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CONTENTS

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ABBREVIATIONS

ANF	Afghanistan Anti-Narcotics Force
ANDUS	Afghanistan National Drug Use Survey
ANUDUS	Afghanistan National Urban Drug Use Survey
ARCS	Afghanistan Red Crescent Society
ATS	Amphetamine-type stimulants
CARICC	Central Asian Regional Information and Coordination Centre
CJTF	Criminal Justice Task Force
CND	Counter Narcotics Directorate
CNPA	Counter Narcotic Police of Afghanistan
DDR	Drug Demand Reduction Department
DRC	Drug Regulation Committee
INCB	International Narcotics Control Board
MCN	Ministry of Counter Narcotics
MDMA	3,4-Methylenedioxymethamphetamine
MOI	Ministry of Interior
MoPH	Ministry of Public Health
NPS	New Psychoactive Substances
OSD	Organization of Social Development
PCU	Precursor Control Unit
SHRO	Shahamat Health and Rehabilitation Organization
UNODC	United Nations Office on Drugs and Crime

EXPLANATORY NOTES

The boundaries and names shown and the designations used on maps do not imply official endorsement or acceptance by the United Nations. A dotted line represents approximately the line of control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Disputed boundaries (China/India) are represented by cross-hatch owing to the difficulty of showing sufficient detail.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities or concerning the delimitation of its frontiers or boundaries. Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

The following notes describe certain terms, regional designations, data sources and timeframes used throughout this document.

Amphetamine-type stimulants (ATS) – Amphetamine-type stimulants (ATS) are a group of substances comprised of synthetic stimulants, including amphetamine, methamphetamine, methcathinone, and ecstasy-type substances (e.g. MDMA and its analogues).

ATS precursors – The primary precursor chemicals used in the manufacture of amphetamine and methamphetamine are ephedrine, pseudoephedrine and 1-phenyl-2-propanone (P-2-P). The primary precursor chemicals used in the manufacture of MDMA and its analogues, MDA and MDEA, are safrole (including in the form of safrole rich oils), isosafrole, piperonal and 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P). Of these precursors, 3,4-MDP-2-P has little legitimate use, while safrole, isosafrole and piperonal are used worldwide in the chemical and pharmaceutical industries and thus are more prone to diversion from licit trade.

Data timeframes – The statistical seizure data for Afghanistan in this report was provided by the Counter Narcotics Police of Afghanistan (CNPA) in accordance with the Hijri years of the official Afghan calendar. Based on the official calendar of Afghanistan, March 2011/March 2012 is 1390 in Hijri years, March 2012/March 2013 is 1391 in Hijri years, March 2013/March 2014 is 1392 in Hijri years, and March 2014/March 2015 is 1393 in Hijri years.

Ecstasy – Tablets which are marketed to contain MDMA or other ecstasy-group substance, but may actually contain a variety of other substances, are referred to as "ecstasy".

Methamphetamine – Methamphetamine is available in Afghanistan in two main presentations: tablet and crystalline form. Methamphetamine tablets are typically of low

purity and, in addition to methamphetamine, may contain a variety of other substances. Crystalline methamphetamine is usually of a much higher purity than the tablet form. Presently, methamphetamine might be sold under various street names in Afghanistan (see Table 1, Chapter 1).

New psychoactive substances (NPS) – NPS are substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat. In this context, the term 'new' does not necessarily refer to new inventions but to substances that have been recently become available.

Sheesha – The Dari term "Sheesha", which directly translates to "glass", appears to be a common street name for methamphetamine in Afghanistan. It is likely that the term refers to the crystalline appearance of the substance.

Tablet K – "Tablet K" is the street name for a drug with (perceived) stimulant effects sold in Afghanistan. The name seems to be used for a range of tableted products sold on the drug market. It is possible that tablets sold under the street name "tablet K" might contain methamphetamine, MDMA, or a range of other substances. In the absence of forensic data, the content of tablets sold as "tablet K" in Afghanistan remains unclear.

INTRODUCTION

Afghanistan's opiate market has annually accounted for the largest share of illicit opium produced worldwide.[1] Alongside the continued dominant presence of an illicit opiate market, recent reports indicate an increasing availability of synthetic drugs in Afghanistan and the South-Western and Central Asian region as a whole. Overall, there continue to be some significant analytical gaps in the information and data relating to synthetic drugs in Afghanistan. The main objective of this report is to offer some initial insights into the extent of synthetic drug production, use, and trafficking in Afghanistan and to highlight important areas for further research.

The phenomenon of synthetic drugs cannot be understood by focussing on Afghanistan alone. Rather, this report situates the dynamics of synthetic drugs in the country within the wider context of South-Western and Central Asia in order to understand the recent emergence and origins of synthetic drugs in Afghanistan. Based on this approach, presenting the regional perspective helps to provide a full picture of the synthetic drug situation in Afghanistan.

The research process of this report incorporated various resources and strands of information. Much of the data and information presented in this report are derived from field research material that was gathered over an eight-month period. The field research included missions to 5 provinces in Afghanistan, where interviews were conducted with over 100 key informants, drug users and law enforcement officials at government offices, health service centres and drug treatment providers (see Annex). These various sources of information have also been supplemented by official reports involving national aggregate information and data.

[1] For more information see United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2016*. New York, May 2016; United Nations Office on Drugs and Crime (UNODC), *Impacts of Drug Use on Users and their Families in Afghanistan*. Vienna, April 2014.

1. THE SYNTHETIC DRUG SITUATION IN AFGHANISTAN

A differentiated market for synthetic drugs

Methamphetamine is available in Afghanistan in two main presentations: tablet and crystalline form.[2] The Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul has observed that methamphetamine tablets in Afghanistan are typically of low purity and, in addition to methamphetamine, contain a variety of substances such as dextromethorphan, diphenhydramine, caffeine, and paracetamol.[3] Crystalline methamphetamine is usually of a much higher purity than the tablet form.[4]

Methamphetamine is sold under various street names in Afghanistan (see Table 1). In the Afghan provinces of Herat, Kabul, Mazar and Nangarhar, health services and drug treatment providers reported "sheesha" to be a common street name for methamphetamine. In Kabul, street names for methamphetamine include "nakh" or "ashkkhuda/ashk lily" which translates to "tear of god/tears of love". In Nangarhar province, a street name for methamphetamine is "yakh" which translates to "ice". In the province of Mazar, drug treatment providers also reported "nabat" to be a common street name for methamphetamine, which incidentally is also the brand name of a popular candy sold in Afghanistan.[5]

Table 1: Street names for methamphetamine reported by drug treatment providers (January to March 2016)

Street name in Dari[6]	Street name in English	Meaning of the local term	Provinces in which the term was reported
شیشه	Sheesha	Glass	Herat, Kabul, Mazar, Nangarhar
یخ	Yakh	Ice	Nangarhar
نخ	Nakh		Kabul
اشک خدا یا اشک لیلی	AshkKhuda/Ashk lily	Tear of god/tears of love	Kabul
نبات	Nabat	A type of local candy	Mazar

Source: Based on information provided by drug treatment providers of the Afghan Ministry of Public Health in Kabul, January 2016, and in Nangarhar, January 2016.

Based on information provided by drug treatment centres (see Annex) and the use effects described by drug users in Afghanistan, it is likely that the drug sold under the street

[2] Based on information provided by the Precursor Control Unit (PCU) of the Counter Narcotics Police of Afghanistan (CNPA), January 2016.
[3] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.
[4] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.
[5] Based on information provided by drug treatment providers of the Afghan Ministry of Public Health in respective provinces, January 2016 (see Annex I for the list of institutions visited).
[6] Dari is one of the main local languages in Afghanistan.

names of "sheesha", "nakh", "ashkkhuda", "ashk lily", "nabat", is indeed methamphetamine. However, drug treatment providers and drug users have no analytical means of determining the chemical content of the drug and a degree of uncertainty remains. Attempts to understand synthetic drug use and treatment data in Afghanistan are therefore complicated by the potentially large diversity of street names for synthetic drugs. Thus, use and treatment figures for synthetic drugs in Afghanistan might not provide an accurate indication of the extent of the synthetic drug market in the country and should be treated with caution.

