Drug use, treatment and prevention situation in Afghanistan
About the Author & Organization

Name: Afghanistan Green Crescent Organization (AGCO)

Date of Establishment: 14/08/2017

Employee: Paid (Nil)

Volunteers:

   Board of Directorate: 7

   Executive Board: 3

Active volunteers: more than 1000 members

Note: above 1000 volunteers are youth union all over the country and they are students of secondary schools and universities, they are working voluntarily for awareness of drug prevention as members of AGCO.
About the Country

Location:

- Afghanistan is a landlocked country in Central Asia with a long, narrow strip in the northeast (the Wakhan corridor). Afghanistan is slightly smaller than the state of Texas, with a total area of 647,500 square kilometers (250,001 square miles), extending 1,240 kilometers (770 miles) northeast-southwest and 560 kilometers (350 miles) southeast-northwest. Afghanistan is bounded on the north by Turkmenistan, Uzbekistan, and Tajikistan, on the northeastern extreme by China, on the east and south by Pakistan, and on the west by Iran, with a total boundary length of 5,529 kilometers (3,436 miles). Afghanistan's capital city, Kabul, is located in the east central part of the country.
General Indicators/Demography
Population: Total Population 35530081
Population ages 0-14 (% total) 43.24%

Education
- Adult literacy rate (% people aged 15+ years) 31.74%
- Primary school enrolment (% gross) 104.61%
- Secondary school enrolment (% gross) 55.11%
- Tertiary school enrolment (% gross) 8.48%

Health
- Life expectancy at birth 63yrs
- Fertility rate (births per woman) 4.64
- Suicide mortality rate (per 100,000 population) 4.70
- Prevalence of HIV (% population aged 15-49 years) 0.10%

Drug Use
- Alcohol consumption per capita (litres of pure alcohol, 15+ years) 0.20l
- Annual prevalence of alcohol dependence (% population 15+ years) 0.20%
- Annual prevalence of opiates use (% population aged 15-64 years) 1.40%
- Annual prevalence of cocaine use (% population aged 15-64 years) 0.00%
# Drug Use Trends in Afghanistan

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Sample</td>
<td>Both recreational and regular drug use including alcohol use.</td>
<td>Regular drug use. 15-64 year olds.</td>
<td>Samples from HHS from Capitals of 11/34 provinces including Kabul</td>
<td>Samples from HHs in 52 villages in 15 provinces</td>
</tr>
<tr>
<td>Overall Drug Use</td>
<td>920,000</td>
<td>940,000</td>
<td>1.3- 1.6 M</td>
<td>2,900,000 – 3,500,000</td>
</tr>
<tr>
<td>Prevalence</td>
<td>8% of adults</td>
<td></td>
<td>5.3 % of population</td>
<td>11% of population</td>
</tr>
<tr>
<td>Opium Use</td>
<td>150,000</td>
<td>230,000 (1.9% o Prev)</td>
<td>8.9 % of total pop</td>
<td>1.9-2.3 M</td>
</tr>
<tr>
<td>Heroin Use</td>
<td>50,000</td>
<td>120,000 (1% Prev)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis Use</td>
<td>520,000</td>
<td>520,000</td>
<td>3.9% of total population</td>
<td>0.9-1.1 M</td>
</tr>
<tr>
<td>Female Drug Use</td>
<td>120,000</td>
<td>111,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Drug Use</td>
<td>60,000</td>
<td>50% of 250,000 opium using parents</td>
<td>296,000 test +</td>
<td>1- 1.22 M test + 90,000-110,000</td>
</tr>
<tr>
<td>Injecting Drug Use</td>
<td>19,000 (2% of drug users)</td>
<td>18,000 - 23,000 (2.8% of drug users)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

# DRUG-Positive RATES (INL Surveys)

<table>
<thead>
<tr>
<th>Survey</th>
<th>Urban</th>
<th>Rural</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>11.4%</td>
<td>38.5%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Total Population</td>
<td>5.3%</td>
<td>13.0%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Adults</td>
<td>7.5%</td>
<td>14.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Men</td>
<td>10.6%</td>
<td>17.8%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Women</td>
<td>4.3%</td>
<td>11.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Children</td>
<td>2.3%</td>
<td>11.3%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

