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IMPACTS OF DRUG USE ON USERS AND THEIR FAMILIES IN AFGHANISTAN

April 2014

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ABBREVIATIONS AND ACRONYMS

INL	**United States Bureau of International Narcotics and Law Enforcement Affairs**
MCN	**Ministry of Counter Narcotics**
NDCS	**National Drug Control Strategy**
UNODC	**United Nations Office on Drugs and Crime**

CONTENTS

EXECUTIVE SUMMARY

Afghanistan is the world's largest producer and cultivator of opium poppies; it produces almost three quarters of the world's illicit opium.[1] While a significant amount of the opium produced in Afghanistan is trafficked out of the country,[2] in 2009 it was estimated that almost 10 per cent of Afghans aged between 15 and 64 were drug users.[3]

Based on interviews with drug users, the family members of drug users, key informants and Government officials, this study aims to provide an insight into the origins, evolution and impact of drug use on users and their families across Afghanistan. While the study is not nationally representative, it seeks to enhance understanding of drug use in Afghanistan and provide information to help strengthen prevention and treatment policies. All the drug users interviewed during the study were "problem drug users", who used drugs such as opium, heroin, hashish and tranquillizers (for non-medical use) daily or several times a week. Although the use of amphetamine-type stimulants (ATS) is rising in Afghanistan, the number of ATS users remains small and that group was not interviewed for the present research study.

Impact on the family unit

The study found that drug use led to domestic violence; over half of the family members interviewed said that they had been hit by or had hit out at a drug-using relative during a confrontation regarding the latter's drug use. The link between drug use, unemployment and poverty is also clear; family members said that 60 per cent of drug-using relatives who had been employed prior to using drugs had subsequently lost their jobs. In addition, almost half of the family members interviewed said that they had been forced to borrow money as a result of drug use in the family and almost 70 per cent said that they had faced financial difficulties as a result of that drug use.

[1] UNODC, World Drug Report 2013, available from www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf.

[2] UNODC, The Global Afghan Opium Trade: A Threat Assessment, available from www.unodc.org/documents/data-and-analysis/Studies/Global_Afghan_Opium_Trade_2011-web.pdf.

[3] MCN, Ministry of Public Health of Afghanistan and UNODC, Drug Use in Afghanistan: 2009 Survey, available from http://www.unodc.org/documents/data-and-analysis/Studies/Afghan-Drug-Survey-2009-Executive-Summary-web.pdf

Impact on children

The academic progress of children suffers as a result of drug use in the family; over one third of the children interviewed said that they had been forced to leave school as a result of drug use by a family member. Information from key informants also indicated that some children were forced to work because a family member was using drugs. In addition, 15 per cent of the children interviewed claimed that their behaviour had been affected and 7 per cent said that they had fallen ill because of drug use in their family.

Impact on communities

Drug use is considered a problem in most communities. The majority of key informants believed that drug use was having an adverse effect on their community, with over half claiming to know drug users who had died as a result of their addiction. Over 80 per cent of the Government officials interviewed believed that drug use in their community[4] was having a negative impact on the work of their organizations. The creation of a negative atmosphere in the workplace and a greater propensity for corruption were among the consequences listed by those interviewees. In addition, over 20 per cent of interviewed drug users claimed that they had been physically assaulted by law-enforcement officials.

How Afghans become drug users and feed their habits

The interviews carried out as part of the research study revealed various reasons behind drug use, ranging from peer pressure, economic issues, depression and medical problems to direct involvement in drug production and trafficking. In addition, a number of interviewees said that they had been coerced into use drugs by another drug user. According to the study, the primary reason for drug use is peer pressure. Female drug users in particular said that they obtained drugs predominantly from their spouses or parents. Male users appeared to obtain drugs from a wider variety of sources, including friends and drug dealers,[5] some revealing that they stole in order to fund their habit. In addition, some drug users said that they had become involved in poppy cultivation and the opiate trade as a result of their drug use.

Which drugs are consumed, where and how?