Several interviewed drug users report the use of a substance sold under the name of "Colombian sheesha".[7] There is no evidence to suggest that this drug has been produced in, or originated from, Colombia, and law enforcement authorities in Afghanistan believe that "Colombian sheesha" is simply another street name for methamphetamine.[8]

With respect to other Amphetamine-type stimulants (ATS), according to the CNPA forensic laboratory, tablets containing methamphetamine and tablets containing MDMA were seized in Afghanistan in 2015, of which most tablets containing MDMA were seized in Kabul and Kunduz province.[9]

A drug sold under the street name of "tablet K" has also recently appeared on illicit drug markets in Afghanistan.[10] Due to the perceived stimulant effect, law enforcement officials assumed that tablets sold under the street name "tablet K" might contain methamphetamine, MDMA, or a range of other substances.[11] However, so far, there is no forensic evidence available to confirm the chemical composition of "tablet K".

Manufacture and trafficking of methamphetamine

In recent years, there have been an increasing number of reports of methamphetamine seizures in Afghanistan. Between March 2011 and March 2015 (1390-1393 in Hijri years of the official Afghan calendar), the number of individual methamphetamine seizure cases in Afghanistan increased annually (see Figure 1) from only 2 cases in March 2011/March 2012 (1390 in Hijri years) to 153 cases in March 2014/March 2015 (1393 in Hijri years).[12]

[7] Based on information provided by drug users interviewed at drug treatment centres of the Afghan Ministry of Public Health in Kabul City and Herat province, January 2016.

[8] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

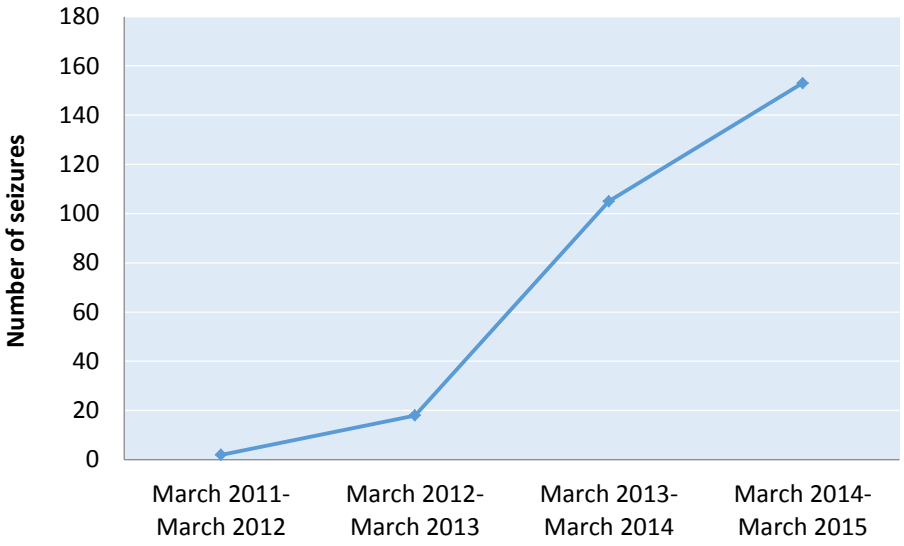
[9] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

[10] Based on information provided by drug users interviewed at drug treatment centres of the Afghan Ministry of Public Health in Herat province, January 2016.

[11] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

[12] Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), January-March 2016.

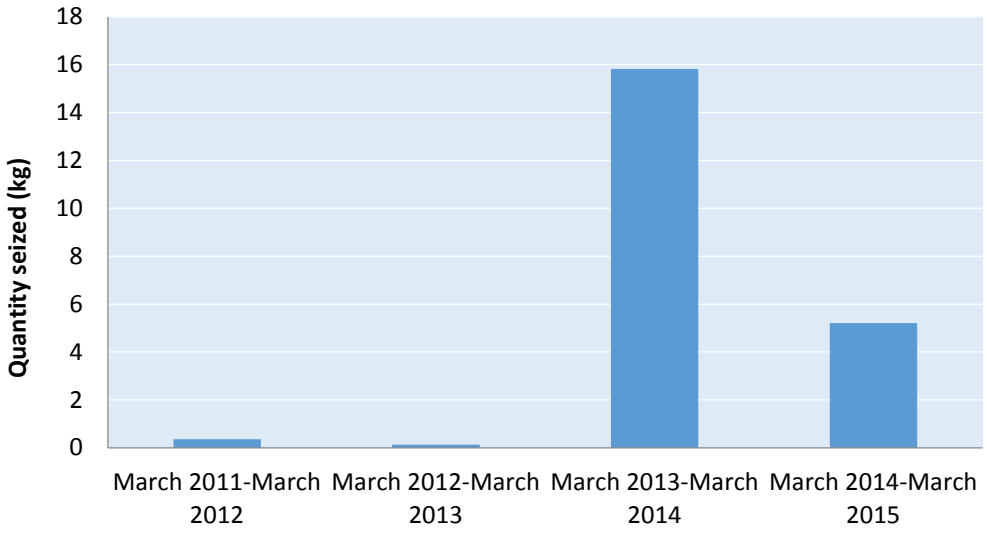
Figure 1: Number of individual methamphetamine seizure cases reported in Afghanistan, March 2011 – March 2015 (1390-1393 in Hijri years)



Source: Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), March 2011 – March 2015.

Despite the increasing number of methamphetamine seizures, the overall annual quantities have remained below 16 kg. The total quantity of methamphetamine seized in Afghanistan between March 2011 and March 2015 (1390-1393 in Hijri years), has fluctuated annually. In March 2011/March 2012 (1390 in Hijri years) and March 2012/March 2013 (1391 in Hijri years) methamphetamine seizures remained below 1 kg, but increased to almost 16 kg in March 2013/March 2014 (1392 in Hijri years) and dropped to around 5 kg in March 2014/March 2015 (1393 in Hijri years).

Figure 2: Methamphetamine seizures reported in Afghanistan, March 2011 – March 2015 (1390-1393 in Hijri years)

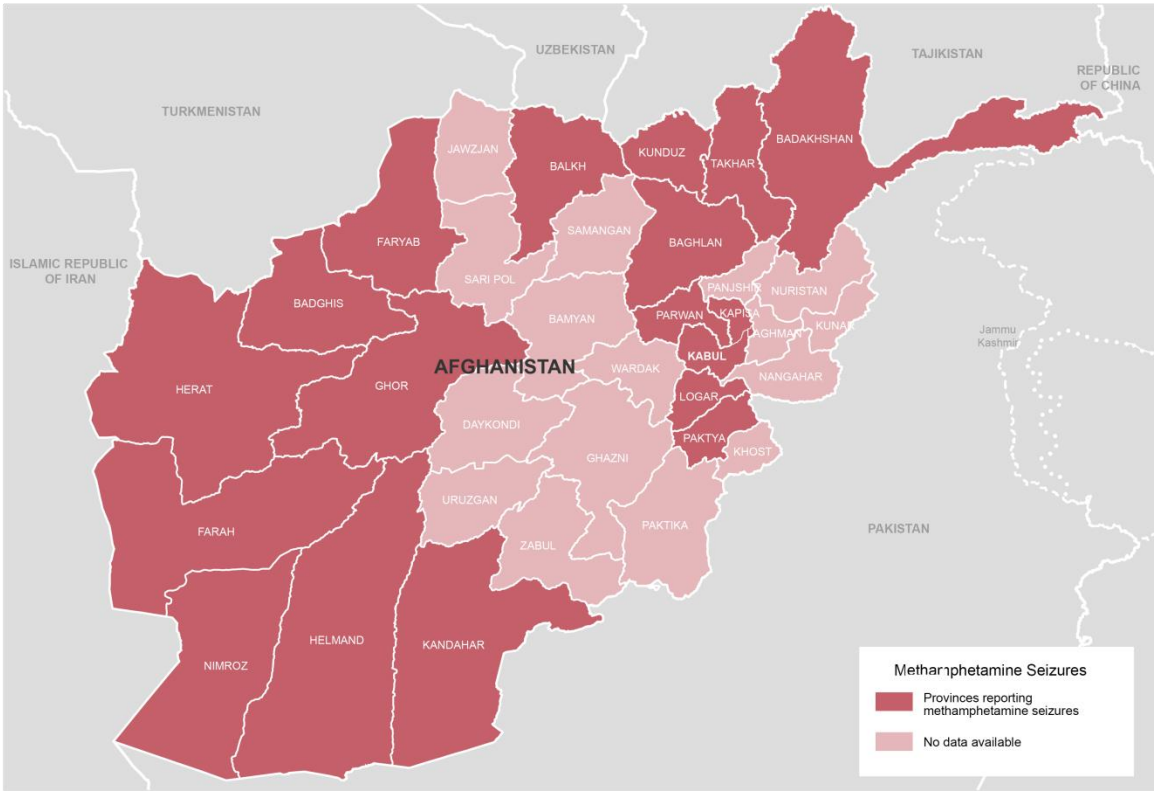


Source: Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), March 2011 – March 2015.

