



UNITED NATIONS
Office on Drugs and Crime



Situational Analysis of Drug Users in Afghan Refugees Camps of NWFP, Pakistan

2005-2006



**What are we giving to our future
Generation?**

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1. EXECUTIVE SUMMARY

- The Refugee Camps in N.W.F.P. Pakistan Drug Use Survey 2005/06 was carried out from December 2005 to June 2006. In total, 18 Refugee Camps were selected from 11 districts of NWFP. After a thorough discussion with the stakeholders a comprehensive methodology was developed.
- Dost Welfare Foundation being leading Implementing partner of UNODC Afghanistan conducted the survey in collaboration with UNHCR sub office Peshawar, Community Development Unit (CDU) Commissionerate for Afghan Refugees (CAR). These 18 camps were selected on the basis of available resources and presence of high frequency of drug users. The numbers of interviews were based on the population size in each location. Thus the greater the number of population of a camp the more were the numbers of interviews.
- A total of 286 key informants and 665 drug users were interviewed. Persons identified (for the interview as key informers included community leaders, health staff of the BHU, Religious leaders, teachers, Health care workers etc). The Key Informants were asked a series of questions in line with the prescribed questionnaire on the estimates of drug addicts, their frequency of drug intake, types of drugs used, and mode of intake etc in their respective camps. Identification and access to the drug users was only possible with the help of the Key informants. After getting the consent from the drug abusers he/she was also asked questions as per the prescribed questionnaire prepared for the drug users.
- The estimated number of drug users identified in the Refugee Camps during the survey is 3775 which represents 2.6% of the total population. It is assumed that the estimates presented in this survey of numbers of drug users are lower than the actual figures, particularly those of women and children using drugs which could be because of the reasons that Opium is usually taken orally therefore not openly visible to the general public. Secondly due to customary, cultural or as medicinal use of illicit drugs people do not consider this use as drug abuse.
- Lack of drug education, awareness, use of opium as medicine, peer pressure and unemployment seems to be major contributing high risk factors for the excessive use of addictive drugs.
- According to key informants, the number of drug users in Refugee Camps in N.W.F.P. Pakistan is increasing.
- The amount, type of drugs consumed and the frequency of abuse indicate that many people in Refugee Camps in N.W.F.P. Pakistan are dependent on a variety of addictive drugs. In connection to the present scenario prevalence of drug use in 18 camps with an estimated population of 142818 is 3775; therefore it can be assumed that, by keeping the entire Afghan refugee population in NWFP in consideration the drug user population making use of both licit and illicit drugs may range up to 20,000.

PREVALENCE OF DRUG USE IN AFGHAN REFUGEES LIVING IN 18 SELECTED CAMPS OF N.W.F.P.

Estimated population of 18 selected Afghan refugee camps is 142818

Estimated number of all drug users 3775
as percent of estimated population of 18 camps 2.6432%

Estimated number of opium users 1300
as percent of estimated population of 18 camps 0.9%

Estimated number of heroin users 40
as percent of estimated population of 18 camps 0.03%

Estimated number of hashish users 1385
as percent of estimated population of 18 camps 0.97%

Estimated number of pharmaceutical drug users 945
as percent of estimated population of 18 camps 0.67%

Estimated number of alcohol users 90
as percent of estimated population of 18 camps 0.06%

Estimated number of other drug users 15
as percent of estimated population of 18 camps 0.01%

Drug Type	Male	Female	Children	Total # of Drug Users	% of Estimated Population in 18 camps
Opium	377	780	143	1300	0.9
Heroin	24	16	0	40	0.03
Hashish	914	42	429	1385	0.97
Pharmaceutical	76	482	387	945	0.67
Alcohol	81	9	0	90	0.06
Other Drugs	10	5	0	15	0.01
Total	1482	1334	959	3775	2.64

Note: Estimates of drug use are based on results from 286 key informant and 665 drug user interviews

3 INTRODUCTION:

Context & Back Ground

STATEMENT OF THE PROBLEM:

Addiction to both licit and illicit drugs has become a major problem world over. Opium is sold on the street as a powder or dark brown solid and is smoked, eaten, or injected.

Heroin addicts in the United States, alone number around 2 million people

Drug abuse, in particular, of heroin, hashish and opium is widespread in Pakistan. A drug abuse Rapid Assessment Study undertaken by ODCCP in cooperation with the government of Pakistan in 2000, estimates the number of chronic heroin abusers at 500,000. The overall prevalence expressed in terms of the whole population of Pakistan is around one third of one percent which means that the country has one of the highest rates of heroin abuse. Recent trends suggest a shift from the traditional inhaling and smoking of heroin to injection.

Over the past eight years, the proportion of injecting heroin abusers increased significantly from approximately 1.85% in 1993 to over 15% in 2000. Results from an ODCCP/UNAIDS study in 1999 revealed that needle sharing and the multiple use of injection needles is common practice in the so called "shooting galleries".

Drug addicts have little access to effective treatment. With a few exceptions, the services provided by government-run drug treatment facilities are limited to the management of acute withdrawal symptoms of 7-10 days duration. NGOs are differing in levels of development and capacity in terms of providing drug abuse treatment. Some NGOs and private institutions offer to their clients a wider range of treatment concepts and a range of services beyond medical interventions.

It is estimated that approximately 20 % of Pakistan's prison population has been incarcerated because of drug abuse, possession of drugs and other drug-related offences. Many young drug addicts find themselves in prison because their family members were unable to cope with their addiction and arranged for their imprisonment. Treatment services in prisons, if available, are limited to medical intervention to bring relief from acute withdrawal symptoms. The social factors that have led to this explosion continue to exist and, given the present socio-economic conditions in the country, there is reason to believe that drug abuse will continue to increase until such time as effective needs-based drug-demand reduction strategies are implemented. The impact on millions of households burdened with the emotional, economic and social impact of drug abuse translates into a massive loss of useful and functional productivity, and an increasing strain on the already overburdened health and legal system.

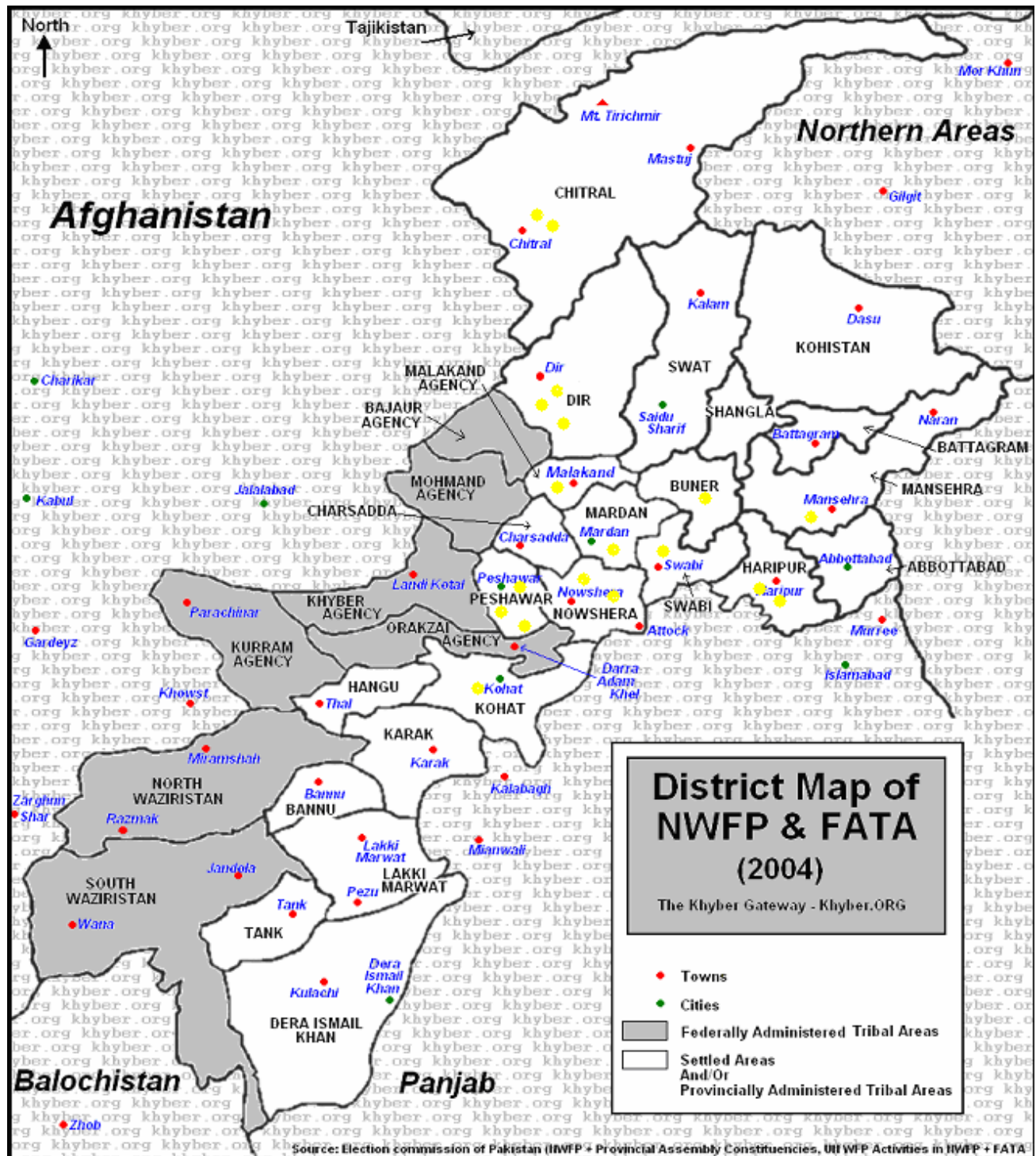
The increasing population of drug-dependent persons is a source of increasing concern for Pakistan. There has been a substantial increase in the number of drug dependents in Pakistan over the past years, from 1.9 million in 1986 to an estimated 3.0 million in 1999.

A recent survey conducted by UNODC Afghanistan in 2005 of the drug users, shows the use of illicit drugs is ubiquitous in Afghanistan. The total number of users is estimated at 1.27 million people, on the basis of estimates provided by the key informants and drug users. If this figure is adjusted to allow for poly-drug use, i.e. cases in which a user may have been counted twice or more, the estimated number of illicit drug users in Afghanistan is at least 920,000. This figure represents 3.8% of the total population.

Drug Type	Male	Female	Children	Total	Lower	Upper
Opium	132,207	16,528	4,134	150,000	110,000	155,000
Heroin	45,801	3,467	268	50,000	35,000	51,000
Hashish	511,224	8,083	2,778	520,000	430,000	665,000
Pharmaceuticals	91,875	57,444	29,626	180,000	125,000	200,000
Alcohol	143,794	18,599	984	160,000	155,000	200,000
Other Drugs	93,135	64,018	46,284	200,000	130,000	230,000
Total	1,018,035	168,138	84,074	1,260,000	980,000	1,500,000
Total, adjusted for poly-drug use	739,000	121,000	60,000	920,000	710,000	1,090,000

Estimated number of drug users in Afghanistan in 2005 a survey conducted by UNODC Afghanistan in collaboration with the ministry of Counter Narcotics of Afghanistan.

4. MAP OF NWFP



Yellow spots indicating Afghan Refugee camps surveyed in different districts of NWFP

5. RATIONALE OF THE STUDY

Illicit drug use has long been recognized as a major problem in Afghan communities especially within Refugee Camps in N.W.F.P. Pakistan. In refugee's population in Pakistan, we do not have the actual data available. Although a few studies have taken place in the displaced population but their objectives and populations were different. A report produced by UNODC (*formerly UNDCP*) in 1995 noted that level of urban drug use, particularly heroin, was increasing.

In response to the reported escalation of drug use in Afghan communities, in 1998 UNODC launched a series of studies on this problem within Afghan communities. The first report set out an initial assessment of the problem in Afghan refugee communities in Pakistan, particularly in Peshawar and Quetta. It identified the prevalence of poly-drug use, including the use of 20 different combinations of drugs, and also the health-related, economic, social and legal problems associated with drug use within Afghan communities. This report noted that the most commonly used illicit drug was hashish.

Almost all of the reports by the UNODC Pakistan agreed that, drug use in Refugee Camps in N.W.F.P. Pakistan is difficult to estimate yet agreed that drug use is a major problem. They also established that the level of drug use appears to be increasing, particularly heroin use, and that treatment services are not sufficient. Such studies often scrutinized use of a specific drug in a particular location.

6. IMPORTANCE OF STUDY

This is the first attempt by UNODC to collect comprehensive and wide ranging information about the illicit drug users. The Drug Use Survey 2005/06, was conducted by Dost welfare Foundation and funded by UNODC Afghanistan, in the Refugee Camps in N.W.F.P. Pakistan, aims to provide the first profile of drug use in the camps. For the survey, 286 key informants were asked a series of questions according to the questionnaire for the estimation of the prevalence of drug use and drug users, the types of drugs used and mode of intake of drugs etc in their respective camps.

In addition to 286 key informants, 665 drug users were also accessed through the community elders and the key informants. The drug addicts were consented for the interview and were then interviewed by asking questions as per the prescribed questionnaire. The information from the drug users reveal the history of their own drug abuse, knowledge of drugs and treatments accessed. The information collected from the key informers and the drug addicts is the source for this survey report and is considered to be base of this report. It is anticipated that the report will provide us with the accurate baseline information enabling UNODC Afghanistan and other relevant governmental and non-governmental agencies to develop rational and realistic strategies for drug demand reduction interventions in Afghan Refugee Camps.

7 OBJECTIVES

- To assess the prevalence of drug use among Afghan population including men, women and children.
- To study different ethnic groups/different tribes in the camps in accordance with the typology of addictive drugs use and mode of its intake.
- To study the causes of the addictive drug use among Afghan living in refugee camps.
- To identify the vulnerable group to drug addiction among Afghan refugees living in the camps with regard to their age, education, gender, employment, skills and knowledge on drugs.
- To assess the availability and access to the type of drug addiction treatment services available for the Afghan living in the refugee camps.

8 METHODOLOGY

8.1 *Survey Methodology*

A comprehensive methodology was developed by Dost Welfare Foundation Implementing partner of UNODC Afghanistan for the survey in collaboration with UNHCR sub office Peshawar, Community Development Unit (CDU) Commissionerate for Afghan Refugees (CAR) for the survey. The Dost Foundation survey team organized multiple advocacy and networking meetings with the concerned staff of CDU, Afghan commissionerate and elders of the Afghan community in camps.

A total of 286 key informants and 665 drug users were interviewed in 18 Refugee Camps in N.W.F.P. Pakistan. The number of interviews was based on the estimated population in each camp. Thus study subjects selected from a camp were in accordance with the estimated number of population in the camp. Interviews were conducted with both male (146) and female (140) key informants, and likewise with male (363) and female (302) drug users.

Four field workers were selected and deputed for the survey from the implementing partner Dost Welfare Foundation and were made familiar to the questionnaires and were also trained in interview taking skills, ethnography applied to working with drug users, and survey methodology.

Further to that pre-testing of the questionnaires was done in the camps other than the selected camps, necessary amendments were made in the questionnaires in consultation with UNODC Afghanistan project office Peshawar to give questionnaire its final shape.

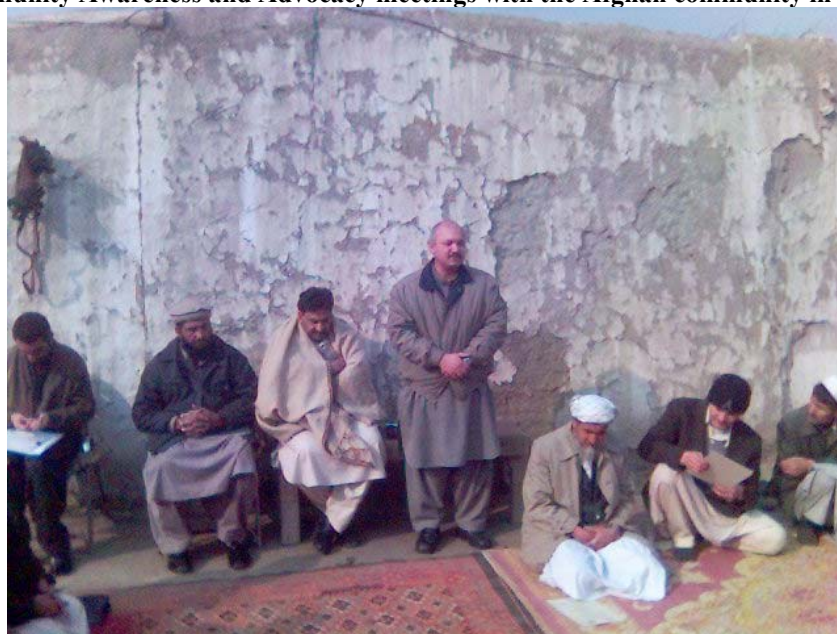
Using the final questionnaires field staff of the Dost Foundation NWFP conducted the field interviews with the Key informants and the drug users once consented for the interview and were asked a series of questions as per their prescribed format of the questionnaires, estimating the prevalence of addictive drug use and drug users, type of addictive drugs used, mode of intake of addictive drugs, knowledge of addictive drug

and availability and accessibility of drug addicts to the drug addiction treatment services etc.

There were 2 male and 2 female interviewers in the team. The survey was initiated in late December 2005 and the data collection process was completed in mid June 2006. The entire data collected from the key informants and the drug abusers was handed over to the consultants selected and hired for the data entry and analysis. The process of data entry and analysis started in mid July 2006.



