

Cambodia

Comparisons: 1997 Versus 2001

Since 1997 Cambodia has increased its role as a major drug transmitting and trafficking country with recent reports of clandestine amphetamine laboratories being established on the Thai border. More drugs are being used by wider groups of people with an increase in the use of amphetamines and inhalants. We still have no estimates of the numbers of drug users in Cambodia and it is not considered a problem of great significance. However a public education campaign about the dangers and consequences of drug use was launched by the government in 2000. A few NGOs have begun to give attention to drug use as part of their work with street children, commercial sex workers, fishermen, prisoners and migrant workers. There are still no drug treatment or rehabilitation centres in Cambodia. Injecting is still the preferred method for receiving medical treatment. The government recently announced a decline in the rate of people newly infected HIV from 3.9% (210,000) of the 15 to 49 year olds in 1997 to 2.8% (169,000) in 2001. In Cambodia the major route for HIV is through heterosexual sex.

History

In the nineteenth century opium was a commodity of economic importance and a monopoly and source of revenue which the Cambodian monarch was keen to maintain. Generally Khmer society did not much favour opium and its use was confined to the Chinese business community and foreigners: accounts of opium dens and the ritual use of opium in Phnom Penh at this time exist. During the French colonisation of Cambodia autonomous opium monopolies were established in 1863 to raise considerable revenue (Spencer and Navaratnam 1981; Oppenheimer 1997). Following Cambodia's independence from France, and up until the Lon Nol period during the 1970s, scattered accounts of opium dens continue (Oppenheimer 1997). Between 1975 and 1978 Cambodia lost nearly two million people as a result of the Khmer Rouge genocide and large scale exodus of refugees. Opium use was eradicated until the Vietnamese invasion in 1978 (Oppenheimer 1995).

Current Situation

Cambodia shares borders with Thailand, Laos and Vietnam and lies near the major drug trafficking routes for South-East Asian heroin. Some heroin and marijuana are believed to enter and exit Cambodia via the deep water port of Sihanoukville, along the coastline Koh Kong (near the Thai border) and Kampot (near the Vietnamese border) and the river port of Phnom Penh (Narcotics 2001). Cambodia is not a major producer of opiate or coca-based drugs however its cannabis production is significant and is cultivated for export and domestic consumption (Narcotics 1998).

Cambodia has been unique in South-East Asia for its lack of a significant local drug abuse problem due largely to poverty, political turmoil and isolation (Narcotics 2000). Until the mid 1990s cannabis, and to a lesser extent, methamphetamines were used primarily by some affluent Cambodians and foreigners, with small pockets of heroin and opium users mostly in Phnom Penh (UNDCP 2001). However, by the late 1990s there was a significant rise in the use of amphetamines by large groups of the population including students, commercial sex workers and labourers. Surveys have also revealed an increasing use of glue sniffing and other inhalants by street children and the rural poor, and an increase in the injecting of opium solutions (UNDCP 2001,

Narcotics 2001). There are currently between 600 to 1,000 street children in Phnom Penh who have severed all ties with their family. It is estimated there are another 10,000 street children who maintain precarious ties with family and home, regularly and irregularly spending most of their time on the streets (Guillou 2000).

Cambodia is increasingly being used as a trafficking/transit country for illicit drugs due to the lack of an adequate law enforcement and criminal justice system and the increased suppression of trafficking activities in the region, especially in Thailand, China and Vietnam. Corruption and money laundering are increasingly common: Cambodia is basically the only country in the region where one can still deposit a suitcase of cash without any questions being asked or reports being filed (UNDCP 2001). There are reports of mobile clandestine amphetamine laboratories being set up along the Thai-Cambodian borders by foreign crime syndicates and Cambodian nationals (Narcotics 2001). Cambodian law enforcement agencies have very few resources and generally lack even the most basic training in law enforcement techniques and drug enforcement measures. Three decades of warfare and factional fighting has severely hampered any sustained effort against illegal drugs. In 2000 a number of cannabis plantations and fields of varying sizes were destroyed and authorities seized 1,108 kilograms of cannabis (Narcotics 2001).

