



USAID and Global Fund through KHANA have supported the project “HIV/AIDS and Drug USE Prevention” since 2006. The Global Fund, round 7 continues supporting the operations always through KHANA from 1st January to 31 December 2012.

I- Project Objectives in 2012

The main objectives are to improve quality and accessibility of integrated services for the prevention of illicit drug use related HIV/AIDS harms; to develop, strengthen and improve national understanding and response to HIV/AIDS and illicit drug use, and to improve the quality and accessibility of comprehensive illicit drug use treatment incorporating HIV prevention and referral.

II- Project Areas

The project team worked actively in the following district:

- 1- **Battambang district**, operating in 5 communes, Tuol Ta Ek, Rattanak, O-Cha, Chamkar Samrong and Kdol Donteav.
- 2- **Banan district**, operating in 2 communes, Phnom Sampeou and Chheuteal.
- 3- **Sangker district**, operating in 4 communes, Anlong Vil, Norea, O-Dambang I and O-Dambang II.

III- Strengthening capabilities and human skills of Peer Facilitators

1- Developing Self-awareness and interpersonal Relationship

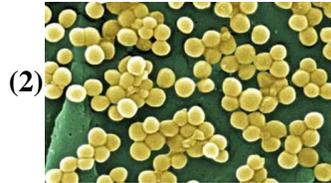
The project team used in 2012 Nineteen Peer Facilitators. Successively through monthly meeting, the project team improved personalities and capabilities of them by conducting dissuasion and analysis on the following topics:

- Value **Inculcation** (Truth, Right conduct, Love, Nonviolence and Peace) and lessen violent behavior.
- Increase **pro-social behavior** (voluntary behavior intended to benefit another, consists of actions which "benefit other people or society as a whole," such as helping, sharing, donating, co-operating, and volunteering.) and decrease negative, **self-destructive behavior** (Self-defeating way, depressed anxious, low ego, low self-esteem and seclusion).
- Increase the ability to plan ahead and choose effective solutions to problems.

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 - **improve self-image** (What are your hopes and dreams? What do you think and feel? What have you done throughout your life and what did you want to do?) and **self-awareness** (what you want in your life; your strengths and weaknesses; what motivates you and makes you happy; what you want to change about yourself or about your life; your achievements so far; how you relate to others; you need to improve as a person; your most important beliefs and values; how you see yourself as a person).
 - improve handling of interpersonal problems and **coping with anxiety** (trying to be as social as possible; Exercise physical activities; herbal tools; Meditation and yoga; Positive thinking and learning to accept it).
 - improve **constructive conflict resolution** with peers (Depersonalize the issue; Defuse the situation and Direct the conversation).
 - improve **self-control** (healthy living: eating right, exercising, avoiding drugs and alcohol, studying more, working harder, spending less).
 - Peer Counseling
- #### 2- Qualities of peer facilitators (PF)
- Study environmental behavior of the object (in family, his relation with people around).
 - Contact in friendly way, avoid criticizing him, showing our honesty and sincerity, starting first by his past and actual life, then arouse him to want what all people like.
 - Bring him to do reflective and analysis for a prosperity life.
 - Finally guide him to see the solution and the motive by throwing down all challenge.
 - Knowing to use favorable and repeated contact times.
 - Very patient, always friendly with no irascible reaction in always respecting partner.
 - Keeping strong hope in convincing with perseverance.
 - Analyze experience of the first approach, then adapt and vary talking style for next approach accordingly.
 - Use chain of questions instead of giving direct order.
 - Let the partner safe face and praise his slightest improvement and all improvement.
 - Good role model in society, creative and innovative.

- Practices confidentiality of clients information
- Able to refer clients, counselor and listener
- Knowledgeable and friendly
- Credible, influential and good role model

3- Well understanding of type of drugs and their effects



Picture (1) and (2) are YAMA in pills. (3) and (4) are Methamphetamine in pills and powder. The picture (5) is Crystalline Methamphetamine. YAMA are tablets containing a mixture of **methamphetamine and caffeine**, typically brightly colored in orange or green and carrying logos such as "R" or "WY".

How is Yaba used?

Yaba tablets typically are consumed orally. The tablets sometimes are flavored like candy (grape, orange, or vanilla).

