



**ISLAMIC REPUBLIC OF AFGHANISTAN
MINISTRY OF COUNTER NARCOTICS (MCN)
KABUL, AFGHANISTAN**

**Reasons and Impact of Drug Consumption in Kabul Province and
Response to the Problem
(A Qualitative Pilot Study)**

December-2011



ABBREVIATIONS

UNODC	United Nations Office on Drugs and Crime
MCN	Ministry of Counter Narcotics
AOTP	Afghan Opiate Trade Programme (UNODC)
FGD	Focus Group Discussion
DU	Drug User
DDR	Drug Demand Reduction
DRC	Drug Regulation Committee, Afghanistan
MOPH	Ministry of Public Health
UNFPA	United Nations Population Fund
CSO	Central Statistics Office, Afghansitan
TB	Tuberculosis
Shura	Council of Community Elders
LEP	Law Enforcement Personnel
MAIL	Ministry of Agriculture, Irrigation and Livestock
MWSAM	Ministry of Work, Social Affairs and Martyrs
CN	Counter Narcotics

ACKNOWLEDGEMENTS

This study is prepared by Research Team of Ministry of Counter Narcotics of Afghanistan, in coordination and cooperation with Afghan Opiate Trade Project (UNODC- Vienna) and UNODC Afghanistan Country Office.

It has been proved that only providing theoretical training is not helpful on capacity building but practical training and especially on job training is very essential. Considering this fact, the Afghan Opiate Trade Project (AOTP) started an on job research training initiative at the Ministry of Counter Narcotics. The pilot research study on “Reasons and Impact of opiate consumption in Kabul province and response to the problem” is the first result of this initiative. Each step of this survey was carried out by MCN staff with assistance of AOTP staff based at MCN, Kabul. MCN thanks to Afghan Opiate Trade Project of UNODC by providing needed resources to implement the surveys.

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PREFACE

Drug use is a global problem, according to UNODC data, there were 149 to 272 million drug users worldwide with age range of 15 to 64 in 2011. Out of this 11 to 21 million are injecting drug users in which 18% of are HIV positive and 50% are hepatitis C positive.

The drug use survey estimated that the number of regular opium users has increased from 150,000 in 2005 to 230,000 in 2009 . This indicates an increase of 53% over four years time in Afghanistan. It is estimated that 2.7 per cent of total adult population (aged between 15-64) are regular opiate users in the country. This puts Afghanistan at top of the list on opiate prevalence rate worldwide. These statistics are enough to explain that drug abuse has become an important social problem for Afghanistan. Therefore, it is time to put more effort on stopping the damage of drugs on people of Afghanistan.

Thus, Ministry of Counter Narcotics urges all National and International stakeholders to work together to stop the spread of drug consumption in Afghanistan. We call UNODC immediately to assist Government of Afghanistan to increase the level of treatment facilities and demand reduction activities in the country. This issue is one the top priority for Ministry of Narcotics of Afghanistan.

This is the first research report prepared by Ministry of Counter Narcotics of Afghanistan. In addition to this, recently, we have started to disseminate regular news letters as well. These studies and analytical reports will help us to enhance our policies on fight against narcotics. Therefore, MCN appreciates the support of UNODC and international community on research capacity building in MCN.

Zarar Ahmad Moqbel Osmani
Minister of Counter Narcotics
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METHODOLOGY

In order to get a quick understanding of the reason and impact of drug use in Kabul province, the current pilot research study was carried out in four city districts and two rural districts of Kabul province. The study was divided into two parts:

1. Individual Interview Questionnaire with drug users.
2. Focus Group Discussions (FGD) with local community.

Prior to developing the questionnaires, a literature review was conducted by the team. There has not been any similar study in Afghanistan so far therefore, number of reports such as “Economic and Social Consequences of Drug Abuse and Illicit Trafficking”, UNODC-1998, “The Social and Economical Impact of Drug Use on Families”, UNODC Pakistan-2010, were reviewed to look at their findings.

Taking into consideration the available resources and security situation, four districts of Kabul city were selected randomly. The city districts were selected based on the criteria of having the most drug user inhabited and where drug use has created societal related problems for the community. In addition, two rural districts were also selected to carry out the study; the rural districts were chosen based on the criteria of number of drug users and security situation.



The other secondary criteria for selection of the study site were: based on a report provided by law enforcement agencies to MCN and MOPH referring the inhabitants complain about the problems that have been created as a result of drug users inhabitation - in house as well as homeless drug users.

The target populations for this research study were mainly drug users- homeless, in house, and at drug treatment centers. In the FGD, following category of people were invited;

family of drug users, community elders, religious leaders, police representative, drug treatment centers, non drug user, and school teacher- in order to discuss the reasons and impact of drug use on families, community, behavior of drug users in the community, and community and family behavior with drug users.

The four city districts; district one, six, eight and fifteen and two rural districts; Bagrami and Mirbachakot were selected.

Face to face Interview technique was used. A survey form which covers below sections were designed;

Section A: Demographic Information

Section B: Drug Use History

Section C: Treatment history

Section D: Community reaction/behavior with drug users

Section E: Blood Borne and Infectious Diseases

Section F: Final part of the questionnaire asking few questions on whether drug users have been hired to sell drugs, have worked on poppy fields and heroin laboratories.

The complete survey form is provided at Annex 1.

A separate questionnaire was prepared for the Focus Group Discussions (FGD) with local community. The questions were focused on the social, economical and psychological impact of drug use. In each FGD, there were total of 12 community participants with a dual moderator.

The snowball sampling method was used for this study. A total of 160 samples were selected. In each city district 32 drug users were interviewed and each rural district 16 drug users were interviewed. However, in Mirbacha Kot district, due to cultural issues the surveyors were not able to interview the targeted amount of drug users. They could interview only 5 drug users out of 16 targets, so the total sample size for this research study

was 149 drug users. In the FGD, in each site, rural and urban, 12 community participants attended and a total of 6 Focus Group Discussions were conducted.

The drug user interviews focused both on the qualitative and quantitative purposes while the focus group discussions were mainly meant for qualitative purposes. The local communities, a total of 72 individuals, as local informants, provided information on main reasons for drug addiction and its impact on the community. During the focus groups discussions, participants were encouraged to talk about real life experience while in the face to face interview drug addicts were asked to talk about how and why they ended up being drug users/addicts and how the community behaves with them and what are the psychosocial impacts of drug use.