With regard to the types of drugs consumed, the study found that a significantly higher percentage of women than men used tranquilizers and sedatives for non-medical purposes. Women also exhibited a preference for consuming drugs orally, while men preferred to smoke them. Male and female drug users also exhibited differing tendencies with regard to their preferred locations for drug consumption. Female users reported that they usually consumed drugs in their own home or their spouse's home, while male users mentioned a variety of different places, including the workplace and public spaces.

Raising awareness of the dangers of drug use

It is clear from the study that there is an urgent need to raise awareness of the dangers of drug use in Afghanistan. With peer pressure playing such a major role in introducing people to drug use, it is vital to focus on educating young people. Meanwhile, the prevalence among women for the non-medical use of tranquilizers highlights the necessity of an improved central system for prescriptions. In addition, the increasing number of drug dealers is an issue that needs to be considered carefully by law-enforcement officials. Lastly, it is vital to raise awareness among such officials of the need to treat people for drug addiction.[6]

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[4] In the case of interviews with Government officials, the definition of community differs slightly from that usually used and mainly covers the colleagues and regular clients of the interviewed officials.

[5] Throughout the report, the term "drug dealer" refers to a person who sells drugs with the intention of making financial gains.

[6] The Counter-Narcotics Law of Afghanistan, Chapter 4, Article No. 57, states that, "Someone who is in possession of up to 5 grams of heroin, morphine or cocaine, and/or 20 grams of opium and/or 50 grams of hashish, who claims that it is for his/her personal use and whose drug addiction/use is confirmed by a medical doctor should not be imprisoned/prosecuted."

INTRODUCTION

Afghanistan is the world's largest producer of opium, with poppy cultivation posing a significant threat both domestically and abroad.[7] Along with an increase in poppy cultivation,[8] opiate consumption has also increased sharply in Afghanistan in recent years. The negative physical and emotional consequences of drug use are expected to have a significant and detrimental effect on the country's future development.

The consumption of heroin and other opiates in Afghanistan doubled between 2005 and 2009. By 2009, the total number of heroin users was estimated at around 120,000 - an increase of 140 per cent since 2005. Roughly 8 per cent of 15-64 year olds are drug users, which equates to twice the global average.[9] Currently, Afghanistan has one of the highest opiate prevalence rates in the world at 2.65 per cent.[10]

A recent urban drug use survey that included toxicological testing (for example, hair, urine, and saliva testing) and was conducted in 2012 by the United States Bureau of International Narcotics and Law Enforcement Affairs (INL) in 11 provinces of Afghanistan[11] estimated drug use prevalence among the national urban population at 5.3 per cent. Extrapolated nationwide, this means that between 1,351,600 and 1,612,400 people in the country could be drug users). Various provincial capitals in the Western region were identified as having a large number of households that included at least one drug user, with particularly high figures reported for Zaranj (28.0 per cent), Farah (20.0 per cent) and Hirat (18.2 per cent. The reported prevalence of positive drug tests among children under 15 years of age in urban areas in Afghanistan was 2.3 per cent and the prevalence rate amongst the total urban population was 5.3%.[12] The 2009 drug use survey by UNODC

[7] Reuters, "Afghan opium cultivation to rise in 2013 - U.N. report", 15 April 2013, available at http://www.reuters.com/article/2013/04/15/us-afhganistan-opium-idUSBRE93E0OR20130415

[8] MCN and Ministry of Public Health of Afghanistan and UNODC, Afghanistan Opium Survey 2012

[9] MCN and Ministry of Public Health of Afghanistan and UNODC, Drug Use in Afghanistan: 2009 Survey

[10] UNODC, World Drug Report 2013

[11] United States Department of State, INL Demand Reduction Program, Research Brief, Afghanistan National Urban Drug Use Survey (ANUDUS), December 2012, available at http://www.state.gov/documents/organization/212957.pdf. It is important to note that "drug use" for this survey included alcohol abuse and the medical use of scheduled substances, which differs from the definition usually used by UNODC.

