Drug Use in Afghanistan: 2009 Survey
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# Contents

Acknowledgements ............................................................................................................... 2  
Preface .................................................................................................................................. 3  
Executive Summary ..................................................................................................... 5  
Key Findings ....................................................................................................................... 6  
Introduction ...................................................................................................................... 21  
Background ....................................................................................................................... 21  
  Afghanistan in context ........................................................................................................ 21  
Drug cultivation and production ......................................................................................... 23  
Perception of trends and patterns of drug use ................................................................. 31  
  Drug use trends ................................................................................................................ 31  
  Drug use patterns ............................................................................................................. 38  
Most commonly used substances (key informants) .......................................................... 40  
  Men .................................................................................................................................... 40  
  Women .............................................................................................................................. 41  
  Adolescents and Children ............................................................................................... 42  
  Typical age at first use ..................................................................................................... 43  
  Common methods of use ................................................................................................. 44  
  Common settings for drug use ....................................................................................... 44  
  Perceived trends in drug use .......................................................................................... 44  
Patterns of drug use ............................................................................................................ 47  
  Social and demographic profile of drug users ............................................................... 47
Patterns of drug use ................................................................. 50

**Individual drugs** .............................................................................. 53
- Opium use .................................................................................. 53
- Heroin use ............................................................................... 55
- Cannabis use ........................................................................... 57
- Tranquilizer use ........................................................................ 58
- Use of opioid painkillers .......................................................... 59
- Alcohol use .............................................................................. 61
- Other drugs .............................................................................. 62

**Injecting and sexual behaviours** .................................................. 63
- Injecting drug use ...................................................................... 63
- Initiation of injecting drug use .................................................. 63
- Injecting patterns ....................................................................... 63
- Sexual behaviours ...................................................................... 65
- HIV awareness, knowledge and attitudes .................................. 65

**Drug dependence treatment services** ........................................ 67
- Testing for blood borne diseases and infections ...................... 69

**Consequences of drug use** ........................................................... 71
- Criminality ............................................................................... 71
- Health and other social consequences ..................................... 72

**Annex** .......................................................................................... 75
- Geographical coverage and sample selection ............................. 75
- Ethical considerations ................................................................. 76
- Survey Personnel ......................................................................... 76
- Field Work Procedures: Marked differences in rural and urban approaches........ 77
- Training, deviation of inclusion criteria ..................................... 77
- Pre-determined / selected villages in the survey ......................... 77
- Location of interviews ................................................................. 77
- Rejection of 200 questionnaires .................................................. 78
- Monitoring .................................................................................. 78
- Prevalence estimation ................................................................. 78

**Endnotes** ....................................................................................... 79
Preface

The human face of Afghanistan’s drug problem is seen not only on the streets of Moscow, London and Paris but also in the eyes of its own citizens, many of whom are dependent on a daily dose of opium, heroin, cannabis, painkillers or 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 per cent 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. As a result, this practice causes 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 – up to 50 per cent of drug users in the North and South regions 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 for help. Only 10 per cent of drug users surveyed had received some form of drug treatment, although 90 per cent of them felt 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, it harms Afghanistan’s health and welfare. This is yet another reason to reduce the supply of drugs in Afghanistan. And it calls out for much greater resources for drug prevention and treatment as part of Afghanistan’s mainstream healthcare and development programmes. The time has come to bring this issue out of the shadows and into the clinics.

Antonio Maria Costa
Executive Director
UNODC
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 34 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.

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

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>Prevalence (%)</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Estimate</td>
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<td>High</td>
<td>Low</td>
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<td>Low</td>
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<tr>
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<td>217,000</td>
<td>288,000</td>
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<td>7.4</td>
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<tr>
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<td>69,000</td>
<td>95,000</td>
<td>6.1</td>
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<td>128,000</td>
<td>7.2</td>
<td>5.8</td>
<td>8.6</td>
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<tr>
<td>Northern</td>
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<td>204,000</td>
<td>7.2</td>
<td>5.8</td>
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</tr>
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<td>Afghanistan*</td>
<td>800,000</td>
<td>660,000</td>
<td>940,000</td>
<td>6.6</td>
<td>5.4</td>
<td>7.7</td>
</tr>
</tbody>
</table>

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

![Number of drug users in need for treatment, Afghanistan 2009](image1)

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

![Percentage of drug users who give opium to family members and children by region](image2)

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 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.

**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”. 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.

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 concomitantly 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.

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

![Perceived trend in cannabis use between 2005 and 2009 as reported by key informants by region](image)
Figure: Perceived trend in opium use between 2005 and 2009 as reported by key informants by region

Figure: 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 Afghans) 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.

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.

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

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.

**Figure:**  Percentage of drug users who injected opium in the past year

**Map:** 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.

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.

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

![Map of Afghanistan showing heroin use and opium production](image-url)
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. 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.

Map: Cannabis use by region in Afghanistan, 2009
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):** Opioids 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.

Men opioid users reportedly used the drug less regularly than women - all of the women 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.

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 currently injecting. Many of those were either injecting daily or between 2 to 4 days 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 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, Nangahar, 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.

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.

Map:  Availability of structured treatment services, by province in Afghanistan, 2009
Figure: Key informants’ perception of substances causing most problems by gender and age
Illicit drug use has increased considerably across Afghanistan, especially in areas with high cultivation, production or trafficking of drugs.

In 2005, UNODC and the Ministry of Counter Narcotics of the Islamic Republic of Afghanistan jointly conducted the first-ever national survey on drug use in Afghanistan. This survey provided a nationwide profile of the extent of drug use in the country. Since then, the need was felt for another survey to update the 2005 information and to provide further insight into the extent and pattern of drug use in Afghanistan. The current survey on drug use in Afghanistan was also conducted in partnership with the national Ministries of Counter Narcotics and Public Health and with financial contribution from the British Foreign and Commonwealth Office. The survey was designed to estimate the extent and pattern of both rural and urban drug use across the country, and to capture not only the provinces of traditional opium use in the North but also drug use in the major cultivation provinces in the South. The current survey also attempts to look at injecting drug use and related high-risk behaviours that may put the drug using population and their sexual partners at risk of HIV and other infections. It is expected that this information will help and 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.

**Background**

**Afghanistan in context**

Afghanistan is listed 181st out of the 182 countries in the 2009 UN Human Development Report, reflecting its position as one of the world’s poorest countries with extreme levels of impoverishment, social dislocation, high unemployment, and continuing insecurity and strife.

According to the UN Development Report, in 2007 Afghanistan had an estimated population of 26.3 million and a GDP per capita of $1,054. Life expectancy at birth was 43.6 years; the literacy rate for those aged 15 and above was 43 per cent for men and 12.6 per cent for women. The fertility rate was 6.58 children born per mother, and the population was predominantly
Drug Use in Afghanistan: 2009 survey

young with 44.6 per cent aged 14 years and under. More than half of Afghans live below the poverty line, with the country having a 40 per cent unemployment rate, and with 80 per cent of the population still making a basic living from agriculture.

According to UNHCR, between 2002 and 2006, 4.8 million Afghan refugees returned to their native country, almost all returning from Iran and Pakistan. A recent profiling exercise by UNHCR estimated that there are around 200,000 IDPs (internally displaced persons) in Afghanistan, while between two and three million Afghans still remain in neighbouring Iran and Pakistan, making up about 15 per cent of the world’s total refugee population. In recent years, the governments of Iran and Pakistan have continued to apply increasing pressure on Afghans to return to their country of origin. Thus, a steady flow of Afghans returning through the Islam-Qala (Iran) and Torkham (Pakistan) border crossings will likely continue.

There is strong evidence from both the 2005 UNODC Afghanistan Drug Use Survey and from profiles of current drug users who access services that having been a refugee in Iran or Pakistan leads to a higher chance of being a problem drug user.

Afghanistan is also characterised by high levels of physical and mental health problems. Thirty years of almost constant war, civil disorder and internecine violence put considerable strain on traditional coping mechanisms and survival strategies which were already shattered by the near destruction of the clan community, the extended family structure and the economy. Consequently, the population has been left vulnerable to a wide range of chronic mental health problems such as anxiety, depression, sleep disorders and PTSD (post-traumatic stress disorder).

These factors, combined with a lack of accessible reliable information about the risks and dangers of drug use and the sheer availability of a wide range of psychoactive substances have all contributed to an increase in problem drug use over the past few decades.
Drug cultivation and production

Opium and heroin: Considerable progress has been made in controlling Afghanistan’s drug problem. However, Afghanistan remains the world’s top producer of illicit opium and accounts for over 90 per cent of global illicit opium production. According to UNODC’s Annual Opium Surveys, more poppy was cultivated every growing season between 2004 and 2009 than in any single year during the Taliban regime between 1995 and 2001.

However, some progress has been made. UNODC reports that last year cultivation was down 36 per cent from an all-time high recorded in 2007 and the entire Northern region was declared poppy-free for the first time in a decade. The number of poppy-free provinces has increased from 18 to 20 out of a total of 34. The seven provinces where opium poppy cultivation and production remain are the insecure and volatile areas of Helmand, Kandahar, Uruzgan, Dai Kundi, Zabul, Farah and Badghis.

It should be noted, however, that the reduction of opium poppy cultivation has not been followed by an equal reduction in yields (or productivity gains by hectare). While 2009 cultivation decreased by 22 per cent from 2008, opium production only declined by 10 per cent to 6,900 tons, as farmers were able to extract more opium per poppy capsule than in the previous year.

Regardless of this progress, opium cultivation and production remain endemic and continue to provide the local population with easy access to relatively cheap opium as well as its more powerful derivative heroin. While previously the majority of opium cultivated in Afghanistan was exported for conversion to morphine and heroin in other countries, it has increasingly been converted into heroin in Afghanistan. This means heroin, as well as opium, is becoming more easily available on the local market. Opium itself has traditionally been used as a medicine, as well as socially by some sectors of society. Its propensity, along with heroin, to lead to dependency has frequently gone unrecognised by users.

An evaluation of the effectiveness of treatment centres and treatment outcomes in the six provinces of Badakhshan, Herat, Helmand, Kabul, Kandahar and Paktia in 2009 revealed that 30 per cent of the 509 drug users interviewed, reported they had been involved in some form of narco-activity (defined by the evaluation report as involvement in: cultivation, harvesting,
Drug Use in Afghanistan: 2009 survey

trafficking, processing and/or dealing) during the period of their problematic drug use. The highest levels of drug user involvement in narco-activities were reported in Badakhshan, Helmand and Kandahar.

Hashish: Afghanistan has a long tradition of both cannabis cultivation and hashish production, and is the largest hashish producer in Southwest Asia. In 2010 UNODC estimates the area of cannabis cultivation in Afghanistan between 10,000 and 24,000 hectares. However, the astonishing yield of 145 kg/ha means that between 1,500 and 3,500 tons of cannabis resin could be produced in Afghanistan per year. The survey shows that there is large-scale cannabis cultivation in exactly half of Afghanistan’s provinces (17 out of 34). Hashish remains the most commonly used drug in Afghanistan, with an estimated 520,000 users in 2005, equal to 8 per cent of the adult male population and 0.1 per cent of adult women.

Other drugs: While opium and cannabis are the main drugs cultivated in Afghanistan and heroin and hashish the two main drugs produced from these respectively, other psychoactive substances are imported or smuggled into the country, in particular alcohol and psychotropic drugs, that is, prescription-only psychoactive pharmaceutical drugs such as painkillers and tranquillizers.

Although the supply fluctuates, alcohol found in urban areas tends to be vodka imported from the Central Asian Region where it is produced. In rural areas alcohol is often of the homemade variety. The former tends to be quite expensive making it more prohibitive for potential users.

Due to poor physical and mental health levels, there is a steady demand for the wide range of psychotropic substances. It has been estimated that up to 80 per cent of these drugs are smuggled into the country without a licence or without being tested to determine whether they contain additives, are counterfeit or are out-of-date. While the Ministry of Public Health has established a department to control and monitor pharmacies, and to check whether expired or low-quality medicines are being sold, with 9,000 registered pharmacies and other unauthorised retail outlets selling psychotropics, frequently without a medical prescription, regulation has proved difficult.

