

Evaluation of M'Lop Tapang's Drug and Alcohol Social Work Programs



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Written by Johnny Statham

Translated by Carollyna Ou

Basic information

Project title	An evaluation of M'Lop Tapang drug and alcohol social work programs
Country	Cambodia
Name of organization report is being submitted to	M'Lop Tapang
Name and positions of person (s) who compiled the report	Name: Johnny Statham, BA, MSW, PQ Social Work Position: Consultant
Summary of role and contribution of others in team	<p>Ms. Carrolyna Ou provided essential translation skills and organized the timetable for the intervention. Mr. Um Chamroeun, Outreach team leader and Mr. Som Lavouch, drugs team leader organized the group work. Mr. You Rouen provided invaluable local insight and coordinated the field visits. Staff at M'Lop Tapang provided advice and support throughout the evaluation.</p> <p>Irene S. Leung, research, assessment and learning TA at Friends International shared their recent report and provided other research material.</p> <p>David Harding, Independent Consultant, for documentation and insight into methamphetamine usage/withdrawal</p> <p>Giulia Ciucci, Country Director, Children's Future International, for</p>

	<p>providing background information on the Signs of Safety intervention framework and helping to devise the questions.</p> <p>Sem Sithat, Drugs Manager, Friends International, for providing background international research on methamphetamine usage.</p>
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Table of Contents

Basic Information 1

Glossary and Acronyms 4

Purpose of the evaluation 5

The use of the Signs of Safety Framework 6

Revised Scope of Work 7

The Cambodian context regarding drugs and alcohol 8

Methamphetamine 8

Introduction 8

Alcohol Programme 9

Assessment methodology 10

Focus group discussions with children 10

Focus group discussions with alcohol group members 12

Focus group discussions with methamphetamine users 13

Findings from partners/families of alcohol/methamphetamine users 14

Meeting with Commune Leader 15

Focus group discussion with staff group 16

Conclusion 17

Recommendations 18

References 19

Case Story 20

Glossary

Abstinence (verb=abstain) describes the process of abstaining, meaning avoiding, or not engaging in certain potentially addictive substances or behaviors.

Alcoholism is a disorder characterized by a persistent pattern of alcohol use that causes harm or distress. It typically involves cravings for alcohol, inability to control the amount consumed, withdrawal symptoms in its absence, and the need to consume greater quantities in order to feel the same effects, and often results in impaired social functioning and significant damage to physical health.

Detoxification (sometimes abbreviated as “detox”) refers to the medical treatment of an alcoholic or drug addict involving abstention from drink or drugs until the bloodstream is free of toxins.

Ice is a colloquial term for methamphetamine.

Family Care First (FCF) is an ever-growing partnership, comprised of global and community partners from all sectors committed to increasing the percentage of children living in safe, nurturing and family based care.

Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. Also known as meth, chalk, ice, and crystal, among many other terms, it takes the form of a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol.

A **relapse** is far more serious than a **slip** because it means that the individual has returned to their former addiction. The word *relapse* means to fall again. It often starts off as a *slip*, but then progresses from there. A relapse may last for days or it could be longer. A [slip](#) is considered to be a less serious occurrence than a relapse. Both events are negative, but they differ in the degree of impact they will have on the life of the individual. Slips are when people pick up alcohol or drugs after a period of sobriety but stopping again almost right away.

RGC The Royal Government of Cambodia

A **self-help group** or **support group** meets for the purpose of giving emotional support and information to persons with a common problem. They can be self-organized or they can be facilitated by someone who does not share the problem, and sometimes linked to a social agency or a formal organization. The main differentiation is that it

encourages peer support, rather than relying on a structured program guided by professionals.

Sobriety is the continued abstinence from sustained substance abuse. It refers to the longer-term cessation of alcohol use.

Social Work Technical Advisor (SWTA) refers to a qualified social worker with a specific mandate to provide technical advice to social workers.

