

**KINGDOM OF CAMBODIA**  
**NATION RELIGION KING**



# **SUMMARY REPORT**

**National Population Size Estimation,  
HIV Related Risk Behaviors and HIV Prevalence  
among People Who Use Drugs in Cambodia**

# **2012**



Implemented by

March 2014



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**DISCLAIMER:**

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID), the Australian Agency for International Development (AusAID), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The content are the sole responsibility of NACD, NCHADS and KHANA and do not reflect the view of the USAID, United States Government, AusAID or GFATM.

## ACKNOWLEDGEMENTS

The research presented in this report is the result of the collective efforts of various organizations under the leadership of the National Authority for Combating Drugs (NACD) and the National Center for HIV/AIDS, Dermatology and STD (NCHADS). The organizations which have been actively involved in the technical advisory group are NACD, NCHADS, NPMH, MoEYS, MoSVY, KHANA, AusAID/HAARP, UNAIDS, PSI, UNODC, Friends International/Mith Samlanh, FHI 360, UNICEF and WHO.

Our sincere thanks go to H.E. Mean Chhi Vun, Director of NCHADS, and Dr. Oum Sopheap, Executive Director of KHANA, whose help in facilitating the administrative and financial processes of the study and in ensuring utilization of the findings has been invaluable.

Special thanks should be given to the members of the technical advisory group who have played significant roles in completing this work, namely Mr. Kao Boumony, Dr. Heng Sopheab, Dr. Mun Phalkun, Mr. Tuot Sovannary, Dr. Suos Premprey and Dr. Chhea Chhorvann.

We would like to thank all the staff from NACD, NCHADS, Provincial Health Departments, local authorities and NGOs who actively assisted the research team in collecting data for this study. We would like also to thank the GFATM, AusAID/HAARP and USAID for the financial support provided through NCHADS and KHANA, respectively.

Last but not least, this work could not have been completed without the strong participation of people who use drugs (PWUD) across the 9 provinces. Their contributions to this study have been vital and we would like to voice our special thanks and gratitude to them.





## INTRODUCTION AND RATIONALE

Over the past 2 decades, Cambodia's HIV prevalence rate was cut by more than half to 0.9% in 2006. Currently, the HIV epidemic even decrease with the estimated prevalence among the general population aged 15 – 49 years old of 0.7% in 2010. However, high HIV prevalence is still observed among Most at Risk Populations (MARPs), specifically female Entertainment Workers (14.7%), Men who have Sex with Men (5.1%) in 2005 and People Who Inject Drugs (about 25%) in 2007.

In recent years, evidence demonstrates that the number of People Who Use Drugs (PWUD) has increased and the availability of drugs has also risen. PWUD, particularly People Who Inject Drugs (PWID) who shared syringes and needles with other PWID or have unprotected sex, significantly contribute to higher HIV prevalence.

So far, there has been no consensus on the size of the PWUD population in Cambodia. According to the National Authority for Combatting Drugs (NACD), there were 5,797 PWUD in 2007 and 6,500 PWUD in 2008. However, the 2007 population size estimate, using the multiplier method by the National Center for HIV/AIDS Dermatology and STDs (NCHADS), showed that there were between 9,000 and 20,000 PWUD in Cambodia, of which about 2,000 of them were PWID. Though it is understood that each method used for size estimation has its limitations, establishing and documenting the joint effort for the national estimates of PWUD population are critically important for better advocacy, resource mobilization, program planning, and management for effective targeted health programming and better HIV projections.

Given the changing dynamics around and growing pattern of drug use in Cambodia, a new estimate of the size of the PWUD population and better understanding about the knowledge, attitudes, practices, risk behaviours, and HIV prevalence among PWUD and PWID is much needed.

# STUDY OBJECTIVES

The overall objective of the exercise is to estimate the national population size of PWUD including PWID, and the HIV prevalence among this population in Cambodia in 2012.

## METHODS

In this report, a PWUD is defined as a person who uses or has used illicit drugs, as defined by the Cambodian Drug Control Law, through any means of administration, in the past 12 months.