*Any Drug

Source: ANDUS 2012 and ANRDUS 2014
### DRUG-USE RATES (INL Surveys)

<table>
<thead>
<tr>
<th>Survey/Groups</th>
<th>Urban</th>
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<tr>
<td>Children</td>
<td>0.2%</td>
<td>1.0%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

*Any Drug

Source: ANDUS 2012 and ANRDUS 2014
ESTIMATES OF DRUG POSITIVES & USERS (INL Surveys)

Total Population
• Drug Positives: 2,920,000 – 3,570,000
• Drug Users: 2,010,000 – 2,460,000

Adults: 1,920,000 – 2,350,000

Children
• Drug Positives: 1,000,000 – 1,220,000
• Drug Users: 90,000-110,000

Lower estimates based on Afghanistan CSO, 2013-2014 population of 26,023,100
Upper estimates based on CIA World Fact book, 2014 population of 31,822,800

Source: ANDUS 2012 and ANRDUS 2014
Drug Situation in Afghanistan

- An urban drug use survey undertaken by the US Bureau of Narcotics and International Law Enforcement (INL) estimates drug users 1.3-1.6 million, 0.3 million of which consist of children (INL 2012).
- There are around one million drug users aged 15-64 years.
- The prevalence of drug users is 8%- aged 15-64.
- Annual prevalence of opium use is about 1.9% of the adult population.
- Annual prevalence of heroin use is about 1.0% of the adult population.
- Women drug users 120,000.
- Children drug users 120,000.
  - A study in 2009 found that about 50% of opium users interviewed gave drugs to their children.

Source: UNODC, Afghanistan Drug Use Surveys, 2009
Drug Situation cont’d

• 350,000 opiate (opium and heroin) users
• Injecting Drug Users (IDUs) constitute 6% of it
  – Around 20,000 are IDUs
• HIV infection among the IDUs is 7.2%
• 40% of drug users are multi-drug users
• 10% of prisoners, over 1,300 including 123 female prisoners were drug addicts (ADR 2012; UNODC 2010)
• Overall, drug users spend on average over USD 300 Million on their drug habit every year
• Thus, drug use is a catastrophe and a social and economic burden to the country

Source: UNODC, Afghanistan Drug Use Surveys, 2009
Factors driving drug use

- Easy access to cheap drugs
- Peer pressure
- Limited access to drug treatment
- War-related trauma
- Exposure to drug use as a refugee
- Economic issues (Poverty)
- Joblessness
- Recreational purposes
- Depression and medical problems
- Direct involvement in drug production

Current Response … policy framework

Drug treatment and HIV prevention, treatment and care are national priorities

- Drug Control Law
- National Drug Control Strategy
- National Drug Demand Reduction Policy
- Drug Treatment Guidelines
- Drug Prevention and Education guidelines
Prevention Services

The MCN leads the preventive interventions with coordination of other ministries (e.g. MoPH, MoE, MoLSA, MoWA, MoRA, NGOs)

The main drug prevention activities include

– **Awareness programs** as
  – Drug Treatment Centers based
    • Social events, gatherings, sensitization through outreach teams
    • Sharing of information with drug users and their families within the center
  – School-based
    • Sharing of information on drug related harms by conducting events in schools, dissemination of publications, and messages in school curriculum and the training of teachers.
Prevention Services cont’d…

– **Mosque-based**
  - Drug prevention awareness through mosques

– **Youth congresses**
  - Gatherings to inform the younger generation about the dangers of drug use through sporting, cultural and social events

– **Vocational training**
  - In 2012, a 6 months pilot program, involving 400 drug users who had completed treatment, was implemented

Still more than millions individuals benefited from such awareness interventions.
Current response - drug prevention

• School awareness programs

• Joint program with Ministry of Education (school curriculum).