Drug taking practices and risk factors

There are very few reports of drug taking practices in Cambodia and injecting drug use appears to be on a small scale (Phalla *et al.* 1999). The use of opium and heroin is limited to small pockets of users in some of the major towns. There are reports of limited injecting drug use involving ethnic Vietnamese using blackwater opium, a practice widely used in Vietnam. The major drugs used in Cambodia appear to be amphetamine-type substances (ATS). An NGO survey of street children in 2000 found that 75% were using inhalants and they were also increasingly using other drugs including ATS and blackwater opium (UNDCP 2001). Of concern is also Cambodian fishermen working with Thai fishermen known to be injecting heroin. Sex workers take Yaba (amphetamine) by swallowing but also sometimes crush the tablets and smoke them (Kellen E, personal communication 2001). A recent report commented that an amphetamine called '*maya*' is used by some Cambodian fishermen to increase energy levels and reduce the need for sleep (Greenwood 2000).

Most restricted prescription drugs are openly available nationwide from over 750 pharmacies. Cambodians commonly use injections for pharmacy medicine. There is a growing concern that the preference for injections as a form of treatment for many illnesses coupled with a lack of sterile syringes, and the means to sterilise, is a pathway for HIV infection (National Authority for Combating Drugs (NACD) 1999). Syringes can be purchased across the counter, without a prescription, for around 200 Cambodian Riel (US\$0.05 cents) (G. Manthey, personal communication 2001).

Prevalence and profile

HIV vulnerability factors in Cambodia are numerous. Economic liberalisation and intermittent political upheaval have increased exposure to HIV as have large numbers of incoming visitors, the movement of refugees and ex-soldiers and people from the countryside to the capital city. The increased availability of commercial sex, cultural changes regarding extra-marital sexual practices, low levels of education, poverty and

inadequate responses from government agencies, as well as the preference for using injecting forms of medication, are but some of the factors (NCHADS and UNDP 2000).

There are no estimates available of the number of drug users in Cambodia. The National AIDS Authority recently completed a situation and response analysis (SRA) in relation to HIV/AIDS in Cambodia: it found there was little evidence of injecting drug use in Cambodia and that this is an area where more research is required (G. Manthey, personal communication 2001).

The first case of HIV/AIDS in Cambodia was detected in 1991 by a man donating blood in Phnom Penh (WHO 1999). The seriousness of the epidemic was only realised with the completion of the first round of HIV sentinel surveillance in 1995 (Phalla *et al.* 1998). Individuals infected with HIV were found in every province in which sentinel surveillance was conducted (National Authority for Combating Drugs 1999). It is estimated that 169,000 Cambodians, or 2.8% of the population, are infected with HIV/AIDS (UNAIDS Cambodia Office, personal communication 2001). Recently there has been a decline in HIV cases which is believed to be a result of successful efforts to increase condom use among those most at risk (National Centre for HIV/AIDS *et al.* 2000; WHO 2001; Ministry of Health (MoH) *et al.* 2001). Ninety per cent of HIV cases are transmitted through unprotected heterosexual contact (UNDCP 2001). The major contributing factor is unprotected sexual intercourse with commercial sex workers whose HIV prevalence rate is estimated at 31% (MoH *et al.* 2001). It is reported that approximately 14,000 women work in brothels with tens of thousands of others working as freelance prostitutes (UNDCP 2001). The sex industry is widely patronised by men spanning a wide variety of socio-economic strata (Phalla *et al.* 1998). The government has vigorously pursued the promotion of condoms during high-risk sexual encounters, in particular through the national 100% Condom Use campaign in all sex establishments. From 1997 to 1999 the percentage of female sex workers reporting consistent condom use in commercial sex increased from 42% to 78% (WHO/WPRO 2001).

The national HIV surveillance system, initiated with WHO and USAID support in 1994/1995, is now largely funded by the government from a World Bank Loan. The surveillance system conducts annual blood and behavioural surveys at specially designated sentinel sites in 21 of Cambodia's 24 provinces, and behavioural surveys in five provinces (WHO/WPRO 2001). While HIV infections may be declining the number of people dying from AIDS each year is increasing. The number of people dying from AIDS is already greater than the total number of hospital beds in Cambodia's public health services (WHO/WPRO 2001).

In 1998 the prevalence of HIV among male blood donors was 4.1% and among female blood donors 2.5% (WHO 1999). HIV prevalence among blood donors increased from 0.1% in 1991 to 3.6% in 1997 (NCHADS and UNDP 2000). The latest figures were unavailable.