Community Awareness and Advocacy meetings with the Afghan community in Camps



Community Awareness and Advocacy meetings with the Afghan community in Camps

9. SELECTION OF STUDY SITES: -

In consultation with CDU/CAR and UNHCR it was decided that 18 camps would be randomly selected for the survey. Therefore it was decided to conduct this survey in Khazana, Khurassan, Azakhel, Jalozei, Jalala, Zangal pati, Timar, Toor, Barawal, Naguman, Ghamkol, Basu mera, Pannian, Baghicha, Koga, Urghuch, Kesu and Kalkatak camps, situated in district Peshawar, Kohat, Bunair, Haripur, Mansehra, Dir, Chitral, Malakand, Swabi, Mardan of NWFP Pakistan.

District wise Location of the Camps in NWFP

S#	District	Camps
1	Nowshera	<ul style="list-style-type: none">• Azakhel• Jalozei
2	Swabi	<ul style="list-style-type: none">• Baghicha
3	Dir	<ul style="list-style-type: none">• Barawal,• Timer• Toor
4	Haripur	<ul style="list-style-type: none">• Basomera• Panian
5	Kohat	<ul style="list-style-type: none">• Gamkol
6	Mardan	<ul style="list-style-type: none">• Jalala
7	Chitral	<ul style="list-style-type: none">• Kesu• Orghush
8	Mansehra	<ul style="list-style-type: none">• Khaki
9	Peshawar	<ul style="list-style-type: none">• Khazana• Khurasan• Naguman
10	Buner	<ul style="list-style-type: none">• Koga
11	Malakand	<ul style="list-style-type: none">• Zangal Pati

9.1 Study Design: -

Cross sectional study design was used to collect the required information from the drug abusers in the camps. Selection of Refugee camps was focused on the basis of high intensity drug abusers having different ethnic group distributions, on the advice of different stakeholders and professionals working in the camps.

10 STUDY SUBJECTS, ELIGIBILITY CRITERIA AND CASE DEFINITIONS:

Standards/criteria was developed for the selection of the identified interviewers both key informants and the drug abusers by the survey-implementing agency in consultation with the UNODC Afghanistan project office Peshawar.

Inclusion criteria for the key informants:

- Any person not less than 20 years of age
- Be the resident of that particular camp
- Living in that particular camp at least for the last two years.
- Familiar with the camp and the different tribes living in that particular camp
- Know or can identify some of the drug addicts in a particular camp
- Willing for the interview

Exclusion criteria for the key informants:

Any person living in the camp for less than two years

Any person on a visit to the camp

Any person not willing to give the interview

The key informants were:

- Community elders
- Community school teachers
- Staff of the Basic Health Units
- Community activists
- Community health workers etc.

Female key informants engaged primarily were either health care workers or teachers, while male key informants belonged to different professional strata mentioned above and closely linked to their community and had respectable position in their respective communities.

Inclusion Criteria for the drug Addicts:

- Any person identified as a drug addict.
- Person regularly abusing licit or illicit drugs.
- Person who is physically dependent and suffers from drug withdrawal symptoms.

Exclusion criteria for the drug Addicts:

- Any person who appears with impaired mental health, incapable to understand and respond to the questions due to intoxication.
- Any person who is not willing to participate or do not give consent for the interview.

11 SAMPLING TECHNIQUES: -

The sampling technique was different for the selection of both the group's i.e. key informants and drug users.

The key informants were selected mostly by convenient sampling while Sampling techniques for the drug addicts were based on snow balling and time location cluster sampling approaches. After the drug addict was identified than one drug addict out of each five was selected randomly to decrease selection bias.

11.1 Snowballing:

A method of recruitment of illicit drug-users for research purposes. The method involves the recruitment of a small number of drug addicts for the purpose of establishing contact with other drug addicts for their acquaintance.

11.2 Time and place sampling:

This is a method of recruitment of drug addicts and it is used to identify the drug abuser in the community according to their place of availability at a particular time in the camp. Mostly the place where they were found was saloons.

12 DATA COLLECTION INSTRUMENT:

A trained interviewer using a structured questionnaire to gather information on various socio-demographic and personal characteristics of the individual collected Information. In addition a core list of various risk behavior indicators was used to collect information in these populations as follows.

Socio-demographic variables: age, gender, education, family information, income, migration status, employment and professional background etc.

Risk behaviours: Types of drugs used and mode of intake, duration of drug abuse, sharing of needles and syringes and frequency of drug use.

Knowledge & attitude about drugs: Information about addictive drugs and perception about self-risk, available health services, accessibility and its utilization etc.

13 CASE DEFINITIONS:

Addiction: Habitual repetition of excessive behaviour that a person is unable or unwilling to stop, despite its harmful consequences.

Dependence: As applied to alcohol and other drugs: a need for repeated doses of a given drug, giving the user a continued sense of well being or preventing withdrawal symptoms.

Drug: A term of varied usage. In the various United Nations Conventions and the Declaration on the Guiding Principles of Drug Demand Reduction, the term refers to substances subject to international control. In common usage, it often refers specifically to psychoactive drugs, and also, within that category, to illicit drugs.

Hashish: Hashish refers to cannabis resin obtained from the flowering tops of the cannabis plant.

Heroin: A drug obtained through acetylation of morphine. The most common type of heroin in Refugee Camps is so-called “brown heroin” and is not suitable for injection, though it can be converted easily into an injectable form.

Opium: The coagulated juice from the unripe capsule of the poppy plant (*Papaver somniferum*). It contains approximately 10 per cent morphine.

Peer pressure: This term is applied to drug use to embody the idea of pressure exerted on an individual to conform to the behavioural norms of his or her peers, which may include the illegal consumption of drugs. Such individuals are seen to be easily influenced and passive in the face of such pressure.

Pharmaceutical drug: A pharmaceutical drug (pharmaceutical) is a substance manufactured by the pharmaceutical industry or prepared in a pharmacy for medical purposes, or any preparation derived from such substances. The most common pharmaceuticals encountered during this survey were anxiolytic and hypnotic drugs such as Diazepam, and painkillers such as Pentacozine.

Poly-drug use: The use of more than one psychoactive drug either simultaneously or at different times. The term is often used to distinguish persons with a more varied pattern of drug use from those who use only one kind of drug.



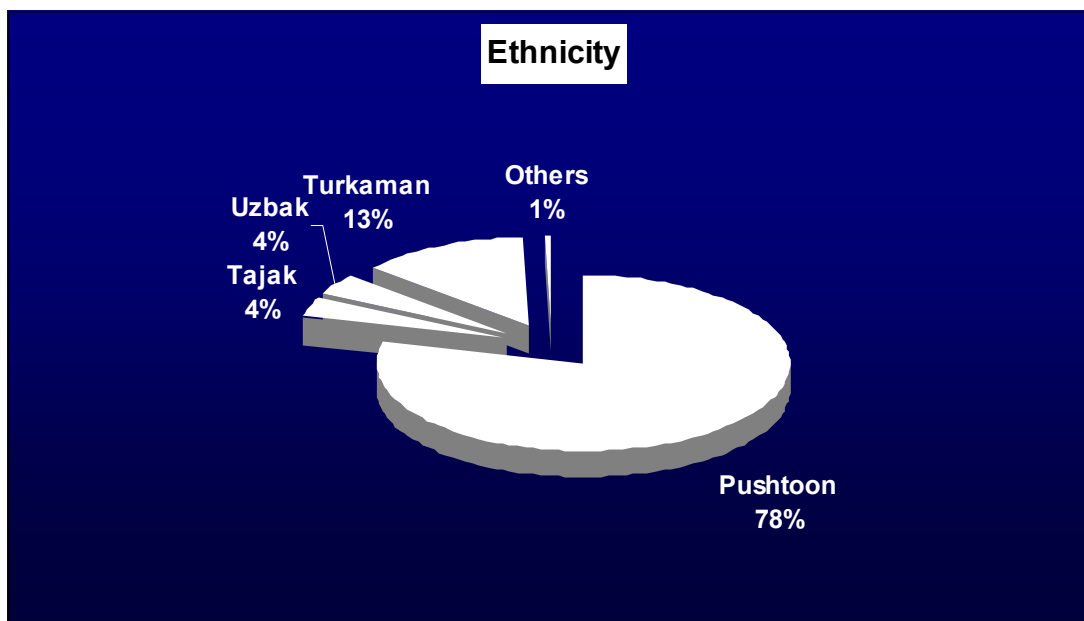
Two young addicts intoxicated due to over-does of Heroin

14 SITUATION ANALYSIS

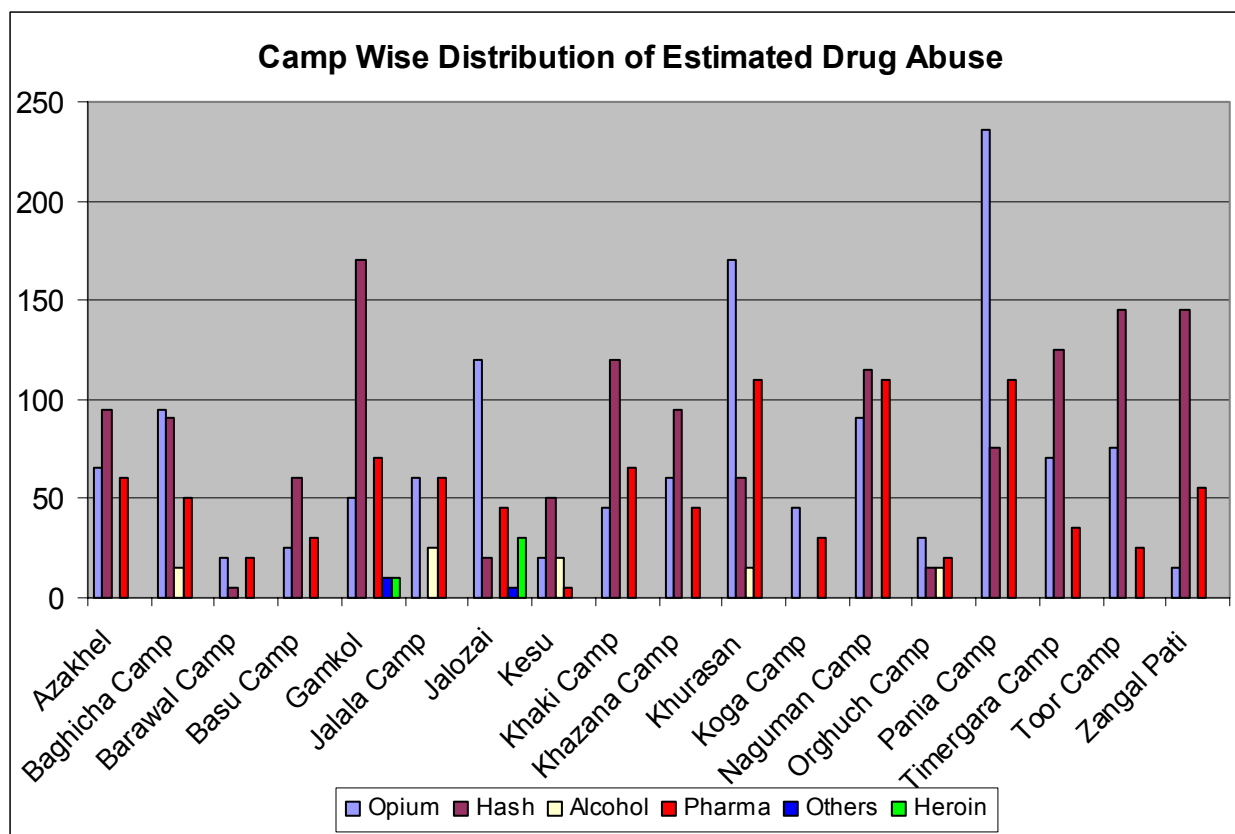
14.1 KEY INFORMANTS:

The data from the key informants was divided into two parts.

- 1) Profile of the key informants.
- 2) Information about drug users. (Estimates, Knowledge, attitude & practices of drug user etc)

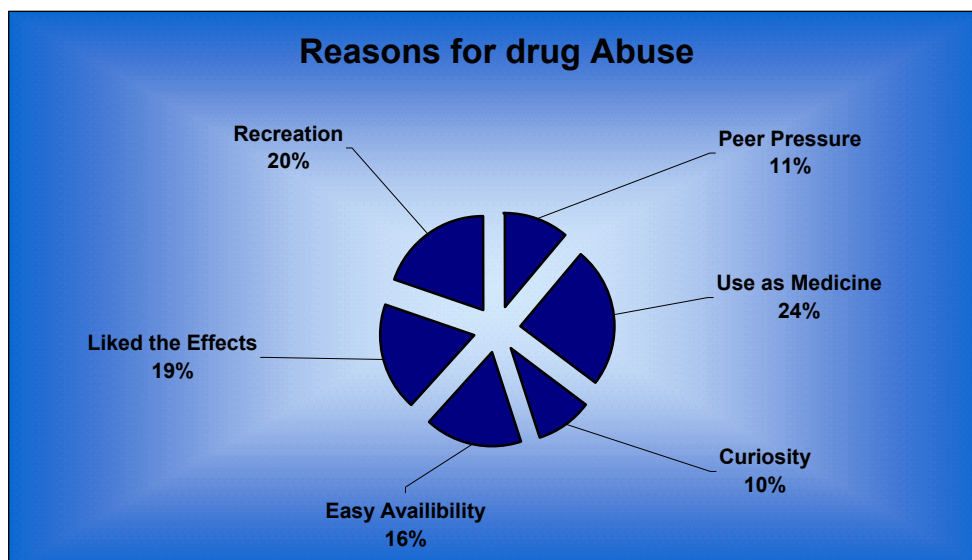


Majority of the Key informants from the selected Afghan refugee camps were from Pushtoon tribe i.e. 78%, whereas 13% are Turkaman, 4% Uzbek and 4% were Tajak



The above graph shows camp wise distribution of drug abuse, opium, hash and pharmaceutical drugs are abused in almost every camp but opium is consumed more in some camps, e.g. Pania, Kurasan, Jalozai, Baghicha and Azakhale camps. While use of hash is quite common in Gamkol, Toor camp and Zangal pati.

Use of Heroin is restricted to few camps like Jalozi and Gamkol. Abuse of Pharmaceutical Drugs is more common in Nuguman, Pania and Khurasan Use of Other drugs is common in the Gamkol and Jalozai camps, While Alcohol is also consumed in Baghicha, Jalala, Kesu and Orghuch capms.



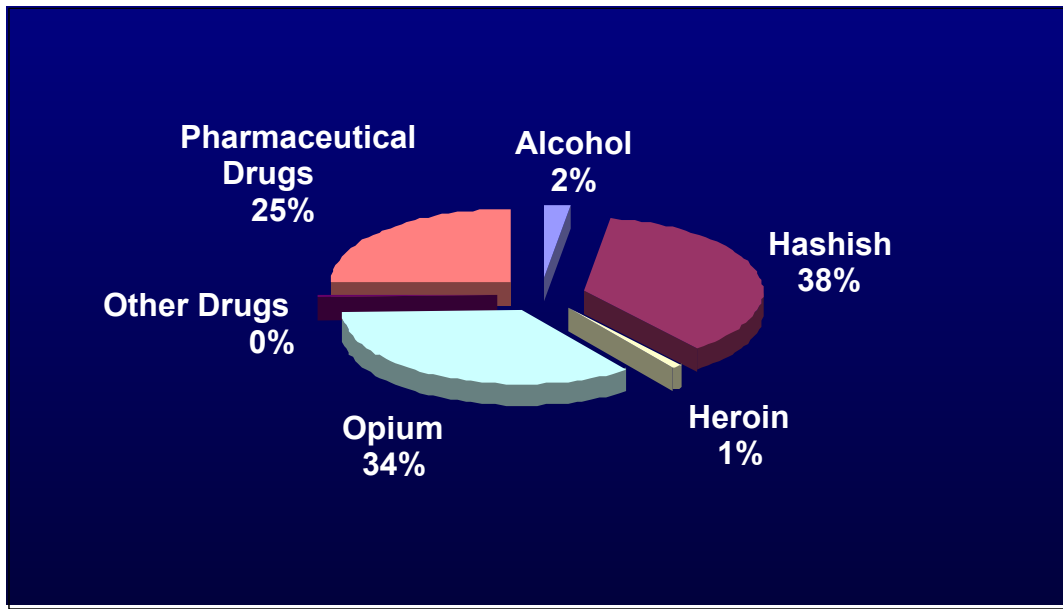
In this study Recreation (20%), Easy Availability (16%), Curiosity (10%) was found the reasons for starting drug abuse.

Majority (75%) of the drug addicts identified were illiterate. Therefore it could be assumed that lack of schooling and Illiteracy could lead to lack of knowledge and awareness on drugs and lot of leisure time hence could become an initiating factor to enhance the risk of addiction in terms of curiosity, recreation and peer group pressure etc.

24% of the population use opium and other pharmaceutical drugs for medicinal purposes. Little or no access to the health care facilities and drug treatment centres, and infrequent visits by the health care providers to the facilities according to a fixed outreach schedule, may play a downbeat role in the contacts between health care providers and general population. These centres can play a very valuable role for creating awareness. Scarcity and sporadic use of these centres exposes population to the risk of addiction as they are compelled to, revert to traditional healers.

Liked the effects or for pleasure (19%) is the third biggest factor, followed by (11%) is the peer pressure.

Prevalence of licit and illicit drug Use in Afghan Refugee Camps in NWFP Pakistan



The prevalence of illicit drug use and abuse of pharmaceutical addictive drugs is highly common as the figures indicate.