The FGD moderators were trained on the methods and skills of conducting FGD which was an add up to their previous experience. A total of 6 surveyors were also hired to carry out the survey and prior to their deployment to the field, a one day training was provided to them which was focused on two main issues 1) going through the questionnaire and having number of exercise interviews 2) training on interview skills and considering the ethical issues while conducting the interviews.



The qualitative part of the analysis was done by summarizing and discussing the findings of the focus groups discussions and information derived from the questionnaire while the quantitative part was analyzed separately.

INTRODUCTION

Drug Abuse is a worldwide phenomenon, and drug use occurs in almost every country. The specific drug or drugs used varies from country to country and from region to region. Worldwide, the three main drugs of use are cannabis (such as marijuana), opiates (such as heroin), and cocaine. Although individual countries have their own drug laws, in general, drug possession, sale, and use are illegal. The problems associated with drug abuse are:

Socioeconomic problem: because most of the drug abusers are young people who are more proactive economically and are the backbone of family and society and they become burden on family and society. Health care cost increased due to drug abuse, because of overdose, accidents and vulnerability for serious infections such as HIV/AIDS, Hepatitis B&C and TB. Drug abuse increases rate of crimes in the community.

Estimation made by UNODC Drug use survey worldwide suggest that there were between 18 and 38 millions problem drug users aged 15-64 years in 2007 in the world, and among them 11-21 millions are Injecting problem Drug Users. (UNODC, 2009)

Drug abuse is one of the top 20 risk factors to health globally, and among the top 10 in developed countries, problems associated with drug use are getting infection such as HIV, Hepatitis, TB and crime, annually 100,000 people losing their lives because of drug use. Along with that drug users can be treated, recovered and while recover they can contribute to their community. There is need for treatment and prevention programs and decreased the supply of drugs. (UNODC, Promoting Health, Security and Justice, 2010)

The first ever national survey conducted in Afghanistan in 2005 shows that 920,000 drug users are available countrywide which was 3.8 % of total population. Of this number, 740,000 were adult male drug users – 12.1% of total male population in the country-, adult female drug users was 120,000 which shows 2.1% of total female population in the country.

Children drug users numbered 60,000 which is 0.7% of total children population in the country.

According to this report 150,000 people used opium – 0.6 % of total population-, heroin users were 50,000 – 0.2 % of total population-, hashish users were 520,000- 2.2% of total population-, pharmaceutical users were 180,000- which is 0.8% of total population-, alcohol users were 160,000 which is 0.7% of total population and finally other drug users were 200,000 which was 0.9% of total population. The result of this survey was based on information provided by 1480 key informants and interview conducted with 1393 drug users.

The survey conducted in 2009 estimated that the number of regular opium users increased from 150,000 in 2005 to 230,000 in 2009 which shows an increase of 53% over four years time. The number of heroin users jumped from 50,000 in 2005 to 120,000 in 2009 an increase of 140 per cent. It is estimated that 2.7 per cent of total adult population (aged between 15-64) are regular opiate users in the country that is a number of 290,000 to 360,000 persons; opium is the most commonly used opiate with estimated 1.9 per cent of the adult population. Heroin users are around 1.0 per cent of the adult population and other opiate users are estimated to be 0.5 per cent of the adult population. The total number of drug users in the country is estimated around 940,000 persons while in 2005 this was 920,000. This shows that almost 8% of the adult population is regular drug users.

In addition to the drug users, their families' health are also under great danger. According to the report¹ prepared by INL- US (U.S. Department of State's Bureau for International Narcotics and Law Enforcement Affairs, within the selected sample, almost all family members of drug users had already negatively effected from opiate use in house.

In Kabul province approximately 343000 drug users are living (UNODC). Opium has been reported the most commonly used opiate in the province followed by cannabis and heroin.

¹ Opium Smoke : The Study of Second-and-Third – Hand Exposure in Women and Children of Afghanistan, INL- US, 2011

According to unofficial data, Kabul is used as a transit route for trafficking drugs and precursor to different regions of the country.

As the 2005 and 2009 surveys shows that the number of drug users is increasing in the country especially the heroin and opium increased with an alarming rate (heroin users increased 140% and opium users increased 53% within four years).

As the number of drug users are increasing and drug use are associated with serious health and socioeconomic problems it is crucial to find the factors associated with drug abuse in order to design evidence based intervention and design program to prevent the further increase of drug user in Afghanistan especially the city of Kabul which is capital of the country and one of the most populated cities in the country.

During the FGD and face to face interviews, the community in the sites mentioned that comparing to few years ago, the number of drug addicts has increased in their areas which has also resulted in increase of the mortality rate of homeless drug addicts, as a result of low quality of drugs, sickness, malnutrition, cold weather and etc.

CITY PROFILE

Kabul is the capital and largest city of Afghanistan, located in the eastern part of Afghanistan. According to the 2011 official estimates, the population of Kabul metropolitan area is 3.9 million people (UNFPA).

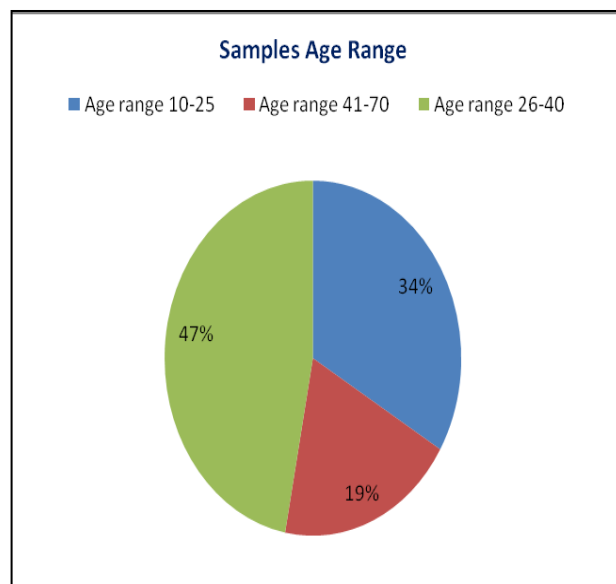
It is an economic and cultural centre, situated 5,900 ft (1,800 m) above sea level in a narrow valley, wedged between the Hindu Kush Mountains along the Kabul River. Kabul's main products include fresh and dried fruit, nuts, Afghan rugs, leather and sheep skin products, domestic clothes and furniture, and antique replicas, but the wars since 1978 have limited the economic productivity of the city. Economic productivity has improved since the establishment of the Karzai administration in late 2001.

