


CONCEPT NOTE
Reducing Drug Demand and HIV in Afghanistan
Time Frame: June 2010 – July 2012



Background

Drug abuse in Afghanistan was traditionally limited and customary bound. However due to internal and external displacement caused by over thirty years of conflict, crisis-coping mechanisms have broken down and addiction rates have soared. Returning refugees, the majority of who lived in countries with high drug addiction rates (e.g. Pakistan and Iran), have brought new drug use experiences including injecting drug use back to the country, compounding an already dangerous problem.

According to the 2005 UNODC national drug use survey, there are an estimated 920,000 drug users in Afghanistan. Of which 120,000 are female drug users and 19,000 are injecting drug users. In 2005, drug users constituted 0.5% of the population.



This significant proportion of the population has become dependent on both licit and illicit drugs (particularly opiates) owing to relatively low costs and abundant supply. Available indicators suggest a continuing increase in problem drug use when coupled with factors peaking demand such as the inadequacy of appropriate medical care, improper prescription practices, misuse of pharmacological drugs, social pressure, ongoing conflict related psychological trauma, bleak future prospects, and the social disintegration of communities,

On top of problem drug use, recent data from the John Hopkins University and National AIDS Control Programme (NACP) confirms fears that Afghanistan has evolved towards a ‘concentrated’ HIV epidemic. Epidemic, implying that HIV prevalence is above 5% in at-least one at-risk population, although regional variations do exist in the country. The highest HIV prevalence is among injecting drug users (IDUs) with an average of 7% in Herat, Kabul and Mazar-e-Sharif in 2009 as compared to 3% in Kabul in 2006. Prisons are a context of concern, combining risky drug injecting and sexual practices. Incarcerated populations currently have the second highest HIV prevalence in the country based on a study by World Vision and the Integrated Bio Behavioural Surveillance (IBBS).

Disturbingly high levels of drug use are also detected among the Afghan National Police (ANP) and are of serious concern to Afghanistan’s Ministry of Interior (MoI). High numbers of police officers test positive for drug use under the current Police validation system, a component of the Personnel Asset Inventory (PAI)

Integrated Bio Behavioural Surveillance (IBBS), Johns Hopkins University/National AIDS Control Programme (NACP), 2010

- 18% of IDUs in Herat, 3% in Kabul and 1% in Mazar-e-Sharif are infected with HIV;
- Over 80% of the Injecting Drug Users (IDU) interviewed have lived outside Afghanistan in the past 10 years;
- 0.6% of prisoners in Kabul and 1.6% prisoners in Herat are infected with HIV;
- Regional variation in HIV partly related to internal and external factors linked to mobility.

Priority areas for action

- IDU, prisons, returnees/Internally Displaced People (IDP);
- Western provinces and other border provinces.

programme led by the MoI. A recent Government Accountability Office (GAO) report, released in the first quarter of 2010, states that between 12-41% of police recruits in regional training centres tested positive for illicit substances and that the percentage was likely to be higher as opiates leave the system quickly. Given that the salaries of law enforcement officials are too low to maintain an addiction, there is the added vulnerability of accepting bribes to substitute income. Needless to say that a strong, healthy and credible Afghan Police force is critical to the stabilisation process at a national, provincial and district levels.

Prevention 'at work'

Despite accelerated efforts the current support for drug treatment and harm reduction falls short of Afghanistan's requirements in both quantity and quality. There are simply not enough services to deal with the scale of the problem. Current capacities would only allow for treatment of approximately 9,000 addicts annually within very uneven treatment cycles. There are long waiting lists for treatment and not all drug users are able to give up drugs easily or have access to help with harm reduction. Existing treatment provision is still dominated by residential and home based approaches which focus on detoxification, residential rehabilitation and low-intensity aftercare. Treatment must shift to more evidence-based modalities such as structured psychosocial interventions, substitute prescribing (eg. Methadone, buprenorphine) as international research proves they yield better treatment outcomes including a lower rate of relapse and improvements in social functioning.

Structured treatment is unavailable in a third of the country (10 out of 32 provinces). UNODC prioritises assistance to these provinces as demand for treatment dramatically outweighs supply of services. In Kabul, Balkh, Kandahar, Herat, Farah, Balkh, Takhar, Ghazni, Jawzjan and Nangahar, there is very limited structured treatment available. Most critically, following the decommissioning of the Counter Narcotics Trust Fund, several Ministry of Public Health (MoPH) treatment centres closed or are in the process of closing. These include centres previously operating in Ghor, Kunduz and Nimroz; these provinces have not been allocated resources for future drug treatment centres by donors.

Given the uncomfortably close relationship between addiction, IDU and HIV/AIDS, prevention of the latter requires action against the former. Afghanistan has received funding from the World Bank and Round 7 of the Global Fund to implement HIV prevention, treatment and care services, as well surveillance of trends. HIV/AIDS-related prevention, treatment, care and support services are being set up across cities, including voluntary counselling and testing (VCT) in several cities, a sexually transmitted infections (STI) center in Herat, and, only in recent months, the first anti-retroviral treatment services for people living HIV in Kabul and Herat.