- Hash is commonly and excessively used in the camps and carries 38% of the total drug use and it is commonly used by Afghan men.
- Opium use is 34% of the total drug use in the camps and is mostly consumed or taken by Afghan female and the young Afghan children. Opium use among Afghan population apart from other causes is used as a traditional medicine for certain diseases especially in children.
- Abuse of pharmaceutical drugs is 25% of the total drug use in the camps and is frequently and excessively being used by Afghan women and children.
- Alcohol carries 2% of the total drug use followed by Heroin which is 1%.
- A small number (0.01%) use of other drugs like glue sniffing and other solvents was also found among Afghan Refugees Camps.

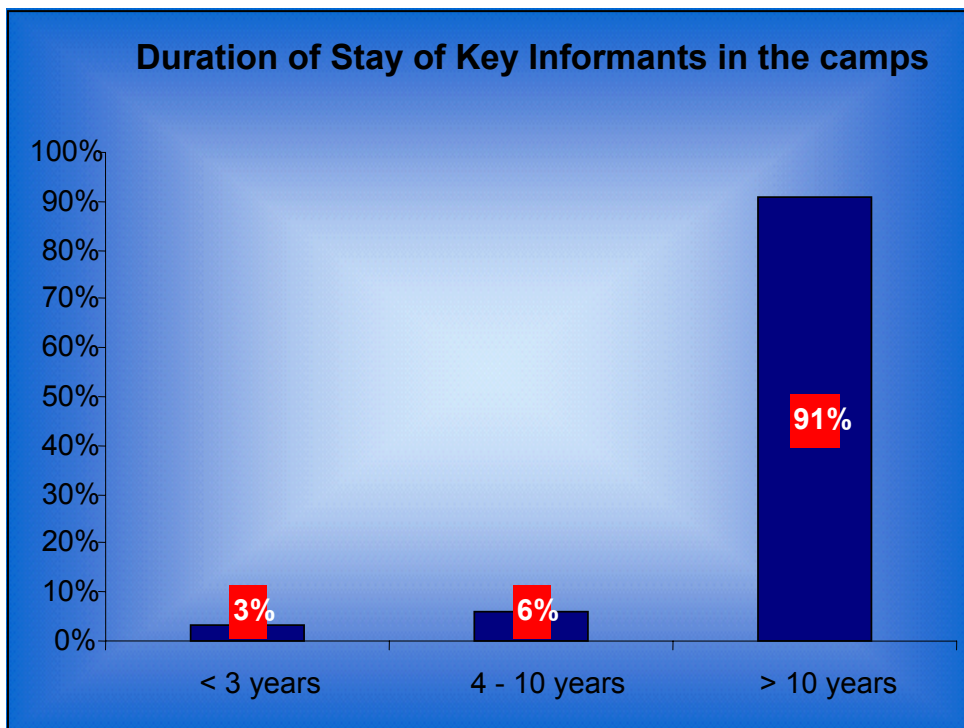
15 PROFILE OF THE KEY INFORMANTS:

The key informants in the study were from different socio-cultural strata's of the society. Main idea of selecting the right key informants was to gain maximum information and knowledge about the illicit drugs and abusers. Thus the people identified and selected for the interview full filled the criteria for selection.

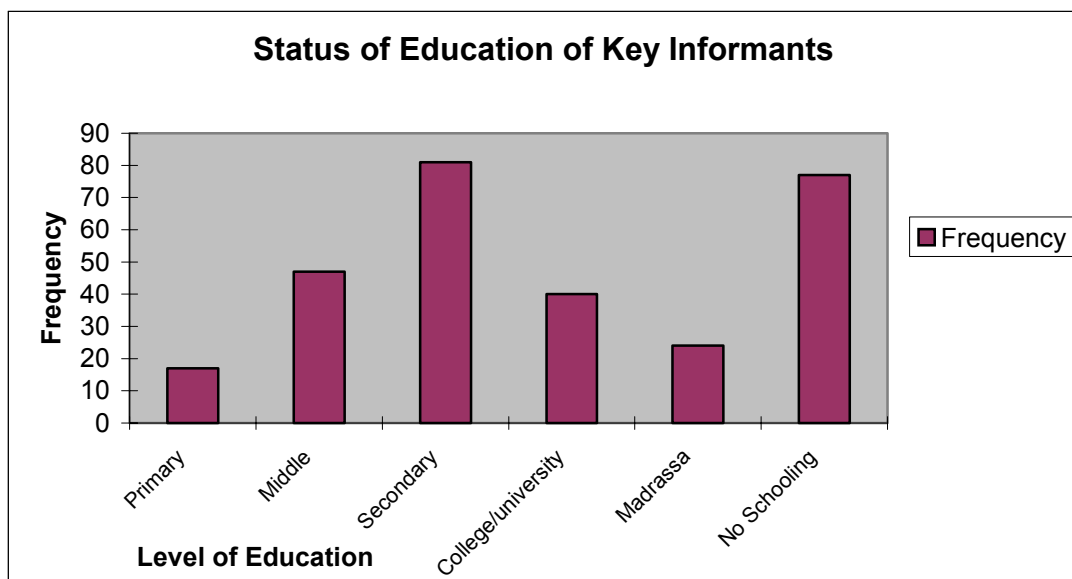
The key informants were uniformly scattered over all the refugee camps. Gender distribution of the key informants, was about equal and shows the distribution of the society and also that it can pick the information accurately from the female segment of the society. 56% of the key informants were of the age above 30 years, which shows their maturity and ability to understand the problems of the drug users.

Location of the camps and distribution of key informants

S#	Camp	Frequency	Percent
1	Azahkel	15	5.2
2	Baghicha	22	7.7
3	Barawal	13	4.5
4	Basomera	16	5.6
5	Gamkol	15	5.2
6	Jalala	24	8.4
7	Jalozai	15	5.2
8	Kesu	11	3.8
9	Khaki	15	5.2
10	Khazana	15	5.2
11	Khurasan	14	4.9
12	Koga	8	2.8
13	Naguman	20	7.0
14	Orghush	10	3.4
15	Pania	25	8.7
16	Timerghara	17	5.9
17	Toor (Timerghara)	15	5.2
18	Zangal Pati	16	5.6
	Total	286	100.0



Over 90% of the key informants interviewed lived in their respective communities for more than 10 years. 80% were of the ages between 31 and 50, which is an indication of their maturity and know how of the camp and ability to understand the community issues.



Male to female ratio was about (51:49). Female informants tended to be younger (on average 37 years old) and male (on average 42 years old) and more likely to have been educated at a madrassa (religious school).

**16 AWARENESS OF KEY INFORMANTS ABOUT DRUG USERS.
(KNOWLEDGE, ATTITUDE, PRACTICE OF DRUG ABUSE)**

Most key informants were familiar with drug use in the camps with respect to at least one of the six categories of drugs that they were asked about.

This knowledge varied according to the prevalence of drugs its use and mode of use. More than 80% key informants were aware of opium and hash use in their respective refugee camps. About 50% knew about alcohol and more than 35% were conscious of alcohol, pharmaceutical drugs and solvent use.

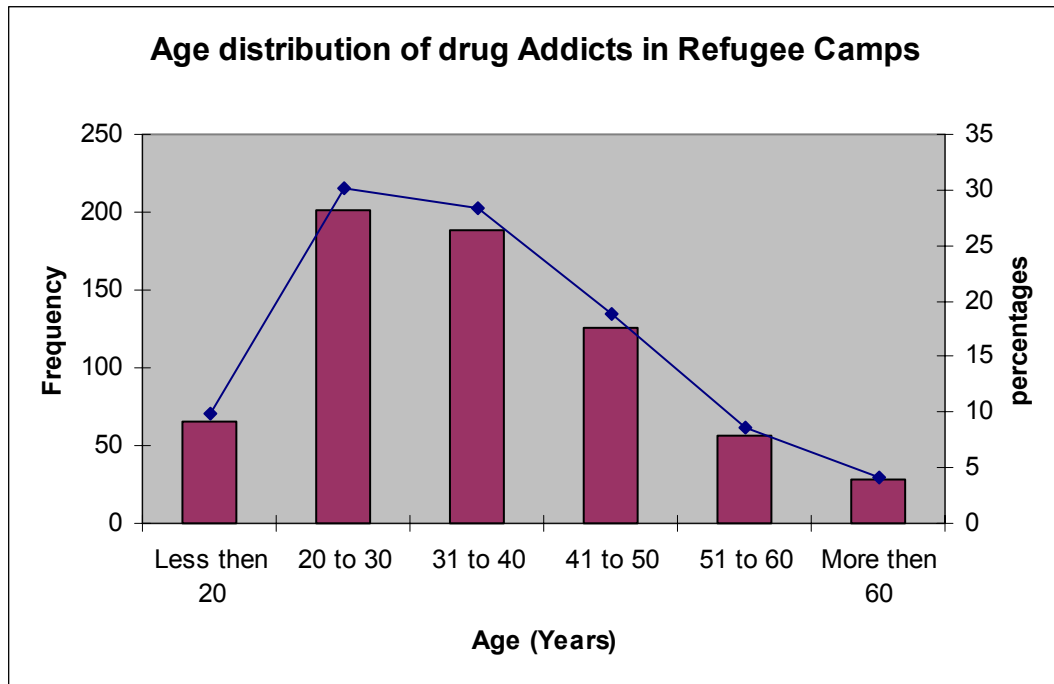
According to 62% of the key informants there is an increase in the use of opium in the last five years but they did not see any change or increase in people switching over from the current mode of intake of drugs to injecting.

Awareness of the Key Informants with reference to Drug use within the camps

Illicit Drug used	Yes	%	No	%	Don't know	%
Opium	231	81	26	9	29	10
Heroin	149	52	106	37	31	11
Hashish	255	89	9	3	22	8
Pharmaceuticals	106	37	97	34	83	29
Alcohol	100	35	102	36	84	29
Other drugs	100	35	137	48	49	17

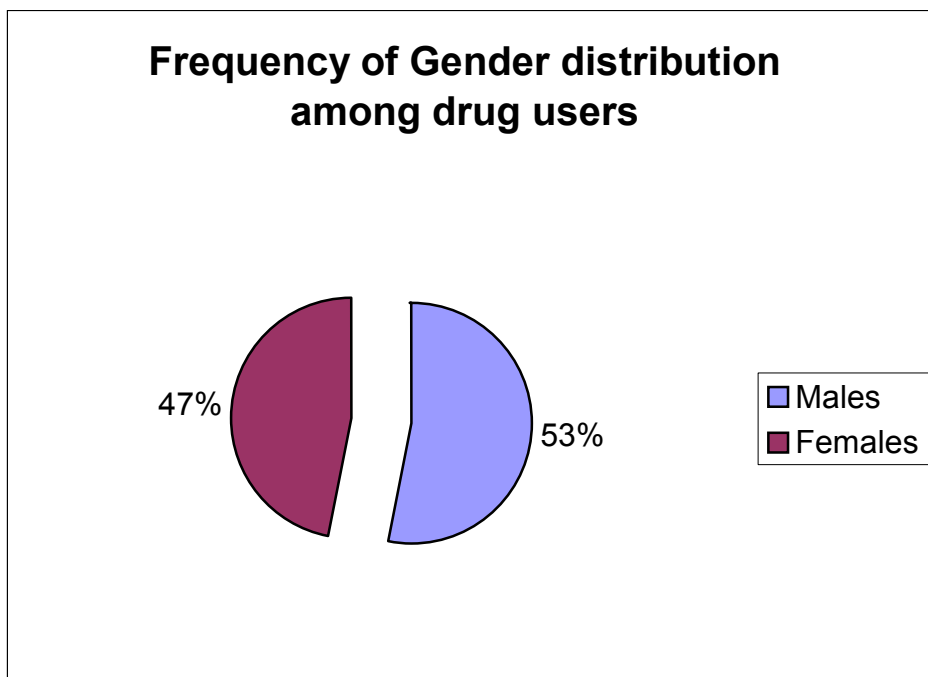
17 PROFILE OF DRUG ADDICTS

- 10% of the drug users interviewed are below the ages of 20 years.
- 30% are between the ages 21 to 30 years
- 28% between 31-40 years of age
- 20% between 41-50 years
- 12% were of the ages 51 and above

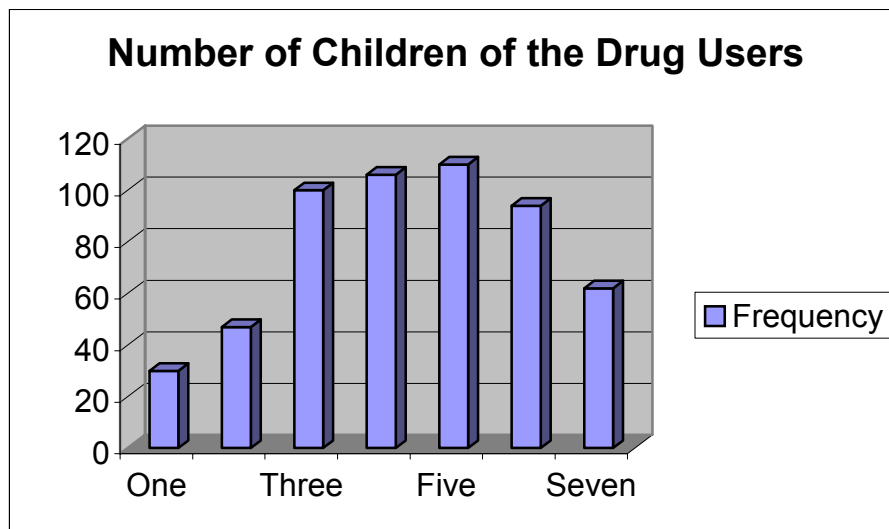


Gender and Age of the Drug Users	Male	Female
Less than 20 years	58	7
20 to 30 years	162	39
31 to 40 years	75	113
41 to 50 years	44	82
51 to 60 years	16	41
More than 60 years	8	20

Male drug addicts carries 53% of the total drug users as compared to 47% of the Female drug users. Interestingly males make use of illicit drugs at younger age group while the trend changes as the age increases. At older age the females uses progressively more of the illicit drugs.

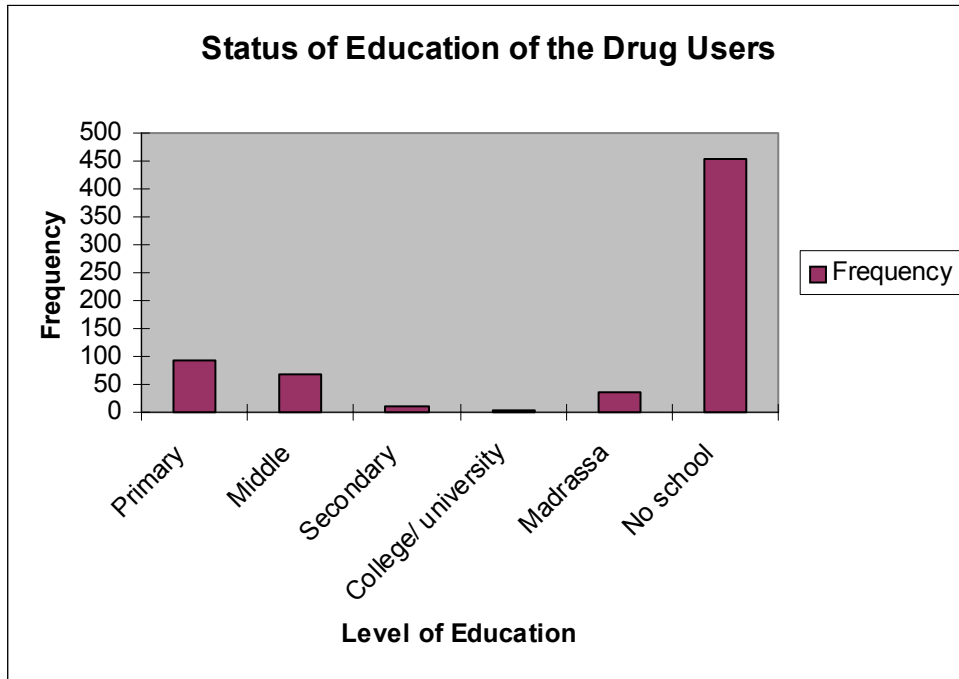


- 68% of the drug users were married while 15% were single and remaining were widowed.
- Of all the drug users, 82% had children. The number of children ranges on average from one to seven.

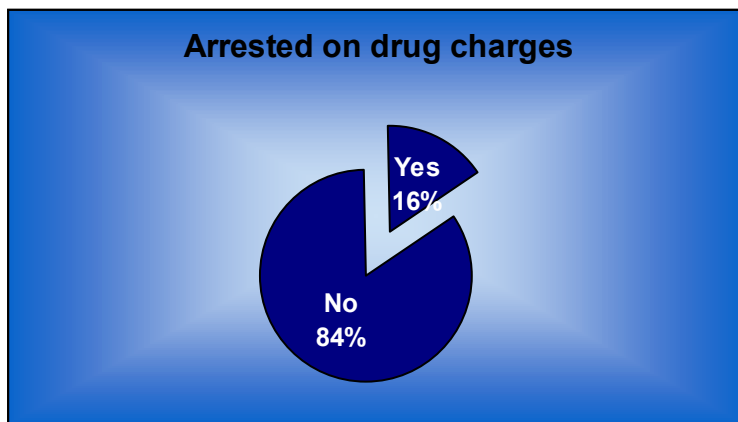


- 75% of the total drug addicts were illiterate. While very few of the drug addicts have education above primary.

This high illiteracy rate can also be correlated to drug use among drug users. It also illustrates that lack of awareness in the refugees regarding hazards of abuse of drugs. Preferably drug awareness campaigns should be initiated for the eradication of addiction.