• Colombo Plan: activities with religious leaders (24 provinces), teachers (15 provinces), community leaders (28 provinces), youth (29 provinces).

• National Drug prevention and education guidelines exist since 2005
Treatment Services

• Drug treatment services are provided publically and privately.
• The MoPH implements the majority of treatment services in the country.
• There are an estimated 1260 clinical staff providing drug prevention and treatment services through UNODC/CP-INL and MoPH DTCs
• The main donor responsible for drug treatment is the INL and Government of Afghanistan. The Governments of Japan, Germany, Sweden, Norway also fund small projects (ADR 2012).
Types of services provided:

• Out reach activities
  – Screening, referring, diagnosis
  – Follow up of clients completed their treatment

• IPD (Inpatient Residential Treatment Services)
• OPDs
• Home-based Treatment
• Community-based Treatment

Treatment mapping

• Residential period varies from 45 to 180 days
  – Based on sex, age, complexity, and past history
Drug addiction centers which manage by government

<table>
<thead>
<tr>
<th>provinces</th>
<th>Number of Center</th>
<th>Beds</th>
<th>treatment cycle</th>
<th>annual capacity</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male and Adolescents</td>
<td>Female and Children</td>
<td>Male and Adolescents</td>
<td>Female and Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>65</td>
<td>5</td>
<td>3330</td>
<td>255</td>
<td>Weeks 552</td>
</tr>
</tbody>
</table>

Note: among above 70 centers 2 centers are located in prison and 13 are OPD base centers
### Drug addiction centers which manage by NGOs

<table>
<thead>
<tr>
<th>provinces</th>
<th>Number of Center</th>
<th>Beds</th>
<th>treatment cycle</th>
<th>annual capacity</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male and Adolescents</td>
<td>Male and Adolescents</td>
<td>Female and Children</td>
<td>Female and Children</td>
<td>422</td>
<td>4229</td>
</tr>
</tbody>
</table>

- Male and Adolescents: 8
- Female and Children: 1
- Male and Adolescents: 13
- Female and Children: 50
- Female and Children: 375

Note: among above 14 centers 2 centers are established village base and these are as pilot for 6 months.
Emergency and specified Shelters for addictions during Covid 19 outbreaks

<table>
<thead>
<tr>
<th>No</th>
<th>Implementar</th>
<th>duration</th>
<th>Location</th>
<th>capacity of beds</th>
<th>Name of shelters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MoPH</td>
<td>for 6 months</td>
<td>Mazar city</td>
<td>Beds 150</td>
<td>Balkh Shelter</td>
</tr>
<tr>
<td>2</td>
<td>MoPH</td>
<td>for 6 months</td>
<td>Zaranj city</td>
<td>Beds 450</td>
<td>Nemroz Shelter</td>
</tr>
<tr>
<td>3</td>
<td>MoPH</td>
<td>for 6 months</td>
<td>Farah City</td>
<td>Beds 400</td>
<td>Farah Shelter</td>
</tr>
<tr>
<td>4</td>
<td>MoPH</td>
<td>for 6 months</td>
<td>Herat City</td>
<td>Beds 350</td>
<td>Herat Shelter</td>
</tr>
</tbody>
</table>
Drug addiction treatment centers in Afghanistan

<table>
<thead>
<tr>
<th>Implementers</th>
<th>No. of centers</th>
<th>No. of Beds</th>
<th>IPD treatment</th>
<th>Home treatment</th>
<th>OPD treatment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDR Drug Demand Reduction program (MoPH)</td>
<td>70</td>
<td>3565</td>
<td>27680</td>
<td>7416</td>
<td>2080</td>
<td>37176</td>
</tr>
<tr>
<td>NGOs program</td>
<td>12</td>
<td>425</td>
<td>2320</td>
<td>0</td>
<td>0</td>
<td>2320</td>
</tr>
<tr>
<td>Village treatments Centers</td>
<td>2</td>
<td>50</td>
<td>400</td>
<td>0</td>
<td>0</td>
<td>400</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>84</strong></td>
<td><strong>4040</strong></td>
<td><strong>30400</strong></td>
<td><strong>7416</strong></td>
<td><strong>2080</strong></td>
<td><strong>39896</strong></td>
</tr>
</tbody>
</table>
In Afghanistan, the most commonly used drugs, as shown in the chart, are heroin, opium, and amphetamines, as well as psychotropic substances such as Tramadol and Tablet K(Extasy).
### Staffs which are working drug demand Reduction program in Afghanistan

