



UNODC

United Nations Office on Drugs and Crime



Drug Use in Afghanistan: 2009 Survey

Executive summary

Preface

The human face of Afghanistan's drug problem is not only seen on the streets of Moscow, London or Paris, it is in the eyes of its own citizens, dependent on a daily dose of opium, heroin, cannabis, painkillers and tranquilizers.

Easy access to cheap drugs, and limited access to drug treatment, combined with three decades of war-related trauma have resulted in problem drug-use among almost one million Afghans, roughly 8% of the population between 15 and 64 years old. At twice the global average, this high percentage is debilitating, not only for those affected, but also for their families, communities, and the country as a whole.

Many Afghans seem to be taking drugs as a kind of self-medication against the hardships of life. But as a result, it is causing greater misery by creating behavioral, social and health problems, as well as petty crime, traffic and workplace accidents, and loss of productivity. Furthermore, injecting drug use, as well as trading sex for drugs, risks spreading HIV and other blood-borne diseases.

One of the most shocking statistics in this report is the number of parents who give opium to their children; as high as 50% of drug users in the north and south of the country. This risks condemning the next generation to a life of addiction.

It is also troubling to see that Afghans perceive the problem of drug use to be worsening, and that they have little recourse to help. Only ten percent of drug users surveyed had received a form of drug treatment, although 90% of them felt that they were in need of it. This leaves around 700,000 Afghans with no access to drug treatment - and another generation on the way.

Not only does drug production hold back Afghanistan's development and threaten its security. Drug addiction is harming Afghanistan's health and welfare. This is another reason to reduce the supply of drugs in Afghanistan. And it calls for much greater resources for drug prevention and treatment in Afghanistan, as part of mainstream healthcare and development programmes.

It is time to bring this issue out of the shadows, and into the clinics.

Executive Summary

Drug dependency in Afghanistan, notably to opiates such as heroin, opium and opioid painkillers, continues to increase across rural and urban areas equally. With widespread and easy access to relatively low-cost drugs, more and more Afghan citizens are becoming drug dependent and suffering debilitating mental, physical and social problems as a result. Illicit drugs in this context include cannabis, opium, heroin, opioids or painkillers, and tranquilizers.

Five years ago, a detailed profile of drug use in the country was drawn by the first-ever national survey on Afghan drug use. UNODC and the Ministry of Counter Narcotics of the Islamic Republic of Afghanistan conducted the survey jointly.

Since then, however, concerns about escalating drug use triggered the need for another survey to update the 2005 information and to provide further insight into the extent and pattern of drug use in Afghanistan. This 2009 survey was also conducted in partnership with the national Ministries of Counter Narcotics and Public Health and with financial contribution from the Government of the United Kingdom. Direct comparisons between findings in the preceding survey and those in this one are difficult as each survey used different criteria and methodologies. Still, some conclusions regarding trends and changes in drug use practices during the past four years can be drawn. The most striking one is a massive increase in the use of opium, heroin and other opiates.

This conclusion was arrived at through the survey's design which allowed it to estimate drug use in both rural and urban settings across the country, and to capture not only the traditional provinces of opium use in the North but drug use in major cultivation provinces in the South. It did so by collecting data through interviews with 2,614 drug users and 2,614 key informants. Key informants were identified as those having knowledge of drug use in their communities such as teachers, health care workers, police and community leaders. After being interviewed, these informants were then asked to provide contacts for regular drug users. Regular drug users were defined as those who had used opium, heroin, opioids and tranquilizers regularly in the past 12 months and past 30 days. Respondents were based in all 32 provincial capitals, covering 354 district centres and other districts in each of the provinces.

Despite this survey's best attempt to be comprehensive, it has limitations. In several districts, ongoing security constraints were a serious challenge. In Helmand, for example, security issues were so acute, several districts and villages were not represented. High levels of stigma related to drug use also hindered the research process and may have influenced some drug users' responses. For cultural reasons, many communities denied that drug users lived among them and felt ashamed to admit any opiate use in their locality. Thus, there is a strong possibility that

numbers presented in this survey particularly those referring to women and children are considerably lower than in reality. Drug use among women and children is extremely difficult to estimate in Afghan society as it is easier to conceal and most often occurs in the home. Consequently, only 3 per cent of the drug users surveyed were women.

Besides profiling drug patterns, this survey also examines injecting drug use and related behaviours that may put the drug using population and their sexual partners at risk of HIV and other infections. As well, the survey asked both drug users and informants to assess drug treatment options in their communities. It is expected that this information will help guide Afghan policy makers and programme planners in their further development and improvement of interventions for drug use prevention, treatment of drug dependence and prevention of adverse health and social consequences of drug use.

Key Findings

Drug use in Afghanistan on the Rise

Illicit drug use has increased across the country, dramatically so for opium, heroin and other opiates. In four years, the number of regular opium users in Afghanistan grew from 150,000 to approximately 230,000 - a jump of 53 per cent. The numbers are even more alarming for heroin. In 2005, the estimate of regular heroin users in the country was 50,000, compared to approximately 120,000 users in 2009, a leap of 140 per cent. Overall, the annual prevalence of regular opiate use is estimated to be 2.7 per cent of the adult population¹ (between 290,000 and 360,000 persons). Opium is by far the most commonly used opiate with an estimated prevalence of about 1.9 per cent of the adult population. Heroin prevalence is estimated to be about 1.0 per cent of the adult population and other opiates users² are estimated to make up about 0.5 per cent of the adult population.

Overall, adult drug users are estimated to number close to one million (high estimate 940,000) people. That figure represents nearly 8 per cent of the population aged between 15 and 64. To some extent drug use corresponds with the geographic areas of opium and cannabis production and trading. The highest prevalence of drug use is found in the Northern and Southern regions, while the Central region has the most number of drug users in the country, up to 288,000 individuals.

¹ Adult population in the text is referred as those aged 15 to 64 years.