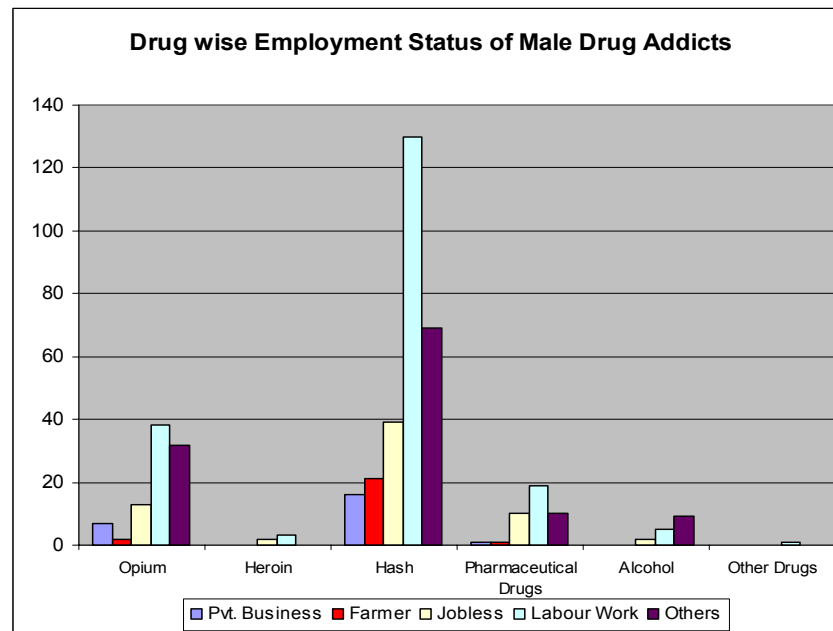
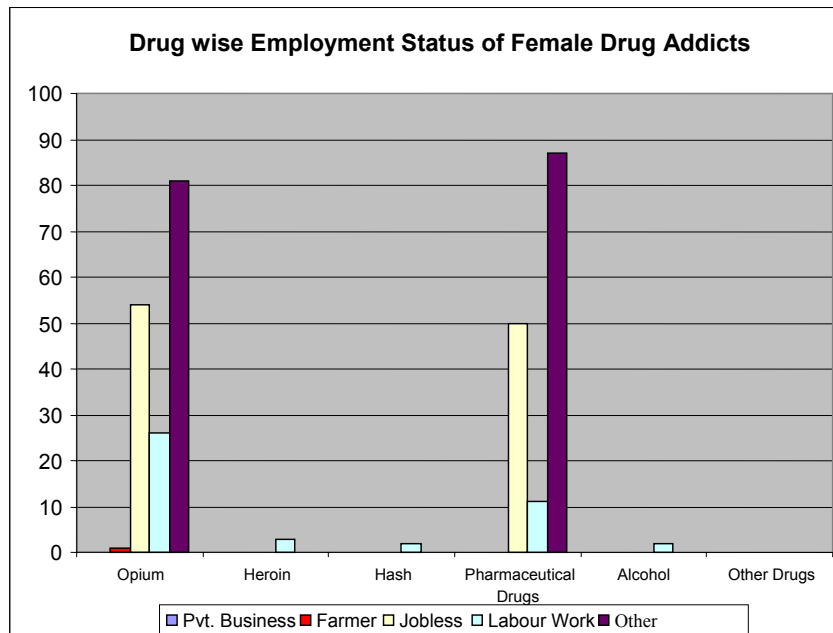
- 16% of the drug addicts have been arrested on drug charges. 6% of the drugs addicts have been imprisoned while more than 10% of them have been sentenced for more than 3 years. This high number is indicative of, that drug use and crime go side by side.

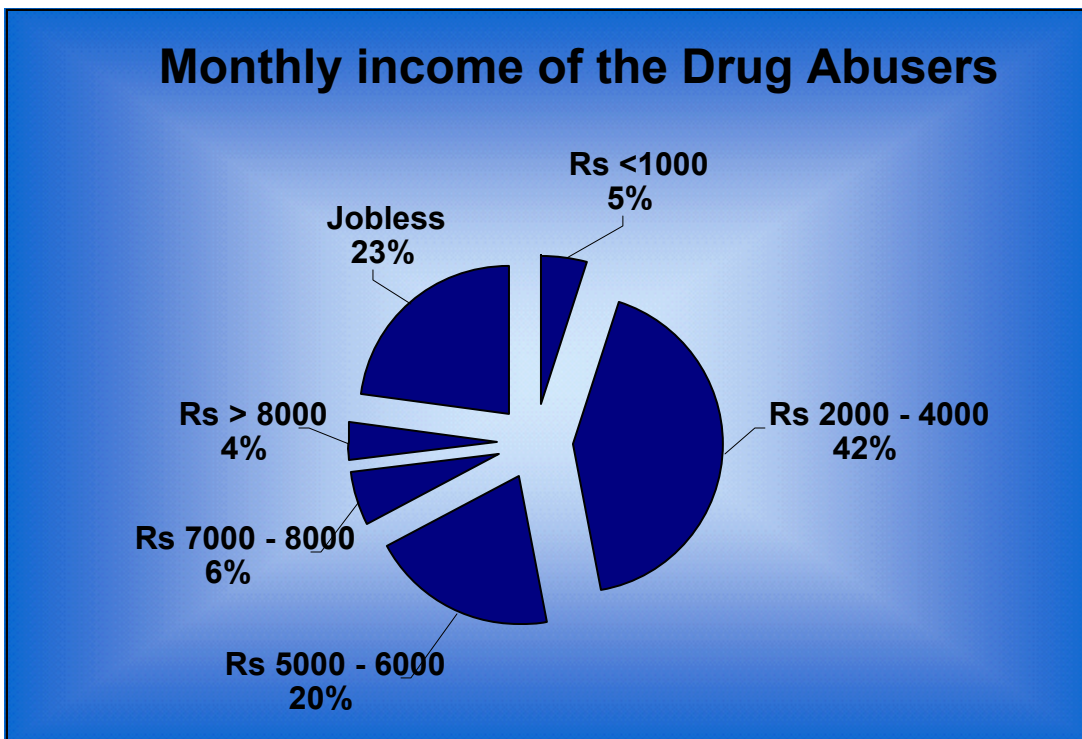


Among all drug users 23% were found jobless, 30% were working as laborers, Less than 6% were either working on the fields as farmers or running their own business,

40% were getting money for the drugs from their family members and only 1% was generating money from either begging or stealing.

- Majority of women (55%) source of income is through other means including carpet weaving, handy-crafts, sewing, embroidery and basket making etc, while 12% earn through labor work, while the rest (33%) were jobless.
- Twelve (12%) percent male drug users were farmers and private businessmen while 15 % were jobless, 45% do labor work while the rest 28% do other corporeal work.



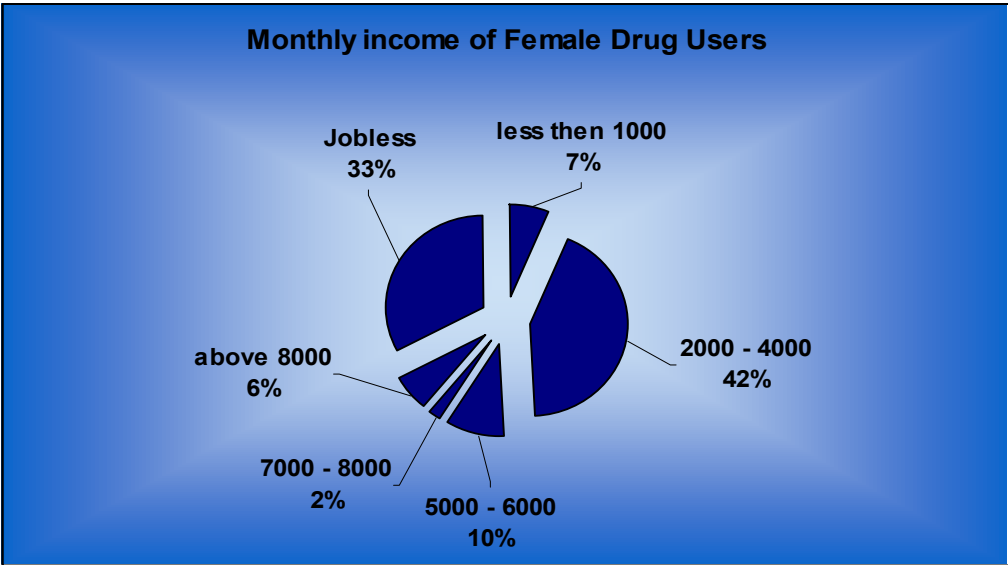
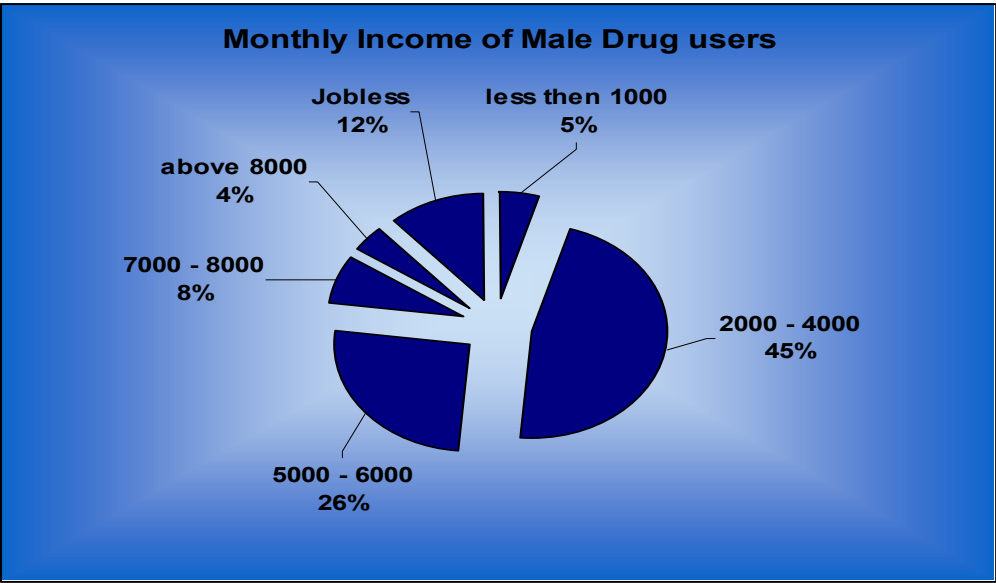


Majority (42%) of the drug users were earning Rs 2000 – 4000, while 20% were earning Rs 5000 – 6000, and 6% were earning Rs 7000 – 8000 on monthly bases. Only 4% were earning more than Rs 8000 per month. 23% were jobless and 5% were earning less than Rs 1000 per month.

The same trend continues for both male and female drug addicts with minor changes as shown in the following figures. There were 33% jobless among females drug abusers as compared to 15% male drug abusers.

42% females as compared to 45% men were earning Rs 2000 – 4000 per month.

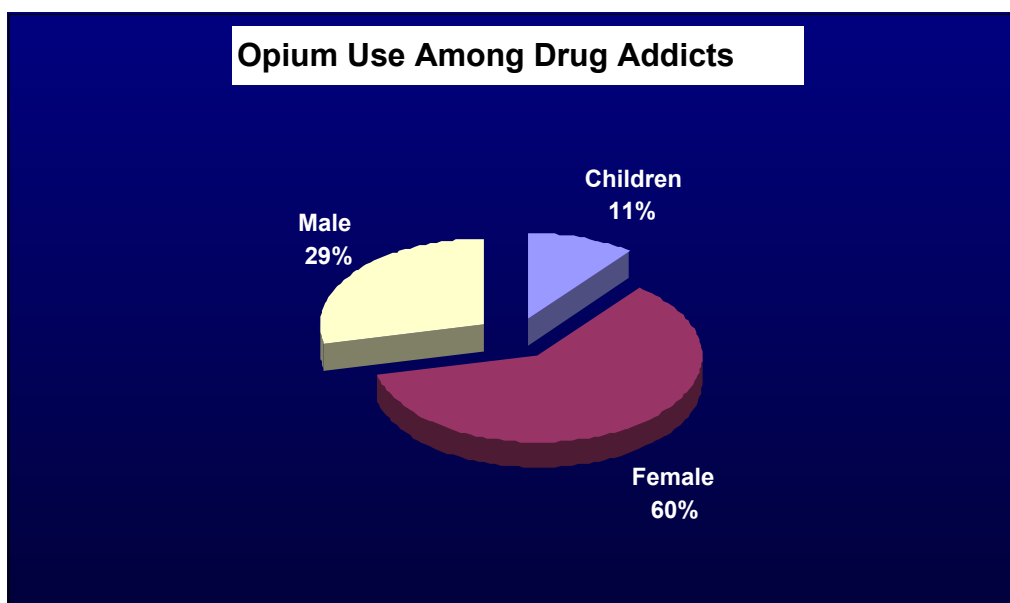
4% males as compared to 6% females were earning more than Rs. 8000 per month.



18 USE OF OPIUM

It is estimated that there are at least 1300 opium users in Refugee Camps. This prevalence is about 34% of the total drug use. These figures are based on estimates given by both key informants and drug users.

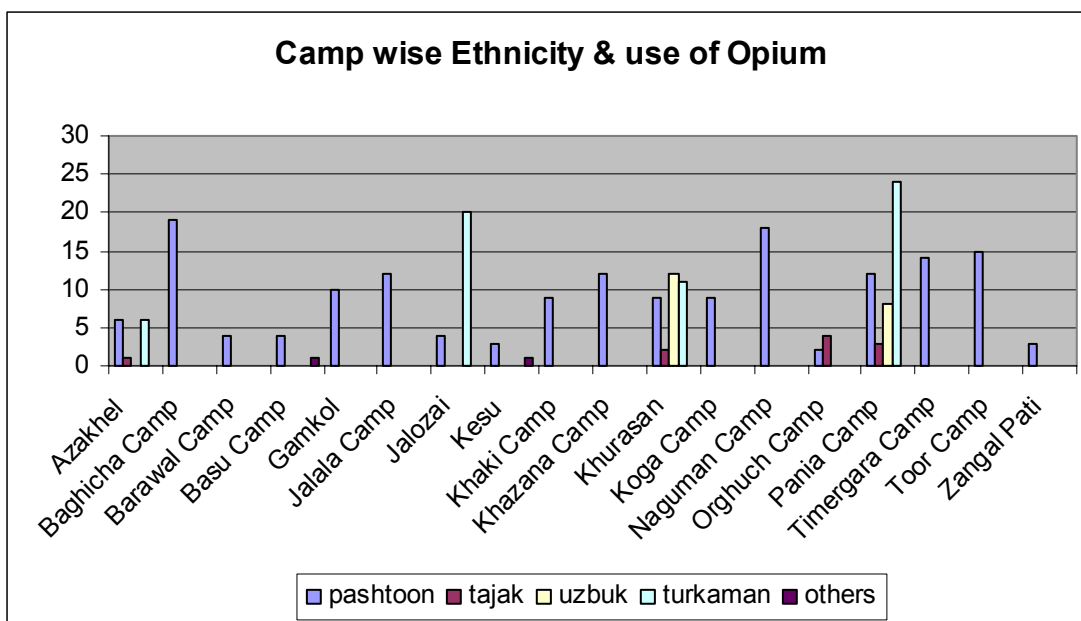
- Majority of the male drug users are below 40 years of age while females are above 40 years of age.
- Of the total opium drug use 7% started using opium less than one year ago, 47 % started using for less than 6 years, 13 % started using 7-9 years and 33 % using for more than 10 years.



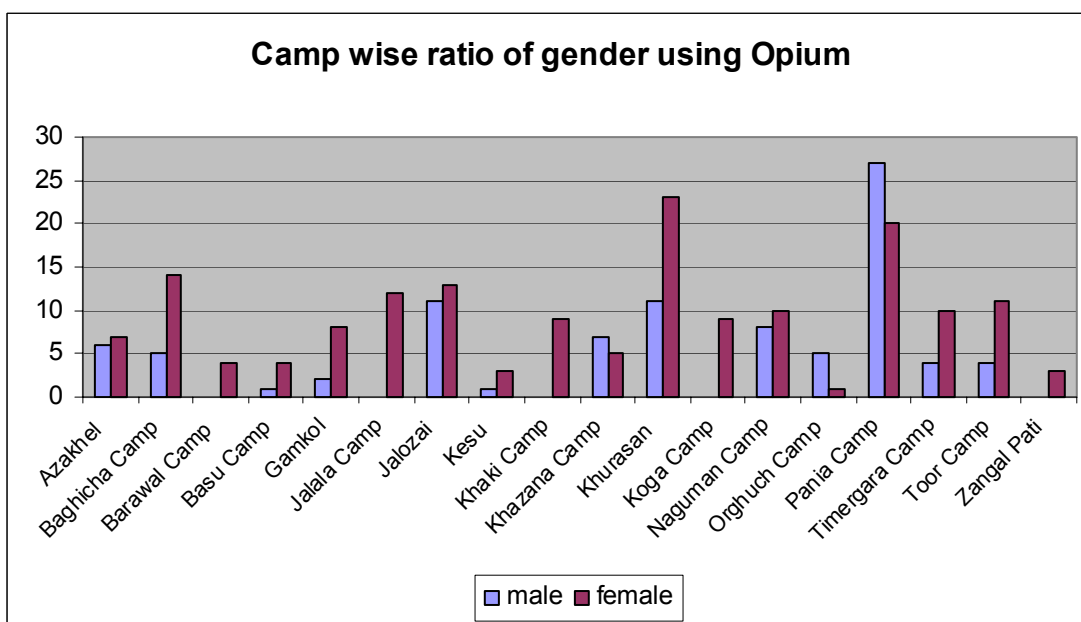
The estimation of the opium use was calculated and is found that 60% of the opium use is among females followed by 29% among males and 11% among children.

