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<td>ABP</td>
<td>Afghan Border Police</td>
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<td>ACD</td>
<td>Afghanistan Customs Department</td>
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<td>AD</td>
<td>Alternative Development</td>
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<td>ADR</td>
<td>Afghanistan Drug Report</td>
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<td>ADRS</td>
<td>Afghanistan Drug Reporting System</td>
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<td>AFN</td>
<td>Afghani (currency)</td>
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<td>AGO</td>
<td>Office of the Attorney General</td>
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<td>AL</td>
<td>Alternative Development</td>
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<td>AOPS</td>
<td>Afghan Opium Poppy Survey</td>
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<td>AOTP</td>
<td>Afghanistan Opiate Trade Project</td>
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<td>ANA</td>
<td>Afghan National Army</td>
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<td>ANP</td>
<td>Afghan National Police</td>
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<td>ANDUS</td>
<td>Afghanistan National Drug Use Survey</td>
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<td>ART</td>
<td>Antiretroviral Treatment</td>
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<td>CARD-F</td>
<td>Comprehensive Agriculture and Rural Development-Facility</td>
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<td>CCP</td>
<td>Container Control Programme</td>
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<td>CJTF</td>
<td>Criminal Justice Task Force</td>
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<td>CNJC</td>
<td>Counter Narcotics Justice Centre</td>
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<td>CNPA</td>
<td>Counter Narcotics Police of Afghanistan</td>
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<td>CNTA</td>
<td>Counter Narcotics Training Academy</td>
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<td>CPD</td>
<td>Central Prison Directorate</td>
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<td>CPDAP</td>
<td>Colombo Plan Drug Advisory Programme</td>
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<td>DDR</td>
<td>Drug Demand Reduction</td>
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<td>DTC</td>
<td>Drug Treatment Center</td>
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<td>EDP</td>
<td>Economic Development Package</td>
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<td>FAST</td>
<td>Family and School Together</td>
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<td>FZP</td>
<td>Food Zone Programme</td>
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<td>GDP</td>
<td>Gross domestic product</td>
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<td>ha</td>
<td>Hectare</td>
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<td>HBV</td>
<td>Hepatitis B virus</td>
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<td>HCV</td>
<td>Hepatitis C virus</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HTC</td>
<td>HIV Testing and Counselling</td>
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<td>IBBS</td>
<td>Integrated Behavioural and Biological Surveillance</td>
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<td>IDU</td>
<td>Injecting drug user</td>
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<td>INL</td>
<td>United States Bureau of International Narcotics and Law Enforcement Affairs</td>
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THE AFGHANISTAN DRUG REPORT 2015

IOM International Organization for Migration
MAIL Ministry of Agriculture Irrigation and Livestock
MCN Ministry of Counter Narcotics
MDT Mobile Detection Teams
MOI Ministry of Interior
MoPH Ministry of Public Health
MoE Ministry of Education
MoU Memorandum of understanding
MRRD Ministry of Rural Rehabilitation and Development
MTT Mobile Training Teams
NACP National AIDS Control Programme
NDCS National Drug Control Strategy
NDS National Directorate of Security
NGO Non-governmental organization
NPP National Priority Programme
NRVA National Rural Vulnerability Assessment
NSP Needle and Syringe Programme
PCU Precursor Control Unit
PDE Preventative Drug Education
PLWHIV People Living With HIV
PMTCT Prevention of Mother-to-Child Transmission
ToT Training of Trainers
UNAIDS United Nations Programme on HIV/AIDS
UNDSS United Nations Department of Safety and Security
UNODC United Nations Office on Drugs and Crimes
UNODC COAFG United Nations Office on Drugs and Crime Country Office for Afghanistan
UNODC HQ United Nations Office on Drugs and Crime Headquarters
USAID United Stated Agency for International Development
WCO World Customs Organization
WHO World Health Organization

Dollars ($) refer to United States dollars unless otherwise noted.
The depiction and use of boundaries, geographic names and related data shown on maps and included in lists, tables and figures in this publication are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

Data in this report follow either the Hijri calendar, the Gregorian calendar or both. Dates are given for March of the equivalent year on the Gregorian calendar for ease of reference. For example, the Hijri year 1391 began on 20 March 2012 and concluded on 20 March 2013.
Executive Summary

The 2015 Afghanistan Drug Report (ADR) is a continuation of trend analysis of drug supply, use and control in Afghanistan and was preceded by 2012 and 2013 editions. It updates key headline figures and trends.

2015 has witnessed substantial reductions in opium cultivation and production alongside incremental increases in total seizures. However, Afghanistan continues to face significant challenges with regards to the size of the cultivation and production of illicit drugs and related security, development and health-related issues.

National Drug Action Plan

The National Drug Action Plan outlines MCN’s intention to pursue a balanced, comprehensive, coordinated and sustainable approach to combating illegal drug production, trade and use. This plan integrates alternative development, eradication, interdiction and drug treatment and prevention programmes into a broad effort by the Government of Afghanistan to further good governance, economic development and security and stability. It lays out two interrelated goals that the Afghan Government will pursue in partnership with foreign and regional Governments and private and nonprofit organizations with the aim of strengthening counter narcotics efforts in Afghanistan. Goals outlined in this plan include decreasing the cultivation of opium poppy, the production and trafficking of opiates, reducing demand for illicit drugs in Afghanistan and increasing the provision of treatment for users.

National Mobilization Against Narcotics

Launched in June 2015 in Kabul, the National Mobilization Against Narcotics is a joint MCN / UNODC initiative to raise the profile of efforts to counter narcotics (CN) through public awareness raising and mainstreaming of CN messages with all aspects of Afghan society including provincial Governors, religious scholars, community elders, heads of Provincial Development Councils, government officials, media, youth and civil society organizations. It is planned that the National Mobilization Against Narcotics will culminate in a major conference in early 2016.

Afghanistan Drug Reporting System

The Afghanistan Drug Reporting System is the culmination of over three years of partnership between the Ministry of Counter Narcotics and UNODC to develop the first ever comprehensive and interactive online system for all counter narcotics related data on Afghanistan. This system is informed by sector and location specific verified data from all line Ministries involved in counter narcotics related initiatives including MoJ, MoI / CNPA, AGO, MoPH, MRRD, and MAIL as well as international partners including INL and UNODC. It enables policy makers to access the most up-to-date data on all available narcotics related indicators in Afghanistan – including eradication, cultivation, drug price, treatment capacity, imprisonment, alternative livelihoods and seizure to inform trend analysis, policy development and evaluation.

Drug Supply & Supply Reduction

WELCOMED REDUCTION IN POPPY CULTIVATION AND OPIUM PRODUCTION
Poppy cultivation decreased by 19% from an estimate of 209,000 ha in 2014 to 183,000 ha in 2015 – this is the first year that the area under opium cultivation has decreased since 2009. Southern and Western Afghanistan continue to be the highest poppy cultivation regions with Hilmand province continuing to record the highest levels of cultivation.
Balkh province which was previously poppy free has witnessed a resurgence of cultivation, resulting in the number of poppy-free provinces falling by 1, from 15 in 2014 to 14 in 2015.

**DECREASE IN CAUSALITIES AND INCREASE IN ERADICATION**
Due to better coordination between MCN, MoI and MoD, eradication increased by 40% whilst casualties sustained by enforcement bodies during the course of carrying eradication campaigns fell.

**REDUCTION IN SIZE OF THE ILLICIT ECONOMY**
Total opium production decreased by 48% in the last year to 3300 tonnes in 2015. However, prices of dry opium increased by 30% from $133 to $171 per kg during the same period. This is a relatively moderate increase when compared to the increase from $169 to $241 per kg between 2010 and 2011 following two years of low production. In line with the decrease in production, the total farm gate value of opium production fell by 33% from $0.85 billion in 2014 to $0.57 billion in 2015.

**Alternative Development in Poppy Cultivating Districts**

**IMPORTANT LESSONS LEARNED FOR THE DEVELOPMENT AND IMPLEMENTATION OF ALTERNATIVE DEVELOPMENT**
As Afghanistan pushes forward with Alternative Developments as part of holistic efforts to counter its illicit drug trade, there are important lessons to be learned from other parts of the world that have and continue to face similar challenges and have used innovative and effective methods to tackle them. ADR 2015 has been informed by discussions with counterparts from other countries including Colombia, Peru and Thailand on key success factors. At the strategic level, politic will, effective coordination and long-term planning have been identified as key necessary success factors.

**POSITIVE IMPACT OF ALTERNATIVE DEVELOPMENT PROJECTS**
The report includes assessments of the impact of Alternative Development Projects that focused on land stabilization, female-led rose oil production and entrepreneurship. Overall, these interventions were welcomed and judged as being successful by participants due to the resultant increases in revenue and employment that were achieved. They also had the desired effect of diverting participants from cultivating poppies.

**Drug Use, Treatment & Prevention**

**INCREASING LEVELS OF DRUG USE**
Afghanistan continues to face significant and increasing challenges related to drug use amongst its population with the most recent estimate of between 1.9 million to 2.4 million adult drug users which is equivalent to 12.6% of the adult population – more than double the global drug use rate of 5.2%. Drug use is estimated to affect one in three households in the country with the rate of drug use in rural areas being 2.5 times higher than the urban. Opioids remain the most commonly used drug with use at the national level estimated at 4.9% among the general population and 8.5% among adults.

**INCREASING BUT INSUFFICIENT TREATMENT CAPACITY**
The first year of the Capacity Transfer Plan for Treatment Centers has seen the transfer of 13 treatment centers from donor / international community leadership to that of the Ministry of Public Health. In totality, there are 123 treatment centers in operation in the country with a capacity for 10.7% of opium and heroin users – which remains below the level of need. A key challenge remains the location of treatment centers in that drug use is more prevalent in rural areas, however treatment centers are predominantly located in urban areas. Going forward, these is the need for an Afghan-Government led National Drug Prevalence Survey to fully understand trends and patterns of drug use, greater extension of treatment services to rural areas, and the provision of culturally adapted treatment facilities, especially for women.
Law Enforcement & Criminal Justice

CHALLENGING OUTLOOK FOR ENFORCEMENT AGENCIES
Law enforcement agencies face competing priorities and reduced resources in the fight against the illicit drug trade that has contributed to reductions in the total number of operations.

There was a welcomed increase in total drugs seized from 119,960 Kg in 2013/14 to 128,079 Kg in 2014/15. However, it is worth noting that this increase was mostly due to a 81% increase in hashish seizures whilst seizures of heroin, morphine and opium decreased by 32, 25, and 14 per cent respectively. In addition, seizures of liquid and solid precursors decreased by 64.1% and 19.5% respectively in the last year.

NEED FOR CLOSER COOPERATION ON ENFORCEMENT ACTIVITY
Going forward, there is the need for closer cooperation and enforcement between enforcement agencies and policy bodies to ensure better targeting of activities. In addition, enforcement agencies require sufficient resources to undertake comprehensive and sustained enforcement activity.
Foreword MCN

The Afghanistan Drug Report 2015 gives detailed analysis of the drug situation in the country and is, alongside, the annual Opium Survey, the flagship publication of the Ministry of Counter Narcotics.

With MCN’s leadership of counter-narcotics policy and programme formulation, this Report is an indispensable tool in monitoring and reporting on implementation of the National Drug Control Strategy.

It is my firm belief that 2015 has witnessed the beginning of what will hopefully be sustained decreases in the cultivation and production of opium in Afghanistan. The 19% and 48% decreases in cultivation and production should be celebrated and built upon.

Our National Drug Action Plan seeks to build on this momentum with a balanced, comprehensive, coordinated, and sustainable approach to combating illegal drug production, trade, and usage. By integrating alternative development, eradication, interdiction, and drug treatment and prevention programmes into a broad effort by the Government of Afghanistan to further good governance, economic development, and security and stability, I firmly believe that we can continue to make significant progress in countering narcotics.

The National Mobilization Against Narcotics which we launched and are delivering in partnership with UNODC also seeks to engage all aspects of Afghan society in countering narcotics.

In order to deliver this ambitious Action Plan, we will require the support of all sectors of the Afghan community, the international community, civil society and non-governmental organizations. It will require a united effort to ensure that the significant gains we have and continue to make are not lost but entrenched and further built on. It is my sincere hope that the Afghanistan Drug Report 2015 will act as a powerful advocacy to garner necessary support for counter narcotics efforts in the country.

MCN’s Research Department continues to develop its research and analytical capacity to inform and support counter narcotics efforts in Afghanistan with up-to-date data and analysis. This Report is testament to their efforts.

The Afghanistan Drug Report was prepared with technical support and guidance from the UNODC. I extend the gratitude of MCN to UNODC and the following entities within the Government of Afghanistan for their cooperation in the effort to produce this Report: the Ministry of Rural Rehabilitation and Development, Ministry of Agricultural, Irrigation and Livestock, Ministry of Public Health, Ministry of Justice, Counter Narcotics Police of Afghanistan, Criminal Justice Task Force, Central Prison Directorate, the Office of the Attorney General and the technical directorates of the Ministry of Counter Narcotics.

In addition to their inputs to the Afghanistan Drug Report 2015, those ministries and agencies have also contributed to the Afghanistan Drug Reporting System, a central repository for counter-narcotics data that was launched earlier this year and is proving to be a valuable tool for policy makers here and abroad through the provision of data on eradication, cultivation, drug treatment centres, counter-narcotics imprisonment, drug and precursor seizures, drug prices and alternative livelihoods.

I know that our partners at UNODC share the hope that the Afghanistan Drug Report 2015 will continue to support efforts at mainstreaming counter narcotics efforts in Afghanistan that help deliver sustainable, narcotics free development.

H.E. Ms Solomat Azimi
Minister of Counter Narcotics
The Afghanistan Drug Report 2015 takes stock of our combined efforts to effectively
 tackle the illicit drug trade, promote alternative development and ensure the provision
 of necessary treatment and rehabilitation services for drug dependent individuals. The
 report offers promising indicators of hope for progress towards our desired outcomes.

This year, a 19 per cent decrease in opium cultivation and a 48 per cent decrease
 in potential opium production were recorded in Afghanistan. Although these are
 significant developments, they do not herald the end of the illicit drug trade. While
 we welcome these developments, we should also redouble our efforts to ensure the
 continued decline in cultivation and production.

We at the United Nations Office on Drugs and Crime (UNODC) continue to support
 the Ministry of Counter Narcotics (MCN) and the Government of Afghanistan to work
 towards to a future that is free from the political, security, social and development
 harms associated with illicit drug cultivation, use and trafficking.

The joint MCN-UNODC partnership on countering narcotics had a number of
 significant achievements in 2015, including the launch of the National Mobilization
 against Narcotics on the World Day against Drugs. The initiative has, to date,
 undertaken a series of awareness-raising events and seminars across the country which
 will culminate in a high-level nationwide conference in early 2016. The Afghanistan
 Drug Reporting System (ADRS) was launched earlier this year following three years
 of development between UNODC and MCN. This report was produced using data from
 ADRS, and is a testament to the value of the new System. As it becomes fully populated
 will all historic counter narcotics data for Afghanistan, its value will increase further
 as a tool for informing both national and international stakeholders on the drug
 situation in the country.

UNODC greatly welcomes the National Drug Action Plan, launched in July 2015, as
 the strategic document through which MCN will pursue a balanced, comprehensive,
 coordinated and sustained approach to combating the illegal cultivation, use and
 trafficking of drugs. We stand ready to support its realization.

What is clear is that we all must do more to tackle the problem of illicit drugs in
 Afghanistan. Effective enforcement remains a priority. We must also ensure ongoing
 support to drug treatment service provision and programmers to support alternative
 development to give communities the opportunities to realize a better future – all of
 which must be informed by up-to-date research and analysis.

I express my sincere gratitude to the Government of Japan for its continued support
 to the Research Project, without which we would not have been able to prepare this
 report.

It only leaves me to thank and congratulate Her Excellency, Minister Salamat Azimi for
 her vision, leadership and ongoing efforts to ensure that countering narcotics is held as
 a high priority by all actors within the Government of Afghanistan and throughout all
 of Afghan society.

Andrey Avetisyan
Regional Representative for Afghanistan and Neighbouring Countries
United Nations Office for Drugs and Crime (UNODC)
The Afghanistan Drug Reporting System (ADRS)

Launched in June 2015 by H.E. Ms. Salamat Azimi, Minister of Counter Narcotics and Mr. Andrey Avetisyan, UNODC Regional Representative, the ‘Afghanistan Drug Reporting System’ is the culmination of over three years of partnership between the Ministry of Counter Narcotics and UNODC to develop the first ever comprehensive and interactive online system for all counter narcotics related data on Afghanistan.

This system is informed by sector and location specific verified data from all line Ministries involved in counter narcotics related initiatives including MoJ, MoI / CNPA, AGO, MoPH, MRRD, and MAIL as well as international partners including INL and UNODC.

The Ministry of Counter Narcotics views the ‘Afghanistan Drug Reporting System’ as a key component of its leadership and coordination role in countering narcotics. The System is proving to be a crucial tool for policy makers, members of the international community and all those interested in countering narcotics in Afghanistan.

ADRS has been accessed far and wide, in Afghanistan, the region and more widely across the globe. As of the end of November, ADRS had received 2500 visits.

Policy makers, law enforcement officials, researchers and other stakeholders are accessing the most up-to-date data on all available narcotics related indicators in Afghanistan – including eradication, cultivation, drug price, treatment capacity, imprisonment, alternative livelihoods and seizure to inform trend analysis, policy development and evaluation.

Due to the ability of the System for regular updates and innovations to meet users need, it is constantly under revision. New features will be rolled out in early 2016. There is also scope to expand the system as required going forward.

The ‘Afghanistan Drug Reporting System’ sits alongside the Annual Opium Survey and Afghanistan Drug Report as key outputs of MCN / UNODC Research Capacity-Building partnership.

The ‘Afghanistan Drug Reporting System’ can be viewed at: https://adrs.unodc.org/
Launched by MCN on 9 July 2015, the Afghan National Drug Action Plan 2015-2019 addresses the need for a comprehensive, results-based approach to counter narcotics. The plan is based on Article 7 of the Afghan Constitution, which states: “The State prevents all types of terrorist activities, cultivation and smuggling of narcotic drugs and production and consumption of intoxicants.” The plan is also based on Articles 4, 8 and 65 of the Afghanistan Counter Narcotics and Intoxicants Law.

This National Drug Action Plan outlines Afghanistan’s intention to pursue a balanced, comprehensive, coordinated and sustainable approach to combating illegal drug production, trade and use. This plan, which integrates alternative development, eradication, interdiction and drug treatment and prevention programmes into a broad effort by the Government of Afghanistan to further good governance, economic development and security and stability, lays out two interrelated goals that the Afghan Government will pursue in partnership with foreign and regional Governments and private and nonprofit organizations aiming to strengthen counter narcotics efforts in Afghanistan. Those goals are:

1. Decrease the cultivation of opium poppy;
2. Decrease the production and trafficking of opiates; and
3. Reduce the demand for illicit drugs in Afghanistan and increase the provision of treatment for users.

**DECREASE THE CULTIVATION OF OPIUM POPPY**

The motivations of poppy growers vary. Although alternative livelihood options alone may be enough to influence the decisions of some farmers, eradication and the application of the rule of law are also necessary to break the cycle of cultivation by opportunistic farmers, affluent landowners and narco-entrepreneurs, many of whom operate with impunity. Achieving a significant and sustainable reduction in poppy cultivation will also require increased security, improved governance and implementation of this plan, along with continued international support.

The Afghan Government plans to focus on two objectives related to the decrease the cultivation of opium poppy: sustainable alternative development and agriculture; and eradication.

Objective 1: Strengthen and diversify licit alternatives to poppy cultivation for farmers, laborers and rural communities.

Objective 2: Increase targeted eradication to levels that, when combined with law enforcement efforts, will significantly deter future poppy cultivation.

**DECREASE THE PRODUCTION AND TRAFFICKING OF OPIATES**

Decreasing the production and trafficking of opiates is crucial to breaking the link between insurgents and the drug trade, limiting insurgents’ access to drug-related funding and support, and reducing the capacity of anti-government elements to undermine the credibility and stability of the Afghan Government. This is true especially in the south and southwest, where poppy cultivation and production is a primary source of revenue for the insurgency.

The Afghan Government plans to focus on objectives in three areas to decrease the production and trafficking of opiates: interdiction; anti-money laundering and asset forfeiture; and regional and international cooperation.
Objective 3: Improve the Government’s capacity to disrupt and dismantle drug production and trafficking organizations.

Objective 4: Improve enforcement of anti-money laundering laws and increase the seizure and forfeiture of proceeds and instrumentalities related to the drug trade.

Objective 5: Increase regional and international cooperation on counter narcotics, particularly in the areas of law enforcement and criminal justice.

**REDUCE THE DEMAND FOR ILICIT DRUGS AND INCREASE THE PROVISION OF TREATMENT FOR USERS**

Drug use poses a serious public health threat to the people of Afghanistan. It also threatens the stability of Afghan society. Drug use also has long-term negative effects on the economic and social framework of Afghanistan. According to a recent survey, 11 per cent of the Afghan population uses drugs, one of the highest drug use rates in the world. Public information campaigns thus represent a necessary long-term complement to law enforcement and demand reduction efforts.

In order to reduce demand for illicit narcotics and its consequences, the Afghan Government plans to focus on three objectives related to treatment and prevention initiatives.

Objective 6: Expand the reach and increase the sustainability of a nationwide continuum of care for the treatment of drug use.

Objective 7: Increase drug use prevention programmes across a range of institutions, including schools, mosques, the workplace and media.