² Opioid painkillers

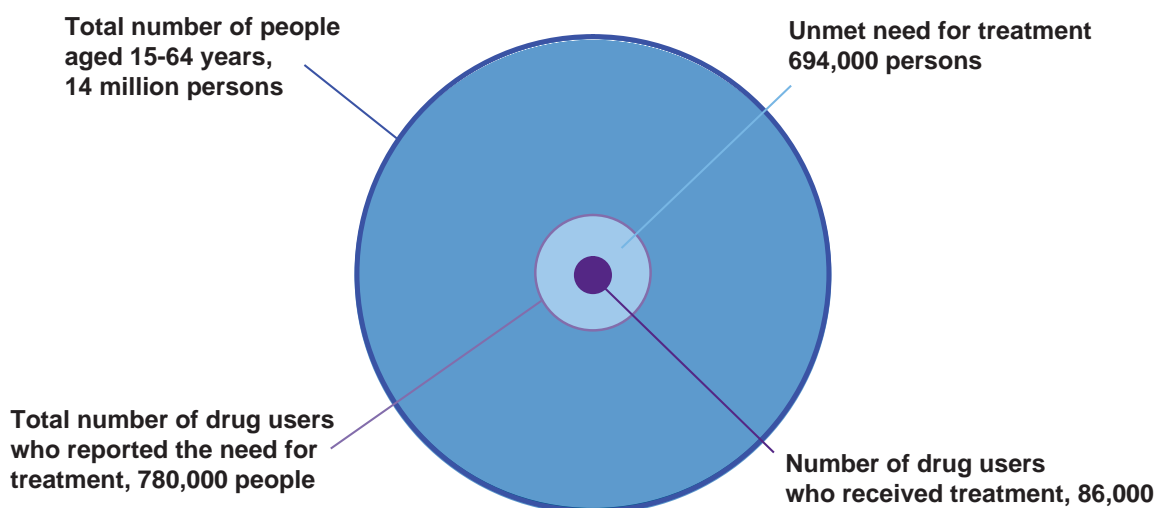
Table 1: Number of illicit drug users and annual prevalence by region

	Number			Prevalence (%)		
	Estimate	Low	High	Estimate	Low	High
Central	253,000	217,000	288,000	6.5	5.6	7.4
Eastern	87,000	67,000	107,000	6.3	4.8	7.8
North Eastern	82,000	69,000	95,000	6.1	5.1	7.1
Western	101,000	88,000	114,000	5.9	5.1	6.7
Southern	107,000	86,000	128,000	7.2	5.8	8.6
Northern	171,000	137,000	204,000	7.2	5.8	8.7
Afghanistan*	800,000	660,000	940,000	6.6	5.4	7.7

* National estimates are rounded to the nearest 10,000 users

Some drugs are more widely used than others. Opium use is widespread. Around 60 per cent of interviewed drug users reported using opium in their lifetime. And when key informants were asked to identify the three most commonly used substances among men, women, young men and women, adolescents and children³, they mentioned opium in every gender and age category.

Figure 1: Number of drug users in need for treatment, Afghanistan 2009

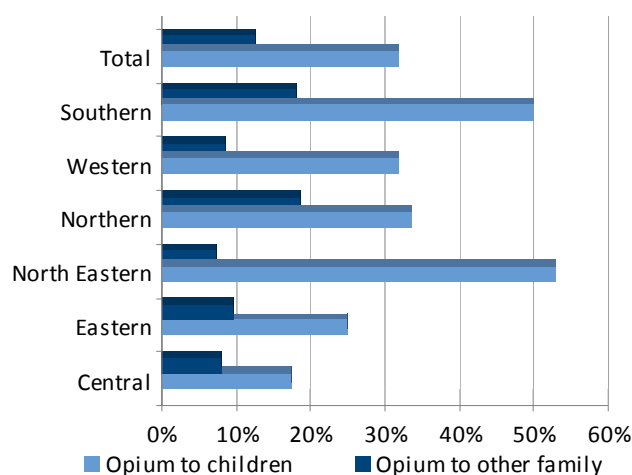


The vast majority of informants named cannabis, opium and heroin as the most commonly used substances among men and young men; opium, cannabis and heroin among young women; opium, tranquilizers and opioids (painkillers) the most commonly used among women; and cannabis, opium and heroin most commonly

³ For the purpose of this study, adults were defined as 26 or older, young people as those between 16 and 25, adolescents as between 10 to 15, and children as under 10 years.

used among adolescents. As for children, informants reported that opium, tranquilizers and cannabis were most commonly used. This latter observation corresponds with the long-established practice of using opium to placate children, especially in the North Eastern and Southern regions. This finding is deeply troubling especially given that more than half of drug users in the regions mentioned above reported giving opium to their children.

Figure 2: Percentage of drug users who give opium to family members and children by region



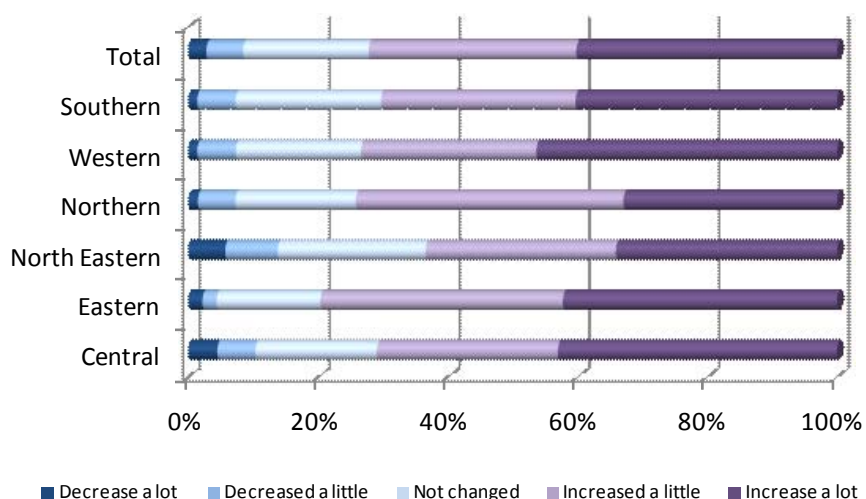
Perceived Changes in Drug Use

In order to document perceived changes in the use of the various substances over the past four years, key informants were asked whether they thought the use of each drug had “*decreased a lot*”, “*decreased a little*”, “*not changed*”, “*increased a little*”, and “*increased a lot*”.⁴ Importantly, their qualification of change from “*decreased a lot*” to “*increased a lot*” was based not only on objective quantitative figures but also on their local context and their own perceptions of changes in their localities and districts.

Overall, informants’ responses revealed that for most illicit drugs, they perceived use to either have gone up or stayed the same. Cannabis use was perceived to have increased “a lot” throughout the country, while opioid (painkillers) use was thought to have been stable or “increased a little” in most parts of the country. However, in the Western region many key informants believed there had been a great increase in the use of painkillers. Tranquilizers use was thought to have increased in the Central, Eastern and Western regions.