Fatal overdoses among children have been recorded. Some people dilute the opium poppy, or the opium residue in water, commonly known as 'black-water opium', and inject it. For habitual users it is also common to eat, boil the poppy pods to make tea or smoke the opium. In some areas opium is dissolved in water, a cigarette is soaked in the solution, dried and then smoked. (UNDCP 1999; Macdonal & Mansfield 2001).

When asked why they first started using opium, 80% gave the sole response "as medicine". Use of opium with regard to camp wise ethnicity is concerned, Pashtoons constitutes the major segment of opium users which is followed by Turkaman and Uzbuk. The graph indicates Panian and Khurasan camps have the major portion of multi-ethnic groups.



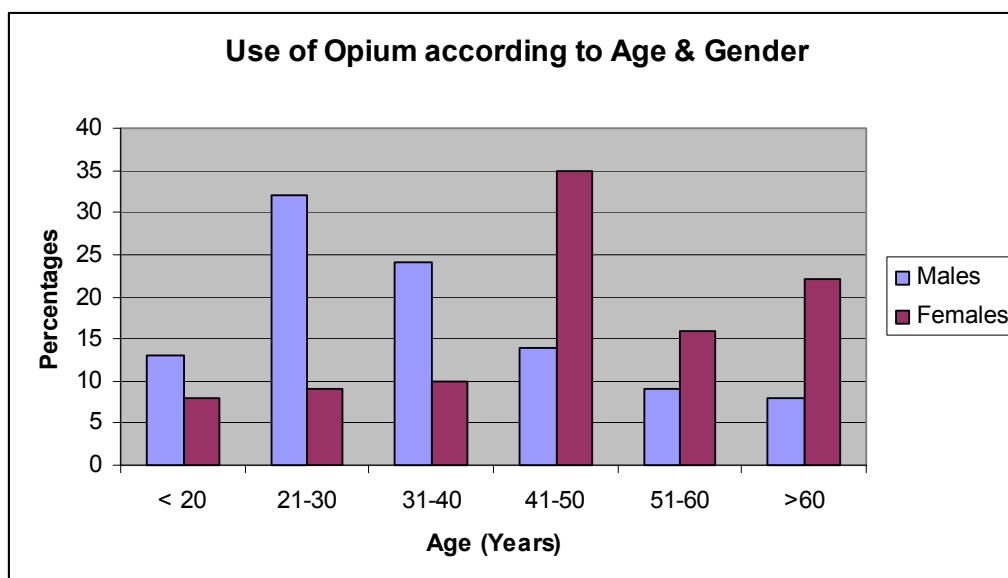
In most of the camps females who were abusing opium, outnumbered males except in Khazana, Orghuch and Panian.



The major causes identified for opium addiction in male is the peer pressure and for female mostly due to initiation as medicinal use.

Opium is mainly ingested when used as medicine. In other areas of the country paste-like opium preparations could be purchased from the traditional healers for the treatment of cough and cold. It is very common to boil the poppy pods in water and drink the syrup. In rural areas it is not uncommon to give raw opium, or boiled opium syrup to the children for keeping them sedated/calm or as medicine for respiratory diseases. (UNDCP 1999; Macdonal & Mansfield 2001)

Reason for starting using opium	Male	Female	Total	Percent
Recreation	3	9	12	5.0
As medicine	50	150	200	83.3
Peer pressure	15	2	17	7.1
Others	7	4	11	4.6
Total	75	165	240	100.0



- It is observed that males start using opium in their young ages while more females usually use opium in the older ages (more than 40 years).

Frequency of Daily use of Opium	Frequency	Percent
Once a day	108	45.0
Twice a day	96	40.0
Thrice a day	27	11.3
4 - 5 times a day	6	2.5
Once or twice a week	3	1.3
Total	240	100.0

- On average 52.5% both male & female consumed less than one gram of opium in a day. 42.1% used 1-2 gram per day, while 4.6% consumed 3-4 grams and 0.8% consumed more than 5 grams.

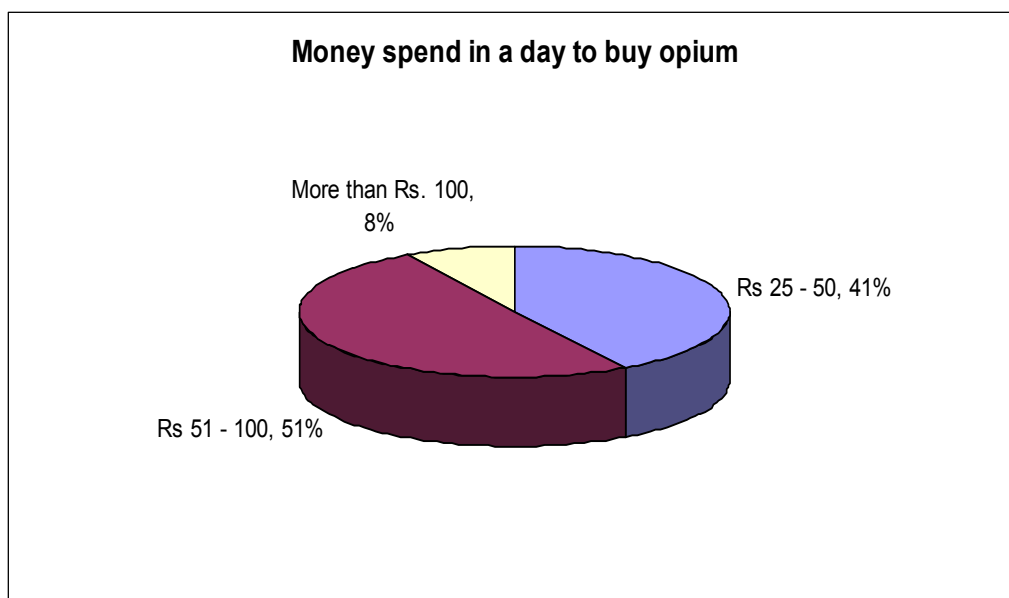
Quantity of opium use	Frequency	Percent
Less than one gram	126	52.5
1 - 2 gram	101	42.1
3 - 4 gram	11	4.6
5 or more gram	2	0.8
Total	240	100.0

Drug Addiction Treatment:

About 60% of the drug user tried to quit drugs. 86.4% of them had tried for self-detoxification, while 5.6% tried home based supervised treatment; only 4.3% had gone to treatment centre.

This indicates the scarcity of drug addiction treatment services and this lack of professional help at the camp. When asked, “Why they started again?” Females used opium to avoid general medical problems while males to avoid withdrawal and peer pressure.

Efforts to stop using Opium	Frequency	Percent
Treatment centre	7	4.3
Home based supervisor treatment	9	5.6
Self detoxification	140	86.4
Jail	6	3.7
Total	162	100.0



- More than 51% paid less than Rs 100 for daily use of opium, while 41% were spending Rs. 25-50 and the rest 8% spent more than Rs.100.



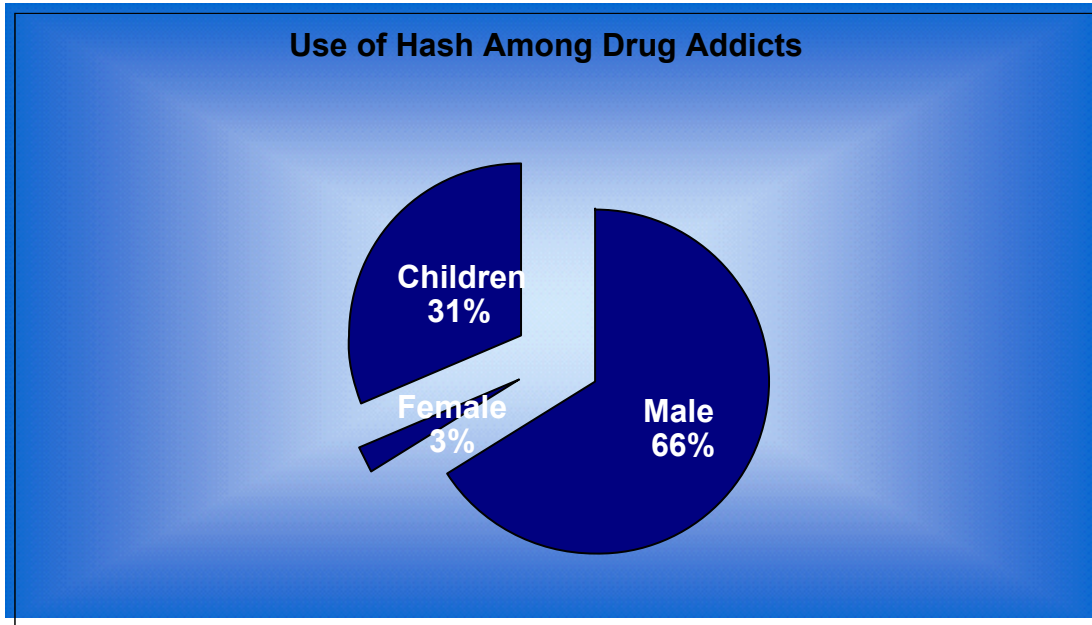
Tools for Opium Smoking



An Opium addict child who suffers from insomnia

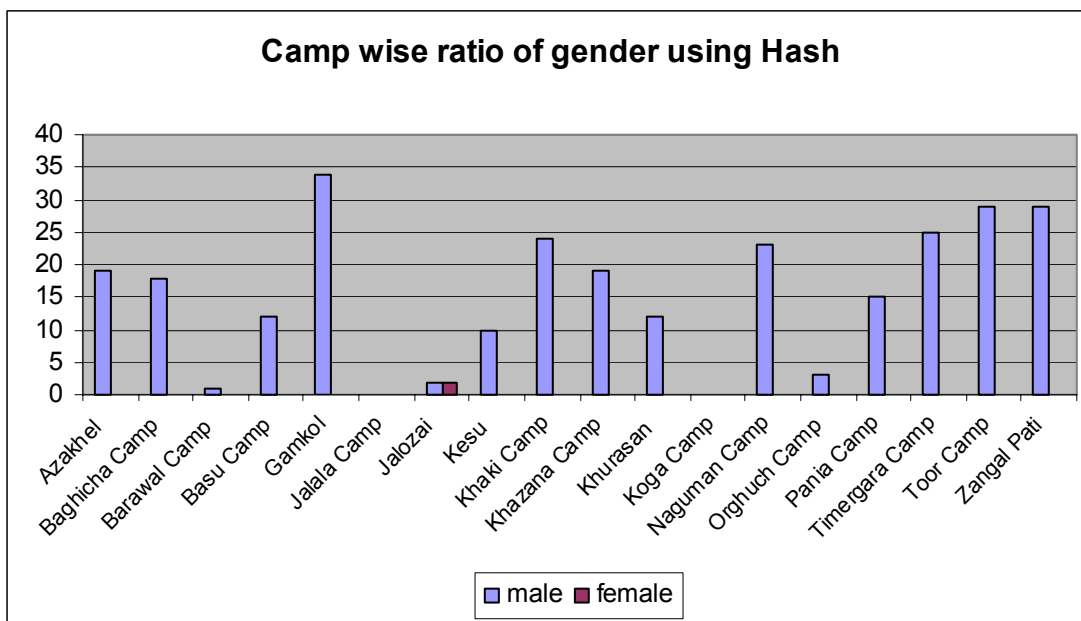
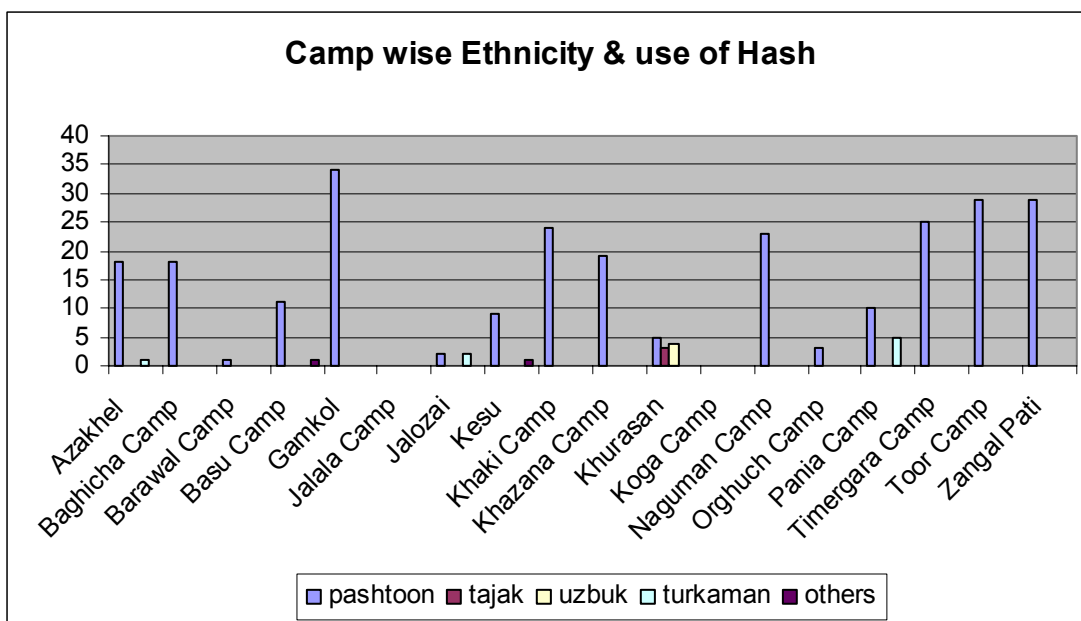
19 USE OF HASH/CANNABIS:

38% of the total respondents, residing in camps were addicted to hash/cannabis (66% are adult males, 31% Children and 3% Females),



Hash is commonly smoked through a straight-stemmed water pipe, locally called as (chillum) or in a cigarette and is usually part of a group activity. It can also be smoked with water pipes made out of cups with plastic lids and increasingly popular is the 'chasing the dragon' method as favored by opium and heroin users. It is also eaten in a preparation called majoun, which contains almonds and sugar, or in other instances it may be 'sprinkled over food' (UNDCP 1999; Macdonal & Mansfield 2001)

Consumption of hash is common almost in every camp, especially among pashtoon males. Only a handful of other ethnic groups are using hash in khurasan, jalozi, panian and azakhel refugee camps.

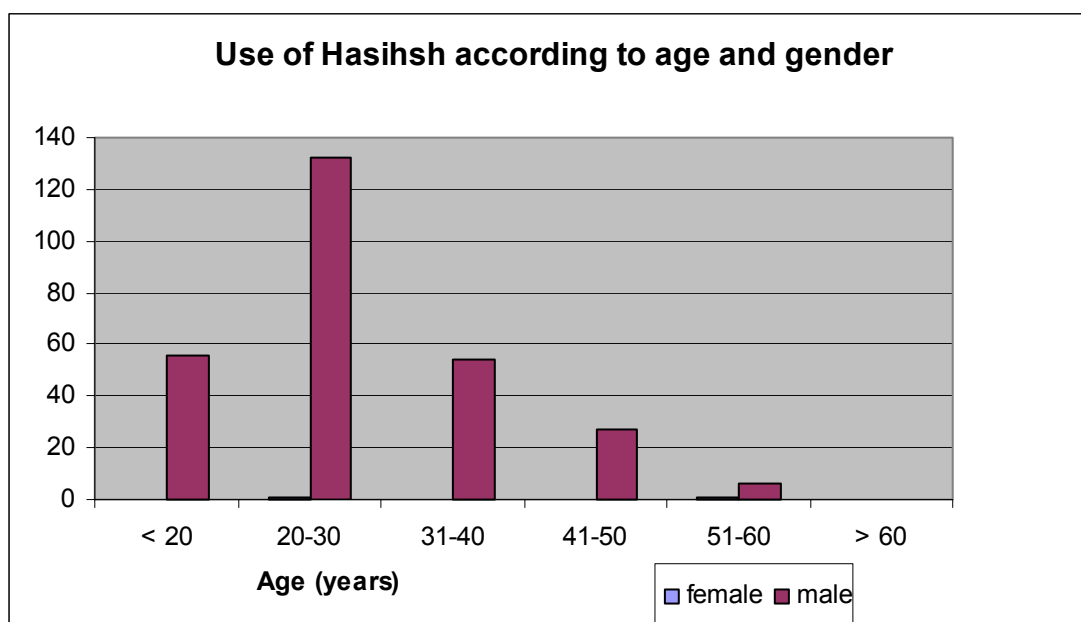




In reply to the question, regarding reasons to start hash. 49.2% started due to peer pressure, 21.1% were of the opinion that they started using hash for recreation. 14% give the reason for using hash being the curiosity.

Reason for starting using Hashish	Male	Female	Total Number	Percent
Recreation	53	0	53	21.1
Peer Pressure	124	0	124	49.2
Curiosity	34	1	35	14.1
Easily Availability	1	0	1	0.2
Others	37	1	38	15.2
Total	249	2	251	100.0

Males (20.4%) at the age of less than 20 years have tendency to start smoking hash. Trend shows 48% male smoke hash between 20-30 years of age, 19% smoke between 31-40 years, 9.8% at the age of 41-50 years and 2.2% abuse hash at more than 50 years.



Daily Consumption of Hash:

Based on average for both male & female; 46% of the Hash addicts use hash between 1 to 2 grams per day, whilst 40% consume 3 to 4 grams daily. Those consuming less than 1 gram and more than 5 grams of Hash per day is about 6% for both.