<table>
<thead>
<tr>
<th>Technical Staff</th>
<th>Qty</th>
<th>Supportive staff</th>
<th>Qty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Doctor</td>
<td>179</td>
<td>Manamements staff</td>
<td>343</td>
</tr>
<tr>
<td>Manager</td>
<td>79</td>
<td>Driver</td>
<td>109</td>
</tr>
<tr>
<td>Nurse</td>
<td>205</td>
<td>cook</td>
<td>123</td>
</tr>
<tr>
<td>Psychologist</td>
<td>132</td>
<td>Guard</td>
<td>211</td>
</tr>
<tr>
<td>Counsellor</td>
<td>215</td>
<td>Cleaner</td>
<td>180</td>
</tr>
<tr>
<td>Social worker</td>
<td>331</td>
<td>Laundry man</td>
<td>17</td>
</tr>
<tr>
<td>Lab Technologist</td>
<td>8</td>
<td>mechnonic</td>
<td>34</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>13</td>
<td>Barbar</td>
<td>7</td>
</tr>
<tr>
<td>Medical Record</td>
<td>5</td>
<td>Tialer</td>
<td>10</td>
</tr>
<tr>
<td>other Technical staff</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>1196</td>
<td>total</td>
<td>1034</td>
</tr>
</tbody>
</table>

Staffs which are working drug demand Reduction program in Afghanistan
Harm Reduction services

- Testing and counseling for HIV based on NACP algorithm with standard three tests.
- Needle & Syringe program (NSP)
- Condom program
- Prevention and treatment of sexually transmitted infections (STIs)
- IEC/ BCC according to standard materials.
- Referral for Opioid substitution therapy (OST)
- Diagnosis of viral hepatitis (HBV, HCV)
- Referral for antiretroviral therapy (ART) tuberculosis (TB) and drug treatment
- Provision of primary health care
- Provision of social services
OST Model used

- Provisional Management
- Harm Reduction Education
- Motivational Interview
- Individual Counseling
- Group Counseling
- Treatment of mental health problems
- Refer to support groups
- Family Therapy
Future plan for drug demand reduction

1. Prevention (strengthening awareness program among school and university students)

2. Establishment of training centers in every province of Afghanistan for volunteers

3. Development of workforce for provision of quality services

4. Reduction of drug use and related harm through awareness on social media, TV and Radio Chenal

5. Strengthening coordination mechanism and Partnership with MoPH and other related NGOs
Challenges for NGOs working in Health and Addiction:

• inadequate of Fund for our activity.
• High number of drug users with geographic disparity
• Low interest of the Government in financing the Program
• Low number of professionals/experts in the field especially social counselors
• Low training and capacity building opportunities to staff
• Low awareness and low literacy rate of the population
• Insecurity
Recommendations

• There is a dire need for donor community contribution to
  
  – Increase capacity and improve quality of treatment services
  – Expand OST (methadone or buprenephrin) Program for IDUs
  – Design and support prevention programs to raise awareness about the dangers of drug use among people
  – Conduct studies about different aspects of drug use to inform evidence-based policy making

• Multi-sectorial collaboration to strengthen follow-up and after care services in order to reduce relapse cases
  
  – Vocational Trainings, employment opportunities, Awareness
  – Law enforcement, supply reduction, socio-demographic information
Thank you for your attention

Afghanistan Green Crescent Organization
Dr. Hakimullah Salih
Email: hakimsalih@gmail.com