On the whole, methamphetamine seizures between March 2011 and March 2015 (1390-1393 in Hijri years) were reported in 15 provinces[13] in Afghanistan, many of which are located in the west and south-western parts of the country (see Map 1).

[13] These provinces include: Badghis, Baghlan, Balkh, Farah, Faryab, Ghore, Helmand, Herat, Kabul, Kandahar, Kapisa, Logar, Nimroz, Paktia and Parwan.

Map 1: Provinces in Afghanistan reporting seizures of methamphetamine, March 2011 – March 2015 (1390-1393 in Hijri years)

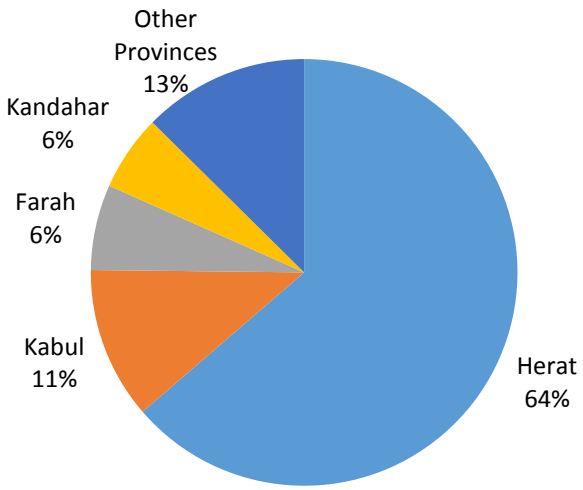


Source: Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), March 2011 – March 2015.

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Between March 2011 and March 2015 (1390-1393 in Hijri years), Herat province, in the western part of Afghanistan, reported the majority of methamphetamine seizure cases in in the country, at a total of 177 cases. Over the same period, several methamphetamine seizures were also reported in Kabul province at a total of 32 seizure cases, Farah province with 18 seizures cases, and Kandahar province with 16 seizure cases. Other provinces in Afghanistan reported less than 10 methamphetamine seizure cases each between March 2011 and March 2015 (1390-1393 in Hijri years).

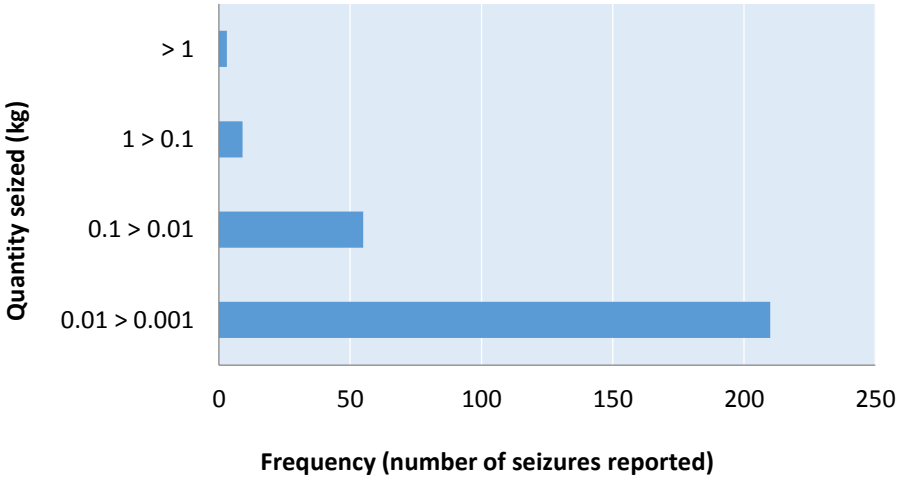
Figure 3: Number of individual methamphetamine seizure cases reported in Afghanistan, by province, March 2011 – March 2015 (1390-1393 in Hijri years)



Source: Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), March 2011 – March 2015.

So far, most methamphetamine seizures reported in Afghanistan have been of a low quantity, with more than 200 seizures reported to have consisted between 0.001 kg and 0.01 kg and only 3 seizures to have amounted to more than 1 kg. Whereas major methamphetamine seizures have rarely been reported in Afghanistan, these large numbers of small quantities are indicative of street level seizures. For example, according to interviewed drug users, 1 gram of "sheesha" can roughly yield 10 doses.[14]

Figure 4: Frequency of methamphetamine quantities reported to have been seized in Afghanistan, March 2011 – March 2015 (1390-1393 in Hijri years)



Source: Based on data provided by the Counter Narcotics Police of Afghanistan (CNPA), March 2011 – March 2015.

[14] Based on data provided by drug users in Herat province, Kabul province, Mazar province and Nangarhar province in Afghanistan, January – March 2016.

Figure 5: Methamphetamine seized in Afghanistan

Source: Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

Overall, the issue of methamphetamine trafficking has hardly been present in the national drug discussion. Methamphetamine seizures continue to be addressed by the Provincial courts in Afghanistan. Given that the total amount of methamphetamine reported to have been seized in Afghanistan between March 2011 and March 2015 only adds up to just over 20 kg, [15] methamphetamine might not have come to the attention of the Afghan Criminal Justice Task Force (CJTF) which focusses on larger cases.[16]

Heroin trafficking remains of major concern in Afghanistan and attracts high penalties. The sentence for trafficking methamphetamine is considerably lower than that for heroin, morphine, opium, cocaine or hashish trafficking. This might also contribute to methamphetamine trafficking receiving less attention compared to trafficking of drugs for which the law provides higher penalties.[17]

[15] Based on information provided by the Afghan Ministry of Counter Narcotics (MCN) and the Counter Narcotics Police of Afghanistan (CNPA), January-March 2016.

[16] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

[17] According to information available at the time of drafting of this report, methamphetamine is regulated under Art. 47 of the Afghan Law Against Intoxicating Drinks and Drugs of 14th June 2010. The penalty framework of Art. 47 starts at up to 1 month of imprisonment for trafficking of up to 250 g of substances regulated under this Article. By comparison, the penalty framework for trafficking of 250 g of heroin would be between three and five years of imprisonment (Art. 42).

Challenges of analysing seizure data

Province-based seizure reporting systems appear to be confined to five categories of drugs: opium, morphine, heroin, hashish and acids.[18] At the provincial level, the process of identifying and reporting seized methamphetamine and other synthetic drugs involves certain limitations. Presently, there is no standardized drug seizure reporting format for CNPA offices at the province level. According to CNPA officials in some provinces of Afghanistan, seizure reporting mechanisms at the provincial level often do not provide an adequate means of reporting ATS seizures.[19] As a result, CNPA offices in some Afghan provinces enter seizures of suspected methamphetamine under the heroin or opium seizure categories.[20] Listing synthetic drug seizure data under other drug categories might lead to a misrepresentation of the synthetic drug situation in certain provinces of Afghanistan and the possibility of methamphetamine seizures being underreported. Thus, methamphetamine seizure data currently available for Afghanistan might not be fully indicative of the extent of the methamphetamine situation in the country.

In recent years, illicit methamphetamine manufacture has been reported in Afghanistan. In 2013, the manufacture of methamphetamine was confirmed in the Nimroz province, in Afghanistan.[21] Based on the perception of government officials, there are indications that methamphetamine seized in Afghanistan might – at least partly – have been manufactured domestically, but might also have come across the western border with the Islamic Republic of Iran.[22] According to the CNPA in Herat, there have also been indications of possible methamphetamine manufacture in the Herat province.[23]

[18] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Balkh province, March 2016.

[19] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Balkh and Herat province, February-March 2016.

[20] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Balkh province, March 2016.

[21] Counter Narcotics Police of Afghanistan (CNPA), confirmed by the UNODC Office in Afghanistan.

[22] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Herat province, February 2016.

[23] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Herat province, February 2016.

Figure 6: Equipment and precursors discovered at a suspected clandestine methamphetamine laboratory in Afghanistan

Source: Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

Although only one dismantled methamphetamine laboratory has been officially reported in Afghanistan so far, risk factors for methamphetamine manufacture such as the availability of precursor substances are still present. Annually, Afghanistan legally imports up to 0.3 tons of pseudoephedrine and 0.05 tons of ephedrine, both of which are precursor chemicals of methamphetamine.[24] Nevertheless, ephedrine and pseudoephedrine in the form of pharmaceutical preparations as remedies against colds are widely available all over the country. According to the Drug Regulation Committee (DRC) in Afghanistan, it is possible that in addition to the government quotas, larger quantities are being brought into the country across uncontrolled border crossings, which might lead to the diversion of these chemicals for use in illicit ATS manufacture.[25] However, information on ATS precursor chemicals in Afghanistan remains limited and so far there have been no reports of ATS precursor chemical diversions from legitimate trade nor seizures of those chemicals.