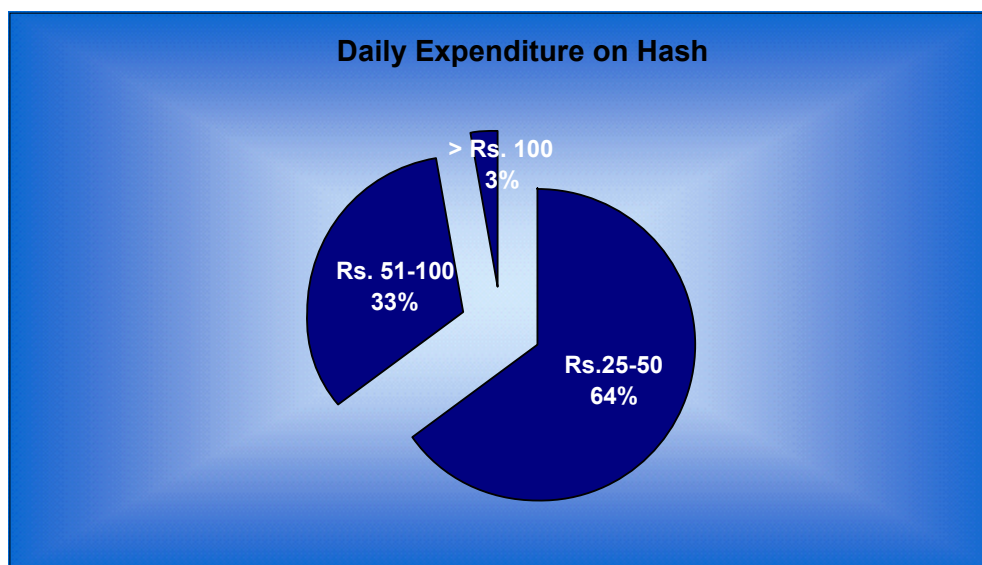
Daily consumption of Hash	Frequency	Percent
Less than 1 gram	16	6.2
1 – 2 grams	116	46.3
3 – 4 grams	100	40.2
More than 5 grams	17	6.3
Others	02	1.0
Total	251	100

Drug Addiction Treatment:

98.53% of the respondents tried self detoxification as there are limited drug addiction treatment services available in the camps, only 0.01%, were seeking professional help and 1.43% were trying to use their will power to quit smoking hash.

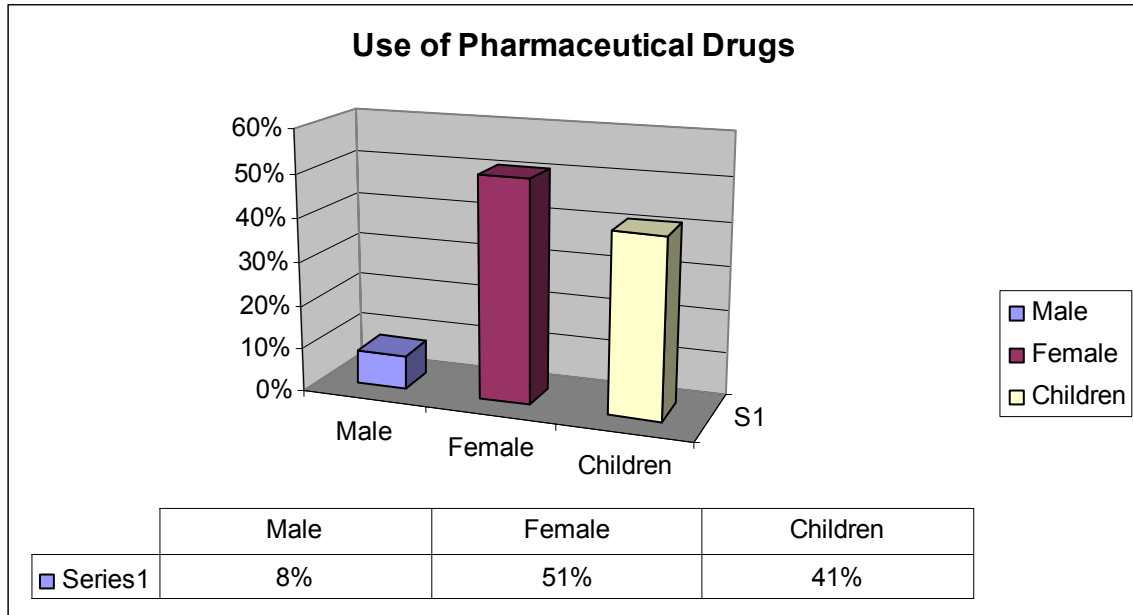
Efforts to stop using Hashish	Frequency	Percent
Seeking treatment	04	0.01
Trying to stop	43	1.43
Self Detoxification	199	98.53
Others	05	0.01
Total	251	100

64% of the hash addicts spend Rs, 25 to 50 to buy hash on daily basis, 33% spend between Rs. 51 to 100 and only 3% spend above Rs.100 per day.



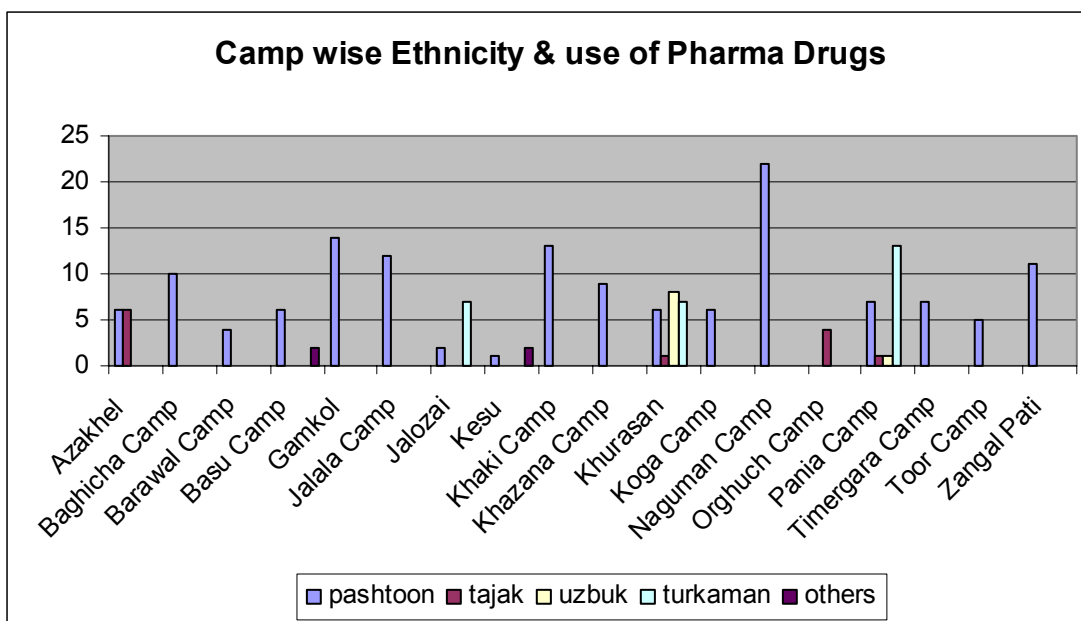
20 USE OF PHARMACEUTICAL DRUGS

The estimated figures reveal that 25% of the total respondents were using pharmaceutical drugs, majority of the total populace are females 51%, followed by 41% children, while 8% males addicted to pharmaceutical drugs.

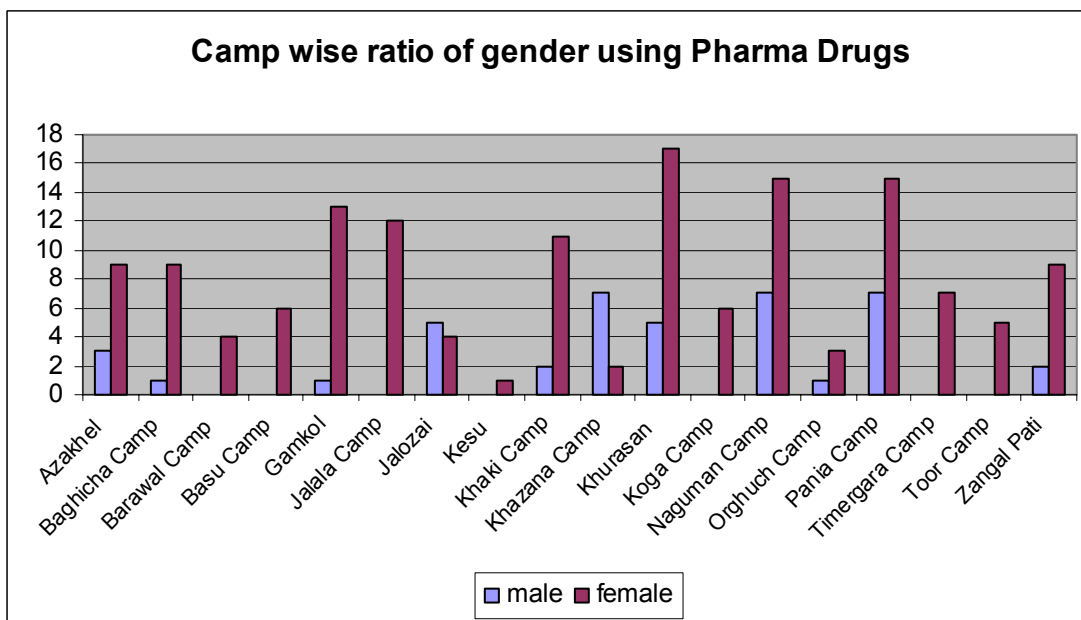


The abuse of pharmaceutical drugs in Afghans residing in refugee camps is very common. A wide range of pharmaceutical drugs are available over the counter without medical prescription, from pharmacies, various retail outlets and roadside stalls. Commonly used pharmaceuticals are analgesics and tranquillizers. The main analgesics are temgesic (buprenorphine), sosegon (pentazocine) and morphine. Major tranquillizers are ativan (lorazepam), valium (diazepam), mandrax (methaqualone), librium, phenobarbitone and temazepam. Codeine lictus, found at roadside stalls, is also reported to be abused. (UNDCP 1999a; Macdonald and Mansfield 2001).

There is a reported rise of pharmaceutical drug use among females, and young children. Almost 63% of the total women drug users started using these drugs on self-medication basis for a range of physical and mental health problems resulting into drug addiction. With no regulations in place to restrict pharmaceuticals, and benzodiazapines (valium), it is anticipated that drug abuse and dependency are widespread.



Camp wise ethnicity shows that pashtoos have major portion of pharmaceutical drugs abuse in all the camps. In Khurasan and Pania camps, turkaman, tajaks and uzbuks were found as addicts. In most of the camps, majority of female were found more prone to pharma drugs. Only in Jalozi and Khazana camps have more males are addicts.



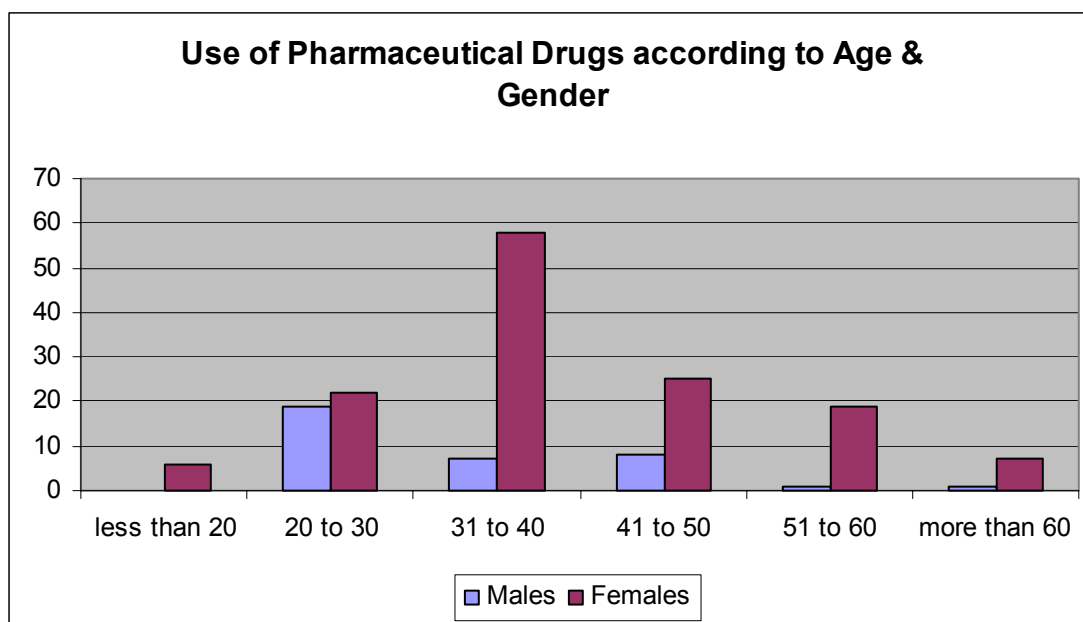
62.5% of the pharmaceutical drug use among all abusers is for general medical problems. 35.8% use of pharmaceutical drugs among this group is to avoid physical symptoms.

Reason for using Pharmaceutical Drugs	Male	Female	Total Number	Percent
To avoid general medical problem	15	95	110	62.5
To avoid with drawl problems	19	44	63	35.8
Others	2	1	3	1.7
Total	36	140	176	100.0

Around 82% male and females using pharmaceutical drugs are from Pushtoon origin, 11% Turkaman, 4% Uzbek, 2% Tajak and 1% are from other ethnic groups.

Figure below shows that 53% of males abusing pharmaceutical drugs are between 20-30 years of age, whereas 16% of the females are abusing pharmaceutical drugs in this age group. 19% males and 42% of female drug addicts are 30 - 40 years of age.

Female between 51-60 years of age have 14% of pharmaceutical drug abuse as compared to 3% of males from the same age group and males 3% while 5% females abusing pharmaceutical are more than 60 years old.



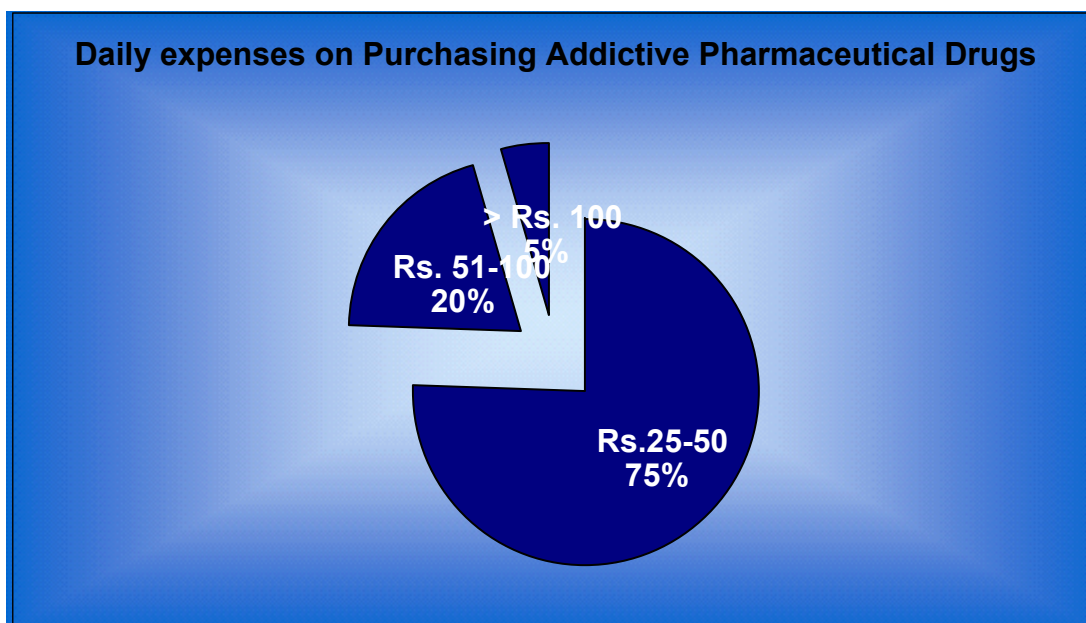
47.2% used pharmaceutical drugs less than 5 milligram in a day, whereas 39.2% were using 5-10 milligram per day. Users of 10-15 milligram were of 5.1%; followed by 1.7% who used 15-20 milligram.

Quantity of using Pharmaceutical Drugs	Frequency	Percent
Less than 5 milligram	83	47.2
5-10 milligram	69	39.2
10-15 milligram	09	05.1
15-20 milligram	03	1.7
Others	12	6.8
Total	176	100.0

Drug Addiction Treatment:

82.3% tried self-detoxification, only 8.8% had paid visit to the treatment centre or they were having treatment centre in their camps. 3.6% had tried home based treatment and other methods. Only 1.7%, were put in prison for drug abuse.

