



Kingdom of Cambodia
Nation Religion King

Royal Government of the Kingdom of Cambodia

**NATIONAL STRATEGIC PLAN
FOR ILLICIT DRUG USE
RELATED HIV/AIDS
2008 - 2010**



Sponsor by:



ACKNOWLEDGEMENTS

The national strategic plan on illicit drug use-related HIV and AIDS in Cambodia was developed under the leadership of Deputy Prime Minister, Minister of Interior and Chairman of the National Authority for Combating Drugs (NACD), HE Sar Kheng, with the support of HE Lour Ramin, Secretary-General of the NACD and HE Teng Kunthy, Secretary-General of the National AIDS Authority (NAA) and the DHA Working Group and its partners and following close consultation with all government offices, technical agencies and implementing partners.

The development of the strategic plan was coordinated by members of the DHA Secretariat: Dr Thong Sokunthea, Mr Neak Yuthea and Dr Virginia Macdonald (Technical Expert of the Joint UN Theme Group on HIV/AIDS - JUTH - through a UNAIDS PAF executed by WHO).

LIST OF ACRONYMS

ATS	Amphetamine type stimulants
AusAID	Australian Agency for International Development
BSS	Behavioural Sentinel Surveillance
CCJAP	Cambodia Criminal Justice Assistance Programme
CENAT	National Centre for Tuberculosis and Leprosy Control
CHR	Centre for Harm Reduction
CIM	Centrum für Internationale Migration und Entwicklung
DASSA	Drug and Alcohol Services South Australia
DDF	Department of Drugs and Food
DHA	Illicit Drugs Related HIV/AIDS
DHAWG	Illicit Drugs Related HIV/AIDS Working Group
DoSAVYR	Department of Social Affairs, Vocational Training and Youth Rehabilitation
DRO	Drug Rehabilitation Organisation
FHI	Family Health International
FI	Friends International
GTZ	German society for technical cooperation
HSS	HIV Sentinel Surveillance
IDI	Illicit Drugs Initiative
IDU	Injecting Drug User
IEC	Information, Education and Communication
KHANA	Khmer HIV/AIDS NGO Alliance
MARP	Most at Risk Population
MMT	Methadone Maintenance Therapy
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoJ	Ministry of Justice
MSM	Men who have Sex with Men
NAA	National AIDS Authority
NACD	National Authority for Combating Drugs
NACD DIC	National Authority for Combating Drugs Data Information Centre
NACD SG	National Authority for Combating Drugs Secretariat General
NCHP	National Centre for Health Promotion

NGO Non-governmental Organisation
 NSP Needle Syringe Programme
 OI..... Opportunistic infection
 OSTOpioid Substitution Therapy
 PAFProject Acceleration Funds
 PDCC Provincial Drug Control Committee
 RCAFRoyal Cambodian Armed Forces
 SidaSwedish International Development Cooperation Agency
 SSSSTI Sentinel Surveillance
 SW..... Sex worker
 UNAIDS..... Joint United Nations Programme on HIV/AIDS
 UNDPUnited Nations Development Programme
 UNODC United Nations Office of Drugs and Crime
 NCHADS National Centre for HIV/AIDS, Dermatology and STDs
 USAID..... United States Agency for International Development
 VCCT..... Voluntary, confidential counselling and testing
 WHO.....World Health Organisation

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RATIONALE FOR THE STRATEGIC PLAN

- Both illicit drug use and HIV/AIDS in drug users are emerging issues in Cambodia
- Many governmental and non-governmental organisations, representing different sectors, are now increasing their efforts to improve the health of illicit drug users
- One strategy allows for coordination of, and collaboration for, the national response
- One set of targets can guide all stakeholders to meet national objectives
- Identify programmatic and financial gaps in the response and mobilise funds where necessary

GUIDING PRINCIPLES

- Evidence shows harm reduction to be the most effective way to prevent HIV in drug users
- A multisectoral response works best
- Community representatives, including illicit drug users in particular, should be involved in planning, implementation, monitoring and evaluation of the strategic plan
- HIV prevention efforts must respect people's choices and ensure that human rights are upheld
- Drug dependence treatment works best when it is evidence based, low threshold, voluntary and it offers a variety of options as based on individual assessments.

This document refers to all drugs, other than tobacco and alcohol, which are used for psychoactive effect or recreation which includes both controlled substances (heroin, cocaine, amphetamine type stimulants (ATS), ecstasy, cannabis) and non-controlled substances, such as pharmaceuticals, which are used outside of medical advice. For the purpose of this document, all of these drugs are defined as “**illicit drugs**”.

SITUATION IN CAMBODIA

Drug users and HIV in Cambodia

Estimates of numbers of drug users and injecting drug users in Cambodia are limited by a lack of reliable data sources. A recent report by the NACD (2007) stated that existing estimates of the population size of illicit drug users in Cambodia range from around 6,000 to 40,000, and within this group, 600 to 10,000 injecting drug users (most of whom are assumed to be heroin users).

There is no official estimate for the HIV rate in drug users, however, small scale surveys and routine surveillance indicate prevalence rates between 14 and 31% in injecting drug users (IDU) and 3 and 18% in non-injecting drug users (DU)¹. Also pointing to a change in modes of transmission, many non-injecting DU are shifting to injecting routes of administration: Figures from local NGO Mith Samlanh have shown that in certain vulnerable populations, injecting drug use has increased dramatically from 0.6% of all DU in 2000 to 10% in 2004. This reflects the rapidly increasing availability and use of cheap amphetamine type stimulants (ATS) and opiates, especially heroin, in Cambodia over recent years. While the highest prevalence of IDU has been recorded in the capital city of Phnom Penh, NACD, UNODC and local NGOs suggest that illicit drug use, including injecting, occurs in other provinces.

During 2007, using validated methodology, the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) is conducting a population size estimate of both injecting and non-injecting drug users, and an estimation of HIV rates in these vulnerable groups in selected areas.

The majority of drug dependent people in Cambodia are estimated to be methamphetamine users, with most smoking as the route of administration. However, heroin use is increasing as evidenced by the latest report from the National Needle / Syringe Programme which shows that 26% of participants reported heroin as the last drug they had used. The majority of heroin users inject. Other commonly used drugs include inhalants / solvents (particularly among young people), benzodiazepines and cannabis.

In 2005, an International Rapid Assessment Response and Evaluation (I-RARE)² – supported by WHO, UNODC, US CDC, NACD and other partners - investigated drug use and sexual HIV risk patterns among DU and IDU in 2 sites in Cambodia. All the IDU surveyed – located in Phnom Penh - reported that they re-use needle/syringes. The main factors attributed to this include access to, cost and availability of, needles and syringes, and low levels of awareness regarding HIV transmission through injecting drug use. Findings are further augmented by the fact that both DU and IDU have multiple sexual partners and practice unsafe sex: 40% report irregular or no condom use. Further, IDU reported selling blood to finance their drug use. Assessments have found that awareness of HIV transmission through injecting practices is low in both illicit drug using populations and other vulnerable groups such as sex workers, and factory and casino workers. Unsafe injecting practices are also seen and documented by local outreach teams, including “dry” injecting, i.e. using blood to dissolve heroin in the syringe and then sharing this among several IDU.

¹ Mith Samlanh Report, 2004; Mith Samlanh and Korsang routine surveillance

² I-RARE: Drug use and Sexual HIV Risk Behaviour in Cambodia (2005)

A 2006 study of sex workers in Cambodia conducted by USAID/Policy Project found high levels of both injecting and non-injecting drug use in both direct and indirect sex workers, as well as drug use by their clients, regular and casual partners³. A study in the same year, by Population Services International (PSI), found that in a population of indirect sex workers, 83% had ever tried illicit drugs and 7% had injected.

Services for drug users

Currently, there are no government operated needle / syringe programmes and only 2 NGO services offering needle/syringe programming in Cambodia, under authorisation of the Secretariat-General of the National Authority for Combating Drugs (NACD). Both are located in Phnom Penh, and have limited staff and financial capacity. They currently reach a small percentage of the estimated IDU population (approximately 20% of IDU are reached). Further, outreach and education to drug users is limited: it is available only in 10 provinces and most of this outreach targets street children or sex workers. Services which specifically target DU and IDU for harm reduction, outreach and HIV prevention education are limited.

Opioid substitution therapy (OST) is currently unavailable in Cambodia, however political commitment to provide OST is strong. The Ministry of health has identified the Khmer Soviet Friendship Hospital in Phnom Penh as the focal point for such services in collaboration – potentially – with NGOs. It is anticipated that a pilot methadone maintenance treatment programme will commence sometime during 2008. Training needs assessment and capacity building activities of the relevant agencies is commenced in early 2008.