The estimation of the size of PWUD included several methods such as capture-recapture, multiplier methods, the collection of existing reports, and mapping. The estimates derived from different methods were, then, triangulated to generate one figure that best represents the total number of PWUD in Cambodia.

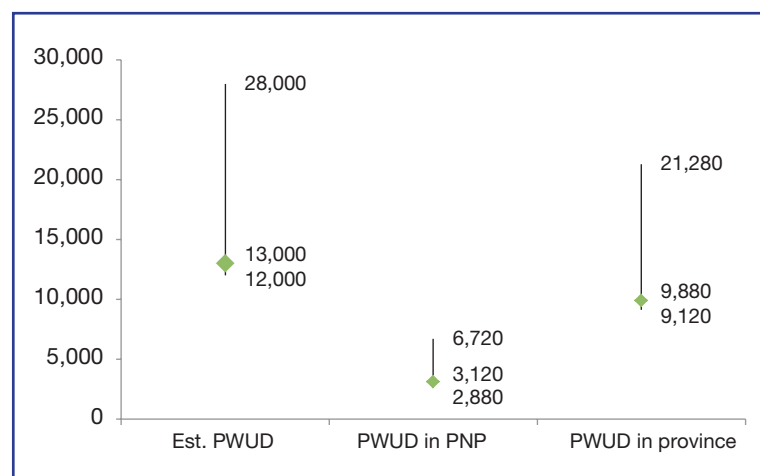
In addition, data analysis includes a cross-sectional survey collecting HIV risk behaviors and biological specimens. Specifically, a sample of PWUD was recruited using the Respondent Driven Sampling (RDS) method. The study was conducted in 9 municipality/provinces: Phnom Penh (PNP), Preah Sihanouk (PSH), Battambang (BTB), Banteay MeanChey (BMC), Kampong Cham (KCH), Kampong Speu (KSP), Siem Reap (SRP), Prey Veng (PVG) and Svay Rieng (SVR). The total sample size was 1,626 people.

## KEY FINDINGS

### Estimated Population of PWUD

It is estimated that the number of PWUD who reported using drugs in the past 12 months in Cambodia (in 2012) is about 13,000 people. The variation of the population size estimate is assumed to be within the range produced by different population size estimation methods, moving from the lowest of 12,000 PWUD to the highest of 28,000 PWUD. Additionally, it is estimated that about 3,100 PWUD currently reside in Phnom Penh.

Figure 1: Estimated number of PWUD, by locations



The estimation exercise also found that there are approximately 2,300 female PWUD in 2012, of which 176 women are PWID.

The population of people who inject drug (PWID) was also estimated in this exercise. Based on the estimation, in 2012 there were about 1,300 PWID in Cambodia, and the majority of PWID currently reside in Phnom Penh.