Several groups have been identified as particularly vulnerable to drug abuse including homeless people, internally displaced people, children alone in cities, unemployed youth, street vendors, porters, cyclo drivers, fishermen working on Thai fishing boats and commercial sex workers (Oppenheimer 1997).

In 2000 the population of Cambodia was 11.6 million people with one million of these living in the capital city Phnom Penh. The age structure of the population reflects the heavy toll war and genocide have had on the Cambodian people: 45% of the population are aged 1 to 14, 52% are between 15 and 64 years and only three per cent are 65 years or older. Only 20% of the urban population and 12% of the rural population have access to safe drinking water (UNDCP 2001). The per capita income is less than 1,208,280 Cambodian Riel (US\$300 per year). Cambodia is one of the poorest countries in the world with four out of ten of its citizens living below the poverty line. The government is only able to commit 3% of GDP to health and education (compared to 5% for other low-income countries). The literacy rate is as low as 37% of the adult population and 57% for those between 15 and 24 years of age (UNDCP 2001).

Government responses to illicit drug problems

One hundred and twenty four people were arrested for various drug-related offences in 2000, up from 78 in 1999 (Narcotics 2001). The National Anti-Narcotics Department has approximately 200 personnel on paper assigned to its headquarters and it is responsible for overseeing the anti-narcotics police assigned within the provinces (UNDCP 2001). Many Cambodian and foreign observers believe that the Cambodian military, at various command levels and in various locations, are actively involved in promoting or protecting the production and trafficking of drugs (UNDCP 2001). The recent arrests of Ministry of Interior officials for drug trafficking is an example of this (G. Manthey, personal communication 2001).

Government responses to drug use and HIV

Until recently, drug abuse has not been given much attention or priority in Cambodia and given the many pressing issues facing the government, this is not surprising. In March 2000, the National Authority for Combating Drugs (NACD), which makes decisions on drug control policy and supervises drug control operations, launched a public education and information campaign to inform people of the dangers and consequences of drug use. This has in part been sparked off by Cambodian officials' concern about one of the main groups at risk, teenage middle-class students, that is, their children (UNDCP 2001).

Cambodia's health care system is one of the poorest in the world (Oppenheimer 1997). Cambodia does not have separate rehabilitation centres for recovering drug addicts. The NACD has asked the Ministry of Health to establish treatment and rehabilitation centres and for other agencies to provide vocational training. But, given other health and social problems, it is unlikely that sufficient resources will be available to have any significant impact (UNDCP 2000).

National AIDS Policy

The national response to the HIV epidemic in Cambodia has been hampered by continued instability within the government. In 1993, a National AIDS Committee was established with representatives from 12 ministries and the governors of provinces, cities and the Phnom Penh municipality. The role of this committee was to provide policy guidance to the government. In 1995, after the release of the first seroprevalence surveys, the National AIDS Committee was reorganised and the First

Prime Minister became the Honorary Chairman. In 1999 the National AIDS Authority was established comprising representatives from 15 ministries and all provincial governments. It has developed a comprehensive and multisectoral strategic plan on HIV/AIDS prevention and care 2001 to 2005. The chair of the National AIDS Authority (NAA) recently indicated a desire to include the NACD in to the Policy Board of the NAA (G. Manthey, personal communication 2001). HIV prevention activities focus on sexual transmission and include conducting HIV prevalence and risk behavioural surveillance. International donors provide the vast majority of funding for HIV prevention, surveillance and care (Phalla *et al.* 1999).

Non government responses to drug use and HIV

A number of foreign and domestic NGOs have given increasing attention to drug abuse as part of their work with groups such as street children, commercial sex workers, fishermen, prisoners and migrant workers. In 1999 a number of these NGOs, along with UNDCP, established a drug abuse forum to promote understanding of drug abuse issues and coordination of field activities (UNDCP 2001).

Estimated number of drug users	Unknown
Estimated number of IDUs	Unknown
Drugs that are used	cannabis, methamphetamines, heroin, opium, solvents
Drugs that are injected	blackwater opium, heroin
Number of HIV infection among IDUs	Unknown, rate of HIV via all routes 2.8% or 169,000 people

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