Treatment options for amphetamine dependence are limited and most available attempts at non-medical approaches to treatment are military or police operated residential treatment and rehabilitation centres where limited staff capacity and training opportunities mean that no evidence-based treatment is yet available.

Whilst more than 200 VCCT centres are operated by the public service, NGOs and private clinics throughout the country, it appears that very few DU or IDU are aware of their risks of contracting HIV and/or are unwilling to enter such government operated facilities so as to learn of their HIV status and receive referral to appropriate services. To-date, drug user access to such facilities has been achieved only through assisted referral by NGO staff, which is time consuming and costly.

Legislation and Policy

The Royal Government of Cambodia established the National Authority for Combating Drugs (NACD) in 1995, and the NACD Secretariat-General in 1997, to manage and coordinate all aspects of drug control in the country. Among the drug control strategies adopted by the Royal Government of Cambodia, and to be coordinated by the NACD, is the reduction of risks caused by drug misuse. This includes a comprehensive approach to HIV/AIDS and other harms in drug users. Specifically, the 5-year master plan (2005-2010) lists the following harm reduction and drug treatment service-related objectives:

³ POLICY Project (2006) Violence and Exposure to HIV among Sex Workers in Phnom Penh, Cambodia

- Regular monitoring and evaluation of drug abuse prevention and education activities (Strategy 2.4.2d, p20)
- Ensure that existing drug users are given adequate health and education services and that a comprehensive approach to HIV/AIDS awareness and prevention be provided to such people in a legal manner to reduce their demand for illicit drugs and to prevent the spread of HIV/AIDS through illicit drug use (Strategy 2.4.2f, p20)

In order to achieve these objectives, the NACD is committed to creating a legislative and policy environment which will allow for the effective implementation of harm reduction and drug treatment activities, by ensuring that national regulations and policies meet international standards, and removing policy and regulatory barriers and restrictions.

The Law on the Control of Drugs (adopted 9 December 1996; amended by Royal Code No. NS/RKM/0505/014, 9 May 2005) is the legislative framework for all illicit drug activity in Cambodia. Cambodia is also a full party to all 3 international drug control conventions and their respective protocols.

The Illicit Drugs related HIV/AIDS Working Group (DHAWG), co-chaired by NACD and the National AIDS Authority (NAA), was legally formed in early 2007. As stated in its terms of reference, the working group performs the following roles and duties:

- Coordination of stakeholders to reduce HIV transmission related to drug misuse and enhance prevention, treatment and care services related to illicit drug and substance use in Cambodia;
- Ongoing estimations of the number of drug users living with HIV and AIDS and conduct research to identify risk factors for HIV infection in this “hidden” population. Provide drug users with reliable, evidence-based, information about HIV/AIDS prevention, treatment and care related to drug use;
- Develop strategies, methods and plans of action to address the problems associated with HIV transmission through illicit drug use;
- Study, research and formulate methodology to disseminate and educate the public to raise their awareness of drug use and the harms associated with it;
- Provide a forum for governmental and non-governmental organisations, donors, the private sector, technical partner and drug users to collaborate, on a regular basis, to combat HIV transmission through illicit drug use in Cambodia.
- Give advice and monitor all activities related to dissemination, education, treatment, rehabilitation and other programmes involved in drug use and HIV prevention.

PURPOSE OF THIS DOCUMENT

This document provides common goals and objectives for all government agencies, UN organisations, international organisations, civil society organisations, the private sector and donors involved in harm reduction, HIV/AIDS and drug dependence treatment to facilitate a coordinated, national response to the reduction of HIV associated with illicit drug use and increase access to treatment for HIV/AIDS in this marginalised population.

It also lists strategies for reducing illicit drug related harm, provides evidence for the effectiveness of various harm reduction and drug treatment programs and lists the aims and objectives of each strategy.

A detailed costing of this plan will be undertaken and published as a separate document. Costs associated with each strategy are supplied in the detailed implementation plan. Also, a monitoring and evaluation plan will be developed after the results of NCHADS behavioural surveys are published and data collected in the survey can be used for baseline values.

GOAL

To develop a comprehensive approach to prevent HIV transmission associated with illicit drug use and provide treatment, care and support for drug users at risk of infection with and living with HIV.

STRATEGIES

Evidence suggests that a comprehensive package for prevention, treatment and care of HIV for illicit drug users includes the following strategies^{4,5,6}:

- 1** Needle / syringe programming (NSP);
- 2** Targeted information, education and communication, (IEC) for those at risk of drug use, drug users, their families and sexual partners;

⁴ World Health Organisation (2004), Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users,

⁵ Institute of Medicine of the National Academies (2006) Preventing HIV transmission among Injecting Drug users in high-risk countries: An assessment of the evidence Washington DC, The National Academies Press

⁶ World Health Organisation (2005), Effectiveness of drug dependence treatment in preventing HIV in injecting drug users

- 3 Voluntary HIV counselling and testing (VCT);
- 4 Condom programming for drug users and sexual partners;
- 5 Primary health care and overdose prevention
- 6 Sexually Transmitted Infection (STI) prevention and treatment;
- 7 Hepatitis diagnosis (hepatitis A, B and C) and vaccination (hepatitis A and B);
- 8 Opioid substitution therapy (OST);
- 9 Antiretroviral therapy (ART);
- 10 Tuberculosis (TB) prevention, diagnosis and treatment;
- 11 Evidence-based treatment for drug dependence;
- 12 Multisectoral partnership;
- 13 Legislation;
- 14 Research and surveillance;
- 15 Capacity building.

To be effective, these interventions must be physically accessible, affordable, equitable and non-discriminatory.

OBJECTIVES

Objective One: *To expand access to HIV (and associated infectious diseases) prevention information, services and commodities for people who use illicit drugs, those at risk of illicit drug use, their sexual partners and families*

Under this objective, HIV prevention efforts for illicit drug users will be strengthened and expanded to reach more non-injecting and injecting drug users, as well as other populations who are at high-risk of problematic drug use. These include: sex workers (direct and indirect), men-who-have-sex-with-men (MSM), street children, mobile populations, police, armed forces, homeless, both in and out-of-school youth and those involved in labour-intensive activities (construction, transportation etc.).

Needle / syringe programming has been shown to be an effective strategy for prevention of HIV transmission through shared needles⁷. Under this objective, the two currently operational NSPs (Korsang and Mith Samlanh) will be provided with ongoing technical and financial support in order to improve service and expand NSP opening hours to reach more IDU. KHANA also plans to support three of their partners to operate a needle / syringe programme in 2008 in Battambang Province and Friends International

⁷ WHO (2004) Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. (Evidence for action technical papers)

also plans to support their partners to become NSPs. In 2009 and 2010, NSP services will be further expanded to other provinces, as needed.

Methadone maintenance therapy (MMT) will likely be piloted in Cambodia in during 2008, under the direction of the Ministry of Health and within the newly established National Centre for Drug Dependence Treatment, at the Khmer Soviet Friendship Hospital. As this is the first MMT programme in Cambodia, it will be essential to provide all involved staff with training in methadone dosing procedures, counselling for opioid dependent people, case management, and medical management of methadone patients, registration, license, import, procurement and storage of narcotics. Relevant legislation will need to be developed: a sub-decree for the import, production, storage, prescription and consumption of narcotics; policies and guidelines for MMT programmes and monitoring and evaluation, including both external and internal control mechanisms to avoid diversion. The pilot methadone programme will be evaluated at one year, and if successful, will be expanded to reach more opioid dependent people who volunteer for the service. Dispensing of methadone at different sites, including community based and mobile methadone clinics will be investigated pending the results of the evaluation.

Many NGOs (particularly the partners of KHANA and FHI) and government organisations reach marginalised and at-risk populations through outreach activities: providing HIV prevention education, health promotion, home-based HIV care, referrals and condoms. Few agencies target illicit drug users; however, several target populations which are involved in illicit drug use, particularly street children, MSM and SW. Under this objective, outreach and education to all populations at risk of harm associated with illicit drug use will be expanded and strengthened. A minimum package of IEC materials related to prevention of HIV and other illicit drug use associated harms will be developed and disseminated for use by all relevant organisations and services, including government operated treatment and rehabilitation centres.