Figure 2: Estimated number of female PWUD, by types of drug use

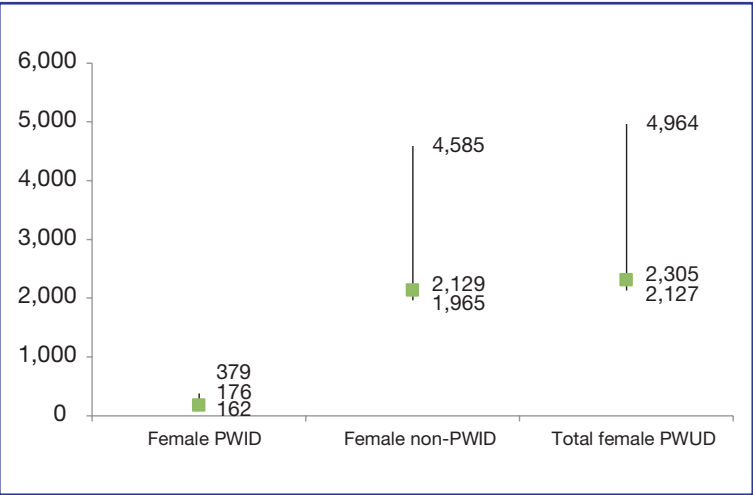
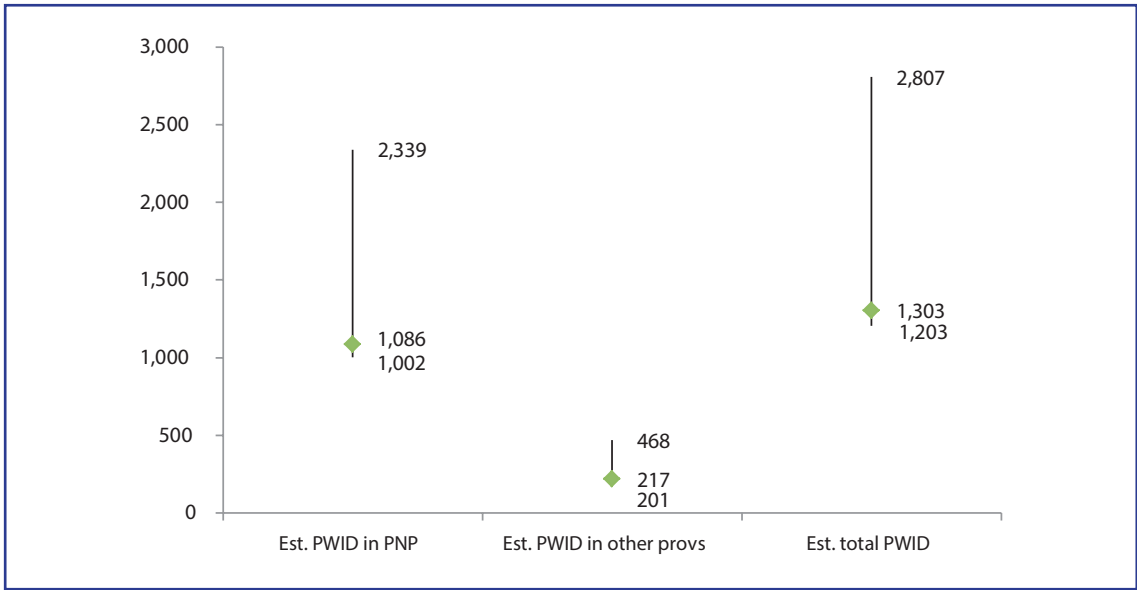


Figure 3: Estimated number of PWID, by locations



## Risk Behaviors

The mean age of PWUD included in the study was 25 years old and about half of them were unmarried. Overall, PWID represented 7.3% of the sample. Female PWUD represented about 18% (290/1,626) of the sample.

Only 18% of PWID first started using drugs by injecting, while about 74% of PWID initially started to use drugs by smoking. Up to 90% started using drugs with friends. About 35% of PWUD in Phnom Penh reported injecting in the past 12 months, while only 2% of PWUD in the provinces did so.

81% of PWUD reported using ice/methamphetamines, making it the most commonly used type of drug, followed by Yama (46%) in the past 12 months. Among PWID, apart from inject drug, 78% of them reported using ice/methamphetamines via other routes of administration and 61.9% reported using heroin.