[12] Ibid.

and the Ministry of Counter Narcotics of Afghanistan (MCN) indicated that the prevalence of drug use in Western Afghanistan was 6.7 per cent, while the highest prevalence (8.7 per cent) was found in Northern Afghanistan, which had an estimated 204,000 illicit drug users.[13]

In recent decades, multiple efforts have been made to analyze the socio-economic costs of drug use. The United Nations International Drug Control Programme published a position paper in 1995 contextualizing the global drug trade and outlining its impact on society, the environment and development[14]. Several governments and international organizations have followed suit, exploring the topic both within specific countries and on a broader level.[15]

In 2010, UNODC Pakistan researched drug use among women in Pakistan and in 2013 conducted a drug use survey in collaboration with the Government of Pakistan.[16] In 2011 MCN implemented a pilot study that focused on understanding the socio-economic impacts of drug use on users and their families in Kabul City.[17] The present study can be viewed as an extension of that study. The methodology used during the pilot study – individual interviews with drug users and focus-group discussions – formed the basis of the current study and was supplemented by a number of other research instruments. The current study covers 17 provinces of Afghanistan, with a view to creating a broader and a more inclusive picture of the socio-economic impact of illicit drug use in the country.

[13] MCN, Ministry of Public Health and UNODC, Drug Use in Afghanistan: 2009 Survey, p.7

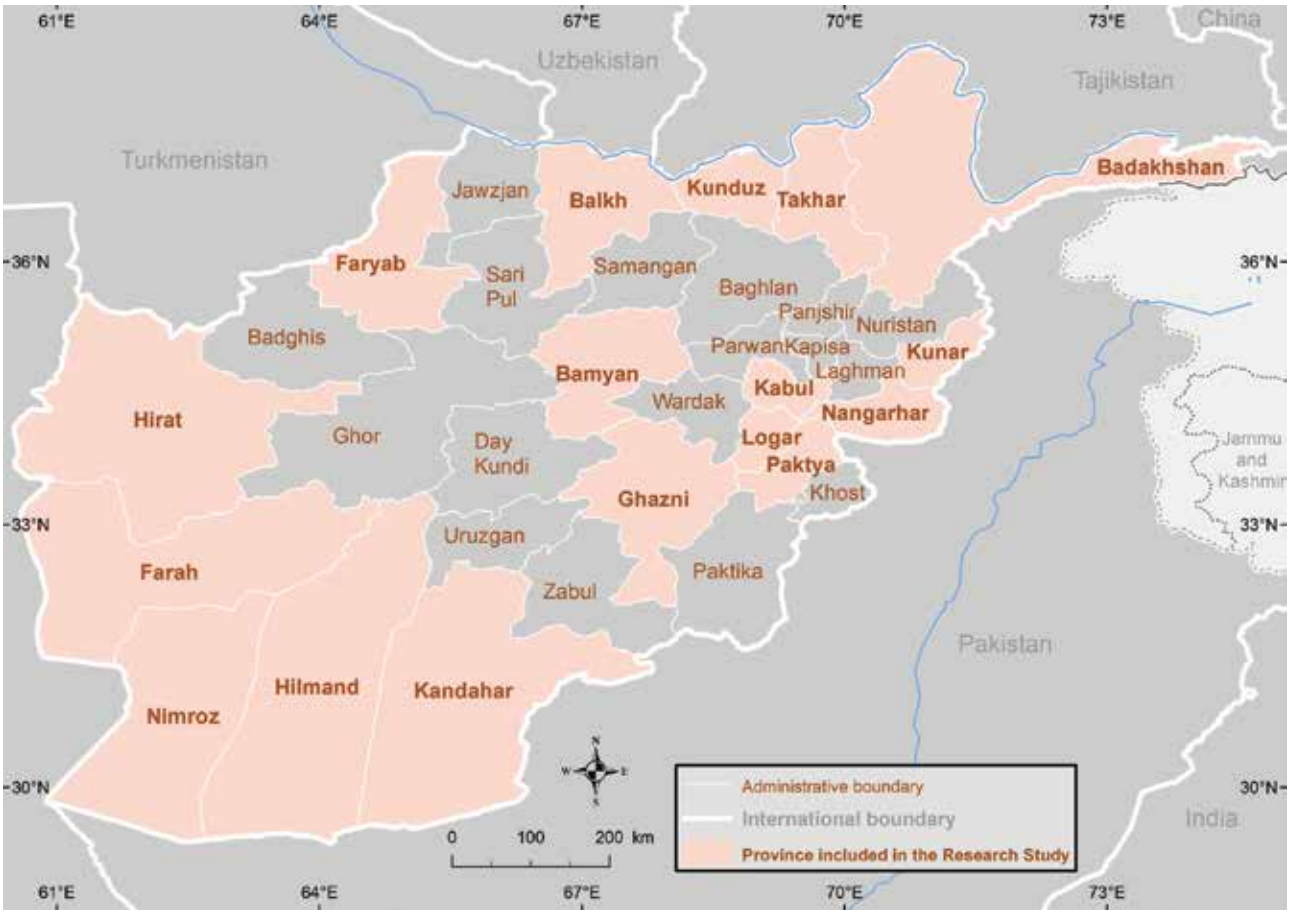
[14] United Nations International Drug Control Programme (UNDCP), The Social Impact of Drug Abuse, 1995, available at http://www.unodc.org/pdf/technical_series_1995-03-01_1.pdf