Illicit drugs, HIV/AIDS and harm reduction education currently provided to school-age children, either within the school system, or without, is limited. Under this objective, MoEYS will be assisted to develop curriculum for illicit drugs and HIV/AIDS education and to pilot the curriculum in priority provinces. Further, train-the-trainer tools for MoEYS will be developed so that more teachers can gain skills in providing effective messages for young people to avoid harm associated with illicit drug use and improve life-skills.

As illicit drug users are often marginalised and may fear persecution if they are identified as engaging in illicit activities, they may not access traditional drop-in centre services, or present to outreach teams. Therefore, different methods of providing information to illicit drug users will be investigated as part of this strategic plan. Currently, the local NGO Inthanou provides a telephone hotline and website which provides HIV/AIDS education. Partners of Inthanou, FHI and UNICEF, will work with them to build their capacity to work with illicit drug users. Other education methods will also be investigated including mass media campaigns and video tools for use in residential treatment and rehabilitation centres and prisons.

Also under this objective, innovative and successful strategies from other countries which aim for the prevention of uptake of problematic drug use in all at risk groups will be investigated and if feasible, implemented in Cambodia. Strategies may focus on building negotiation skills in young people and sex workers, or more specifically on prevention of uptake of injecting drug use in drug users who primarily favour other routes of administration.

Illicit drug users often have complex health problems additional to those related to infectious disease. These include wound infection, abscesses, septicaemia and malnutrition. Under this objective the Khmer Soviet Friendship hospital will be supported to develop their capacity to provide comprehensive primary health care services to illicit drug users, in a non-discriminatory setting which is affordable and accessible. Doctors and nurses who work at existing drug user services will be provided with training so that they can better provide basic health services onsite to illicit drug users.

Overdose is common among heroin users and can be fatal if unattended. Overdose prevention information will be available at all relevant drop in centres and on outreach through the development of educational leaflets and videos. All outreach teams working with drug users will be trained in overdose prevention and management and outreach vehicles will be provided with naloxone supplies and oxygen cylinders. Staff at emergency departments will be trained to recognise and treat overdose. Further, a community based strategy for prevention of overdose will be investigated, where drug users are trained to manage heroin overdose using single dose naloxone filled syringes, which they carry with them.

Objective Two: To expand access to HIV (opportunistic infections and related infectious diseases) treatment, care and psychosocial support services for people who use drugs

Because they are marginalised, often homeless and living in poverty, it is thought that in Cambodia illicit drug users have sub-optimal access to HIV, opportunistic infection and related infectious disease testing, treatment, care and psychosocial support services. However, little research has been undertaken in Cambodia to understand actual rates of, and possible barriers to, uptake of services among illicit drug users. Currently, NCHADS is conducting an HIV prevalence estimation among illicit drug users which includes a behavioural questionnaire which will provide information about rates of uptake; results will be available in early 2008. Further, under this objective, barriers to uptake of HIV services (VCCT, OI and ART), will be assessed and strategies created to improve uptake.

Currently in Cambodia, standard post-HIV-test counselling includes limited information about positive prevention of HIV transmission through needle sharing, or other messages about illicit drug use and HIV. Further, no information about illicit drug use related HIV risk behaviours is collected at the testing and treatment centres. Under this objective, DHA members will advocate for inclusion of information about illicit drug use and related HIV risk behaviours into standard pre and post test counselling sessions, as well as the routine collection of data related to illicit drug use at HIV testing and treatment centres.

All DHA partners will work to improve uptake of HIV/AIDS, opportunistic infection and related infectious disease services (including STIs and TB) through outreach, education, informal, formal and assisted referral and by reducing stigma against illicit drug users.

NCHADS is conducting a survey of illicit drug user to estimate HIV rates in this population: the results will be available in mid-2008. However, rates of other infectious diseases in illicit drug users are not yet known. Therefore, research will be conducted to investigate prevalence rates of TB, STIs and hepatitis B and C among illicit drug users in Cambodia, such as through a research project supported by

AusAID through the Burnet Institute Centre for Harm Reduction in collaboration with NCHADS, Friends International and Korsang in early 2008.

Many illicit drug users in Cambodia will spend time in one of the government operated treatment and rehabilitation centres and / or prisons. Currently, the prisons and treatment centres lack the capacity to provide any testing or treatment on site and those with Ministry of Health authorised health posts lack the knowledge and capacity to effectively deal with illicit drug users. Most do not employ fulltime medical staff and some are geographically isolated and unable to provide referral out of the centre for services. Some do not have an appropriate room to provide confidential testing and few provide referral to services on release from the prisons or centres. Therefore, linkages will be created between the treatment centres and prisons and VCCT, OI & ART, STI and TB testing and treatment services.

Training will be provided to staff at drug users' services to improve their understanding of testing and treatment for HIV/AIDS, OI, TB and STIs as well as hepatitis C. Also, National HIV treatment services will be provided with training to improve knowledge of management of drug dependent people on ART, and – importantly - how to provide ART in conjunction with methadone. Further, FHI partner Chhouk Sar will pilot OI, ART prophylaxis and treatment specifically for illicit drug users at one treatment extension service under the Global Fund Round 7 project.

Illicit drug users are at increased risk of infection with hepatitis B, and may experience complications due to co-infection with HIV and hepatitis. However, this is a frequently overlooked aspect of care of illicit drug users in Cambodia even though hepatitis B is a vaccine-preventable disease. There is currently no adult hepatitis vaccination programme in Cambodia, however, DHA members will advocate for special vaccination programmes for this high-risk group in collaboration with MoH departments.

Under this objective, hepatitis B vaccine uptake and schedule completion among illicit drug users will be improved: methods to improve vaccination rates will be investigated, such as free vaccination campaigns, accelerated schedules and 2-dose schedules. All partners will advocate for resource mobilisation to allow the vaccination of more illicit drug users against hepatitis A and B, using combined vaccines.

Hepatitis prevention and treatment education and communication tools will be developed and implemented at all drug user NGO sites, at treatment centres, prisons and at government and NGO sites targeting other high risk groups. Messages can be provided to drug users who are hepatitis positive about treatment options and positive life style changes they can make to lessen the impact of hepatitis infection.

Objective Three: *To provide a range of options for treatment of drug dependence and associated mental illness using evidence-based strategies*

Services which offer detoxification and treatment of drug dependence are severely limited in Cambodia. The provision of evidence-based detoxification and treatment services must be provided in combination with other HIV prevention strategies to effectively reduce harms to and improve health of illicit drug users.

Under this objective, an assessment of current counselling and treatment interventions for drug dependence, describing drug users' views, expectations and experiences will be investigated. Training for administration of the survey has commenced, under the UNODC H83 project "Developing Community-based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia", and surveying will take place in 2008.

The NACD SG will develop policy, guidelines and minimum standards for treatment and rehabilitation centres to medically manage detoxification, ensure human rights are upheld and that evidenced-based treatment for drug dependence is provided. Once developed, treatment staff will be oriented to the minimum standards and provided with training in the use of the guidelines, as well as refresher training, and an accreditation mechanism will be established to ensure quality.

Strategies which effectively treat drug dependence offer a range of treatment options – including replacement therapies, such as methadone and buprenorphine (please see Objective 1 above), residential treatment, such as therapeutic communities, out-patient counselling and relapse prevention (particularly cognitive behaviour therapy) and support groups. The Ministry of Health is committed to creating a Centre for Drug Dependence treatment at Khmer Soviet Friendship Hospital in Phnom Penh which will provide counselling and emergency treatment for illicit drug users on an out-patient basis starting in 2008 and limited in-patient capacity.

As important as treatment of drug dependence is the provision of aftercare services. Therefore, under this objective, a strategy for the provision of a full array of aftercare services, including transitional living, vocational training and job placement for patients leaving treatment services will be developed and implemented.

In 2007, several illicit drug user service providers attended an extensive workshop on the therapeutic community model of drug dependence treatment hosted by the NACD Secretariat General. In order to capitalise on this training, under this objective a model therapeutic community will be created, either within one of the government operated treatment and rehabilitation centres, or at a new site. Further, support groups will be integrated into government operated treatment and rehabilitation centres and other illicit drug user services will be piloted in community settings. Innovative strategies for treatment of drug dependence, such as video tools for relapse prevention and peer-led interventions, will be developed.

The rapid expansion of drug dependence treatment places and options requires careful assessment of what works and what doesn't in the Cambodian context. Therefore, a thorough evaluation of all treatment services is planned, in order to document successful strategies and allow for treatment providers to learn from each other's experiences.

