KHANA to tackle the compounding vulnerabilities of HIV and drug use in two cities in Cambodia.

[3] *Publication of the International HIV/AIDS Alliance, "Developing HIV/AIDS work with drug users: A guide to Participatory Assessment and Response", August 2003 www.aidsalliance.org*

Carrying out a participatory assessment in the community

Goals & Objectives

of the participatory assessments

Conducting participatory assessment and response activities is part of KHANA and the Alliance's crucial first steps before planning and implementing projects. Community assessments serve two equally important purposes. Firstly, conducting and participating in assessments is key to mobilising the NGO sector and the community to tackle challenges and reach stigmatised populations. Secondly, the results of assessments guide the project design and identify targets, activities and indicators that are based on the specific needs of the community as they have expressed them, ensuring that projects are relevant and sustainable.

The goal of the assessments was to develop a better understanding of the connection between drug use and HIV/AIDS vulnerability in the context of the Cambodian HIV/AIDS epidemic.

The objectives of the assessment were as follows:

1. To identify who is most vulnerable and at-risk and HIV/AIDS and the links to drug use;
2. To understand which drugs are being used and the context of drug use
3. To identify the problems and needs of the communities in relation to drug use and HIV/AIDS, including the impact of drugs in the community;
4. To gather information on existing services related to drug use and HIV/AIDS that are available in the communities; and
5. To develop strategies to address and meet the identified problems and needs in the communities.

Methodology

Two different types of assessment were used. Both assessments use participatory approaches to generate qualitative information with a range of community members including drug users, other groups vulnerable to HIV, community leaders and police. The assessments carried out by KHANA used participatory tools outlined in 'Developing HIV/AIDS Work with Drug Users'. The assessment teams of CDA, SFODA, KDFO and Korsang were trained on how to use the 12 tools (Mapping, Body Mapping, Trend Diagram, Lifeline, Daily Activity Chart, Venn Diagram, But Why? Diagram, Cause/Effect Flow Chart, Ranking, Matrix Scoring, Assessment Grid, and Evaluation Wheel) before the actual assessments began.

Meanwhile, Mith Samlanh utilized the “Ten Seed Technique” in conducting its assessment. The technique consists of rapid participatory learning tools designed to collect qualitative data from the target community. The main component of this approach is the use of seeds (beans, berries, etc) in the discussions to facilitate ranking and group consensus. As in the KHANA assessments, the assessment teams of MHC, FAP, OEB, and M'lup Tapang were trained on using the tool before conducting the assessments.

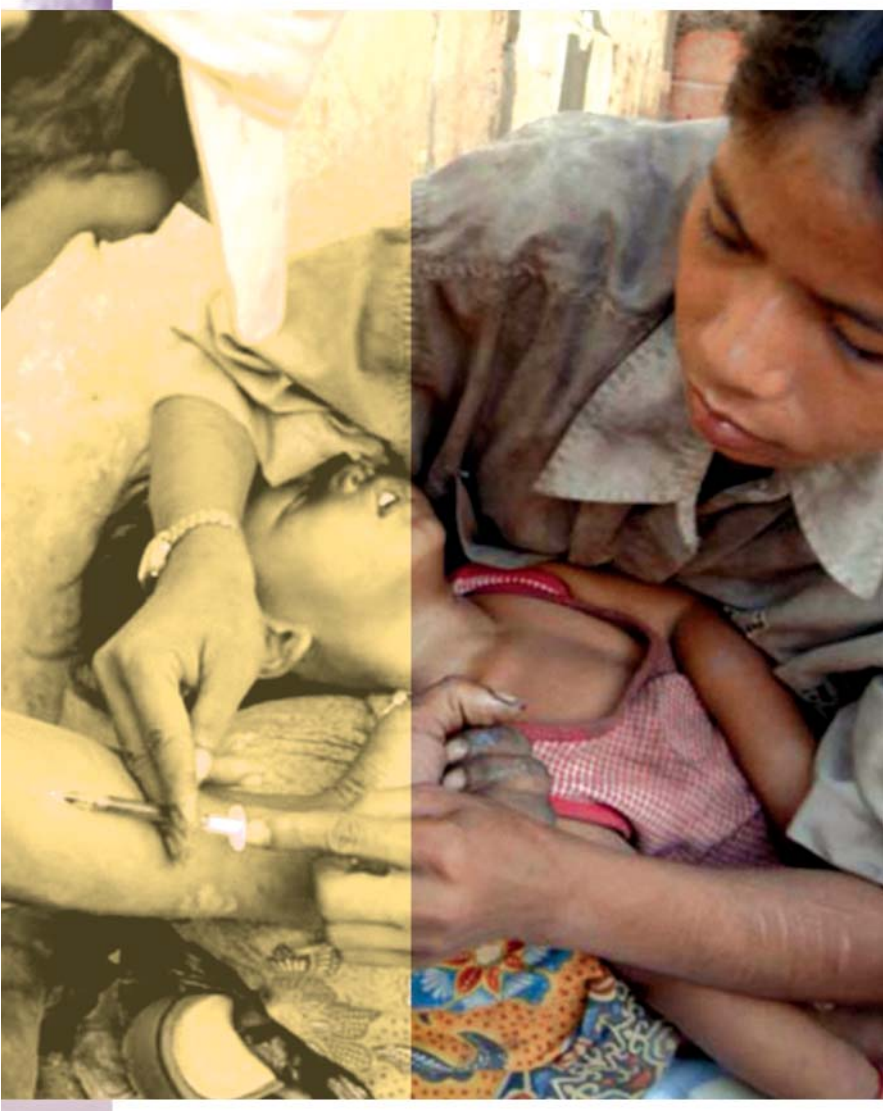
These tools were designed to maximize the participation of drug users in the assessment. Usually applied in a small group discussion (8 to 10 people) setting, the tools use drawing and other visual techniques to stimulate discussions in order to learn more about people's concerns, needs and priorities. The tools can help people to overcome their fear of talking in groups. A key point is that participants in the group discussion are in control of the tool; the role of the assessment team members is to facilitate the discussion and take notes.

