



**INTERNATIONAL FEDERATION OF  
GREEN CRESCENTS**



## ***Drug use ,treatment and prevention situation in Afghanistan***

Afghanistan Green Crescent Organization





## 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 country and they are students of secondary schools and universities , they are working voluntarily for awareness of drug prevention as member 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 [sq km](#) (250,001 sq mi), extending 1,240 km (770 mi) NE–SW and 560 km (350 mi) SE–NW. Afghanistan is bounded on the N by Turkmenistan, Uzbekistan, and Tajikistan, on the extreme NE by China, on the E and S by Pakistan, and on the W by Iran, with a total boundary [length](#) of 5,529 km (3,436 mi). 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

Study	Drug use Survey 2005 (UNODC)	Drug use Survey 2009 (UNODC)	National urban Drug Use survey 2012 (INL)	National Drug Use survey 2012-2014
Population Sample	Both recreational and regular drug use including alcohol use.	Regular drug use. 15-64 year olds.	Samples from HHS from Capitals of 11/34 provinces including Kabul	Samples from HHs in 52 villages in 15 provinces
Overall Drug Use	920,000	940,000	1.3- 1.6 M	2,900,000 – 3,500,000
Prevalence		8% of adults	5.3 % of population	11% of population
Opium Use	150,000	230,000 (1.9% o Prev)	8.9 % of total pop	1.9-2.3 M
Heroin Use	50,000	120,000 (1% Prev)		
Cannabis Use	520,000	520,000	3.9% of total population	0.9-1.1 M
Female Drug Use	120,000	111,000		
Children Drug Use	60,000	50% of 250,000 opium using parents	296,000 test +	1- 1.22 M test + 90,000-110,000
Injecting Drug Use	19,000 (2% of drug users)	18,000 - 23,000 (2.8% of drug users)		

Source: UNODC, Afghanistan Drug Use Surveys, 2005 & 2009, INL 2012, 2013

# DRUG-Positive RATES (INL Surveys)

Survey	Urban	Rural	NATIONAL
Household	11.4%	38.5%	<b>30.6%</b>
Total Population	5.3%	13.0%	<b>11.1%</b>
Adults	7.5%	14.5%	<b>12.8%</b>
Men	10.6%	17.8%	<b>16.1%</b>
Women	4.3%	11.2%	<b>9.5%</b>
Children	2.3%	11.3%	<b>9.2%</b>
*Any Drug			

Source: ANDUS 2012 and ANRDUS 2014

# DRUG-USE RATES (INL Surveys)

Survey/Groups	Urban	Rural	NATIONAL
Household	11.4%	38.5%	<b>30.6%</b>
Total Population	4.4%	8.2%	<b>7.3%</b>
Adults	7.5%	14.5%	<b>12.8%</b>
Men	10.6%	17.8%	<b>16.1%</b>
Women	4.3%	11.2%	<b>9.5%</b>
Children	0.2%	1.0%	<b>0.8%</b>
*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 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.

# 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

*Source: Afghanistan Drug Report 2012 , MCN 2013 and UNODC (2013)*

# 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](#)).



## Treatment Services cont'd...



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

provinces	Number of Cernter		Beds		treatment cycle	annual capacity	Target group
	Male and Adolescents	Female and Children	Male and Adolescents	Female and Children			
32	65	5	3330	255	Weeks 552	29840	M/F /child /Adolescents and prisoner

Note: among above 70 centers 2 centers are located in prison and 13 are OPD base centers

# Drug addiction centers which manage by NGOs

provinces	Number of Cernter		Beds		treatment cycle	annual capacity	Target group
	Male and Adolescents	Female and Children	Male and Adolescents	Female and Children			
8	1	13	50	375	422	4229	M/F /child /Adolescents and prisoner

Note: among above 14centers 2 centers are established village base and these are as pilot for 6 months