Objective Four: *To create an enabling environment (including related law, policy, quality surveillance, research, advocacy and community engagement) which supports interventions to prevent and treat HIV and AIDS in illicit drug users*

The DHA plays a crucial role in the implementation of this strategic plan. Therefore, quarterly meetings of the DHA working group will be held to review the strategy and plan for the next quarter. Sub-working groups will be created as needed (e.g. an OST working group, monitoring and evaluation, research and surveillance working groups etc). The members of the working group will advocate for the inclusion of illicit-drug related issues in all relevant national strategic plans, in commune and provincial planning and in umbrella NGO organisations such as the NGO HIV/AIDS working group.

Recognising that police may be the first point of contact for illicit drug users, training will be provided to law enforcement officials to improve their understanding of harm reduction and other interventions to improve drug users health, create a referral system from the police to drug user services and to increase law enforcement sensitivity to illicit drug users.

In order for this comprehensive package of harm reduction strategies to be implemented in Cambodia, legislation will need to be developed: for the import, procurement, storage, and prescription of narcotics; for implementation of minimum standards at treatment and rehabilitation centres and for NSP staff to be protected against possible prosecution related to inciting criminal behaviour by dispensing injecting equipment.

Technical assistance and ongoing capacity building will be provided to data centres at both the NACD and NAA, the Provincial Drug Control Committees (PDCCs), and to drug user service providers in order to improve data collection and analysis to support monitoring of this strategic plan.

In 2007 NCHADS is undertaking an ad-hoc survey of HIV in illicit drug users, as well as a population size estimation. This population size estimation should be reproduced at the end of this strategic plan's implementation. Further, following this ad hoc survey, NCHADS will include illicit drug users in their routine second generation surveillance, allowing the monitoring of the impact of this strategic plan on drug users behaviour, access to services, and importantly, any changes in the HIV and STI prevalence rate in both injecting and non-injecting drug users.

Levels of illicit drug use in young people, who do not regularly access drug user services, are poorly understood. Therefore, under this objective, a national assessment of levels of illicit drug use and other risk behaviours in young people will be conducted.

Community needs assessments of HIV-risk behaviours in illicit drug users including knowledge, attitudes and practices will be conducted and reproduced throughout the strategic plan duration. The data gathered from these surveys will allow measurement of the success of the programme to change peoples behaviours and will also guide the design and implementation of services for drug users, their families and communities.

The NACD has an important role, and the legal mandate of the Royal Government of Cambodia, in overseeing all illicit drug user services in Cambodia. To this end, NACD will create a map of services,

and quantify the number of illicit drug users reached by each service. This will provide valuable information on the level of service coverage for illicit drug users in Cambodia and will furnish the evaluation of this strategic plan and also the NAA's National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 (NSP-II), Cambodia's Universal Access targets and the National Strategic Plan for Drug Control of NACD (2005-2010).

Objective Five: *To develop capacity of the DHA working group, secretariat and implementing partners (including monitoring and evaluation capacity).*

To support the implementation of activities listed in this strategic plan all DHA government and NGO partners will be provided with technical assistance and training opportunities to build their capacity (pending the availability of resources). A training needs assessment of the DHA secretariat, all NGO and government members of the DHA working group will be conducted at the beginning of the implementation of this plan. Based on the results of this technical needs assessment, training opportunities for NGO partners to develop their institutional capacity (e.g. computer skills, planning, management, development of policies and standard operating procedures) will be identified. Regular technical support visits to DHA NGO partners, particularly by KHANA and FHI, to monitor capacity building activities will identify ongoing training needs. Training specific to monitoring and evaluation will be provided, as needed, to NGO and government partners. Treatment and rehabilitation centres and prisons will improve their capacity to adhere to internationally recognised minimum standards for closed settings.

Annual meetings of relevant NGOs and technical assistance agencies will be held to share experiences, lessons learned and develop skills. All DHA members will advocate for funds to facilitate participation by DHA WG members and illicit drug community representation in international networks and relevant meetings/consultations (e.g. International Harm Reduction Association). Further funding will be mobilised to support study visits by DHA NGO partners within the region to illicit drug user services which employ evidence based strategies.

Stigma against illicit drug users hinders access to essential services by this population. KHANA will conduct sensitisation workshops with relevant government agencies (particularly Ministry of Health, Preah Sihanouk Hospital, NCHADS, CENAT, MoEYS) to increase understanding of illicit drug use issues and reduce discrimination.

Regional and global documentation of good practice in harm reduction programming will be adapted, translated and disseminated among all partners and a common training curriculum that includes a core set of human rights principles for working effectively with illicit drug users and other high risk groups will be developed for peer educators and outreach workers for use by all NGOs working with illicit drug users.

DETAILED IMPLEMENTATION PLAN, ESTIMATED COST & FUNDING AVAILABLE

Objective 1

To expand access to HIV (and associated infectious diseases) prevention information, services and commodities for people who use illicit drugs, those at risk of illicit drug use, their sexual partners and families and to increase access to primary health care for illicit drug users.

STRATEGY 1.1 NEEDLE / SYRINGE PROGRAMMING

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.1.1 Continue existing NSP activities with NACD authorisation and increase IDU access to NSP by supporting new organisations in priority provinces to become NSPs.	80% of IDU reached by NSP by 2010; NSP available in 6 provinces	NACD	WHO, UNODC, FI, KHANA, FHI	Korsang, MS, KHANA partners, FI partners	x	x	x	UNAIDS PAF, UNICEF, Sida	Sida, UNICEF, GF7	UNICEF, GF7
1.1.2 Provide ongoing technical assistance, training and capacity building to all NSP staff.	2 refresher training sessions held per year	NACD	WHO, UNODC, FI, KHANA	WHO, UNODC, FI	x	x	x	UNAIDS PAF, UNICEF, Sida	Sida, UNICEF, GF7	UNICEF, GF7
1.1.3 Monitor and evaluate NSP, including use of available information to map areas in need of NSP	NACD DIC produce & disseminate annual NSP report	NACD	WHO, UNODC, KHANA	NACD Secretariat, NACD DIC	x	x	x	UNAIDS PAF, Sida	Sida, GF7 TO BE IDENTIFIED	GF7, TO BE IDENTIFIED
Indicative Cost								\$172,308	\$310,631	\$542,255
TOTAL INDICATIVE COST FOR STRATEGY 1.1 (2008-2010)										
									\$1,025,193	

STRATEGY 1.2 OPIOID SUBSTITUTION THERAPY

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.2.1 Establish and operationalise a technical working group on OST.	OST working group meets quarterly	NACD / MoH	WHO, UNODC	MoH	x	x	x	UNAIDS PAF	Sida	TO BE IDENTIFIED
1.2.2 Develop legislation to support the procurement, import, prescription, dispensing and consumption of methadone and buprenorphine.	All relevant legislation approved by end 2008	NACD / MoH	WHO, UNODC	MoH, DDF, NACD Secretariat	x			UNAIDS PAF		
1.2.3 Develop policy, clinical guidelines and standard operating procedures for OST	Policy, guidelines and SOPs for meth. & bupe. completed by end 2008	NACD / MoH	WHO, UNODC	NACD Secretariat / MoH	x			UNAIDS PAF		
1.2.4 Provide OST training to relevant organisations and individuals (training needs assessment, clinical training, case management and counselling, legislation, planning, import and procurement)	All relevant staff receive training in year 1 and refresher training in year 2 and 3	NACD / MoH	WHO, UNODC, CHR, Turning Point, DASSA	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.2.5 Pilot methadone maintenance treatment programme with end of year evaluation	200 people have ever been enrolled on MMT by end 2010	NACD / MoH	NACD, WHO, UNODC	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	GF7, TO BE IDENTIFIED	GF7, TO BE IDENTIFIED
1.2.6 If pilot successful, expansion of OST to priority provinces and areas of Phnom Penh	MMT available outside Phnom Penh	MoH / NACD	WHO, UNODC	TO BE IDENTIFIED		x	x		TO BE IDENTIFIED	TO BE IDENTIFIED
1.2.7 Ongoing audit, monitoring and evaluation of the OST programme	NACD DIC produces annual report on MMT	MoH / NACD	WHO, UNODC	NACD DIC	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
Indicative Cost								\$276,985	\$167,288	\$215,216
TOTAL INDICATIVE COST FOR STRATEGY 1.2 (2008-2010)								\$659,488		