Drug use

Many factors indicate an increase in problem drug use. They include the inadequacy of appropriate medical care, improper prescribing practices and the misuse of pharmaceutical drugs, social pressure/influence, ongoing war-related psychological trauma, bleak future prospects, and the social disintegration of large parts of the Afghan population.

Before the first National Drug Use Survey in 2005, several reports had outlined increasing levels of problem drug use among sectors of the population, in particular a propensity to polydrug use (the use of two or more drugs in combination or in quick succession of each other). An assessment of problem drug use in Kabul in 2003 reported a lower estimate of over 60,000 problem drug users with 7,000 using heroin; half of the 74 heroin users interviewed during the study were polydrug users. A 2001 study of problem drug use in four rural districts found that heroin was also being used in rural areas, with some reports of use by injection.

In 2005, the United Nations Office on Drugs and Crime (UNODC), and the Ministry of Counter Narcotics (MCN) carried out the first national drug use survey estimating that there were 920,000 alcohol and drug users. This included an estimated 520,000 hashish users, 180,000 users of pharmaceutical drugs (psychotropic substances), 160,000 alcohol users, 150,000 opium users, and 50,000 heroin users. Around 200,000 Afghans were also estimated to be users of other drugs. The survey also reported that 47 per cent of the 1,393 drug users interviewed were polydrug users.
Drug use among women is particularly hard to estimate and may be underrepresented in a population-based study, as it is easier to conceal, frequently hidden and less public than among men. It is perceived that women tend to use more tranquillisers and sedatives, and orally consume rather than smoke opium, although with the erosion of cultural constraints and social norms it is considered that women have started to use typically “male” drugs such as hashish and heroin and are even injectting.

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, often in the care of drug-dependent parents or family members. Dependency and other serious health concerns amongst young children often result from second-hand exposure (where opium or heroin is blown back into the mouths of infants or children for medicinal or calming purposes) and third-hand exposure (where children are passively exposed to opium or heroin smoke in the home). Interim findings from a recent report reveal that hair samples obtained from children in opium-consuming homes contain remarkably high concentrations of the drug, even higher than concentrations found in samples from adult heroin addicts.

As the use of any intoxicating drug is haram (forbidden) in Islam, users of intoxicants are frequently stigmatised and discriminated against and the users risk being marginalised or even abandoned by their families. In this regard the misuse of sedatives and tranquillizers and even opium, perceived as medicines, is often not regarded as “drug use” even if it lapses into dependency and poses problems for the user.

Apart from stigma and discrimination, a wide range of problems from drug use has been consistently reported for more than a decade. In an impoverished environment even small amounts of family income spent on purchasing drugs can result in increased poverty for already impoverished families. Theft from other family and community members to obtain money for drugs has also been reported. Drug use can also negatively impact social relationships and users also run the risk of arrest and imprisonment. A rapid assessment of drug use and risk related behaviour conducted in Pul-i-Charkhi Prison, Kabul, in mid-2009 revealed that within a prison population of 4,000, 280 (7 per cent) were identified as drug users, of which 39 (14 per cent) were injecting drug users. However, drug use in prison settings may be underreported and there is likely a higher level of regular drug use within the Afghan prison population.

Most important, regular drug use easily results in dependency with attendant health problems, risk of overdose, and withdrawal syndromes if drugs are not available. One of the more serious health-related problems that have emerged over the last decade has been the reported increase in injecting drug use and the risk of transmission of HIV and other blood borne viruses.

**Injecting drug use, HIV and AIDS**

Afghanistan currently has a low prevalence (less than 5 per cent) of HIV in the general population but has the presence of high-risk behaviours among injecting drug users, commercial sex workers, truck drivers, returnees and deportees. According to the National AIDS Control Programme, around 95 new cases of HIV were reported in 2009, of which 19 were receiving Anti-retroviral Therapy (ART) bringing the total number of reported HIV cases in Afghanistan to 636. Exposure to infected injecting equipment is the main mode of transmission among reported cases of HIV.

The 2005 Drug Use Survey had estimated that there were 19,000 injecting drug users (IDU) in the country. Accounting for poly-drug use, this included 2,000 opium users, 7,000 heroin users and 18,000 psychotropic users. It was further estimated that
around 42 per cent (8,000) of this group shared needles and syringes.

The prevalence of high-risk behaviours associated with HIV transmission among injecting drug users is of serious concern. In a study conducted in Kabul between June 2005 and June 2006 among 464 male injectors screened for blood borne diseases at the HIV Voluntary Counselling and Testing Centre, 3 per cent tested positive for HIV and 50 per cent reported sharing needles and syringes, either receptive or distributive, of whom 63 per cent had engaged in both receptive and distributive sharing. It was also noted that nearly one third of the IDUs reported sharing other injecting equipment such as cooking spoons, cotton filters, drug ampoules and water for rinsing syringes. Most of the injectors (83 per cent) reported drawing and re-injecting their own blood in the past, with 41.3 per cent always engaging in this particular practice. Fifty-seven per cent of the 464 injectors had been in prison, with 17 per cent of this group reporting having injected in prison. The study further revealed that among the sample of male IDUs the levels of hepatitis C, hepatitis B and syphilis were 36.6 per cent, 6.5 per cent and 2.2 per cent respectively. Another study revealed that out of 76 male IDUs, 50 per cent reported ever having sex with a female sex worker of which 80 per cent reported never using a condom.

The finding of the 2009 Integrated Bio Behavioural Survey (IBBS) in Kabul, Herat and Mazar-e-Sharif cities showing an average HIV sero-prevalence of 7.1 per cent among injecting drug users (IDUs), indicates that the country is entering into a concentrated HIV epidemic, at least among the injecting drug users. However, HIV prevalence among injectors varies considerably within the three cities – 1 per cent in Mazar-e-Sharif, 3 per cent in Kabul and 18 per cent in Heart.

According to the IBBS 2009, the majority of injectors used unsterile needles in their last injection. Knowledge of HIV among injectors was also very low – only 29 per cent of the IDUs could correctly identify ways of preventing HIV through safer sexual practices and could reject major misconceptions about HIV transmission. About 22 per cent of the IDUs were ever tested and knew their HIV status (in Kabul just 19 per cent). Between 9 and 12 per cent of the IDUs had bought sex in the last six months. Of these, between 17 and 32 per cent used condoms in their last sexual encounter (in the last six months).

In 2009, 636 HIV-positive cases were recorded, mostly through blood screening at the central blood bank [Management Information System of NACP]. The number of deaths due to AIDS was estimated to be less than 10 in 2009.21

Afghanistan is also one of the 22 tuberculosis (TB) ‘high burden’ countries with the highest prevalence of TB in the World Health Organisation (WHO) Eastern Mediterranean region. WHO estimates that every year more than 50,000 new cases of TB occur in Afghanistan, 10,000 of which result in death. Over 32,500 TB cases are women, a highly vulnerable group that accounts for 65 per cent of all TB cases presenting to public clinics.

Evidence for hepatitis B (HBV), hepatitis C (HCV), and syphilis infections have been found in blood donations and antenatal clinics in Kabul, as well as in blood samples from IDUs and Female Sex Workers (FSWs). One study evaluated the prevalence of HCV among IDUs in three Afghan cities: Herat, Jalalabad and Mazar-i-Sharif. Herat was the only city reported to offer NSP (needle and syringe exchange programme). Of the 221 IDUs tested for HCV, the virus was present in 40 per cent of individuals with HCV antibody. Prevalence was high amongst IDUs across all three cities suggesting that high risk groups such as IDUs are at greater risk of HCV infection, coupled with the lack of accessible services for prevention, treatment and care.
The prevalence of sexually transmitted infections such as syphilis, and HBV indicates the potential for rapid transmission of HIV among these same populations. As one study argues, “Afghanistan is at risk of a concentrated HIV epidemic due to multiple factors such as high rates of risky behaviour, low HIV knowledge, abject poverty and unemployment, large influxes of former refugees and displaced people into urban areas with infrastructure unable to support the population, and psychological changes related to conflict and displacement resulting in greater propensity to engage in drug use”.

Responses to drug use, dependence and HIV prevention

As stipulated in the Drug Demand Reduction Plan 2008-2012 of Afghanistan’s NDCS (National Drug Control Strategy), the Ministry of Counter Narcotics has a government mandate to coordinate national DDR policy and strategy, while the Ministry of Public Health is responsible for the operational implementation of DDR services and is the designated line ministry for prevention and treatment services.

Both ministries have dedicated DDR departments, plus the MOPH operates harm reduction services through the NACP and has a Harm Reduction Working Group. To address the multi-sectoral issues, the Afghanistan HIV and AIDS Coordination Committee (HACCA) were established in 2007. The HACCA acts as a policy forum for different ministries, NGOs, and civil society involved in HIV and AIDS. The MCN also has three working sub-groups for prevention, treatment and harm reduction. To date, not much progress has been made in developing a standardised monitoring and evaluation system and figures/statistics on indicators such as demographic breakdown of those utilising services and their outcomes are not collected and reported centrally. One independent study, which evaluated treatment outcomes in six centres operated through the NGOs across six provinces, found a relapse rate of 40 per cent, although significant improvements in health, criminality, and social functioning were noted. It is also notable that 39 per cent of all respondents in the study stated that support from their family and other significant others was the crucial factor in remaining drug-free after treatment.

Drug dependence treatment and care

In 2002 only two treatment services for problem drug users existed in Afghanistan, one operated by the MOPH, the other by an NGO. Over the past seven years there has been a dramatic expansion of treatment services, as well as the introduction of HIV prevention services specifically targeting IDUs.

In April 2010, the US State Department and the UNODC Afghanistan Country Office jointly conducted a treatment centre mapping exercise. The mapping shows that residential treatment centres delivering structured treatment interventions have increased to 40 and are located in 21 provinces out of a total of 34 provinces. At present, the US State Department (INL) and the Drug Advisory Programme of Colombo Plan Bureau fund the majority of these centres. The Afghan Ministry of Public Health, UNODC, Caritas - Germany, Afghan Red Crescent and the Royal Embassy of the Netherlands fund around 10 per cent of total treatment services provision. Some private treatment centres also operate in Kabul and in a few other provinces. However, most of these clinics remain unregistered and unregulated by the Ministries of Counter Narcotics and Public Health and thus little data is available from them. An approximate calculation of treatment capacity in Afghanistan suggests that the maximum number of treatment places available per year for drug users is around 10,200. These figures suggest that there is a dearth of available treatment options especially as part of a continuum of care and that existing services are incapacitated.
Only six residential centres are exclusively for women (and some of these will also treat their children). Some centres will also admit women although the majority of women, primarily for cultural reasons, are offered only home-based treatment, particularly detoxification services. Eight of the government’s 10 centres operate solely on a community outreach basis while several of the NGO residential centres also operate on an outreach basis.

Existing treatment services, however, are all operating at maximum capacity. Residential facilities in particular bear lengthy waiting lists. Overall, provision is somewhat unbalanced, offering a limited range of interventions and treatment modalities with a particular lack of comprehensive aftercare and relapse prevention services. Opioid substitution therapy (OST) using methadone has recently started as a pilot project for males at an NGO-run harm reduction centre. There are limited structured psychosocial interventions available and a dearth of professionally trained staff. Tailored treatment regimes for vulnerable subgroups such as drug using offenders and those with dual diagnosis (co-morbidity of mental health problems) are virtually non-existent. There is an immediate and urgent need for more services, for the diversification of treatment approaches, models and interventions and for long-term sustainable funding.

Harm Reduction Services

The MCN in partnership with the NACP of the MOPH are working in close collaboration with implementing partners to deliver harm reduction services in response to the impending HIV epidemic, based on the necessary policy framework.

The first National Drug Control Strategy for Afghanistan, signed by President Karzai in May 2003, stated the necessity for “provision of harm reduction services to injecting drug users as a public health measure to prevent the transmission of HIV and AIDS and other blood borne diseases.” In May 2005 the MCN and MOPH jointly approved the National Harm Reduction Strategy for the prevention of HIV and AIDS among injecting drug users. It endorsed a wide range of interventions.