Similarly, a number of non-governmental organizations are providing harm reduction services to IDU through drop-in centers and outreach programs in Kabul and elsewhere. Based on HIV prevalence data available from the integrated bio behavioural survey (IBBS), particular attention is needed on certain western provinces of the country with regard to IDU, but that focus should not compromise efforts needed in large urban centres as well as the eastern border provinces. The HIV problem in Afghanistan reflects regional realities, with a similarity to the HIV situation in bordering regions of Iran and Pakistan.

UNODC, WHO and UNAIDS recommend that 60 per cent of IDUs are covered with a comprehensive package of services preventing HIV transmission. Despite progress made, coverage of the estimated 19,000 IDUs in Afghanistan



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remains inadequate. By the end of 2010, services will only extend to cover less than 20 per cent of IDUs in Afghanistan. Additionally, the particular needs of some HIV vulnerable population groups (female drug users, spouses of male drug users) are not sufficiently addressed. The concerning trend of addiction among law enforcement officials, also requires a tailored HIV and AIDS response to ensure the transmission of HIV is prevented.

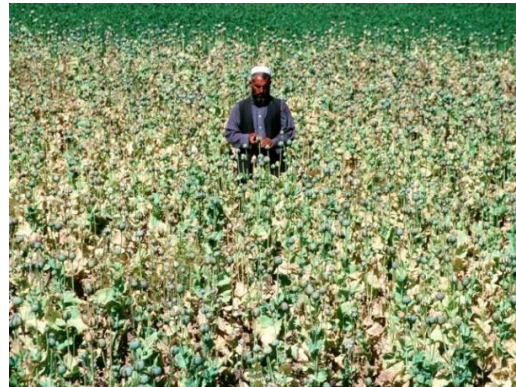
Supporting government bodies such as the Ministry of Counter Narcotics (MCN), the MoPH, MoI, NACP and the Ministry of Justice, UNODC aims to meet critical gaps in the national response on Drug use and HIV prevention, treatment and care. Given that Afghanistan is moving to a concentrated HIV epidemic there is still a window of opportunity to contain the spread of the disease through targeted evidence-informed interventions. In a few select provinces, centres of excellence for a variety of drug demand reduction and harm reduction services have been established that serve also as learning sites.

Proposed Areas of Intervention

- ***Saving lives by reaching out to drug users:*** UNODC proposes to improve access, availability and acceptability of drug treatment services in partnership with relevant governmental and non-governmental agencies. With the aim to incorporate community- and home- based drug treatment modalities as a standard.
 - 1) Establish residential treatment centres in the five priority provinces;
 - 2) Establish affiliated drop-in-centres/ mobile units to provide brief solution focussed therapy, drug treatment, and aftercare for outpatients including education, training and employment as well as services through an outreach community based model;
 - 3) Capacity building/training for frontline treatment and harm reduction practitioners in evidence based approaches which reflect best practice and yield demonstrable treatment as well as harm minimisation outcomes;
 - 4) Organise training programmes on evidence based drug treatment and harm reduction for service providers at all levels;
 - 5) Conduct sensitisation training for community members and key individuals (teachers, shura members, religious leaders, tribal elders etc) to act as treatment motivators;
 - 6) Advocate to increase awareness on drug misuse and drug-related harm with government counterparts at the central, provincial and district level;
 - 7) Research, monitoring and evaluation of drug use prevalence, drug treatment and harm reduction delivery outcomes, monitoring and gap analysis in order to support effective monitoring of service provision, highlight areas of need and those which require funding and to ensure service providers are meeting targets and working in line with existing policies such as the National Treatment Guidelines;
 - 8) Build the capacity of civil society to conduct research in under evaluated areas of drug demand reduction (DDR) and research on specific target groups or particular trend.
- ***Workplace drug use prevention and treatment for Afghan National Police:***
 - 1) Provide a comprehensive and integrated package of drug treatment and harm reduction services to Police drug users in priority provinces;
 - 2) Capacity building of ANP and MoI medical staff in drug treatment, interventions and harm reduction approaches, reflecting evidence based effectiveness and client led practice;
 - 3) Monitoring and evaluation of treatment and harm reduction outcomes, patterns of use, profiling of at-risk demographics, and recidivism rates in order to regularly inform response planning and management. A follow up evaluation will also be conducted to monitor progress and productivity of treated Police;
 - 4) Support to establish ANP workplace prevention strategy.