STRATEGY 1.3 CONDOM PROGRAMMING FOR DRUG USERS AND SEXUAL PARTNERS

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.3.1 Assess condom use among illicit drug users, identifying barriers to consistent condom use and disseminate results to all DHA partners to facilitate drug user access to condoms.	1 qualitative study completed by end 2008	NACD / NCHADS	WHO, UNODC, PSI	NCHADS	x			TO BE IDENTIFIED		
1.3.2 Identify service providers that could supply condoms to drug users and partners, including those services which target other at risk populations and advocate for condom provision by these services.	1 needs assessment conducted by end 2008	NACD	WHO, UNODC, PSI	DHAWG	x			UNAIDS PAF		
Indicative Cost								\$36,000	0	0
TOTAL INDICATIVE COST FOR STRATEGY 1.3 (2008-2010)										

STRATEGY 1.4 TARGETED INFORMATION, EDUCATION AND COMMUNICATION FOR THOSE AT RISK OF DRUG USE, DRUG USERS, THEIR FAMILY, COMMUNITY AND SEXUAL PARTNERS

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.4.1 Develop minimum package of IEC materials for use by all drug user service providers (including treatment and rehabilitation centres, prisons and services that primarily serve other MARPs i.e. street children, SWs, MSM, mobile populations, police, armed forces, homeless and youth)	1 package of IEC materials completed by end 2008; package reviewed and updated as needed each year.	NACD / NAA / MoH / NCHP	UNESCO, UNODC, WHO, FHI, KHANA, FI, UNICEF	KHANA, NACD Secretariat, FHI	x	x	x	USAID (through KHANA and FHI)	GF7	GF7
1.4.2 Explore innovative methods of providing illicit drugs and HIV/AIDS information, education and communication (mass media, videos, websites, phone lines, etc.)	Strategy developed for innovative provision of IEC (2008); strategy implemented	NACD / NAA	UNESCO, UNODC, WHO, FHI, KHANA, FI, UNICEF	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.4.3 Expand and strengthen outreach activities (IEC, referral, health promotion etc) for drug users, their families, community and other populations at risk of harmful drug use (street children, SWs, MSM, mobile populations, police, armed forces, homeless and youth) in priority provinces.	80% IDU and 50% DU reached by HIV prevention programmes by end 2010.	NACD / NAA / MoSAVYR	WHO, UNODC, FHI, KHANA, FI	Korsang, Mith Samlanh, KHANA partners, FHI partners, DRO	x	x	x	USAID	USAID, GF7	USAID, GF7
1.4.4 Deliver HIV/AIDS related drug use education within treatment and rehabilitation centres and prisons.	3 centres have HIV/AIDS education programmes in place by end 2010	NACD / NCHADS / DoSAVYR / Prisons department	FI, FHI, UNODC, WHO	FI, FHI, NCHADS		x	x		GF7	GF7
1.4.5 Strengthen drug use and HIV/AIDS and life skills education in schools and for out-of-school-youth (including youth in juvenile detention facilities, and in the treatment and rehabilitation centres).	Illicit drug use messages integrated into school curriculum; strategy developed for out-of-school youth; 75% of schools providing drug use / life skills training	MoEYS / NACD / MoH	UNICEF, UNODC, WHO, UNESCO, FI	TO BE IDENTIFIED	x	x	x	UNESCO, UNODC (J11), UNICEF	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.4.6 Investigate successful strategies for prevention of problematic drug use by current recreational drug users, young people, SW and MSM and develop and implement a strategy to address this issue in Cambodia.	Strategy developed and piloted with full implementation if successful	MoEYS / NACD / MoH	FHI, UNODC	TO BE IDENTIFIED	x			TO BE IDENTIFIED		
1.4.7 Establish and operationalise a technical working group on IEC related to illicit drug use and HIV/AIDS.	Working group meets every quarter	NACD / NAA	WHO, UNESCO, UNODC	DHA Secretariat	x	x	x	UNAIDS PAF	TO BE IDENTIFIED	TO BE IDENTIFIED
Indicative Cost								\$418,852	\$765,885	\$1,178,947
TOTAL INDICATIVE COST FOR STRATEGY 1.4 (2008-2010)										\$2,363,685

STRATEGY 1.5 PRIMARY HEALTH CARE AND OVERDOSE PREVENTION

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.5.1 Support 1 National hospital to develop capacity to provide affordable and accessible comprehensive primary health care services to illicit drug users, with appropriate referral to other services and expansion to priority provinces as needed	1 National hospital provides affordable, accessible primary health care to drug users	MoH	WHO, UNODC	Khmer Soviet Friendship Hospital	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
1.5.2 Improve capacity of clinical staff at existing drug user services to provide onsite primary health care services to illicit drug users	All drug user clinics receive training in primary health care	MoH	WHO, UNODC, FHI, FI	Korsang, MS, Treatment centres	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
1.5.3 Provide training to all outreach teams who work with drug users to treat overdose; furnish outreach teams with materials used to prevent overdose (naloxone, oxygen etc)	All outreach teams receive overdose prevention training	MoH	WHO, UNODC, FHI, FI	Korsang, MS, KHANA partner, FHI partners	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
1.5.4 Develop training curriculum and provide overdose prevention training to hospital emergency departments	Training curriculum developed and implemented	MoH	WHO	MoH	x		x	TO BE IDENTIFIED		TO BE IDENTIFIED
1.5.5 Trial community based overdose prevention programmes	Community based overdose prevention project implemented and evaluated	MoH	WHO	Korsang	x			TO BE IDENTIFIED		
1.5.6 Develop leaflets / videos about prevention of overdose and make available through outreach and drop in centres to all at risk populations	Leaflets and videos developed and disseminated to outreach / drop-in centres	MoH	WHO, FHI, FI, KHANA	TO BE IDENTIFIED	x			TO BE IDENTIFIED		
Indicative Cost								\$125,015	\$112,518	\$136,721
TOTAL INDICATIVE COST FOR STRATEGY 1.5 (2008-2010)										\$374,254
TOTAL OBJECTIVE 1 (STRATEGIES 1 – 5, PER YEAR)								\$1,029,160	\$1,356,322	\$2,073,138
TOTAL OBJECTIVE 1 (STRATEGIES 1 – 5, 2008-2010)										\$4,458,620

Objective 2

To expand access to HIV (opportunistic infection and related infectious disease) treatment, care and psychosocial support services for people who use illicit drugs.

STRATEGY 2.1 VOLUNTARY HIV COUNSELLING AND TESTING (VCT)

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.1.1 Assess barriers to drug users attending for VCCT and create strategy to improve uptake of testing. Disseminate results to all DHA partners to facilitate drug user access to HIV testing services.	1 qualitative assessment completed (2008); strategy developed & implemented	MoH / NCHADS / NACD	WHO, UNODC	NCHADS	x	x		UNAIDS PAF	TO BE IDENTIFIED	
2.1.2 Improve referral of drug users to appropriate HIV testing services by reducing barriers to uptake of services and pilot one site which targets illicit drug users for VCCT; investigate possibilities for rapid testing and counselling at drug user service provider sites	6000 referrals to VCCT from NSP programme per year	MoH / NCHADS / NACD	WHO, UNODC, FHI	NCHADS, FHI, FI, KHANA	x	x	x	TO BE IDENTIFIED	GF7	GF7

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.1.3 Integrate information about illicit drug use and related HIV risk behaviours into standard pre and post-test counselling sessions for all at risk populations and improve collection of drug use related data at testing centres; support “drug user friendly” NCHADS demonstration VCCT sites	8 NCHADS VCCT sites receive training to provide appropriate drug user friendly testing and counselling; drug use messages integrated into standard pre and post test counselling at all VCCT sites	MoH / NCHADS / NACD	WHO, UNODC, FHI	NCHADS	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
2.1.4 Create linkages between community based drug user services, government operated treatment and rehabilitation centres (and prisons) and appropriate VCT services for referral of illicit drug users	Referral plan developed and implemented	NACD / NCHADS / MoH	WHO, UNODC, FHI	NCHADS, RCAF, MOH	x	x		UNODC (H83 and I13), USAID (through FHI), UNAIDS PAF	USAID (through FHI), TO BE IDENTIFIED	
Indicative Cost								\$54,285	\$38,099	\$25,655
TOTAL INDICATIVE COST FOR STRATEGY 2.1 (2008-2010)										
								\$54,285	\$38,099	\$25,655
								\$374,254		

STRATEGY 2.2 ANTIRETROVIRAL THERAPY (ART)