In response to the emerging HIV epidemic, the 2007 Afghanistan National Development Strategy (ANDS) also included the reduction of HIV as a fundamental goal, the Afghanistan HIV/AIDS Coordination Committee (HACCA) was established and under the coordination of the MCN, a harm reduction sub-working group meets infrequently even though regular meeting is a requirement of the National Drug Control Strategy “Drug Demand Reduction Plan 2008 – 2012”.

The World Bank (WB) has provided USD 10 million (2008-2010) to the harm reduction programme for mainly three major components: advocacy and communication, surveillance, and targeted interventions among high-risk groups (IDUs, sex workers and truckers).

The other major donor for the harm reduction programme is the Global Fund for AIDS, TB and Malaria (GFATM). The GFATM contributed USD 11 million (2008-2012). Regardless of the collaborative World Bank contributions to harm reduction interventions, the level of harm reduction service delivery will remain insufficient to meet demand; of the total estimated 19,000 IDUs only around 20 per cent are expected to have access to harm reduction interventions by 2012.

Recently, the Afghanistan Drug Regulation Committee issued MDM (Medicin du Monde) with an importation certificate for methadone and in February 2010 opioid substitution therapy (OST) using methadone commenced. Afghanistan is the 66th country in the world to offer OST (opioid substitution therapy) to IDUs and potential IDUs. The Ministry of Justice and a World Bank supported Afghan NGO have also signed an MOU to start methadone prescribing in Kabul prison.
Needle and Syringe Exchange Programmes (NSPs) and other harm reduction measures such as primary healthcare and social services for IDUs are being supported in a few centres, although these need to be rapidly scaled up on a national basis. A recent assessment of the context of drug use in Kabul indicated that harm reduction programmes are perceived as beneficial. However, injecting drug users in Kabul identified the need to expand harm reduction programmes, both in geographic coverage and expansion of scope of services, including coverage of basic needs such as food and shelter and OST. The key challenges faced in Afghanistan are improving the quality and coverage of HIV prevention, and treatment and care services for injecting and other drug users through a comprehensive package of services that offers the following:

- Needle and syringe programmes (NSPs)
- Opioid substitution therapy (OST) and other drug dependence treatment
- HIV testing and counselling (T&C)
- Antiretroviral therapy (ART)
- Prevention and treatment of sexually transmitted infections (STIs)
- Condom programmes for IDUs and their sexual partners
- Targeted information, education and communication (IEC) for IDUs and their sexual partners
- Vaccination, diagnosis and treatment of viral hepatitis
- Prevention, diagnosis and treatment of tuberculosis (TB)
Drug use trends

It is estimated that between 660,000 and 940,000 Afghans (5.4 – 7.7 per cent of the population aged 15 and 64 years) had regularly used an illicit substance in the past year (2009). The highest prevalence of illicit drug use is found in the Northern and Southern regions (5.8 – 8.7 per cent and 5.8 - 8.6 per cent respectively of adults aged 15-64 years).

In terms of absolute numbers, the Central region has the highest number of illicit drug users ranging between 217,000 and 288,000 users. The results of the current survey cannot be directly comparable with the 2005 survey due to different methodologies and criteria used for categorizing illicit drugs and drug users.

Cannabis is the most commonly used illicit substance in Afghanistan, with an annual prevalence ranging between 3.4 – 5.2 per cent (410,000 to 630,000 people aged 15-64 years). Cannabis is less commonly used among women with numbers ranging between 10,000 and 16,000 regular cannabis users (0.2 per cent of the adult female population compared to 8.1 per cent prevalence among the male adult population).

The Northern and Southern regions stand out as the areas with the highest prevalence of cannabis use (3.9 -6.6 per cent and 3.9-6.4 per cent respectively).

According to the Afghanistan Cannabis Survey 2009, the largest percentage of cannabis-growing villages is located in the Southern region, a dramatic increase since 2005. Whereas the percentage of cannabis-cultivating villages in the Northern region has decreased correspondingly, the main cannabis trading centres in Afghanistan are still located in the Northern region.

Opiate prevalence is estimated to be between 2.3 and 2.9 per cent of the adult population (ranging between 290,000 and 360,000 persons aged 15-64). It is important to note that the estimates for opiates include opium, heroin and opioid painkillers. The highest prevalence as well as the highest number of absolute number of opiate users is in the Central region. The opiate use prevalence among males is estimated to be 3.9 per cent of the male adult population (247,000 regular users) compared to 1.3 per cent of the female adult population (76,000 regular users).
## Table 1: Number of illicit drug users and annual prevalence by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number</th>
<th>Prevalence (%)</th>
<th>Low</th>
<th>High</th>
<th>Estimate</th>
<th>Low</th>
<th>High</th>
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<td>940,000</td>
<td>5.4</td>
<td>7.7</td>
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</tr>
</tbody>
</table>

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

## Table 2: Extent of drug use by gender

| Drug     | Male | | | Female | | | | Total | | |
|----------|------|------|------|--------|------|------|------|------|------|------|------|
|          | Number | Prevalence | | Number | Prevalence | | Number | Prevalence | |       |       |       |
| Cannabis | 508,000 | 8.1 | | 13,000 | 0.2 | | 521,000 | 4.3 | |       |       |       |
| Opium    | 172,000 | 2.7 | | 60,000 | 1.0 | | 232,000 | 1.9 | |       |       |       |
| Heroin   | 99,000  | 1.6 | | 22,000 | 0.4 | | 121,000 | 1.0 | |       |       |       |
| Opioids  | 50,000  | 0.8 | | 17,000 | 0.3 | | 67,000  | 0.5 | |       |       |       |
| Opiates  | 247,000 | 3.9 | | 76,000 | 1.3 | | 324,000 | 2.7 | |       |       |       |
| Tranquilizers | 26,000 | 0.4 | | 25,000 | 0.4 | | 51,000  | 0.4 | |       |       |       |
| Total illicit users | 690,000 | 11.0 | | 111,000 | 1.9 | | 800,000 | 6.6 | |       |       |       |
| IDU      | 16,000  | 0.26| | 4,000  | 0.07| | 20,000  | 0.17| |       |       |       |

## Table 3: Number and prevalence of cannabis users by region

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<thead>
<tr>
<th>Region</th>
<th>Number of users</th>
<th>Prevalence</th>
<th></th>
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<td></td>
<td>From To Point estimate From To Point estimate</td>
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<td></td>
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<tr>
<td>Central</td>
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<td>Eastern</td>
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<td>Western</td>
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<tr>
<td>Southern</td>
<td>58,000 95,000 76,000 3.9 6.4 5.1</td>
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<td></td>
</tr>
<tr>
<td>North</td>
<td>93,000 156,000 124,000 3.9 6.6 5.3</td>
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<td></td>
</tr>
<tr>
<td>Afghanistan*</td>
<td>410,000 630,000 520,000 3.4 5.2 4.3</td>
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</tr>
</tbody>
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*National estimates are rounded to the nearest 10,000 users
**Map 1:** Cannabis use by region in Afghanistan, 2009

![Map of Afghanistan showing cannabis use by region](image)

**Table 4:** Number and prevalence of opiate users

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of users From</th>
<th>To</th>
<th>Point estimate</th>
<th>Prevalence From</th>
<th>To</th>
<th>Point estimate</th>
</tr>
</thead>
<tbody>
<tr>
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<td>99,000</td>
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<td>112,000</td>
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<td>Eastern</td>
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<td>North Eastern</td>
<td>29,000</td>
<td>38,000</td>
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<td>2.1</td>
<td>2.8</td>
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<td>Western</td>
<td>40,000</td>
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<tr>
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<tr>
<td>North</td>
<td>54,000</td>
<td>67,000</td>
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<td>2.3</td>
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<td>320,000</td>
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<td>2.6</td>
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</table>

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

**Opium** is the second most commonly used substance in Afghanistan with an estimated prevalence ranging between 1.7 and 2.1 per cent of the population aged 15-64 years. The corresponding number of regular opium users ranges from 210,000 to 260,000 people. The Northern region followed by the Central region has the highest prevalence of opium use. Opium use, as part of a traditional practice, is also quite common among women especially in the North. The opium use prevalence among women is 1 per cent of the adult female population (ranging between 48,000 and 73,000 opium users), compared to 2.7 per cent of the adult male population (ranging between 160,000 and 180,000 opium users).
Table 5:  **Number and prevalence of opium users by region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of users</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>Central</td>
<td>69,000</td>
<td>84,000</td>
</tr>
<tr>
<td>Eastern</td>
<td>23,000</td>
<td>26,000</td>
</tr>
<tr>
<td>North Eastern</td>
<td>21,000</td>
<td>28,000</td>
</tr>
<tr>
<td>Western</td>
<td>28,000</td>
<td>37,000</td>
</tr>
<tr>
<td>Southern</td>
<td>20,000</td>
<td>25,000</td>
</tr>
<tr>
<td>North</td>
<td>46,000</td>
<td>56,000</td>
</tr>
<tr>
<td><strong>Afghanistan</strong>*</td>
<td><strong>210,000</strong></td>
<td><strong>260,000</strong></td>
</tr>
</tbody>
</table>

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

Table 6:  **Number and prevalence of heroin users by region**

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of users</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>Central</td>
<td>35,000</td>
<td>43,000</td>
</tr>
<tr>
<td>Eastern</td>
<td>14,000</td>
<td>17,000</td>
</tr>
<tr>
<td>North Eastern</td>
<td>10,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Western</td>
<td>17,000</td>
<td>22,000</td>
</tr>
<tr>
<td>Southern</td>
<td>14,000</td>
<td>18,000</td>
</tr>
<tr>
<td>North</td>
<td>18,000</td>
<td>21,000</td>
</tr>
<tr>
<td><strong>Afghanistan</strong>*</td>
<td><strong>110,000</strong></td>
<td><strong>140,000</strong></td>
</tr>
</tbody>
</table>

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

In Afghanistan, provinces in the Southern and Western regions and to some extent those in the North East are the predominant opium cultivation areas. However, this does not correspond to a higher opium use in these regions. The Northern region, which at one time had considerable poppy cultivation, was poppy-free in 2009\(^\text{20}\). Despite this decline in opium cultivation, the North continues to be the highest in opium use (2.0 – 2.4 per cent of the population aged 15-64). Although these estimates are not directly comparable with the 2005 survey results, they suggest a considerable increase in the number of opium users from approximately 150,000 in 2005 to between 210,000 and 260,000 four years later.
Between 110,000 and 140,000 or between 0.9 and 1.1 per cent of the adult population aged 15-64 is estimated to regularly use heroin in Afghanistan. The Western, Eastern and Southern regions have the highest prevalence of heroin use. These regions also correspond to the heroin and morphine production and trafficking centres in Afghanistan. Heroin use among females is less common than among males; the prevalence is 0.4 per cent of the female adult population (between 18,500 and 24,700 female heroin users) compared to 1.6 per cent of the adult male population (between 88,500 and 110,000 users). Although these estimates are not comparable with the 2005 results there has undoubtedly been a considerable increase in the prevalence of heroin use in the past 4-5 years – from approximately 50,000 heroin users in 2005 to between 110,000 and 140,000 regular heroin users in 2009.
In Afghanistan, between 60,000 and 80,000 Afghans (0.5 – 0.6 per cent of the population aged 15-64) are estimated to be regular users of opioid painkillers for other than medical reasons. The highest prevalence of opioid use is in the Southern and Central regions. Opioid painkillers are more commonly used among male drug users than females – the prevalence among adult males is 0.8 per cent (between 42,000 – 56,000 users) compared to 0.3 per cent among the adult female population (between 13,600 and 20,500 users).