Substance abuse refers to the excessive use of a substance, especially alcohol or a drug. It is a maladaptive pattern of substance use leading to clinically significant impairment or distress.

3PC The Partnership Program for the Protection of children. A tripartite initiative, composed of The Royal Government of Cambodia, UNICEF and a network of NGOs (coordinated by Friends International) dedicated to building a stronger child protection system in Cambodia to better protect children from abuse.

Purpose of the Evaluation

The central aim of the evaluation (May 1st to May 31st 2017) was to assess the quality and impact of M'Lop Tapang (MT) social work interventions delivered to beneficiaries by the drug and alcohol teams. There was a specific focus on determining whether there was a need for a drug and alcohol rehabilitation center in Sihanoukville.

In order to ascertain this, focus groups were undertaken with:

- Young methamphetamine users
- Alcohol users
- The children of alcohol users
- Staff from MT's drug and alcohol teams
- The MT social work management team.
- Other social workers in MT.

Additional data was collected from interviews with the partners, children and family members of both methamphetamine and alcohol users.

I also attended the alcohol group as an observer and met with the local commune leader.

Additionally, I also met with the Project manager and sub-team leader for child protection.

Incorporating the Signs of Safety Approach in the assessment.

The Signs of Safety child protection approach and framework was developed in the 1980s by Andrew Turnell and Steve Edwards in Western Australia with the Aboriginal community.

It is now internationally recognized as one of the leading available progressive approaches to child protection casework, offering a structured systematic response to child maltreatment. Drawing on a solution focused approach to risk assessment, it places at risk children at the center of any intervention. The approach utilizes strengths and works in a collaborative way to improve outcomes for children.

The approach was pioneered in Cambodia by Children's Future International (CFI) in Battambang in 2014 in response to chronic child protection scenarios. Since then, CFI have taken the lead with implementing the technique in the country. They provide training and consultation in the use of the approach to The Cambodian Children's Trust (CCT) on their Holistic Family Preservation Model.

Both organizations are now receiving training and technical consultation from the Resolutions Consultancy, headed by Andrew Turnell.

This development is particularly exciting as it is the first time that Signs of Safety has been used in a developing country.

MT has had some prior exposure to the technique through a foreign social work advisor. CFI presented their work to the 3PC directors in October 2016. MT expressed an interest in implementing the technique and have had two lots of training, delivered by CFI, since then.

MT asked me to use the approach in this assessment, as it would help the social workers involved to embed some of the learning from the training.

Revised scope of work

As the evaluation progressed, the scope of the work was broadened at the request of

M'Lop Tapang management to include:

1. What structural/staffing changes may be necessary, should a Detoxification unit be incorporated into the services of M'Lop Tapang?
2. Whether or not the addition of a Social Work Technical Advisor (SWTA) to the service would add value to the services provided and where should this role sit.

The Cambodian Context

Alcohol

The issues around alcohol in Cambodia are well documented (Narkcichien, 2013; 3PC 2013), including an increased risk of violence towards partners and a high level of rapes by husbands.

Like many countries, drinking is viewed as a male bonding ritual. Common sayings used by Cambodians include:

“Drink for drunk, if not drink for drunk, drink for what?” and:

“If you go to a party and you don't drink, what are you going for?”

Alcohol usage is exacerbated by the availability of cheap alcohol. A 330 Milliliter can of beer can cost as little as 40 cents, and a small glass of locally brewed rice wine 12.5 cents.

Drug Usage

Cambodians who use drugs confound the notion that drug dependence is a self-inflicted condition that results from a character disorder or moral failing.

Human Rights Watch spoke with people that were incarcerated for drug usage.

When Human Rights Watch talked with these people, they were invariably softly spoken and polite. They talked openly and honestly about difficult childhoods (in many cases still underway) living on the streets, or growing up in refugee camps in Thailand.