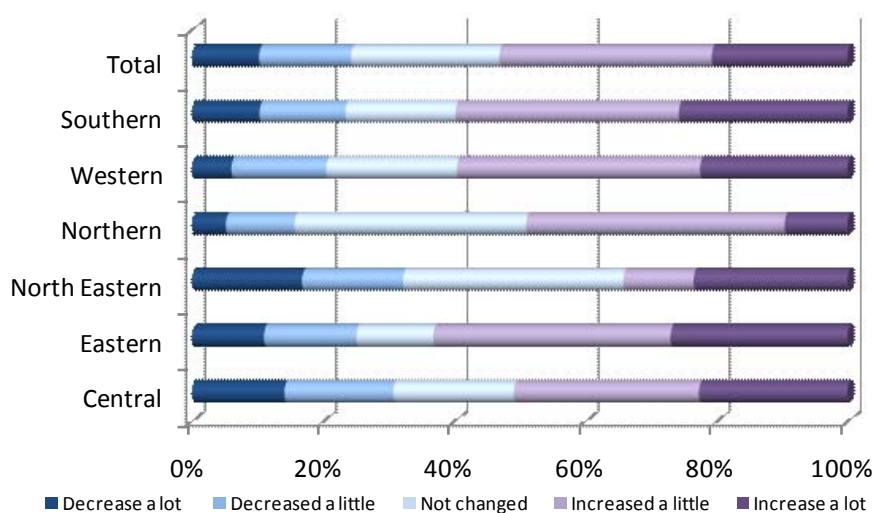
⁴ These are the same categories that are used for summary expert opinions in the Annual Report Questionnaire Part II: Extent, patterns and trends of drug abuse, filled in by each member state and submitted to CND

Figure 3: Perceived trend in cannabis use between 2005 and 2009 as reported by key informants by region



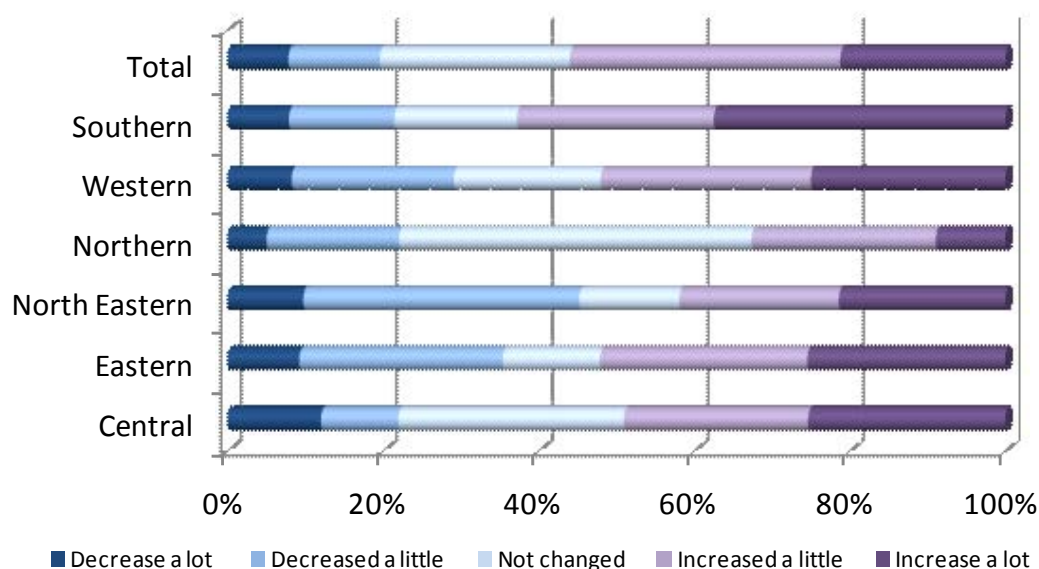
As for opium use, key informants had mixed responses. In the Northern and North Eastern regions many key informants thought that there had been no increase in opium use or there had been a little increase. Since 2005, most provinces in these regions have reduced opium cultivation to low levels or became poppy-free. It is possible that such a reduction in cultivation levels have also congruently reduced the local supply of opium. It is also possible that key informants assumed a reduction in cultivation would invariably lead to a reduction in local opium availability. Regardless of the perception of little or no increase in opium use in the Northern and North Eastern regions, key informants from the other four regions reported that opium use had indeed increased in their areas over the past four years.

Figure 4: Perceived trend in opium use between 2005 and 2009 as reported by key informants by region



For heroin use, most key informants perceived an increase in its use over the past four years. The more marked increase in heroin was perceived to be in Southern regions.

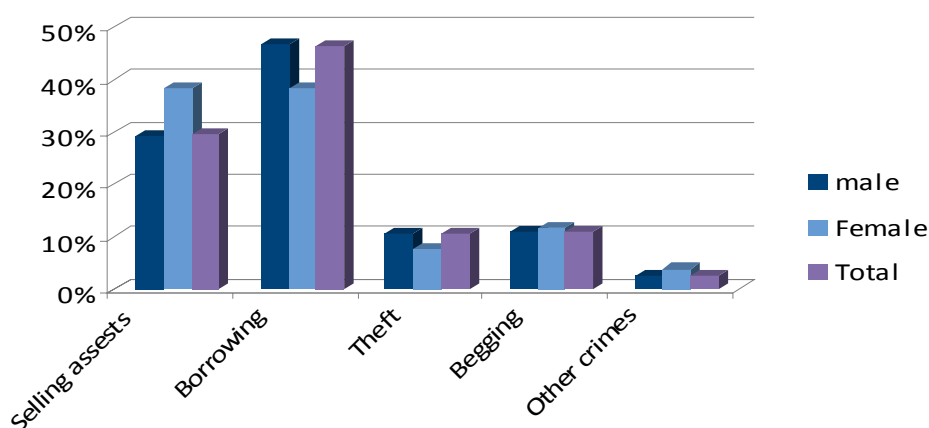
Figure 5: Perceived trend in heroin use between 2005 and 2009 as reported by key informants by region



Profile of Drug Users

Although almost any Afghan from any ethnic group can be a drug user, most users share similar social and demographic characteristics. This survey found that the archetypal Afghan drug user is a 28-year-old father of three, married but not cohabiting with his wife, who resides with his extended family in a self-owned house or apartment. He is also probably unemployed, cannot read or write and has little if any education. If he is employed, he is likely in private business or works as a farmer or unskilled worker. Like most Afghans, he is poor. According to the survey, on average, the typical drug user earned around USD 114⁵ (5,500 Afghanis) during the month prior to the interview. He supplements his income, presumably to meet the costs of his drug use or to help his family, by either selling his assets, borrowing money, stealing, begging, or committing other crimes.