Objective 8: Increase communication campaigns to reduce drug use and warn of the negative consequences of cultivating opium poppy.

This National Drug Action Plan is therefore grounded in the following principles:

1. **COMPREHENSIVE AND BALANCED**: The most effective counter narcotics efforts are comprehensive (they are aimed at reducing poppy cultivation and opiate production, trafficking and use), and balanced, so that they include both incentives such as alternative development and deterrents such as eradication, interdiction and vigorous prosecution.

2. **COORDINATION**: Counter narcotics efforts affect government priorities in public health, law enforcement, security and agriculture. To achieve the goals of this plan, it will be vital that the ministries working in these areas actively coordinate and engage on counter narcotics matters both nationally and subnationally.

3. **SUSTAINABILITY**: Achieving lasting results on counter narcotics will require the commitment of both the Afghan Government and the international community over many years. Counter narcotics and economic development policies and programmes, however, can only be sustainable if they are conducted under Afghan leadership and with Afghan ownership.

4. **INTERNATIONAL COOPERATION**: The illicit production, trade, and use of narcotics are global problems. Combating them successfully requires collaboration across borders and the combined efforts of international partners.
1

DRUG SUPPLY AND SUPPLY REDUCTION
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1.1 Drug Supply

This part of the chapter gives trend analysis of poppy cultivation and opium production at national, regional and provincial levels in Afghanistan. It outlines policy interventions that have and are being implemented to tackle the cultivation of opium.

1.1.1 Scale of illicit crop cultivation and production

The total area under opium poppy cultivation in Afghanistan was estimated to be 183,000 hectares (163,000 – 202,000)\(^1\) in 2015, which represents a 19% decrease from 2014. The area under opium cultivation has decreased for the first time since 2009 and is at its fourth highest level since the beginning of estimations in 1994 – higher levels have been estimated in 2007, 2013 and 2014.

A contributing factor to this decline of poppy cultivation levels (as reported by Afghanistan Opium Survey 2015 – observations from Nimroz province) included the lack of sufficient water for irrigation which may have also affected the decision of some farmers not to cultivate poppy as well as causing lower population density of plants and a resultant decline in yields. 2013 and 2014 editions of the Opium Survey also stated that farmers who had ceased poppy cultivation gave the major reason for their cessation as being no enough yield and also disease of crops. As such, it can be argued that disease and decreasing yields were contributing factors to the decrease in cultivation (and related production) levels.

**FIGURE 1.1 - Opium cultivation in Afghanistan, 1994 - 2015 Hectares\(^2\)**

![Opium cultivation in Afghanistan, 1994 - 2015 Hectares](source: MCN/UNODC AOPS-2015)

1.1.2 Geographical patterns of drug cultivation and production

It was noted that among the major poppy cultivating provinces, namely Helmand, Kandahar, Farah, Zabul, Nangarhar, Uruzgan, Badghis and Nimroz, (with the exception of Uruzgan – 22% increase and Badghis – 117% increase) there were significant reductions in poppy cultivation. However, eight out of the 12 minor poppy growing provinces, namely Kabul, Kunar, Baghlan, Balkh, Faryab, Sar-i-pul, Ghor, and Kapisa, saw an increase in poppy cultivation with the largest single percentage increase being in Faryab – 452%. Daykundi, Herat, Laghman, and Badakhshan did not witness increases in poppy cultivation (see table 1.1). Although the overall contribution of this
increase in the minor poppy cultivating provinces is relatively minor, if not addressed, continued increase may well turn these provinces into poppy growing areas as all eight provinces have at one time been major areas of cultivation.

### TABLE 1.1 - Province wise poppy cultivation levels from 2014 and 2015 (Area in hectares)

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>2014</th>
<th>2015</th>
<th>CHANGE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabul</td>
<td>233</td>
<td>321</td>
<td>+38%</td>
</tr>
<tr>
<td>Kapisa</td>
<td>472</td>
<td>460</td>
<td>-3%</td>
</tr>
<tr>
<td>Kunar</td>
<td>754</td>
<td>987</td>
<td>+31%</td>
</tr>
<tr>
<td>Laghman</td>
<td>901</td>
<td>779</td>
<td>-14%</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>18227</td>
<td>10016</td>
<td>-45%</td>
</tr>
<tr>
<td>Badakhshan</td>
<td>4204</td>
<td>4056</td>
<td>-4%</td>
</tr>
<tr>
<td>Baghlan</td>
<td>168</td>
<td>180</td>
<td>+7%</td>
</tr>
<tr>
<td>Balkh</td>
<td>0</td>
<td>204</td>
<td>NA</td>
</tr>
<tr>
<td>Faryab</td>
<td>211</td>
<td>1160</td>
<td>+451%</td>
</tr>
<tr>
<td>Sari pul</td>
<td>195</td>
<td>331</td>
<td>+70%</td>
</tr>
<tr>
<td>Daykundi</td>
<td>587</td>
<td>381</td>
<td>-35%</td>
</tr>
<tr>
<td>Hilmand</td>
<td>103240</td>
<td>86443</td>
<td>-16%</td>
</tr>
<tr>
<td>Kandahar</td>
<td>33713</td>
<td>21020</td>
<td>-38%</td>
</tr>
<tr>
<td>Urugan</td>
<td>9277</td>
<td>11277</td>
<td>+22%</td>
</tr>
<tr>
<td>Zabul</td>
<td>2894</td>
<td>644</td>
<td>-78%</td>
</tr>
<tr>
<td>Badghis</td>
<td>5721</td>
<td>12391</td>
<td>+117%</td>
</tr>
<tr>
<td>Farah</td>
<td>27513</td>
<td>21106</td>
<td>-23%</td>
</tr>
<tr>
<td>Ghor</td>
<td>493</td>
<td>1721</td>
<td>+249%</td>
</tr>
<tr>
<td>Hirat</td>
<td>738</td>
<td>285</td>
<td>-61%</td>
</tr>
<tr>
<td>Nimroz</td>
<td>14584</td>
<td>8805</td>
<td>-40%</td>
</tr>
<tr>
<td>GT</td>
<td>224125</td>
<td>182567</td>
<td></td>
</tr>
<tr>
<td>Round Total</td>
<td>224000</td>
<td>183000</td>
<td></td>
</tr>
</tbody>
</table>

Source: MCN/UNODC AOPS-2015

### FIGURE 1.2 - Region wise poppy cultivation 2004 to 2015

Source: MCN UNODC AOPS reports 2004 to 2015
Although the Southern and Western regions of the country accounted for 90% (89% in 2014) of total poppy cultivation, this amounted to 80% of total production, which was 84.6% in 2014. The decrease in percentage of contribution to total opium yield is due to the drastic decline in per unit yield in the southern (45%) and western (20%) regions as outlined in Table 1.2. Overall, there was 36% decrease in average weighted yields across the country as a whole.

**TABLE 1.2 - Opium yield, by region, 2014-2015 (Kilograms per hectare)**

<table>
<thead>
<tr>
<th>REGION</th>
<th>YIELD KG/HECTARE 2014</th>
<th>YIELD KG/HECTARE 2015</th>
<th>CHANGE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>48.5</td>
<td>41.5</td>
<td>-14%</td>
</tr>
<tr>
<td>Eastern</td>
<td>39.6</td>
<td>36.5</td>
<td>-8%</td>
</tr>
<tr>
<td>North-Eastern</td>
<td>38.2</td>
<td>39.6</td>
<td>+4%</td>
</tr>
<tr>
<td>Northern</td>
<td>34.5</td>
<td>38.3</td>
<td>+11%</td>
</tr>
<tr>
<td>Southern</td>
<td>29.5</td>
<td>16.1</td>
<td>-45%</td>
</tr>
<tr>
<td>Western</td>
<td>20.4</td>
<td>16.3</td>
<td>-20%</td>
</tr>
</tbody>
</table>

Source: AOPS-2015

Total opium production was 3300 tonnes in 2015, 48% lower than in 2014. However, prices of dry opium increased by 30% from $133 per kg in 2014 to $171 per kg in 2015. This is a relatively moderate reaction when compared to the increase from $169 to $241 per kg from 2010 to 2011 which followed two subsequent years of low production.

**FIGURE 1.3 - Opium production in tonnes and farm gate opium price per kg in USD (1997 to 2015)**

![Graph showing opium production and price trends](image)

Source:

1.1.3 Poppy-free status

The return of poppy cultivation to Balkh Province in 2015 resulted in a decrease from 15 to 14 in the number of poppy-free provinces. The total figure of poppy-free provinces – 14, whilst lower than the historic highs of 20 provinces in 2009 / 2010, is still more than double the historic low of only 6 poppy-free provinces in 2006. Increasing the number of poppy-free provinces in the country continues to be one of major aims of the National Drug Control Strategy and AL policy with MCN’s Good Performance Initiative (GPI) as the financial incentive for achieving and retaining poppy-free status.

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(4) MCN/UNODC AOPS-2015
(5) AOPS reports of UNODC and UNODC/MCN 1997 to 2015
(6) The Good Performance Initiative was established under Presidential decree 99 in 2007. To date, it has implemented 295 developmental projects at a cost of $134 million.
### 1.1.4 Poppy cultivation, insecurity and development

Security and developmental interventions for recent years highlight the link between poppy cultivation, insecurity and development. Evaluations of a number of Alternative Development projects (please see Chapter 2) also show that the districts which were secure but had little or no development interventions have again started poppy cultivation and also have become insecure as security incidents have increased. This link is clearer with regards to Badakhshan province in which Shuhada and Tagab districts were secure and poppy free until 2011 but have again started poppy cultivation, during which time and the number of security incidents have gone up from 2 in 2012 to 7 in 2015 in Shuhada, and 2 to 20 in Tagab, over the same time period. It has also been observed that all districts across the country which are insecure and are suitable for poppy cultivation have some levels of poppy cultivation. The Southern region which is home to Hilmand, Kandahar, Zabul and Uruzgan and Farah in the West are the provinces with highest levels of poppy cultivation (contributing approximately 90% of total poppy cultivated in the country) are also the areas with highest number of security incidents.8

---

**TABLE 1.3 - Number of poppy free provinces from 2005 to 2015**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of poppy free provinces</td>
<td>8</td>
<td>6</td>
<td>13</td>
<td>18</td>
<td>20</td>
<td>17</td>
<td>17</td>
<td>15</td>
<td>15</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Source: AOPS reports

**FIGURE 1.4 - Total farm gate value of opium produced in Afghanistan (1994-2014)**

Source: AOPS reports

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7 AOPS-2015
8 UNDSS security data
1.2 The Illicit Economy

1.2.1 Current status/drivers of the illicit economy

Despite the relatively low price of opium in 2013 and 2014, income generated from poppy cultivation was much higher and incomparable to conventionally grown crops, especially wheat - which was the main crop reported as being grown by non-poppoppy cultivating farmers. (UNODC 2013 and 2014) MCN UNODC opium surveys the gross income from wheat further declined to 514 USD/Hectare in 2014 as compare to 633 USD/Hectare in 2013. While the gross income from poppy remained 3600 USD per hectare in both the years 2013 and 2014. The calculations made by Roots of Peace in 2010 shows that fresh fruit trees e.g. pomegranate, grapes, cherry, apple, sweat orange and nuts e.g. almond, walnuts are the trees which have more net per hectare income than poppy9. Efforts are being made to diversify the rural income and increase per unit land income by introducing the off season vegetable production and High Value Crops but the scale of interventions are very small. The major Alternative Development program of MCN, MAIL and MRRD the Comprehensive Agriculture and Rural Development-Facility is one

FIGURE 1.5 - Net income from wheat and opium in USD/Hectare (AOPS-2009-2014)

![Graph showing net income from wheat and opium in USD/Hectare (AOPS-2009-2014)]

Source: AOPS reports 2009-2014

FIGURE 1.6 - Total National GDP versus potential export value of opiates

![Graph showing total National GDP versus potential export value of opiates]
of the many AD programs whose slogan is Sustainable poppy reduction (See CARD-F case Study ADR-13). The lack of alternatives is one of the complaints reported by farmers. David Mansfield in his report has also pointed out to the issue of lack of alternatives to the farmers it says that the areas which are close to the provincial centre Helmand there is the writ of government and people have access to livelihoods but the areas which are away from the Lashkargah the provincial centre there the economy and security are challenging.

The illicit opiate economy makes up a considerable share of the Afghan economy especially when compared with the licit economy of the country. From 2003 to 2007 the illicit opium economy made almost half of the total GDP of the country. The illicit opium economy includes farm gate value of opium, the process of manufacturing opium into heroin, and the to the smuggling and trafficking of the drugs. From 2007, the share of the illicit economy started to reduce, not due to the decrease in price of the opiates and its derivatives nor due to the decrease in its cultivation and production rather this decline was due the increase in the size of the licit economy (Figure 6). Whereas the potential export value of opiates was almost half of the total GDP on the country in 2007, this proportion has steadily decreased since then with the potential export value of opiates dropping to $2.68 billion in 2014 whilst GDP had increased to $20.48. It is worth noting that economic The economic activities are observed to be decreasing year by year since 2013, the Afghanistan Investment Support Agency data show that there was more than 50 percent decrease in investment from the year 2013 to 2014 as the investment decreased from 1.24 Billion in 2013 to 0.53 billion in 2014 and was more alarming in 2015 as till the month of August 2015 the total amount of investment in these seven provinces which include Badakhshan, Baghlan, Farah, Helmand, Kandahar, Kabul and Nangarhar was only 0.14 billion.

The farm gate value of opium represents the gross income of farmers from opium at the farm level. The farm gate level record high value was in 2011 due to the high per kg price (USD-211/kg). This has however, come down considerably to this price came down to 133 USD per kg in 2014.

In 2014 and 2011, farmers reported that about a third of their household income came from wheat, regardless of their opium-growing status (Figure 7 and 8). This proportion has been relatively stable over the years, which indicates the continuing importance of wheat as the main staple crop for rural households as well as poppy growing farmers not allocating the all of their land to illicit cultivation – perhaps to be able to adjust to any loss or failure of the poppy crop due to diseases or poppy eradication by the law enforcement bodies. For opium growing households, however, the relative importance of income from wheat (at 26% in 2011 and 23% in 2014) is smaller than for households which have either stopped growing opium poppy, or never cultivated it at all (30% and 33% in 2011 and 29% and 31% in 2014 respectively).

**FIGURE 1.7** - Distribution of income for opium growing farmers, farmers who have ceased to grow opium and farmers who never have grown opium in 2014

![Figure 1.7](#)

<table>
<thead>
<tr>
<th></th>
<th>Never Grown</th>
<th>Stopped Growing</th>
<th>Opium Growing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheat</td>
<td>0</td>
<td>2</td>
<td>55</td>
</tr>
<tr>
<td>Wheat Straw</td>
<td>29</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Opium</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Other Crops</td>
<td>22</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>Livestock</td>
<td>15</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Remittances</td>
<td>13</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Daily/monthly Wage</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Renting</td>
<td>6</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: MCN/UNODC AOPS 2014
However the share of income from opium for the opium poppy growing farmers has declined in 2014 to 36% from 49% in 2011 as the per kg price of opium fell down from 209 USD in 2011 to 133 USD in 2014. The data also shows that the decrease in share of income has been filled by other crops for farmers. A further difference between the poppy growing and non-growing farmers is their respective income from livestock. Non-poppy growing farmers have greater levels of income from livestock when compared to poppy-growing farmers. A possible explanation for this may be availability of fodder for the non-opium poppy growing farmers from the wheat crop as opposite to the opium crop which cannot be used as livestock fodder.

**FIGURE 1.8 -** Distribution of income for opium growing farmers, farmers who have ceased to grow opium and farmers who never have grown opium in 2011

| Source: MCN/UNODC AOPS-2011 |

1.3 Drug Supply Reduction

This part of the chapter focuses on the measures and interventions that are being undertaken to reduce the supply of narcotics in Afghanistan.

### 1.3.1 Farmers’ Motivations for stopping poppy cultivation

The annual Afghan Opium Survey includes findings from interviews with farmer on the reason they stopped poppy cultivation. The main reason for stopping poppy cultivation from 2007 to 2012 was government ban. However, this reason has been in decline in recent years from 33% in 2007 to 8% in 2014. Another reason given by farmers was the fear of eradication but low yield and diseases has been the main reason for stopping poppy cultivation in 2013 and 2014. There is some degree of overlap among some of the reasons like government ban, fear of eradication and elders and shura decision. In Helmand it has been reported by the surveyors during the debriefing session that main reason for stopping poppy cultivation was direction from tribal elders that led the farmers not to cultivate poppy especially inside the HFZ area. The role of the village elders has also been highlighted by Adam Pain14 "There are 'good' and 'bad' elites in the villages – those who are inclined to work for the common good and those who are not – and they need to be worked with in different ways".
FIGURE 1.9 - Farmers’ motivations for stopping poppy cultivation

<table>
<thead>
<tr>
<th>Year</th>
<th>Govt Ban</th>
<th>Elders and Shura decision</th>
<th>Lack of water and unsuitable climatic conditions</th>
<th>Other</th>
<th>Against Islam</th>
<th>Fear of Government and Eradication</th>
<th>Not enough yield and high cost of inputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>8</td>
<td>17</td>
<td>2</td>
<td>25</td>
<td>3</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>15</td>
<td>18</td>
<td>4</td>
<td>18</td>
<td>3</td>
<td>38.3</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>21</td>
<td>16</td>
<td>8</td>
<td>22</td>
<td>6.4</td>
<td>7.1</td>
<td>20.1</td>
</tr>
<tr>
<td>2011</td>
<td>23</td>
<td>11</td>
<td>5</td>
<td>20</td>
<td>8</td>
<td>5.3</td>
<td>24.6</td>
</tr>
<tr>
<td>2010</td>
<td>25</td>
<td>13</td>
<td>8</td>
<td>16</td>
<td>6</td>
<td>12</td>
<td>20.5</td>
</tr>
<tr>
<td>2009</td>
<td>33</td>
<td>16</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>26.7</td>
<td>16.1</td>
<td>29.3</td>
<td>4.1</td>
<td>2</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>

Source: MCN/UNODC AOPS reports 2007-2014

1.3.2 Illicit crops and development levels

Development indicators’ data for recent years highlight a reverse correlation between the development and illicit crops cultivation. The data obtained from the Afghanistan Opium Survey reports shows that villages that have boys and girls schools also have less poppy cultivation. The villages where there are education facilities reveals the existence of government structures while villages with lower numbers of schools and out schools and greater numbers of tend to be less secure with lower levels of interventions by the government to involve farmers in licit development. Another striking finding from the link between poppy cultivating villages and schools is the difference between the boys and girls school existence. In poppy cultivating villages in 33% of them had boys school while there were only 6% villages where there were poppy fields as well as girls school.

FIGURE 1.10 - Poppy crops and existence boys and girls school 2014

1 Poppy & boy school | 2 No Poppy & boy school | 3 Poppy & girl school | 4 No Poppy & girl school
1. DRUG SUPPLY & SUPPLY REDUCTION

1.3.3 Poppy eradication

Eradication remains as a major policy focus of MCN to influence the farmers’ decisions to stop poppy cultivation. As outlined earlier and highlighted by Figure 9, farmers gave “ban by government” and “fear of eradication” as the main reasons for stopping cultivation.

2014 was the year of transition during which international security forces handed over security responsibilities to their Afghan counterparts. This was also the year of Presidential elections which were the primary focus of security forces. As a result, there was a record low of only 1.2% of the total cultivated land being eradicated. Total land eradicated amounted to 2692 hectares at the cost of 13 lives and 26 injuries. 2015 has seen greater coordination between MCN and Law enforcement agencies (MOI, provincial authorities and MoD) resulting in 3760 (2.05%) hectares of poppy fields being eradicated with the loss of 5 lives and 18 injuries. However, eradication remains much lower than the 5% target outlined in NDCS 2013-2017. In addition, eradication took place in only 12 provinces in 2015, the same as in 2009. This is the second lowest number in recent years, with only 2005 and 2010 seeing eradication in fewer provinces in these years eradication was conducted on in 11 provinces.

2015 saw an overall increase in poppy cultivation levels in minor poppy cultivating provinces – in contrast to the reduction in major poppy cultivating provinces. Provinces where there was a decline in cultivation were part of eradication campaigns whilst there were no such campaigns in minor poppy cultivating provinces which subsequently recorded increases in cultivation.

The major share of poppy fields eradicated were in the South 59% while it contributed 58% to the total poppy cultivated area and the second largest share was of the North East Badakshan province where 33% of the total eradication happened. The western region which is the second largest poppy cultivating region the share of eradication was only 2%. The poppy fields eradicated were verified by ground surveyors, remote sensing and satellite imageries. Eradication being a major source of threat to the farmers to stop poppy cultivation but the eradication data obtained from Badakshan province shows that in spite the increase in the area of eradication from the year 2012 to 2015 there is a steady increase in poppy cultivations, the quality of eradication is also reported by AOPS-2014 as very poor.

Increase in the poppy eradicated area and level of causalities in 2015 could be attributed to the better coordination by the Ministry of Counter Narcotics between the Ministry of Interior and the Ministry of Defense, which led to the combine operations and decline of 19 percent in the poppy cultivation area.