Have you ever tried to stop using (Pharmaceutical Drugs)	Frequency	Percent
Treatment Centre	10	8.8
Home based supervised treatment	4	3.6
Jail	2	1.7
Self Detoxification	93	82.3
Others	4	3.6
Total	113	100.0



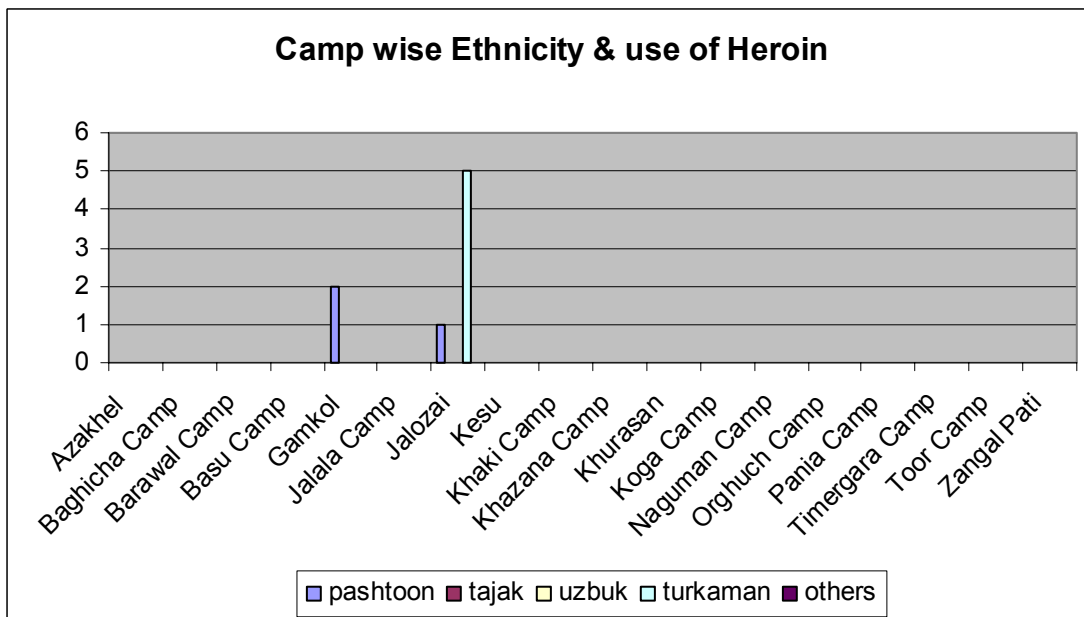
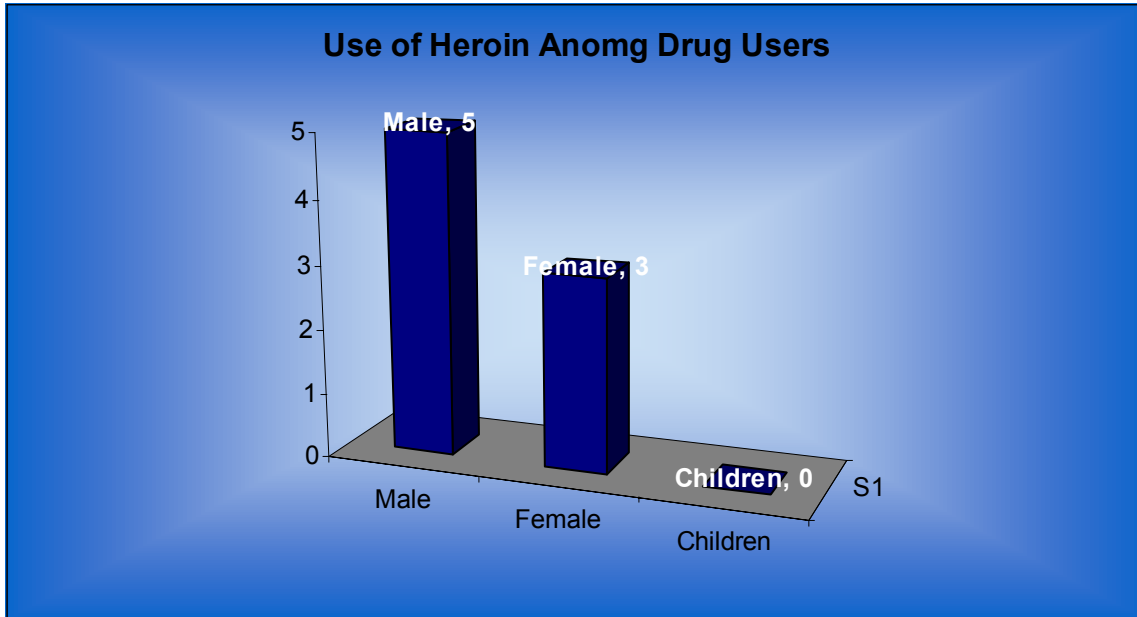
According to drug users 75% spend Rs. 25 - 50 in a day on pharmaceutical drugs, where 20% spend Rs.51-100 and only 5% spent more than Rs. 100 in a day.

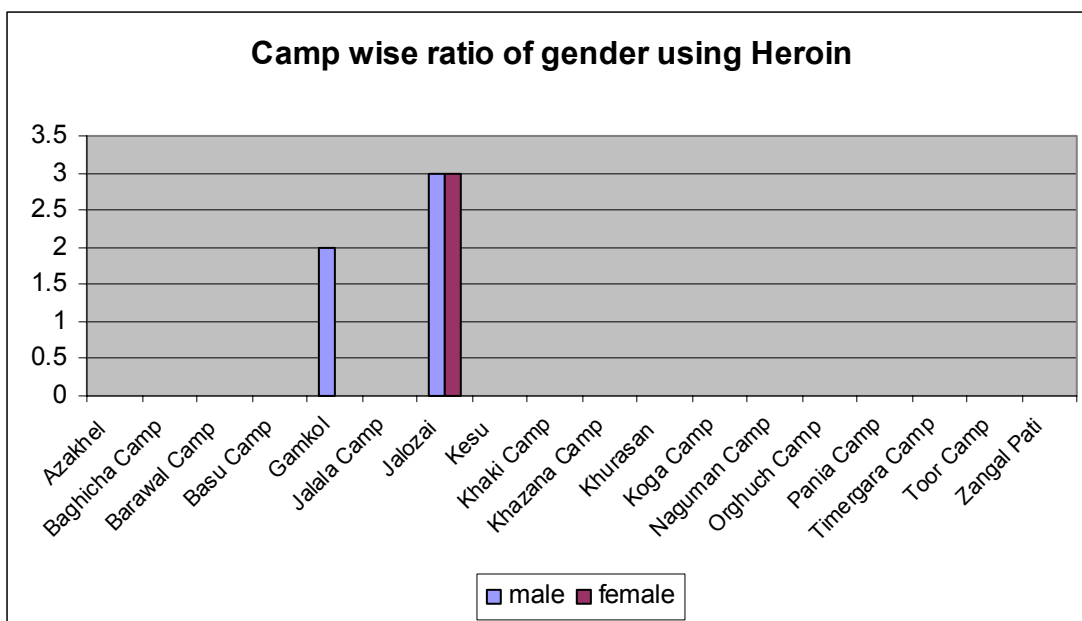


Commonly abused Pharmaceutical dugs

21 USE OF HEROIN

In totality there are 1% of Heroin addicts in the surveyed refugee camps. All of the identified and reported are adults. 62% were males and 38% females. There are no reports of children using heroin. Majority of the heroin addicts are Tukaman and only one Pushtoon using Heroin.





Provisionally the level of intensity of using heroin is restricted to only two camps, which are Jalozai, and Gankol camp and similarly the percentage of male and female is also low.

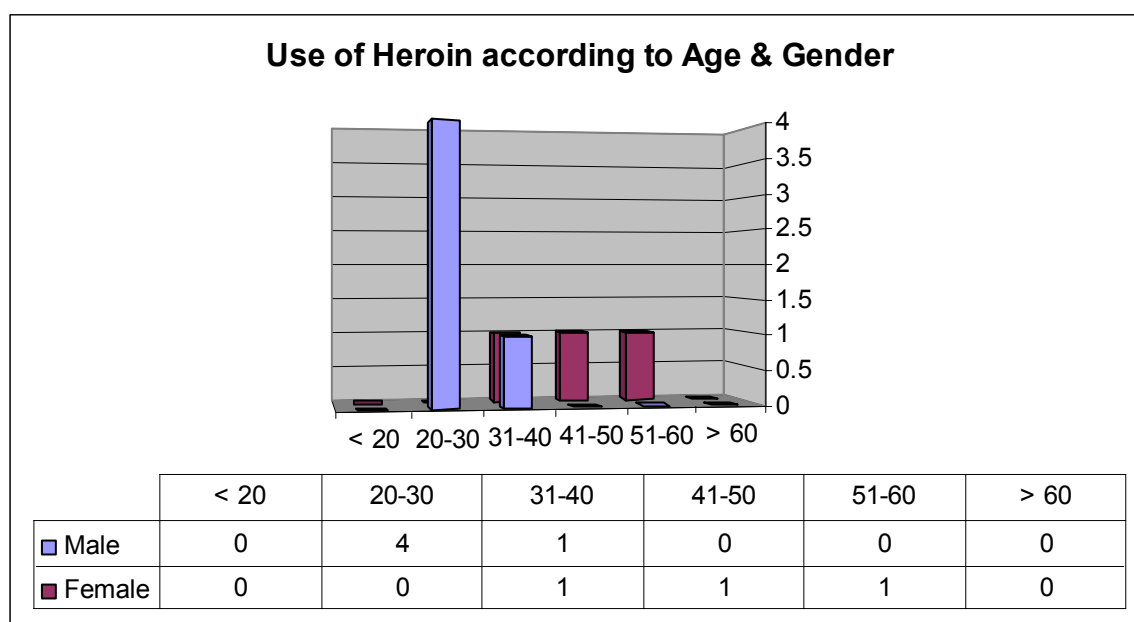


Heroin smoked by Chasing the Dragon method

In reply to reasons for using Heroin, 25% of the respondents started drug abuse for the sake of recreation. 25% mentioned due to easily available and the remaining 12.5% each said due to peer pressure, and liked the effects.

Use of Heroin in male is between the ages 20-30, whereas female tend to start using heroin between 31-40 years of age.

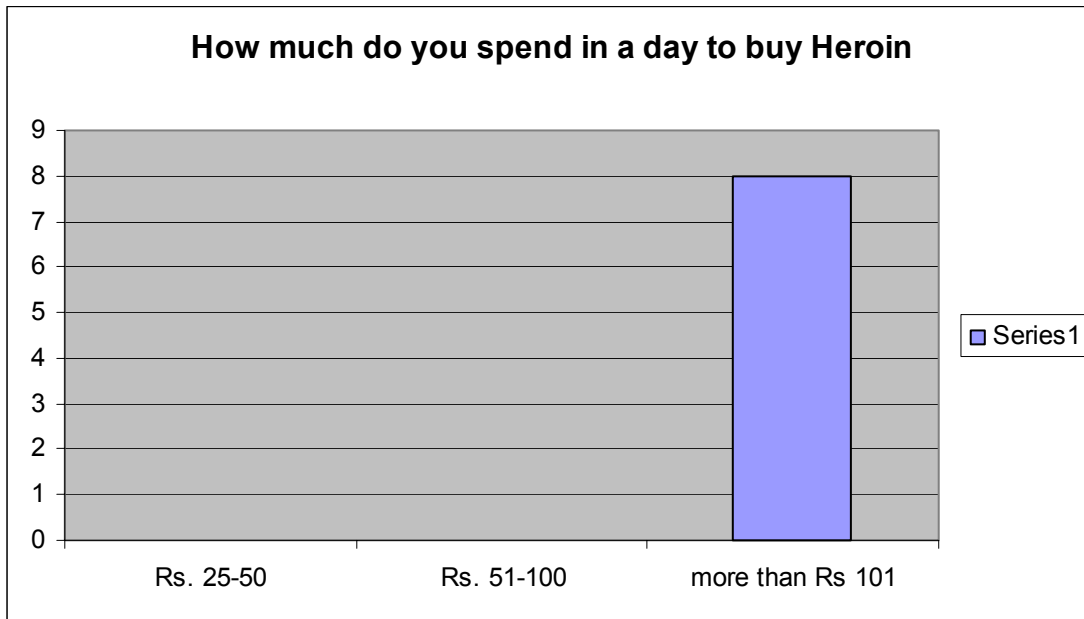
Reason for using Heroin	Frequency	Percent
Recreation	2	25
Easily available	2	25
Peer pressure	1	12.5
Liked the Effects	1	12.5
Others	2	25
Total	8	100



Of the total heroin users, 12.5% were using Heroin twice a day while 87.5% were using three times a day.

Intensity of using Heroin	Frequency	Percent
Once a day	0	0
Twice a day	1	12.5
Thrice a day	7	87.5
4 - 5 times a day	0	0
Once or twice a week	0	0
Total	8	100.0

Money spent in a day to purchase Heroin by individuals was more than Rs.100.



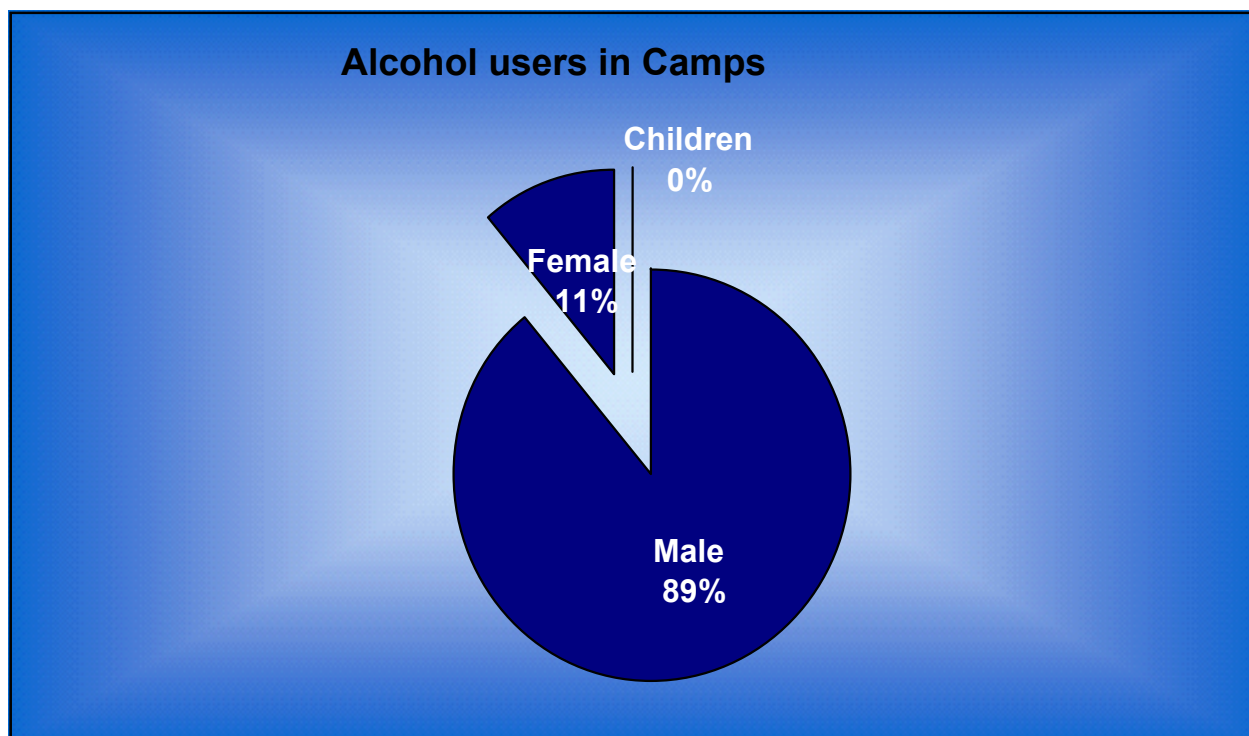
22 USE OF ALCOHOL

An organic chemical in which one or more hydroxyl (OH) groups are attached to carbon (C) atoms in place of hydrogen (H) atoms. Common alcohols include ethyl alcohol or ethanol (found in alcoholic beverages), methyl alcohol or methanol (can cause blindness) and propyl alcohol or propanol (used as a solvent and antiseptic). Rubbing alcohol is a mixture of acetone, methyl isobutyl ketone, and ethyl alcohol. In everyday talk, alcohol usually refers to ethanol as, for example, in wine, beer, and liquor. It can cause changes in behavior and be addictive.