The prevalence of tranquilizer use in Afghanistan is estimated to be between 0.3 and 0.5 per cent of the adult population aged 15-64 years or between 40,000 and 60,000 regular tranquilizer users. The highest prevalence is found in the Central and Southern regions. Key informants perceived that the use of tranquilizers is more common among women in Afghanistan. Yet, compared to other drugs, the estimated prevalence of tranquilizers use is the same among males and females (0.4 per cent of the adult male and female population) - between 22,500 and 30,000 male users and between 19,400 and 30,000 female users.
Drug Use in Afghanistan: 2009 survey

Map 5: Tranquilizers use by in Afghanistan, 2009

Table 8: Number and prevalence of tranquilizer users by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of users</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>Central</td>
<td>17,000</td>
<td>26,000</td>
</tr>
<tr>
<td>Eastern</td>
<td>4,000</td>
<td>5,000</td>
</tr>
<tr>
<td>North Eastern</td>
<td>3,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Western</td>
<td>5,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Southern</td>
<td>6,000</td>
<td>8,000</td>
</tr>
<tr>
<td>North</td>
<td>7,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Afghanistan*</td>
<td>40,000</td>
<td>60,000</td>
</tr>
</tbody>
</table>

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

Table 9: Number and prevalence of injecting drug use by regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of users</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>Central</td>
<td>5,700</td>
<td>7,400</td>
</tr>
<tr>
<td>Eastern</td>
<td>2,500</td>
<td>3,000</td>
</tr>
<tr>
<td>North Eastern</td>
<td>800</td>
<td>1,000</td>
</tr>
<tr>
<td>Western</td>
<td>1,200</td>
<td>1,600</td>
</tr>
<tr>
<td>Southern</td>
<td>4,000</td>
<td>5,200</td>
</tr>
<tr>
<td>North</td>
<td>3,700</td>
<td>4,700</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>18,000</td>
<td>23,000</td>
</tr>
</tbody>
</table>

Injecting drug use is not uncommon in Afghanistan with estimates ranging between 18,000 and 23,000 regular injectors. Substances commonly injected include all opiates and tranquilizers. The highest number of injecting drug users are in the Central, Northern and Southern regions. Male drug users are more likely to be injecting than female drug users (16,000 male compared to around 4,000 female injectors).
Drug use patterns

Most key informants (60 per cent) considered cannabis use to be very common across the country. To a lesser extent, opium use was considered as common or was used somewhat in all parts of the country. However, up to 10 per cent of key informants reported that there was no opium use in their area. Half of key informants perceived that heroin use was either common or was somewhat used in their locality. Key informants, particularly in the Eastern region, considered heroin to be common or somewhat used in their region. As for use of tranquilizers, opioids or painkillers, almost half of key informants thought there was no use in their locality. Many key informants in the Eastern region, however, thought there was common use of opioid painkillers in their area. Alcohol use, especially in the Southern and Eastern regions, was considered to be common, while 40 per cent of key informants perceived there was no alcohol use in their locality.

Figure 1: Perceived use of Opium in locale

![Figure 1: Perceived use of Opium in locale]

Figure 2: Perceived use of Cannabis in locale

![Figure 2: Perceived use of Cannabis in locale]
Figure 3: Perceived use of Heroin in locale

Figure 4: Perceived use of other Opioids in locale

Figure 5: Perceived use of Tranquilizers in locale
As for use of other substances such as cocaine, amphetamine type substances (ATS) or inhalants, most key informants considered these substances were not used in their area. Use of drugs by injections was considered common or somewhat used by a small proportion of the respondents (8 and 6 per cent respectively).

**Most commonly used substances (key informants)**

As for commonly used substances within gender and age groups, key informants were asked to rate three commonly used substances among men, women, young men and women, adolescent and children.

**Men**

Key informants considered cannabis, opium and heroin to be the three most commonly used substances among men. A smaller number of key informants also considered alcohol - especially in the Northern and Central regions - as well as tranquilizers and opioids to be commonly used substances among male drug users. There were no other significant differences across regions regarding commonly used substances among men.

Key informants also considered cannabis, opium and heroin to be the three most commonly used substances by young men using drugs. There were no significant dif-
ferences across regions regarding key informants’ perception of commonly used substances among young men.

Women

Key informants thought opium, tranquilizers and opioid painkillers were the three most commonly used substances among female drug users. More key informants in the Northern region compared to others considered opium as the most commonly used drug among female drug users. Although tranquilizers were considered to be the second most commonly used substance among women, key informants in the Central and North Eastern regions particularly noted tranquilizer use.

As for young women, key informants thought that opium, cannabis and heroin were the three main substances used by young drug-using women. This contrasts with their perception of the three most commonly used substances by adult female drug users, suggesting that key informants perceive drug use patterns among young women to be similar to those among men.

Figure 8: Most commonly used substances among women

![Figure 8: Most commonly used substances among women](image)
Adolescents and Children

The overwhelming proportion of key informants rated cannabis as the main substance used by adolescents. This was particularly marked in the Western and North Eastern regions. Next to cannabis, key informants in equal proportions considered opium and heroin to be the two other commonly used substances among adolescent drug users.

Opium was considered to be the most commonly used substance among children using drugs – especially in the North and North Eastern regions. This would correspond with the practice of using opium to placate children in these regions. Tranquilizers, especially in the Southern and Central regions, were considered to be the second most commonly used substance among children. This was followed by cannabis, especially in the Eastern region.
Typical age at first use

Key informants were asked about their perception of the typical age male and female users are when they first use different substances. This information was then compared with the average age of first use of different drugs reported by drug users interviewed. Generally, key informants and drug users reported that cannabis use started at a much earlier age than other drugs, i.e., typically around 18 or 19 years. This was followed by opium use, heroin use, and then other opioids or painkillers and tranquilizers. Key informants also thought that women were initiating use of substances such as alcohol, cannabis, and opium at an earlier age than men. Among drug users interviewed, apart from opium, which was reportedly initiated earlier among men, there were no significant differences between women and men regarding age of drug use initiation. This information suggests that drug use generally starts during the early years of adulthood. However, drug use by children and adolescents is a glaring exception. As previously mentioned, key informants reported the prevalence of illicit drug use amongst adolescents and children.

Table 10: Age at first use of drugs

<table>
<thead>
<tr>
<th></th>
<th>Key Informants</th>
<th>Drug users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men Opium</td>
<td>24</td>
<td>22</td>
</tr>
<tr>
<td>Women Opium</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Men Heroin</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Women Heroin</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Men Other opioids</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Women Other opioids</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Men Cannabis</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Women Cannabis</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Men Tranquilizers</td>
<td>30</td>
<td>24</td>
</tr>
<tr>
<td>Women Tranquilizers</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Men Alcohol</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>Women Alcohol</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>
Drug Use in Afghanistan: 2009 survey

Common methods of use

Key informants reported that smoking, drinking and/or eating are the most common methods of opium use. Some key informants (5 per cent) in the Central, Eastern, Western and Southern regions also cited injecting as a method of opium use. As for heroin, the majority of key informants (95 per cent) reported smoking as the main method of use. However, almost a quarter of key informants except in the North Eastern region considered injecting as a common method of heroin use. While most key informants considered other opioids to be taken orally, more than a third also reported injecting as a common method of their use – this was particularly true in the North East, Northern and Western regions. Similarly, while most key informants (> 9 per cent) reported that tranquilizers were used orally, more than one third also reported that tranquilizers were commonly injected especially in the Eastern and Central regions.

Common settings for drug use

The settings or places where drugs are commonly used often indicate a society’s level of social acceptance or tolerance towards the use of drugs. The majority of key informants said that men would generally use opium at home. However, many key informants (>50 per cent) also thought that men used opium during recreational gatherings as well as in abandoned buildings. With regard to heroin use, the majority of key informants thought that men use heroin in abandoned buildings and hidden alleys, likely to be drug ‘hotspots’. Many key informants also thought men used heroin at home as well as at recreational parties or gatherings. Similarly, opioid use was considered more common at home and to a lesser extent in deserted or abandoned buildings. As for cannabis use, most of the key informants thought that men used cannabis at home, during recreational parties, and on the streets. Key informants considered tranquilizers to be commonly used at home or to a lesser extent at recreational gatherings, while they perceived alcohol to be commonly used at home or at recreational gatherings.

With regard to where women most likely use drugs, the majority of key informants thought home was where women mostly used opium, opioid painkillers and tranquilizers. The home was also considered to be the most common place for heroin use, yet many key informants said women also used heroin at recreational gatherings and in abandoned places or buildings. The common setting for cannabis and alcohol use among women was ranked as the home, the streets and at recreational gatherings.

Informants mentioned deserted buildings, the home, recreational gatherings and the street as common settings for opium use among adolescents. Deserted and abandoned buildings were considered as the main places where adolescents use heroin. Similarly, recreational gatherings, the streets, abandoned buildings and the home were considered the main settings for cannabis use among adolescents and children.

Perceived trends in drug use

In order to document the perceived changes in illicit drug use since 2005 as well as over the past 12 months of this four year period, key informants were asked whether in their opinion the use of each drug had “decreased a lot”, “decreased a little”, “not changed”, “increased a little”, and “increased a lot”. Each response was quantified and is presented in this section.

Note that the key informants’ qualification of change in ordinal categories from “decreased a lot” to “increased a lot” was based not only on some objective quantitative figures but also on the local context and their own perceptions of changes in their localities and districts.

Significantly, for most drug types that are reportedly used in Afghanistan, most key informants did not perceive a decrease in use. In fact, informants perceived that cannabis and alcohol use had increased substantially during the past four years.
With regard to opium use, in most regions key informants had mixed responses. In the North and North Eastern regions many key informants reported no increase or little increase in opium use. In the other four regions most key informants reported that opium use had increased during the past four years. As for the past 12 months, key informants reported either no change or a slight increase in the use of opium in their localities.

For heroin use, most key informants thought there had been an increase over the past four years. The more marked increase in heroin was perceived to be in Southern regions. In Northern and Central regions many key informants reported no change in heroin use during the past four years.

Use of opioid painkillers was perceived to have been stable or to have increased marginally in most parts of the country. However, in the Western region many key informants reported a notable increase in the use of opioid painkillers.

**Figure 12:** Opium use trends - 4 years

**Figure 13:** Heroin use trends - past 4 years

**Figure 14:** Opioid use trends – past 4 years
Cannabis use was perceived to have increased considerably all across the country over the past four years. Tranquilizers use in the Northern and North Eastern regions was perceived to be stable, while in the Southern region key informants either considered tranquilizer use to be stable or to have increased slightly. For the remaining regions, i.e., Central, Eastern and Western regions, key informants reported an increase in tranquilizer use over the past four years.

Injecting drug use was perceived to be increasing in some parts of the country. Key informants in the Central region perceived a considerable increase in injecting drugs, while those in the Western, Southern and North Eastern regions reported that injecting drug use remained unchanged during the previous four years.
Patterns of drug use

This section provides information on the patterns of drug use among those interviewed during the survey. A total of 2,609 respondents participated in the survey, all of who were regular drug users, i.e., they had used drugs in the past 12 months including the past 30 days prior to their interview. These respondents were interviewed across the six regions. Around 3 per cent were women. One third of the drug users were interviewed in the Central region, while around 22 per cent were in the Northern region. Among women drug users (n=75), one third were interviewed in the Northern region, another third in the Central region, approximately a quarter in the Southern region and the remaining were interviewed throughout the remaining regions.

Social and demographic profile of drug users

Of the drug users interviewed, 43 per cent were Pushton, 33 per cent Tajik and 12 per cent Hazara. A significantly higher proportion of women of Turkmen ethnicity were interviewed, proportionately more than the number of Turkmen men interviewed (27 per cent compared to 3 per cent).

Table 11: Distribution of drug users interviewed by gender and region

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Eastern</th>
<th>North Eastern</th>
<th>Northern</th>
<th>Western</th>
<th>Southern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male #</td>
<td>830</td>
<td>197</td>
<td>169</td>
<td>545</td>
<td>342</td>
<td>451</td>
<td>2534</td>
</tr>
<tr>
<td>Male per cent</td>
<td>33%</td>
<td>8%</td>
<td>7%</td>
<td>22%</td>
<td>13%</td>
<td>18%</td>
<td>97%</td>
</tr>
<tr>
<td>Female #</td>
<td>23</td>
<td>8</td>
<td>1</td>
<td>25</td>
<td>1</td>
<td>17</td>
<td>75</td>
</tr>
<tr>
<td>Female per cent</td>
<td>31%</td>
<td>11%</td>
<td>1%</td>
<td>33%</td>
<td>1%</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>853</td>
<td>205</td>
<td>170</td>
<td>570</td>
<td>343</td>
<td>468</td>
<td>2609</td>
</tr>
<tr>
<td>per cent of total</td>
<td>33%</td>
<td>8%</td>
<td>7%</td>
<td>22%</td>
<td>13%</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>
The median age of drug users interviewed was 28 years. More than two thirds of those interviewed were less than 35 years and around 40 per cent were aged between 26 and 35 years (proportionately more in the Western region), and 34 per cent were aged between 16 and 25 years (proportionately more in the Southern, Central and Eastern regions).