[15] See Collins, David and Lapsley, Helen, The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, 2008, available at http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf and United States Department of Justice, National Drug Intelligence Center, The Economic Impact of Illicit Drug Use on American Society, 2011, available at http://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf

[16] See UNODC, Pakistan Country Office, Female Drug Use in Pakistan, 2010, available at http://www.unodc.org/documents/pakistan/female_drugs_use.pdf and UNODC, MNC and Government of Pakistan, Drug Use in Pakistan 2013: Technical Summary Report, available at https://www.unodc.org/documents/pakistan/2013.03.01ab_Summary_Report_Drug_Use_in_Pakistan_SvdV_v1.pdf

[17] MCN, Reasons and Impact of Drug Consumption in Kabul Province and Response to the Problem (A Qualitative Pilot Study) – December 2011, available at http://mcn.gov.af/Content/files/MCN%20Research%20Study%20on%20Reasons%20and%20Impact%20of%20Drug%20Use%20in%20Kabul-%20Dec%202011.pdf

Map 1: Provinces of Afghanistan covered by the research study



The present report begins by detailing the impact of drug use as highlighted by drug users themselves, both adults and children. Secondly, it looks at the impact of drug use on the family members of users, with a particular focus on children. Thirdly, it discusses the impact of drug use on the community. Inputs from key informants and findings from focus-group discussions are included throughout. In conclusion, the report summarizes the findings and makes recommendations regarding possible interventions (policy-related or otherwise) that may improve the current situation.

METHODOLOGY

As stated previously, this research study can be viewed as an extension of the pilot study carried out in 2011, which focused on understanding the socio-economic impacts of drug use on drug users and their families in Kabul City. The research instruments used during the pilot study – individual interviews with drug users and focus-group discussions – were critical components of the current research study. They were supplemented by interviews with the family members of drug users, key informants and Government officials in institutions working to counter drug addiction. Using this interview-based approach, the study attempts to detail the impact of illicit drug use in Afghanistan on drugs users, their families and society as a whole. Specifically, the research instruments used consisted of five questionnaires, each for a particular type of interview or discussion:

a) Interviews with drug users: Throughout this report, "drug users" refers to "problem drug users" – that is, people who have been using drugs for more than six months on regular basis. Recreational drug users are not included and were not interviewed during the study. Personal interviews were conducted with drug users who had been randomly selected from the street and from drug treatment centres. In locations where there were drug treatment centres, half of the interviews were conducted with drug users in the centres, while the rest were conducted with users on the street.[18] A total of 3,163 drug users were interviewed. Of those, around 1,924 were males over 17 years of age; around 566 were females over 17 years of age; around 464 were boys of 17 or under; and around 209 were girls of 17 or under.[19] The questions covered various areas, including the reasons for drug use, the manner in which drugs were consumed and the impacts of drug use.

[18] All interviews with female drug users (adults and children) took place in drug treatment centres. Owing to cultural sensitivities and observed drug use patterns, it would have been difficult to gain access to female drug users outside the centres. For example, it is rare to see a female drug user on the streets.