According to expert perception, methamphetamine might also be trafficked to Afghanistan from other countries. Experts suspect that seized tablets containing methamphetamine and other substances have been trafficked to Afghanistan from other parts of South-Western and Central Asia and Europe.[26]

[24] For more information see United Nations Office on Drugs and Crime (UNODC), *Global Synthetic Drugs Assessment: Amphetamine-type stimulants and new psychoactive substances*, New York, May 2014.
[25] Based on information provided by the Precursor Control Unit (PCU) of the Counter Narcotics Police of Afghanistan (CNPA), January 2016.
[26] Based on information provided by the Drug Regulation Committee (DRC) of Afghanistan, January 2016.

Overall, more information is needed to understand the dynamics of synthetic drug trafficking to Afghanistan and the extent to which methamphetamine is being domestically produced.

Methamphetamine prices

Methamphetamine is available in the country in small quantities and at relatively high prices.[27] CNPA officials report that the wholesale price for 1 kg of methamphetamine in Afghanistan usually ranges between US$ 10,000 to US$ 15,000, while the same amount of heroin usually has a wholesale price ranging between US$ 5,000 to US$ 7,000.[28]

Drug users interviewed in Afghanistan in 2016 report a wide range of "sheesha" prices, with different prices often reported within the same province. Prices for a gram of "sheesha" in Herat province, Kabul province, Mazar province and Nangarhar province overall tend to range anywhere between 450-2500 Afghan Afghani (US$ 6.5 - US$ 36.4) (see Table 1). However, the price data presented in the tables below has not been adjusted for purity.

Table 2: "Sheesha" prices per gram in Afghan Afghani reported by drug users in Afghanistan (January-March 2016)

Province	Location	Price per gram (in Afghan Afghani)
Kabul	Kotesangi	1200
Kabul	Kotesangi	600-800
Kabul	KoteSangi	500 – 2200
Kabul	KoteSangi	1200
Herat	100 beds Hospital	1500
Heart	100 beds Hospital	800
Heart	100 beds Hospital	1500 -2500
Heart	OSD hospital	800
Heart	SHRO Hospital	500
Nangarhar	Jalalabad hospital	800 -1000
Nangarhar	Jalalabad hospital	700
Nangarhar	Jalalabad hospital	450-1000
Mazar	MoPH Mazar	700 – 800

Source: Based on data provided by drug users in Herat province, Kabul province, Mazar province and Nangarhar province in Afghanistan, January – March 2016. Note: Each price listed reflects the price provided by an individual drug user in an interview.

**Prices are presented for information purposes as per the exchange rate on 1 March 2016 (which is the approximate date for when the price data was collected) to one decimal place. The price data was originally reported in Afghan Afghani.*

[27] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Herat province, February 2016.

[28] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) forensic laboratory in Kabul, December 2015.

In Herat province, Mazar province and Nangarhar province in Afghanistan, drug users report that 1 dose[29] of "sheesha" is sold at a price that can range between 20-100 Afghan Afghani (US$ 0.3 - US$ 1.5) (see Table 2).

Table 3: "Sheesha" prices per dose in Afghan Afghani reported by drug users in Afghanistan (January-March 2016)

Province	Location	Price per dose (in Afghan Afghani)
Nangarhar	Jalalabad hospital	50-100
Heart	100 beds Hospital	100
Heart	100 beds Hospital	50
Heart	ARC hospital	50
Heart	OSD hospital	20 – 50
Heart	SHRO Hospital	50
Mazar	MoPH Mazar	50
Mazar	MoPH Mazar	100

Source: Based on data provided by drug users in Herat province, Mazar province and Nangarhar province in Afghanistan, January – March 2016. Note: Each price listed reflects the price provided by an individual drug user in an interview.

**Prices are presented for information purposes as per the exchange rate on 1 March 2016 (which is the approximate date for when the price data was collected) to one decimal place. The price data was originally reported in Afghan Afghani.*

Wide variations of "sheesha" prices in Afghanistan might depend on the perceived quality of products available on the drug market. For instance, some interviewed drug users believed that "Colombian sheesha" is of high quality and is subsequently sold at a higher price than other types of "sheesha" on the drug market.[30] Branding a substance by association with another country is not unusual in Afghanistan and has also been reported for different assumed qualities of acetic anhydride, which have been branded as "Chinese", "German" or "Korean" without necessarily originating in any of these countries.[31]

Methamphetamine use and treatment in Afghanistan

According to drug use studies, methamphetamine use in Afghanistan is limited. In 2012, the Afghanistan National Urban Drug Use Survey (ANUDUS), conducted among 5,236 people in capital cities of 11 provinces[32] in Afghanistan, found that less than 1 per cent

[29] According to interviewed drug users, 1 gram of "sheesha" can roughly yield 10 doses; Based on data provided by drug users in Herat province, Kabul province, Mazar province and Nangarhar province in Afghanistan, January – March 2016.

[30] Based on data provided by drug users in Herat province, Mazar province and Nangarhar province in Afghanistan, January – March 2016.

[31] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN) and United Nations Office on Drugs and Crime (UNODC), *Afghanistan Opium Price Monitoring Monthly Report*, Kabul, February 2011.

[32] These provinces included Bamyan, Charikar, Faizabad, Farah, Herat, Jalalabad, Kabul, Mazar, Mehmaneh, Sheberghan and Zaranj.

used methamphetamine.[33] Based on the combined results of two drug use surveys conducted in urban and rural areas of Afghanistan over the period 2012–2014 among 10,549 people, the Afghanistan National Drug Use Survey (ANDUS) estimated ATS to be among the least used drugs in Afghanistan at an estimated ATS use rate of about 0.5 per cent among adults.[34] In this drug use study, ATS was not disaggregated into methamphetamine, amphetamine and other amphetamine-type stimulants.

However, law enforcement agencies, health providers and treatment centres in certain parts of Afghanistan report of a perceived increase in synthetic drug use.[35] In recent years, treatment centres in some provinces of Afghanistan have reported an increase in the number of drug users seeking treatment for methamphetamine use. According to the records of the Afghan Ministry of Public Health, 908 methamphetamine users[36] were registered for treatment at Government treatment centres in Farah, Jawzjan, Kunduz and Nimroz province between 2011 and 2012.[37] Given that the current registration system does not capture polydrug use, treatment figures generally have to be treated with caution.

So far, the largest number of methamphetamine treatment registrations have been reported by treatment centres in Kunduz province, in the north-east of Afghanistan, and Nimroz province, to the south-west of Afghanistan.[38] Government treatment centres of the Afghan Ministry of Public Health in Kunduz and Nimroz province reported a monthly average of around 20 new registrations for methamphetamine treatment in 2011. While the average number of monthly new registrations for methamphetamine treatment decreased to about 10 people at Government treatment centres in Nimroz province in 2012, treatment centres in Kunduz province reported an increase to an average of about 25 new registrations in that same year.

[33] United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL), "INL Demand Reduction Program Research Brief." Afghanistan National Urban Drug Use Survey (ANUDUS), December 2012.

[34] Ministry of Public Health (MoPH), the Ministry of Counter Narcotics (MCN) and the United Nations Office on Drugs and Crime (UNODC), *Afghanistan National Drug Use Survey (ANDUS)*, 2015.

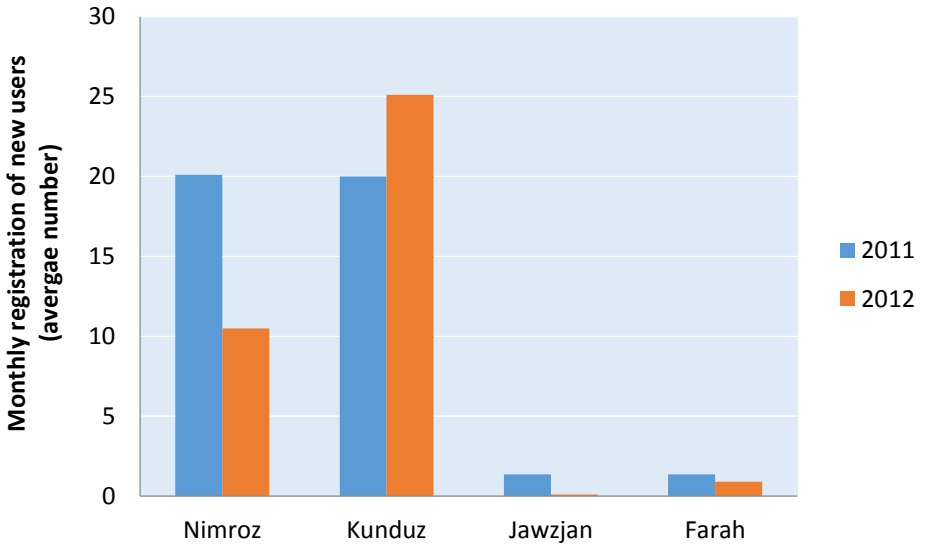
[35] Based on information provided by the Counter Narcotics Police of Afghanistan (CNPA) in Balkh province, March 2016; Based on information provided by the Precursor Control Unit (PCU) of the Counter Narcotics Police of Afghanistan (CNPA), January 2016.