<table>
<thead>
<tr>
<th>Number of provinces where eradication was carried out</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor-led Eradication (GLE), (hectares)</td>
<td>4,000</td>
<td>13,050</td>
<td>15,898</td>
<td>4,306</td>
<td>2,687</td>
<td>2,316</td>
<td>3,810</td>
<td>9,672</td>
<td>7348</td>
<td>2692</td>
<td>3760</td>
</tr>
<tr>
<td>Poppy Eradication Force (PEF), (hectares)</td>
<td>210</td>
<td>2,250</td>
<td>3,149</td>
<td>1,174</td>
<td>2,663</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>Total (Hectares)</td>
<td>4,210</td>
<td>15,300</td>
<td>19,510</td>
<td>5,480</td>
<td>5,351</td>
<td>2,316</td>
<td>3,810</td>
<td>9,672</td>
<td>7348</td>
<td>2592</td>
<td>3760</td>
</tr>
<tr>
<td>Net cultivation after eradication (hectares)</td>
<td>104,000</td>
<td>165,000</td>
<td>193,000</td>
<td>157,253</td>
<td>119,141</td>
<td>123,300</td>
<td>131,000</td>
<td>154,000</td>
<td>209,000</td>
<td>224,000</td>
<td>183,000</td>
</tr>
<tr>
<td>Percentage of area eradicated</td>
<td>4%</td>
<td>9%</td>
<td>10%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
<td>1.20%</td>
<td>2.05%</td>
</tr>
<tr>
<td>No of Personnel dead</td>
<td>15</td>
<td>78</td>
<td>21</td>
<td>28</td>
<td>45</td>
<td>97</td>
<td>143</td>
<td>13</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of personnel injured</td>
<td>31</td>
<td>100</td>
<td>52</td>
<td>36</td>
<td>20</td>
<td>127</td>
<td>89</td>
<td>26</td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This year has seen a welcomed reduction in poppy cultivation. The 19% reduction should be a catalyst for intensifying efforts to ensure further, sustained reductions. However, with 65% of total cultivation, the southern region is still the major poppy cultivating region in the country. This is followed by the western region which accounted for 24%. Overall cultivation in these regions went down from last year. There was an overall decline in cultivation in these two regions. In addition to the reduction in cultivation, there was a 48% decline in opium reduction and an unsurprisingly increase of 30% in the price of dry opium. Eradication remains a key pillar of the National Drug Control Strategy. These efforts require better coordination between policy and enforcement agencies, namely the Ministries of Interior, Defense, and Counter Narcotics. The increase coordination between these bodies was a key contributing factor to greater eradication in 2015 than 2014 and reductions in fatalities/casualties suffered by security personnel. Strong correlation between development indicators such as access to boys and girls school and poppy cultivation that have been elements of previous editions of this report continue to exist. In addition, the existence of developmental activities in rural communities continue to offer alternatives to poppy cultivation.

**1.4 Conclusion & Recommendations**

![Figure 1.11 - Eradication proportions by region, 2005-2015](image-url)
2

ALTERNATIVE DEVELOPMENT IN POPPY CULTIVATING DISTRICTS
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2. ALTERNATIVE DEVELOPMENT IN POPPY CULTIVATING DISTRICTS

2.1 Alternative development

Over the past 15 years, Afghanistan has faced and continues to face significant challenges including insecurity, insurgency and reconstructing and rebuilding infrastructure alongside the illicit drug trade. During this time several alternative development, law enforcement and crop substitution projects have been implemented to combat illicit drug cultivation and promote licit alternatives. Despite these efforts, the area of poppy cultivation has increased, owing in part to poverty, which is still a major problem. At the same time, some of these efforts were also responsible for pushing poppy cultivation into areas within provinces where previously there was little or no poppy cultivation and in some cases, even resulted in poppy cultivation expanding into previously poppy-free provinces. This was seen in 2001 when the Taliban enacted an opium ban, and again as a result of some subsequent eradication efforts (Helmand Food Zone Programme, 2008-2011). Thus, interventions into poppy cultivation in Afghanistan must be carefully designed and implemented to avoid unintended harmful outcomes and achieve their intended impact. The key policy in this regard is the National Drug Control Strategy (NDCS), which focuses on four pillars of counter narcotics, namely crop substitution, forced eradication, drug demand reduction and public awareness campaigns.

In 2012 and 2013, the Afghanistan Drug Report (ADR) studied the link between the level of poppy cultivation and development indicators including distance between a person’s residence, the nearest drivable road, school enrolment rates, presence of boys’ and girls’ schools, immunization of children, and proximity of projects to a paved road (as was studied in CARD-F). It was noted that all the provinces in the south had the highest level of poppy cultivation and the lowest access to these facilities.

With the establishment of the new Government in 2015 and its priorities in the Transformation Decade, the Ministry of Counter Narcotics (MCN) decided to adopt a more comprehensive and holistic approach to counter narcotics and related harms, and to place alternative development at the centre of these efforts.

Alternative development has been undertaken in a number of counties with Thailand often cited as the most successful example of its execution. It first began as an initiative based on crop substitution, but it evolved into a broader, holistic and integrated concept which seeks to deal with root causes of illicit cultivation through a comprehensive, development-based approach.

The definition of alternative development has been modified several times over the years. The most comprehensive definition was established in 1998 during a Special Session of the United Nations General Assembly. In that context, alternative development was defined as follows a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs.

MCN and UNODC held discussions with alternative development practitioners from Thailand, Peru and Colombia on the margins of International Workshop and Conference on Alternative Development (ICAD 2) in November 2015 to inform this section of the report.
2.1.1 Thai alternative development model

The northern hilly areas of Thailand were part of the golden triangle, where drug cultivation, drug use, deforestation and poverty were major problems. In order to solve problems including deforestation, poverty and opium production, the King of Thailand founded the Royal Projects Initiative. The aim was to combat the above-mentioned issues by promoting the cultivation of alternative crops. This was the first project anywhere in the world to replace illicit drug crops with licit alternatives.

Characteristics of the initiative

1. AREA BASED APPROACH
   When the King visited the sites where poppy was grown he realized that peaches grown in these areas had better return than poppy. The King called upon national and international organizations to work on the vision of replacing the poppy fields with peaches and the vision was made reality.

2. COMPREHENSIVE AND HOLISTIC APPROACH
   It was recognized that villages where poppy was being cultivated had no access to roads, basic health facilities and education. All the sectors were brought together to work closely and share the experiences for development. In the initial stages, there was limited experience in areas such as constructing roads in hilly areas. Roads that were initially constructed would wash away in the rain. It was found that vetiver grass had a longer root system and planting these grasses alongside the road prevented erosion. Such examples of learning were critical to overall success.

3. DIVERSIFICATION OF CROPS AND LIVELIHOOD
   Despite a focus on indigenous crops and plants the project introduced different kinds of vegetables and crops to be tested for compatibility with the environment. After several trials, well adapted and high yield crop seeds were distributed among the farmers, such as macadamia and coffee. Farmers were trained in pre and post-harvest techniques. Access points were established where the farmers could sell their produce after quality checking so that these products could compete in the marketplace. Furthermore, farmers were encouraged not only to grow coffee beans, but to be involved in the whole value chain.

4. BRANDING THE PRODUCTS
   Good processing and packaging facilities were provided and run by local people. All the products were organic. In this regards, a chain of coffee shops were built throughout Thailand that sold produce from alternative development projects.

5. STRONG POLITICAL WILL AND LONG TERM APPROACH
   Part of the success for the projects stems from strong political will/support and long-term planning for initiatives to eliminate poppy cultivation. By 2013, total poppy cultivating land was only 265 hectares, a remarkable achievement as this figure was 17,920 hectares in 1968. Although these were long-term programmes, they were planned in phases. For example, the Doi Tung project was planned in three phases. The first phase (1988-1993) provided basic necessities of life and basic health care, and developed infrastructure, schools and cottage industries. Phase two (1994-2002) gave local people the tools to sustain their own livelihood by focusing on creating a sustainable model through which they could generate income and become self-sufficient by establishing occupational development centres for agriculture, agro-processing, handicrafts and tourism. Phase three (2003-2017) aimed at entrenching sustainability as part of the exit phase by strengthening business units and ensuring that income generating entities are stable.

6. INTEGRATING THE LOCAL COMMUNITY
   One problem impacting many poppy growing farmers in Thailand was a lack of Thai citizenship. Many of these people had migrated to Thailand in the nineteenth century from China. The lack of citizenship meant they were unable to receive services
provided by the State such as health and education, and they were completely cut off from many basic services and had little opportunity for livelihoods other than those that involved the cultivation of poppy. The process of integrating these people into Thai society and providing them credit and services was one of the first steps taken. Today, 76 per cent of the Doi Tung population have Thai citizenship (Khuprasert, 2012).

7. ACCESS TO LAND
The farmers in the mountainous areas who cultivated poppy had less access to productive land. They had either small pieces of land or land that had lost productivity owing to slash and burn practices. The Government provided these people with land on easy terms of use and with the crops they can grow. However, the land remains the property of the Thai Government, and the Government can reclaim it at will.

2.1.2 Peru alternative development model

The National Commission for Development and Life without Drugs (DEVIDA) originally worked as a directorate in the Ministry of Health in Peru. However, in order to better coordinate policies and interventions related to counter narcotics, the directorate was upgraded to a national commission that was tasked with overseeing all aspects of interventions related to counter narcotics. It now has a structure and status that is equal to government ministries. The Commission works directly under the Prime Minister and reports directly to President and Prime Minister. Its activities are planned by its board of directors with members from all ministries of the Government machinery.

The National Drug Control Strategy of Peru has specified the role of each entity in the country. In this, DEVIDA is responsible for coordinating and articulating drug control activities among all entities including Ministry of Health, Education, Transport, Interior, Defense and Agriculture. DEVIDA also plans activities. The policies and strategies in the area of counter narcotics are planned for five year periods and they are revised after each five-year cycle.

DEVIDA adopts a comprehensive approach towards poppy elimination. Its alternative development programmes have four components which include the following aspects: (i) social; (ii) economic; (iii) political; and (iv) environmental. Each alternative development programme will focus on these components and work for its improvement.

The Peruvian alternative development programme has 30 to 40 years of experience, and projects are either short- or long-term in nature. Short term projects focus on interventions to sustain the food security of the farmers while long term projects provide mostly coffee and cacao plants which have longer life cycle and give more economical return with the passage of time. Short-term projects are planned immediately after eradication has been carried out.

The approach toward carrying out eradication and implementing alternative development programmes differs according to the characteristics two different types of areas. In secure areas which are under the control of the Government, eradication is first conducted and then alternatives are provided to the farmers. In insecure areas that are not under the control of the Government, farmers are consulted on the provision of alternatives. If they agree, eradication is conducted and alternatives are provided. If they do not agree to eradication, DEVIDA officials move to another village and consult with the people and implement interventions should they agree. Once the alternative development projects are successfully implemented, villagers who did not previously agree often contact DEVIDA and request alternatives and agree to eradication. The type of intervention is conducted in partnership with the community. They see the potential and marketability of the crop, and can judge if income from alternatives will yield income that can compete with coca. These alternative development interventions are given to all in the community, even those who did not previously cultivate coca because experiences have shown that if only coca growing farmers are targeted it will create
an incentive for coca cultivation. To avoid such a condition, the intervention is offered to all the farmers in the community. The farmers contribute only their labour to these projects, and no cash contribution is needed.

A law was recently passed to incentivize the private sector to invest in areas where illicit cultivation is taking place in return for exemption from certain taxes. These investment include building roads, clinics, school and irrigation channels.

The main source of funding for DEVIDA comes from the Peruvian Government with additional funding in the form of aid from international partners. Its total budget is approximately US$100 per annum million.

The Peruvian and Thai models emphasize the importance of long-term commitment from Government to achieving a successful outcome of projects.

### 2.1.3 Myanmar alternative development projects

Myanmar is the largest opium producer in the region and remains the second largest in the world after Afghanistan. The Government of Myanmar eradication of poppy fields, while a limited number of alternative development programmes are implemented by international organizations. Currently only a few alternative development programmes are being implemented in the country, mainly by the joint efforts of UNODC and the Thai Mae Fah Luang Foundation as well as the joint project of UNODC and the Royal Project Foundation of Thailand in Tuanggyi, Shan State.

In the Lao People’s Democratic Republic and Myanmar, opium is used to obtain credit during times of food scarcity. In remote areas of Myanmar, opium is primarily cultivated as a cash crop to compensate for financial shortfalls. Few alternative crops are available and opium is often grown to raise extra income to provide for basic necessities for families.

Taking into account the experiences of alternative development from Thailand, Myanmar-Thailand Cooperation planned alternative development projects on sustainable alternative livelihood development in Yang Khaw, Tachileik and Mong Hsat Districts of Shan State (2012-2018). Alternative development projects were planned over the long term in different phases responding to the real needs and priorities of the community and addressing all aspects of their well-being. All stakeholders at the central government level, local government level and community level were involved in planning the activities. The model for development adopted was “survival to sufficiency to sustainability” of the livelihood. Prior to project implementation, target areas were thoroughly surveyed and the following problems were found: (i) local people were suffering from poverty; and (ii) one third of the population were heavily in debt from having borrowed money for food, medical care and agricultural costs. These conditions led to poor health, food insecurity and human insecurity. Malaria, tuberculosis, diarrhoea and dental problems were common. Shifting cultivation and forest fires were prevalent, with no proper irrigation system. Agriculture relied on rain, resulting in low yield. Infrastructure was found to be limited and roads were rudimentary and impossible to use during the rainy season.

In response to these findings, the Myanmar-Thailand Cooperation planned activities in two phases: phase one “Survival” from 2012 to 2015; and phase two “Sufficiency” from 2016 to 2018.

During these phases the following areas were addressed: health care, water system development, agriculture development and livestock development. Mobile teams were established in order to provide the villagers with services. People from the community were trained in order to enhance the knowledge of the projects and ability to provide some basic services to the community. Although these teams worked voluntarily because they themselves were the beneficiaries of the projects, others charged villagers a nominal fee for the provision of services. The sustainability of the project...
2. ALTERNATIVE DEVELOPMENT IN POPPY CULTIVATING DISTRICTS

was insured through involving all stakeholders and the community, and ensuring that members of the community were part of the project team and shared responsibility for the projects. Gradually the responsibility for the project shifted towards the villagers.

2.1.4 Colombia counter narcotics & alternative development strategy

Colombia is one of the world’s largest coca producing countries with total cultivation of 109,788 hectares in 2014.\(^9\) Counter Narcotics issues in the country are under the control of the Ministry of Justice which reports to the President. There is specific body that is solely focused on counter narcotics. The Colombian counter narcotics model was totally dependent on law enforcement and eradication of the coca bushes. However, in recent years, the Government introduced alternative development activities. Some 90 per cent of the budget to this sector comes from the state government while the remaining 10 per cent comes from international donors. The country has observed a steady decline in the cultivation of coca bushes from 145,000 ha in 2001 to 48,000 ha in 2013. The major contribution to this decline seems to be eradication, but as the area of eradicated also declined from 2007 to 2013, it appears that alternative development also played a role in the reduction of the area under coca cultivation in Colombia, which amounted to 71 per cent during the period 2000-2013. The Government of Colombia focused primarily on the role of illicit drugs as an instrument used by illegal armed groups to maintain control over territories where the State has no presence. The thematic evaluation of alternative development in Colombia indicated that it actually helped create and sustain a “culture of legality” in the intervention areas.\(^10\)

2.1.5 Recommendations

- Alternative development and rule of law mutually reinforce stability and peace, and the sustained decline and elimination of illicit crops.
- Effective cooperation is needed between all stakeholders, experts, local and international experts, funding agencies, the Government and NGOs.
- There is the need to involve and engage the whole society, including local people, NGOs, local government and donors.
- Promoting access to productive land is critical to success.
- Allow farmers to grow and promote their strength to compete with multinational companies.
- Follow an area-based approach.
- Local farmers and populations need ownership of the projects.
- Promote diversification of crops and livelihoods to take into account the needs of the community.
- Alternative development programmes do not only apply to rural areas, but to open areas as well.

\(^9\) Government of Colombia and UNODC, 2015, Colombia Coca Cultivation Survey 2014.
2.2 Development interventions in poppy cultivating districts

2.2.1 Introduction

The Research and Study Directorate of MCN, with the technical support of UNODC research project (U04), conducted a mapping of alternative livelihood/development-related projects implemented in rural areas of Afghanistan.

The illicit drug trade continues to negatively impact security and the political, economic and social stability of the country. Decades of protracted conflict have severely damaged infrastructure and avenues of licit economic activity, especially in rural areas. Farmers continue to cultivate illicit crops which offer relatively high returns and are easy to cultivate. The nexus between the illicit drug economy, terrorism and insecurity is not only a threat to the country but to the region and the wider international community. To this end, the last 15 years have seen extensive resources invested in reducing poppy through alternative livelihoods projects, public awareness campaigns and law enforcement activities with the aim of achieving poppy-free status in provinces throughout Afghanistan.

The last few years have demonstrated that whenever poppy cultivation has been banned in one province, it has begun in another. In addition, the sudden eradication of illicit crops without alternate sources of income pushes farmers and farm labourers into poverty, contributing to increasing economic vulnerability and income disparity between urban and rural areas and increasing the risk of unrest among the rural population.

The Counter Narcotics Strategy of the Government of Afghanistan and international partners has been somewhat successful in that it has limited illicit crop cultivation to specific areas and districts. According to the Afghanistan Opium Survey (2015), 90 per cent 11 of the total poppy cultivated in the country comes from the southern and western regions.

MCN believes that in order to deliver sustained reductions in poppy cultivation, there is the need for a holistic approach towards development. This holistic approach, referred to as “Alternative Development” aims to provide opportunities for farmers for licit crop cultivation and licit income. Afghanistan’s new Government and the international community acknowledge and support the approach of undertaking long-term alternative development programmes that have sustainability at their core rather than short-term incentives and assistance.

As of July 2012, the international community had disbursed over US$70 billion 12 to the reconstruction, peace and stability in Afghanistan. The exact break-down of these funds is not known. However, the mapping undertaken for this report was designed to give a clearer understanding of the levels of alternative livelihood interventions by Government ministries and bodies and its relationship to poppy cultivation across the country. In consultation with MCN senior management, seven provinces in six zones were selected for this mapping exercise in which at least one district had the highest poppy cultivation in the zone:

- Badakhshan in the north-east;
- Baghlan in the north;
- Farah in the west;
- Nangarhar in the east;
- Kabul in the central region; and
- Kandahar and Helmand in the south.
2. ALTERNATIVE DEVELOPMENT IN POPPY CULTIVATING DISTRICTS

Ministries and government institutions with the highest levels of involvement in interventions related to alternative development were contacted to share data on their activities in the afore-mentioned provinces. These Ministries and organizations include the following:

- Ministry of Agriculture Irrigation and Livestock (MAIL) data from 2004 to 2014;
- Ministry of Rural Rehabilitation and Development (MRRD) data from 2002 to 2015;
- Ministry of Public Health 2015 updated data;
- Ministry of Energy and Water from 2005 to 2015;
- Afghanistan Investment Support Agency from 2003 to 2015;
- MCN Good Performance Initiative (GPI).

Although the projects and activities were not necessarily specific to counter narcotics (except for GPI), there does seem to be a link between interventions, projects implemented and the levels of poppy cultivation.

Evidence from the last few years has demonstrated that whenever poppy cultivation has been banned in one province it has surged in another. For example, the ban in 2001 by the Taliban led to the expansion of poppy cultivation into Farah and Badghis Provinces14 while the Helmand Food Zone Programme pushed the poppy fields towards the deserts of the province outside the programme area. In both of the cases, areas with no previous history of poppy cultivation became leading poppy cultivating districts not only in the western region but in the country.

In addition, the sudden eradication of illicit crops without alternate sources of income pushes farmers and farm labourers into poverty, contributing to increasing income disparity between urban and rural population.

The counter narcotics strategy of the Government of Afghanistan and its international partners is to maximize the number of poppy-free provinces and reward those that achieve this status through GPI, which is run in partnership with MCN. According to the Afghanistan Opium Survey (2015), 90 per cent of the total poppy production of Afghanistan was cultivated in the south and west zones alone.

Poppy cultivation, security and environment data reveal that poppy is cultivated in almost all regions and provinces that have poor security. MCN believes that a holistic approach, as outlined by alternative development strategies, is needed to deliver sustainable reductions in poppy production. This holistic approach to alternative development aims to provide opportunities for farmers to pursue licit crop cultivation as a source of licit income. To date, projects implemented in rural areas of the country have been referred to as alternative livelihoods projects.

**BOX 2.1 - AL vs. AD in Afghanistan: Definition and main differences**

MRRD defines alternative livelihoods in as a counter-narcotics policy response as:

“Rural development activities that provide licit economic alternatives to farmers and other rural workers currently dependent on or vulnerable to opium cultivation and production”.

The term alternative livelihood became popular in Afghanistan after the fall of Taliban and establishment of the then new government. It was officially adopted in the 2006 Afghan National Drug Control Strategy (NDCS) with the stated aim to “strengthen and diversify "alternative livelihoods" that free farmers and other rural workers from dependence on opium cultivation and encourage growth of the licit economy”. However the concept of alternative livelihood has evolved and broadened into alternative development.

In other places, such as the Andean region, alternative development, not alternative livelihoods remains the pre-eminent approach. Alternative development is defined as:

“a process to prevent and eliminate the illicit cultivation of plants containing narcotic drugs and psychotropic substances through specifically designed rural development measures in the context of sustained national economic growth and sustainable development efforts in countries taking action against drugs, recognizing the particular socio-cultural characteristics of the target communities and groups, within the framework of a comprehensive and permanent solution to the problem of illicit drugs”.