[19] For the purposes of the research study, children were defined as being between 10 to 17 years of age inclusive and adults were defined as being over 17 years of age.

b) Interviews with the family members of drug users: In these personal interviews, family members shared their experience of dealing with drug-using family members and talked about how it had impacted the family as a whole. A total of 1,551 people from families in which there was at least one drug user were interviewed. The families were selected using one of the following three methods: i) the drug users themselves were asked whether their families could be interviewed for the study; b) local elders or officials were asked to introduce the surveyors to families with at least one drug user; c) drug-treatment centres were asked to introduce the surveyors to the families of drug users.

c) Interviews with key informants: These interviews were organized in the capital of each selected province and a total of 452 were conducted. Interviewees included some of the participants in the focus-group discussions (see below), who were able to express their thoughts more freely in personal interviews. Some drug users at the drug treatment centres also participated. These interviews focused on the perceptions of the key informants about the impacts of drug use and the way in which drug users were treated by the community.

d) Interviews with Government officials: Interviews were conducted with staff involved in human resource matters in Government institutions. A total of 306 Government officials were interviewed, with the aim of assessing how the working environment impacted drug use among Government officials and vice versa.

e) Focus-group discussions with key community members: These meetings were organized in the capital of each selected province and a total of 17 focus-group discussions were conducted. Participants included professionals from various backgrounds who potentially had daily contact with drug users - teachers, pharmacists, shopkeepers, local elders, the family members of drug users, drug treatment doctors, religious leaders and social workers. The discussions focused on the impact of drug use on the community and the response of the community.

Criteria for selecting provinces:

The provinces to be included in the study were selected according to the following criteria:

- Poppy-cultivating provinces: During the harvest, farmers and owners of opium poppy farms recruit individuals for poppy lancing.[20] Some of these individuals become addicted to opium as they work.
- Provinces on the transit route: As trafficked drugs move through these provinces, it is likely that a certain amount will become available to local drug users.
- Areas with a high prevalence of drug use and provinces with drug treatment centres: Certain provinces were included because of their high levels of drug use as identified in the 2009 drug use survey.[21] Provinces with drug treatment facilities were also chosen as they provided easy access to key informants

With these factors in mind, and working within the allocated budget, the study aimed to cover at least 2-3 provinces in each geographic region of Afghanistan. The provinces selected are listed below:

[20] Poppy lancing refers to the piercing of poppy seedpods with a view to extracting the latex (raw opium).

[21] UNODC, MCN, Ministry of Public Health, Drug Use in Afghanistan: 2009 Survey

Northern (and North-Eastern) region	Takhar, Badakhshan, Kunduz, Faryab, Balkh
Southern region	Kandahar, Hilmand
Central region	Kabul, Logar, Bamyan, Ghazni
Eastern region	Nangarhar, Paktia, Kunar
Western region	Nimroz, Farah, Hirat

It is important to note that the criteria governing the selection of provinces skew the data at the outset. This must be kept this in mind when analysing the data gathered during the study.

Figure 1: Distribution of interviewees across provinces

Provinces	Drug users	Family members	Key informants	Government officials
Badakhshan	214	128	39	20
Balkh	255	133	40	20
Bamyan	96	42	12	7
Farah	163	82	12	8
Faryab	165	79	10	10
Ghazni	110	56	12	8
Hilmand	278	131	47	32
Hirat	222	131	35	26
Kabul	323	125	94	58
Kandahar	277	130	48	32
Kunar	99	57	12	9
Kunduz	141	66	11	8
Logar	100	45	8	10
Nangarhar	257	133	51	32
Nimroz	88	28	10	8
Paktia	113	60		8
Takhar	262	125	11	10
Total	3 163	1 551	452	306

Avoidance of duplication, cultural factors and confidentiality:

During the course of the research study, a number of drug treatment centres were identified in the various geographical areas and the surveyors were assigned to specific areas and treatment centres. This ensured that any duplication was avoided. Efforts were also made to ensure that the interviewees were chosen at random, thereby avoiding any possible bias in responses. Cultural concerns were taken into account and addressed – for example, female surveyors were used to interview female interviewees wherever necessary. Confidentiality was ensured through maintaining the anonymity of the interviewees.