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.2.1 Assess barriers to uptake of, and compliance with, ART by illicit drug users and create strategy to address any identified issues	1 qualitative assessment completed (2008); strategy developed & implemented	NCHADS / NACD	WHO, UNODC	NCHADS, MS, Korsang, FI, MoH (NPMH)	x	x		UNAIDS PAF		
2.2.2 Provide training to all drug user service providers (including treatment centre and prisons staff), MoH and NCHADS staff to improve understanding of clinical management of drug dependent, HIV positive people on ART and increase referral of drug users to appropriate services; HIV treatment protocols revised to include management issues specific to drug users	All treatment centres and drug user NGOs provided with training to better understand HIV/AIDS treatment and management; treatment protocols revised	NACD / MoH / NCHADS / Prisons department	WHO, UNODC	NCHADS	x	x		TO BE IDENTIFIED	TO BE IDENTIFIED	

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.2.3 Create linkages between community based drug user services, government operated treatment and rehabilitation centres (and prisons) and appropriate ART services (particularly community and home based care) for referral of HIV positive people	Referral plan developed and implemented	NACD / NCHADS / RCAF	WHO, UNODC, FHI, FI	NCHADS, RCAF, MOH, CCJAP, Prisons Department	x	x		UNODC (H83 and I13), USAID (through FHI), UNAIDS PAF	TO BE IDENTIFIED	
2.2.4 Pilot OI, ART prophylaxis and treatment specifically for illicit drug users at one treatment extension service	1 treatment extension service operational	NCHADS, NACD	FHI	Chhouk Sar		x	x		GF7	GF7
Indicative Cost								\$81,080	\$78,834	\$13,230
TOTAL INDICATIVE COST FOR STRATEGY 2.2 (2008-2010)								\$173,144		

STRATEGY 2.3 SEXUALLY TRANSMITTED INFECTION (STI) PREVENTION AND TREATMENT

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.3.1 Estimate STI rates in illicit drug users in Cambodia	STI prevalence study completed & published	NCHADS	WHO, Burnet	Burnet, NACD DIC, NCHADS	x			AusAID (through Burnet)		
2.3.2 Provide training to improve understanding of symptomatic treatment of STIs for all clinical service providers who work with drug users (including treatment centre and prison staff); promote uptake of STI services and expand to reach more illicit drug users	All treatment centres and drug user NGOs provided with training to better understand STI symptomatic treatment	NCHADS	WHO	NCHADS, MS, Korsang, FI, MoH (NPMH)	x	x		TO BE IDENTIFIED	TO BE IDENTIFIED	
2.3.3 Create linkages between community based drug user services, government operated treatment and rehabilitation centres (and prisons) and appropriate STI services for referral of treatment centre participants	Referral plan developed and implemented	NACD / NCHADS / RCAF	WHO, UNODC, FHI	NCHADS, RCAF, MOH, CCJAP, Prison Department	x	x		UNODC (H83 and I13), USAID (through FHI), UNAIDS PAF	USAID (through FHI), TO BE IDENTIFIED	
Indicative Cost								\$163,080	\$55,335	0
TOTAL INDICATIVE COST FOR STRATEGY 2.3 (2008-2010)								\$218,415		

STRATEGY 2.4 HEPATITIS DIAGNOSIS (HEPATITIS A, B AND C) AND VACCINATION (HEPATITIS A AND B)

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.4.1 Estimate hepatitis B and C rates in illicit drug users in Cambodia	1 hepatitis prevalence study conducted (2009)	NCHADS, MOH, NIPH	WHO	NCHADS, NIPH	x	x		TO BE IDENTIFIED		
2.4.2 Investigate ways to improve uptake and completion of hepatitis A+B vaccination schedule in illicit drug users (e.g. free vaccination campaigns, accelerated schedules, 2-dose schedules)	Strategy developed for improving hepatitis A & B vaccination rates in drug users	MoH (EPI)	WHO	TO BE IDENTIFIED	x			TO BE IDENTIFIED		
2.4.3 Provide low cost hepatitis A+B vaccination to illicit drug users at all drug user services (including government operated treatment and rehabilitation centres and prisons)	Low cost (or free) combined hep. A&B vaccination available for drug users	MoH (EPI)	WHO	TO BE IDENTIFIED		x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.4.4 Develop hepatitis prevention and treatment education and communication tools and implement at all drug user NGO sites, at treatment centres and at government and NGO sites targeting other high risk groups	Hepatitis prevention and treatment education strategy developed and implemented	NCHADS, MoH, NIPH	WHO	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
Indicative Cost								\$92,427	\$251,584	\$199,456
TOTAL INDICATIVE COST FOR STRATEGY 2.4 (2008-2010)								\$543,467		

STRATEGY 2.5 TUBERCULOSIS PREVENTION, DIAGNOSIS AND TREATMENT

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
2.5.1 Provide clinical training to improve understanding of TB testing & treatment for clinical service providers who work with drug users (incl. treatment centre & prison staff); investigate the possibility of DOTS teams working with drug user outreach teams to provide TB treatment	All treatment centres and drug user NGOs provided with training to better understand TB prevention and treatment	CENAT	WHO	TO BE IDENTIFIED		x	x		TO BE IDENTIFIED	TO BE IDENTIFIED
2.5.2 Create linkages between community based drug user services, government operated treatment & rehabilitation centres (& prisons) & appropriate TB services for referral of treatment centre participants	Referral plan developed and implemented	NACD / CENAT / RCAF	WHO, UNODC, FHI	CENAT, RCAF, MOH, CCJAP, Prisons Department	x	x		UNODC (H83 and I13), USAID (through FHI), UNAIDS PAF	TO BE IDENTIFIED	
Indicative Cost								\$10,380	\$55,335	\$58,102
TOTAL INDICATIVE COST FOR STRATEGY 2.5 (2008-2010)										
TOTAL OBJECTIVE 2 (PER YEAR)								\$401,252	\$479,187	\$296,443
TOTAL OBJECTIVE 2 (2008-2010)										\$1,176,882

Objective 3

To provide a range of options for treatment of drug dependence and associated mental illness using evidence-based strategies.

STRATEGY 3.1 EVIDENCE-BASED TREATMENT FOR DRUG DEPENDENCE

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available	
					2008	2009	2010	2008	2009
3.1.1 Conduct an assessment of current counselling and treatment interventions for drug dependence available in Cambodia describing dependent drug users views, expectations and experiences in accessing treatment for their dependency	1 qualitative assessment completed (2008)	MoH / NACD	UNODC, WHO	TO BE IDENTIFIED	x			UNAIDS PAF, UNODC (H83 and I13),	
3.1.2 Develop policy, guidelines and minimum standards for government-operated treatment and rehabilitation centres to medically manage detoxification, ensure human rights are upheld and that evidence-based treatment for drug dependence is provided.	Minimum standards, treatment and detoxification guidelines completed (2008)	NACD / MoH / MoSAVYR / RCAF	WHO, UNODC, FHI, FI	NACD Secretariat	x			UNAIDS PAF, UNODC (H83)	