(15) MCN/UNODC, 2015, Afghanistan Opium Survey, regional distribution of poppy cultivation.
It is important to note that this mapping did not aim to establish the exact amount of investment that reached farmers or how projects were planned. It also does not explain why the activities did not yield a direct reduction of the levels of cultivation. The mapping also does not explore the impressions of farmers involved in these projects in terms of their success, impact or viability. There is the need for future research into those areas. The necessary time and resources needed for to get accurate responses to such queries are outside the scope of this Report. However, as projects implemented by MAIL were directly aimed at crop substitution through providing poppy cultivating farmers with alternatives or increasing licit farm production, Annex A outlines a brief description of interventions made by MAIL in seven selected provinces and their relation to poppy cultivation and security. This is by no means a thorough impact assessment but instead an introductory summary to possible future evaluation of interventions.

2.3 Mapping alternative development interventions by Afghan ministries

2.3.1 Ministry of Rural Rehabilitation and Development

IMPLEMENTATION OF RURAL DEVELOPMENT PROJECTS BY PROVINCE
From 2001 till mid-2015, the Ministry of Rural Rehabilitation and Development (MRRD) implemented the following value of rural development projects - US$103 million in Nangarhar, US$97.7 million in Badakhshan, US$73.2 million in Kabul, US$66.5 million in Kandahar, US$64.3 million in Baghlan, US$58.6 million in Helmand and US$28 million in Farah (map 1). In accordance to the budget and number of the projects, Nangarhar and Badakhshan received the highest budget and number of projects. Kandahar, Baghlan and Kabul received the second highest share and Helmand and Farah Provinces received the third highest share.

MAP 2.1 - Budget and number of MRRD projects in selected provinces of Afghanistan

Source: MRRD/MIS
2. ALTERNATIVE DEVELOPMENT IN POPPY CULTIVATING DISTRICTS

After linking the implementation of rural development projects with the levels of poppy cultivation, it is clear that Helmand and Farah, which are the highest poppy cultivating provinces, receive the lowest amount of money. Alternatively, Nangarhar and Badakhshan, which cultivate less poppy, received higher levels of funding. It is worth noting as well that security, poverty rates, socioeconomic status, donor interests and other considerations may have been factors that influenced decisions on the allocation of funding/projects.

**TABLE 2.1 - Implementation of development projects by province and district (MRRD)**

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>DISTRICT</th>
<th>NUMBER OF PROJECTS</th>
<th>DIRECT BENEFICIARIES (000)</th>
<th>TOTAL BUDGET SPENT US$ (000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badakhshan</td>
<td>Argo (high)</td>
<td>360</td>
<td>133</td>
<td>8 673</td>
</tr>
<tr>
<td>Badakhshan</td>
<td>Faiz Abad-center (medium)</td>
<td>327</td>
<td>90</td>
<td>6 825</td>
</tr>
<tr>
<td>Badakhshan</td>
<td>Yamgan (low)</td>
<td>106</td>
<td>26</td>
<td>1 977</td>
</tr>
<tr>
<td>Baghlan</td>
<td>Burka (low)</td>
<td>193</td>
<td>49</td>
<td>3 931</td>
</tr>
<tr>
<td>Baghlan</td>
<td>Deh Salah (medium)</td>
<td>32</td>
<td>11</td>
<td>253</td>
</tr>
<tr>
<td>Baghlan</td>
<td>Pul-e-Hesar (high)</td>
<td>14</td>
<td>10</td>
<td>541</td>
</tr>
<tr>
<td>Farah</td>
<td>Bakwa (high)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Farah</td>
<td>Khak-e-Safed (medium)</td>
<td>135</td>
<td>26</td>
<td>2 177</td>
</tr>
<tr>
<td>Farah</td>
<td>Shib Koh (low)</td>
<td>76</td>
<td>57</td>
<td>2 599</td>
</tr>
<tr>
<td>Helmand</td>
<td>Nad Ali (high)</td>
<td>259</td>
<td>526</td>
<td>9 486</td>
</tr>
<tr>
<td>Helmand</td>
<td>Nawa-e-Barikzayi (low)</td>
<td>201</td>
<td>179</td>
<td>3 870</td>
</tr>
<tr>
<td>Helmand</td>
<td>Sangin Qala (medium)</td>
<td>5</td>
<td>30</td>
<td>676</td>
</tr>
<tr>
<td>Kabul</td>
<td>Surubi</td>
<td>245</td>
<td>65</td>
<td>3 713</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Daman (medium)</td>
<td>295</td>
<td>309</td>
<td>10 324</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Ghorak (low)</td>
<td>7</td>
<td>16</td>
<td>93</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Maiwand (high)</td>
<td>141</td>
<td>59</td>
<td>2 231</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Goshta (low)</td>
<td>175</td>
<td>113</td>
<td>4 181</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Khogyani (high)</td>
<td>651</td>
<td>251</td>
<td>11 235</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Rodat (medium)</td>
<td>297</td>
<td>73</td>
<td>3 434</td>
</tr>
</tbody>
</table>

Source: MRRD/MIS

District allocation within these seven provinces vary and are context specific (table 1). In Farah Province, more projects are implemented in the medium poppy cultivating district of Khak-e-Safed, while no projects are implemented in the high poppy cultivating district of Bakwa.

In Helmand Province, more projects are implemented in a high poppy cultivating district (Nad Ali) than in a low poppy cultivating district (Nawa-e-Barikzayi) and only five projects have been implemented in a medium poppy cultivating district (Sangin Qala). From the data on Helmand Province it is not possible to correlate poppy cultivation with development indicators, because Nawa-e-Barikzayi is receiving more projects while cultivation is low. Similarly in Nangarhar Province more projects are implemented in a high poppy cultivating district (Khogyani). This scenario, however, is reversed in Kandahar Province. Ghorak District received fewer projects and is among the low poppy cultivating districts. In Baghlan Province, more projects were implemented in low poppy cultivating districts than in medium and high cultivating districts.

Given this context, more research should be conducted to find the factors behind poppy cultivation. There seems to be a general correlation between poppy cultivation and implementation of development projects. Observing the differences between provinces, it can be concluded that the increase and decrease in levels of poppy cultivation are linked to the implementation of development projects. It is recommended to conduct research studies to consider holistic approaches to development interventions.
across vulnerable provinces. Based on this it is also recommended to proceed more strategically in the distribution of projects and to develop for each province a plan for allocating projects.

2.3.2 Ministry of Agricultural, Irrigation and Livestock

From 2003 to June 2015, MAIL implemented more projects in Baghlan, Badakhshan and Nangarhar Provinces and fewer projects in Helmand, Farah and Kandahar Provinces, which are high poppy cultivating provinces (map 2). Data on budget and coverage of these are not available, however, the query can be raised as to why Helmand, Kandahar and Farah Provinces, as major poppy producing provinces and with great potential for agricultural and alternative development interventions, received fewer of projects.

MAP 2.2 - Number of MAIL interventions in selected provinces of Afghanistan

TABLE 2.2 - Number of MAIL projects by province and district

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>DISTRICT</th>
<th>NUMBER OF PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badakhshan</td>
<td>Argo [high]</td>
<td>442</td>
</tr>
<tr>
<td>Badakhshan</td>
<td>Faiz Abad - centre [medium]</td>
<td>584</td>
</tr>
<tr>
<td>Badakhshan</td>
<td>Yamgan [low]</td>
<td>355</td>
</tr>
<tr>
<td>Baghlan</td>
<td>Burka [low]</td>
<td>393</td>
</tr>
<tr>
<td>Baghlan</td>
<td>Deh Salah [medium]</td>
<td>53</td>
</tr>
<tr>
<td>Baghlan</td>
<td>Pul-e-Hesar [high]</td>
<td>5</td>
</tr>
<tr>
<td>Farah</td>
<td>Bakwa [high]</td>
<td>0</td>
</tr>
<tr>
<td>Farah</td>
<td>Khak-e-Safed [medium]</td>
<td>1</td>
</tr>
<tr>
<td>Farah</td>
<td>Shib Koh [low]</td>
<td>2</td>
</tr>
<tr>
<td>Helmand</td>
<td>Nad Ali [high]</td>
<td>16</td>
</tr>
<tr>
<td>Helmand</td>
<td>Nawa-e-Barikzayi [low]</td>
<td>9</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Sangin Qala [medium]</td>
<td>2</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Daman [medium]</td>
<td>4</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Ghorak [low]</td>
<td>0</td>
</tr>
<tr>
<td>Kandahar</td>
<td>Maiwand [high]</td>
<td>2</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Goshta [low]</td>
<td>13</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Khogyani [high]</td>
<td>239</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Rodat [medium]</td>
<td>55</td>
</tr>
</tbody>
</table>

Source: MAIL/MIS
The number of agricultural projects vary province by province (table 2). In Helmand Province more projects are implemented in a high poppy cultivating district (Nad Ali) and fewer projects in a medium poppy cultivating district (Sangin Qala). In Kandahar Province, no projects were implemented by MAIL in what is a low poppy cultivating district. In Nangarhar Province, more projects were implemented in high poppy cultivating districts (such as Khogyani) and fewer projects in a low poppy cultivating district (Goshta). In Badakshan Province, more projects were also implemented in a medium poppy cultivating district and fewer in a low poppy cultivating district (Yamgan). Contrary to other poppy cultivating provinces, more projects were implemented in a low poppy cultivating district (Burka) and fewer projects were implemented in a high poppy cultivating district (Pul-e-Hesar).

With the exception of Baghlan Province, the more agricultural projects were implemented, the more poppy was cultivated. It can be concluded from available data from MRRD and MAIL that finding direct linkages between poppy cultivation and development indicators of the two ministries will be very difficult unless more compressive data are available on the nature, extent and outcome of these projects.

Finally, it can be concluded that the reasons for poppy cultivation in different regions correspond to the context of each province. Projects should be designed and planned based on the needs of vulnerable farmers and should be implemented as part of a long-term alternative development strategy.

2.3.3 MCN, Good Performance Initiative (GPI)

The Good Performance Initiative (GPI) of the Government of Afghanistan highlights exemplary counter narcotics efforts at the provincial level. The programme began in 2007 by decree No. 99 of the President of Afghanistan in order to incentivize the activities of provincial governors to counter narcotics, reduce supply and support sustainable, community-led development projects that reduce or eliminate poppy cultivation. This programme is funded by the United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL) and Counter Narcotics Task Fund (CNTF) of the United Nations Development Programme (UNDP). The programme is implemented by MCN in Afghanistan.
The main objective of GPI is to support provinces that achieve sustained progress towards poppy eradication or remain poppy free by providing financial support to those provinces for agreed priority development projects. Each year, GPI provides awards to provinces for the following accomplishments:

- Achieving or maintaining poppy-free status (US$1 million for each province)
- Reducing poppy cultivation by more than 10 per cent in the last year (US$1,000 for each hectare above 10 per cent)
- Exceptional counter narcotics achievements (US$500,000 each for up to two provinces)

The investment of GPI selected provinces of Afghanistan is provided in map 3.

Since the establishment of the programme, 295 projects with total cost of US$134 million have been implemented. Out of 295 projects, 228 have been completed (including 43 projects that were jointly funded by CNTF) and the remaining 67 project are in different stages of completion. These projects were implemented by local contractors, in different sectors, in almost all provinces of Afghanistan. Through GPI, 390 trainings on agriculture and farm machinery were provided to farmer associations. Meanwhile, five centres for vocational trainings were constructed. Furthermore, based on GPI, 39 irrigation projects were implemented, 11 bridges were constructed, and 115 greenhouses, 13 agricultural stocks, 2,650 fruit orchards and one fruit market were established. Along with the construction of agricultural and irrigation infrastructure in targeted provinces, which provide direct benefits to farmers, GPI also aided in the construction of some 85 buildings for primary, secondary and high schools and 19 provincial conference halls. Moreover, some other examples of non-agricultural projects implemented through GPI include the construction of 21 class-C sports stadiums and sports gymnasiaums, 52 basic health clinics and drug treatment hospitals, 28 university buildings, a hostel and library, 17 teacher training centres and hostel buildings for teacher training centres and 16 km asphalt roads in rural areas.

During the first phase of implementation, the projects were nominated by provincial governors and provincial development committees and jointly approved by MCN, GPI Directorate and INL. As mentioned above, in the majority of cases farmers did not directly benefit from projects implemented by GPI.

Based on experiences from phase one of GPI, in early September 2014, MCN redesigned GPI to encourage more integrated counter narcotics action and provide more focused support for rural alternative livelihoods. The newly redesigned programme, named GPI-II, is more oriented towards farmers and will focus on their livelihoods while supporting with the MCN alternative livelihoods policy objectives. Based on new rules of GPI-II, the projects are proposed by District Development Assemblies, in consultation with community development councils and agricultural cooperatives, and forwarded to Provincial Development Councils for approval. The GPI-II awards are classified in three categories which includes:

- Category 1: Cultivation (Obtaining poppy free status or significantly decrease of 10 per cent in poppy cultivation)
- Category 2: Law enforcement (Which includes, poppy fields eradication, referring counter narcotics cases to Counter Narcotics Justice Center (CNJC) and total seizure of illicit substance including, opium, heroin, morphine, and solid chemical or liquid precursors)
- Category 3: Public outreach: (This includes demonstration of exemplary achievements in counter narcotics community engagement and public awareness).

In terms of the total cost of projects implemented by province, the greatest investment, with a total cost of US$3,882,217, has been made in Badakhshan Province, followed by Nangarhar Province with a total of US$3,241,858.
2.3.4 MoPH health facilities with community health shuras

The Ministry of Public Health provide basic health services to people through the Basic Package of Health Services (BPHS), the foundation of the Afghan health system, it establishes its standards and is the key instrument in its development. The first module of BPHS was developed and introduced in 2003 and revised in 2005. The BPHS clearly delineates services that should be provided by each type of primary health care facility in the Afghan health system, such as health posts, basic health centres, comprehensive health centres and district hospitals. It also specifies the staff, equipment, diagnostic services and medications required to provide those services.

In order to engage local leaders, health care providers and other community members to improve community health, the health shuras (committees) were established along with health facilities. To achieve their goals, the shuras conduct meeting on a monthly basis.

The proportion of health facilities with an active health shura varies by province and are context specific. Data on the number of patients and active health shuras in selected provinces of Afghanistan are provided in map 4. In Baghlan Province, in all three targeted districts (with low, medium and high poppy cultivation), all the treatment facilities have active health shuras. In Badakhshan Province, health facilities in Faizabad and Yamgan Districts, in which all health shuras are active, have high and low poppy cultivations respectively. In Argo District, poppy cultivation is high and 86 per cent of health facilities have active health shuras. In Kandahar Province, Maywand and Daman Districts (with high and low poppy cultivation) have 67 per cent and 100 per cent active health shuras in health facilities. Health facilities in Ghorak District (with low poppy cultivation) has no active shura.

**MAP 2.4 - Patients of health facilities and active health shuras in selected provinces of Afghanistan**

Health facilities in all categories of districts (low, medium and high poppy cultivation in Helmand and Nangarhar Provinces) have similar (80 per cent) proportions of active health shuras. In Farah Province, health facilities in high and medium poppy cultivating districts (Bakwa and Khak-e-Safeed) have no active health shura, while only 67 per cent of health facilities in Sheib Koh District (with low poppy cultivation) have an active health shura. The proportion of facilities with active shura in Suroobi District of Kabul Province is almost 75 per cent.
Similarly, the number of visitors (patients) who come to health facilities varies by province and cannot be linked directly with the level of poppy cultivation in targeted districts. The number of visitors to health facilities is directly proportionate to poppy cultivation in Badakhshan and Helmand Provinces. In districts where poppy cultivation is high the number of visitors to health facilities is high and in districts where poppy cultivation is low the number of visitor to health facilities is low (measured at the provincial level).

The number of visitors to health facilities in Baghlan and Farah Provinces is indirectly proportionate, meaning where poppy cultivation is high, the number of visitors to health facilities is low, and in those districts where poppy cultivation is low the number of visitors to health facilities high.

The association between the level of poppy cultivation and the number visitors to health facilities in targeted districts of other four provinces is not smoothly comparable and varies based on the specific characteristics of each location.

### 2.3.5 Afghanistan Investment Support Agency

The Afghanistan Investment Support Agency (AISA) was established in September 2003. The agency is responsible to facilitate registration, licensing and promotion of all investments in Afghanistan, and to attract industrial investment. AISA does this by providing services to investors, facilitating cross border partnerships, advocating business enabling measures and reforms and proactively promoting Afghanistan as an attractive business and investment destination.

Afghanistan Investment Support Agency investments in Afghanistan during 2001-2013 show some fluctuation but also show more increase, with the highest level of investments, US$1.26 billion, registered in 2013.

Investment fell markedly between 2013 and 2015. In 2014 initial capital investment was US$0.53 billion, a 57 per cent decrease from the previous year. This fell by a further 73.58 per cent to US$0.14 billion in the first three quarters of 2015. Data on the number and value of investments in selected provinces of Afghanistan are provided in map 5.

![Map 2.5 - Number of investments and budget of AISA activities in selected provinces of Afghanistan](image-url)

Source: AISA MIS
The trend in recent years of decreased investments in Afghanistan could be related to factors such as the beginning of withdrawal of international forces from Afghanistan and the deterioration of the security situation. These factors may have discouraged investors owing to greater insecurity. Moreover, the prolonged and contested presidential election of 2014 and continuing security challenges have also had a negative impact on the investment environment.

### 2.3.6 Ministry of Energy and Water

Ministry of Energy and Water (MoEW) focused and implemented projects in those areas with existing of rivers (map 6). Projects were implemented along the riverbanks in seven provinces across the country.

The highest number of projects and amount of investment by the MoWE were implemented in Nangarhar Province, followed by Kandahar, Baghlan, Badakhshan, Kabul, Farah and Helmand Provinces.

**MAP 2.6 - Projects and budget of MoEW activities in selected provinces of Afghanistan**

Source: MoEW
2.4 Assessments of Afghan alternative livelihood/development programmes

2.4.1 Enabling Women Entrepreneurship Project under the CARD-F “Economic Development Package” on Greenhouses

BACKGROUND
In order to tackle the resurgence of poppy cultivation in several districts of Nangarhar Province (including Behsud and Surkhrud Districts), the UNODC Alternative Livelihood Project entered into a partnership with the Comprehensive Agriculture and Rural Development Facility (CARD-F) with a view to enabling women living in these two districts in subsistence rural and peri-urban households, particularly female heads of households, to own a greenhouse. The project was designed and implemented in consultation with MCN, MRRD, MAIL and the Alternative Livelihood Technical Working Group (AL-TWG).

The overall goal of the project was to enable female beneficiaries (primarily female heads of households who are unable to pay their 30-40 per cent contribution) to build a greenhouse for off-season vegetables production. This intervention was intended to improve the livelihoods of the resource-poor women and provide them with an integrated approach to affordable, sustainable and intensive system of cash crop production on otherwise non-productive land. UNODC supported 24 farmers in Behsud and Surkhrud Districts of Nangarhar Province to own greenhouses by contributing 10 per cent (US$630) of the total cost. In-kind or cash contributions by participants is a key element of projects such as this. Prior to implementation, participating farmers voluntarily signed social contracts outlining the scope and terms of the project. Implementing partners were selected on a competitive basis. Other objectives of the Alternative Livelihood Project were to establish market linkages between farmers and local markets and promote organic farming.

The UNODC Research Project and MCN Research Department carried out an assessment of the effectiveness and achievements of the projects. The key findings and recommendations listed below resulted from the assessment.

KEY FINDINGS AND RECOMMENDATIONS
- Some 24 farmers were provided with greenhouses, technical training, required inputs (such as improved seeds, trellising materials, scissors, seedling trays and compost) to diversify their livelihoods to generate more income.
- Incomes of the families engaged in this project increased by 30-50 per cent.
- Farmers identified the provision of this project as a motivation for not continuing to engage in illicit crop cultivation.
- Farmers stated that the main sources of awareness about the project were community development councils, district development assemblies and the radio.
- Farmers became members of greenhouse association which was a focus for sharing market information, technical information and public awareness.
- The capacities of farmers to operate and maintain these greenhouses increased. Both men and women directly benefited from the interventions.
- After project implementation, the frequency of crop cultivation increased.
- Farmers were consulted before project implementation and farmers felt that the monitoring of the project through extension workers was acceptable.
- Women entrepreneur were encouraged to own and run the greenhouses.
- Farmers suggested increasing the number of greenhouses and also recommended the provision of other projects such as poultry, tailoring, livestock, handicrafts, literacy programmes for women and seminars and trainings to synergize the effects.
Further promotion and expansion of greenhouses are required for current project beneficiaries and other farmers with mechanisms in place for sustainability. More efforts should be directed to link farmers with markets to enable more income generation. Farmers should receive clear instructions from stakeholders that by taking part in interventions such as this, they should not revert back to illicit crop cultivation.

2.4.2 Support to women, rose production in Dara-e-Noor, Nangarhar

BACKGROUND
UNODC’s Alternative Livelihoods Programme supports the plan of the Ministry of Counter Narcotics (MCN) to implement the Food Zone Programme in Nangarhar Province as a means to provide income generation opportunities and alternative livelihood interventions. Resource-poor women farmers, including female heads of households, are particularly targeted, as they are often the most vulnerable people within poppy cultivating societies. In recognition of the need for community based, alternative livelihood interventions specifically directed at women, UNODC’s Alternative Livelihoods Programme supported a rose production project in Dara-e-Noor (Valley of Light). A primary objective of this project was to establish market linkages between farmers and local markets. Participating farmers gave in-kind contributions of land and unskilled labour. Prior to implementation, participating farmers voluntarily signed contractual agreements outlining the scope and terms of the project. Implementing partners were selected on a competitive basis.