Short history: One of the earliest uses of **methamphetamine** was during World War II when the German military dispensed it under the trade name **Pervitin**. It was widely distributed across rank and division, from elite forces to tank crews and aircraft personnel. Chocolates dosed with methamphetamine were known as **Fliegerschokolade** ("flyer's chocolate") when given to pilots, or **Panzerschokolade** ("tanker's chocolate") when given to tank crews. From 1942 until his death in 1945, **Adolf Hitler** was given frequent intravenous injections of methamphetamine by his personal physician, **Theodor Morell** as a treatment for depression and fatigue.

Another common method is called chasing the dragon. Users place the Yaba tablet on aluminum foil and heat it from below. As the tablet melts, vapors rise and are inhaled. The drug also may be administered by crushing the tablets into powder, which is then snorted or mixed with a solvent and injected.

Effects

Common immediate effects:

- **Euphoria** (a feeling of happiness and bodily well-being)
- Increased energy and attentiveness
- **Diarrhea, nausea**
- Excessive sweating
- Loss of appetite, insomnia, tremor, jaw-clenching (**Bruxism**)
- Agitation, compulsive fascination with repetitive tasks (**Punding**)
- Talkativeness, irritability, panic attacks
- Increased **libido** (sexual energy or desire)

Side effects associated with chronic use:

- Drug craving
- Weight loss
- Withdrawal-related depression and **anhedonia**
- Rapid tooth decay ("**meth mouth**") (often exacerbated by resultant poor dental hygiene)
- **Amphetamine psychosis**
- **Dopamine receptor** downregulation and hypersensitization
- Axonic degeneration of the dopamine **axon** terminals in the **striatum, frontal cortex, nucleus accumbens**, and **amygdala**

Side effects associated with overdose:

- Brain damage/ **Meningitis** (Neurotoxicity)
- **Formication** (sensation of flesh crawling with bugs, with possible associated compulsive picking and infecting sores)
- Paranoia, delusions, hallucinations, which may trigger a **tension headache**
- **Rhabdomyolysis** (Muscle breakdown) which leads to **Kidney failure**

Death from overdose is usually due to stroke, heart failure, but can also be caused by cardiac arrest (sudden death) or hyperthermia.

B. Ecstasy: Ecstasy first came into widespread use with the emergence of techno music and parties known as raves, where users stayed up all night dancing for hours on end. Today, Ecstasy is also taken in bars, nightclubs, and other places where people meet to party. Ecstasy is a substance (tablet, gel, or powder) that is composed of methylenedioxy methamphetamine (MDMA), a molecule in the amphetamine family. MDMA has both stimulating and hallucinogenic effects.

The actual composition of tablet sold as ecstasy is often uncertain.



Effect and Danger of Ecstasy

Ecstasy is the prototype of the stimulant hallucinogens—psychoactive substances that have

both stimulant and hallucinogenic effects. Though MDMA is technically classified as a **hallucinogen**, it is derived from amphetamines, which are characterized by their stimulant properties.

In ecstasy, it is these stimulant effects that predominate, causing excitation and feelings of physical and mental prowess while suppressing fatigue, hunger, and pain. The hallucinogenic effects are relatively minor and generally occur only with high doses

Ecstasy initially causes slight anxiety, along with higher blood pressure, a faster heart rate, clenched jaw muscles, damp skin, and a dry mouth. Next, users experience feelings of euphoria, relaxation, enhanced self-confidence, reduced feeling of fatigue, and lowered inhibitions. Users' senses become more acute, and they find it easier to express emotions and communicate with other people.

In settings quiet enough for conversation, ecstasy users experience a sense of freedom in their relations with other people. They feel that they accept both themselves and other people better. They display increased abilities to examine and understand themselves (entactogenic effects), as well as to put themselves in other people's places and understand what others are feeling (empathogenic effects). This phase of pleasant sensations is generally followed by one in which users feel tired, sad, depressed, and irritable. This phase may be accompanied by panic attacks and nightmares. Sometimes users may experience anxiety or feel so depressed three or four days after taking the drug that they need to see a doctor.

Some frequent and regular users of ecstasy may lose weight and start to feel weak. They may also experience mood swings, sometimes accompanied by aggressive behavior. This usage pattern may indicate or lead to serious, lasting psychological problems. This phase of pleasant sensations is generally followed by one in which users feel tired, sad, depressed, and irritable.