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
3.1.3 Advocate for increased numbers of medical staff, psychologists and counsellors to be employed at government-operated treatment and rehabilitation centres and prisons	Each treatment centre has a doctor / nurse / psychologist / counsellor staff member, or regular contact with an off-site doctor / nurse / mental health professional (2008)	NACD / MoH / RCAF / Prisons department	WHO, UNODC	DHA working group	x			No cost		
3.1.4 Provide onsite training / applied learning to government-operated treatment and rehabilitation centre staff for assessment of drug dependence, methods for treatment of drug dependence (relapse prevention, psychosocial interventions, etc.), aftercare and medically managed detoxification	At least one training session conducted at each treatment centre	NACD / MoH / MoSAVYR / RCAF	WHO, UNODC, FHI, FI	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
3.1.5 Develop a “best practice” model for a community-based drug dependency treatment, medically managed detoxification, rehabilitation and aftercare and pilot in priority provinces	1 community based detox. and treatment centre operational	NACD / MoH	WHO, UNODC, FI, FHI, KHANA	MoH (NPMH)	x	x	x	UNODC (H83), FI	GF7, TO BE IDENTIFIED	GF7, TO BE IDENTIFIED
3.1.6 Investigate innovative strategies for treatment of drug dependency, e.g. video tools for relapse prevention, peer-led interventions, etc.	Strategy developed for innovative provision of drug dependence treatment (2008); strategy implemented	NACD / MoH	UNODC, WHO, FHI, FI	TO BE IDENTIFIED	x	x		UNODC (H83)	TO BE IDENTIFIED	
3.1.7 Integrate treatment of drug dependence, rehabilitation and aftercare into curriculum for training of doctors, nurses and social workers in Cambodian universities	Treatment of drug dependence integrated into medical, nursing and social work university curricula	NACD / MoH	WHO, UNODC	MoH (University of Health Sciences)	x	x	x		TO BE IDENTIFIED	TO BE IDENTIFIED
3.1.8 Create and provide ongoing support to a model therapeutic community using staff trained through NACD workshops and DayTop manuals	1 therapeutic community pilot centre operational	NACD / MoH	GTZ / CIM, WHO, UNODC	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
3.1.9 Integrate drug users' support group approaches into treatment and rehabilitation centres and other drug user services and create a pilot community based support group	Support groups exist in 3 treatment centres; 1 NGO supported to develop a drug user support group	NACD / MoH	FI, FHI, KHANA, WHO, UNODC	Partners of KHANA		x			GF7	
3.1.10 Develop and implement a strategy for the provision of a full array of aftercare services, including transitional living, vocational training and job placement for patients leaving treatment services	Strategy developed and implemented at all residential treatment centres and out-patient treatment services (including OST programmes)	NACD / MoH	FI, FHI, KHANA, WHO, UNODC	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
3.1.11 Create a technical working group for treatment of drug dependence and continuum of care for illicit drug users	Working group meets quarterly	NACD / MoH / MoSAVYR	WHO, UNODC	DHA Secretariat, MoH (NPMH)	x			UNAIDS PAF		
3.1.12 Ongoing monitoring and evaluation of all drug dependency treatment providers and prisons, with a focus on evaluating and documenting effective treatment strategies.	NACD DIC produces annual report of treatment centre data	NACD / MoH / MoSAVYR	WHO, UNODC	NACD DIC, MoH (NPMH)	x	x	x	UNODC (H83)	TO BE IDENTIFIED	TO BE IDENTIFIED
Indicative Cost								\$566,245	\$613,106	\$756,447
TOTAL INDICATIVE COST FOR STRATEGY 3.1 (2008-2010)								\$1,935,798		
TOTAL OBJECTIVE 3 (PER YEAR)								\$566,245	\$613,106	\$756,447
TOTAL OBJECTIVE 3 (2008-2010)								\$1,935,798		

Objective 4

To create an enabling environment (including related law, policy, quality surveillance, research, advocacy and community engagement) which supports interventions to prevent and treat HIV and AIDS in illicit drug users.

STRATEGY 4.1 MULTISECTORAL PARTNERSHIP

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan				Funding available		
					2008	2009	2010		2008	2009	2010
4.1.1 Hold quarterly meetings of the DHA working group and ensure multisectoral involvement	DHAWG meets quarterly	NACD / NAA	WHO, UNODC	DHA secretariat	x	x	x		UNAIDS PAF, Sida	GF7, Sida	GF7
4.1.2 Advocate for inclusion of illicit drug related HIV/AIDS activities in: all relevant national strategic plans, particularly the Health Sector Strategic Plan and NSP-III; relevant Ministries and National bodies strategic and operational plans; HIV/AIDS activities in umbrella NGO organisations (i.e. NGO HIV/AIDS working group) planning activities	Illicit drug use related HIV/AIDS activities included in NSP/III and Health Sector Strategic Plan and in all relevant strategic and operational plans; Illicit drug use related HIV/AIDS included in MediCam, HACC, KHANA and CPN+ plans	NACD / NAA	WHO, UNODC	TO BE IDENTIFIED		x			No cost	No cost	

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
4.1.3 Coordinate mainstreaming of illicit drug related HIV/AIDS in local government development and investment planning at provincial and commune level	4 provinces targeted	NACD / NAA	WHO, UNODC, UNDP	TO BE IDENTIFIED	x			No cost		
4.1.4 Provide training to law enforcement officials to improve their understanding of harm reduction and other interventions to improve drug users health, create a referral system from the police to drug user services and increase law enforcement sensitivity to illicit drug users	2 training sessions with law enforcement officials held each year	NACD	UNODC, WHO	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
Indicative Cost								\$10,950	\$11,498	\$12,072
TOTAL INDICATIVE COST FOR STRATEGY 4.1 (2008-2010)										
\$34,520										

STRATEGY 4.2 LEGISLATION

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
4.2.1 Develop legislation to support harm reduction and treatment for drug dependence in Cambodia (sub-decrees to protect NSP staff; for OST; for treatment and rehabilitation centres and prisons)	All relevant legislation developed and enacted (2008)	NACD / MoH / MoJ	WHO, UNODC	NACD Secretariat	x			UNAIDS PAF, Sida, UNODC (H83)		
Indicative Cost								\$51,900	0	0
TOTAL INDICATIVE COST FOR STRATEGY 4.2 (2008-2010)										
								\$51,900		

STRATEGY 4.3 RESEARCH AND SURVEILLANCE

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
4.3.1 Support the timely and accurate collection of data for monitoring the National Strategic Plan for Illicit Drug Related HIV/AIDS and produce and disseminate annual report	Annual evaluation and report of the National Strategic Plan for Illicit Drug Related HIV/AIDS	WHO, UNODC	WHO, UNODC	NACD DIC / NAA data unit	x	x	x	UNAIDS PAF, Sida	Sida, GF7	GF7

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
4.3.2 Provide technical assistance and ongoing capacity building for the NACD and NAA data collection centres	2 workshops held per year for NAA and NACD data collection centres	NACD / NAA	WHO / UNODC	WHO / UNODC	x	x	x	UNODC (F97)	GF7	GF7
4.3.3 Provide technical assistance and ongoing capacity building to the provincial drug control and HIV/AIDS committees to improve their data collection	24 provinces reporting illicit drug use related HIV/AIDS information in a timely manner according to national guidelines	NACD	WHO, UNODC	NACD DIC	x	x	x	UNAIDS PAF, UNODC (F97)	GF7	GF7
4.3.4 Provide technical assistance and ongoing capacity building to drug user service providers to collect accurate and relevant data	2 workshops held per year for drug user service providers	NACD	WHO, UNODC, KHANA, FHI, FI	WHO, UNODC, KHANA, FHI, FI	x	x	x	USAID (through FHI), UNAIDS PAF, Sida	Sida TO BE IDENTIFIED	TO BE IDENTIFIED
4.3.5 Ensure all NCHADS and other relevant funded surveillance and survey activities include participation of drug users	Illicit drug users included in second generation surveillance	NACD / NCHADS / NIPH	WHO, UNODC	DHA working group, DHA Secretariat	x			UNAIDS PAF		
4.3.6 Reproduce or regularly conduct population size estimates and extend to other provinces in order to monitor changes in the extent and nature of illicit drug use in Cambodia	One population size estimation completed	NACD / NCHADS	FHI, WHO	NCHADS			x			TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
4.3.7 Create a "map" of drug user services and produce regular estimates of service coverage	Produce service map and coverage estimation and update yearly	NACD / NAA	WHO, UNODC, UNESCO	DHA Secretariat	x	x	x	UNAIDS PAF	TO BE IDENTIFIED	TO BE IDENTIFIED
4.3.8 Conduct community needs assessments of HIV-risk behaviours in illicit drug users including knowledge, attitudes and practices	3 community needs assessments conducted	NACD / NAA	WHO, UNODC, FHI, KHANA, FI	Partners of FHI, FI, KHANA		x	x		GF7	GF7
4.3.9 Conduct a national assessment of levels of illicit drug use, sexual and related risk behaviours in adolescents and young people in Cambodia	1 national assessment conducted	MoEYS NACD	WHO, UNODC, UNESCO, UNICEF	MoEYS NIPH	x	x		UNESCO, TO BE IDENTIFIED	UNESCO TO BE IDENTIFIED	
Indicative Cost								\$208,400	\$178,395	\$151,484
TOTAL INDICATIVE COST FOR STRATEGY 3.1 (2008-2010)										
TOTAL OBJECTIVE 4 (PER YEAR)								\$271,250	\$189,893	\$163,556
TOTAL OBJECTIVE 4 (2008-2010)								\$624,698		

Objective 5

To develop capacity of the DHA working group, secretariat and implementing partners (including monitoring and evaluation capacity).