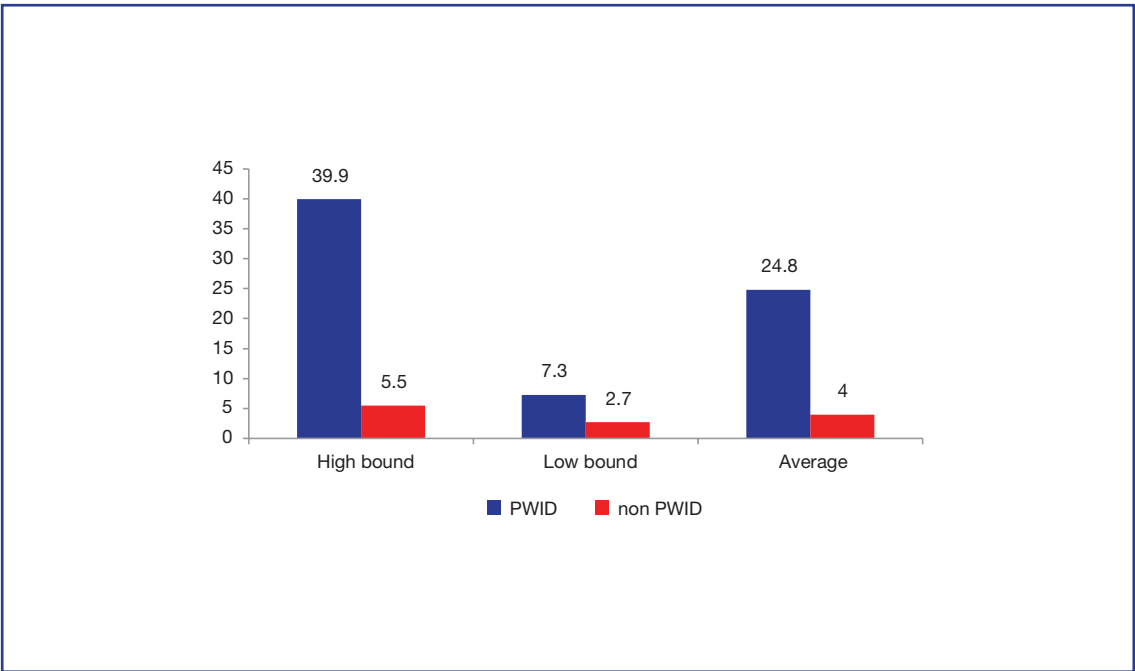
Only 63% of PWID reported never sharing needles and syringes with other PWUD in the past month. Moreover, 32% of PWID reused syringes/needles the last time they injected. Among those who used new needles/syringes, 70% got new syringes/needles from NGOs.

Among female PWUD, 94.4% reported ever having had sex. Condom use during the last sexual encounter in exchange for money was as high as 91.2%. 88.7% of male PWUD reported being sexually active. Consistent condom use was not high among men since the rate of condom use with paid female sex partner was 53.7%.

## HIV Prevalence

The HIV prevalence among PWUD (non PWID) and PWID was very different. It has been found that the HIV prevalence among non-PWID was 4% (95% CI: 2.7%- 5.5%) while that of PWID was 24.8% (95% CI: 7.3%- 39.9%).

Figure 4: HIV Prevalence among PWUD



HIV prevalence among PWID was much higher among those recruited in Phnom Penh (33.7%), while only 3.3% of PWID recruited from other provinces were found HIV positive. Regarding the HIV prevalence among non-PWID, there was no different when comparing Phnom Penh and other provinces.

# CONCLUSIONS AND RECOMMENDATIONS

There has been no single best method to estimate the size of the PWUD population in Cambodia. Therefore, in this population size estimation, multiple methods were used, followed by the triangulation of the results. Given the current methods and the availability of data, it is concluded that the number of PWUD who reported using drugs in the past 12 months in Cambodia (in 2012) is 13,000 with the low bound of 12,000 and the high bound of 28,000.

In fact, the size of the PWUD population did not change much compared to the estimate produced by NCHADS in 2007. Another important question about how health interventions could reach all of those PWUD remains unanswered. Therefore, in-depth understanding about the dynamics of PWUD and drug use is needed in order to help program implementers and policy makers launch more effective health intervention and appropriate health policies, respectively.

PWUD are still hard hit by the HIV/AIDS epidemic. The HIV prevalence among PWID remained around 25% and the HIV prevalence among non-PWID was 4%. Further, unsafe practices such as low consistent condom use and sharing needles and syringes have still been reported by the group. Therefore, more targeted interventions, especially for PWID, should be developed and implemented.

In summary, PWUD remains one of the most at risk groups in term of HIV infection and this group deserves more focus from HIV/AIDS prevention and care programs. Further, innovative strategies will be needed since it has been found that PWUD are the only group among which high HIV prevalence had been observed and an increase trend of HIV prevalence is likely, especially among non-PWID and female PWUD.

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