Figure 6: Distribution of past month supplementary income of drug users by gender



⁵ At the UN exchange rate of 1 USD equals 48.32 Afghanis – 31/12/2009

In terms of daily expenditure for various drugs, drug users in the Southern region were spending less for drugs, especially heroin and opium as these drugs are cheaper in that region. Invariably, all drugs are expensive in the Central region. On the whole, drug users are financially burdened by their addiction. Heroin use caused the highest burden (\$2.2 per day), followed by opium (\$ 1.6) and other opiates (\$1.5). Overall, the survey estimates that drug users in Afghanistan spend on average \$300 million US on their drug habit every year.

Another way some drug users obtain and pay for drugs is through the exchange of sexual services. Cultural constraints and personal inhibitions led 60 per cent of respondents to deny that they ever had sex. Another 26 per cent refused to answer questions about their sexual behavior. However, 6 per cent of respondents acknowledged that they had engaged in sexual intercourse. A considerable proportion of these users reported exchanging sexual services for money or drugs. On average, these drug users had two sexual partners in the month prior to their interview. Most had never used a condom during penetrative sex in the previous month, and only a small number mentioned occasionally using condoms. This finding is distressing given that many respondents who had heard of HIV did not know how the disease spreads or how to prevent its transmission. Also worrying is the finding that although only 3 per cent of drug users who were tested said they tested positive for HIV, this self-reported HIV status and information from HIV surveillance studies conducted among injecting drug users and other at risk population, could be the beginning of a concentrated HIV epidemic among at-risk populations.

The average user initiated his/her drug use in Afghanistan, although, significantly, about 28 per cent of drug users began using drugs in Iran and about 9 percent in Pakistan as refugees. Among opium and heroin users, up to 40 per cent initiated their opiate use in Iran.

While numbers of women drug users are far fewer than of men, they too have defining characteristics. A typical woman drug user is more likely to be widowed or divorced, have even less education, and is more than twice as likely to not have a job during the month prior to the interview.

Largely due to the wide variety of cheap drugs available throughout Afghanistan, it is unsurprising to learn of drug users reporting using multiple substances in their lifetime and in the past 12 months. Forty per cent of the drug users had used consecutively or simultaneously two or more than two substances in the past 12 months. More than a third had used both opium and cannabis, 18 per cent had used heroin and opium, 15 per cent had used heroin and cannabis, and 10 per cent had used opium, heroin and cannabis.

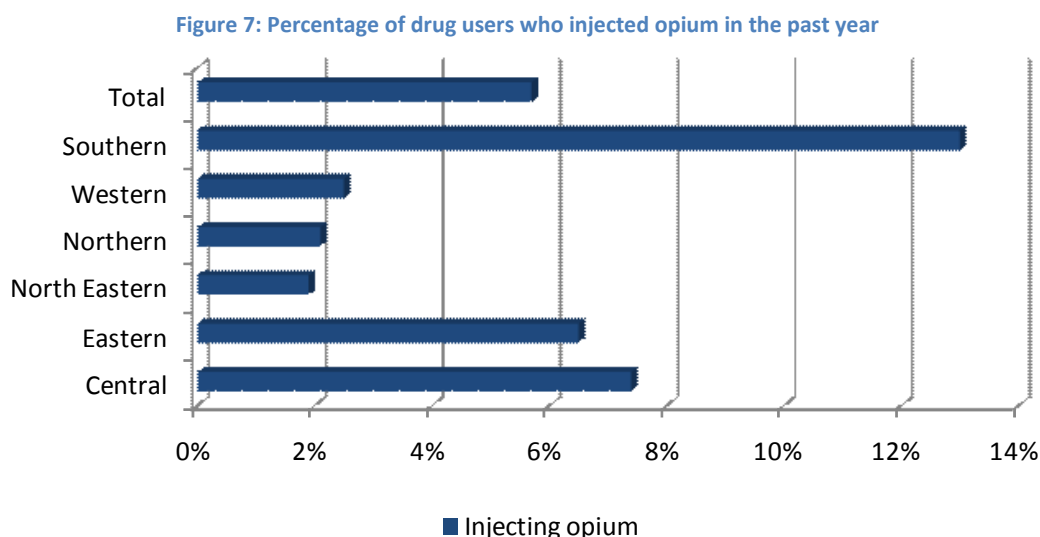
There is also considerable drug use among family members of the drug users interviewed. Opium, cannabis and heroin were the three main drugs for which the respondents mentioned regular use by at least another family member. More than

40 per cent of drug users mentioned they had adults, whereas one third mentioned young persons in their families who were regularly using opium.

Individual Drugs

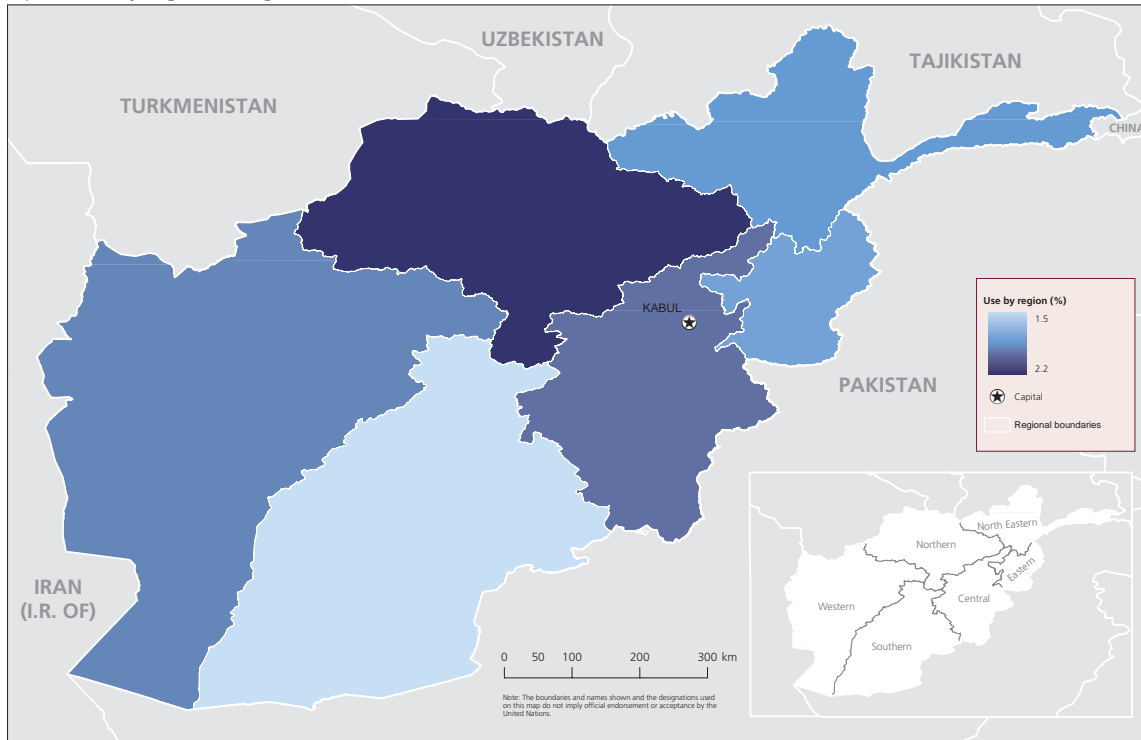
Below is a closer look at individual drugs used in Afghanistan and how they are used, as well as a glimpse of the social and economic consequences of using these different drugs as experienced by drug users. Synthetic drugs are not reported since the survey assessed a negligible use.