At the end of the assessments, participants were asked to recommend strategies or approaches to tackling the problems highlighted. These results are also shown.

Limitations of the Assessments

The assessments were carried out as part of the planning process of KHANA in implementing drug and HIV/AIDS prevention projects in the selected sites of Phnom Penh, Battambang, Siem Reap, and Sihanoukville. This document therefore, does not purport itself as a definitive assessment of the drug situation in Cambodia. A national-level assessment of the drug situation in Cambodia has yet to be conducted.

The findings, however, of these assessments are programmatically relevant to KHANA and important to the communities in the aforementioned sites because the target clients themselves were active participants of the assessment. Some information from the assessments also serves to highlight important trends in drug use that can be applied to Cambodia more broadly.



A street scene of a woman injecting her partner.

Presentation & Analysis of Findings

Combining the findings of the two assessments is a challenge because each assessment utilized two similar but distinct data-gathering tools. This document, therefore, will focus on presenting findings on key issues outlined in the objectives.

A training workshop on basic drugs and HIV

Overview of key findings and trends

All assessments highlighted the following general trends that are of national importance and relevance to all new drug use and HIV interventions.

YAMA (AMPHETAMINE TYPE SUBSTANCE OR ATS) is the most commonly used drug and is most usually smoked. ***Ice,*** another stronger ATS is increasingly being seen and used. Considerable links between ***sex and drug use*** were reported in relation to using yama;

- many respondents reported ***increased sex drive,*** or the ability to have sex for longer
- high levels of ***yama use in brothels*** was reported suggesting links to modified behaviour and decision-making regarding condom use
- drugs are intrinsically linked to ***commercial sex*** with high percentages of informants spending a large proportion of their income ***buying sex,*** and an equally large proportion earning a large proportion of their income from ***selling sex***
- increased levels of ***aggression and rape*** were reported after using yama

HEROIN USE, INCLUDING INJECTING, was reported in both Phnom Penh and Siem Reap. However, limited awareness of heroin or drug injection was shown in other sites.

Overall, ***men and youth under 25*** formed the main proportion of drug users. Out of school youth were generally described as the most at risk of drug use by respondents.

Finally, very ***limited awareness of the link between HIV and drug use*** was demonstrated in all areas, either the risk of sharing injection equipment, or the effect of drug use on behaviour and sexual decision-making.

A Demography of participants

Participants in the assessments included community members, those involved in drug use, other vulnerable populations and decision makers in order to elicit broad information on drug use, available services and possible responses.