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DRUG USERS PROFILE IN KABUL

AGE OF DRUG USE

According to the data from focus group discussions and face to face interview, drug use age ranges typically from 14 years to 60 years old in Kabul. The average age group interviewed for the purpose of this study was 25 years old. There are also cases that children of very low age are addicted to drug because their parents use or they were given drugs, especially opium, to heal the illness.

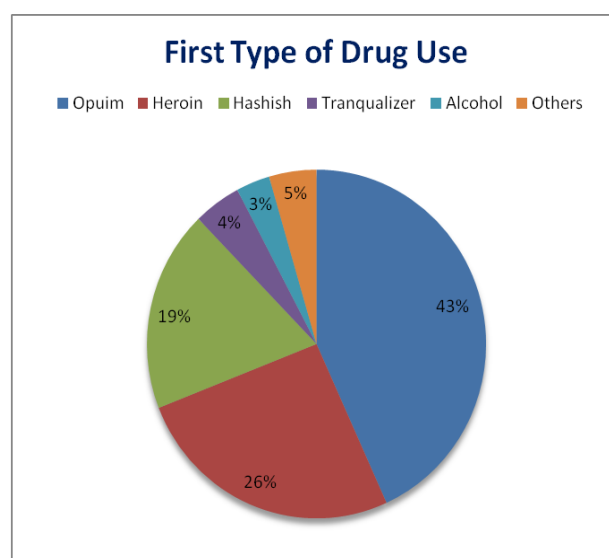


DRUG USE AMONG FEMALES

The number of female drug users is less than male ones in Afghanistan. According to 2005/2009 countrywide survey the number of female drug user in Afghanistan are 110000 and 250000 are children under 18 years old. The female drug users are less invisible than men. While the survey team was deployed to the field, they observed that there is not even a single homeless female drug user, which is not unexpected in Afghanistan.

TYPES OF DRUG CONSUMED IN KABUL

Opium, Hashish, heroin, pharmaceutical drugs, are the most used drug types among the drug users in Kabul according to the study findings. According to FGD participants and reports of MCN, petrol is also used by drug users in Kabul. During the interview when drug users were asked if they can't find drugs what they would do, they responded that they will use painkillers and sleeping pills such as diazepam.



As can be seen in the chart, 43% of the DU reported that first type of drug they used was opium, 26% started with heroin, 19% started with hashish and the remaining started with other types of drug such as painkillers, alcohols and etc. Of the total DU interviewed, 48% have reported that they changed their drug type while 52% responded that have not changed their drug type. On average, 4 months after using the first type of drug, DU have switched to another type of drug.

The total heroin users at the time of this survey was 54%, out of this 26% started with hashish as first drug and 47% started opium as first drug type and later on shifted to heroin. While only 27% started heroin as their first drug type and did not shift to any other drug type. The findings of the survey indicates that heroin users don't shift to other drug types, however, some of them shift from using powder heroin to crystal heroin.

The reason for changing drug type, as indicated by the DU, have been as following:

- To test a new type since the current type was no more enjoyable.
- Could not find the desired drug type for sometime (especially those who returned from Iran and were using crack but could not find in Afghanistan) and decided to try the other type.
- Recommended and encouraged by friends.

PURITY OF DRUGS

The purity of heroin (all the drug users reported using brown heroin, which is the lower quality than white heroin) at street level is very low; it ranges from 5% to 25% pure while for opium and hashish the purity is higher which ranges from 30% to 60% pure. The local drug sellers usually add other substances to opium and heroin in order to increase the quantity of drugs and earn more profit and at the same time the price would be lower for the street drug users since most of these users can't pay high price for the good quality drugs.

PRICE

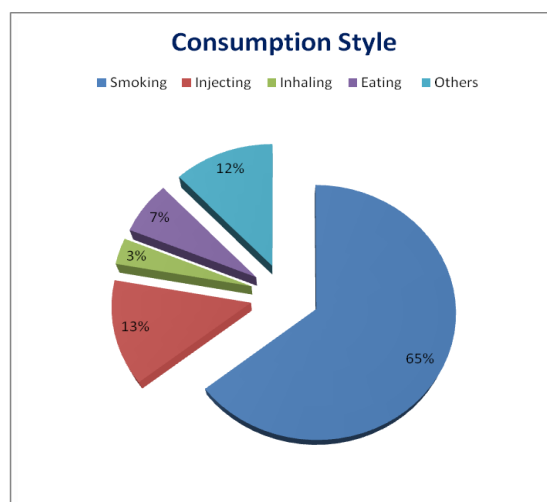
Prices depend on the quality of the substance however below are the average current prices for consumer collected by MCN/UNODC price monitoring survey:

Types of drugs	Oct-11 Price per gram \$	Nov-11 price per gram \$	Increase/Decrease (%)
Heroin	6.77	6.40	-5%
Opium	0.61	0.56	-7%
Hashish	0.32	0.27	-14%

CONSUMPTION STYLE AND AMOUNT

The consumption method of drugs are different in Kabul, the DU interviewed have reported using different methods for consuming drugs. About 65% reported smoking, 13% injecting, 3% inhaling, 7% eating and 12% using other methods for consuming drugs.

About 50% of the heroin users interviewed in this survey reported injecting heroin while the other 50% use smoking method.



Of the total 13% injecting drug users interviewed, they reported that they don't share needle with other users. While sharing needle among drug users can't be denied perhaps it requires further research and survey to find out what percentage of the injecting drug users share needle. It seems that the public awareness programs of the relevant national and international organizations, in reducing the sharing needle, have been effective to some extent, though, it is difficult to draw up this conclusion from the sample size used for this survey.

About 75% of the DU responded that use drugs alone, 18% in group and 7% in both, group and alone. The DU reported that typical location for consumption are ruin areas, under the bridges, inside the gardens, at home and other quite areas. About 32% reported using drug at home and out of this the majority reported use drugs hidden from children.