More than half of all drug users interviewed were married, with significantly more female drug users being married. Forty-four per cent of drug users were single or never married. A significant proportion of female drug users, compared to men, were widowed (8 per cent women compared to 1.5 per cent men) or divorced (3 per cent women compared to less than 1 per cent men). The mean number of children per respondent was ‘more than three’ living with their parents. On average, male drug users also reported three children who were ‘living elsewhere’.

Except for 5 per cent of male drug users, all respondents had resided in Afghanistan during the past 12 months. During the time of interview, the majority (80 per cent) of drug users lived in a house or an apartment. Around 11 per cent lived in a temporary residence or hostel. Only 5 per cent lived on the street or were homeless. Two thirds of drug users interviewed lived in a self-owned property, while the remainder lived in a place owned by another family member (16 per cent). Nine per cent lived in rental accommodation. The mean num-
ber of years drug users had been living at their current address was 18. More than half of drug users interviewed reported living with their extended family. In the Eastern region, drug users were more likely to report living with members of their extended family (85 per cent). While more than half of all drug users were married, only about one quarter lived with their spouse. Another 14 per cent lived with another member of the family and 6 per cent lived alone.

More than 60 per cent of drug users interviewed had no education and were unable to read and write. Female drug users were more likely to report no education (75 per cent women vs. 62 per cent men). Among drug users who had received some education, the majority had completed either primary (45 per cent) or secondary education (30 per cent). A smaller proportion had completed high school (15 per cent) or madrassa level education (9 per cent). Only 1 per cent of male drug users had completed university level education.

About 60 per cent of drug users interviewed stated they were unemployed in the month prior to their interview. Female respondents were twice as likely to report being unemployed in the past month. Proportionally less drug users in the South (33 per cent) and Central regions (50 per cent) reported having a job. The majority of the employed cohort reported working in or doing private business (32 per cent), working as farmers (25 per cent) or as unskilled workers (21 per cent). There were no significant differences among job categories within the regions. On average drug users reported working 39 hours per week and earning around USD 114 (5,500 Afghans) during the past month prior to their interview. There were no significant differences noted in working hours and earnings between male and female drug users.

Alongside their regular paid employment, drug users also reported secondary means to supplement their income, presumably required to finance their drug use or to support their families. These means ranged from selling their assets (30 per cent) to borrowing money (46 per cent), stealing (11 per cent), begging (11 per cent), and committing other crimes (3 per cent). On average, the mean cumulative earnings from all these other sources amounts to an additional USD 100 that drug users earned in the month prior to their interview.

**Figure 20:** Job categories of respondents
Patterns of drug use

The majority of drug users (60 per cent) reported that opium and cannabis were the two drugs they used in their lifetime. This was followed by heroin (30 per cent), alcohol (18 per cent), tranquilizers (11 per cent), and painkillers (9 per cent). While there were no significant differences in the use of opium among men and women, men were more likely to report lifetime use of heroin and cannabis (heroin: 30 per cent men vs. 20 per cent women; cannabis: 61 per cent men vs. 41 per cent women). On the other hand, women were twice as likely to report using tranquilizers and opioid painkillers as men.

Table 12: Other Sources of Income

<table>
<thead>
<tr>
<th>Other sources of income and mean earning from these sources</th>
<th>Afghani</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft</td>
<td>903</td>
<td>19</td>
</tr>
<tr>
<td>Drug sellor</td>
<td>28</td>
<td>0.6</td>
</tr>
<tr>
<td>Begging</td>
<td>875</td>
<td>18</td>
</tr>
<tr>
<td>Selling assets</td>
<td>1328</td>
<td>27</td>
</tr>
<tr>
<td>Borrowing money</td>
<td>1834</td>
<td>38</td>
</tr>
<tr>
<td>Other crime</td>
<td>137</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5105</strong></td>
<td><strong>106</strong></td>
</tr>
</tbody>
</table>

Figure 21: Other sources of income - past month

Figure 22: Lifetime use of drugs
As for geographical variations of drug use among respondents, there was less use of opium in the Central and Southern regions. In the Eastern region there was more use of cannabis compared to other regions, while heroin and opioid painkillers were used more in the Eastern and Western regions. Alcohol use was much less in the South, while tranquilizer use was much less in the Northern region. Over all, provinces in the Eastern region stand out as having the most varied drug use patterns.

In terms of daily expenditure for drugs, drug users in the Southern region were spending less on drugs, especially heroin and opium that are cheaper in that region. All drugs appeared more expensive in the Central region. In terms of the financial burden to drug users, expenditure on heroin across all regions appears costliest at $2.2 per day, followed by opium at $1.6 and other opioids at $1.5.

More than half of drug users reported initiating their drug use in Afghanistan – either in their current area of residence (58 per cent) or in another part of the country (5 per cent). About 28 per cent of drug users started using drugs in Iran and another 9 per cent started in Pakistan where they were refugees. However, among opium and heroin users, up to 40 per cent initiated their opium or heroin use in Iran. Due to geographical proximity, proportionately more drug users in the Western and Northern regions initiated their drug use in Iran, while those in the Central and Eastern regions started in Pakistan.
Polydrug use prevalence and patterns amongst drug users in Afghanistan varies, with many drug users reporting having used multiple substances in their lifetime. More than a third of drug users had used opium and cannabis, 18 per cent had used heroin and opium, 15 per cent heroin and cannabis and 10 per cent opium, heroin and cannabis in their lifetime. A similar trend of polydrug use was observed during the past 12 months. Also in the past 12 months, 60 per cent of drug users interviewed had used only one substance, while 26 per cent had regularly used up to two substances, 6 per cent up to three, and the remaining had regularly used four or more substances consecutively or simultaneously in this period.

Drug users also reported considerable drug use among family members. Opium, cannabis and heroin were the three main drugs respondents reported as being used regularly by at least one other family member. More than 40 per cent reported another adult family member using drugs and one third reported that young persons in their families regularly used opium.

Similarly, more than one third of drug users mentioned young people and one quarter mentioned adults in their families who regularly using cannabis. Drug use among adolescents and children was also reported with up to 7 per cent of respondents reporting that adolescents and children in their families used opium, 10 per cent stating that adolescents used cannabis, and 2 per cent stating that adolescents in their families regularly used heroin.

Table 13: Drugs used in lifetime and in past 12 months

<table>
<thead>
<tr>
<th>Drugs used</th>
<th>LT %</th>
<th>12 m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opium and cannabis</td>
<td>34</td>
<td>31</td>
</tr>
<tr>
<td>Heroin and opium</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Heroin and cannabis</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Opium, heroin and cannabis</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Opium and opioid painkillers</td>
<td>7</td>
<td>6.7</td>
</tr>
<tr>
<td>Opium and tranquilizers</td>
<td>6</td>
<td>5.7</td>
</tr>
<tr>
<td>Heroin and painkillers</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Heroin and tranquillizers.</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Opium, heroin, cannabis &amp; tranquilizers</td>
<td>2</td>
<td>1.9</td>
</tr>
<tr>
<td>Opium, heroin, cannabis &amp; opioids</td>
<td>2.6</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Figure 25: Drug use among family members (per cent of responses)
Individual drugs

This section describes the lifetime current use and the pattern of use for individual drugs based on interviews with drug users. This section also identifies the health, social and economic consequences of using different drugs as experienced by drug users interviewed.

Opium use

Around 60 per cent of total drug users interviewed (n = 1574) reported using opium in their lifetime. Women comprised 3 per cent of respondents who had ever used opium. Nearly half of opium users used opium for the first time in Afghanistan, while 40 per cent (all men) reported initiating opium use in Iran. Only 4 per cent of drug users started opium use in Pakistan. Proportionally more drug users (70 per cent) in the Western region used opium for the first time in Iran. The mean age at first use of opium was 22 years. Women drug users started using opium at a younger age than men (20 years compared to >22 for men). In the North Eastern region, drug users initiated opium use at a later age (mean age 26 years). Opium users on average were significantly older than other drug users, i.e., with a mean age of 30 years compared to 28 for other drug users. Apart from age, no other socioeconomic factors among opium users were significant compared to the earlier profile of drug users.

Around 80 per cent of drug users had used opium recently, i.e., in the past 12 months, while up to 6 per cent had injected opium in this period. There was no significant difference between men and women who reported injecting opium. However, significantly more drug users in the Southern, Central and Eastern regions reported injecting opium in the past 12 months.

Regarding current opium use, 90 per cent (n = 1161) had used opium in the past 30 days. The majority of drug users had been using opium regularly, i.e., either nearly every day (56 per cent) or 2 to 4 days a week (30 per cent) in the month prior to their interview. Almost all opium users felt dependent on opium and reported psychological problems followed by physical problems resulting from their opium use. A substantial proportion of opium users reported facing social problems such as legal problems, trouble in their relationships, difficulty finding employment or securing stable accommodation.
Drug Use in Afghanistan: 2009 survey

**Figure 26:** Injected opium - past twelve months

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12%</td>
</tr>
<tr>
<td>Southern</td>
<td>1%</td>
</tr>
<tr>
<td>Western</td>
<td>2%</td>
</tr>
<tr>
<td>Northern</td>
<td>2%</td>
</tr>
<tr>
<td>North Eastern</td>
<td>2%</td>
</tr>
<tr>
<td>Eastern</td>
<td>6%</td>
</tr>
<tr>
<td>Central</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Figure 27:** Problems faced due to opium use

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>8%</td>
</tr>
<tr>
<td>Physical</td>
<td>8%</td>
</tr>
<tr>
<td>Relationships</td>
<td>6%</td>
</tr>
<tr>
<td>Accommodation</td>
<td>4%</td>
</tr>
<tr>
<td>Getting work</td>
<td>4%</td>
</tr>
<tr>
<td>Legal</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Figure 28:** Mean daily expenditure on opium use by regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Prices in Afghanis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>53.44</td>
</tr>
<tr>
<td>Northern</td>
<td>73.42</td>
</tr>
<tr>
<td>Eastern</td>
<td>76.90</td>
</tr>
<tr>
<td>Western</td>
<td>79.53</td>
</tr>
<tr>
<td>North Eastern</td>
<td>84.17</td>
</tr>
<tr>
<td>Central</td>
<td>102.00</td>
</tr>
</tbody>
</table>

On average, opium users reported spending around USD 1.6 (79 Afghanis) per day for opium. Women opium users and those in the Southern region reported spending less for their opium use (41 and 53 Afghanis respectively or around 1 US dollar). Regular opium use of between 15 and 30 days a month would thus amount to a monthly expenditure of between USD 20 and USD 50.
Many drug users reported giving opium to a family member, especially children. Overall, one third of drug users had given opium to their children compared to 13 per cent who reported giving opium to other family members. This trend was more evident in the North Eastern and Southern regions where more than half of drug users reported giving opium to their children. Also, female opium users were more likely to have given opium to their children (78 per cent of women vs. 28 per cent men) and other family members (50 per cent women vs. 11 per cent men).

Heroin use

Around 30 per cent (n=776) 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 significantly much less than men – 20 per cent of women interviewed had used heroin. A higher number of drug users in the Eastern (40 per cent) and Western (47 per cent) regions had used heroin in their lifetime. Similar to opium use, most heroin users started their use within Afghanistan. Around 40 per cent of heroin users started using heroin in Iran. Compared to men, 27 per cent of women heroin users started in Iran and Turkmenistan. Overall, 7 per cent of respondents started using heroin in Pakistan; of those, a higher proportion was currently living in the Eastern (18 per cent), Southern (10 per cent), and Central (8 per cent) regions. Similarly, a higher proportion of heroin users in the Western (60 per cent) and Northern regions (57 per cent) started using heroin in Iran.

The mean age at first use of heroin was 24 years. Drug users in the Eastern and Southern regions started heroin use at a younger age, i.e., at 23 years, while those in the North and North Eastern regions started at 25 years of age. Heroin users interviewed were more likely to have been living in Afghanistan during the previous 12 months and were also more likely to be homeless, living alone and on the street. In fact, 13 per cent of heroin users were living on the streets or were otherwise homeless compared to 3 per cent or less among other drug users. Heroin users were also more likely to report being single, widowed or to have never married.