Table 1 shows the number of participants in the assessments, segregated according to sex and NGO. Men comprise more than 60% of the total participants. Not all NGO reports presented information on the socio-economic background of the participants.

Based on the available data, participants of the assessments came from a diverse background: manual laborers, vendors, scavengers, motodup drivers, sex workers (direct and indirect), young people (in- and out-of-school), local authority, police personnel, government officials, MSM, drug and alcohol users, monks, teachers, school directors, health care providers, NGO staff, and peer educators. The wide range of participants' background underscores the importance of the community at large in identifying problems and coming up with possible strategies to address these problems.

Table 1. Number of participants per NGO

NGO	Location	Female	Male	Total
FAP	Siem Reap	84	77	161
MHC	Siem Reap	55	116	171
OEB	Battambang	50	74	124
M'lup Tapang	Sihanoukville	66	94	160
SFODA	Phnom Penh	15	91	106
CDA	Phnom Penh	62	136	198
KDFO	Phnom Penh			110
Korsang	Phnom Penh	6	76	82
TOTAL				1,112

B Knowledge of drugs, drug use, and its impact

Participants demonstrated a relatively high level of awareness of drugs in the assessed communities. Yama, heroin, cannabis, glue, and wine were popularly identified as drugs and substances consumed by drug users in the respective communities. This level of awareness is attributable to the fact that a portion of participants (ranging from 5 to 50% per NGO) in the assessment were drug users

Preparing to smoke Heroin on the street

themselves. There were also gatekeepers (police, local authority) in some groups that had access to this kind of information. This, however, does not mean that the other participants were not aware of the issue. The level of awareness is increasing in the communities, reflective of the increase in incidence of observable drug use.

Where people buy drugs

Public areas like parks and streets, establishments like guesthouses, barbershops, and brothels were reported as places where drug users can purchase drugs. The vicinity of pagodas was also identified by some participants as a place where drugs users can buy and consume drugs. In Phnom Penh, 2 major heroin markets and 7 yama purchase sites were disclosed by participants.

How people use drugs

Smoking was reported as the most common method of ingesting drugs, followed by sniffing, injecting, and drinking. This reflects the level of use of certain types of drugs associated with each method. Smoking is for yama and cannabis while sniffing is for glues and solvents.

Injecting is commonly associated with heroin although yama, to some degree, is being injected as well. Oral intake of drugs is usually associated with ATS and alcohol.

Perceived reasons for drug use

Various reasons were cited as to why people use drugs. These ranged from curiosity, peer pressure, family problems, domestic violence, boredom, unemployment, low levels of education, wanting to forget problems, desire to stay awake to do more work, prolonging a sexual encounter and loneliness, amongst others. Citing these is important in developing a deeper understanding of the drug problem because each person has her/his own reasons for using drugs and programmes need to be flexible to respond to these varied reasons.

Effects of drugs

Participants also exhibited a high level of awareness of the impact of drug use on the body. Table 2 presents the impacts identified by participants in the KHANA assessments. It is important to note that the risk for HIV/AIDS was not cited by most participants; Hepatitis C was not cited at all.

Table 2. Impact of drug use in the body (KHANA assessments)

IMPACT	SFODA	KDFO	CDA	KOR SANG
Headache	x	x	x	x
Paranoia	x			x
Can't sleep	x	x	x	
Can't eat			x	
Clogged nose	x			
Hollowed cheeks	x			
Stomach ache	x	x	x	
Coughing	x			
Palpitation	x	x	x	x
Shivering	x			
Sex-related	x	x		x
Weight loss		x	x	x
Tuberculosis		x	x	x
Memory loss		x		x
Vision problems			x	x
Skin problems			x	x
Depression				
Tooth decay		x		x
Infections				x
HIV/AIDS		x		

Case Study

Seconds from Disaster

Lo Vang Oth, 36 years old, survived many things - the American war in Vietnam, being shot in the leg, a decade of heroin addiction in Cambodia, and a ruptured femoral artery - before deciding to call it quits with drugs.

Oth started taking drugs almost right after he married at age 21. From smoking yama and cannabis his habit progressed to injecting heroin, believing that these things would make him feel good and happy. Eventually his wife left him because of his uncontrollable drug habit.