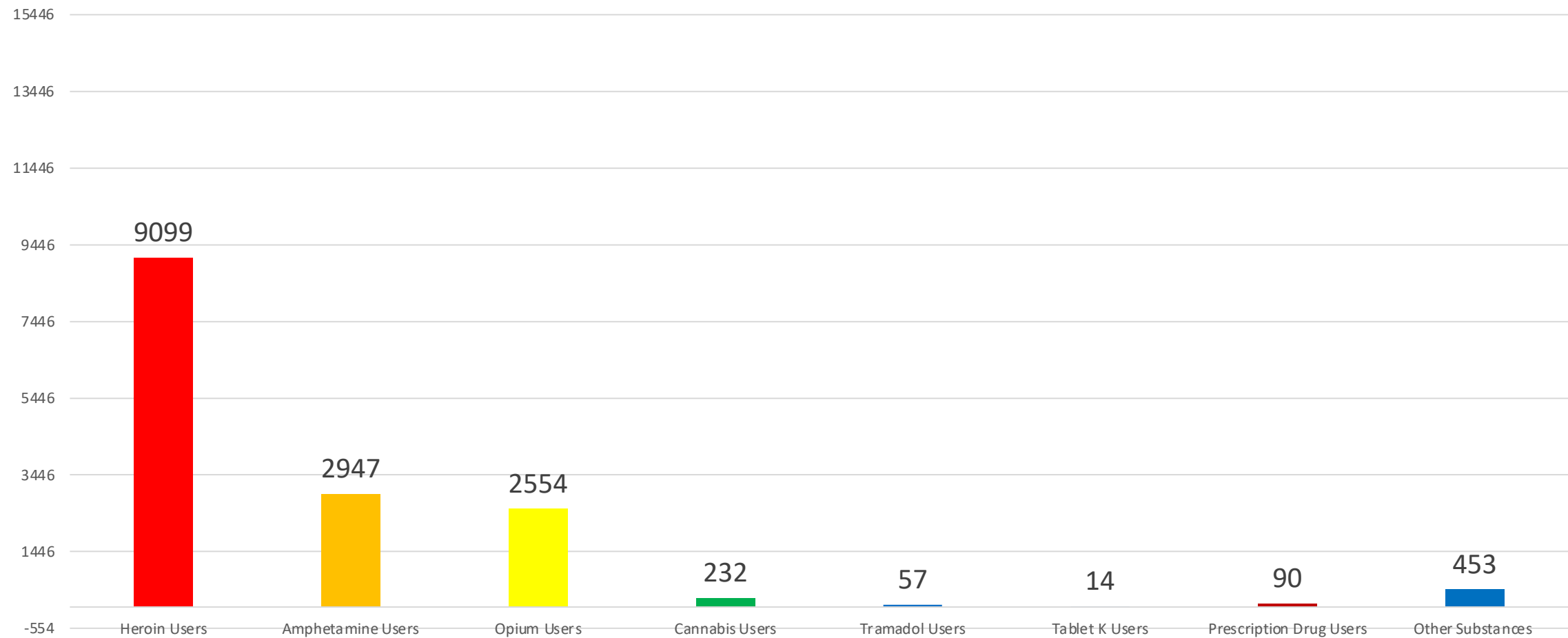
# emergency and specified Shelters for addictions during Covid 19 outbreaks

No	Implementar	duration	Location	capacity of beds	
					Name of shelters
1	MoPH	for 6 months	Mazar city	Beds 150	Balkh Sherlter
2	MoPH	for 6 months	Zaranj city	Beds 450	Nemroz sheltar
3	MoPH	for 6 months	Farah City	Beds 400	Farah Sheltar
4	MoPH	for 6 months	Herat City	Beds 350	Herat Sheltar

# Drug addiction treatment centers in Afghanistan

		No. of Beds				Total
implementars	No. of center s					
		No. of Beds	IPD treatment	Home treatment	OPD treatment	
<b>DDR Drug Demand Reduction program (MoPH)</b>	<b>70</b>	<b>3565</b>	<b>27680</b>	<b>7416</b>	<b>2080</b>	<b>37176</b>
<b>NGOs program</b>	<b>12</b>	<b>425</b>	<b>2320</b>	<b>0</b>	<b>0</b>	<b>2320</b>
<b>Village treatments Centers</b>	<b>2</b>	<b>50</b>	<b>400</b>	<b>0</b>	<b>0</b>	<b>400</b>
<b>Total</b>	<b>84</b>	<b>4040</b>	<b>30400</b>	<b>7416</b>	<b>2080</b>	<b>39896</b>

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

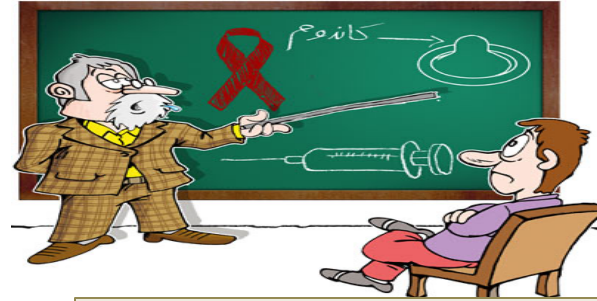
Technical Staff		Supportive staff	
staff	Qty	staff	Qty
Medical Doctor	179	Manaments staff	343
Manager	79	Driver	109
Nurse	205	cook	123
Pcychologist	132	Guard	211
Counseller	215	Cleaner	180
Social worker	331	Laundry man	17
Lab Technologist	8	mechonic	34
Pharmcitst	13	Barbar	7
Medical Record	5	Tialer	10
other Technical staff	29		
total	1196	total	1034

# 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



**Harm Reduction  
Education**



**Motivational Interview**

**Provisional Management**

**Individual Counseling**

**Group Counseling**

**Refer to support groups**

**Treatment of mental health problems**



**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**

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