The project targeted a total of 80 female beneficiaries in five villages in the upper reaches of Dara-e-Noor to establish rose fields and to enable produced flowers to be sold at market. The project ran for a year between March 2013 and March 2014 and was designed and implemented in consultation with MCN, MRRD, MAIL and the Alternative Livelihood Technical Working Group (AL-TWG).

The UNODC Research Project and MCN Research Department interviewed some of the project beneficiaries to get their views on its objectives, start-up, implementation and impact.

KEY FINDINGS

In total, 24 beneficiaries (30 per cent) were interviewed for this assessment. Key findings of the assessment include:

- The vast majority of respondents (over 95 per cent) were illiterate, and none had attended any form of education, either at the primary or the secondary school level.
- Community district councils and or district development councils were the source of information about the project for 70 per cent of respondents. Around 20 per cent stated that they heard about the project at a workshop, and 10 per cent said the radio was their source of information.
- Respondents outlined a comprehensive list of services provided to them during the implementation of the project, including training of trainers on cuttings and agricultural machinery, irrigation systems and marketing.
- Due to the specific aims and target audience of the project, it was deemed necessary to ask respondents if they were aware the terms of the project. Some 85 per cent of respondents stated that they knew the project was aimed at stopping poppy cultivation, 13 per cent stated that they knew it was only aimed at women and 7 per cent knew that products would only be sold to the project.
- Over 90 per cent of respondents stated that they stopped poppy cultivation after joining the project. Some 5 per cent stated that they were still cultivating poppies while 5 per cent stated that they had never cultivated poppies.
- All respondents were informed about the basic standards of organic rose oil production.
- All respondents stated that they were consulted before the project began and that monitoring took place on a weekly basis.

(23) The full report on the Women’s Rose Production Project in Dara-e-Noor will be published in early 2016.
The negative environmental impact of moving sand in Afghanistan is a widespread phenomenon which covers a large portion of land in the northern, southern and western parts of the country, including the targeted Kohsan District in Herat Province. High velocity winds (reaching up to 90km/hour) and floods move fertile topsoil from one place to another. Bare land with meagre vegetation cover is unable to withstand the effects of the wind and heavy rains and becomes depleted. Furthermore, fierce winds and flash floods lead to soil erosion and land degradation as well as the destruction of houses, infrastructure and agricultural crops. As a result of moving sand, approximately 10,000 hectares of land has been lost in the targeted area. The local population also suffers from respiratory diseases and eye infections caused by airborne fine dust particles.

The Land Stabilization and Livelihood Assistance to Vulnerable Communities Project was carried out in the Kohsan District of Herat Province from 1 January 2013 to 31 December 2013. The objectives of the project were to protect agricultural land, canals and dwellings from Aeolian sand and sand dunes, contribute to improved quality of life of the target community and raise awareness of counter narcotics issues. The project was designed and implemented in consultation with MCN, MRRD, MAIL and the Alternative Livelihood Technical Working Group (AL-TWG). Participants contributed in-kind to the operational costs of running the project and voluntarily signed contractual agreements outlining the scope and terms of the project before its implementation. Implementing partners were selected on a competitive basis. The project aimed to establish market linkages between farmers and local markets and the promotion of organic farming were further objectives of these alternative livelihood projects.

An assessment/evaluation was conducted to find out the effectiveness and achievements of the projects. The key findings of the assessment are provided below.

**KEY FINDINGS**

- Participating farmers were consulted before project implementation.
- Most of the farmers were satisfied of the project and its outcomes.
- Some 72 per cent of participating farmers reported an increase in their income after the intervention.
- Tri-cropping was practiced after project implementation, and this was not the case before.
- Some 40 per cent of participating farmers stated that this intervention was the reason they stopping poppy cultivation.
- Some 72 per cent of participating farmers knew about the terms and condition of the project, particularly the requirement that they would not be engaged in poppy cultivation, while 28 per cent stated that there were no terms and conditions for the project.
Most of the participating farmers found out about the project through the community development council and district development council. A smaller number were informed by other villagers, extension workers or the launch workshop. The farmers were not informed through the radio, television or billboards.

Specific questions about decreased land erosion were not included in the assessment but the increase in farmers’ income, implementation of the practice of tri-cropping and the satisfaction of farmers indicate that land erosion also decreased and agricultural land was protected as a result of the project.

Farmers recommended the provision of improved seeds and agricultural machinery, marketing for agricultural products and extension of the current project. It is also essential to clearly communicate with all farmers that they are required to stop poppy cultivation as a pre-requisite for engagement in such projects.

As community development councils, district development assemblies, and locally established land stabilization committees were the main source of awareness, close cooperation and planning with these institutions is essential for the development, implementation and monitoring and evaluation of such projects.
2.5 Conclusion & Recommendations

The Alternative Development (AD) chapter focused on the concept of AD, the experiences of AD from the countries who have decades of experiences in this area these countries include Thailand, Myanmar, Peru and Colombia. In order to move forward and provide the farmers with licit alternatives of income there is need of strong political will, availability of financial resources with long term investment and sharing and adopting the best practices of the countries already practicing AD. To combat Narcotics the issue should be brought to the national agenda and with the inclusion participation and consensus of all relevant stakeholders (provincial, national and international) on policy development and programme / project delivery.

This chapter also conducted data mapping for the six ministries / organizations involved in public sector development. From the data mapping it was found that insecurity, developmental interventions and poppy cultivations are somehow interlinked. It is recommended that there is need to review how to proceed more strategically in the distribution of projects and to develop for each province a plan for allocating projects. The chapter emphasizes the need for further, detailed research in order to find the exact impact of the interventions on the decision making of farmers not to cultivate poppy and how interventions have produced livelihood opportunities and ease the life of the community. This should be context specific for different parts of the country, districts and provinces that are low, medium and high poppy cultivating.

Of critical importance is the need to ensure that all farmers engaged in AL projects are made aware and are also in agreement with the stated aim of the interventions of non partaking in any kind of activity involving illicit crops. A number of previous assessments (including CARD-F in ADR 2013) highlighted the lack of understanding and buy-in of farmers involved in AL interventions of the requirement to not engage in activities involving illicit crops.

References

- UNDC, Illicit Drug Trends in Afghanistan.
2.2 Categorization of poppy cultivating districts

**BAGHLAN**

A mixed picture was found when comparing interventions levels of poppy cultivation. For example, in Baghlan Province, poppy cultivation is prevalent in Deh Salah and Pul-e-Hesar Districts that rank the lowest in the list of activities/interventions made by the Ministry Agriculture, Irrigation and Livestock (MAIL). At the same time, United Nations Department for Safety and Security (UNDSS) rated security as low to moderate from 2006 to 2015 in these areas. In the same province, there are districts such as Pul-e-Khumri, Baghlan Jadid and Dhana-e-Ghory where there is substantial insecurity, yet there are also a number of interventions related to alternative livelihood and no poppy cultivation has taken place in the last five years. Data on alternative livelihood programmes in the districts of Baghlan Province are provided in figure 1.

**BADAKHSHAN**

In contrast to Baghlan province, districts of Badakhshan Province, including Kesham, Argo, Darayem and Shuhada, all have the highest levels of investments in alternative livelihood as well as poppy cultivation. Data on alternative livelihood programmes in the districts of Badakhshan Province are provided in figure 2. Jurm is insecure but also has a relatively high number interventions. It is recommended that this situation should be carefully studied in Badakhshan so as to better understand why, despite interventions and law enforcement efforts, there is still significant poppy cultivation.

---

**FIGURE 2.1** - MAIL alternative livelihood interventions in Baghlan Province by district

**FIGURE 2.2** - MAIL alternative livelihood interventions in Badakhshan Province by district
KANDAHAR

The level of poppy cultivation in Kandahar Province is second only to Helmand in the southern region and third in the country\(^\text{24}\). With the exception of Reg and Shor Abak, all districts of Kandahar Province have experienced poppy cultivation. Kandahar has received fewer interventions related to alternative development from MAIL than other provinces. Kandahar District received the greatest number of alternative development interventions at 67 (figure 3). No other district in Kandahar Province has received more than ten interventions, which is low compared to other provinces such as Baghlan, Badakhshan and Kabul.

FIGURE 2.3 - MAIL alternative development interventions in Kandahar Province by district

Source: MAIL MIS

HELMAND

Helmand is the major poppy cultivating province in Afghanistan, contributing 47 per cent of all poppy cultivated nationally. It has 387,290 ha of agricultural land (Agmask MCN/UNODC)\(^\text{25}\) more than any other province in the country. Almost all of its districts have cultivated poppy. Compared to its position as the foremost province for agricultural production, Helmand receives a relatively low share of interventions by MAIL (figure 4).

FIGURE 2.4 - MAIL alternative livelihood interventions in Helmand Province by district

Source: MAIL MIS

KABUL

Surubi is the only district of Kabul Province where poppy is being cultivated. As shown in figure 5, Surubi also received the second lowest number of interventions related to alternative development.
FAHAR

Farah is major poppy cultivating province in the west - contributing 12 per cent of the total poppy cultivated in the country. With the exception of Anar Dara that was poppy free in 2015, all districts in Farah province cultivate poppy. The overall number of MAIL interventions related to alternative livelihood is lower than other provinces and the interventions are mostly concentrated in the provincial capital. This number was 128 in the whole province including 98 in the provincial capital while the total number of interventions in Badakhshan, Baghlan, Kabul, Nangarhar were 5875, 6896, 4561 and 3989 respectively.
Afghanistan is facing significant challenges related to drug use among its population, a phenomenon that has been on the rise over the last decade. Recent studies confirm that the number of drug users in the country is continuing to rise, and there are now estimated to be between 1.9 million and 2.4 million adult drug users in the country. Afghanistan has one of the highest opiate use rates worldwide. The national adult drug use rate is 12.6 per cent, more than double the global drug use rate of 5.2 per cent.

Drug use is estimated to effect almost one in three households in the country. The rate of drug use in rural areas is 2.5 times higher than urban areas. Children in rural areas are far more likely to test positive. The drug positive rate among rural children is estimated at about 11.3 per cent while for urban children the rate is estimated at about 2.3 per cent. Almost 91 per cent of children who test positive were affected by secondary contact to smoke from drugs used by adults in the home or care environment.

Opioids are the most commonly used drug. The national level opioid drug use rate was estimated 4.9 per cent among the general population and 8.5 per cent among adults. Cannabis was the second most commonly used drug. On population level, cannabis use rate was estimated 2.2 per cent, while among the adults cannabis use rate was estimated 3.8 per cent.

This chapter focuses on the impact of drugs in Afghanistan by reviewing drug use, prevention and treatment trends and conditions. It draws on national drug use surveys conducted in 2005 and 2009 and on the Afghanistan National Drug Use Survey (ANDUS) 2015. The chapter also touches upon on drug related harm before reviewing drug prevention and treatment issues. As part of the treatment section, the chapter provides details on the progress of the Transition Plan for Drug Treatment Centres up until the end of 2015.

The conclusion of the chapter outlines issues and potential future areas of research with respect to drug use, treatment and prevention in Afghanistan.
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Almost 31 per cent of households in Afghanistan are affected by drug use. ANDUS (2015) reported the combined results of two surveys conducted in urban and rural areas of Afghanistan over the period 2012–2014. This survey was the third nationwide drug-use survey following two surveys conducted by the Ministry of Public Health (MoPH), the Ministry of Counter Narcotics (MCN) and the United Nations Office on Drugs and Crime (UNODC) in 2005 and 2009, the latest of which covered 24 of the 34 provinces of Afghanistan.

Although informative, the use of different methodologies and sample sizes in the three surveys does not easily allow for trend analysis. In addition, ANDUS 2015 used a unique serological methodology that involved collecting hair, urine and saliva from 10,549 persons to test for traces of drugs. Despite differences in the methodologies and samples sizes of the surveys, it is beyond doubt that these surveys present a picture of the increasing drug use in Afghanistan.

Estimates published in ANDUS 2015 indicate there are 1.9 million to 2.4 million adult drug users and 2.9 million to 3.6 million drug positive people in the whole population. Although differences in methodologies, sample sizes, target population and geographical spread do not allow for direct or accurate comparisons of trends and patterns of drug use in Afghanistan, increasing estimates of drug use from various surveys (figure 3.1) outline the need for significant investment in treatment services.

In order to better understand drug prevalence rates in Afghanistan to inform policy development, implementation, monitoring and evaluation of impact, there is the need to develop and roll-out a periodic (annual / biennial) drug use survey that is based on established methodologies to estimate drug use in the general population, will allow for trend analysis, impact monitoring and informed prioritization and allocation of scarce resources.

3.1.1 Drug use and drug positive rates

At 12.6 per cent the adult drug use rate in Afghanistan is more than double the global average of 5.2 per cent. ANDUS 2015 estimated the drug positive rate about 11.1 per cent (equivalent to between 2.92 and 3.57 million people) of the total population. The national drug use rate was estimated 7.3 per cent (equivalent to between 2.01 million and 2.46 million people).
TABLE 3.1 - Drug positive and drug use rate (for any type of drug) among total population, adult and children:

<table>
<thead>
<tr>
<th></th>
<th>POPULATION</th>
<th>ADULTS</th>
<th>CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drug positive rate</td>
<td>Drug use rate</td>
<td>Drug positive rate</td>
</tr>
<tr>
<td>National</td>
<td>11.10%</td>
<td>7.30%</td>
<td>12.60%</td>
</tr>
<tr>
<td>Urban</td>
<td>5.30%</td>
<td>4.40%</td>
<td>7.50%</td>
</tr>
<tr>
<td>Rural</td>
<td>13.00%</td>
<td>8.20%</td>
<td>14.50%</td>
</tr>
</tbody>
</table>

Source: ANDUS 2015.

DRUG POSITIVE RATES

According to ANDUS, households in rural areas of Afghanistan have the highest drug positive rate at 38.5 per cent, while only 11.4 per cent of households in urban areas tested positive for drugs. At the national level the average household drug positive rate was estimated at about 30.6 per cent.

The survey estimated an 11.1 per cent drug positive rate for general population in the country (2.92 million to 3.57 million), representing the combined 13.0 per cent drug positive rate for the rural population and 5.3 per cent drug positive rate for the urban population.13

BOX 3.1 - Drug positive and drug use rates:

What is drug positive and drug use rates?

Drug-Positive Rates: The percent of the population that tested positive for the presence of drugs in hair, urine, and/or saliva. A drug-positive result may not indicated the source or reason such drugs are present in the sample, only that it is present in a measurable and quantified amount.

Drug-Use Rates: The percent of the population that tested positive for the presence of drugs in hair, urine, and/or saliva because of active or intentional drug use. Drug use does not mean drug abuse; drug abuse requires clinical evaluation and determination.

Source: ANDUS 2015.

FIGURE 3.2 - Percentage of drug positive rate in different demographic groups in Afghanistan

Source: ANDUS 2015.
Within demographic segments, the drug positive rate for the male population was second only to general households. About 17.8 per cent of the rural male population (1.04 million to 1.27 million people) and 10.6 per cent of the urban male population (190,000 to 230,000 people) tested positive for one or more types of drugs, which equates to a national drug positive rate of 16.1 for the male population (1.23 million to 1.5 million men).

Similar to other categories, the drug positive rate of the population of rural women was estimated at 11.2 per cent (620,000 to 760,000 people) which is almost three times higher than the rate for urban women of 4.3 per cent (70,000 to 90,000 people). The national level drug positive rate for women was estimated at about 9.5 per cent (690,000 to 850,000 people).

**DRUG USE RATE**

According to the methodology used by ANDUS, all adult men and women in the population who tested positive for drugs were assumed to be drug users. To this end, the figures outlined above for males and female in urban and rural settings and the general population were calculated using the same methodology. By contrast, the methodology set out criteria for exclusion and inclusion of children in the categories ‘active drug user’ and ‘drug positive’. According to the calculation set out in methodology of ANDUS, of the 9.2 per cent (1 million to 1.22 million) children who test positive for drugs, only 90,000 to 110,000 were classified as active drug users. The remaining 91 per cent of drug positive children (about 900,000) were affected by second or third hand drug use in the home or care environment. The distinction between drug positive and active drug use affected the total figures for drug positive and active drug use in Afghanistan.

Unlike the national level drug positive rate of 11.1 per cent (2.92 million to 3.57 million people), the national drug use rate was estimated at 7.3 per cent (2.01 million to 2.46 million people) by ANUDS 2015. When compared with the 2009 estimated national drug use rate of 6.6 per cent (Drug Use Survey), ANDUS 2015 shows a significant increase in the drug use rate during last six years. However, due to significant differences in methodology, sampling and survey approach, these figures are not directly comparable.

**FIGURE 3.3 - Percentage of drug positive and drug use in adult, general and children population in Afghanistan**

```
Percentage drug positive

<table>
<thead>
<tr>
<th>Population Category</th>
<th>Drug use</th>
<th>Drug positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Population (National level)</td>
<td>12.8</td>
<td>12.8</td>
</tr>
<tr>
<td>All Population (National level)</td>
<td>11.1</td>
<td>7.3</td>
</tr>
<tr>
<td>Children Population (National level)</td>
<td>9.2</td>
<td>0.8</td>
</tr>
</tbody>
</table>
```

Source: ANDUS 2015.
3.1.2 Drug use by type of substance

Opioids are the most frequently used substance by drug users in Afghanistan and are used by all categories of drug users (including male/female in urban and rural areas) except urban women. The national level opioid drug use rate was estimated 4.9 per cent among general population and 8.5 per cent among adults. Cannabis was second prevalently used drug. At the population level, cannabis use rate was estimated 2.2 per cent, while among the adults cannabis use rate was estimated 3.8 per cent. Benzodiazepines use rate was estimated about 1.4 per cent in adults. The use rates for Barbiturates and alcohol was similar (0.2 in adult population and 0.1 in general populations). Drug use rate Amphetamine type stimulants ATS was estimated about 0.5 percent among adults and 0.3 per cent among general population.

Source: Drug Demand Reduction (DDR) directorate of MCN

Source: ANDUS 2015.
3.1.3 Drug use among children

The latest drug use survey (ANDUS 2015) presents a much higher rate at which adults give opium to children. According to the study, 48 per cent of urban children who tested drug positive for opium had the drug administered to them by an adult. Meanwhile, among rural children, 46 per cent of those who tested drug positive received the drug from an adult. Environmental exposure accounted for the second largest share of drug positive children (44 per cent among urban children and 45 per cent among rural children). Only 8 percent of drug positive children in urban areas and 9 percent children in rural areas had their drug use categorized as self-administered (active drug use).17

Using the unique sampling methodology, ANDUS 2015 presents a much clearer image of nationwide drug use and its effects on children. About 9.2 per cent of children tested positive for one or more types of drugs. The Survey used exclusion criteria to differentiate between children that tested positive because of second and third hand exposure, and those that are directly using drugs.

FIGURE 3.6 – Percentage of giving (administration) opium to children by parents/adults, 2009 – 2015

According to ANDUS 2015, all adults who tested positive could be assumed to be active drug users, but the same assumption cannot be applied to children. Most of the children who tested positive during the study were exposed to drugs by adults in the household or were given the drug for medicinal or behaviour-control purposes. ANDUS 2015 established inclusion and exclusion criteria for various opioid compounds identified in the samples collected from the hair, urine and saliva of children. After applying these criteria, the results indicated that approximately 9 per cent of children who tested positive for opioids might be active drug users. The remaining 91 per cent were exposed to the drug use of adults/ family members.19 Similar to adults, opioid compounds were the most prevalent among drug positive children. According to ANDUS 2015, about 6 per cent of children tested positive for opioids, with large geographic variations. Children in rural areas tested positive for opioids at a rate almost six times higher than urban areas (7.5 per cent compared to 1.3 per cent). The above mentioned figures outline the importance of effective research into drug use by children and the development of targeted, evidence-based treatment and prevention interventions.

During data collection and analysis for the 2009 survey, cultural barriers may have contributed to under-reporting of drug use in communities, especially in rural areas. Although the Drug Use Survey 2009 did not present an exact figure, it estimated that more than 30 per cent of interviewed adult drug users gave opium to their children.20 This number was much higher in southern and north-eastern areas of Afghanistan, where more than 50 per cent of interviewed drug users gave opium to their children.21 In the north, east and west this number varied between 25 per cent and 35 per cent.
The central regions have the lowest number of less than 20 per cent. Meanwhile the survey indicated that children and adolescents in Afghanistan are heavily affected by drug use both directly and indirectly. Many children become dependent on drugs, mainly opiates, at an alarmingly young age while in the care of drug-dependent parents or family members.

**FIGURE 3.7** - Percentage of drug use and exposure to drug use among children in Afghanistan (urban, rural and national level)

![Graph showing percentage of child active drug users and drug positive](source: ANDUS 2015)

At the time of drafting this report, the UNODC Regional Programme for Afghanistan and Neighbouring Countries was undertaking the pilot phase of its Youth Drug Use Survey in a number of cities in the region, including Kabul. The results of the pilot will inform the development of national surveys.

### 3.1.4 People Who Injects Drug (PWIDs) and drug-related harm

The 2009 drug use survey estimated there were between 18,000 and 23,000 Peoples Who Inject Drug (PWIDs) in the country. An updated nationwide figure on PWIDs is not currently available. Recent sub-national data are available, however, from the National AIDS Control Program (NACP) of the Ministry of Public Health (MoPH) and Johns Hopkins University, which published Integrated Bio-Behavioral Surveillance (IBBS) studies in 2009 and 2012. An updated IBBS with publication anticipated in 2016, which will provide an update on prevalence HIV among PWIDs. The 2012 IBBS study used a unique multiplier system and estimated there were 16,719 PWIDs in four major cities of Afghanistan, namely Herat, Jalalabad, Kabul and Mazar e Sharif.