[36] Based on present treatment data in Afghanistan, it is not clear whether those using methamphetamine were also using other drugs.

[37] Drug Demand Reduction Department of the Afghan Ministry of Public Health, "Monthly treatment records", Hijri years 1390-1391 of the Islamic lunar calendar; Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.

[38] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.

Figure 7: Average number of new registrations for methamphetamine treatment at Government treatment centres of the Ministry of Public Health in selected provinces of Afghanistan (2011-2012)



Source: Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), 2013 Afghanistan Drug Report, December 2014. Note: Based on present treatment data in Afghanistan, it is not clear whether those using methamphetamine were also using other drugs.

In 2011, people registered for methamphetamine treatment at Government treatment centres in four provinces of Afghanistan accounted for 13.1 per cent of the total number of new drug treatment registrations reported by the Afghan Ministry of Public Health.[39] Later, in 2012, methamphetamine treatment registrations at Government treatment centres in these four provinces accounted for a 7.7 per cent share of the total number of drug treatment registrations.[40]

According to a report of the Afghan Ministry of Counter Narcotics (MCN), national methamphetamine treatment data in Afghanistan is not comprehensive.[41] For instance, the Drug Demand Reduction Department of the Afghan Ministry of Public Health reports that data on the number of drug users registered for methamphetamine treatment is not available for all Afghan provinces.[42] The limited availability of methamphetamine treatment data could be due to a variety of reasons including low prevalence of methamphetamine use in certain provinces of Afghanistan and poor or incomplete record

[39] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.
[40] Drug Demand Reduction Department of the Afghan Ministry of Public Health, "Monthly treatment records", Hijri years 1390-1391 of the Islamic lunar calendar; Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.
[41] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.
[42] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.

keeping on methamphetamine treatment for reasons involving difficulties or inconsistencies in registering users with polydrug use.[43]

A sizeable number of methamphetamine users in Afghanistan appear to be using the drug in combination with heroin. This complicates the analysis of treatment figures as it does not provide for the interpretation of polydrug use.

Synthetic drug use patterns: polydrug use and diverse modes of administration

Interviews with drug users in Afghanistan reveal that "sheesha" is frequently used in combination with heroin.[44] Several heroin users reported to have started using "sheesha" as a means of over-coming their heroin dependence while not being aware of the dependence potential of "sheesha". "Sheesha" users frequently continue to use heroin jointly with "sheesha". Based on the interviews with drug users, this sequence of initiation of use – first heroin and at a later stage "sheesha" – seems to be common.

In cases of polydrug use involving heroin and stimulants such as methamphetamine, drug users might attempt to offset the negative effects of the drugs by concurrently or sequentially using additional drugs with opposite effects (see Table 4 for an overview of acute effects of opiate use, e.g. heroin, vs. amphetamine and methamphetamine).[45] Methamphetamine use has also been described as a new form of polydrug use among opiate users in other parts of South-Western Asia, such as the Islamic Republic of Iran.[46] It has been reported that methamphetamine use has had a negative influence on opioid-dependent patients in treatment in the Islamic Republic of Iran who wrongly believed that methamphetamine use could help control their opiate dependence and associated problems such as depression and poor sexual performance and increase their physical energy, attention and concentration and improve social relationships (see Table 5 for an overview of chronic effects of opiate, amphetamine and methamphetamine use).[47] This pattern of methamphetamine use among opiate users also parallels the concomitant use of methamphetamine reported among heroin users in Afghanistan.

[43] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.

[44] This section of the report is based on information provided by drug users registered at treatment centres of the Afghan Ministry of Public Health in Balkh, Herat, and Kabul province in Afghanistan, January-February 2016.

[45] For more information see United Nations Office on Drugs and Crime (UNODC), *World Drug Report 2016*. New York, May 2016

[46] Zahra A. Mehrjerdi, Alasdair M. Barr and Alireza Noroozi, "Methamphetamine-associated psychosis: a new health challenge in Iran", *DARU Journal of Pharmaceutical Sciences* (2013).

[47] Schwann Shariatirad, Masoomeh Maarefvand and Hamed Ekhiari, "Methamphetamine use and methadone maintenance treatment: an emerging problem in the drug addiction treatment network in Iran", *International Journal of Drug Policy*, vol. 24, No. 6 (2013), pp. e115 and e116.

Table 4: Desired and undesired acute effects of opiate, amphetamine and methamphetamine use

OPIATE USE		AMPHETAMINE AND METHAMPHETAMINE USE	
Desired effects	Undesired acute effects	Desired effects	Undesired acute effects
• Sense of well-being and euphoria • Warmth, contentment, relaxed detachment from emotional and physical distress • Analgesia (pain relief)	• Drowsiness, inability to concentrate, apathy, lessened physical activity • Potential nausea and vomiting • Possible respiratory depression, which may lead to death • Potential stimulatory effects • Constriction of pupils	• Sense of physical and mental well-being, exhilaration • Mental and physical stimulation • Increased and prolonged alertness and energy • Improved performance at manual or intellectual tasks • Suppression of hunger	• Increased heart rate and blood pressure, faster breathing • Erratic, sometimes violent behaviour • Hyper-excitability, insomnia, talkativeness, restlessness, irritability, hallucinations • Convulsions, seizures, arrhythmia and/or heart failure, cerebral haemorrhage • Serotonergic syndrome • Dilation of pupils

Source: United Nations Office on Drugs and Crime (UNODC), Terminology and Information on Drugs, Third edition. New York, March 2016.

Table 5: Chronic effects of opiate, amphetamine and methamphetamine use

Effects of chronic opiate use	Effects of chronic amphetamine and methamphetamine use
• Rapid development of tolerance and physical and psychological dependence • Damage of structures in nose if sniffed or nasally insufflated • Respiratory problems if smoked • Malnutrition, weight loss • Chronic sedation, apathy • Constipation • Menstrual irregularity • Withdrawal syndrome (cramps, diarrhoea, runny nose, tremors, panic, fever, chills, uncontrollable shaking and sweating, etc.)	• Strong psychological dependence • Development of tolerance • Malnutrition, weight loss • Disorientation, apathy, confused exhaustion due to lack of sleep • With continued use, a state similar to paranoid psychosis may develop (known as "amphetamine psychosis") • During withdrawal there may be a long period of sleep and depression

Source: United Nations Office on Drugs and Crime (UNODC), Terminology and Information on Drugs, Third edition. New York, March 2016.

"Sheesha" users in Afghanistan demonstrate a variety of polydrug use patterns (see below, the sample of 3 transcribed interview extracts). While several interviewed "sheesha" users reported to use heroin prior to using "sheesha", several other users also confirmed using "sheesha" and heroin in the reverse sequence. In interviews, the majority of "sheesha" users reported to have frequently used both "sheesha" and heroin jointly in quick succession.

"Sheesha" users in Afghanistan reported to have used the substance by various routes of administration. Several interviews with drug users reveal that "sheesha" is frequently smoked (see below, the sample of 3 transcribed interview extracts), but some users also reported to have used "sheesha" by nasal insufflation and by ingestion.

3 transcribed interview extracts with patients at drug treatment centres in Herat province in Afghanistan

Interviewee 1#
I started using cannabis 20 years ago, after which I sometimes switched to opium. For 5 years, I used both cannabis and opium. After that, I started using heroin and I have been using it now for 10 years. For the last 3 years, I have also been using "sheesha". I started using "sheesha" because I was told that it would drive out the morphine from my body and help me get clean. I didn't know that I would end up becoming dependent on both heroin and "sheesha".

I smoke shisha. Usually, I first use "sheesha" and then heroin. Generally, I use "sheesha" twice and heroin 3 times a day. Using a combination of heroin and "sheesha" gives me more pleasure.