Around 90 per cent of heroin users (n=686) had used in the past 12 months; a similar number (n=640) reported using heroin currently (in the past 30 days). Up to 15 per cent of heroin users had injected during this period, with a higher proportion found in the Central and Northern regions (around 20 per cent each).

Most drug users (>70 per cent) had used heroin almost daily in the past 30 days, while less than a quarter reported using 2 to 4 days a week in the previous month. Heroin users in the Southern region were
more likely to report using 2 to 3 times a week. Almost all heroin users considered themselves dependent on heroin. While the proportion of heroin users experiencing psychological and physical problems from their heroin is the same as for opium users, more heroin users reported having relationship problems, difficulty in finding stable accommodation and legal problems.

On average, heroin users reported spending around USD 2.2 (107 Afghanis) per day in the month prior to their interview. Those using heroin regularly, i.e. for 15 to 30 days each month, reportedly spent between USD 33 and USD 66 during the month prior to the survey. Daily expenditure on heroin varied, as prices were lowest in the Southern region (average daily expenditure of 68 Afghanis or USD 1.4) and highest in the North Eastern region (average daily expenditure of 131 Afghanis or USD 2.7).
Cannabis use

Around 60 per cent ($n=1548$) of all drug users interviewed had used cannabis in their lifetime. Of these, about 2 per cent were women. However, as a proportion of female drug users around 40 per cent had used cannabis in their lifetime. The highest proportion of drug users who reported lifetime use of cannabis was in the Eastern region (83 per cent), while a smaller proportion was in the North Eastern and Western regions (around 39 per cent each). Most cannabis users (>80 per cent) started using cannabis in Afghanistan, while around 10 per cent initiated cannabis use in Iran and 7 per cent in Pakistan. Significantly more drug users in the Western and Northern regions had initiated cannabis use in Iran (18 and 14 per cent respectively) while those in the Eastern region started in Pakistan (15 per cent). The age at first time use of cannabis was around 19 years for both male and female drug users.

More than 80 per cent ($n=1246$) of cannabis users reported using it recently, i.e., during the past 12 months, while the same number reported using it in the past 30 days. Women drug users were twice less likely to report current use of cannabis. Male cannabis users reported more regular use of cannabis – 70 per cent reported almost daily use, while up to a quarter reported cannabis use 2 to 4 days a week in the past month. Female cannabis users used it less regularly – almost half of female cannabis users reported using it 2 to 4 days a week, a quarter used almost every day, and the remaining either once a week or less often. The average amount of money spent daily for cannabis use was less than USD 1 (85 cents or Afghani 40.69). There is some geographical variation with daily expenditure on cannabis. Notably, drug users in the North Eastern region reported spending less than 50 cents (23 Afghanis) for their daily cannabis use, while users reported an average of 62 cents (30 Afghanis) in the Northern, Western and Eastern regions and 83 cents (40 Afghanis) in the Eastern and Central regions. Overall, cannabis users were spending between USD 13 to 25 monthly for their regular cannabis use.

Drug users who had used cannabis in their lifetime were more likely to report having received formal education compared to other drug users. Almost half of cannabis users had completed primary level of education and one third had completed secondary level education. Apart from education, however, there were no significant variations in the social or demographic profile of cannabis users from other drug users.

The majority of male cannabis users (> 80 per cent) felt they were dependent on the substance, in contrast to women who were three times less likely to report being addicted. Compared to opium and heroin users, the overall severity of the problems faced by cannabis users appears to be much less. However, most cannabis users rated psychological, physical, and relationships as the three main areas they had problems with due to their cannabis use. Securing employment, securing stable accommodation or legal problems were cited as less problematic.
Tranquilizer use

Some common sedatives and tranquilizers used without a medical prescription, specialist advice or provided over the counter in Afghanistan include diazepam, lorazepam, chlordiazepoxide, chlorpromazine and Phenobarbital. Around 11 per cent of drug users (n= 289) reported having used tranquilizers without a medical prescription or advice in their lifetime. Female drug users were twice more likely to have used tranquilizers in this way. Most women drug users (94 per cent) had initiated their tranquilizer use within Afghanistan and the remaining in Pakistan (6 per cent). Among men, around two thirds of drug users had initiated tranquilizer use in Afghanistan, 19 per cent in Iran and the remaining (6 per cent) in Pakistan. Significantly more drug users in the Western region had initiated tranquilizer use in Iran.

The mean age at first use of tranquilizers was around 24 years with no significant difference in the initiation age between genders. However, there were some observable geographical differences – drug users in the Southern region had initiated tranquilizer use at 18 years while those in the Eastern and North Eastern regions reportedly started using tranquilizers at 32 and 30 years respectively.

All female respondents had used tranquilizers during the past 12 months and also used regularly during the past 30 days whereas only two thirds of men reported using regularly. Up to a quarter of these men and women had previously or were
currently injecting tranquilizers during the past year. Significantly more drug users who were married and/or widowed reported regular use of tranquilizers. The pattern of tranquilizer consumption also varied among men and women. The majority of women (80 per cent) reported using tranquilizers almost daily whereas only half of men reported using daily. A quarter of men reported using between 2 and 4 days a week during the past month.

On average, tranquilizer users reported spending around 80 cents (37.24 Afghani) for their tranquilizer use. However, tranquilizer users in the Central and Western regions reported spending around one dollar or more daily for their tranquilizers use (54.20 and 48.50 Afghani respectively). If regular tranquilizer use is considered to be between 15 to 30 days, drug users were spending between USD 12 to 24 dollars per month for tranquilizers. All women tranquilizer users and 80 per cent of men said they felt addicted to tranquilizers. As with other drugs, most tranquilizer users faced similar levels of problems, i.e., the majority had experienced psychological, physical and relationship problems as a result of their tranquilizer use.

**Figure 35:** Frequency of tranquilizer use in past month

**Figure 36:** Problems experienced due to tranquilizer use

**Use of opioid painkillers**

Opioids described in this section are licit substances that are commonly referred to as painkillers or psychotropics and are usually available through pharmacies. Some of the commonly used opioid painkillers in Afghanistan include fentanyl, pentazocine,
tramadol, etc. Among drug users interviewed up to 9 per cent (n=223) had used opioid painkillers in their lifetime – significantly more in the Western and Eastern regions (19 and 13 per cent respectively).

Most drug users reportedly started using opioid painkillers either in Pakistan (up to two thirds) or Iran (around one quarter). Opioid users who had initiated their usage in Pakistan were generally from the Southern, Eastern, Western and Central regions. The mean age at first use of opioid painkillers was 25 years. Opioid users in the North Eastern and Western regions had initiated use later (at 30 and 28 years respectively).

More than two thirds of drug users (n=171) had also used opioids in the past 12 months. Up to a quarter of drug users had injected opioid painkillers in the past 12 months with substantially more opioid users in the Eastern region injecting. Furthermore, 68 per cent of male and 44 per cent of female drug users had recently used opioid painkillers. All the women opioid users reported nearly daily use of opioids. Men reported less regular use of opioids, i.e., nearly half of men were using opioids daily, while the remaining used them either 2 to 4 days a week (18 per cent), once a week (15 per cent) or even less frequently (12 per cent).

On average, opioid users were spending USD 1.5 (74.14 Afghani) per day for their painkillers. However, these prices fluctuated considerably from 25 cents (12.4 Afghani) per day in the Eastern region to USD 2.7 (130.67 Afghani) per day in the Western region. Again, if regular drug use is considered to be between 15 to 30 days a month, opioid users in Afghanistan were spending between USD 23 to 46 per month.

The majority of opioid users (85 per cent) considered themselves dependent on opioid painkillers. In comparison to other drug users, most opioid users described experiencing negative psychological and physical effects and relationship problems as a result of their opioid use. A smaller proportion of drug users considered securing accommodation, work or problems with law enforcement officials as problems they had faced because of their opioid use.

**Figure 37:** Average daily expenditure on opioids by regions

![Graph showing average daily expenditure on opioids by regions](image)
Drug Use in Afghanistan: 2009 survey

Alcohol use

Alcohol use is not as uncommon in Afghanistan as originally thought. Around 18 per cent of drug users (n=472) interviewed had used alcohol in their lifetime. Among female drug users interviewed 14 per cent had ever used alcohol. Most respondents (75 per cent) started their alcohol use within Afghanistan – either in their current area of residence or somewhere else in the country. A smaller proportion of drug users had initiated their alcohol use in Iran (1 per cent) and in Pakistan (6 per cent). Among alcohol users who initiated alcohol use in Iran half were from the Western region, while among those who started in Pakistan up to a quarter were from the Southern region. There is also considerable variation in alcohol use across regions – it is seen more in the Central, Eastern and Northern regions and much less in the Southern and North Eastern regions.

The mean age of first use of alcohol was 24 years, with no significant age differences across genders or regions. The majority (67 per cent; n=315) of these respondents had also used alcohol in the past 12 months, while two thirds of these (n=241) were currently using alcohol (use in past 30 days). Significantly more alcohol users (up to 80 per cent) in the Southern and Northern regions reported recent or current alcohol use. The frequency of alcohol use in the past month varied considerably with many respondents using alcohol 2 to 4 days a week (30 per cent) or once a week (30 per cent). On the other hand, in the past month, about one quarter of respondents used alcohol less than once a week and 15 per cent used almost every day. More alcohol users in the Western region were drinking alcohol 2 to 4 days a week (70 per cent compared to 30 per cent among the remaining regions).

On average, alcohol users reported spending USD 6.65 (321.77 Afghani) per day to fund their alcohol use. With an estimated 10 days of use a month, alcohol users could be spending up to USD 66.60 a month.

Around 60 per cent of alcohol users thought they were addicted to alcohol. As with other substances, most alcohol users reported psychological, physical and relationship troubles as the three main problems they had faced. They also ranked getting work, problems with the law and securing accommodation as the other problems related to their alcohol use.
Other drugs

Up to 3 per cent of drug users \((n = 65)\) interviewed reported using inhalants in their lifetime. More than half had initiated inhalant use in Afghanistan, while the remainder started use while in Iran. Up to two-thirds of these drugs users had used inhalants in the past 12 months and during the past 30 days. The frequency of inhalant use in the past month varied in equal proportions between those using almost daily, those using 2 to 4 days a week, and those using at least once a week. An ineligible proportion (< 1 per cent) of drug users had used amphetamine type substances and cocaine in their lifetime.
Injecting and sexual behaviours

This section reveals the extent of injecting and high-risk sexual behaviours among problem drug users interviewed during the survey. The section also attempts to identify key interventions required to reduce the adverse health consequences associated with risk-related behaviours among drug users in Afghanistan.

High-risk behaviours, such as sharing contaminated injecting paraphernalia, having unprotected penetrative sexual intercourse and having multiple sexual partners place drug users and their partners at high risk of HIV and other infections that may be transmitted by blood or sex. Such behaviours can also serve as a bridge for the spread of HIV and other infections from injecting drug users to the general population primarily through their sexual partners.

Injecting drug use

Overall, up to 6 per cent of drug users (n=14841) had injected drugs during their lifetime. Nearly half of injectors interviewed either started injecting in Iran or in their current location in Afghanistan. A small proportion (5 per cent) started injecting in Pakistan. Injecting drug use was significantly more prevalent among drug users in the Southern region (10 per cent) than in the North Eastern and Western regions (less than 3 per cent each).

Initiation of injecting drug use

The mean age when drug users first injected any substance was 26 years. Drug users initiated injecting on average two years after they had started heroin or tranquilizer use and four years after opium use. A common reason for shifting to injecting drugs was to experience a better ‘kick’, where effects of the drug are often quicker and more intense. Therefore most drug users cited either their own desire or a suggestion from another user that injecting would give them a higher kick. Another main reason to start injecting was peer pressure as many drug users said they were in the company of other injectors, some of whom would also inject them.