After years of injecting heroin, he developed a massive abscess in his upper thigh from injecting heroin in his groin. Unattended, the abscess grew and threatened to rupture his femoral artery-one of the major arteries in the body. When it indeed ruptured, the Kor Sang staff scrambled to get *Oth* medical attention. But the odds were against Oth: an injecting drug user, HIV-positive, homeless, and without money. No one wanted to touch him.

If it wasn't for Kor Sang's rapid and timely intervention, with the help of a few key supporters, Oth would have bled to death in the small clinic. He is now in an HIV group home, still recovering from surgery, waiting to get funding for skin graft surgery to cover the hole where his femoral artery was reattached. Oth visits Kor Sang's drop-in centre during the day, helping staff educate other IDUs on how to recognize the early signs of an abscess and how to treat it.

C Who is most vulnerable to HIV?

The participants identified and ranked HIV vulnerability for different population groups. The main populations identified were: Drug users (all forms, especially injecting drug users); Sex workers (male and female; direct and indirect); Children and youth (street children and youth; in-and out-of-school children and youth); and MSM.

The participants noted that these same populations are also often involved in drug use and therefore their risk of HIV/AIDS is even higher.

D Awareness of drug-related HIV/AIDS services

There is little awareness of available drug-related HIV/AIDS services in the communities not least because such services are extremely limited at present. This is because of the fact that that currently, there are indeed limited drug-related HIV/AIDS services. Illicit drug use has only been recently recognized as having the potential to worsen the HIV/AIDS epidemic in Cambodia[4]. The lack of services such as detoxification, rehabilitation, education about drug use and risk reduction skills building for drug users is a major gap.

[4] *Ibid*

Time to change

I am **Ann Ratanak**. I am 23 years old. My parents are military doctors. I ran away from home when I was 10 and lived with friends. I was 12 when I started taking yama, due to the insistence of my friends. Two years later I went back home but my drug habit didn't stop. I used marijuana and ice. Because I had more money, I was able to buy heroin. I injected this for 2 years.

Whenever I injected, I felt happy, strong, wanting to have sex, and wanting to inject some more. When I was 15, I started selling drugs to support my drug addiction. I did this for 4 years before I got arrested and jailed.

I am now 22. With support from friends who work as peer educators for KDFO, I decided to stop using and selling drug since the day I was released from jail. But there are still times when I want to use again.

E Strategies on addressing drug-related HIV/AIDS problems

Participants in the assessments were asked to suggest strategies to address drug related HIV/AIDS problems. These stakeholders ranged from NGO workers, police, local authorities to drug users, other vulnerable groups and communities. The suggestions are as follows:

- Implementing targeted information, education and behaviour change interventions including educating drug users on the negative health impact of drugs and on the health benefits of changing their behaviours.
- Increasing community awareness of drug-related issues to foster a deeper understanding of the problem and to gain the community's support.
- Producing IEC/BCC materials targeting drug users, at-risk groups, and the community in general.
- Strengthening skills like problem-solving and resisting peer pressure and highlighting options and choices.
- Linking drug-related HIV/AIDS strategies to economic and employment opportunities. The lack of livelihood opportunities was earlier cited as one of the reasons why people use drugs and addressing this gap will help reduce the incidence of drug use.
- Providing access to detoxification or rehabilitation services.

Conclusions & Recommendations

The findings of the assessments validate the assumption that Phnom Penh, Battambang, Siem Reap, and Sihanoukville are “hot spots” when it comes to drug use. The high level of awareness of drug use of non-users is reflective of the high incidence of observable drug use within these communities in the aforementioned provinces. The findings also demonstrate relatively high levels of drug use within certain populations including youth out of school and sex workers, groups whose HIV risk is already high and is therefore compounded by the use of behavioural changing drugs such as amphetamines. The assessments in Phnom Penh confirmed the use of heroin, and highlighted the very low levels of awareness among heroin users of HIV risk. Of particular note are reports of injecting drug use in Siem Reap where there are currently no services or information regarding injection and HIV risk.

The wide-ranging responses to topics such as reasons why people use drugs and impacts of drug use on the person demonstrate the participants' sensitivity to the personal and social issues that are concomitant with drug use. This sensitivity is critical to the success of any drug-related programme to fully understand the personal and social factors that led or contributed to drug use.

There is clear evidence of a lack of services relating to drug use:

drug prevention education and interventions, risk reduction and education services for drug users and access to health services including
HIV/AIDS services.