Interviewee 2#
I started using heroin out of curiosity 3 years ago. For the last 2 years, I have also been using "sheesha". "Sheesha" gives me skin allergies and stops me from sleeping. When I use "sheesha", I often have feelings of anxiety and once I had a hallucination of someone attacking me. I usually first use heroin and then "sheesha". At the beginning, I didn't know that "sheesha" is addictive. When I only use heroin, my craving for "sheesha" is higher. When I use both, heroin and "sheesha", it affects my mind less. I usually smoke "sheesha" with a pipe.

Interviewee 3#
I've been using heroin for many years. It often makes me feel dizzy and sleepy. Five years ago my cousin, who is also a drug user, told me I should use "sheesha" because it doesn't make you addicted. But, "sheesha" destroys your teeth, damages your mind and makes you paranoid. When I use "sheesha", I hate everyone, even my husband.

I usually smoke "sheesha". First I use "sheesha" and then I use heroin. In one day, I often use both heroin and "sheesha" 3 times. My body is in pain if I only use "sheesha" without heroin. My craving for "sheesha" is stronger than for heroin and it frightens me.

Challenges in assessing the demand for synthetic drugs in Afghanistan
Although treatment centres in Afghanistan have reported some methamphetamine treatment registrations in recent years, the MCN finds that there are significant limitations in the data. For instance, registration data from treatment centres in Afghanistan includes drug users that have registered for "crystal" use treatment, which, assuming "crystal" to be a direct translation from the Dari term "sheesha" which means "glass", could also refer to (crystalline) methamphetamine.[48] In Afghanistan, "crystal" is a term commonly used for heroin that is assumed to be of high quality. However, given that "sheesha" is the common street name for methamphetamine in the Islamic Republic of Iran, experts interviewed in the context of this assessment believe this term to be the common street name for methamphetamine in Afghanistan. It should be noted that treatment centres in Afghanistan have no means of ascertaining the actual substance or substances of use among drug users.[49] Treatment centres in the country tailor their treatment programmes entirely based on the displayed symptoms of registered drug users.[50]

In addition to the difficulties in interpreting treatment figures, a significant caveat is that the overall prevalence of methamphetamine use among the general population is not well understood. Still, the available data demonstrates the importance of methamphetamine for treatment demand in Afghanistan, which, based on the analysis of the methamphetamine market presented, is likely to persist.

[48] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.
[49] Islamic Republic of Afghanistan, Ministry of Counter Narcotics (MCN), *2013 Afghanistan Drug Report*, December 2014.
[50] Based on information provided by drug treatment providers of the Afghan Ministry of Public Health in Afghanistan, January-March 2016.

On the whole, more comprehensive, detailed and systematic information is needed to establish the size and nature of the methamphetamine problem in Afghanistan. For now, this assessment demonstrates the presence of methamphetamine use in Afghanistan, particularly among heroin users. This information is relevant to drug treatment centres and provides a useful guidance in shaping drug policies.

2. SYNTHETIC DRUGS IN SOUTH-WESTERN AND CENTRAL ASIA

Despite a number of findings on methamphetamine in Afghanistan, there are many questions that remain unanswered: What is the size of the methamphetamine market in Afghanistan? Is the drug market in Afghanistan generally becoming increasingly diversified? What is the extent of the methamphetamine problem in relation to other drugs in the country? And, is methamphetamine mostly sourced locally or does it originate from other countries in the region?

Although the initial assessment presented in this report cannot offer conclusive answers to these questions, the methamphetamine situation in Afghanistan might be better understood by taking the regional context into account. Regional data and information on trafficking, use and manufacture demonstrates that Afghanistan is not the only country in the region where there is a growing concern over methamphetamine. Other countries in South-Western and Central Asia, such as the Islamic Republic of Iran, have an established presence of methamphetamine and might be facing a more severe methamphetamine issue than Afghanistan.

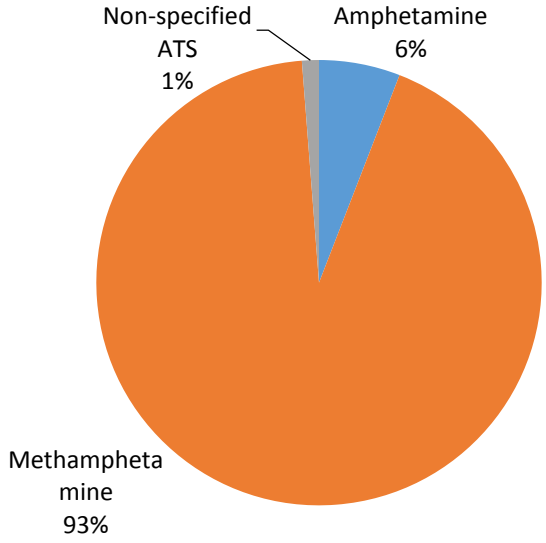
Map 2: Countries in South-Western and Central Asia covered in this report

Note: The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

The methamphetamine situation in South-Western and Central Asia

The ATS market in South-Western and Central Asia predominantly consists of methamphetamine. Between 2007 and 2014, methamphetamine seizures accounted for around 93 per cent of all ATS seizures reported in the region, followed by amphetamine seizures at 6 per cent and non-specified ATS which accounted for about 1 per cent.

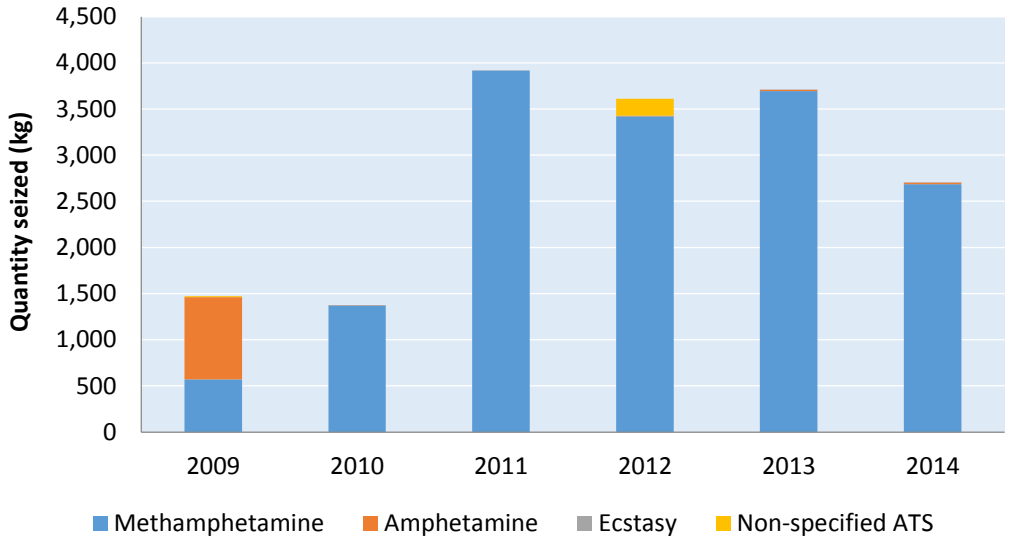
Figure 8: ATS seizures reported in South-Western and Central Asia, by substance (2009-2014)



Source: UNODC, responses to annual report questionnaire, 2009-2014.

Over the years, large amounts of ATS have been seized in South-Western and Central Asia. From around 1.5 tons of ATS reported to have been seized in 2009 and 2010, ATS seizures surged to almost 4 tons in 2011 and remained at high levels above 3.6 tons in 2012 and 2013. In 2014, ATS seizures were reported to have dropped to around 2.7 tons.

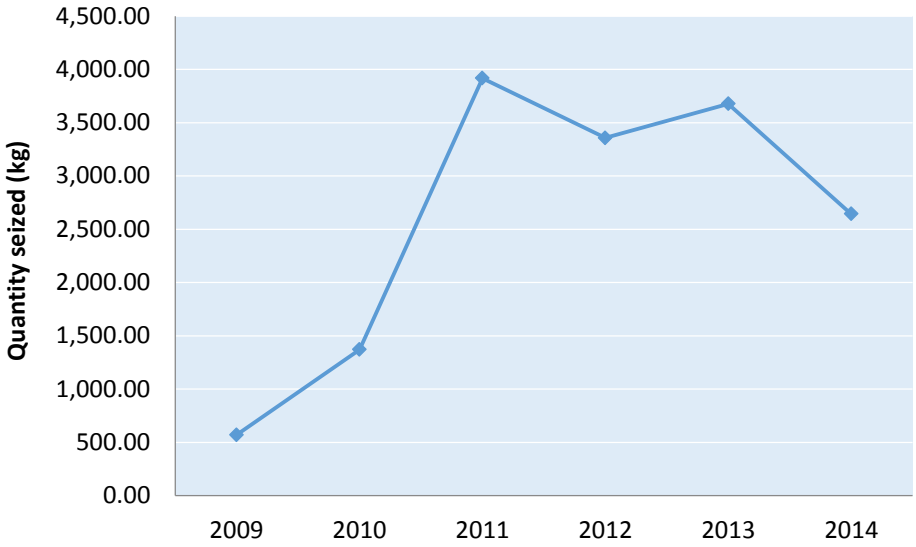
Figure 9: ATS seizures reported in South-Western and Central Asia, by substance (2009-2014)



Source: UNODC, responses to annual report questionnaire, 2009-2014.