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Ecstasy users at parties may dance non-stop for hours on end, which can dehydrate them and raise their body temperature substantially. That is why it is important to keep hydrated and to get outside for some fresh air. It is also important to drink small amounts of non-alcoholic liquids regularly, to urinate frequently, and to take rests at regular intervals.

Ecstasy can cause a rapid or irregular heartbeat, high blood pressure, and various other cardiovascular problems. This can be especially serious for people who are predisposed to such problems. Because ecstasy has toxic effects on the liver, this drug may also cause very serious hepatitis in regular users.

Taking ecstasy together with other substances can increase the drug's undesirable effects. The risks of complications seem to increase with the amount of ecstasy taken, its actual chemical composition, and the individual user's susceptibility.

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Taking ecstasy is especially dangerous for people with irregular heartbeats, asthma, epilepsy, kidney disease, diabetes, chronic fatigue, or psychological disorders.

C. Amphetamine



Amphetamine in capsule and in powder



Ice comes in sheet like crystals or crystalline powder

Amphetamine-type stimulants are abused by more people than cocaine and heroin combined. Manipulating pleasure centers of the brain, these synthetic drugs, which include "speed"; and "Ecstasy", are easy to produce, cheap to buy and hard to control. They can be more potent than cocaine and usually have a longer-lasting effect. Taken as pills, smoked, inhaled or injected, they are particularly attractive to young people because they produce a sense of high energy, a release of social inhibitions and feelings of cleverness, competence and power.

Amphetamines have the potential to make people feel energetic, confident with a high sense of positive feelings like love, happiness and gratitude. These drugs are often used by those who want to dance and party all night.

Effect and danger of Amphetamine

Unwanted Side Effects : Increased heart rate – heart palpitations; faster breathing; higher blood pressure; panic attacks ; headaches ; reduced appetite ; irritability; dry mouth; sweating; dilated pupils/

Long Term Side Effects : Sleeping disorders such as insomnia ; anxiety – depression; Mental issues – paranoia, high blood pressure, aggression; irregular heart beat; malnutrition.

Overdose And Death : Stroke ; heart attack ; coma ; seizure ; death

D. Cocaine



The predominant methods currently used for illicit production of cocaine are described. For illicit natural cocaine (i.e., from coca leaf), this includes production of coca paste from coca leaf via both the solvent and acid extraction techniques, purification of coca paste to cocaine base, and conversion of cocaine

Death

base to cocaine hydrochloride. For illicit synthetic route used in all clandestine laboratories seized to date is summarized. The origin of the most common alkaloid impurities and processing/synthetic by-products typically identified in illicit natural, illicit synthetic and pharmaceutical cocaine are discussed. Forensic differentiation of exhibits arising from the various production methods are addressed both in terms of overall product purity and the presence/absence of these impurities and byproducts.



The coca plant grows best in the mountain and jungle areas.

Consequence of Cocaine use

Long term use of cocaine leads to the failure of many organs including the skin, brain, lungs and central nervous system. Cocaine is very potent and addictive because the benefits are short-lived.

Addiction

Cocaine is one of the most addictive recreational drugs available. The intense high is very short-lived, and prolonged exposure limits the brain's ability to feel good when it is not "high." Unless cocaine use is continued, the client becomes depressed, now less able to feel pleasure on his own.

Sniffing

If cocaine is constantly snorted, the nose takes a brutal beating. A user can lose her sense of smell, and her voice can also become hoarse. The nose may also be chronically inflamed and runny.

The condition is only made worse by swallowing because of the irritation of the nasal passages and throat from snorting cocaine.

Needle Vulnerability

Shooting cocaine into the veins with needles leave the body with "tracks." Dealers often lace the cocaine with other drugs and the user may have an allergic reaction to the injection. The allergic reaction may potentially kill the user. A user may also contract Hepatitis or HIV from using shared or unsanitary needles.

Major withdrawal symptoms peak between 48

Cocaine directly affects the central nervous system, and complications could lead to stroke or death. Smoking crack directly affects the lungs, decreasing lung capacity and could possibly lead to respiratory failure.

E. Heroin



POPPY PLANT

Heroin is a highly addictive drug that is processed from morphine, which comes from the seedpod of the opium Asian poppy plant. It is a depressant that inhibits the central nervous system. First you have the opium poppy plant. Then that is made into opium which has many different substances. Then morphine and/or codeine are isolated and separated; and morphine is used to make heroin.