The DU reported that in 24 hours, minimum consumes half a gram and maximum 5 grams. About 22% of the DU reported using less than a gram per day, 42% half a gram, 25% one gram, 5% about two grams, 1% consumed more than four grams and 5% about five grams per day. The DU who uses pharmaceutical drugs reported that minimum use 0.5 mg and maximum 100 mg per day.

Average consumption amount per day

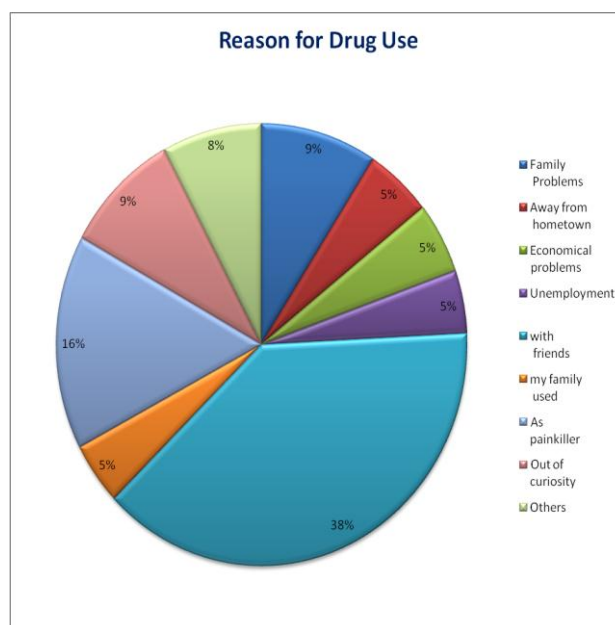
Drug Type	Average Dose per 24 hours
Heroin	0.7 to 1 gram
Opium	1.5 to 2.2 grams
Hashish	One gram

MONEY SPENT & DU INCOME

The drug users reported that in 24 hours a DU spends as less as 5 AFN and as high as 800 AFN on drugs. On average, a DU, spends on drugs is 170 AFN per day and per month 5000 AFN. However, average monthly income for a DU interviewed in this survey is 10,000 AFN with a range between 2000 AFN and 80000 AFN. On average the DU interviewed for the study earned around 10000 AFN per month. They work on average for 9 hours per day. About 57% of the DU reported that their income is sufficient to support their family while the rest claimed that their income is not sufficient to feed their families. About 29% of the employed drug users interviewed reported that they have lost their job in the last 12 months because of using drugs. The unemployed DU reported that a family member is providing for their drug expenses, some also reported using illegal ways to earn money such as theft.

REASONS FOR DRUG USE

When DU were asked why did you use drugs for the first time? About 38% responded that their friends encouraged them to use in other words, the peer pressure caused to use drugs, 16% said that they have used drugs as painkiller (especially opium), 9% responded they have used drugs out of curiosity, 9% due to family problems, 8% responded other reasons (did not want to clarify), 5% used drugs because a family member was using, 5% used drugs because of being away from family, 5% because of economical problems started using drugs and the other 5% because of unemployment.



During the FGD the community people mentioned that lack of commitment to social, religious and ethical norms, in addition to above mentioned reasons provided by the DU, are the main reasons for drug use. According to the research findings, some also mentioned that decade of war has contributed in increasing drug use.

FAMILY

According to the FGD findings, family, as the backbone of the society, plays a very important role. Family environment plays a very important role on shaping the personality and social identity of a person. Therefore, the family environment can stop a person from turning to addiction and committing crimes or in lots of cases this is the family situation that leads a person to use drugs and be involved in lots of organized crimes. Lack of family responsibility and carelessness toward the children, family violence and depression, family disorganization are to name few of the family problems that leads to drug use, as

mentioned by the community in the FGD. Some of the Shura members indicated that using drugs weakening the foundation of family in Afghanistan.

In some families, the communication problem between young and elder members causes serious problems. As a result, some times, young family members turn to drugs.

According to some of the elders, the negative family competitions such as high costs of marriage, stylish life and jealousy have contributed in increasing depression and as a result causes increase in drug use in Kabul.

“Shakoor is a young man living in our neighborhood; he was a nice young man. Shakoor was jobless and he used to be with other jobless young men the village. One day I got to know that he is using opium, I tried to convince Shakoor to quit but he said that it is not possible now. As head of Shura, I was responsible to report to the father of Shakoor and I did so. When father got to know, he threw him out of house. I tried a lot to convince Shakoor’s father not to do so, but he was crying that this is shameful to have such a son. I think Shakoor is living in Pul Shokhta area of Kabul. The Shura members today decided to go to Shakoor’s house and convince his father to take his son to a treatment center to quit” Head of Shura in Mirbacha Kot District of Kabul.

PEER PRESSURE/ FRIENDS INFLUENCE

Friends influence and peer pressure also play an important role in increasing drug use among the youth. A lot of people start using drugs because they have a friend who is using drugs and in order for the person to be accepted to the group, he uses drugs otherwise, he would be rejected from the group, therefore, peer pressure is one of the leading reasons for addiction.

Ahmad, 24 years old, working as security guard in a local company says that first time when he joined the company two years ago, his colleagues were using Hashish. After a week, they asked Ahmad to join the party but Ahmad refused. Another day, he notices that his colleagues have a different behavior toward him and somehow he is isolated. In fear of losing his job and in attempting to be accepted to the group, he joined the party and started using Hashish. Now it is two years that Ahmad has been using Hashish. He says that using Hashish has changed his temper but now he can't quit.

According to our data, there are few cases where peer pressure doesn't work but in most cases when people have lower self confidence and are afraid of being rejected from the group, they accept the pressure and start using drugs which finally turns to addiction and committing organized crimes.

LACK OF INFORMATION

Another leading reason for addiction is, lack of enough information about harms of drugs and addiction, especially among the youths and adolescence as very much highlighted during the Focus Group meetings. Unfortunately, in Afghan communities neither parents nor the public institutions provide enough and regular awareness about the harms of drug use to their children. There are no or very limited consultation and awareness services at schools, mosques and even on media to guide youth. While schools and masques can play a very important role, this is not happening at this moment or in very limited scale and seems vital to have it implemented as a mechanism to stop increasing drug use among youth.