Often young and poorly educated, they spoke of using drugs for extended periods of

time. Despite many hardships in their lives, their voices rarely became bitter except when describing their arrest and detention in government drug detention centers. They did not mince words when describing these places. One former detainee, Kakada, was particularly succinct:

“I think this is not a rehab center but a torturing center.’

Research has shown that drug dependence is not a failure of will or of strength of character but a chronic, relapsing medical condition with a physiological and genetic basis that could affect any human being.

Methamphetamine

As methamphetamine is a relatively new drug to the area, the research into this is in its infancy. However, there is evidence to show that the use of methamphetamine is increasing at an alarming rate.

A recent Phnom Penh post article by Phan Soumy, May 11th 2017, reported that Jeremy Douglas, regional representative of the U.N. Office on Drugs and Crime, stated that all six countries in the lower Mekong region had reported a year on year increase on methamphetamine use at the end of last year:

“Methamphetamine use is growing across the region almost exponentially. It is growing year on year,” Mr. Douglas said.

He also reported that:

1. Drug use is increasing amongst the young
2. Rehabilitation centers and treatment and prevention programs should thus target young people
3. There was a proliferation of drug-making laboratories
4. That the porous borders of the region made trafficking easy

Outside of the services provided by NGOs, there is little support provided for those affected by drugs and alcohol. Where there are detoxification facilities, these are often characterized by torture and provide little therapeutic support (Human Rights Watch 2010).

Introduction

MT is a local non-governmental organization (NGO) based in Sihanoukville, Cambodia. The NGO was established in 2003 and currently provides holistic specialized services to over 4000 vulnerable children and their families at any one time.

MT is the implementing partner for Sihanoukville of the Cambodian Child Protection network, 3PC, and the lead NGO in the area for the RGC's initiative to dramatically reduce the number of children in RCIs.

MT employs approximately 210 staff with a small number of foreign technical advisors. The organizational structure comprises of the senior management team, team leaders, sub-team leaders, social workers and teachers (see appendix).

Social work programs include outreach, drugs and alcohol and child protection services.

The drug and alcohol programs provide prevention, harm reduction and relapse prevention services. The alcohol group work is run from the center, but many additional services are provided from satellite units situated in different locations around the city.

Both the alcohol and drug teams know their beneficiaries, their families and communities well. Outreach services are provided in the community.

MT is clear that there should be a child protection mandate for any work, which they undertake with drug and alcohol users. To meet this goal, users are only admitted onto the programs if they are either youths or they have/care for children.

Where interventions are provided, in the alcohol group for example, MT is keen to stress that this is only one of a 'menu' of interventions. Assessment takes place through either the social work or child protection teams

The Alcohol Program

MT began an alcohol program in 2008. To date, the program has been successful in helping over 65 drinkers and their families. This means that the "familial reach" of the program is nearer 400+ beneficiaries (parents, partners and children).

The program began initially as a response to the number of domestic violence/violence against children reports which were related to alcohol use.

The Alcohol Group

Since the support group began in 2008, M'Lop Tapang's data reports that 15% of attending drinkers have stopped drinking and remained stopped. Additionally, many drinkers report that they have reduced drinking to a safer level.

Using the holistic approach to family intervention, outlined above has shown other benefits in relation to the members of the group, including:

- An overall decrease in the incidence of familial violence (both to partner and children) in 65+ families, reaching upwards of 400 individuals.
- An increase in the level of awareness of the negative impact alcohol use can have upon non drinkers
- The drinkers feeling less stigmatized and more open to support to try to reduce their drinking.
- Children and partners of drinkers reporting that they feel happier and safer
- An increase in school attendance of the children of drinkers.
- Families having better incomes, and greater economic security as they lose money through alcohol related activities.
- Drinkers have expressed regularly that this support helps them feel less hopeless/ isolated and more motivated to improve their lives and those of their families.

The group meets monthly for half a day. In addition, the specialist social worker meets clients individually in between the meetings.