Heroin can be injected in a user's veins, smoked or snorted.

The Effects of Heroin?

Users who inject heroin will feel a euphoric surge or 'rush' as it is often called. Their mouths may become dry. They may begin to nod in and out and their arms and legs will feel heavy and rubbery. They may experience a diminished mental capacity and dulled emotions. The [effects of heroin](#) lasts three to four hours after each dose has been administered.



Powdered Heroin

What is Heroin Withdrawal Like?

When the drug is discontinued, the user will experience physical withdrawal. The withdrawal can begin within a few hours since it was last administered. Withdrawal symptoms include: restlessness, [insomnia](#), [diarrhea](#), [vomiting](#), cold flashes with goose bumps, kicking movements and muscle and bone pain.

7. Eliminate harmful habits. For example, if you

and 72 hours after the last dose and subside after about a week. Sudden withdrawal by heavily dependent users who are in poor health can be fatal.

4- Drug prevention

Approach Method

- Study environmental behavior of the object (in family, his relation with people around)
- Contact in friendly way, avoid criticizing him, showing our honesty and sincerity, starting first by his past and actual life, then arouse him to want what all people like.
- Bring him to do reflective and analysis for a prosperity life.
- Finally guide him to see the solution and the motive by throwing down all challenge.
- Form peer discussion group

Discipline in communication

- Knowing to use favorable and repeated contact times
- Very patient, always friendly with no irascible reaction in always respecting partner
- Keeping strong hope in convincing with perseverance
- Analyze experience of the first approach, then adapt and vary talking style for next approach accordingly
- Use chain of questions instead of giving direct order.
- Let the partner safe face and praise his slightest improvement and all improvement.

Eight ways to strengthen PF self-discipline

- 1- Decide that you really want to be someone who is self-disciplined. Your desire will motivate you to make good choices.
2. Make a personal commitment to develop and strengthen these traits. Write down specific things to do.
3. Learn the rules that determine what you can and cannot do.
4. Be accountable. Accept responsibility for your own behavior. Do not blame others for your actions and decisions.
5. Practice: Self-discipline is something you can teach yourself. For example, set aside time to read more or to clean up.
6. Do activities that enhance your self-discipline like yoga, walking, rock-climbing, practicing a musical instrument.
- family programming by proving the advantage and

spend several hours each week watching violent videos or tv programs, make a conscious decision to spend your time in healthier, more productive ways.

8. Start a self-discipline group to plan and carry out activities.

All PFs must always incite the obligation of a good friend, which must be honest and clear about his intention in assisting each other toward development. Good friend does not push his friend into a suffering cave, but warn and advise his friend when noting a wrong way or about to commit an error. Good friend accepts different thinking, which does not harm anyone. Good friend does not practice flattery and demagoguery. He remains always supportive and trustable. A true friend sticks with his friend in joyful and sad condition by walking side by side with patience even one make a mistake, in trying together to find suitable solution for the best of all, consequently abandon the ill habit in the past, consuming different types of drug or psychotropic substance. PFs constantly remind friends of:

- Practical danger caused by drug: loss of time and money to obtain drugs, loss of social consideration, and negligence of their family, friends, and work, harm to unborn children, risk of death, possibility to become theft or sex worker, drug seller, or other criminal activity to pay for their habits.
- Moral obligation toward family, leading to meet qualities of a good citizen, accepting to make great sacrifice by cultivating clinics are in charge of treatment medicines.
- Prevention of new infected HIV:
 - Unprotected sexual intercourse (vaginal, anal, oral),
 - Unsterilized needles for tattooing, skin piercing or acupuncture,
 - Pregnancy, delivery and breast feeding (from an HIV-infected mother to her infant),
- Individual discipline, moral discipline, duty of good husband and wife toward each other,
- family programming by proving the advantage and disadvantage of birth spacing in an interval of 2-3 or 3-4 years which give physical, psychological and financial advantage that allow mother to be healthy and have more time to assure the children be clean and well-fed and loved,
- Individual discipline, moral discipline, duty of good husband and wife toward each other,

The committee studies the development of fighting drug abuse and addict related to HIV/AIDS, effect and difficulties faced in educational operations,

disadvantage of birth spacing in an interval of 2-3 or 3-4 years which give physical, psychological and financial advantage that allow mother to be healthy and have more time to assure the children be clean and well-fed and loved,

- Strengthening gender equality and promoting ideal love and faithfulness for efficiency of family program,
- Encouraging people to accept voluntary counseling testing (VCT) and voluntary counseling and confidentially testing (VCCT).