- **Effective information, education and communication (IEC):**
 - 1) Produce and distribute awareness-raising materials on problem drug use and the risks associated with IDU, overdose, and HIV/AIDS as well as other blood borne viruses etc.;
 - 2) Support the development of a drug use prevention programme in select schools of the five priority provinces, in partnership with the Ministry of Education (MoE) and MCN;
 - 3) Develop and promote media campaigns at the national and provincial level to raise awareness of drug misuse and associated harms (physical/mental health, social functioning, livelihood and crime) targeting specific populations especially for young people in institutional settings and out of school;
 - 4) Support key government partners in improving media and communication outreach strategies to better raise awareness on DDR and prevention.
- **Afghanization – building towards Afghan ownership of addiction problems:**
 - 1) Provide technical advisory support to the Government of Afghanistan in treatment effectiveness, coordination, monitoring and evaluation;
 - 2) Facilitate capacity building of MCN and MoPH on developing DDR strategies, policies, coordination and treatment/harm reduction best practices;
 - 3) Assist the MCN through capacity building/training in monitoring and evaluation of DDR activities and establishing a national drug user database;
 - 4) Provide support to MCN and MoPH personnel to build public management and technical skills on DDR issues;
 - 5) Build capacity within the MCN and MoPH to conduct empirical research on drug abusing sub-groups and target populations, in order to appropriately inform DDR treatment delivery and interventions. The research will also serve to equip the DDR section with skills and capacity to measure treatment outcomes and conduct gap needs assessments and rapid assessments.
- **Targeted HIV prevention prohibiting further spread to wider community:** Establish more community based interventions/centres of excellence for service provision to IDUs, prisoners and vulnerable populations.
 - 1) Identify civil society partners to carry out harm reduction interventions among drug users and in prison settings (male and female) in ten sites to be determined on IBBS results and in consultation with NACP;
 - 2) Initiate demonstration projects of methadone maintenance therapy among drug using women;
 - 3) Provide humanitarian services to injecting drug users (night shelters, nutrition etc) in eight provinces to be determined in consultation with NACP;
 - 4) Document lessons learnt for wider dissemination and advocacy;
 - 5) Carry out interventions among police to increase knowledge and capacity to prevent the transmission of HIV.
- **Advocating evidence-based HIV prevention, treatment and care at a provincial level.**
 - 1) Prepare evidence based advocacy material at the national and regional level for identified target groups in line with existing strategies;
 - 2) Develop networks of NGOs working with drug users/HIV and networks of people who use drugs to undertake advocacy for a rights based approach;
 - 3) Support other stakeholders, in particular drug user communities and civil society organisations, to undertake advocacy;
 - 4) Identify opportunities for mainstreaming IDU/HIV concerns into existing training for law enforcement officials including judiciary, police and correctional facility staff and develop/adapt and implement training modules as required;
 - 5) Arrange periodic meetings with community opinion leaders and law enforcement officials to enhance support for HIV prevention, care and treatment for IDUs and their sex partners;

- 6) Monitor the impact of advocacy and review strategy as required.
- **Research towards an effective response - evidenced-based policy.**
 - 1) Provide training to civil society partners to carry out research studies, including GIS mapping, rapid situation assessments of drug using communities with a focus on female drug use, young drug users (less than 18 years) and traditional drug use;
 - 2) Study the stigma faced by drug users;
 - 3) Study on the vulnerability of police and uniformed services to HIV and AIDS;
 - 4) Vulnerability Study on HIV among prison population.
 - **Afghanization – building towards Afghan ownership of HIV/AIDS prevention.**
 - 1) Carry out technical needs assessment of NACP and among provincial health directorates (in partnership with UNAIDS, World Bank) and develop a technical assistance strategy;
 - 2) Provide specific technical assistance to strengthen the NACP in areas such as procurement, monitoring and evaluation, analysis, advocacy etc.;
 - 3) Strengthen the provincial health directorates in monitoring and implementing a HIV/AIDS response at the local level (including human resources and training cost in priority provinces);
 - 4) Provide technical assistance (human resources, training, equipment, best practices etc.) and institutional support to the Kabul Medical University and specific agencies at the provincial level to develop them into sustainable National/Regional Learning Centres;
 - 5) Support National/Regional Learning Centres to provide ongoing linkages to intervention sites (1 in Kabul and 2 in the regions);
 - 6) Establish linkages with regional training centres like Iranian National Centre for Addiction Studies (INCAS) to provide training and on-site learning (4 annual trainings);
 - 7) Maintain a roster of regional and national experts on a variety of topics;
 - 8) Establish a training and placement calendar at the national and regional level.



Activities proposed for funding under this concept paper

Activities	Timeframe	Estimated Cost (\$)
Drug treatment facilities incorporating community- and home- based drug treatment modalities		\$2,000,000
Workplace drug use prevention and treatment services strengthened for Afghan National Police.		\$1,000,000
Effective Information, Education and Communication (IEC)		\$500,000
Building towards Afghan ownership on addiction problems		\$600,000
Targeted HIV prevention		\$2,000,000
Advocating evidence-informed HIV prevention, treatment and care at a provincial level		\$500,000
Evidence-based policy		\$500,000
Building towards Afghan ownership on HIV/AIDS prevention		\$1,500,000
TOTAL		\$8,600,000