EASY ACCESSIBILITY

Of the total drug user's interviewed and according to the information provided by the community participants to the FGD, drug can be easily accessible in every corner of the cities and villages. Easy accessibility of drugs and also low price had contributed significantly in increasing drug use in Kabul province. This is more significant in the areas where poppy is being cultivated and opiate is being produced. According to community

participants, government has not been successful in arresting the local suppliers. The head of local Shura in Mirbacha Kot district believes that there are organized networks around the country who supply the local demand. He added that these networks have started penetrating to the local villages and their primary targets are the local youth villagers.

UNEMPLOYMENT

The Unemployment rate in Afghanistan is 35% according to 2008 estimates. Unemployment is one of the main reasons for drug use and crimes. The jobless people due to stress and having relationship with bad peers start using drugs, the unemployment is not only limited to the uneducated youths but even the educated youths have difficulty finding a job which causes a lot of social problems. Some of the mafia networks use this opportunity and hire unemployed youths to smuggle drugs and sell drugs in which some of these youth ends up using drugs. The government has not been able to provide more employment opportunities for the youth despite the millions of aid that flow to Afghanistan. It is expected that as of 2014 that international community presence will decrease, the unemployment rate even increases. Some of the youth also go to neighboring countries to work. Some of them started using drugs while in migration.

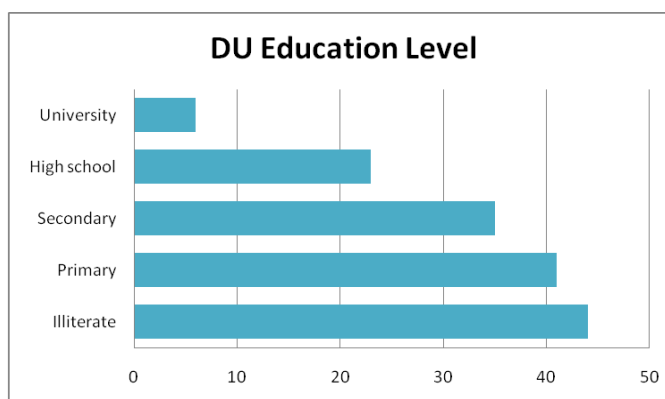
MIGRATION

Migration is also one of the contributing factors to drug use. According to previous surveys on drug abuse, a lot of users started using drugs while they were refugee in neighboring countries of Afghanistan. Being away from family, stress, and hard work, is to name few of the reasons for drug use while in migration.

Gholam Farooq who is currently living in city district 15 of Kabul used to work in Iran as labor. Gholam says that he used to work very hard in order to earn more money. After sometimes because of the hard work, Gholam gets sick and has to stop the work. One of his Iranian friends recommends Gholam to use opium to cope with the backache. And that is the start of using opium for Gholam. He has been using opium for 5 years. He has just decided to quit

WEAK EDUCATIONAL SYSTEM

The education system is weak in Afghanistan compared to a lot of other countries in the region. Of the total DU interviewed, 30 % were illiterate, 28% primary education, 23% had secondary school education, 15% had high school education and 4% had higher education level. According to the findings of the FGD, the majority of the community participants believed that education can play an important role in drug use. As Victor Hugo put it “open a school so that a prison door is closed”. In the past public awareness was not part of the school curriculum but as of 2007 MCN has starting working with Ministry of Education to include messages about harms of drugs in the schools. All the school curriculums around the country, primary to high school level, have benefited from this initiative. The community hope that this initiative of MCN can help stop increase of drug use among the children and youth.



WEAK CAPACITY OF GOVERNMENT

The communities participated in the focus group discussion believe that weak government capacity has been a reason behind increase of drug use in the country. They pointed out that the government doesn't have the capacity to cope with this problem. While police believes that the local community doesn't cooperate enough with the police to stop drug demand. Better cooperation and coordination between community and government is essential in fight against drug abuse.

IMPACT OF DRUG USE

Impacts of drug consumption in Afghanistan have not been researched in-depth, especially on families and society, so far. One objective of this research study was to find out about the impacts of drug use in society.



Lack of comprehensive treatment centers, high level of poppy cultivation and drug production, combined with social and psychological problems have had great negative impacts in Afghanistan. According to UNODC drug use survey 2009, around 8% of total adult population in the country is using drugs- approximately one million people which makes Afghanistan at the top of the list on opiate prevalence worldwide. Moreover, a high number of children- the next generation of Afghanistan who are going to rule this country- are addicted to drugs, a risk that targets the very foundation and structure of this country. The impacts of drug use studied in this research are divided into different categories;

Of the total DU interviewed, 45% reported that they have gotten into physical fight with other people while under influence of drug. About 29% responded that they have lost job during the last 12 months because of using drugs. About 18% of the DU reported that they have been imprisoned because of drug use and selling drugs. Of the total drug users interviewed, 30% reported that drug use has caused them psychological problems such as depression, anxiety, and misbehavior, 38% relationship problems such as showing violence and aggression with other family members and beaten children, 8% problem with law such selling drugs and theft, 24% problem in getting employment, 34% health problem, and 28% have experienced more than one of the mentioned problems.

IMPACT ON USERS

According to this study, most of the drug users interviewed have reported that they are isolated and have been insulted in the community. Of the total DU 36% reported attempting to suicide due to the inferior position they have in the society. Drug users are stigmatized in the society which brings about a lot of social and psychological problems for them.

Sharif is a homeless drug user; his family is living in Iran. Sharif was using heroin in Iran when he was deported to Afghanistan four months ago. Sharif could not go to his relatives and decided to live with other drug users in Pul Sokhta area. It was at this place that Sharif started injecting heroin and sharing needle with other drug users. A month ago, Sharif was encouraged by district authorities to quit and when he took the blood test at treatment center, he got to know that he is HIV positive. "From now on, life is not important to me, because I know that soon I am going to die. So there is nothing that I care about anymore, but I really missed my family" Said Sharif.

Drug users once addicted lose their body strength and that would made them vulnerable to serious and life threatening diseases such as HIV, TB, HCV, HBS etc. In general drug user are exposed to sicknesses such as kidney difficulties, HIV, HB, aspiration difficulties, heart related diseases, sleeplessness, acute depression, psychological problems, stimulant, and hallucinogens difficulties .

Of the total samples interviewed in this research study, four DU reported having HIV positive, three DU with TB, and seven people with Hepatitis type C.