The recommendations made by communities strive to tackle these issues by improving: the availability of information, the opportunities to build skills to avoid drug use or to reduce HIV risks, the economic status of individuals which will reduce their overall vulnerability to drug use and to drug-related harm and the services available to drug users. All participants clearly felt that communities should be at the heart
of these responses.

KHANA's Response

The Technical Framework

In response to the initial situation assessment, KHANA with the support of the Alliance developed its own response framework for drug related HIV/AIDS vulnerability in Cambodia. This framework articulated an 'ideal' comprehensive package of services for drug users and clearly outlines which areas KHANA has the capacity to respond to immediately and where other actors could intervene to ensure complementarity and a range of services in any site (see table 2).

For drug users, comprehensive risk reduction services include outreach and peer education, sexual health services including STI treatment, and HIV/AIDS services including VCT and ART. For injecting drug users, this comprehensive package should include needle and syringe distribution and exchange and methadone and other drug substitution treatment and maintenance.

The philosophy of KHANA's existing focussed prevention approach is entirely compatible with an effective approach to working with drug users: to build the skills and knowledge of key populations through active participation and skills building, to build social solidarity and support among vulnerable groups and reduce stigma and discrimination to reduce overall social and health vulnerability and to provide key services for HIV and STI prevention.

Finally, it is clear that collaboration with other stakeholders is vital to ensure success in this currently under-served area. The assessment recommended that to ensure effective implementation, KHANA should collaborate closely with the National Authority for Comabating Drugs (NACD) at national and

Community members are key to developing stategies to respond to issues raised in the assessments

Table 2. KHANA's Response: The Technical Framework

Drug/Alcohol Intervention	KHANA program
Drug/alcohol prevention	Major emphasis. Grants to NGO partners, training, technical assistance, materials and tools development, lessons sharing
Risk reduction	Major emphasis for all kinds of drug users. Grants to NGO partners, training, technical assistance, materials and tools development, development of best practice, lessons sharing.
Treatment/ detoxification	Possible future intervention, referrals and linkages.
Rehabilitation	Possible future intervention, referrals and linkages
Reintegration/ after-care	Possible future intervention, referrals and linkages
Care/support for HIV-positive drug users	Cross-cutting area for emphasis. Maximize opportunities for participation of drug users and other key (most-at-risk) populations.
Improved policy environment	Cross cutting area for emphasis. Use community lessons to advance national learning. Mass media campaign anti-drugs but also anti-stigma/discrimination.

local levels, with the WHO regarding existing tools development, with NCHADS and NAA to ensure increased integration of drug users into the HIV/AIDS portfolio, with key NGO partners currently implementing or developing work with drug users and with all existing KHANA partners to integrate drug use education and awareness into existing programs.

The Response: Programme Implementation

In line with recommendations from the situation report, KHANA has put in place the following interventions since September 2005:

Community mobilisation and Project Design KHANA mobilised new and existing partner NGOs to carry out participatory assessments which have both increased knowledge of the situation around drug use and HIV/AIDS and mobilised communities as a whole to engage with the issue and treat it as pertinent.

In light of the conclusions from the community assessments, and within the framework outlined above, KHANA worked with its partners to develop projects that responded to the specific needs and gaps identified to reduce HIV risk and to improve knowledge and understanding of the links between HIV and drug use. KHANA's partners' approach to reducing drug-related HIV risk is threefold:

1. Raise awareness about drugs and prevent drug use which will reduce the amount of drug related HIV transmission;
2. Prevent drug-related harms by providing services to reduce risk and by working closely with drug users to improve understanding of the HIV and health risks associated with drug use; and
3. Conduct community awareness raising to reduce stigma and improve service provision

Project implementation began in January 2006 with each NGO targeting specific populations (drug users and non-drug) users in the two sites.

KHANA and its NGO partners are also working closely with the general community to raise awareness on drug use, and with other NGOs to encourage the integration of drug use education into other projects such as HIV/AIDS or community development.

A drop Centre provides a safe space for drug users living on the street to relax

NGO	Target population
Kor Sang	injecting drug users who live on the street
SFODA	who reach teenagers and street children
KDFO	out-of-school youth and children in difficult circumstances
CDA	in- and out-of-school-youth
OEB	youth in rural areas

Between January and June 2006, KHANA's partner NGOs have reached 150 injecting drug users, 1,600 yama or glue users and 3,590 people at risk of using drugs with targeted outreach, peer education, at a drop in centre, or through community education.