Opium: Opium is a widely and frequently used drug. About 60 per cent of drug users interviewed reported using opium in their lifetime, out of these up to 80 per cent had used it regularly within a year of the interview. Up to 6 per cent had injected opium in this period. However, significantly more drug users in the Southern, Central and Eastern regions reported injecting opium in the past 12 months.



Women comprised only 3 per cent of the respondents who had ever used opium, but significantly, these women were more likely to have given opium to their children (78 per cent of women vs. 28 per cent men) and other family members.

Opium use by region in Afghanistan, 2009

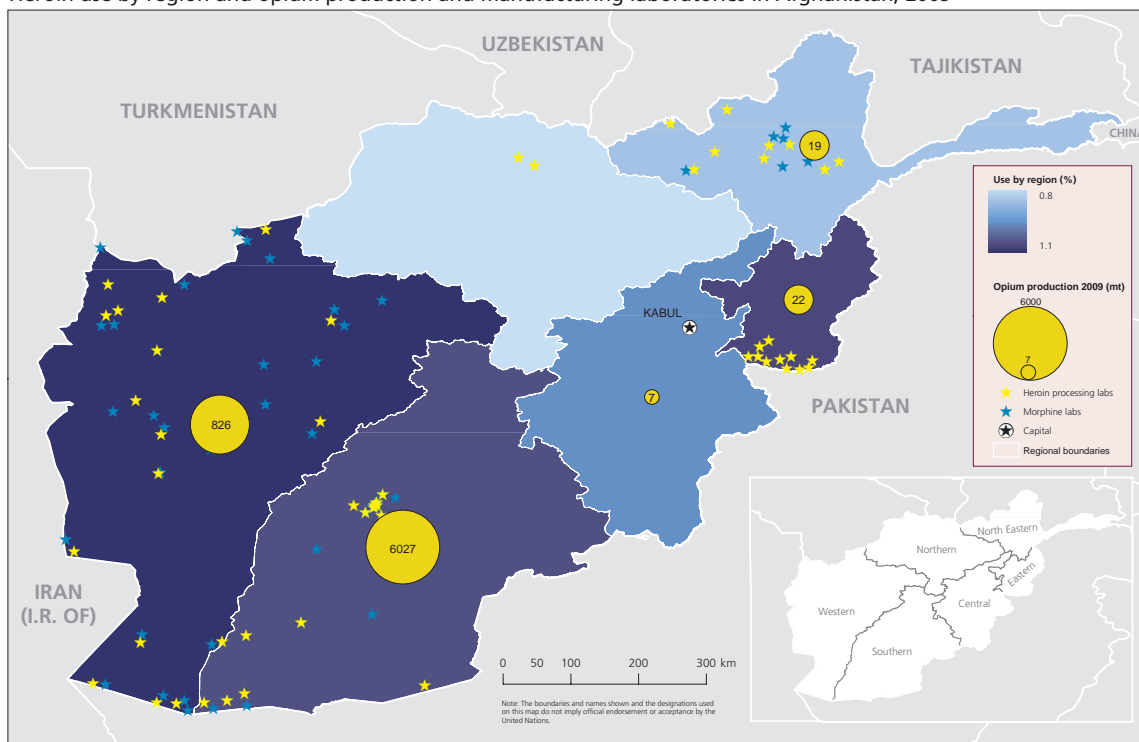


The majority of drug users reported that they used opium regularly, i.e., nearly every day or between 2 to 4 days a week. Up to half initiated their opium use in Afghanistan, while 40 per cent (all men) reported initiating opium use in Iran, and 4 per cent in Pakistan.

Almost all opium users interviewed felt they were dependent on the drug and reported facing psychological problems followed by physical problems because of their addiction. A substantial proportion also reported having social problems such as trouble with relationships, getting work, finding a place to live and having problems with government authorities.

Heroin: Thirty per cent of drug users interviewed reported having used heroin in their lifetime, out of which 2 per cent were women. However, the proportion of women who had ever used heroin was much less than men - 20 per cent heroin users among women who were interviewed. Nearly all heroin users reported using the drug within 30 days of the interview, with up to 15 per cent injecting heroin during this period. Users in the Central and Northern regions had a higher rate of injection (20 per cent). The map below shows a correlation between the level of heroin use and the presence of laboratories manufacturing heroin and morphine.

Heroin use by region and opium production and manufacturing laboratories in Afghanistan, 2009

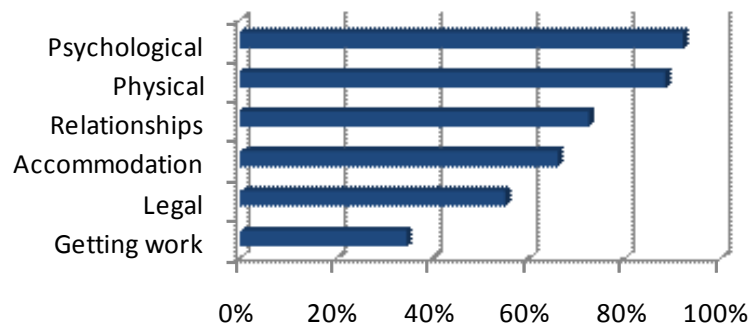


As with opium use, most heroin users started their use in Afghanistan, with about 40 per cent initiating heroin use in Iran. Compared to men, 27 per cent of women heroin users reported Iran and Turkmenistan as countries where their heroin use started.

Around 90 per cent of the heroin users had also used the drug in the past 12 months, while almost a similar number of heroin users reported using heroin currently (past 30 days use). Up to 15 per cent of heroin users had injected during this period – a higher proportion of heroin injectors in the Central and Northern regions.