IMPACT ON FAMILY

One of the important impacts of drug use on family of user is that it finally put apart the spouse. Drug use creates family violence which has a direct impact on the children of the family. Moreover, the children end up working on the streets and some of them start using drugs.

Ahmad, a 26 years old man, head of the family started using drugs when he was 23. He became addicted to heroin and after a year lost his job. Ahmad was also engaged and when his father-in-law got to know that Ahmad is a drug addict and lost his job, he refused to let her daughter marry Ahmad. Mother of Ahmad used to work and pay for Ahmad to buy drugs but one day when her mother refuses to pay and complains that she don't have money, Ahmad beats his mother. He was finally thrown away by his uncle and now he is living under a bridge in district 6 of Kabul, a famous area that hundreds of homeless drug users live there.

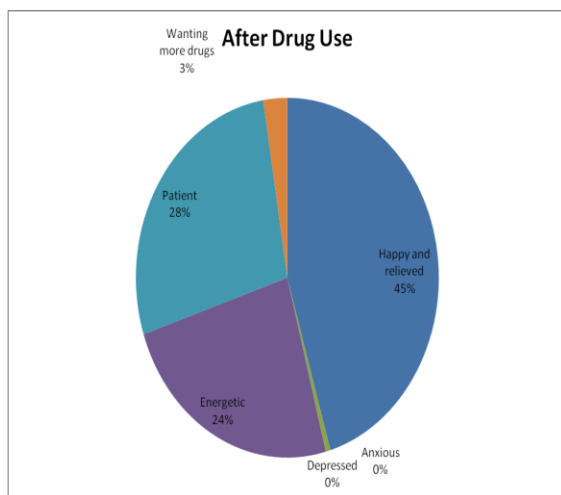
IMPACT ON SOCIETY

The social and security side of the addiction increases the organized crimes and prostitution and the drug users are very soft targets to be used by criminal groups and since the users are dependent to drug, they are willing to do anything to earn drug money. According to the information provided by community in the FGD, when drug users don't find money, they attempt to steal minor things from houses, shops and even mosques. This also results that drug addicts are considered as criminals and inferior in the community.

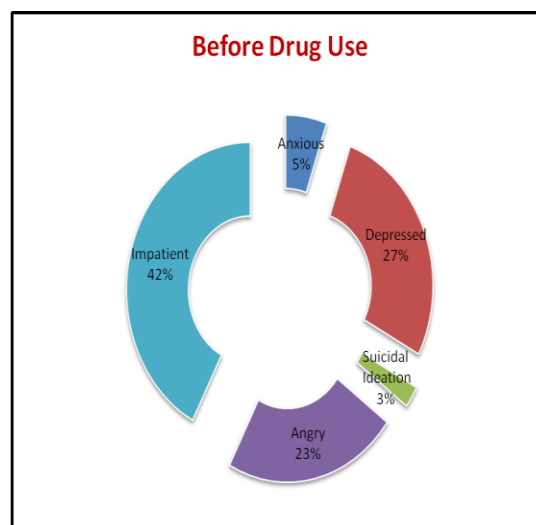
Chief of counter narcotics police of district one, an area with a large number of homeless drug users in Kabul, says that presence of homeless drug users has created a lot of social problems in the area, crimes increase such as theft, he adds that sometimes drug users show very offensive and aggressive behavior toward the inhabitants of the area. He stated that the female drug users in order to earn money end up entering the sex work, drug users are hired by the drug dealers to sell drugs and also smuggle.

PSYCHOSOCIAL IMPACT OF DRUG USE

To measure and assess the psychological impact of drug use, series of questions were designed for the one to one interview asking questions about the feeling of the DU before using drugs. As can be seen on the chart, 42% reported being impatient before using drugs, 27% depressed, 23% feeling angry, 5% anxious and 3% suicidal ideation.



Another series of



questions were asked that how do DU feel after using drugs. As can be seen in the chart, 45% felt happy and relieved, 28% patient and more psychological stability, 24% energetic, 3% wanted more drugs and no depression and no anxiety has been experienced after drug use.

The findings from FGD further revealed that

before drug use, drug users have had feeling of pain all over the body, weakness, sleeplessness, and also stomach problems while after drug use their problems have been resolved. The community participants in the FGD mentioned that they have been witness that drug users have fight with their families and even some of them beaten their mothers. The families of drug users reported that their DU members of their family have experienced great lack of self confidence, isolation, inferiority, and lack of identity.

ECONOMICAL IMPACTS

The economical impact of drug use is very obvious since most of the users can't work or they have very low income. The families of drug users in the FGD explained that their drug user member of the family is a financial burden for the income earner of the family. A small number of drug users interviewed reported receiving money from family members to pay for their drugs. Of the total DU interviewed 47% reported that they hold a job at the time of interview this is while that 29% reported having lost their job during the last 12 months because of drug use and 24% had problem in getting job and finally 43% reported that their income is not sufficient to feed their family.

Saeed is a drug user who works on the street to earn a living. He is married with four children, his wife and his old mother. Saeed is performing a variety of jobs such as washing cars, laboring, and retailing. On average, Saeed earns around 150 AFN per day but he says that it is not enough to feed his family. Sometimes he has to beg and even steal to earn more. One of the children of Saeed who is 9 years old, is also working on the street. Saeed says that his son makes around 70 to 100 AFN per day but he uses that money to buy drugs. Saeed says that in the past he used to sell drugs which were provided by a drug dealer to him but he was imprisoned two times, each time for 2 months, as a result he has decided not to sell drugs anymore. Saeed says that he is so fed up with his life and so many times decided to attempt suicide but every time he remembers his children and wife, he changes his mind. There are a lot of drug users who have similar life as Saeed, some even don't have a family and pass the night under the Pul Sokhta of Kabul, an area with hundreds of homeless drug users.

EDUCATION IMPACTS

Of the total drug users interviewed 30 % have been illiterate. The impact of drug use is very high on the family of the drug users. The majority of the DU with low income don't let their children to attend school but make them go to the streets and work to partly support the family.

Sadiq is a 13-year old boy who is working on the streets of Kabul with her sister, Najiba, who is 10 years. They wash cars and earn 50 to 100 AFN for each car they wash. Sadiq says that some days they can wash up to 3 cars and sometimes only one car. Father of Sadiq and Najiba is a drug user who lost his job and now he is at home looking for his children to earn money and feed the family. Najiba says that she is very interested to attend school like other girls but she can't since her father, a drug addict, don't let her and forced her to work.