The large amount of ATS seizures reported in South-Western and Central Asia between 2009 and 2014 is primarily attributable to seizures reported in the Islamic Republic of Iran. With the exception of 2009, methamphetamine seizures reported in the Islamic Republic of Iran have annually accounted for the majority of ATS seized in South-Western and Central Asia. Methamphetamine seizures reported in the Islamic Republic of Iran increased significantly from less than 0.01 ton in 2007 to more than 3.9 tons in 2011 and remained at high levels in 2012 at 3.4 tons and in 2013 at 3.7 tons, but reduced to around 2.5 tons in 2014.

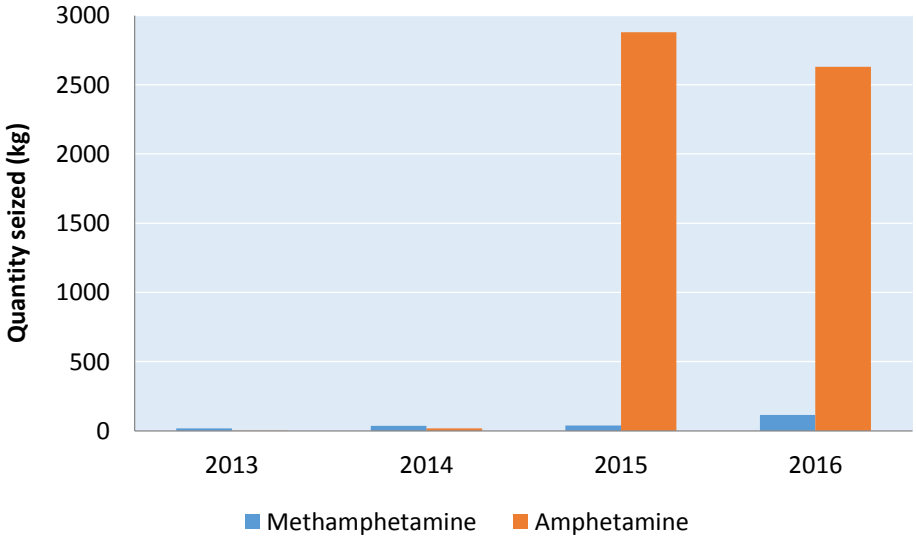
Figure 10: Methamphetamine seizures reported in the Islamic Republic of Iran (2009-2014)



Source: UNODC, responses to annual report questionnaire, 2009-2014.

In 2015 and 2016, a significant increase of amphetamine seizures has also been reported in Pakistan. The Anti-Narcotics Force (ANF) in Pakistan reported an increase of amphetamine seizures from less than 20 kg in 2013 and in 2014 to about 2.9 tons in 2015 and 2.6 tons (preliminary figure) in 2016. Although methamphetamine seizures in Pakistan have remained at comparatively low levels, the ANF also reported an increase of methamphetamine seizures from about 0.02 tons in 2013 to more than 0.1 tons (preliminary figure) in 2016.

Figure 11: Amphetamine and methamphetamine seizures reported in Pakistan (2013-2016)



Source: UNODC, responses to annual report questionnaire, 2009-2014; Anti-Narcotics Force (ANF), "National Seizure Data", Pakistan, available at http://anf.gov.pk/national_seizure_data.php; Note: Seizure data for 2016 are provisional.

Based on individual seizure information reported by the Anti-Narcotics Force (ANF) Pakistan between 2014 and 2016, there have been a small number of large scale amphetamine and methamphetamine seizures in remote areas and a large number of small scale seizures at airports and seaports in large cities such as Islamabad and Karachi.[51]

In addition, Kazakhstan reported a large seizure of almost 0.2 tons of non-specified ATS in 2012.[52] Smaller quantities of amphetamine and "ecstasy" were also reported to have been seized in Kazakhstan between 2012 and 2014, consisting of less than 4 kg.[53]

Insufficient data are available to establish the size of the ATS market based on use figures for South-Western and Central Asia. For the Islamic Republic of Iran there are no systematic ATS use studies available. However, together with the large amounts of methamphetamine seized and dismantled methamphetamine laboratories, there are indications of a significant domestic methamphetamine market. In 2014, expert perception in the Islamic Republic of Iran identified methamphetamine as the second most used ATS in the country after amphetamine, while ATS was generally identified as the second most used drug group in the country after opioids for that same year.[54] Moreover, according to expert perception, there was a large increase of methamphetamine use in the country in 2012 and again in 2013.[55] Moreover, some increase has been perceived in ATS-related mortality in the Islamic Republic of Iran in 2012 and there has been a perceived rise in the number of people receiving treatment for ATS use in the country.[56]

The full extent of the ATS market in South-Western and Central Asia remains unclear. A drug use survey in Pakistan revealed that ATS are indeed consumed in the country, albeit at much lower rates than opiates and cannabis. While drugs under international control were found to have a prevalence of 6 per cent annual use among people aged 15 to 64 in the country, methamphetamine was found to have an annual use of 0.02 per cent and ATS had an annual use of 0.08 per cent.[57] Annual ATS use was reported to be highest in Balochistan province, to the west of Pakistan bordering Afghanistan and the Islamic Republic of Iran.[58]

In Kazakhstan, there are some indications of spreading ATS use among students. The results of a drug use survey among students aged 16 to 24 in 2012 display a lifetime

[51] UNODC, responses to annual report questionnaire, 2009-2014; Anti-Narcotics Force (ANF), "National Seizure Data", Pakistan, available at http://anf.gov.pk/national_seizure_data.php; Afghan Opiate Trade Project (AOTP), UNODC; Paris Pact Initiative, Drugs Monitoring Platform (DMP), retrieved 24 November 2016.
[52] UNODC, responses to annual report questionnaire, 2012.
[53] Based on data provided in a direct communication with the Central Asian Regional Information and Coordination Centre (CARICC), September 2015.
[54] UNODC, response to annual report questionnaire, 2014.
[55] UNODC, responses to annual report questionnaire, 2012 and 2013.
[56] UNODC, response to annual report questionnaire, 2012.
[57] Ministry of Narcotics Control (MNC), the Pakistan Bureau of Statistics, United Nations Office on Drugs and Crime (UNODC), *Drug Use in Pakistan 2013*, 2013.
[58] Ministry of Narcotics Control (MNC), the Pakistan Bureau of Statistics, United Nations Office on Drugs and Crime (UNODC), *Drug Use in Pakistan 2013*, 2013.

prevalence of "ecstasy" use at 2.3 per cent and lifetime use of amphetamines (excluding "ecstasy") at 1.0 per cent, both of which are higher than that of cocaine use at 0.8 per cent, but below cannabis use at 11.2 per cent.[59] In addition, the survey results for that year recorded a lifetime prevalence of tranquilisers and sedative use below that of "ecstasy" use, at 2.1 per cent.[60]

In recent years, there have also been indications of "ecstasy" and amphetamine use in certain countries of South-Western and Central Asia. According to expert perception, amphetamine was identified as the most commonly used ATS in Tajikistan and in Pakistan in 2014.[61]

So far, the overall prevalence of ATS use among the general population in South-Western and Central Asian countries is not known. Still, the available data indicate a wide-spread availability for ATS in the region. Therefore, more information and data is needed to have a clearer understanding of the size of the ATS market in the region.

Methamphetamine manufacture in South-Western and Central Asia

In South-Western and Central Asia, illicit ATS manufacture has predominantly been reported in the Islamic Republic of Iran. In 2012, the country reported to have dismantled 214 methamphetamine laboratories, rising to 445 methamphetamine laboratories in 2013 and dismantling another 340 methamphetamine laboratories in 2014.[62] Large amounts of chemicals for legitimate purposes such as pseudoephedrine, which could be diverted for the use in the manufacture of ATS, are available in the Islamic Republic of Iran. For instance, in 2014, the country reported a legitimate requirement of 55 tons of pseudoephedrine increasing from just 5 tons in 2006.[63]

Data on illicit drug manufacture indicates that synthetic drug manufacture might have also spread to other countries in Central Asia. In Kazakhstan, a methamphetamine laboratory was dismantled in 2008, while prior to that a methcathinone laboratory was dismantled in Kyrgyzstan in 2007.[64] However, no ATS laboratories have been discovered in Central Asia since then.