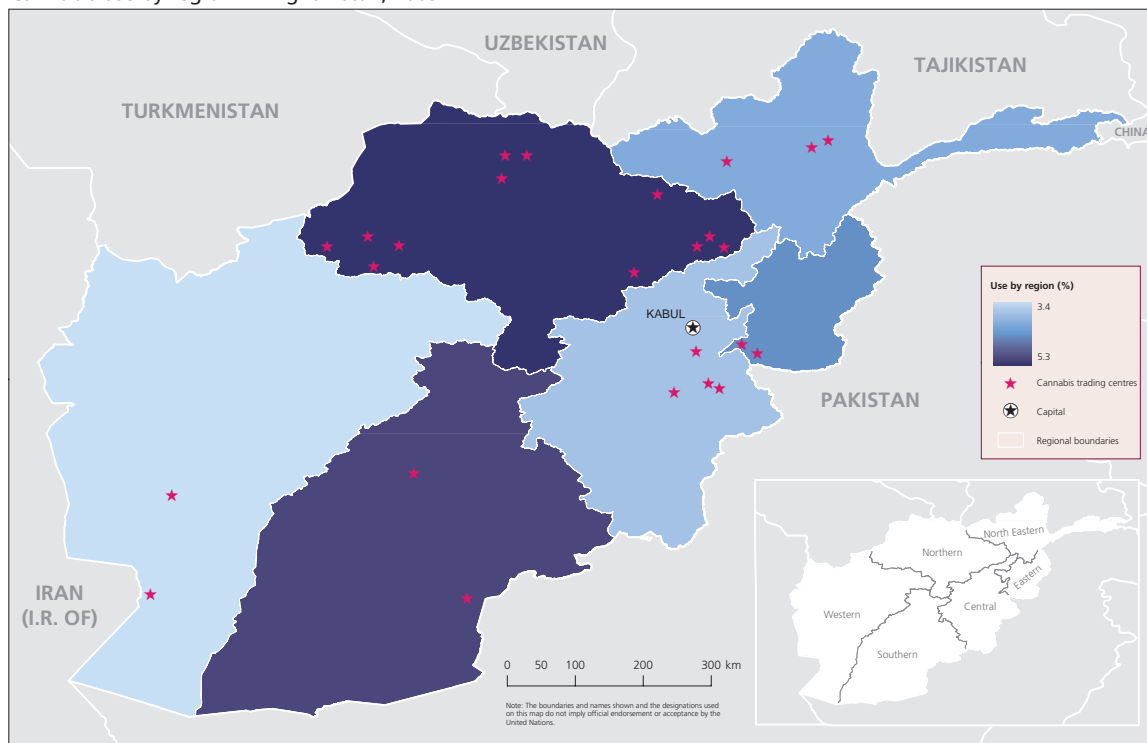
Heroin users lead more troubled lives as a result of their addiction than other drug users. About 13 per cent of those interviewed were living on the streets or were homeless compared to 3 per cent or less for other drug users. Also, heroin users were more likely to report being widowed, single or never married. Almost all considered themselves addicted to the substance. While the proportion of heroin users who experienced psychological and physical problems because of their addiction was similar to opium users, more heroin users reported relationship problems, difficulty in finding a place to live and problems with the law.

Figure 8: Percentage of heroin users who faced problems due to heroin use



Cannabis: According to the first-ever UNODC Afghanistan Cannabis survey (2009), Afghanistan could be the world's largest producer of hashish. As observed in most countries in the region, cannabis is the most commonly used illicit substance in the country, primarily as hashish. Around 60 per cent of all drug users interviewed had used cannabis in their lifetime, and up to 630,000 adults (upper range of estimate), mostly men, use cannabis on a regular basis (0.2 per cent annual prevalence of the adult female population compared to 8.1 per cent among the adult male population). However, 40 per cent of women drug users reported using cannabis in their lifetime.

Cannabis use by region in Afghanistan, 2009



Male cannabis users reported more regular use of cannabis – 70 per cent reported almost daily use, while up to a quarter reported using cannabis 2 to 4 days a week in

the past month. Women cannabis users took the drug far less often – a quarter reported using it daily, almost half reported using it 2 to 4 days a week, and the remaining quarter once a week or less. Not surprisingly, the vast majority of male cannabis users felt dependent on the substance compared to women who were three times less likely to report feeling addicted.

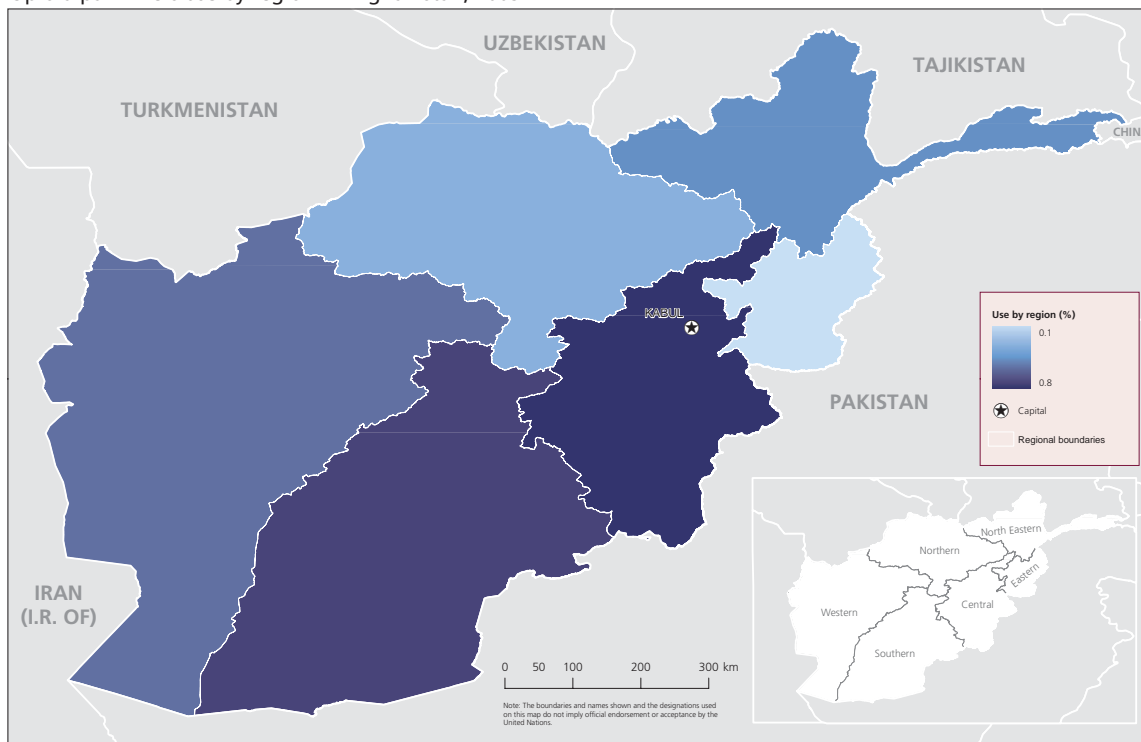
Compared to other drug users, cannabis users start at a much earlier age, typically around 18 or 19 years. In comparison, the mean age for first heroin use is 24 years. Another distinct feature of cannabis users is their generally high level of education – close to half of cannabis users reported having primary education and up to one third had secondary education. This contrasts sharply with other drugs users who are, on average, uneducated and illiterate. While cannabis users faced less severe problems than opium or heroin users, most still reported psychological, physical, and relationship difficulties as their main problems due to their cannabis use.