IMPACT ON BEHAVIOR

DRUG USER'S BEHAVIOR

One of the main questions for the FGD participants was to explain behavior of drug users at home and in the community. According to the participants in general drug users try to maintain a good behavior with family members in order to be accepted and get support, especially, the users who don't have a proper income or are unemployed. If the drug user is head of the family, then he/she would put pressure on other family members. Some family members reported that when they don't provide money to the drug users, they start behaving aggressively with other members and even threaten them. In some cases, when drug users can't get money from family members, they steal minor things from house and sell to buy drugs.

Wahid is brother of a Shura member in Mirbacha Kot district of Kabul. He is 26 and has been using drugs for the last 2 years. Wahid is unemployed and his brother pays his pocket money. Sometimes when Wahid did not get money, he started behaving very aggressively with family members. Finally the family decided to register him for treatment. Wahid was sent to a treatment center in district 15 of Kabul. The clinic charged 12000 AFN for 40 days to treat Wahid. He is now drug free and soon he is going to Iran to work and earn money to come back and get married. Wahid is very grateful for his family support and says that "family support is very important, if family don't help drug addicts to quit, it is difficult for them to quit drug". Wahid added that when he did not receive money to buy drugs, he became very angry and sometimes even threaten her mother to death. He is looking forward to work in Iran and come back to get married.

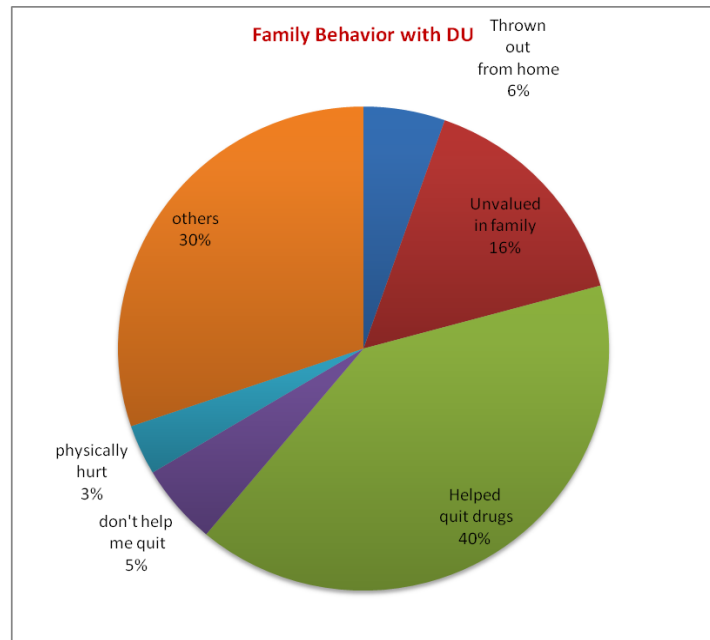
FAMILY BEHAVIOR WITH DRUG USERS

Data from one to one interview indicates that about 40% of drug users get help from family to quit drugs, 16% of responded that they are unvalued in the family, 6% reported that there were thrown out of house, 5% reported that they don't get the adequate support from family side to quit drugs, 3% reported that they have been physically hurt by a family member and finally 30% reported having experienced other

negative behavior- insulting, putting in isolation- from a member of their family.

The findings from FGD supports the respond provided by the DU. The FGD participants also reported that different families behave differently with drug users, it is also dependent to the family status in terms of economy, culture, and socially. Some families because of cultural issues and stigmatization and family competition, try to provide full support to the DU member of the family to quit as reported by the community participants.

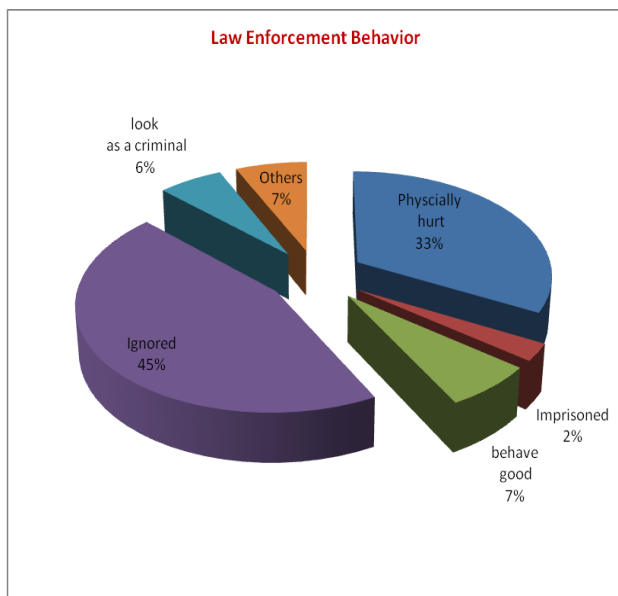
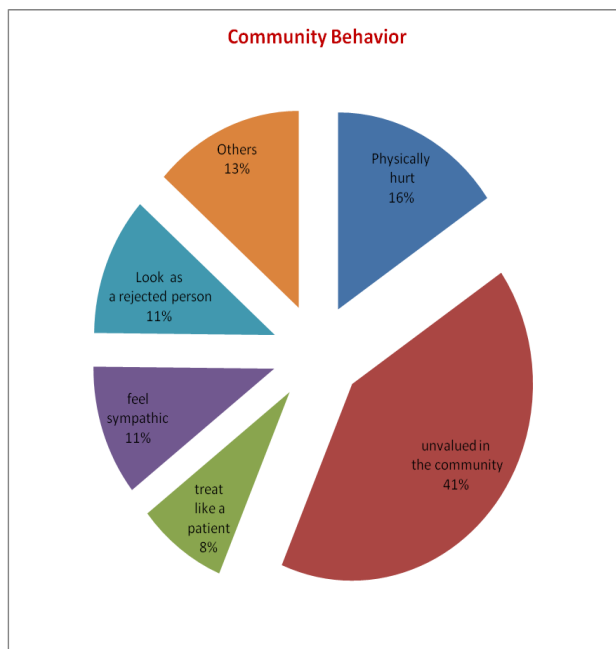
Some of the families were also blamed that they don't behave well with the DU member of their family which creates more problem and causes the DU to leave home, act aggressively at home and outside. The FGD participants associated lack of education, lack of awareness, economical problems with bad behavior of some of the families.