The advantages of such a group include:

- It provides a regular and consistent point of contact with substance users
- Provides support and encouragement for substance users who want to reduce or stop their use
- Allows substance users to discuss their problems and seek advice from both staff and other group members
- Provide an opportunity for substance users to access other services (e.g. detox, medical referral, case management, etc.)

Additionally, MT provides monthly community meetings with family members, neighbors

and village chiefs to raise awareness of the impacts of alcohol. This has a focus on enabling the community to encourage drinkers when they are trying to reduce/ stop and to cut down the discrimination that they experience. These meetings rotate around Sihanoukville to maximize their reach and effectiveness.

Assessment methodology

The questions for the focus groups were developed by myself in consultation with the staff and management of MT. Giulia Ciucci provided expertise in formulating these into a signs of safety framework. I then worked with Carollyna to translate the questions and develop a facilitation model in Khmer for each group.

We used scaling questions, which asked questions based on a 0-10 scale to indicate the scale of improvement that beneficiaries felt had resulted from the provision of services. A zero would mean no improvement and 10 would mean great improvement.

Carollyna and I facilitated each session using the questions as a guideline. Appropriate project staff were provided to support each group. Over the course of the assessment the sessions became much freer flowing. Once enabled to contribute, the groups often took on a life of their own, with the questions simply acting as a framework.

Focus Group with children of alcohol users

We met with the children's group at the centre. They were all children/grandchildren of parents/carers who attended the alcohol group and were selected on the basis of availability by MT staff. There were 7 attendees with ages ranging from 7 - 12. We adapted the questions to make them more child friendly and asked the children to list the things, provided by M'Lop Tapang, that they felt had helped them. They identified:

- Help with school - practical, financial and placement finding.
- Vocational training/business start up support for their parents
- Financial support for the family
- Clubs
- Outings
- Groups
- Social Work support
- Relationship building with other children
- Counselling
- Studying circus skills

- Being helped to feel safe.
- Support to obtain a birth certificate
- Purchasing football & others sport kit
- House repairs
- Support with food purchase, including rice
- Health checks and treatment
- Dental hygiene awareness and dental checks.
- Support to study on Khmer national dancing and music

All of the children were very satisfied with the support provided and the overall satisfaction rate was 93%. When asked what could make the services provided by M'Lop Tapang and what could make them even better. The children stated that they wanted:

- more activities
- more outings
- Increased social work visits

The children did not report any complaints about the organisation.

We explained the purpose of the detox centre. All of the young people felt that this would be a good idea for their parents. They variously described the concept of 'time out' and offered comments such as the following: Chia, aged 9:

'It would have helped my Dad to stop drinking.'

Mien, aged 11:

'My Mum could stay there when drunk, so she doesn't beat us.'

Samnang aged 12 stated:

'I think, it is good, because I want my parents to stop or reduce alcohol drinking in every day. I will tell my parents and family to get this service, I hope MT can help my parents to stop drinking, then they can eat rice and get job too.'

Perhaps the most telling of comments came from Rothanak, aged 8:

'I don't want anything from MT, what I want, I would like to ask MT help my mom to stop drinking, because I am scared my mom will die some day, because she drinks so much

every day and doesn't eat rice. I am so happy, if MT can help my mom to stop drinking, because I already lost one member in my family, he was my uncle, he died because he drank so much, so I don't want to lose my mom and also my dad too'

The precarious nature of children with alcoholic parents is demonstrated by the fact that two weeks after the interview, Rothanak's mother died.

The majority of the children, 6 out of 7, reported that the group had been very successful in helping their parents/carers to stop drinking.

All (7) reported that the group had been very successful in helping their parents to be less violence. They all rated MT's intervention on this area as a ten.