As for regional differences, the Northern and Southern regions have the highest prevalence of cannabis use, a fact that corresponds to the relative importance of former (Northern) and current (Southern) cannabis production areas..

Opioids (Painkillers): Opioids⁶ described in this section are licit substances that are commonly referred to as painkillers and are usually available through pharmacies although there are a number of unauthorized retail outlets selling painkillers, often without a prescription. Among drug users interviewed, up to 9 per cent had used opioid painkillers in their lifetime – significantly more in the Western and Eastern regions (19 and 13 per cent respectively). Up to two thirds of these drug users reported using opioids first in Pakistan and a quarter reported first using them in Iran.

⁶ Opioid is a generic term applied to alkaloids from opium poppy, their synthetic analogues, and compounds synthesized in the body. These may include morphine, heroin, hydromorphone, codeine. Synthetic opioids include propoxyphene, fentanyl, pentazocine, methadone, etc. WHO Lexicon of Alcohol and Drug Terms

Opioid painkillers use by region in Afghanistan, 2009



Men opioid users reportedly used the drug less regularly than women - all of the women⁷ opioid users reported nearly daily use, while half of men used opioids daily, with the remaining using them either 2 to 4 days a week, once a week or even less frequently.

The vast majority of opioid users felt addicted to the drug. As with the other drug users, most described experiencing psychological, physical and relationship problems as a result of their opioid use.

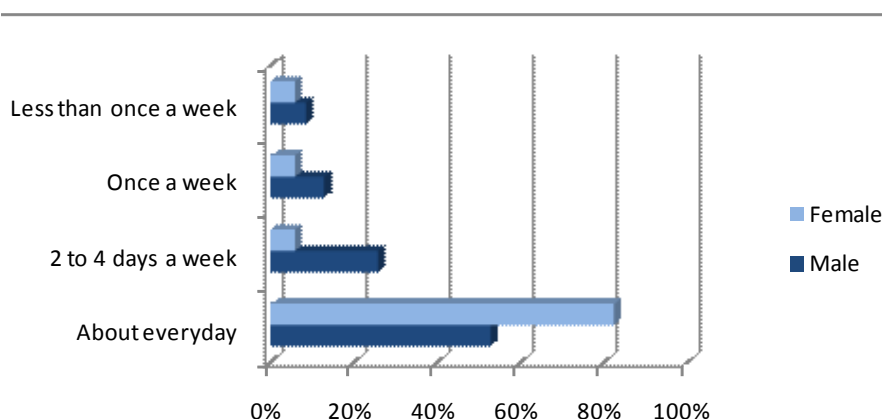
Tranquilizers: Some common sedatives and tranquilizers used without a medical prescription, advice or obtained over the counter in Afghanistan are diazepam, lorazepam, chlordiazepoxide, chlorpromazine, and phenobarbital.⁸ About 11 per cent of drug users reported using tranquilizers without a medical prescription in their lifetime. Women drug users were twice as likely to have used tranquilizers. In fact, all women who had ever used tranquilizers used in the past twelve months and past thirty days, compared to two thirds of the men.⁹ The pattern of tranquilizer consumption also differs between men and women. The vast majority of women used tranquilizers almost every day compared to just half of the men.

⁷ Bearing in mind that only four women respondents were currently using opioids, i.e., use in past 30 days

⁸ See for instance Afghanistan Research and Evaluation Unit's Briefing Paper Series: Afghanistan's hidden drug problem: the misuse of psychotropics. AREU, MacDonald, D. October 2008

⁹ The number of respondents who had recently used tranquilizers was 205 out of which 189 were men and 17 women.

Figure 9: Frequency of tranquilizer use in past month



All women tranquilizer users and 80 per cent of men tranquilizer users said they felt addicted to the drug. As with other drugs, most tranquilizer users faced problems, i.e., the majority had experienced psychological and physical and relationship troubles as a result of their tranquilizer use.

Injecting Drug Use

Many drug users consume drugs by injection. This survey found that around 6 per cent of drug users had injected at least once in their lifetime. Out of these nearly two thirds of had injected in the past 12 months, and half of these were currently¹⁰ injecting. Many of those were either injecting daily or between 2 to 4 days in a week. Heroin, followed by opium were the two drugs most users injected in the past year. Almost 6 per cent of opioid and tranquilizer users reported regularly injecting these substances in the past year.

This is a disturbing finding as drug injection often leads to serious health risks such as infection with HIV and other blood borne infections. Drug users reported considerable high-risk behavior such as needle and syringe sharing. When they were injecting, the majority of injecting drug users (87 per cent) had shared a needle and syringe with other injectors. Most of the drug users (60 per cent) used a needle and syringe that had been used by two to five people before the respondent. Similarly, most drug users reported that others had used needles and syringes two to five times after their use. What's more, in the month prior to the interview, many drug users had never cleaned their needle or syringe after another person's use. Any cleaning was done very irregularly. Not one injecting drug user had boiled or cleaned their needle and syringe with a bleach solution.