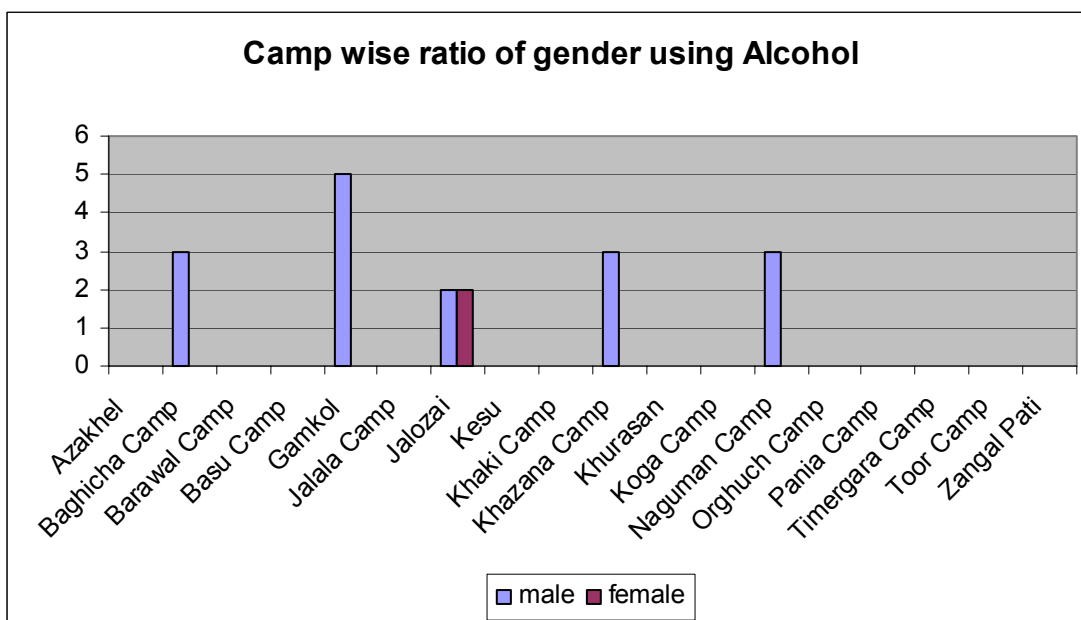
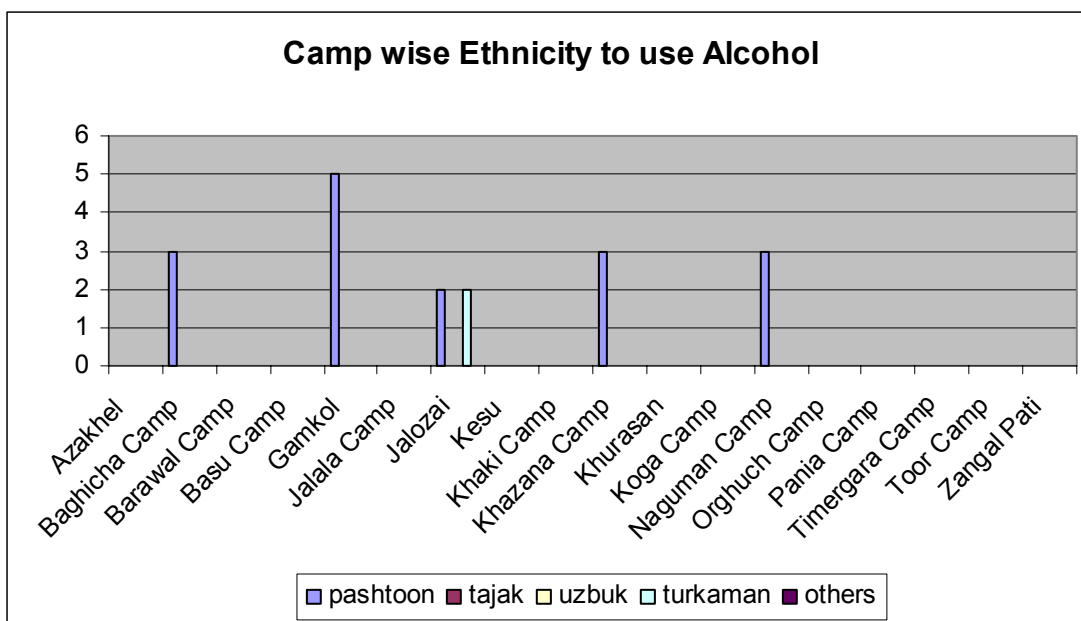
It is estimated that around 2% of all drug users were using alcohol. Mostly young males in their thirties and the remaining were females.

Majority of them had started drinking alcohol in these camps. Almost 50% of them had tried to stop drinking but failed due to peer pressure and recreational purposes.

70% drink once or twice a week to keep friends company. The rest drink about 1 - 2 glasses per day.



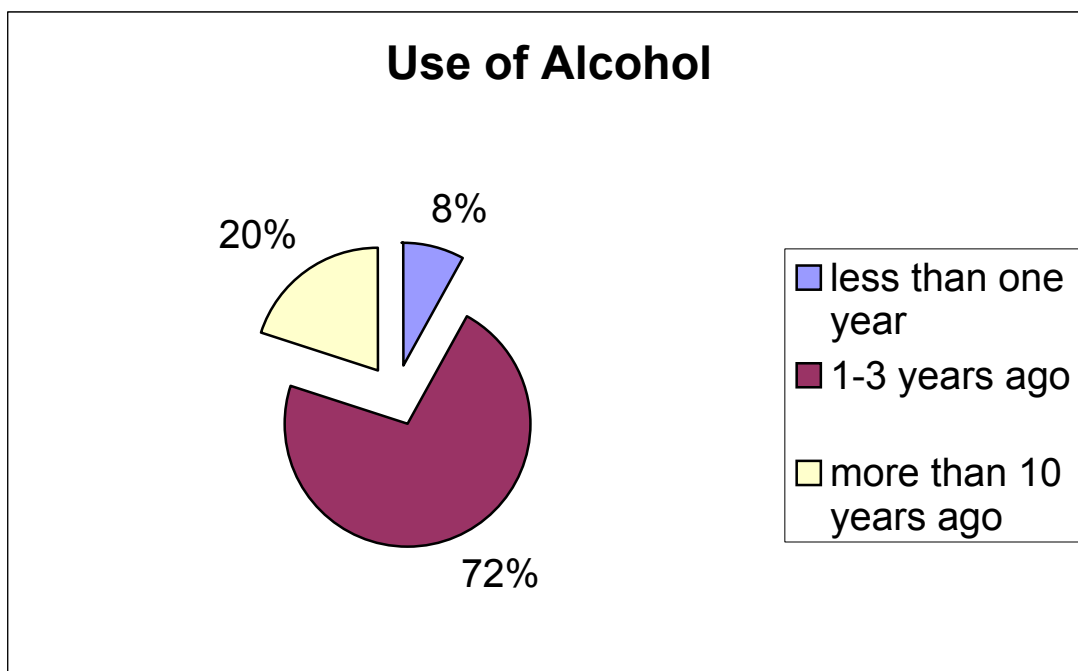
Alcohol is mostly consumed by Pashtoons and Turkaman and male have a tendency to use alcohol more than women.



50% were usually paying between Rs.101-200, 25% of the total were spending between Rs.50 -100 while remaining 25% were spending more than Rs.200 per day.



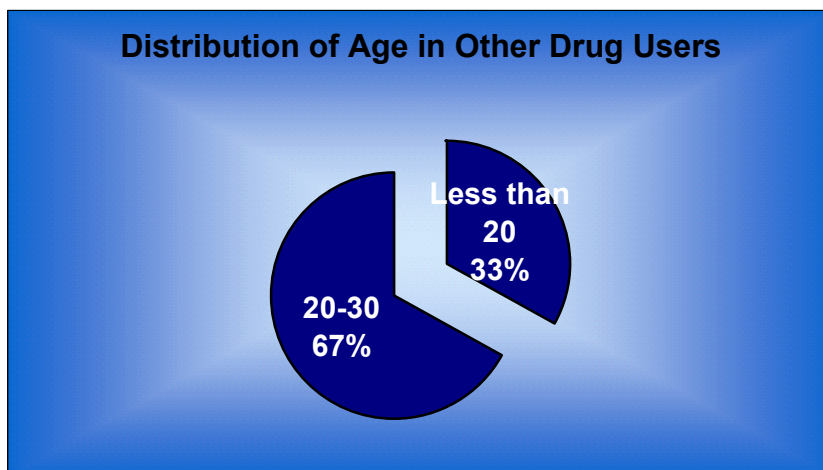
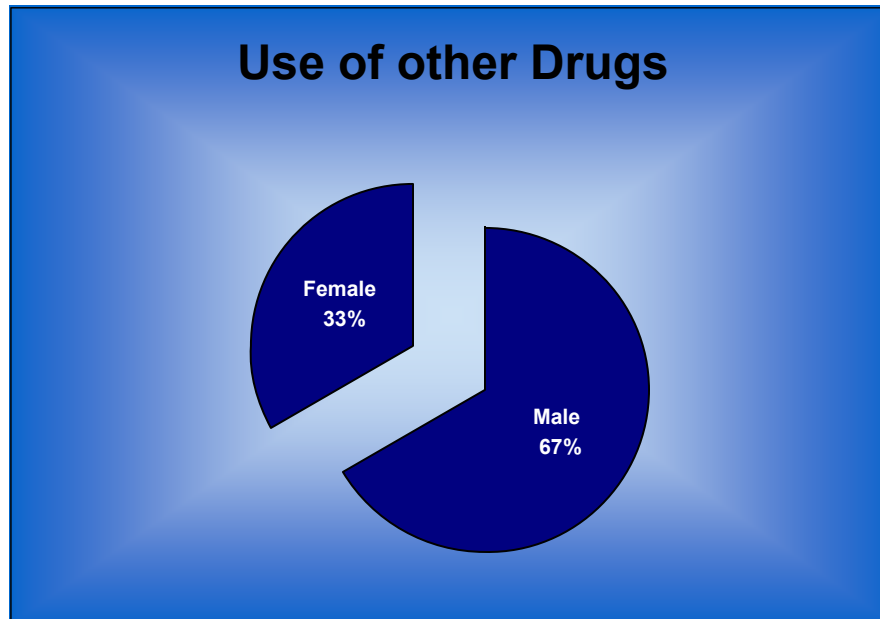
Of the total 2% of alcohol users 72% started using 1-3 three years ago, whilst 20% started more then 10 years ago and the rest 8% started less then one year.

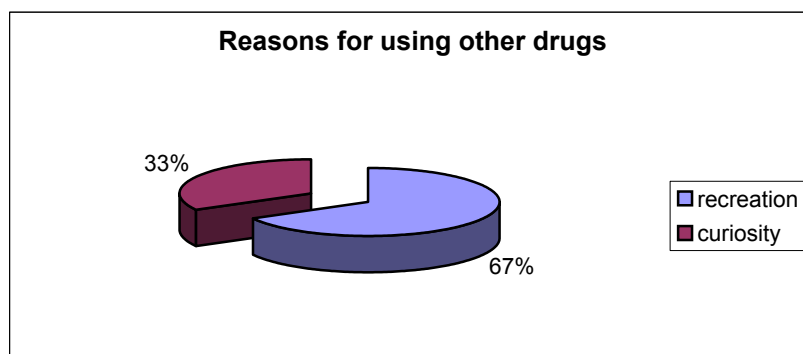
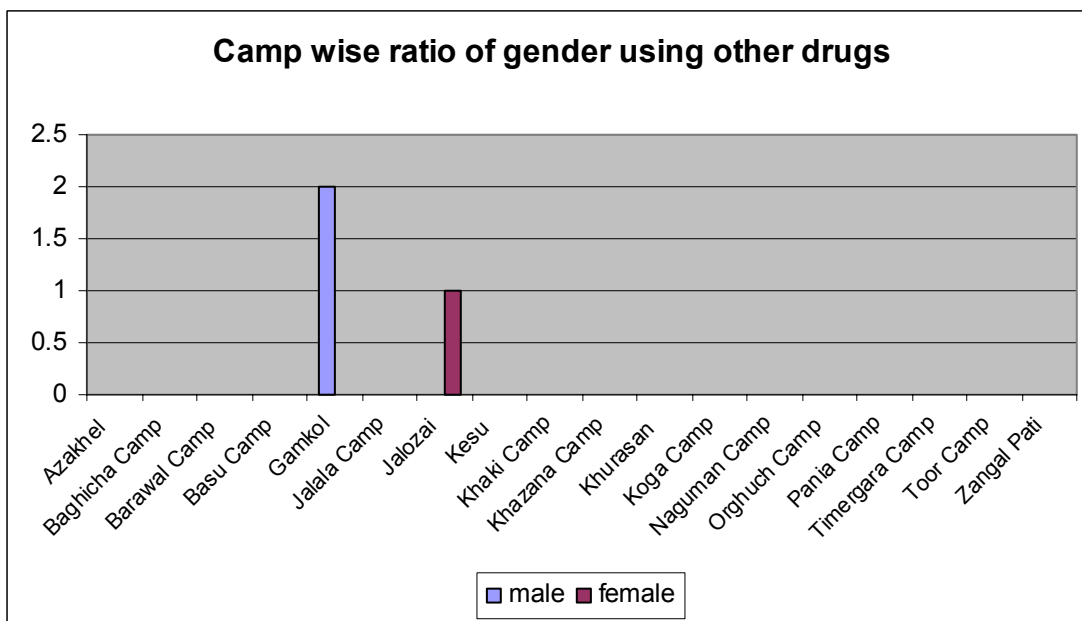
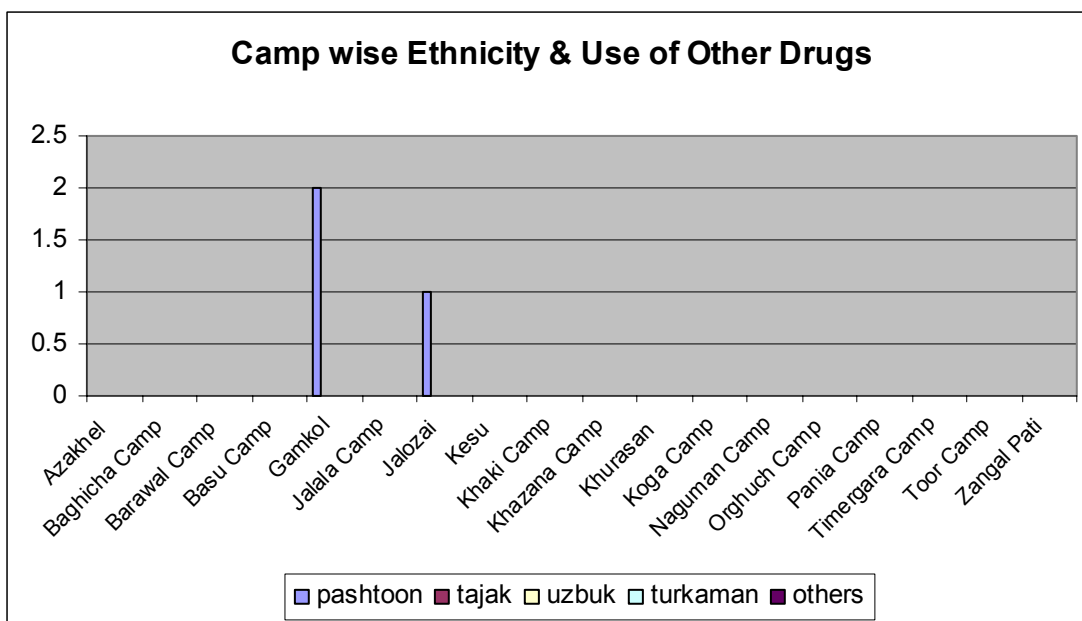


23 ABUSE OF OTHER DRUGS

The use of solvents and glue (locally know as samad bond) usually used for gluing/sticking carpets and shoe polish) has been found among Afghan youth in refugee camps although its prevalence is low as compared to other drugs under discussion. It has a prevalence of 0.01%.

It exists commonly among young males around 20 Years of age. Majority of them have started using these drugs for less than one year in the camp. 60% started using these drugs only for curiosity while others have started these for recreational purposes. All of them use solvent by sniffing it 4-5 times a day. It is easily available to them in the local markets. They pay less than Rs 50 per for their drug use. All of them have tried to quit addiction by self-detoxification but relapsed after few days. The reason given for relapse is the peer pressure.





24 POLY DRUG ABUSE

It was necessary to consider poly-drug abuse. Drug users were asked a series of questions regarding the combination, if any, of drugs that they were using from among six categories, namely opium, heroin, hashish, pharmaceutical drugs, alcohol and other drugs. The answers given indicated that poly-drug abuse was not so common.

Different combinations of drugs were used but the most common combinations used were opium with hashish, opium with pharmaceutical drugs and hash with pharmaceutical drugs.

Drugs types	Males	Females	Total
Hash + Opium + pharma	3	0	3
Opium + Pharma	2	4	6
Opium + Hash	14	1	15
Hash + Pharma	8	1	9
Total	27	6	33

This table shows that mostly males use more than one type of drug, whilst females use mostly opium with pharmaceutical drugs. By far the most common combination of drugs used by males was that of opium and hashish,

25 CONCLUSION

Foremost causes that have contributed towards the abuse of drugs among Afghan Refugees in the camps are as follows:

- Lack of information regarding drug use and abuse among general refugee population especially among young children and females.
- Self medication due to cultural reasons or lack of proper medical/health services in the camps.
- Easy availability of drugs inside the camps is one of the key causes of the drug use.
- Peer Pressure plays an important role in using illicit drugs. Such individuals are seen to be easily influenced and passive in the face of such pressure.

In addition to the above causes, it is believed that both inside and outside of the refugee camps in NWFP, Afghans are increasingly using drugs to cope with their various physical, social, psychological and economic problems linked with the prolonged traumas and consequences of war.

Widespread unemployment, stress caused by poverty, sub standard socio-economic conditions an array of psychological problems including depression, anxiety, sadness, insomnia and other post traumatic stress disorder have impacted harshly upon many in the community and predisposes them to addiction.

Menace of drug abuse among adults who openly and commonly uses drugs in their family environment, is one of the high risk factor which is frequently adopted by their next generation.

26 RECOMMENDATIONS

High prevalence of drug abuse among Afghans living in the camps indicates the need for intensive interventions in the field of drug abuse prevention treatment and rehabilitation. Potential threat of HIV introduction in injecting drug abusing population, increasing crime and changing trends of using new addictive drugs in to young refugee population in camps gives these enforcements more importance.

The health authorities, NGO's, and government agencies must take prompt and need based steps to cater the emerging drug problem and drug associated issues among Afghan community in camps. This would help in decreasing the prevalence of drug abuse and other associated health issues such as HIV AIDS, Hepatitis B & C.

- It is highly recommended that there should be drug awareness campaigns through community sessions, focused groups discussion, psycho therapeutic sessions.
- There is strong need for drug addiction treatment and Rehabilitation facilities, involving local NGOs and other agencies working in this sector.
- Availability of basic health care facilities to eradicate the role of traditional healer.
- Incorporating drug abuse prevention education in the curriculum of the schools in the camps.
- Utilization of religious scholars, mosques, influential and activists etc for supporting drug demand reduction services in refugee camps.
- Provision of skills development and employment opportunities to the treated drug users and people at high risk of addiction.
- Provision of social skill trainings to Afghan youth for Behavior change to counter drug addiction and associated crime.
- Drug awareness among out of school children/youth.
- Proper utilization of Peers for healthy change in the attitude and behaviors of the Afghan youth in different settings.

This report gives a brief picture of the situation, it is therefore recommended to conduct a detail and comprehensive study in all the Afghan Refugees camps; not only in NWFP, but other parts of Pakistan where Afghan refugee camps are located.