Focus Group with alcohol group members

I observed the alcohol group in the MT center. On this day there were 17 attendees, 10 males and 7 females. The group participated in their regular program before having a break. After this we did the scaling exercise, which produced the following results:

- All but one of the participants reported that the group had been effective in terms of reducing drinking
- All members reported that the relationship with their partner had improved.
- The majority of group members reported a decrease in the violence that they displayed either towards their partners, children or others.
- 12 out of 17 of the members reported that they had improved relationships with their children.
- 13 of the 17 participants reported that the support provided for entering/remaining in employment was very effective.

The group then engaged in a discussion around what else helps them to remain non-drinkers:

- To do house work every day/ working hard
- Drink soft drink/coffee/juice instead of alcohol
- To do exercise/sport every day
- Plant the vegetables
- Clothes washing
- Daily wage (Fishing, cleaning...)
- Pick up children from school
- Go to clinic and hospital regularly for health checking

- Eat clean and good foods everyday
- Body hygiene and sanitation, (including showering every day)
- Reduce drinking alcohol step by step
- Self-commitment for reducing consumption

It was clear from the discussion that the group is cohesive and well facilitated. The group respects the alcohol social workers and all members reported high satisfaction with the services provided.

All participants felt that a detoxification center was a good idea. They reported that the presence of such a center would have:

‘Made it safer for my family’ (i.e.: removed them when they were likely to be violent).

‘Helped me reduce drinking more quickly.’

‘Got me back into work sooner.’

There were again suggestions around medical support, sporting facilities and that the center should be in a rural location.

Focus Group with Methamphetamine Users

This group was composed of six males between the ages of 17 and 28. Of the six, four reported that they had stopped using methamphetamine completely. 1 reported that he was using periodically, whilst the other member reported that he was using frequently.

In addition to methamphetamine, all reported that they had used other substances:

- 4 reported using glue
- 2 reported smoking marijuana
- 1 had taken ketamine
- All had drunk alcohol

All of the young people reported that they were more violent when using the substance; some towards their parents/caregivers, some to their friends and several stated that they had violent confrontations with strangers.

We then discussed the support the MT offered. All cited that the social work involvement had been encouraging. Four reported that social workers had helped them to renegotiate their relationships with their parents for the better. All stated that they were happy with the practical support offered: accommodation, school fees and

equipment, life skills and vocational training.

All six had been through the vocational training programs offered at MT. 3 were now working as chefs, two were students and one was working as a waiter.

The other significant factor in helping them to stop, and stay stopped using methamphetamine, was the presence of appropriate friends.

The overall satisfaction with the services offered was 80%.

Turning specifically to the subject of the detoxification center, all six young people thought that this was an excellent or very good idea. 3 young people stated that the venue should be out of town, 4 suggested that the center should provide sport and counselling. Sakhong, 19 stated:

‘Yes, it is good, because we want to stop drug using and want our family to have happiness, and our children to be happy with us.’

Findings from partners/families of alcoholics and methamphetamine users.

Semi-structured interviews were arranged with the parents of both alcoholics and methamphetamine users. In every case, they had taken on some, or all, of the caring responsibilities for their grandchildren.

All reported that their children’s dependence on alcohol or methamphetamine had led to lots of issues including:

- Them being unable to care for their children.
- Economic consequences to their families as they were out of work.
- Increase in the level of violence shown by their children to their grandchildren or to others in the community
- General disruptive and antisocial behavior which impacts upon the community.

In the case of the methamphetamine users, there was another severe consequence. Several of them (aged 15 to 28) had been arrested for using and sent to the local prison. We discussed this in some detail. I consulted with MT staff who informed me that 30 young people had been incarcerated for methamphetamine use in a Police ‘sweep’ that took place recently.

Both the parents of alcoholics and those of methamphetamine users, all felt that a detoxification unit was a good idea. Moreover, the methamphetamine users' parents highlighted that this would have been a much more appropriate and better intervention to their children's incarceration.

All of the Grandparent's valued the interventions provided by M'Lop Tapang. These included:

- Providing education, help with school equipment costs
- Vocational training for their children or themselves
- Help in securing housing
- General social work services, such as counselling, which had enabled better familial relationships.