**FIGURE 3.8** - Total of HIV positive registered cases in Afghanistan, 2008 – 2014

![Graph showing total of HIV positive registered cases](source: World AIDS Day (WAD) MoPH and WHO joint Press release December 01, 2015)
According to MoPH/WHO joint press release on World AIDS Day (WAD) 2015, an estimated 4,500 people were living with HIV in the country as the end of 2014, while there were 1,694 HIV positive cases registered with NACP by the end of 2013, this number increased to 1,874 by end of 2014.

Data indicate that 180 (156 male & 24 female) new HIV cases detected and were registered with NACP in 2014. Out of 180 new cases, 157 (134 male and 23 female) were registered in antiretroviral viral treatment centres and received antiretroviral treatment. NACP provides HIV testing and counselling services through ten volunteer counselling and testing centres, 28 HIV prevention harm reduction drop-in centres (17 in communities and 11 in prisons), five centres for the prevention of mother-to-child transmission (PMTCT) and two antiretroviral treatment centres in Kabul and Herat. HIV prevention services were provided in ten provinces of Afghanistan including Badakhshan, Balkh, Daykundi, Herat, Ghazni, Kabul, Kandahar, Kunar, Kunduz and Nangarhar.

**FIGURE 3.9 - Number (new cases and cumulative) of people living with HIV in Afghanistan, 2003 - 2014**


Data indicate that 180 (156 male & 24 female) new HIV cases detected and were registered with NACP in 2014. Out of 180 new cases, 157 (134 male and 23 female) were registered in antiretroviral viral treatment centres and received antiretroviral treatment. NACP provides HIV testing and counselling services through ten volunteer counselling and testing centres, 28 HIV prevention harm reduction drop-in centres (17 in communities and 11 in prisons), five centres for the prevention of mother-to-child transmission (PMTCT) and two antiretroviral treatment centres in Kabul and Herat. HIV prevention services were provided in ten provinces of Afghanistan including Badakhshan, Balkh, Daykundi, Herat, Ghazni, Kabul, Kandahar, Kunar, Kunduz and Nangarhar.

**FIGURE 3.10 - Percentage of newly detected HIV cases in 2014 by gender**


**FIGURE 3.11 - Percentage of newly detected HIV cases in 2014 by age group**

The majority (72 per cent) of newly detected cases (129 out of all 180 cases) were among individuals over age 25. About 22 per cent or 40 of the registered case were in the (20-24 years) age group, while eight cases (4 per cent) were in the (15-19 years) age group and three cases (2 per cent of total) were among people age 0-14.

### 3.2 Drug Use Prevention, Awareness & Harm Reduction

#### 3.2.1 Drug prevention

**SCHOOL-BASED PROGRAMMES**

The Ministry of Education plays a significant role in implementing school-based programmes designed to counter drug-related issues. According to the MoE report of 2015, 21 provinces are targeted by drug prevention programmes, including Badakhshan, Baghlan, Balkh, Bamyan, Farah, Ghazni, Helmand, Herat, Jawzjan, Laghman, Luger, Kabul, Kandahar, Kapesa, Khust, Maidan Wardak, Nengarhar, Paktia, Paktika, Panjsher and Parwan. The number of schools involved varies from province to province. More than 800 schools with students from primary, secondary and higher educational levels were provided with drug prevention programmes. The monitoring team reported 600,000 students benefitted directly from this programme. Approximately 8 million students and youths are reported to benefit indirectly from these programmes including the annual celebration of Counter Narcotics Day (26 June).

Drug prevention education was designed and rolled out as part of the education curriculum in some schools. Drug use prevention education on the harmful effects of drugs has been provided to more than 10 million teachers and students by counter narcotics trainers. Updated school materials will include lessons in different formats conveying counter narcotics messaging.

**FIGURE 3.12** - School based drug awareness program through mobile theatre in a School at Asmar District of Kunar Province 2015
BOX 3.2 - Introduction to FAST (Family and school together) program

Introduction to FAST

Family and School Together (FAST) programme is a collaborative parent-professional partnership, which builds protective factors using a multi-family group process for preschool, elementary and middle school youth, age 3-14, to reduce the risk of drug abuse, school failure and juvenile delinquency. The FAST programme is now being implemented in over 600 schools in 40 states and five countries.

The FAST programme develops a structure whereby both children and parents have a respected voice and a valued role in the collaborative prevention process. The FAST programme develops separate support networks for youths and parents, using a multi-family format, and it brings the parents and youths together for communicative encounters. The programme strengthens relationships at multiple levels of the child’s social ecology.

Preliminary steps for implementation of the pilot FAST programme have been undertaken by the UNODC Afghanistan Country Office. These steps include the following: a comprehensive plan was developed; meetings were held with line ministries; cultural adaptation was completed; the FAST manual was translated into local languages; and four schools were selected for implementation of the programme. The four schools are located in Kabul and Herat Provinces. The first National TOT of the FAST programme will be held in December 2015.

Source: ANDUS 2015

FIGURE 3.13 - Number of participants in the Youth Congress, 2010 – 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>120</td>
</tr>
<tr>
<td>2011</td>
<td>300</td>
</tr>
<tr>
<td>2012</td>
<td>700</td>
</tr>
<tr>
<td>2013</td>
<td>700</td>
</tr>
</tbody>
</table>


YOUTH CONGRESS

The Youth Congress was initiated in 2010 by the Colombo Plan Drug Advisory Programme (CPDAP) in coordination with MCN. The main objective of the Congress is to raise awareness among youths about drug prevention programmes and the harms of drugs and drug use. The Youth Congress is active in Central Asia, aiming to fight the influence of illicit drug. In 2010, the Colombo Plan Preventive Drug Education Project held the first Afghanistan Youth Congress, which attracted 120 young people from 34 provinces (DDR, MCN). In June 2011, the second Youth Congress was held in Afghanistan with the participation of 300 youths from 34 provinces (DDR, MCN). The Afghanistan Youth Congress met in December 2014 in Pakistan along with five counterparts from five Asian countries. Figure 3.11 shows the increase in participation in the Youth Congresses since 2010. According to the report of 2014 and 2015, 700 youths have participated in Preventive Drug Education workshops and congresses since 2010. Of that number, 20 youths are leaders and active trainers within the programmes.27

MOSQUE-BASED PROGRAMMES

Based on past experience since 2005, CPDAP and MCN have rolled out mosque-based awareness programmes in 14 provinces. Mullah Imams of mosques play important roles in drug prevention by sharing information about the harms of drug use and religious perspectives that prohibit drug use. The annual Afghanistan Drug Report of 2013 stated that 23 Mullah Imams were trained in Afghanistan and abroad for the purpose of promoting anti-drug use awareness programme among the people. Some 123,292 people benefitted from mosque-based programmes in 2012, and 275,181 people benefitted from it by end of 2013.
SPORTS EVENTS

Sport event programmes are initiated by MCN and implemented by the Sayara organization. The Afghan Premier League (APL) project for 2012 and 2013 broadcasted messages regarding counter narcotics through APL players on television and radio. In 2014, 14 local teams participated in the Afghan Cricket Premier League from 24 August to 2 December. The matches attracted a large audiences across the country. The Afghanistan National Cricket Premier League 2015 (SHAPAGEZA) officially began 2 November 2015 in Kabul, at the time of writing this report. The event is disseminated the anti-drug message in all of its promotional materials, including brochures, ground billboard, commercials and television broadcasts.

3.2.2 Public awareness

Public awareness and drug prevention go hand in hand. Increasing awareness of drug use is designed to promote a healthier, drug-free lifestyle. Building public awareness about counter narcotics is an important goal of National Drug Control Strategy (NDCS). MCN promotes awareness among people implementing NDCS by the Ministry of Education, Information and Public Relations Directorate at MCN and Sayara Organization.

The Colombo Plan in coordination with Ministry of Education and the Ministry of Information and Culture, created and implemented 100 awareness programmes about use of drugs and related harms in 22 provinces of Afghanistan. In this awareness programmes, teachers, school principals, Head of MoE and MCN provincial branches, and 10 top youth organizations played important roles. The programmes included meetings, short plays and dramas, debates, sport competition and media coverage.

The Ministry of Education has started counter narcotics campaign from in 2010. MoE has adapted study materials for teachers and students in order to make them aware of the harms of drug in school. MCN’s Information and Public Relations Directorate plays an important role in counter narcotics awareness and implementing awareness programmes through forums such as television talk shows, radio broadcasts, magazines, newspapers, and in mosques. The Information and Public Relations Directorate in coordination with Sayara implemented the joint awareness campaigns they have designed at national and local levels. The awareness programmes being implemented by Sayara and MCN include recording and broadcasting television shows, radio programmes, and Billboards at national and local levels. Television programmes have included counter narcotics focused discussions involving the Minister and Deputy Ministers of MCN, as well as Ministers from MoPH and MOI.

Sayara undertakes awareness raising by creating visual tools such as billboards, comic books, posters and wall-calendar pictures. It also holds workshops. Between 2014 and 2015, Sayara, in consultation with the United States Bureau of International Narcotics and Law Enforcement Affairs (INL) and MCN designed four levels of campaign activities (national, regional, provincial and district/sub-provincial). The aims of Saraya public awareness campaigns at each level are outlined in table 3.1.

<table>
<thead>
<tr>
<th>TABLE 3.2 - Target level and aim of public awareness campaigns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL</strong></td>
</tr>
<tr>
<td>National</td>
</tr>
<tr>
<td>Regional</td>
</tr>
<tr>
<td>Provincial</td>
</tr>
<tr>
<td>District/Sub-provincial</td>
</tr>
</tbody>
</table>

Designing different campaign activities corresponding to each category reach the objectives of awareness programmes effectively. The following diagram shows that category one includes provinces with the very high level of poppy cultivation and that all the four level campaign activities are active in those provinces. Whereas, category four includes poppy-free provinces and thus the national level campaign is active there.

**FIGURE 3.14 - Classification of public awareness campaigns based on poppy cultivation level in provinces**

![Diagram showing classification of public awareness campaigns based on poppy cultivation level in provinces.]


### 3.2.3 Harm reduction

The risk of spreading HIV/AIDS and other blood-transmitted disease such as hepatitis B and hepatitis C is high among People Who Inject Drugs (PWIDs). In Afghanistan, heroine, tranquilizers and painkillers are the most commonly injected drugs. For the purpose of prevention MoPH-NACP provides a range of harm reduction services to injecting drug users (PWIDs) in the country. These interventions were aimed at decreasing the harms associated with injecting drug use, which are listed in the WHO/UNODC/UNAIDS technical guide. Harm reduction interventions in isolation do not constitute substance abuse treatment.

**BOX 3.3 - Comprehensive harm reduction package for People Who Inject Drugs (PWIDs)**

Harm reduction services are provided to PWIDs through a comprehensive package of drop-in centres and outreach programmes. This package includes the following components:

- Needle and syringe programmes (NSP);
- HIV testing and counselling according to the National AIDS Control Program standard algorithm with three tests;
- Condom programmes for PWIDs and their sexual partners according to the drug demand reduction (DDR) policy;
- Prevention and treatment of sexually transmitted infections (STIs);
- IEC/ BCC according to standard materials;
- Opioid substitution therapy (OST);
- Diagnosis of viral hepatitis (HBV, HCV) and HBV vaccination;
- Wound and overdose management;
- Referral for antiretroviral therapy (ART), tuberculosis (TB) and drug treatment;
- Provision of primary health care;
- Provision of social services; and
- Outreach services.

Source: National Harm Reduction Guideline, 2014 NACP-MoPH
Between 2011 and 2014, harm reduction centres provided a range of services including counselling for harms of drug use including HIV, provision of condoms, needles and syringes, collection of used syringes and testing of drug users for hepatitis B, hepatitis C and syphilis.

Figure 3.15 - Number of HIV tests conducted for PWIDs by harm reduction centres, and positive results, 2011-2014

Figure 3.16 - Number of PWIDs received counselling by harm reduction centres, 2011 - 2014
Between 2011 and 2014, harm reduction centres administered a total of 41,316 HIV tests for PWIDs resulting in the identification of 273 new cases of HIV. The highest number of tests (14,393) were conducted in 2014, while in 2013 the highest number of new HIV cases (75) were identified. Figure 3.13 shows an increase of about 50 per cent in the provision of tests for HIV among PWIDs in 2014 compared to 2013.

During 2011 to 2014 totally 243,523 PWIDs received counselling on an individual basis, including harm reduction awareness. In 2012 the highest number of PWIDs were individually counselled.

Also during the stated period a total of 8,405,593 clean syringes were provided to PWIDs, and 7,841,888 used syringes were collected back from PWIDs and incinerated (see table 3.2).

<table>
<thead>
<tr>
<th>NEEDLES AND SYRINGES</th>
<th>YEAR</th>
<th>CLEAN, DISTRIBUTED TO PWIDs</th>
<th>USED, COLLECTED AND INCINERATED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>1,435,698</td>
<td>1,340,558</td>
</tr>
<tr>
<td></td>
<td>2012</td>
<td>2,396,452</td>
<td>2,310,933</td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>1,844,402</td>
<td>1,638,956</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>2,729,041</td>
<td>2,551,439</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>8,405,593</td>
<td>7,841,888</td>
</tr>
</tbody>
</table>

Source: Program Documents, National AIDS Control Program (NACP) – Ministry of Public Health

As mentioned above along with HIV, the risk of spreading other blood-transmitted disease such as Hepatitis B and C is high among People Who Injects Drug (PWIDs). Harm reduction centres provide test services for PWIDs. Data on tests harm reduction centres conducted for PWIDs from 2011 to 2014 are presented in figure 3.15.

From 2011 to 2014, a total of 105,456 test of HBS, HCV and syphilis were conducted by harm reduction centres. In 2014 the highest number of test were carried out (figure 3.15).

During the above mentioned period, 6,134 new positive case were identified, including 4,131 new, positive cases of hepatitis C. Cases of hepatitis C account for the largest share of positive results. Similar to test for HIV, there was on average, a 50 per cent increase in service provision (of test for hepatitis B (HBS) and hepatitis C virus (HCV) among PWIDs) in 2014 comparing to 2013.
Figure 3.16 shows that the number of identified HCV positives cases increasing year by year. Meanwhile, 1,399 new cases of HBS were identified among PWIDs. Unlike HCV the number of HBV positive case are more persistent. Beside HCV and HBS, 604 positive case of syphilis were identified among tested PWIDs.

**FIGURE 3.18 - Number of HBS, HCV and syphilis positive cases identified among test PWIDs, 2011-2014**

![Graph showing the number of new positive cases identified for HBS, HCV, and syphilis tests from 2011 to 2014.]

Furthermore, UNODC’s DDR section has implemented a number of interventions specifically targeted at women who use drug and women since 2008. In addition, 5868 female drug users (736 PWID and 5132 Drug users) and 1055 spouses of male PWIDs received Harm Reduction Services, STI management provided to 4860 clients and 7915 female drug users and spouses of Male PWIDS have been tested for HIV, HBS, HCV & Syphilis. In Prison, around 2400 female prisoners including 476 drug users, 280 female juvenile detainees and more than 400 children are reached by comprehensive harm reduction services.

**FIGURE 3.19 - Street level drug users’ registration for drug treatment**

![Image showing street level drug users’ registration for drug treatment.]

Source: Program Documents, National AIDS Control Program (NACP) – Ministry of Public Health

Source: Drug Demand Reduction of MCN
The number and capacity of treatment centres in the country has increased continuously over the past five years. In 2015 the total number of drug treatment centres in the country was 123, an increase from 108 in 2013. The total annual treatment capacity increased to 32,170. DTCs provided these services mainly through inpatient and outpatient care. The current treatment capacity covers only 10.7 per cent of heroin and opium users in the country. From 2014 to 2015 there was a 14 per cent increase in number of drug treatment centres, while the total treatment capacity increased by 17 per cent, thus some existing drug treatment centres increased their capacity in addition to the establishment of some treatment centres.

Drug treatment services are provided by the government and donors in 28 provinces of Afghanistan including: Badakhshan, Baghlan, Balkh, Bamyan, Dai Kundi, Farah, Faryab, Ghazni, Ghor, Helmand, Herat, Jawzjan, Kabul, Kundahar, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Maidan Wardak, Nangarhar, Nimroz, Paktia, Parwan, Samangan, Takhar and Zabul. The geographical distribution of drug treatment centres and treatment capacity are presented in table 3.3.

### TABLE 3.4 - Number and capacity of drug treatment centres in country by donor

<table>
<thead>
<tr>
<th>REGION</th>
<th>NUMBER OF DTCs</th>
<th>TREATMENT CAPACITY OF DTCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>49</td>
<td>12 410</td>
</tr>
<tr>
<td>Western</td>
<td>25</td>
<td>6 100</td>
</tr>
<tr>
<td>Northern</td>
<td>17</td>
<td>5 380</td>
</tr>
<tr>
<td>Eastern</td>
<td>13</td>
<td>3 040</td>
</tr>
<tr>
<td>North-Eastern</td>
<td>10</td>
<td>2 730</td>
</tr>
<tr>
<td>Southern</td>
<td>9</td>
<td>2 510</td>
</tr>
<tr>
<td>Total</td>
<td>123</td>
<td>32 170</td>
</tr>
</tbody>
</table>

Source: MCN-DDR directorate, List of Drug Treatment Centres (MASTER LIST) 2015.

The MCN National Drug Demand Reduction Policy (2012-2016) aimed to increase drug treatment capacity based on the number of heroin and opium users, estimated at 300,000 by the Drug Use Survey 2009. Data from ANDUS 2015 indicate that the number of opium and heroin users has increased considerably. In the view of the increase in the number of drug users, it is strongly recommended to review and revised the target and set the target based on new figures estimated by ANDUS 2015.

### MAP 3.2 - Type and number of drug treatment centers by region

Source: MCN-DDR directorate, List of Drug Treatment Centres (MASTER LIST) 2015.
Similar to previous years, most drug treatment centres provide more than one type of treatment service. Treatment services include inpatient or residential, outpatient, outreach, harm reduction, community based and shelter (see box 3 for definitions). Among the 123 treatment centres in the country, 72 provide inpatient (residential) treatment (see figure 3.17). Of the 72 centres providing inpatient treatment, 23 also provide outpatient, outreach and aftercare service. Some 15 drug treatment centres provide only inpatient services. Some 23 drug treatment centres provide outpatient treatment services, and 11 provide outreach and aftercare service in addition to outpatient care. There are 26 centres providing harm reduction services (detail of harm reduction centres is provided in the next section of this chapter).

Six centres in Afghanistan provide shelter for street (homeless) drug users. One of the centres is located in Herat and the other five are in Kabul.

**BOX 3.4 - Definition of various types of drug treatment services**

- **Inpatient (Residential) Drug Treatment Centres:** Drug users are admitted for a period ranging between 45 days to 6 months and they are provided with the following interventions: medication for detoxification, guided self-help groups, personal (private) consultation, group counselling, brief interventions, motivational interviewing and elements of cognitive behavioural therapy.

- **Outpatient services:** Clients (drug users) visit a facility one or more times a week for one or more hours, where they receive substance abuse treatment services and counselling.

- **Outreach services:** Staffs from treatment centres conduct awareness activities in the community, which may include visiting areas of high drug use and motivating drug users to enter treatment. It should be considered that outreach services in isolation do not constitute substance abuse treatment.

- **Shelters:** Shelters mainly provide temporary housing, food and motivational counselling to refer drug users into treatment.


- **Village based services:** Drug treatment clinical staff from urban areas travel to villages and deliver outpatient services during a defined period of time. The unique model was developed for Afghanistan based on an adaptation of a rural-based treatment model from India.

- **Community based services:** These centres serve as a focal point for raising awareness in the community on dangers of drugs. Centres may provide a variety of services, such as prevention and referrals for drug users to access health services.

- **Aftercare services:** Includes post-treatment assistance, including relapse prevention and referral to other services.

- **Home based treatment services:** Clinical staff (individuals who provide some type of psychosocial counselling and support in a treatment setting) visit drug users in their home and provide individual and family counselling.

As mentioned above, drug treatment services are implemented by the Government and NGOs and are supported by the Government and donor agencies. Some of the services are provided on a project basis, and in most of the cases, two or more types of treatment (such as inpatient, outpatient, outreach and so on) are merged in one treatment centre.

Previously, a single location where different types of treatment were provided and implemented by different donors and implementers was counted as more than one treatment centre. However, following mergers of service providers/projects, these are now counted as single treatment centres in the revised list. This combination decreased the recorded number of treatment centres without causing a reduction in treatment capacity. Thus it is important to consider the total capacity of treatment centres and not only the number of drug treatment centres.
Overall, the number of drug treatment centres in Afghanistan increased by 14 per cent during 2013-2015, from 108 in 2013 to 123 in 2015. There was a significant increase of 26 per cent in the number of drug treatment centres in the central region – from 39 in 2013 to 49 in 2015. Meanwhile with 19 per cent increase the number of drug treatment centres in Western region reach to 25 drug treatment centres in 2015 from 21 DTCs in 2013. With one addition, the number of drug treatment centres reached to 10 DTCs by 2015 in the north-eastern region. While in Southern region, two more treatment centres were established during 2014-2015 and the total number of DTCs reached nine by 2015. However, the southern region of the country, which remains the major poppy producing region of the country has the lowest number drug treatment centres at nine.