Injecting patterns

Nearly two thirds of drug users (n=102) had injected in the past 12 months, while half of these (n=65) were currently injecting drugs. The frequency of injecting in the past month varied among drug users. Many drug users were either injecting daily or 2 to 4 days a week (around 33 per cent each). Other drug users had either injected...
Drug Use in Afghanistan: 2009 survey

once (22 per cent) or at least once a week (11 per cent) in the past month. Heroin followed by opium were the two substances most drug users had injected in the past 12 months. As mentioned earlier, compared to other drugs, women were more likely to have injected tranquilizers in the past 12 months.

On any given day they were injecting, most drug users were injecting frequently, with many injecting 2 to 4 times (34 per cent) or more than 4 times a day (23 per cent). The remaining were injecting at least once a day (>40 per cent).

Despite the small number of injecting drug users in this sample, there is a considerably high prevalence of risky injecting behaviours among drug users. Among the current injectors, the majority (87 per cent) had shared needles and syringes with another injector in the past 12 months. When they were injecting, most drug users (60 per cent) had used, between 2 to 5 times, a needle and syringe which had been previously used by others – the majority reported that between two and five other injectors had used the same injection prior to the respondent. Similarly, most injectors reported that others had used, between 2 and 5 times, needles and syringes after their use. In the past month, many drug users had never cleaned their needle or syringe after another person’s use, or if they had, it was cleaned infrequently. No injecting respondents had ever boiled or cleaned their injection apparatus with bleach solution.

The drug users’ reasons for sharing needles and syringes provides insight on issues that need to be addressed as part of a behavioural change communication for safer injecting and prevention of HIV among injecting drug users. One set of reasons for sharing concerns availability of clean needles and syringes at the time of injecting. Thus, the main reasons given for recently sharing syringes were: a) the person’s needle was not usable as it had become clogged or dull; b) the needle had been cleaned; and c) there was only one needle or syringe (or both) available among the injectors. The other set of reasons relates to group dynamics of injecting drug users. In this context the main reasons were: a) people got upset if they did not share their syringes; b) either the drug user or his friend needed help injecting; or c) a smaller proportion thought they were injecting with people they trusted and so there was no harm in sharing needles and syringes.

Table 14: Prevalence of Injecting

<table>
<thead>
<tr>
<th>Drugs injected</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>41</td>
</tr>
<tr>
<td>Opium</td>
<td>30</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>20</td>
</tr>
<tr>
<td>Opioid painkillers</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 15: Injecting Behaviour

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle clogged or dull</td>
<td>20%</td>
</tr>
<tr>
<td>Needle had been cleaned</td>
<td>20%</td>
</tr>
<tr>
<td>People get upset</td>
<td>17%</td>
</tr>
<tr>
<td>One needle available</td>
<td>14%</td>
</tr>
<tr>
<td>Needed help injecting</td>
<td>14%</td>
</tr>
<tr>
<td>Someone else needed help injecting</td>
<td>11%</td>
</tr>
<tr>
<td>Injecting with people you trust</td>
<td>3%</td>
</tr>
</tbody>
</table>
Table 16: Sexual Behaviour

<table>
<thead>
<tr>
<th>Sexual Behaviour</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given drugs to have sex?</td>
<td>33</td>
</tr>
<tr>
<td>Given money to have sex?</td>
<td>34</td>
</tr>
<tr>
<td>Received drugs to have sex?</td>
<td>19</td>
</tr>
<tr>
<td>Received money to have sex?</td>
<td>18</td>
</tr>
</tbody>
</table>

Sexual behaviours

Results from responses to questions concerning sexual behaviours should be interpreted with caution, as sexual topics are viewed with great sensitivity in Afghanistan. Many respondents reported they had never had sexual intercourse (60 per cent) and 26 per cent refused to answer any sexual behaviour-related questions. Up to 6 per cent of respondents acknowledged that they had sexual intercourse. The following section describes responses from these drug users (n=140), albeit a limited sample that willingly answered questions relating to their personal sexual behaviours.

A considerable proportion of the 140 drug users who responded to these questions reported exchanging sexual services for money or drugs. On average, drug users reportedly had two sexual partners in the month prior to their interview. Most had never used a condom during penetrative sex in the previous month. Only a small number of respondents mentioned occasional use of condoms.

HIV awareness, knowledge and attitudes

Less than half of the total number of drug users interviewed had ever heard of HIV. The highest proportion that was aware of HIV was in the Eastern region (72 per cent). Of those who were aware of HIV, many did not know how HIV was spread or how a person could prevent or reduce the risk of contracting the virus.
Nationally, there are 40 drug dependence treatment services in 21 provinces in the country. Treatment provision is mostly dominated by residential and home-based approaches that deliver the following modalities: detoxification, residential rehabilitation, and aftercare. These are low-intensity and infrequent. There are approximately just 10,200 treatment places a year for drug users in residential and home-based settings. Drug treatment services for children are only available in Kabul, Nangahar, Badakhshan, Balkh and Herat. According to 2009 data provided by the Ministry of Counter Narcotics, 13,814 persons had completed structured drug dependence treatment in residential and home-based settings and as outpatients in semi-structured centres.

Among drug users interviewed, a small fraction (11 per cent; \( n=260 \)) had ever received treatment for their drug problem. In the North Eastern and Western regions, a significantly higher proportion of drug users had received treatment (18 and 16 per cent respectively). Out of the 260 drug users who were treated, up to one third had received treatment in the past year. Almost all drug users (>90 per cent) felt they were in need of treatment. This gap in treatment needs to be addressed with a range of interventions such as reaching out to drug users in community settings, motivational interviewing, treatment readiness and referral to accessible services that provide a continuum of care.
Among key informants interviewed, up to half of said they were unaware of any local drug treatment services; this was more so in the Western (65 per cent), Eastern (60 per cent), and Southern regions (50 per cent). Similarly, around two thirds of key informants also expressed an urgent or considerable need for more drug treatment services in their area. This was expressed considerably more by key informants in the Southern, Northern and Eastern regions. In the Western region, although the majority said they were unaware of drug treatment services in their locality, many did not consider their area to have a pressing need for services.

With regard to accessibility to drug treatment services, key informants in the Southern, Northern and Eastern regions felt it was difficult for male and female drug users to get treatment locally. Similarly, the majority of key informants in the Western, Eastern and Southern regions considered it difficult for adolescents and children to receive treatment for drug problems.

Finally, when asked what particular forms or modalities of treatment were accessed, key informants considered government-run drug treatment services as the most commonly used – especially in the Southern and Eastern regions. Home-based treatment was the second preferred method, especially in the North Eastern and Central regions. Private clinics and NGO-run drug treatment services, especially in the Southern and North Eastern regions were the next most used service for drug dependence treatment.

**Figure 41:** Perceived need for drug dependence treatment services in the regions
Testing for blood borne diseases and infections

As mentioned in chapter 2, in 2009 there were 636 cases recorded of people living with HIV, while in 2005/2006, 3 per cent of the 464 drug users tested for HIV and other blood borne infections in Kabul tested positive for HIV. Among drug users interviewed in this study, up to 5 per cent (n=136) said they had been tested for HIV. Among drug users tested for HIV, non-injecting drug users were significantly more likely to report having been tested for HIV than injecting drug users (78 per cent non-injectors compared to 22 per cent injectors reported being tested for HIV).

More than half of drug users tested for HIV were either in the Central (33 per cent) or Northern regions (24 per cent). Most had been tested at least once in their lifetime. Most drug users had tested for HIV voluntarily (88 per cent) either in a general hospital (53 per cent) or in a drug treatment centre (20 per cent). Around 6 per cent of drug users had also been tested in Iran and 3 per cent in Pakistan. Out of drug users tested around 3 per cent said their test results were positive (or they were living with HIV)43. Even this self-reported HIV status indicates the beginning of a concentrated HIV epidemic among at-risk populations such as Afghan drug users. Similarly around 6 per cent of the drug users (n=143) had also been tested for the Hepatitis C virus (HCV). Non-injecting drug users were more likely to report being tested for HCV than injecting drug users (89 per cent of non-injectors compared to 11 per cent of injectors). Most drug users tested for HCV were in the Central (36 per cent), Eastern (20 per cent) and Northern regions (19 per cent)44. The majority of drug users had either been tested for HCV in a general hospital (67 per cent) or in drug treatment centres (14 per cent). A smaller proportion of drug users also reported to have been tested in Pakistan (4 per cent) and Iran (2 per cent). Around 13 per cent of those tested reported they were infected with Hepatitis C45. Injecting drug users were more likely to report being infected with HCV than non-injectors.

Afghanistan is one of the 22 tuberculosis (TB) ‘high burden’ countries with the highest prevalence of the disease in the World Health Organisation (WHO) Eastern Mediterranean region. WHO estimates that every year more than 50,000 new cases of TB occur in Afghanistan, 10,000 of which result in death. Over 32,500 TB cases are in women, a highly vulnerable group, which accounts for 65 per cent of all cases of TB presenting to public clinics. Compared to testing for other infections, around 5 per cent of drug users (n=117) had ever been tested for tuberculosis - almost half of
them in the Northern region. The majority of drug users tested for TB had never injected drugs. Most drug users had been tested in a general hospital. Out of these, almost one third (31 per cent) said they tested positive for tuberculosis – none of these were injectors.

Considering the number of drug users reporting physical problems due to their drug use, most also thought their health condition was either bad or fair. In contrast, many women drug users perceived their health to be very good.

**Figure 43: Self-perception of health status**

![Self-perception of health status chart]

- Very bad
- Bad
- Fair
- Good
- Very good

- male
- Female
Consequences of drug use

Drug dependence and illicit drug use are often associated with deteriorations in physical and mental health, poverty, violence, criminal behaviour and social exclusion. In addition to the impact on health care costs, drug dependence contributes to a loss in productivity and family income, violence, security problems, traffic and workplace accidents, and links with corruption. These factors result in overwhelming economic costs and an unacceptable waste of human resources. This section will briefly look at some of the health and social consequences of drug use in Afghanistan.

Criminality

In the first section, when drug users were asked about how they funded their drug use and supported their families, around 11 per cent said they had committed theft or other crimes. Similarly, around 9 per cent of drug users (n=238) interviewed said they had been arrested at least once in their lifetime. In the Eastern, Western and Northern regions a significantly higher proportion of drug users have been arrested (17, 12 and 11 per cent respectively). There was no significant difference among users of different drugs among those who had been arrested. The mean age at first arrest was 24 years for all drug users. One third (n= 79) of drug users who had been arrested had also been convicted of a criminal offence and a further 65 drug users (66 per cent) had also served a prison sentence. On average, drug users had been arrested or convicted once in their lifetime.

Most drug users were arrested for committing petty crimes such as stealing from a store or a vehicle, but many were also arrested for committing robbery, selling drugs locally, and drug trafficking.

Table 17: Offences for which drug users were arrested in lifetime

<table>
<thead>
<tr>
<th>Offences</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possession of drugs</td>
<td>3.20%</td>
</tr>
<tr>
<td>Fighting</td>
<td>3.20%</td>
</tr>
<tr>
<td>Criminal damage</td>
<td>6.50%</td>
</tr>
<tr>
<td>Fraud &amp; Forgery</td>
<td>6.50%</td>
</tr>
<tr>
<td>Violence</td>
<td>9.70%</td>
</tr>
<tr>
<td>Theft from a vehicle</td>
<td>12.90%</td>
</tr>
<tr>
<td>Drug Trafficking</td>
<td>19.40%</td>
</tr>
<tr>
<td>Local drug selling</td>
<td>22.60%</td>
</tr>
<tr>
<td>Robbery</td>
<td>29%</td>
</tr>
<tr>
<td>Theft from a store</td>
<td>32.30%</td>
</tr>
</tbody>
</table>
Health and other social consequences

Many drug users interviewed stated that they experienced varying degrees of physical, emotional, legal, and relationship-related problems, as well as difficulty gaining employment and securing stable accommodation. Overall, heroin users experienced more problems, followed by opium users, opioid users and cannabis users.

Out of all drug users interviewed, around 3 per cent self-reported being infected with HIV, 13 per cent self-reported being infected with the Hepatitis C virus and around one third self-reported also suffering from tuberculosis.