Meeting with Commune Leader

I met with the commune leader for area, Mr. Soun So Ny, Village chief, Sangkat 3. He was very effusive about the services provided by M'Lop Tapang. He reported that their intervention in the alcohol problems of the community had led to:

- Less anti-social behavior
- A reduced level of violence
- Fewer child protection referrals
- Greater personal hygiene
- Raised awareness of the dangers of alcohol
- A reduction in poverty through supporting vocational training.

He stated that the detoxification unit was a good idea. He agreed to share this with appropriate colleagues locally and would offer any support necessary to get this idea off the ground.

Focus Group with M'Lop Tapang Staff

I met with smaller of groups of staff (3) and managers on five occasions. This led to a larger meeting comprising of 12 staff from across the social work disciplines. The meetings, drew on the Signs of Safety Appreciative Enquiry technique and had a specific focus on 'what changes could make this work Even Better If.

Recurrent themes came through the groups, namely:

1. That the frequency of supervision (three monthly) was not always adequate
2. That management capacity (in terms of numbers) meant that the opportunities for ad-hoc supervision/case consultation were not always adequate.
3. That the social workers would benefit from more training around theoretical frameworks and looking at the deeper aspects of practice.
4. That the social work project manager was overloaded and had too many disciplines within his portfolio (3PC, FCF, transitional home, foster care, case management and alcohol and drugs).

In response to this I asked them to think about possible changes that could be made. They advocated strongly for two things:

1. A social work technical advisor (SWTA)
2. An additional project manager to be specifically dedicated to alcohol and drugs.

They were able to specify the kind of technical advisor that they wanted. The majority agreed that the advisor should be a foreigner, as they felt that there was not currently a Khmer national with sufficient experience to fulfill the role.

In terms of the current staffing structure, they felt that the SWTA should sit alongside the project managers, but not have operational management responsibilities and should do the following:

- Provide additional technical supervision, particularly on complex cases.
- Update the current procedural documents.
- Help to represent MT in networks, particularly those where there are a high proportion of foreigners e.g.: FCF.
- Help to increase practice depth by bringing in recent international social work developments.
- Lead the development of the new electronic case management system.
- Mainly support the child protection and social work teams.

Turning to the need for another project manager, both the senior management team and the current project manager for social work had reflected on how broad this role had become. This was borne out in conversations with the staff individually and in the staff group sessions.

It is not simply the volume of work that is an issue, but also the breadth. This manager is responsible for interventions ranging from the placement of babies in foster care to working with older alcoholics. The potential addition of the detoxification unit to this portfolio would place further strain upon this position.

Conclusion

The overall impression of M'Lop Tapang as a social work organization, is a very positive one. The social workers and their managers clearly know both their work and the people whom they serve very well.

The organization serves as a model of how to embed a social work service in a local community. The organization is well known locally and people know how to access services.

It works well with partners, both locally and nationally, and seeks the expertise of other organizations (3PC, FCF, individual non-governmental organizations and consultants) where appropriate.

MT has strong relationships with Government and UNICEF at both local and national levels.

It has shown its ability to adapt and change with developments; this is aptly demonstrated by its piloting of the Signs of Safety technique. It is clearly a learning organization

Where there are stressors, e.g.: insufficient management time for supervision, effective case auditing etc., the senior management team are aware of this and are seeking to address such issues as demonstrated by the expansion of the remit of this report at their request.

Turning to the issues of drug and alcohol usage, MT has a well-established, evidence based intervention to both drugs and alcohol. The alcohol group is cohesive, well run and as the Focus Group with both the beneficiaries and their families' shows: it clearly contributes to better outcomes for both children and their families.

The explosion in methamphetamine use, both locally and in the region, makes the case for a detoxification center compelling. All of the users, their children, caregivers, families, politicians and staff interviewed were unanimous in their support for such a

center.