"A woman came to me and asked for my support to include her in a list of humanitarian aids provided by an international organization to the widow women. I asked her that you need to prove that you are widow, she said that her husband is a drug addict and she has to support the family and even pay for her husband's drug expenses. I told her that since her husband is a live, then she can't get the aid. She cried and told me that I pretend that he is not alive," when he started using drugs, he died for me", said the woman" Head of Shura in Mirbacha Kot district.

COMMUNITY BEHAVIOR

When asking DU that how community behave with you as a drug user, they replied as following: 41% reported that they are unvalued in the community, 16% reported being physically hurt by community people, 11% reported that they are being seen as rejected and isolated persons, 11% reported that community felt sympathy, 8% reported that they are being treated like a patient and finally 13% reported that community behave in other negative ways not listed above which includes verbal abuse, looking like a criminal, making fun and etc.



Comparing the answers provided by the community people at the FGD, while accepting some of the above behavior they associated these behavior to lack of enough information about the ways to behave with drug users and added that because people have been teased by the homeless drug users that is why they show such kind of behavior toward the DU. The community also added that more work is needed on the public awareness to improve the behavior

of community toward addicts. This is while that according to DU, 45% reported that law enforcement personal (LEP) ignore them, 33% reported having been physically hurt by LEP, 2% imprisoned, 7% reported have experienced good behavior from LEP, 6% reported they were perceived as criminal by LEP and finally 7% reported having experienced other behavior such as insulting, taking their money and etc from LEP.

RELAPSE

According to the data at Drug Demand Reduction of MOPH and MCN, the relapse cases are increasing, although, there are no exact data on percentage of relapse but it is an issue of concern for the officials at MOPH and MCN. Of the total 149 DU interviewed for this research study, 40% reported that they have relapsed after treatment, some of them once and some more than once. When asked how long after relapse, some replied after 10-15 days and some after one year relapsed. The main reason for relapse, as reported by the DU were as following:

- My friends have encouraged me to start again and I could not resist.
- Treatment was not good that is why I relapsed.
- I could not find a job, and I started again.
- I felt sick and I needed to use.
- Because of family problems I started again.
- I was depressed due to life related problems and I decided to use again.
- I was not very well accepted into family and community.

In the FGD, the community participants believed that lack of good quality treatment services are the reason that relapse cases are increasing and the other main reason is unemployment. When drug users get treated, in hope of starting a new life, they re-enter the society but they can't find job, in some cases the community and family don't behave well and they are not accepted as they expect, all these problems finally puts the DU under pressure and they start again.

TREATMENT FACILITIES IN KABUL

In Kabul province there are nine treatment centers with a total of 255 beds, out of this two are operated by government, seven are operated by NGOs. Out of nine, two are allocated for women, one for children and rest for men. The treatment centers treat 1970 drug users on annual basis; the average treatment duration is one month (MCN). Additionally, there are five harm reduction centers, one for women and four for men, in Kabul.

WORKING IN THE LABS AND LANCING

Although in the research study none of the respondent admitted that they have worked in heroin processing laboratory or lancing opium, but previous studies conducted by AOTP research officers show that drug users have been hired by the heroin processing labs or they have participated at lancing opium. Some youth have been hired by lab owners and drug dealers before using drugs and while at work, they were addicted to drugs while others were specifically hired to test drugs at labs.

According to the information provided by the community participants at FGD in Bagrami district, during the lancing season, youth from this district travel to Helmand for opium lancing. They earn 1500-2000 AFN per day for lancing opium.

The local drug suppliers hire drug addicts to sell drugs for them and instead they provide them drugs to use. On average a local drug supplier pays 150-200 AFN for every Mesghal (equivalent to 4.7 grams) of drugs they sell.

CONCLUSION

Although, government of Afghanistan and international community put a lot of concentration on public awareness on counter narcotics, but seems that still more need to be done on this part. The findings of this research study points out some very important issues: the behavior of family, community and law enforcement with drug users is very important and the current behavior need to be improved to reduce the psychological consequences of drug use on the users and have them accepted to the community. It is very important that after drug users are treated, they are accepted like normal members of the community by family and community members to reduce the relapse rates in the country.

Ministry of Counter Narcotics has started a program to collect the homeless drug users from the city, this initiative requires support of international community to make it happen more effective and also expand it to other provinces of the country.

As community participants stressed, it is very important to tackle production, demand and trafficking simultaneously to be able effectively fight against this phenomenon.

RESPONSE TO THE PROBLEM/RECOMMENDATIONS

Ministry of Counter Narcotics of Afghanistan as leading government agency is working very hard to control poppy cultivation, stop drug production and trafficking and increase treatment services as well as quality of the services. In line with this, the ministry is currently revising the National Drug Control Strategy and developing Drug Demand Reduction Policy, Alternative Livelihood Policy, Law Enforcement and Targeting Major Drug Traffickers policy and Regional Cooperation policy.

Below are the recommendation in response to the drug use problem which would help the policy making to decrease drug use and improve the treatment services in quality and quantity.

- Establishing/building more treatment centers at the provincial levels; the number of clinics should be according to the total population of the province and total drug users population. The treatment centers should use the most updated treatment methods and drug users should be encouraged to refer to the treatment centers.
- Collect the homeless drug users and build shelters to provide treatment and vocational training opportunities for the users.
- Increasing the capacity of treatment centers from human resources perspective as well as equipment.
- Reinforcing the “after care program” in the treatment centers in order to avoid relapse.

- Better coordination and cooperation between relevant ministries on drug demand reduction.
- The international community should pay more attention to drug demand reduction and more funding should be provided to such projects on the other hand, the users should be encouraged to come to the treatment centers.
- The drug dealers at lower and higher level should be arrested and persecuted.
- Focusing more on the public awareness programs in order to inform the people about the harms of drugs by having special programs on TV, Radios, publishing posters, etc.
- In the treatment centers there should be vocational training programs and the programs should be coordinated with the relevant ministers so that once drug users are discharged, they can find job.
- Involvement of the local communities to fight drug addiction.

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