Capacity building of NGOs

KHANA has conducted a series of four training workshops with external support from the Alliance and from other key resource organisations in Cambodia such as WHO, NACD and Mith Samlanh. The trainings covered: Participatory assessment, Project Design, Basic Drugs & HIV education and Peer outreach with drug users. NGOs are now better equipped to ensure their projects are meeting the needs identified in assessments, in recruiting and training outreach and peer educators to provide education and services to those at risk, and in raising awareness among the general population about drugs and their harms.

Tools development

KHANA worked with NGOs to develop an outreach tool specifically tailored to meet the needs of drug users and vulnerable groups. This tool relies on pictures and facilitated discussion to raise awareness of the links between drugs and HIV, of how to reduce HIV risk in relation to drugs, and to improve uptake of services. Peer educators from all partner NGOs have been trained in using this tool.

In addition to supporting site level peer education projects, KHANA has also produced a range of materials aimed at the general public and specific target groups:

1. 5,000 drug awareness posters in collaboration with NACD,
2. 3,000 copies of the drug control law for distribution among law enforcement officials
3. 3,000 copies of a booklet with basic drug and HIV information
4. 10,000 posters for International Drugs Day

Collaboration with government and stakeholders to improve the programming environment

KHANA has worked closely with NACD, NCHADS and other key stakeholders to ensure that programmes fit within the larger national framework and to ensure that national strategies and priorities are indeed addressing real challenges identified by communities. By sharing best practice from international experience of working with drug users, KHANA is supporting the development of good practices for Cambodia, and demonstrating the feasibility of implementing such practices on the ground.

KHANA has also collaborated with NACD to support national level efforts which complement community projects, including organising events to mark International Drugs Day on 26th June.

A resource person from the National Authority for Combating Drugs sharestheir experience during a KHANA workshop

Looking to the future:

Hopes and Challenges

The rapid implementation and continued support for this programme will be crucial to preventing an explosion in the number of new HIV infections caused by illicit drug use. Providing tailored services to meet the needs of this extremely vulnerable, marginalized and diverse group is critical to reducing risk and therefore reducing HIV infection. KHANA already reaches over 50,000 people with HIV prevention activities, people who are already vulnerable to HIV/AIDS. By adding education about drug-related HIV risk to our prevention activities, we can ensure that a vast number of youth, of sex workers, of garment factory workers, of MSM, of people living with HIV, of orphans and vulnerable children can all have access to this vital knowledge and take the steps needed to prevent HIV infection.

These are the first steps on the road to a comprehensive and coordinated response. There are still many gaps remaining, some of which are beyond the remit of KHANA to fill and therefore ongoing coordination and engagement with other institutions and stakeholders remains a priority.

This programme of activities remains very small in scale and we acknowledge that to have a serious impact on drug use and HIV risk we and other actors must act fast to implement a considerably greater number of high quality, targeted interventions to reduce the risks associated with drug use.

There is a major gap in rehabilitation and detoxification services for injecting drug users despite great demand. We can look to successful models for rehabilitation and detoxification within Cambodia and globally to develop the models most appropriate for the Cambodian context and thus begin mitigating some of the impacts of drug use on individuals and society.

HIV services are currently out of reach for most drug users either through lack of finance, or fear of stigma and discrimination. We urgently need to improve our ability to meet the health, and particularly HIV / AIDS needs of drug users to have an impact on the future of the epidemic. Ensuring that ARV and basic care for HIV positive drug users is available will be a major step towards success.

We must build on the political commitment from the government as expressed in strategic plans, policy documents and in the media, to ensure the policy environment remains favourable to developing services appropriate to drug users' needs. Ongoing commitment from the highest levels will give added credence to the work being done at community level and will lend support to a scaling up of efforts.

Finally, we must address the critical shortages of resources for working on drug use and HIV. Advocating for the importance of working with drug users to prevent future explosions in HIV prevalence and for increased resources to be allocated to this area is an urgent priority. Only with concrete support from donors and stakeholders will these gaps be met and the response to HIV/AIDS in Cambodia truly be considered to be comprehensive.

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Font Cover Photo:
Youth using amphetamines: a challenge for HIV prevention work

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