STRATEGY 5.1 CAPACITY BUILDING AND ADVOCACY

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
5.1.1 Conduct a training needs assessment of the DHA secretariat, all NGO and government members of the DHA working group	1 training needs assessment completed	NACD / NAA	WHO, UNODC, FHI, KHANA, FI	TO BE IDENTIFIED	x			UNAIDS PAF		
5.1.2 Provide technical assistance and identify training opportunities for NGO partners to develop their institutional capacity (e.g. computer skills, planning, management, development of policies and standard operating procedures)	All NGO partners receive training to improve institutional capacity	NACD / NAA / MoH	WHO, UNODC, FHI, KHANA, FI	FHI, KHANA, FI	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
5.1.3 Provide technical assistance and training specifically related to monitoring and evaluation and research for all government and NGO partners	All partners receive training specific to monitoring & evaluation / research	NACD / NAA / MoH	WHO, UNODC, FHI, KHANA, FI	WHO, UNODC, FHI	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
5.1.4 Conduct sensitisation workshops with relevant government agencies (particularly Ministry of Health, Preah Sihanouk Hospital, NCHADS, CENAT, MoEYS) to reduce stigma against illicit drug users	2 sensitisation workshops held per year	NACD / NAA	WHO, UNODC, KHANA, FI	KHANA	x	x	x	USAID (through KHANA)	GF7, USAID (through KHANA)	GF7
5.1.5 Conduct regular technical support visits to DHA NGO partners to monitor capacity building activities and identify training needs	NGO partners receive regular technical support visits	NACD/ NAA	WHO, UNODC, KHANA, FHI, FI	DHA Secretariat, KHANA, FHI, FI	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
5.1.6 Hold annual conference of relevant government, NGOs and technical assistance agencies to share experiences, lessons learned and develop skills	Annual meetings held	NACD / NAA	WHO, UNODC, KHANA, FHI, FI	DHA Secretariat	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
5.1.7 Facilitate illicit drug user community representation and advocacy efforts in national policy and decision making forums	Drug user community representatives to attend all DHA WG (and sub-WG) meetings	NACD / NAA	WHO, UNODC, KHANA, FHI, FI	All DHA partners	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
5.1.8 Facilitate DHA WG members and illicit drug user community representation and advocacy efforts in regional and international networks and relevant meetings/consultations (e.g. International Harm Reduction Association)	3 DHA WG members and 2 DU community representatives supported to attend IHRA meeting each year	NACD / NAA	WHO, UNODC, KHANA, FHI, FI	All DHA partners	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
5.1.9 Facilitate study visits by DHA NGO partners within the region to illicit drug user services which employ evidence-based strategies.	1 study tour per year	NACD / NAA	WHO, UNODC, KHANA, FHI, FI	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
5.1.10 Conduct training sessions with Provincial Drug Control committees to improve their capacity to respond to HIV/AIDS and illicit-drug user related issues	PDCC in 24 provinces provided with initial training (2008-mid 2009) and refresher training (mid 2009 – 2010)	NACD	WHO, UNODC	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	GF7	GF7
5.1.11 Adapt, translate and disseminate regional and global documentation of good practice in harm reduction programmes	3 documents translated and printed each year	NACD / NAA	WHO, UNODC	TO BE IDENTIFIED	x			Sida		

Activities	Target	Lead Govt. agency	Technical partners	Implementing agency	Implementation Plan			Funding available		
					2008	2009	2010	2008	2009	2010
5.1.12 Develop training curriculum that includes a core set of human rights principles for working effectively with illicit drug users and other high risk groups to be used by peer educators and outreach workers at all NGOs working with illicit drug users and other high risk groups	Training curriculum developed and used by all NGO partners	NACD / NAA	WHO, UNODC, KHANA, FI, Korsang, MS	TO BE IDENTIFIED	x	x		TO BE IDENTIFIED	TO BE IDENTIFIED	
5.1.13 Continue to develop the capacity of treatment centres and prisons to adopt human rights based approaches to treatment and care of illicit drug users	All treatment centres and prisons receive drug use sensitisation, treatment and care training	NACD / RCAF / Prisons department	WHO, UNODC, FHI, FI	TO BE IDENTIFIED	x	x	x	TO BE IDENTIFIED	TO BE IDENTIFIED	TO BE IDENTIFIED
Indicative Cost										
TOTAL INDICATIVE COST FOR STRATEGY 5.1 (2008-2010)										
TOTAL OBJECTIVE 5 (PER YEAR)								\$308,990	\$230,412	\$272,031
TOTAL OBJECTIVE 5 (2008-2010)								\$811,433		

COST SUMMARY

DESCRIPTION		2008	2009	2010	TOTAL
Objective 1	To expand access to HIV (and associated infectious diseases) prevention information, services and commodities for people who use illicit drugs, those at risk of illicit drug use, their sexual partners and families and to increase access to primary health care for illicit drug users	\$1,029,160	\$1,356,322	\$2,073,138	\$4,458,620
Objective 2	To expand access to HIV (opportunistic infection and related infectious disease) treatment, care and psychosocial support services for people who use illicit drugs	\$401,252	\$479,187	\$296,443	\$1,176,882
Objective 3	To provide a range of options for treatment of drug dependence and associated mental illness using evidence-based strategies	\$566,245	\$613,106	\$756,447	\$1,935,798
Objective 4	To create an enabling environment (including related law, policy, quality surveillance, research, advocacy and community engagement) which supports interventions to prevent and treat HIV and AIDS in illicit drug users	\$271,250	\$189,893	\$163,556	\$624,698
Objective 5	To develop capacity of the DHA working group, secretariat and implementing partners (including monitoring and evaluation capacity)	\$308,990	\$230,412	\$272,031	\$811,433
TOTAL		\$2,576,897	\$2,868,918	\$3,561,616	\$9,007,431

**ROYAL GOVERNMENT OF CAMBODIA
National Authority for Combating
Drugs General Secretariat
No. 349/08 LR.NACD**

**KINGDOM OF CAMBODIA
Nation Religion King**



Phnom Penh, July 1, 2008

**To:
His Excellency the Deputy Prime Minister,
Chairman of the National Authority for Combating Drugs**

Subject: Request to examine and decide on the implementation of the National Strategic Plan for Illegal Drug Use and Responding to the Spread of HIV/AIDS;

With regard to the above subject, I have the honor to inform Your Excellency the Deputy Prime Minister that in order to promptly respond to the new trend of the spread of HIV/AIDS resulting from illegal drug use, the working group for prevention and suppression of the spread of HIV/AIDS resulting from illegal drug use, comprised of officials from relevant ministries/institutions, members of the National Authority for Combating Drugs, the National AIDS Authority, national and international civil society organizations, and a number of UN organizations, namely UNODC, WHO and UNAIDS, has so far cooperated to create a draft three-year (2008–2010) national strategic plan for illegal drug use and responding to HIV/AIDS for implementation in Cambodia.

In order for this draft national strategic plan to be put into official practice in a timely manner, I hereby submit this draft for Your Excellency the Deputy Prime Minister to consider and make a decision about as per the attachment.

Your Excellency is therefore kindly requested to examine this and to make a decision.

Please, Your Excellency, accept the assurance of my highest regards.

Approved by HE SAR Kheng
July 6, 2008

**Secretary-General
Lieutenant General LOUR RAMIN**

PREAMBLE

The 2008–2010 National Strategic Plan for Illegal Drug Use and Responding to the Spread of HIV/AIDS is a newly cooperative perspective and political initiative between the National Authority for Combating Drugs, the National AIDS Authority, civil society organizations and development partners aiming to promptly respond to the new trend of the spread of HIV/AIDS resulting from illegal drug use in Cambodia.

This three-year national strategic plan is the first ever guiding compass in preventing and suppressing the spread of HIV/AIDS resulting from illegal drug use in Cambodia. This strategic plan is aimed to be introduced for effective implementation by state institutions, relevant civil society organizations and development partners as a guide for implementing the action plan for the prevention and suppression of the spread of HIV/AIDS resulting from illegal drug use in Cambodia. This strategic plan has been prepared and has undergone comprehensive scrutiny by the HIV/AIDS technical working group, comprised of governmental institutions, relevant civil society organizations and development partners.

Although this strategic plan is the first ever available national strategic plan, in which loopholes may still exist, it is a crucial document and a source of experience in preparing any subsequent national strategic plans. In the name of the National Authority for Combating Drugs and the Royal Government, I hereby tender my support, and appeal to all state institutions, relevant civil society organizations and development partners to jointly and more actively implement this strategic plan in order to maintain the effectiveness and sustainability of the suppression of the spread of HIV/AIDS in Cambodia. At this juncture, I wish to thank and congratulate the Drugs/AIDS working group as well as other stakeholders for their assistance in the preparation of the **2008–2010 National Strategic Plan for Illegal Drug Use and the Spread of HIV/AIDS** to be applicable.

Phnom Penh, July 6, 2008

**Deputy Prime Minister and Chairman of
the National Authority for Combating Drugs**

A handwritten signature in blue ink, consisting of stylized initials and a long horizontal stroke extending to the right.

SAR KHENG