Most key informants rated heroin dependence, followed by opium dependence, as causes for the aforementioned problems and negative consequences faced by drug users and the community at large. Key informants rated cannabis as the third substance which, when used regularly would lead to problems and negative consequences. Many key informants perceived that cannabis use caused “some” or “few” problems. Similarly, tranquilizers and opioids were ranked by most key informants as causing “some” or “few” problems for respective users and/or the community.
Many key informants referred to drug use leading to disruption in the social order, insecurity, thefts and fights as some of the main problems faced as a result of drug use in the community. To quote one key informant: “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”. Another key informant reported: “One of the biggest problems in this region is financial and health problems caused by drugs. Especially the women who weave rugs are using drugs as well as the children and adolescents, and because of unemployment more females are also using drugs”.

When key informants were questioned about their perception of problems faced by drug users from different age groups and genders, most ranked opium first, followed by cannabis, then heroin as the most problematic substances for men and young male drug users. In the Southern, Western and Eastern regions, heroin was particularly considered to cause substantial problems, whereas alcohol was considered particularly problematic in the Northern and Eastern regions among men (both adult and young men). Among females, apart from opium, tranquilizers were considered to cause problems; this was more noticeable in the North Eastern region. Cannabis and opium were rated as the two main substances causing problems among adolescents, and opium and tranquilizers were rated as the two drugs causing the highest number of problems among children. Opium was considered more problematic in the Western and Northern regions while tranquilizer use among children was considered to cause problems in the Southern region.

Figure 46: **Key informants’ perception of substances causing most problems by gender and age**
Geographical coverage and sample selection

The sample allocation of the 2009 survey like the preceding 2005 survey was classified into two cohorts: drug users (2,614) and key informants (2,614). Each cohort was then divided into rural and urban.

From a list of community representatives pre-identified and developed, the key informants matching those categories were identified and interviewed. After the interview, key informants were asked to provide contacts for regular drug users known to them. The selection criteria for drug users were that they should have regularly used opium, heroin, opioids and tranquilizers in the past 12 months, including the past 30 days.

Kabul, an urban area, was split further and rural areas were divided into ‘active poppy growth’, ‘former poppy growth’ and ‘no poppy growth’. The three cohorts within the sample can be described fully as follows:

(A) Kabul City: 500 interviews – In Kabul, there are 16 districts in total - thus the sample allocation was directly proportionate to the size of districts as per households.

(B) All other urban areas: 500 interviews – the sample allocation was directly proportionate to the number of households and to the prevalence of drug use in the province. Prevalence estimates were based on findings from the 2005 UNODC Drug Use Survey. Urban cities selected were: Pul-i-Khumri, Mazar-i-Sharif, Maimana, Herat City, LashkarGah, Shebergahn, Kandahar City, Kunduz City, Jalalabad and Charikar.

(C) Rural areas: 1,700 interviews – the sample allocation was directly proportionate to the number of households in each province with the exception of Kandahar, Uruzgan and Zabul where household levels were considered too low. Consequently, the village headman was appointed as key informant for the selected village. A total of 1,500 villages were randomly selected across 31 provinces based on the number of households in accordance with the Afghan Central Statistics Office (CSO) villages’ listings. In Zabul, Kandahar and Uruzgan, 195 villages were selected at random. Therefore, in total, 1,695 villages were used in the total sample.
The sampling frame was developed in order to cover up to 90 per cent of the Afghan population.

A total of 2,614 drug users and a similar number of key informants were interviewed in all 32 provincial capitals, covering 354 district centres and other districts in each of the province. Larger districts and district centres such as Baghlan, Balkh, Faryab, Herat, Hilmand, Jawzjan, Kabul, Kandahar, Kunduz, Nagarhar, and Parwan, were subdivided into smaller units. See the attached list of Districts in which fieldwork was conducted and the distribution of the sample within these. Corresponding to the population distribution in Afghanistan, overall 62 per cent of the sample of key informants and drug users was rural.

**Ethical considerations**

The following ethical considerations were taken into account when interviewing drug users and key informants.

**Anonymity and confidentiality:** no personal information - name and address - was recorded for respondents that might lead to their further identification. The contact information for the respondents remained solely with field workers and in some instances with their supervisors.

**Informed consent:** considering the level of literacy in Afghanistan, a statement explaining the purpose and scope of the survey was read out to the respondents. The issues of confidentiality and anonymity of the information they would provide was mentioned. The respondents were also informed that they had the right to refuse to answer any question. Only when the respondent agreed to be interviewed were further questions asked. Following is an extract from the statement read out to drug users interviewed.

"The United Nations Office on Drugs and Crime (UNODC) is doing a study to assist the Government of Afghanistan to develop better services for people with drug-related problems. I would like you to take part in the study. This will involve answering some questions about your use of drugs and your opinions. Taking part is entirely voluntary, and all the information recorded is anonymous and confidential, i.e., your name and other personal details will not be recorded or conveyed in any manner. If there are any questions that you do not understand, please feel free to ask for clarification. If I ask you questions to which you do not know the answer or are not comfortable about answering, please say so. Before we start, do you have any questions that you would like to ask me?"

No monetary benefits were given to the respondents for participating in the survey.

**Survey Personnel**

Two surveys, incorporating both quantitative and qualitative approaches, were carried out for both the drug user cohort and the key informant cohort respectively, differing in question content in accordance with the information required.

The survey team consisted of 12 supervising surveyors and 89 field surveyors who were recruited from the Ministry of Public Health (MOPH), trained by a multi-agency team of UNODC DDR section staff, UNODC Provincial Coordinators and MOPH management. The survey team represented a range of professionals such as doctors, nurses, students of higher education studying in the health field, religious students etc. Many of the surveyors had worked as surveyors in the 2005 Drug Use Survey. The 12 supervising surveyors were selected diligently and had either been involved in the 2005 Drug Use Survey and / or held management positions in the fields of drug treatment or public health. Each supervising surveyor managed and supported a team of between 10-12 surveyors.

Training sessions were conducted correlating to samples per region: (1) Central, East and South-East; (2) North and North-East; (3) South and South-West.

The training curriculum was developed and delivered for four days by UNODC and covered survey methodology and research
Field Work Procedures: Marked differences in rural and urban approaches

In rural areas, the main challenges during data collection involved locating hidden populations due to higher levels of stigma and security constraints. Many communities in fact denied that drug users were among them and felt ashamed to admit opiate use in their locality.

Where security was better in rural areas, interviewers normally contacted the Malik (head of village) requesting a categorised key informants list that identified key informants for selection in the surveys. This system also identified drug users for the survey in the targeted area.

In districts, district officers were contacted where permission was requested to conduct the interviews and for the community representatives to be identified. The key informants were then randomly selected in accordance with village population size.

In several villages in Kandahar and Paktia, security issues hindered the process of selection. An alternative process was developed whereby the interviewers used their own acquaintances to access potential key informants. Clandestine interviews were then held in Hujras, guesthouses and homes.

In Logar, Paktia and Kandahar, drivers and interviewers were fearful of carrying multiple questionnaires in vehicles and had to hide them in transit. Completed questionnaires were transported back to Kabul by military convoy as Taliban/insurgents were checking normal unsecured vehicles and on finding UNODC drug-related documents would put them at risk of intimidation and violence. In several villages in the Southern Zone, field workers were unable to identify drug users in targeted villages and therefore neighbouring villages were used.

Four female field workers were recruited to conduct interviews with female target groups in Mazar (Balkh), Herat, Jalalabad, and Kabul. However, in rural areas, socio-cultural and stigma-related barriers prevented women from participating in the study.

Training, deviation of inclusion criteria

The inclusion criteria which was mentioned in the TOT training was not fully considered when conducting the questionnaire, i.e., recorded hashish use and alcohol use were excluded from questioning in the section: “was using drugs (primarily heroin, opium, other opiates and tranquilizers) at least in the last 12 months as well as last 30 days and have experienced problems (medical, social, legal etc.) as a result of their drug use”. Therefore, alcohol and hashish users were excluded from this list of drugs with the focus on opiate users. When the final draft of the questionnaire was produced, this was in fact inserted. In some rural areas, opiate use was suspected but not recorded resulting in a disproportionate sample of hashish users.

Pre-determined / selected villages in the survey

Several villages pre-determined for inclusion in the survey were unable to produce drug users for the survey. This meant that neighbouring villages were selected instead.

Location of interviews

In some districts of Herat and Badghis, where security and access was an issue, the survey team could not travel into some villages, therefore key informants and drug users were asked to come for interviews at administrative offices. They were interviewed in a somewhat pressured and public environment. Drug users were reluctant to attend their interviews in these offices but many still did so, although nervously.
Their fear of stigma and shame could have influenced their responses resulting in some biased responses.

Due to ongoing security constraints, samples taken from areas in the South and South West were underrepresented. In Helmand in particular, where security was worse, several districts and respective villages were missed.

Rejection of 200 questionnaires

In Ghor, Kabul and Mazar (Balkh), a little more than 200 questionnaires were rejected and respondents re-interviewed due to the poor quality of content.

Monitoring

A robust monitoring plan was implemented and followed by supervising surveyors although in mountainous areas, work plans and their time frames were not adhered to due to delays in transportation and challenges regarding weather and transportation thus affecting accessibility.

Prevalence estimation

In order to estimate the prevalence and number of illicit drug users, the counts of regular drug users given by key informants from the rural sample were linked to village population data to produce prevalence estimates at the provincial level by gender. These rates were then applied to the respective total adult rural population of each province to determine the total number of rural users. For urban areas, the provincial rural rate was applied to the urban adult population taking gender into account. Total drug users and population data were then aggregated to produce regional level prevalence estimates.

Combining all drug types and then adjusting the total for polydrug use calculated the total number of illicit drug users. Polydrug use was determined from the drug users’ survey by subtracting the percentage of users for various drug combinations from the total of all drug types to avoid multiple counting of users.
Endnotes

1 Adult population in the text is referred as those aged 15 to 64 years.
2 Opioid painkillers
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.
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
5 At the UN exchange rate of 1 USD equals 48.32 Afghanis – 31/12/2009
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
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.
10 Currently – past 30 days use
12 UNODC Afghanistan Opium Survey 2009; UNODC Afghanistan Opium Survey 2008
14 UNODC (2003) Community Drug Profile No. 5: An Assessment of Problem Drug Use in Kabul City, Kabul: Afghanistan Programme
16 The figure for opium users did not include all those who took opium for medical purposes.
17 These included preparations made from the cannabis plant and opium poppy capsule as well as solvents.
19 Ziaullah, S (June 2009) Findings from a harm reduction survey carried out in Pul-I-Charkhi prison, Kabul, by the NGO Sanayee Development Organisation.
25 WHO, UNODC and UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care services for injecting drug users, 2009
26 Illicit drug use in this instance includes cannabis, opium, heroin, opioid painkillers and tranquilizers.
Drug Use in Afghanistan: 2009 survey

27 UNODC and Government of Afghanistan, Afghanistan Cannabis Survey 2009, April 2010

28 Opiates use prevalence includes opium, heroin and opioid painkillers.


30 In terms of perceived use of different substances, key informants were asked if, in their opinion, the use of a substance was “common”, if there was “some use”, if the substance was “rarely” used, or if there was no perceived use in their area.

31 It should be noted that this is the distribution of the sample of drug users interviewed and not the distribution of drug users by region.

32 The term significant in the text denotes statistically significant at $P < 0.05$

33 The term likely in the text is used to express the odd ratios or probability

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

35 For the purpose of this study, young people were defined as less than 25 years, adolescents under 16 years and children less than 10 years of age. The respondents were asked to use these criteria.


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

38 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)

39 There was no significant difference between men and women who had injected opioids in the past 12 months.

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

41 Out of these up to five women were injecting recently. Therefore, injecting patterns have not been disaggregated by gender in this section.

42 Currently – past 30 days use

43 Out of the 3 drug users who reported being HIV positive 1 had ever injected and the other two had never injected drugs.

44 There is no significant difference among men or women tested for HIV or HCV.

45 Out of the 16 drug users who reported being infected with HCV 2 had ever injected and the remaining had never injected.

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

47 For the purpose of this survey, men and women were considered older than 25 years, young people (men and women) between 16 to 25 years, adolescents between 10 and 15 years, and children under 10 years of age. The key informants responded to the questions based on this age distribution.