The addition of such a center would offer a strengthening of services and a much-needed safety net for those affected by drug or alcohol addiction. It would also serve as a more effective alternative to custody, which is where many users, through being criminalized for usage, currently find themselves.

Recommendations

1. MT to pursue funding for a detoxification unit. This funding needs to be of medium term duration at least (3 years) to maximize effectiveness.
2. The development of the unit should be undertaken in consultation with those with knowledge of this area, Mith Samlanh in Phnom Penh for example and any other in country experts. This should include exchange visits and the investigation of medical protocols for substance withdrawal.
3. Consideration to be given to the employment of a Social Work Technical Advisor with a focus on: embedding knowledge into practice, providing additional supervision/consultation.
4. Consideration to be given to the employment of another project manager, assuming responsibility for the drug and alcohol programs and the development and subsequent management of the detoxification center.
5. The finding from the children's focus group: that 100 per cent of the group reported that their alcoholic parents/carers had greatly reduced their violence against Children (VAC), as a result of attending the alcohol group, is to be highlighted. Whilst, this was a very small sample (7 children), VAC is an area under scrutiny in Cambodia. This finding needs to be shared broadly amongst the Cambodian Child Protection Network and further investigated.
6. Report to be shared amongst the partners of both 3PC and FCF including the Government, UNICEF, Friends International, USAID and Save the Children.

Potential Follow up Research focusing on Gender

During the course of this evaluation, the report from Irene S. Leung and associates at Friends International on alcohol groups of Mith Samlanh became available. The report addressed many themes, and one of these was around the different experiences of men and women in mixed group environments, which also brings up the issue how couples may or may not benefit in being in alcohol support groups together.

Additionally, David Harding, highlighted some of the reasons why female sex workers

take methamphetamine, principally as a means of escape from their experiences, to numb both the emotional and physical pain of being a sex worker and to make themselves appear more confident.

These are clearly both areas meriting further research. I would thus recommend a wider analysis of drug and alcohol usage pertaining to gender-responsive treatment and support options.

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Appendix 1 - Case Story

I met with Rico*, a French expatriate male partner of Kim, a Khmer female methamphetamine user. Kim has a 4-year old daughter, Sokha. Rico believes, but couldn't evidence, that Kim is a sex worker.

He said that Kim had been using ICE for 10 years. He added that Kim and her female friends stated that they took ICE because it gave them power.

He said that when Kim takes ICE she tends to disappear, this is sometimes for a night, sometimes for a week and sometimes longer. She often returns with money, which he believes she can only have obtained from sex work.

He described how one time he was away and returned to find that Sokha had been left alone for a couple of days. He described her as being dirty, malnourished and frightened. It was at this point that he sought the help of M'Lop Tapang.

The case was assessed by M'Lop Tapang and they devised a holistic intervention plan, addressing both Kim's drug use and the needs of Sokha.

Rico reported that he valued the services provided and felt that the staff were excellent. They helped Sokha get into school and educated Kim in the effects that methamphetamine can have. They have also supported her in developing skills through vocational training. Unfortunately, she has only sporadically used the skills and did not complete the program.

The link between drug misuse and child protection is aptly demonstrated by Rico's report of one time when he found Kim. He stated that this time, Kim had taken Sokha with her. He found them both in a house with 3 other women. There were clear signs of sexual activity in the house and the paraphernalia of drug use. What Sokha may have been witness to, or indeed participated in, is unclear. However, the severity of the child protection risk to her in this instance is extreme.

She has now agreed not to take her daughter when she does go away. The presence of Rico, as the non-abusive parenting figure and the oversight of a social work organization (MT) makes this a good enough child protection plan to ensure Sokha's safety.

At other times, when Kim disappears, he has used MT to help try to find her and provide care to Sokha should Rico need some time out. Of MT he says:

'They never give up' and

'I couldn't have done it without them.'

** Names changed to respect confidentiality.*

Johnny Statham
Social Work Consultant
June 2017