Given the high annual legitimate requirements for pseudoephedrine in Pakistan, there is a risk that these two substances could be diverted for illicit ATS manufacture in the region. Pakistan's reported requirement for pseudoephedrine rose from 10 tons in 2007 to 48 tons in 2012 and have remained at a high level in 2014 at 29.5 tons.[65] Seizure reports point to

[59] UNODC, response to annual report questionnaire, 2012.
[60] UNODC, response to annual report questionnaire, 2012.
[61] UNODC, response to annual report questionnaire for Tajikistan and Pakistan, 2014.
[62] United Nations Office on Drugs and Crime (UNODC), Annual Report Questionnaire for the Islamic Republic of Iran, 2012-2014.
[63] International Narcotics Control Board (INCB), *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances 2014*, New York, March 2015.
[64] United Nations Office on Drugs and Crime (UNODC), Annual Report Questionnaire for Kazakhstan and Kyrgyzstan, 2007-2008.
[65] International Narcotics Control Board (INCB), *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*, New York, January 2013; International

the diversion of precursors from licit trade in the region. A number of incidents were reported by the Iranian Government to the International Narcotics Control Board (INCB) in 2011 involving more than 0.5 tons of ephedrine smuggled from Pakistan.[66] In Pakistan, there have also been investigations into the alleged diversion of large amounts of ephedrine since March 2012.[67] Overall, more information and data is needed to understand regional ATS manufacturing trends.

Narcotics Control Board (INCB), *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances 2014*, New York, March 2015.

[66] International Narcotics Control Board (INCB), *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*, New York, January 2013.

[67] International Narcotics Control Board (INCB), *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*, New York, January 2013.

3. CONCLUDING REMARKS

On the whole, there are indications of increasing activity in the synthetic drug market in Afghanistan and the wider South-Western and Central Asian region. Although data and information remains scarce, reports from law enforcement officials, drug treatment providers, forensic experts and drug users in Afghanistan point to a differentiated market for synthetic drugs. Increases in the number of methamphetamine seizures, together with reports of methamphetamine manufacture and increases in treatment registrations in certain parts of the country, suggest that synthetic drugs are of growing concern in Afghanistan.

Given the presence of synthetic drugs in Afghanistan, it is important to enhance data collection and monitoring. Reporting mechanisms with regard to opiates are established in Afghanistan. However, methamphetamine seizure data might be incomplete as a result of inconsistent reporting formats among law enforcement offices. A standardized reporting mechanism is essential to establish a comprehensive overview of the synthetic drug situation in Afghanistan.

In particular, methamphetamine street names present a challenge for health services and treatment providers in Afghanistan. Although experts interviewed in the context of this assessment believe "sheesha" to be the common street name for methamphetamine in Afghanistan, treatment centres have no means of ascertaining the actual substance or substances of use among drug users. Therefore, more scientific evidence and forensic information is needed on the content of drugs sold under various street names in the country to determine the extent of methamphetamine and other synthetic drug use.

To understand the nature of the synthetic drugs market in the country, more forensic data and information is needed on the content and purity of "sheesha". Enhanced information sharing between forensic laboratories and law enforcement entities could help to address this issue.

Treatment data relating to synthetic drugs also remains limited. In order to gain an insight into the magnitude of the synthetic drug situation in Afghanistan it is important for health service providers and treatment centres to maintain records in connection with synthetic drugs as well as for other illicit drugs. Data collection on poly drug use patterns are particularly important. This form of drug use can pose a serious challenge for treatment and health providers and more information and data is needed to design effective responses.

The current national drug control law seems to provide a much lower penalty framework for methamphetamine compared to other drugs such as heroin or cocaine. At the time of writing of this report, a review of the national counter narcotics law was pending.

ANNEX I

List of institutions visited in Afghanistan

Institution	Unit	Province	Date
UNODC	U04 Project	Kabul	7 December 2015
MoPH	DDR	Kabul	13 December 2015
MOI	CNPA Laboratory	Kabul	29 December 2015
MoPH	KoteSangi Drug Treatment Centre	Kabul	4 January 2016
MoPH	Khushal Khan Treatment Centre	Kabul	7 January 2016
MCN	Drug Regulation Committee (DRC)	Kabul	13 January 2016
MoPH	Nangarhar Drug Treatment Centre	Nangarhar	21 January 2016
MOI	PCU		26 January 2016
MoPH	Herat Drug Treatment Centre	Herat	1 February 2016
MoPH	Afghanistan Red Crescent Society (ARCS)	Herat	2 February 2016
MoPH	Shahamat Health and Rehabilitation Organization (SHRO)	Herat	2 February 2016
MoPH	Organization of Social Development (OSD)	Herat	3 February 2016
MoI	CNPA	Herat	4 February 2016
MCN	Counter Narcotics Directorate (CND)	Herat	4 February 2016
MCN	Research Directorate	Kabul	2 March 2016
MCN	Policy and DDR Directorates	Kabul	7 March 2016
MoPH	Drug Treatment Centre	Balkh	15 March 2016
SHRO	Drug Treatment Centre	Balkh	15 March 2016
Nejat	Drug Treatment Centre	Balkh	15 March 2016
MOI	CNPA province Office	Balkh	16 March 2016
MCN	CND province Office	Balkh	16 March 2016

ANNEX II

Number of interviews conducted in Afghanistan

Province	Group interviewed	Number of interviewees
Kabul		
	Treatment providers at the Khushal Khan Drug Treatment Centre	9
	Treatment providers at the KoteSangi Drug Treatment Centre	6
	Patients at drug use treatment centres in Kabul city	3
Herat		
	Treatment providers at the SHRO Drug Treatment Centre	18
	Treatment providers at the MoPH 100 Beds Drug Treatment Centre	9
	Treatment providers at the ARC Drug Treatment Centre	8
	Treatment providers at the OSD Drug Treatment Centre	8
	Patients at drug use treatment centres in Herat city	4
	Patients receiving drug use treatment at the OSD Drug Treatment Centre	4
	Patients receiving drug use treatment at the ARC Drug Treatment Centre	2
	Patients receiving drug use treatment at the SHRO Drug Treatment Centre	2
Balkh		
	Mazar Nejat Adolescent Drug Treatment Centre	9
	Mazar SHRO Drug Treatment Centre	8
	Mazar MoPH 150 Beds Drug Treatment Centre	4
	Patients receiving drug use treatment at the MoPH 150 Beds Drug Treatment Centre	6
Nangarhar		
	MoPH Drug Treatment Centre	7
	Patients at drug use treatment centres in Nangarhar	3

ANNEX III

Topics covered in the semi-structured interviews with drug treatment providers:

1. To what extent are amphetamine-type stimulants (ATS) available in your region?
2. How many people at your drug treatment centre are being treated for ATS us?
3. What are some of the patterns of ATS use among drug users?
4. What are some of the most common forms for administering ATS?
5. What are the most common factors that you have observed to cause the use of ATS?
6. In what forms are ATS available in your region?
7. What are the street names for ATS in your region?
8. Does the diversity of street names for ATS provide for any confusion among drug treatment providers?
9. Which withdrawal symptoms do ATS users are your treatment centre portray?

Topics covered in the semi-structured interviews with drug users reporting methamphetamine use:

1. How widely are ATS, and in particular methamphetamine, available?
2. What are the street names for ATS and methamphetamine in your region?
3. In what forms are ATS and methamphetamine available?
4. How frequently do you use methamphetamine?
5. How do you administer methamphetamine?
6. At what street prices and where are ATS and methamphetamine sold?
7. What are the factors that have caused you to use methamphetamine?

Topics covered in the semi-structured interview with drug officials:

1. To what extent are ATS/methamphetamine available in your region?
2. Have ATS/methamphetamine been seized in your region? And if so, how much and at which frequency have ATS/methamphetamine been seized?
3. What is the process of reporting ATS/methamphetamine seizures?
4. At what prices are ATS and methamphetamine being sold in your region and in Afghanistan generally?
5. How and from where is ATS and methamphetamine being trafficked to your region/Afghanistan?
6. What is the legal framework to addressing ATS/methamphetamine use and trafficking in Afghanistan?
7. What is the policy approach to addressing ATS/methamphetamine use in Afghanistan?