There was no change in the number of drug treatment centres in northern region of Afghanistan. Even though figure 3.18 shows a decrease in the number of drug treatment centres in Eastern region of Afghanistan, as mentioned due to project-nature of provision of treatment services – some drug treatment centres merged their treatment services into single centres.

**3.3.1 Regional distribution of treatment centres**

Overall, the number of drug treatment centres in Afghanistan increased by 14 per cent during 2013-2015, from 108 in 2013 to 123 in 2015. There was a significant increase of 26 per cent in the number of drug treatment centres in the central region – from 39 in 2013 to 49 in 2015. Meanwhile with 19 per cent increase the number of drug treatment centres in Western region reach to 25 drug treatment centres in 2015 from 21 DTCs in 2013. With one addition, the number of drug treatment centres reached to 10 DTCs by 2015 in the north-eastern region. While in Southern region, two more treatment centres were established during 2014-2015 and the total number of DTCs reached nine by 2015. However, the southern region of the country, which remains the major poppy producing region of the country has the lowest number drug treatment centres at nine.

There was no change in the number of drug treatment centres in northern region of Afghanistan. Even though figure 3.18 shows a decrease in the number of drug treatment centres in Eastern region of Afghanistan, as mentioned due to project-nature of provision of treatment services – some drug treatment centres merged their treatment services into single centres.
Out of 49 drug treatment centres in the Central region, 25 DTCs provide inpatient treatment services. Among these, 20 DTCs provide other types of service including outpatient, outreach and after care service along with inpatient (residential) treatment service. There are 12 outpatient treatment service providers in the Central Region that provide outpatient, outreach and aftercare services – among whom two treatment centres provide community based services along with above stated services as well. There are five centres which provide shelter services for homeless (street) drug user in Kabul city (Central region). There are 11 drug harm reduction centres in the central region of Afghanistan.

The Western Region of Afghanistan has 25 drug treatment centres in total (table 3.4). 15 Drug treatment centres provide inpatient treatment services, while four of these treatment centres provide outpatient and outreach services along with inpatient service and seven treatment centres provide only outreach and aftercare services beside residential treatment services. There are no community based treatment setting in the Western region. There are two outpatient services (including outreach and aftercare services) providers, one outreach treatment centre and one shelter service providing centres in Western region. Meanwhile there are six drug harm reduction centre functioning in Western region of Afghanistan.

With no change in number of drug treatment centres during last two years, Northern region of Afghanistan has 17 drug treatment centres. Out of these, 11 centres provide residential treatment services. Among residential treatment centres, four centres provide outpatient and outreach service and two treatment centres provide only outreach and aftercare services to clients. There are three harm reduction centres and three outpatient treatment centres, while two of the outpatient centre provide community based services along with services such as outreach and aftercare.

There are nine inpatient type treatment centres in the Eastern region of the country. Among these, four centres also provide outpatient, outreach and aftercare services – while two centres provide outreach and aftercare services along with residential treatment service. Also there are two harm reduction centres, one outpatient service provider (with community base service facility) and one outreach service centre in Eastern region of Afghanistan.

**TABLE 3.5 - Number and type of drug treatment services by region 2015**

<table>
<thead>
<tr>
<th>TYPE OF TREATMENT SERVICE</th>
<th>Central</th>
<th>Western</th>
<th>Northern</th>
<th>Eastern</th>
<th>North-Eastern</th>
<th>Southern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>In-patient, out-patient, outreach and aftercare</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>In-patient, outreach and aftercare</td>
<td>15</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>34</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Community based, outpatient, outreach and aftercare</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Outpatient, outreach and aftercare</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Outpatient and aftercare</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Outreach, community based and aftercare</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>25</td>
<td>17</td>
<td>13</td>
<td>10</td>
<td>9</td>
<td>123</td>
</tr>
</tbody>
</table>

Source: MCN-DDR directorate, List of Drug Treatment Centres (MASTER LIST) 2015.
The southern region of Afghanistan has six inpatient treatment centres which provide outreach and aftercare service along with residential treatment services. Three of these treatment centres also provide outpatient services. There is one harm reduction centre, one outpatient and aftercare centre, and one community-based outpatient treatment centre in the southern region.

There are six residential treatment centres in the north-eastern region of Afghanistan. Two of these also provide outpatient care along with other treatment service including outreach and aftercare. There are three harm reduction centres and one outpatient and aftercare treatment centre in the northern region.

**FIGURE 3.22 - Total annual treatment capacity and number of clinical staff by region**

The central region of Afghanistan has the highest annual treatment capacity at 12,410, while the southern region has the lowest annual treatment capacity of 2,510 (see figure 3.19). Correspondingly, the central region has the highest total number of clinical staff (396), while treatment centres in the south have the lowest number of clinical staff (75). There is noticeable difference in the ratio of clinical staff to annual treatment capacity by region. The north-eastern region has the highest ratio of 1:42, meaning for each clinical staff, 42 drug users were treated annually. The ratio in the remaining regions ranges from 1:31 (in the central region) to 1:39.

### 3.3.2 Drug treatment service by age and gender

At the national level 70 drug treatment centres provide services only for adult male drug users, while 13 centres provide service for only female drug users (table 3.5). Nine treatment centres provide services for all categories drug users regardless of age and gender, and 11 treatment centres provide services for adult males and females but not for children or adolescents. Four treatment centres provide services for adult male and female and children but do not covers adolescents. Five treatment centres covers only male adolescent drug users, while three treatment centres cover only female adolescents. There are eight drug treatment centres in the country which provide treatment only for children.

The highest number of male-only drug treatment centres are located in the central region of Afghanistan. The western region has the highest number of treatment centres for children (3). Almost all treatment centres in the southern region are allocated for male drug users. Only one treatment centre provides treatment services for adult males and females. The region has all type of treatment centres (by age and gender). There are no treatment centres for adolescents (male or female) in the northern region.
3.3.3 Drug treatment providers

Drug treatment centres are supported by several donors and implemented by national NGOs. All drug treatment programmes implemented by NGOs and the MoPH are provided to the public free of charge. There are also a number of private drug treatment centres that are not supported by any donor funding that operate in Afghanistan.
MINISTRY OF PUBLIC HEALTH

MoPH is involved in implementing drug treatment services and has introduced support treatment centres. MoPH scaled up its involvement in providing drug treatment service in Afghanistan by establishing new drug treatment centres and upgrading the capacity of existing treatment centres year-by-year.

DONORS

Drug treatment services in Afghanistan are supported by a number of donors. The main donor responsible for drug prevention and treatment in Afghanistan is INL through Colombo Plan and Ministry of Public Health (MoPH). About 86 out of 123 drug treatment centres nationwide are supported by INL-Colombo Plan and MoPH. Other support for DDR activities is provided by donor and supporting agencies include the Governments of Japan, Germany, Global Fund and the World Bank.

At field level, drug treatment activities are implemented by the Drug Demand Reduction department of MoPH and other local NGOs, through inpatient, outpatient, harm reduction and other treatment settings.

The breakdown of international support to drug treatment programmes are listed in table 3.6. Highlights of the data include the following: 86 programmes are supported by INL, coordinated by the Colombo Plan and implemented by NGOs and Drug Demand Reduction Department of MoPH. Eight programmes are supported by World Bank through the National AIDS Control Program (NACP) of MoPH. These programmes support harm reduction centres. 11 programmes are supported Global Fund through NACP and implemented by NGOs, while six others are supported by the Government of Japan, coordinated by UNODC and implemented by NGOs. Five programmes are supported by Germany. Two of them are coordinated by Caritas Germany and three centres are coordinated by UNODC. In all, six harm reduction treatment centres are supported by UNODC. Three programmes are supported by Norwegian Church AID and implemented by local NGOs.

**TABLE 3.7 - Detail of main donor agencies for Drug Demand Reduction/Harm Reduction Afghanistan**

<table>
<thead>
<tr>
<th>DONOR</th>
<th>NUMBER OF DTCS/HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>INL, MoPH, Colombo Plan</td>
<td>86</td>
</tr>
<tr>
<td>World Bank - NACP</td>
<td>8</td>
</tr>
<tr>
<td>Global Fund - NACP</td>
<td>11</td>
</tr>
<tr>
<td>Japan - UNODC</td>
<td>6</td>
</tr>
<tr>
<td>UNODC (Harm Reduction)</td>
<td>5</td>
</tr>
<tr>
<td>Government of Germany through Caritas Germany &amp; UNODC</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: MCN-DDR directorate, List of Drug Treatment Centres (MASTER LIST) 2015.

PRIVATE SECTOR

There are a number of private drug treatment centres functioning Kabul and other provinces, these centres are not supported by any donor funding that operate in Afghanistan. The exact figure is not currently known, but MCN in coordination with MoPH has started the process of collecting information about private drug treatment centres. This information will be stored in the MCN data repository system called Afghanistan Drug Reporting System, in addition to information about all other drug treatment centres.
3.3.4 Progress of MoPH DDR Transition Plan for drug treatment centres

The Transition Plan for the transfer of support for existing substance abuse treatment centres from INL to the Government of Afghanistan was developed by MoPH, MCN, INL and CPDAP. Discussions on the unification, improvement and sustainability of drug treatment services in the country have taken place since 2012 and have resulted in an agreement for the handover of the management of the drug treatment centres (DTCs) and their continued financing through the host country Government. The transition plan reflects a new phase of Afghanistan-United States cooperation in the area of demand reduction. The new phase will fortify INL-funded substance abuse treatment programmes through a process of greater involvement and collaboration between the Afghan Government and civil society partners. At the same time, international organization partners and INL will remain actively engaged with the Transition Plan and will define its roles and primary activities.

A Memorandum of Understand (MoU) signed by the MoPH, the Ministry of Finance and CPDAP outlines the responsibilities of parties to implement the Transition Plan. It includes the commitment of INL, as the primary donor, to provide financial and technical support for drug treatment services for the years 2015-2019. This plan will enable Afghanistan’s Drug Demand Reduction (DDR) programme to develop, strengthen and sustain a functional and fit-for-purpose drug addiction treatment system across the country. The implementation of the Transition Plan began on 1 January 2015.

As per the plan, during 2015, the operational part of 13 drug treatment centres in Daikundary, Helmand, Kabul, Kandahar, Khost, Maidan Wardak, Paktia and Takhar transferred to the DDR section of MoPH (table 3.7). The transition process continuing until 2019 with an annual fund disbursement system.
TABLE 3.8 - Details of drug treatment centres transferred to MoPH during 2015
(Operational part)

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>IMPLEMENTING AGENCY</th>
<th>TARGET POPULATION</th>
<th>NUMBER OF BEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daikundy</td>
<td>KOR</td>
<td>Adult male</td>
<td>20</td>
</tr>
<tr>
<td>Helmand</td>
<td>WADAN</td>
<td>Adult male</td>
<td>20</td>
</tr>
<tr>
<td>Kabul</td>
<td>FHQA</td>
<td>Adult male</td>
<td>N/A</td>
</tr>
<tr>
<td>Kabul</td>
<td>OHSS</td>
<td>Adult male</td>
<td>N/A</td>
</tr>
<tr>
<td>Kabul</td>
<td>NEJAT</td>
<td>Adult male</td>
<td>N/A</td>
</tr>
<tr>
<td>Kabul</td>
<td>NEJAT</td>
<td>Adult male</td>
<td>60</td>
</tr>
<tr>
<td>Kabul</td>
<td>WADAN</td>
<td>Adult male</td>
<td>50</td>
</tr>
<tr>
<td>Kabul</td>
<td>WADAN</td>
<td>Adult male</td>
<td>50</td>
</tr>
<tr>
<td>Kandahar</td>
<td>WADAN</td>
<td>Adult male</td>
<td>20</td>
</tr>
<tr>
<td>Khost</td>
<td>WADAN</td>
<td>Adult male</td>
<td>20</td>
</tr>
<tr>
<td>Maidan Wardak</td>
<td>WADAN</td>
<td>Adult male</td>
<td>20</td>
</tr>
<tr>
<td>Paktia</td>
<td>WADAN</td>
<td>Adult male</td>
<td>20</td>
</tr>
<tr>
<td>Takhar</td>
<td>SHRO</td>
<td>Adult male</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: MoPH-DDR department, Progress of Drug Treatment Transition Plan (as 2015).

According to the transition plan, the drug treatment centres will be transitioned based on seniority (how long they have been funded) and demographic population served. Male programmes in provinces where no female programmes exist will be prioritized for transition. Due to the complexities of family treatment as well as the implementation of children's treatment protocols, the transition of programmes for women and children will be delayed. Figure 3.20 depicts the schedule of transitioning the programmes in four phases, as well as achievements in implementing the transition plan. According to MoPH-DDR report, the first year (2015) target was achieved successfully.


2015: According to the plan 13 drug treatment centres transferred to MoPH in 2015 including the Colombo Plan male DTCs supported by Fiscal Year (FY) 2008 funds that began operating in 2009.

2016: 15 DTCs will be transferred to MoPH in 2016 including the Colombo Plan male outpatient programmes supported by FY 2011 funds, the adolescent male programmes supported by FY 2009 funding, and the Kabul Sanga Amaj Women and Children’s DTCs.

2017: 21 DTCs will be transferred to MoPH in 2017 including twelve women and children DTCs and the adolescent female DTC in Kabul - Also, eight male residential centres supported through FY 2010 and 2011 funds, and

2018: 27 DTCs will be transferred to MoPH in 2018 including all UNODC children’s treatment centres which began operating in 2012.

Source: MoPH-DDR department, Drug Treatment Transition Plan.

Finally, the transition plan is considered to be a cost-effective and efficient project increasing the involvement of the line ministries in the drug addiction treatment system, particularly MoPH as a steward of the health sector. It is envisaged that its implementation will provide critical lessons learned for future programmes and will strengthen ties between the Government and the people of Afghanistan and the United States.
This chapter on drug use, prevention and treatment outlined issues and findings in the field of drug demand reduction in Afghanistan. Currently estimates indicate there are at between 1.9 million and 2.4 million adult drug users in the country. Continued efforts by the Government and donors to increase treatment provision have resulted in greater treatment capacity, although the currently overall annual drug treatment capacity in Afghanistan still only covers 10.7 per cent of opium and heroin users. The overall drug use rate in the population is estimated about 12.8 per cent. As injecting drugs is a risky behaviour, PWIDs are more vulnerable to infections of HCV, HBV and HIV. Drug prevention interventions are mostly limited to urban areas, with fewer services available in rural areas where drug use is more prevalent. The Drug Treatment Centre Transition Plan is being implemented to scale up and broaden the Government’s role in the drug treatment sector in the coming years. During first year of the Transition Plan, the operational section of 13 drug treatment centres was transferred to the Government.

The analysis in this chapter highlighted some areas of potential future research and aspects of treatment delivery that can be improved. The following recommendations are based on the information provided in this chapter.

- As has been recommended in previous years, it is recommended to establish a periodic (annual or bi-annual) nationwide assessment of the number of drug users and drug prevalence in the Afghanistan, and to establish a monitoring system on drug use. Children and adolescents should be included in this system.
- Drug treatment services should be extended to rural areas of country, and should include the formulation of treatment settings that are culturally adapted to the needs and capacity of women and children in rural areas of the country.
- The Government should continue to increase in the number of treatment centres and extend the capacity of existing treatment centres.
- The Government should conduct an assessment of the effectiveness of different treatment services and the duration of treatment. The results of the assessment could feed into the formulation and introduction of targeted treatment guidelines and treatment modules in the country.
- UNODC should support and empower the Government to take over responsibilities in the administration of drug treatment centres. It should support the Government in actions intended to prevent turn-over of staff during the transition process.
- The Government should increase and widen the reach of spread of public awareness campaigns, especially to rural areas and enhance knowledge and awareness among drug using populations regarding treatment centres and services, as well as the efficacy and duration of treatment provided.
- Baseline studies should be conducted to provide more information on specific groups of drug users such as children, women, PWIDs and prisoners.
This chapter summaries existing data on narcotics-related offences from arrest to trial, conviction and imprisonment in Afghanistan. It also includes analysis of arrests and seizures of narcotics by enforcement agencies across different regions of the country and casualties sustained during the course of enforcement activities.

The second part of the chapter focuses on the constituent parts of the criminal justice system, namely how the Criminal Justice Task Force (CJTF) supports the National Drug Control Strategy (NDCS).

The third part of the chapter includes an analysis of narcotics-related arrests and prosecutions for adults and juveniles, presenting patterns that emerge from several years of data.

The final section of this chapter outlines concluding remarks, policy implications and recommendations for further study on under-researched areas on narcotics related law enforcement and criminal justice.

The analysis of relevant data is counted based on the solar calendar. For instance 01/01/1391-30/12/1391 is equal to 20/03/2012 – 20/03/2013.
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4.1 Law Enforcement

4.1.1 Counter narcotics operations

Law enforcement agencies in Afghanistan, including the National Directorate of Security (NDS), the Afghanistan Border Police (ABP), the Ministry of Defence (MOD), and the Afghanistan Custom Department (ACD) undertake counter narcotics operations on an ongoing basis and report their activities to the Technical Operation Center of the Counter Narcotics Police of Afghanistan (CNPA-TOC). In turn, CNPA-TOC releases reports on the status of counter narcotics efforts throughout the country. The number of counter narcotics operations in Afghanistan from 2011/12 to 2014/15 is provided in figure 4.1.

**FIGURE 4.1 - Total counter narcotics operations, March 2011 – March 2015**

Concerning the total number of counter narcotics operations, figure 4.1 highlights a 27.7 per cent decrease from 3,280 in 2012/13, and 25.4 per cent decrease from 3,179 in 2013/14 to the number of counter narcotics operations in 2014/15 (2,371). CNPA-TOC leadership have stated the following reasons for the steady decrease:

- Reductions in the CNPA operating budget impacted its capacity;
- The Air Force Unit of CNPA previously supported counter narcotics operations, but the Air Force Unit now answers to the Ministry of Defence;
- Removal of previously received support from ISAF and other Law Enforcement Agencies; and
- The involvement of CNPA and security forces in support of the 2014 presidential elections.

Despite these challenges, the number of counter narcotics operations undertaken in 2014/15 was still higher than it was in 2011/12, when there were 1,958 counter narcotics operations.

4.1.2 Casualties of personnel of counter narcotics agencies

Personnel of law enforcement agencies that undertake counter narcotics operations continue to face injury and death. Figure 4.2 outlines the numbers of CNPA officers killed or wounded while taking part in counter narcotics operations since March 2011.
FIGURE 4.2 - Total causalities (killed and wounded) of Afghan counter narcotics agency enforcement personnel, March 2011 – March 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Killed</th>
<th>Wounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>2012-2013</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>2013-2014</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>2014-2015</td>
<td>8</td>
<td>15</td>
</tr>
</tbody>
</table>


Fluctuations in the number of officers killed broadly matches fluctuations in the total number of operations highlighted in figure 4.1. The number of officers killed fell from 18 in 2013/14 to eight in 2014/15. Although this 225 per cent decrease in fatalities was proportionately larger than the 25.5 per cent decrease in total number of operations, it highlights a correlation between the two. In the same vein, figures 4.1 and 4.2 show that 2012/13 saw the highest number of operations, number of fatalities and wounded personnel. The 20 per cent reduction in the number of wounded enforcement agency personnel as a result of counter narcotics operations from 25 in 2012/13 to 18 in 2013/14 is broadly similar to the reduction in total number of operations (figure 4.1).

Figures 4.1 and 4.2 show that the highest number of counter narcotics operations, fatalities and injuries took place from March 2012 – March 2014.

Overall, there was a welcomed decrease in the number of fatalities and injuries of enforcement agency personnel taking part in counter narcotics operations. While there is a weak correlation between the reduction in casualties and reductions in the number of operations, the technical and operational capacity of these personnel is doubtless helping to reduce deaths and injuries during the course of counter narcotics operations.

4.1.3 Drug seizures and arrests

The Anti-Drug Trafficking Reporting Mechanism was established in September 2012 to monitor progress made by law enforcement agencies towards achieving goals related to the arrest of low-, mid-, and high-value drug traffickers. The Ministry of Counter Narcotics (MCN) monitors and evaluates the implementation of this policy through its Law Enforcement Coordination Directorate. This monitoring mechanism requires NDS, ABP, the Ministry of Defense (MoD), International Security Assistance Force (ISAF) and the Customs Department to provide monthly updates on arrests, destruction of drug laboratories and joint operations to CNPA. These updates inform the production of monthly progress reports which are used by relevant government and international stakeholders to review progress and strategize on future operations.
BOX 4.1 - Counter Narcotics Training Academy

The Counter Narcotics Training Academy is fully functional with an Afghan training cadre who completed the UNODC Train-the-Trainer programme. The trainers provide compulsory Basic Investigators Training for all CNPA officers. They also deliver a counter narcotics training curriculum in the provinces via the UNODC-developed Mobile Training Team (MTT). The cadre is augmented by subject matter experts from the CNPA Forensic Lab, the Precursor Control Unit and the CJTF. The MTT has also formed a partnership with the Afghan Independent Human Rights Commission to supply human rights training as part of the curriculum. The MTT now not only delivers this training to provincial CNPA officers but also to the wider MoI including: ABP, ACD and Afghan National Police. Using training infrastructure developed over the past years, UNODC assisted CNPA Training and Education Department in developing a specific training course for CNPA Borders and Airport Unit officers in collaboration with the Afghan Customs Academy. UNODC continued to organize MoI accredited intelligence training for sponsored units; Border Liaison Offices, Mobile Detection Teams and Mobile Interdiction Teams to develop skills and to promote interagency cooperation. Developing Intelligence-led policing capacity is a core goal of the UNODC’s Law Enforcement support to CNPA.