IV- Operational fields

Villages	DU Members		#group	#PF
	Senior	Novice		
Tuol Ta Ek	75/4F	4	2	2
Rattanak	79/1F	26	3	2
O-Cha	71/3F	10	2	2
ChamkaSamrong	71/3F	10	3	3
Kdol Don Teav	51	12	1	1
Phnom Sampeou	28	14	2	2
Chheuteal	16	0	1	1
Anlongvil	62	15	2	2
Norea	63	16	1	1
O-Dambaongi	75/4F	11	2	2
O-Dambaong2	15	0	2	1
Total	581/12F	125	21	19

DU classified by age

-17	18-25	26-35	36-45	≥ 46
31	332/3F	194/6F	19/3F	5

V- Referral Activities

The project team succeeded to refer targeted people to clinic center for health care as below listed.

consultation	VCCT	ART	CD4	STI
133/1F	343	27/1F	3/1F	4

The project pays their round-trip fee, while official.

The repeated clarification of these articles is to eliminate discrimination against drug users of good discipline, but to encourage villagers to accept helping them morally and psychologically for rapid rehabilitation.

VI- Meeting of Consultative Committee

A consultative committee of 10 persons composed of civil district officials, security district, communal officers, head of communes, representative of provincial health service, representative of Provincial Authority for Combating Drugs and district with communal educators, is created and held monthly meeting.

Other groups, they sometimes go to work with construction companies in Thailand.

active and collaboration for common success by recognizing that illicit drug trade undermines governance, institutions and social cohesion. The meetings members promise to reveal to the project team the drug users in different stages: Experimentation; Regular Use or Recreational, Risky Use, The Early Dependency, dependence and addiction; so the team can accomplish suitable approach for remediation. Additionally all members unanimously confirm their obligation to signal to security on time about any local underground production of chemical cocaine or other poisoning substance.

VII- The United Nations' Human Rights Guidelines for Addiction Treatment

During the monthly meeting and circle talk in the villages, the project team clarifies the United Nations Human Rights Guideline for Addiction Treatment, mainly the below articles:

1- The right to treatment without discrimination:

Addiction is a disease and no one should be discriminated against that for past or present drug use, or for any other reason, such as race, ethnicity, sexual orientation, gender disability status etc.

2- The right to the same ethical standards of treatment as is given to those with physical health conditions

3- The right to access to treatment during all stages of the disease.

1- The right to privacy of information

VIII- Factors slowing possibility of complete stopping absorption

Among the targeted 581 DUs, the degree of absorption varies from 15% to 80%. Thirty per cent of them work as labor force in construction in Battambang city. They gain from 10,000 to 15,000rield a day depending on their capability. This sum cannot allow them to pay sufficient good nutritive food for their family. Not having enough labor force to endure the assign work, they unintentionally absorb Yama from 1 to 1 and half capsule a day.

Period from 3 to 6 months			
1 time	2 times	3 times	Total
27	27	38	92

In Thailand, construction companies are more active than in Cambodia. They have to accept sometimes working at night to gain more money for their family when returning. This desire forces them to take Yama from 1 to 1 and half a day. When they return to natal village, they start reducing again. It becomes then a cycle of go and back.

IX- Lesson learnt and possible way to combat drug

Among drug users, half of them have been observed to succeed reducing their potential absorption, but one third going to work outside of country return to use drug again. Here is the main cause: Young people having nothing to do in the country, lacking of natural resource, neither asset nor specialty required by internal labor market, go to work in Thailand. There, they work in team by taking over the complete task to get pay, or to work with construction companies. The fruitful work is to carry rice bags mounting a scale to row them in high pile. To have enough force they must use drug, one and half capsule daily. Poverty, unemployment and lacking of technical skills are seen then as a causing factor of drug addiction and slowing down drug reduction. To respond to this issue, a global solution is needed: Management of natural resources with agrarian reform and agricultural development is needed; vocational and technical education corresponding to new market should be improved; effective closing door to drug infiltration and strong vigilance stopping internal drug distribution to recreation, party pleasure, night club, sexual desire and sadness elimination should be reinforced.

Activities by pictures