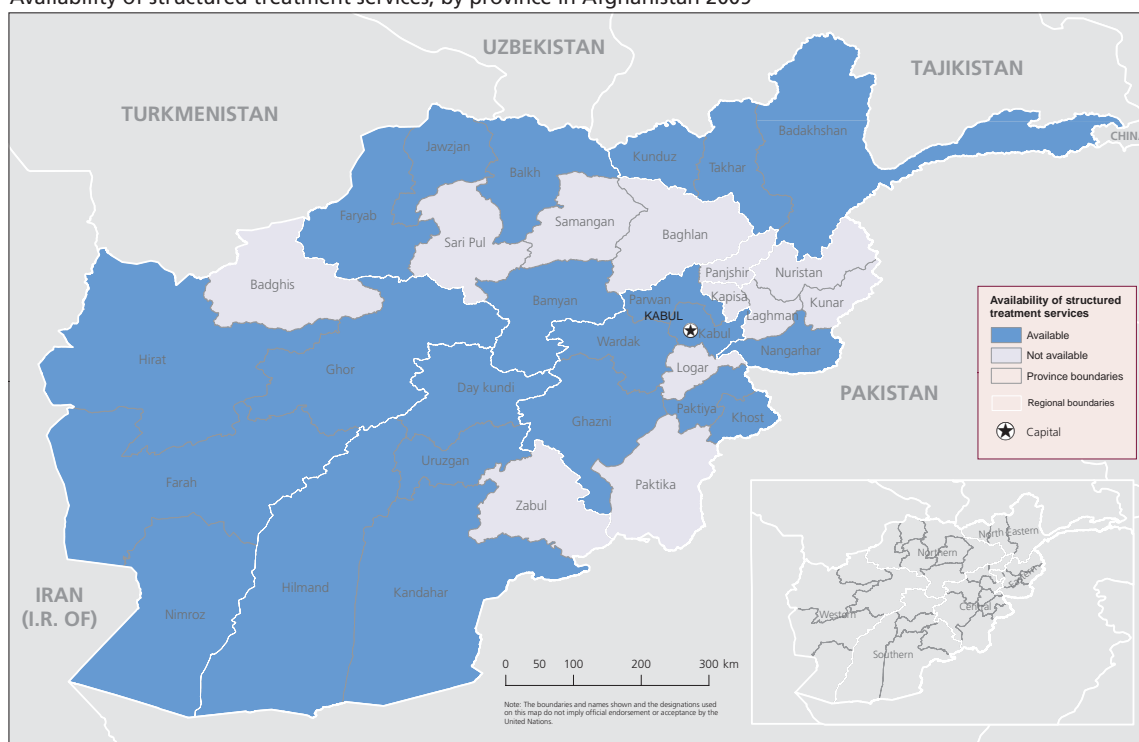
Drug Treatment Services

There is a troubling gap in drug treatment services for drug users in Afghanistan. While there are 40 structured drug treatment services across 21 provinces in the country, treatment provision is mostly dominated by residential and home-based

¹⁰ Currently – past 30 days use

approaches. These tend to focus on detoxification, residential rehabilitation and aftercare which happens to be of low intensity and infrequent. As a consequence, among the drug users interviewed for this survey, only a small fraction (11 per cent) had ever received any form of treatment for their drug problem even though more than 90 per cent said they were in need of treatment. Similarly, around two thirds of key informants expressed an urgent or considerable need for more drug treatment services in their local areas. A majority of key informants in the Western, Eastern and Southern regions considered it difficult to get treatment for drug problems for adolescents and children. Currently, drug treatment services for children are available only in Farah, Kabul, Nangarhar, Badakhshan, Balkh and Herat. These treatment gaps need to be addressed by establishing a range of accessible services and interventions, especially those aimed at community outreach, motivational interviewing, and treatment readiness.

Availability of structured treatment services, by province in Afghanistan 2009



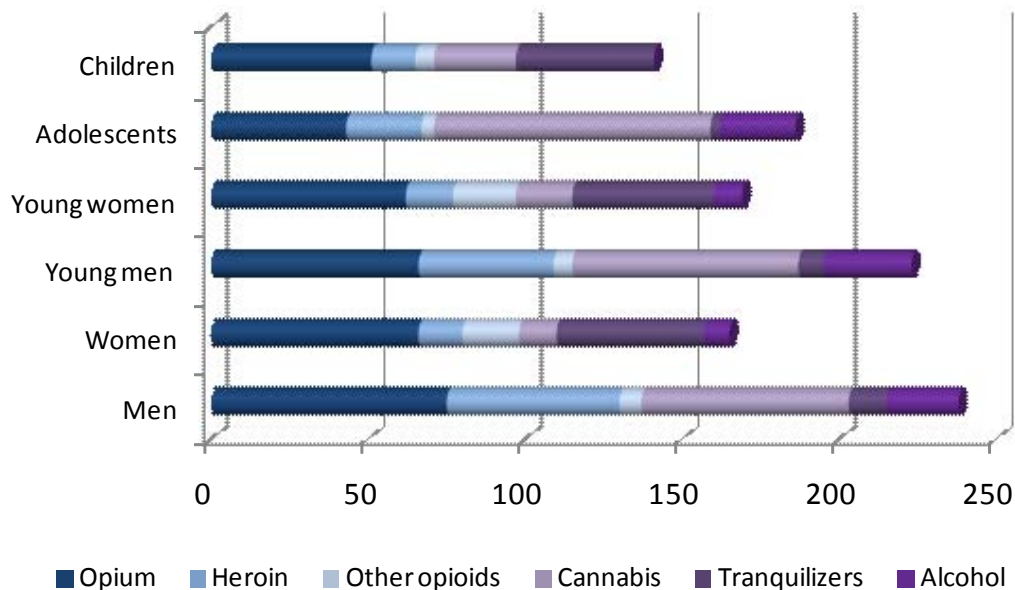
Consequences of Drug Use

It is impossible to tally the full cost of illicit drug use in Afghanistan. A partial list of personal detriments includes mental and physical health problems, poverty, violence and criminal behaviour. But in addition to health care costs, drug dependence incurs social costs in the form of loss of productivity and family income, violence, security problems, traffic and workplace accidents, and links with corruption. These result in overwhelming economic costs and an unacceptable waste of human resources.¹¹

¹¹ UNODC – WHO Principles of drug dependence treatment, discussion paper, March 2008

Many drug users who were interviewed said they had faced varying degrees of physical, emotional, and relationship problems, as well as problems getting work and accommodation, and problems with the law. Overall, heroin users experienced more acute problems, followed by opium users, other opioid users and cannabis users. Similarly, most key informants ranked heroin followed by opium as causing major problems for drug users and the community at large. They also mentioned disruption in the social order, insecurity, thefts, and violence as some of the main problems resulting from drug use in the community.

Figure 10: Key informants' perception of substances causing most problems by gender and age



As one key informant said, “Drug addiction causes many problems, as an example one heroin addict has divorced his wife, and addicts create some other problems like stealing, robbery and persuading other young people to use drugs.”

Determining the exact prevalence of illicit drug use in Afghanistan will always be difficult. Yet even the most conservative numbers indicate that drug use results in serious social and individual problems in a nation already overburdened by poverty, constant war and social dislocation. Within that context, this survey comes to a grim conclusion – there is strong evidence that drug use is increasing and current drug dependence treatment and care services are inadequate.