DRUG AMOUNT SEIZED IN TOTAL AND BY TYPE

CNPA-TOC reports monthly seizure data to the Law Enforcement Coordination Directorate of MCN. The following charts and maps outline total and geographical spread of seizures of drugs heroin, morphine, dry opium and hashish.

Figure 4.3 outlines a welcomed increase in total seizures from 119,960 in 2013/14 to 128,079 for 2014/15. It is worth noting, however, that seizures decreased for certain drug types. Seizures decreased for heroin by 32 per cent, morphine by 25 per cent and dry by 14 per cent over the same period. Only hashish seizures increased by just under 81 per cent from 28,168 kg to 50,939 kg.

**FIGURE 4.3 - Total amount of drugs seized/kg by type, March 2011 – March 2015**

**TABLE 4.3: Total drug seizures/kg by type, March 2011 – March 2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>Hashish</th>
<th>Dry Opium</th>
<th>Morphine</th>
<th>Herion</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>12,891.5</td>
<td>159,795.5</td>
<td>23,654.5</td>
<td>70,071.1</td>
<td>248,575.9</td>
</tr>
<tr>
<td>2012-2013</td>
<td>24,168</td>
<td>59,737.75</td>
<td>73,604</td>
<td>41,499.7</td>
<td>155,300.1</td>
</tr>
<tr>
<td>2013-2014</td>
<td>15,300.1</td>
<td>67,091.47</td>
<td>14,997</td>
<td>28,168</td>
<td>119,960</td>
</tr>
<tr>
<td>2014-2015</td>
<td>22,086</td>
<td>63,347.92</td>
<td>8,903.17</td>
<td>6,334</td>
<td>67,159.147</td>
</tr>
</tbody>
</table>

The highest total seizures in recent years – 337,975 – was recorded in 2012/13 when the largest number of operations were undertaken. The figures for 2014/15 are 260 per cent below this record. Seizures of heroin, morphine and dry opium in 2014/15 were at the lowest level in the last five years, while seizures of hashish were up from the previous record low in 2013/14.

Between 2011/12 and 2014/15, the total number of heroin seizures decreased by 47.1 per cent in all regions of the country. There was a 31.7 per cent decrease in the total amount of heroin seized between 2013/14 and 2014/15. Morphine seizures decreased by 24.2 per cent over this period while seizures of hashish were down by 20 per cent.

With regards to the geographical spread of seizures, total seizures in 2014/15 amounted to 66,688 kg in the south, 28,305 kg in the central region, 17,219 kg in the east, 7,205 kg in the north-east, 4,939 kg in the west and 3,712 kg in the north. In 2013/14, total seizures by region were 54,515 in the west, 50,259 in the central region, 27,283 in the south, 13,449 in the east, 8,079 in the north-east and 2,078 in the north. These equate to increases in seizures between 2013/14 and 2014/2015 in the north (just under 78.6 per cent), south (just under 145 per cent) and east (just over 28 per cent). Meanwhile, there were reductions in seizures in the west (over 1,000 per cent), the central region (just under 43 per cent) and the north-east (10 per cent).

In terms of the geographical spread of seizures by type, seizures of opium increased by 108.2 per cent in the central region, 77.6 per cent in north and 304.6 per cent in the south, and while decreased by 23.9 per cent region and in North East decreased by 6.2 per cent, meanwhile increased in the west 13 fold (from 44,488.1 kg to 3,407.577 kg) in 2014/15 compared to 2013/14. During the same period seizures of opium decreased by 23.9 per cent in the east. In 2014/15, potential production was reduced by 48 per cent from 6,400 tons to 3,300 tons.\(^2\)
FIGURE 4.4 - Kilograms of seizures in Afghanistan by region and type of drug, March 2013-March 2015

KILOGRAMS OF DRUGS SEIZED BY REGION, MARCH 2014 - MARCH 2015

KILOGRAMS OF DRUGS SEIZED BY REGION, MARCH 2013 - MARCH 2014

In 2014/15 the geographical spread of seizures of heroin decreased by 35.5 per cent in the central region, 23.9 per cent in the north-east, 6.8 per cent in the south and 28.4 per cent in the west, while seizures of heroin increased 2.9 times in the east (from 1,417 kg to 489.624 kg), 581 per cent in the northern compared to 2013/14.

In terms of the geographical spread of seizures by type, seizures of opium were 14.92 kg in the central region, 63,312 kg in eastern region, 6 kg in southern region, and 2 kg in western region. In the north-east and north no seizures of Morphine were reported in 2014/15, while in 2013/14, 798.78 kg of Morphine were seized in the south and 7,561.25 kg in the west.

During 2014/15, in terms of geographical spread of seizures by type, seizures of hashish decreased to 64.7 per cent in the central region, 45.1 per cent in the north-east and 60.9 per cent in the west, while seizures of hashish increased by 85.6 per cent in the east, 85.8 per cent in the north and 84.2 per cent in the south compared to 2013/14 across the country.

Between March 2014 – March 2015 the geographical spread seizures of heroin decreased by 35.5% in Central, 23.9% in North Eastern , 6.8% in Southern region, 28.4% in Western regions, while seizures of heroin increased by about 2.9 folds in Eastern (from 1417 Kg to 489.624 Kg), 550% in Northern compare to 2013/14 across the country.

I terms of the geographical spread of seizures by type, seizures of opium were 14.92 Kg in Central and 6312 Kg in Eastern region, and 6 Kg in Southern, and 2 Kg in Western regions. In North Eastern and Northern regions no seizures of Morphine was reported in March 2014/15, while between March 2013/14, 798.78 Kg of Morphine seizure in Southern region and 7561.25 Kg reported in Western region.

**SEIZURES OF LIQUID AND SOLID PRECURSOR**

This part shows the amount of precursor seizures between march 2011 to March 2015 that have been seized by Law Enforcement Agencies across the country.

**TABLE 4.1 - Total amount of liquid and solid precursors across the country during March 2011 – March 2015.**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>LIQUID PRECURSOR/LITTER</th>
<th>SOLID PRECURSOR/KG</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2014 - March 2015</td>
<td>24826.644</td>
<td>17348.664</td>
</tr>
<tr>
<td>March 2013 - March 2014</td>
<td>30850.62</td>
<td>48452.321</td>
</tr>
<tr>
<td>March 2012 - March 2013</td>
<td>34973.94</td>
<td>121213.033</td>
</tr>
<tr>
<td>March 2011 - March 2012</td>
<td>84108.001</td>
<td>96647.909</td>
</tr>
</tbody>
</table>

Table 4.1 shows a decrease in seizures of both liquid (19.4%) and solid (64.1%) precursors between March 2013 – March 2014 and March 2014 – March 2015. The highest levels of seizures solid precursors was between March 2011 – March 2012 with seizures of solid precursors being at the highest between March 2012 – March 2013. Between March 2013 - March 2014 the seizures of liquid precursor decreased by 11.7 per cent compared to March 2012 - March 2013. During the same period, seizures of solid precursor decreased by 60 per cent.”

**SEIZURES OF METHAMPHETAMINE ACROSS THE COUNTRY**

Recent seizures of methamphetamine have primarily been made in the western and southern regions of the country.

Seizures of methamphetamines dropped by over 300 per cent from 15.8 kg total in 2013/14 to 5.5 kg total in 2014/15. The seizure of 15.32 kg in the western region in 2013/14 remains the greatest quantity seized in the last five years, while recent seizures totalling 3.89 kg in the same region in 2014/15, is the next greatest quantity seized in a year from a single region since 2011.
DRUG RELATED ARRESTS

As outlined below, there were a total of 2,661 drug traffickers arrested in 2014/15. Of those arrested, the vast majority – 74 per cent – were classified as small, while 22 per cent were classified as big and 4 per cent were classified as medium. The large concentration of small drug traffickers in the total of arrests is in line with the findings of the Counter Narcotics Prisoners’ Situation Analysis Study, published in the Afghanistan Drug Report 2013.

FIGURE 4.6 - Arrests by classification of drug traffickers (big, medium and small), 2014/15

Note: The classification of drug traffickers into big, medium and small began in 2014/15.

BOX. 4.2 - Definitions of low-, mid- and high-value traffickers

Low-value traffickers generally lack of social opportunities, are unemployed and live in poverty. They normally traffic small amounts of drugs and sell in exchange for a small amount of money.

Mid-value traffickers generally traffic narcotics for their own personal profits and so they have a considerable role in the trafficking process. They usually do not establish ties to terrorist groups.

High-value traffickers (also referred to as major traffickers): (i) lead and control major narcotic trafficking activities and are members of organized drug trafficking groups; (ii) have direct connections with international criminal groups and attempt to influence high ranking government officials in a direct or indirect manner; (iii) often manage and control their networks from outside Afghanistan; (iv) have significant economic, technical, political and even military facilities; and (v) manage to transport large quantities of drugs in and out of the country. High-value traffickers may be linked to terrorist groups and/or motivated by profit.
The total number of arrests of drug traffickers fell by 11 per cent from 3,078 to 2,661 between 2013/14 and 2014/15. This reduction correlates to reductions in the total number of operations highlighted in figure 4.1. However, the decrease in arrests contrasts with the increase in seizures highlighted in figure 4.3. It is worth noting this increase in seizures was largely due to increases in seizures of hashish as seizures of heroin, morphine and dry opium all went down. The reasons for these figures were highlighted in the sections above.

Overall, there has been an 18 per cent increase in arrest of drug traffickers from March 2011 till March 2015. The highest number of arrests – 3,078 – took place in 2013/14.

**BOX. 4.3 - Airport Interdiction Task Force**

An Airport Interdiction Task Force is currently being set up by UNODC sub-programme staff following a substantial consultative process. The Task Force will initially concentrate on two areas: anti-money laundering activities through the investigation of cash couriers; and, drug swallows transporting narcotics to neighbouring countries. Currently there are four main agencies (ABP, ACD, Counter Narcotics Training Academy and the National Directorate of Security (NDS)) conducting separate criminal investigations inside the airports. One of the goals of the Task Force is to consolidate those efforts through interagency cooperation as well as to assist in the stem of cash and other bearer negotiable instruments from leaving the country.

**4.1.4 Drugs and precursors lab destruction**

There was a small increase in the number of labs destroyed from 34 to 37 between 2013/14 and 2014/15. Some 70 per cent of mentioned labs were destroyed in southern region (68 Labs in Helmand, eight labs in Kandahar and three labs in Uruzgan province) where the most poppy cultivation took place in recent years. The number of labs destroyed last year was almost 300 per cent less than the high of 109 for 2012/13. However, it was more than double the number of 16 that were destroyed in 2011/12.

Out of the 34 labs destroyed in 2013/14, 41 per cent labs were destroyed in the south (14 labs in Helmand and one in Kandahar) and north-east regions respectively 35 per cent (12 labs in Badakhshan), 21 per cent in the Eastern (seven labs in Nangarhar) and 3 per cent in the western region (one lab in Farah province). The concentration of labs in the south and north-east is not surprising due to their proximity of smuggling routes. There were no lab destructions reported in the central and northern regions in 2013/14.
BOX. 4.4 - Drug seizure database

The CNPA Forensic Laboratory analysed a total of 4,596 exhibits in the first nine months of 2015. These findings were reflected in 1,679 reports prepared by laboratory staff. A system for the collection of analytical data relating to drug seizures submitted to the laboratory is now in place and data for the last three years (2012-2014) are available. This database is being constantly refined and improved. Useful intelligence information has been gathered by analysing trends in numbers of seizures, the amounts and types of drug seized and the provinces where each seizure was made. It is hoped that the information available from the laboratory database can be linked to data from other departments such as the Precursor Control Unit, CJTF and CNPA-TOC and shared with regional laboratories.

With the increased forensic capability and capacity now in place and the completion of the new forensic laboratory building, specialized mentorship is now required to further develop expertise to ensure the sustainability of counter narcotics efforts and to improve intelligence related to drug trafficking from Afghanistan to the neighbouring countries and beyond.
4.2 Criminal Justice System

4.2.1 Counter Narcotics Police of Afghanistan (CNPA) and other relevant departments of drug related arrests and seizures

Through the Afghanistan National Police Strategy, CNPA is the lead enforcement agency in the fight against illicit drugs in Afghanistan. It is tasked with collecting intelligence and conducting investigations with respect to the cultivation, smuggling and illegal production of drugs. CNPA is responsible for active detection and eradication operations, and interdiction of the flow of narcotics. In addition, arrests of drug traffickers and seizures of illicit drugs by any agency are referred to the CNPA, which in turn refers narcotics cases to related criminal justice agencies for prosecution and trial.

4.2.2 Criminal Justice Task Force

The Criminal Justice Task Force (CJTF) is a specialized counter narcotics institution established in May 2005 to investigate and prosecute all narcotics and intoxicants cases which are above the threshold set in the Afghan Narcotics and Intoxicants Law (table 4.2). Once an arrest has been made, cases equal to or above the threshold are referred to CNPA headquarters in Kabul and then they are sent on to CJTF. Those cases that are below the threshold are referred to the provincial level CNPA and then to the local office of the Attorney General.

**TABLE 4.3 - Illicit substance thresholds in Afghanistan**

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin, morphine, cocaine, or any mixture</td>
<td>2 kg</td>
</tr>
<tr>
<td>Opium or any mixture containing opium</td>
<td>10 Kg</td>
</tr>
<tr>
<td>Hashish, methamphetamine or any mixture except with heroin, morphine, cocaine and opium</td>
<td>10 kg</td>
</tr>
<tr>
<td>Alcohol and precursors</td>
<td>50 litter</td>
</tr>
</tbody>
</table>

Source: Law against Intoxicating Drinks and Drugs and Their Control, 2010.

CJTF headquarters completes an investigation of each case. After the CJTF investigation, cases are referred to the CJTF primary court. From there, cases can go to appellate courts and eventually the country’s Supreme Court.

The Criminal Justice Task Force (CJTF) was set up as an end-to-end Afghan process to bring to justice those involved in serious narcotics crime within Afghanistan. CJTF seeks to achieve its aims by uniting secondees from the Supreme Court, the office of the Attorney General, the Ministry of Internal Affairs and the Ministry of Justice in one secure location, and was the first example of this process in Afghanistan.

Figure 4.9 shows a 23.1 per cent increase in the number of male suspects from 628 in 2010/11 to 724 in 2014/15, although there were fewer male suspects in 2014/15 than in 2013/14. There was a 250 per cent increase in the number of female suspects over the same period, although the overall number remains relatively low at 18.

As outlined in figure 4.10, Afghans nationals still constitute the vast majority of those CJTF has investigated and prosecuted for narcotics-related offences. The reductions in the numbers of Afghan officials and nationals and also foreigners investigated and prosecuted are in line with the overall decreases in total numbers of arrests (table 4.2) and investigations and prosecutions by CJTF (figure 4.9).
The number of Afghan nationals investigated and prosecuted for narcotics related offences decreased by 17.3 per cent from the record high of 877 for 2013/14 and to 725 for 2014/15 (Figure 4.10). However, overall, there has been an increase of around 12 per cent in over the last five years. The total number of Afghan officials investigated and prosecuted fell by 35 per cent from 20 in 2013/14 to 13 in 2014/15. The highest number of arrests and investigations of officials was in 2011/12. The total number of number of foreigners CJTF investigated and prosecuted remains relatively small at only four in 2014/15, and the number has decreased each year since 2012/13.

Figure 4.10 - Narcotics-related crimes CJTF investigated and prosecuted, by nationality, March 2010 – March 2015


Figure 4.11 - Primary, appellate and final prosecution of seizure cases, March 2010 – March 2013

Source: CJTF annual reports, March 2010 – March 2015.
Figure 4.11 shows year on year decreased in prosecutions by primary 8.3%, by appellate (2%) and supreme (1.4%) courts for the period covering March 2011 – March 2012 to March 2012 – March 2013 over the last three years from March 2010 – March 2013, primary, appellate and supreme courts have all seen prosecutions of seizure cases increases by around 11.1% respectively.

4.3 Prisons and Juvenile Rehabilitation Centres in Afghanistan

4.3.1 Prisoners incarcerated for narcotics-related crimes in Afghan prisons

Data from the Central Prisons Directorate do not differentiate between incarcerated detainees and prisoners. As such, it is understood that number of incarcerated people includes both detainees and prisoners. In addition, CPD data do not disaggregated by offence, thus offences related to illicit substances (such as possession and trafficking) are included.

**FIGURE 4.12 - Narcotics-related incarcerations in Afghan prisons by region, March 2010 - March 2015**

![Graph showing narcotics-related incarcerations by region from 2010-2015](image)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Region</td>
<td>318</td>
<td>299</td>
<td>268</td>
<td>248</td>
<td>211</td>
</tr>
<tr>
<td>Southern Region</td>
<td>432</td>
<td>425</td>
<td>393</td>
<td>296</td>
<td>202</td>
</tr>
<tr>
<td>Northern Region</td>
<td>509</td>
<td>475</td>
<td>425</td>
<td>328</td>
<td>196</td>
</tr>
<tr>
<td>Northern Eastern Region</td>
<td>599</td>
<td>507</td>
<td>435</td>
<td>328</td>
<td>196</td>
</tr>
<tr>
<td>Eastern Region</td>
<td>582</td>
<td>507</td>
<td>435</td>
<td>328</td>
<td>211</td>
</tr>
<tr>
<td>Central Region</td>
<td>2355</td>
<td>2187</td>
<td>2041</td>
<td>2041</td>
<td>2187</td>
</tr>
</tbody>
</table>

Source: Annual report of CPD, March 2010 – March 2015.

There was a slight reduction in the number of prisoners held in detention centres on narcotics-related charges/convictions across Afghanistan from 4,225 in 2013/14 to 4,118 in 2014/15. Of these, 57 per cent (2,355) were detained in the central region, 12 per cent (507), in the west, 11 per cent (435) in the south, 8 per cent (328) in the north, 7 per cent (282) in the east and 5 per cent (211) in the north-east.

This distribution of prisoners held in detention on narcotics-related charges/convictions differs somewhat from 2013/14, when 52 per cent were held in the central region, 14 per cent in the west, 12 per cent in the north, 11 per cent in the south, 6 per cent in the east and 5 per cent in the north-east.

Going back further, in 2010/11 there were a total of 2288 prisoners held in detention centres in Afghanistan on narcotics-related charges. The regional distribution was as follows: 49 per cent were held in the central region, 14 per cent in the west, 13 per cent in the south, 9 per cent in the north, 8 per cent in the east and 7 per cent in the north-east.
4.3.2 Juveniles imprisoned in Afghanistan juvenile centres for narcotics-related crimes

The Juvenile Code (formally known as the “Procedural Law for dealing with children in conflict with the Law”) [adopted in March 2005] outlines the key framework in reforming the Afghan Justice System to enshrine children’s rights. Those under age 18 that have committed any type of crime defined in Criminal Justice Code of Afghanistan are defined as juveniles. Juvenile rehabilitation centres are functional in each of the 34 provinces of the country under the authority of Ministry of Justice.

The data on juveniles imprisoned for narcotics-related crimes refer to suspects/accused and convicted, but data are not disaggregated according to offences [trafficking/possession of heroin, morphine, opium, etc]. Data presented here refer to all drug-related crimes committed by juveniles from March 2010 to March 2015.

**FIGURE 4.13 -** Juveniles incarcerated for narcotics-related crimes, March 2010 – March 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>93</td>
</tr>
<tr>
<td>2011-2012</td>
<td>128</td>
</tr>
<tr>
<td>2012-2013</td>
<td>141</td>
</tr>
<tr>
<td>2013-2014</td>
<td>132</td>
</tr>
<tr>
<td>2014-2015</td>
<td>119</td>
</tr>
</tbody>
</table>

Figure 4.13 shows the number of juveniles incarcerated for narcotics related crimes decreased by 9.8 per cent from 132 in 2013/14 to 119 in 2014/15. However, there has been an overall increase of over 30 per cent from the level recorded in 2010/11 (93). The number of juveniles incarcerated for narcotics related offences peaked at 141 in 2012/13.

As Juveniles Rehabilitation Center reports that out of the total number of prisoners in March 2010 – March 2011, 3.69% were juveniles, during March 2011 – March 2012, 4.31%, between March 2012 – March 2013 4%, during March 2013 – March 2014 3.14% and in March 2014 – March 2015, 2.98% across the country.

Based on data from juvenile rehabilitation center this year (till November 2015), 13.38% juveniles are in Nangarhar province, 6.23% in Kabul province, 4.29% in Herat province and in total 96.9% of juveniles are male and 3.1% are female.
4.4 Conclusion & Recommendations

Reductions in the numbers of operations focused on counter narcotics and the related reductions in seizures and arrests outline the need for continued investment and capacity-building of enforcement bodies at the forefront of tackling the illicit drug trade.

The welcomed decrease in cultivation could be reinforced by ever-more targeted enforcement action against traffickers. The relevant authorities should consider this possibility and take steps to take advantage of this window of opportunity.

The analysis in this chapter highlighted some areas of potential future research and aspects of law enforcement and criminal justice can be improved. The following recommendations are based on the information provided in this chapter.

- The Government of Afghanistan should foster better coordination between the various policy and enforcement bodies.
- Increased investment is needed in the seizure activities of enforcement agencies.
- Law enforcement agencies should increased their targeting of medium and large traffickers.
- Narcotics prisoners should be provided with sufficient, skills based training to enable them to reintegrate into society following the end of their sentences.
The report was published with extensive technical support from the United Nations Office on Drugs and Crime (Country Office for Afghanistan)