Each interviewee was also assured that his or her responses would not be disclosed to anyone and would simply form part of a dataset.

Caution:

This research study is based on in-depth interviews, rather than a survey. The results of the study represent the views of those interviewed, including drug users and their family members. The findings should not be extrapolated to a provincial or national level.

IMPACTS OF DRUG USE ON DRUG USERS

Drug use in Afghanistan has serious negative impacts[22] on the country. This section of the report details the most visible impact of drug use – that on the drug users themselves. First, a profile of the interviewed drug users will be presented, after which the impacts of drug use on those users will be detailed. The impacts of each specific drug (opium, heroin, hashish and tranquilizers) will be preceded by a detailed description of the prevalent patterns of use for that drug.

PROFILE OF DRUG USERS INTERVIEWED:

It is important note that this section does not constitute a generic profile of drug users in Afghanistan.[23] Rather, it profiles the drug users who were interviewed specifically for the purpose of the present study in the selected provinces. First, the demographic details of the drug users will be elaborated. Second, the primary reasons behind their drug use will be examined. Lastly, the patterns of drug use among interviewees will be discussed.

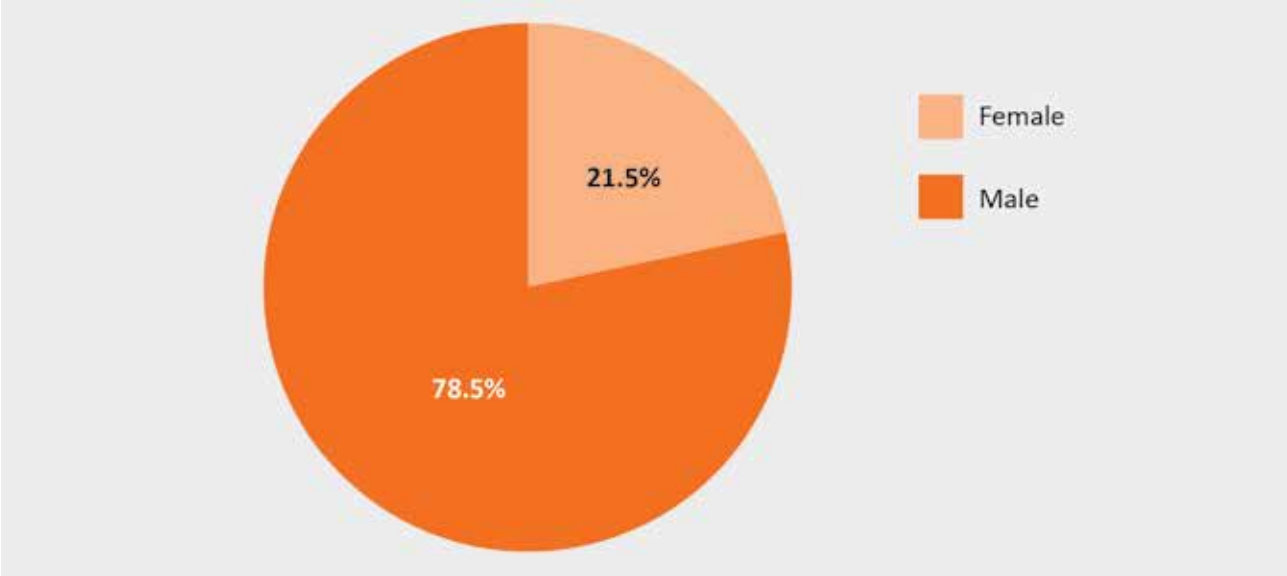
SOCIAL AND DEMOGRAPHIC PROFILE OF INTERVIEWED DRUG USERS

With regard to gender distribution, 78.5 per cent of the drug users interviewed were male (2,483 individuals) and 21.5 per cent were female (680 individuals). It should be noted that this disparity results from the fact that, due to cultural and other factors, it is difficult to gain access to female drug users. In contrast, a large number of male drug users can be interviewed on the streets.

[22] MCN, Ministry of Public Health, UNODC, Drug Use in Afghanistan: 2009 Survey

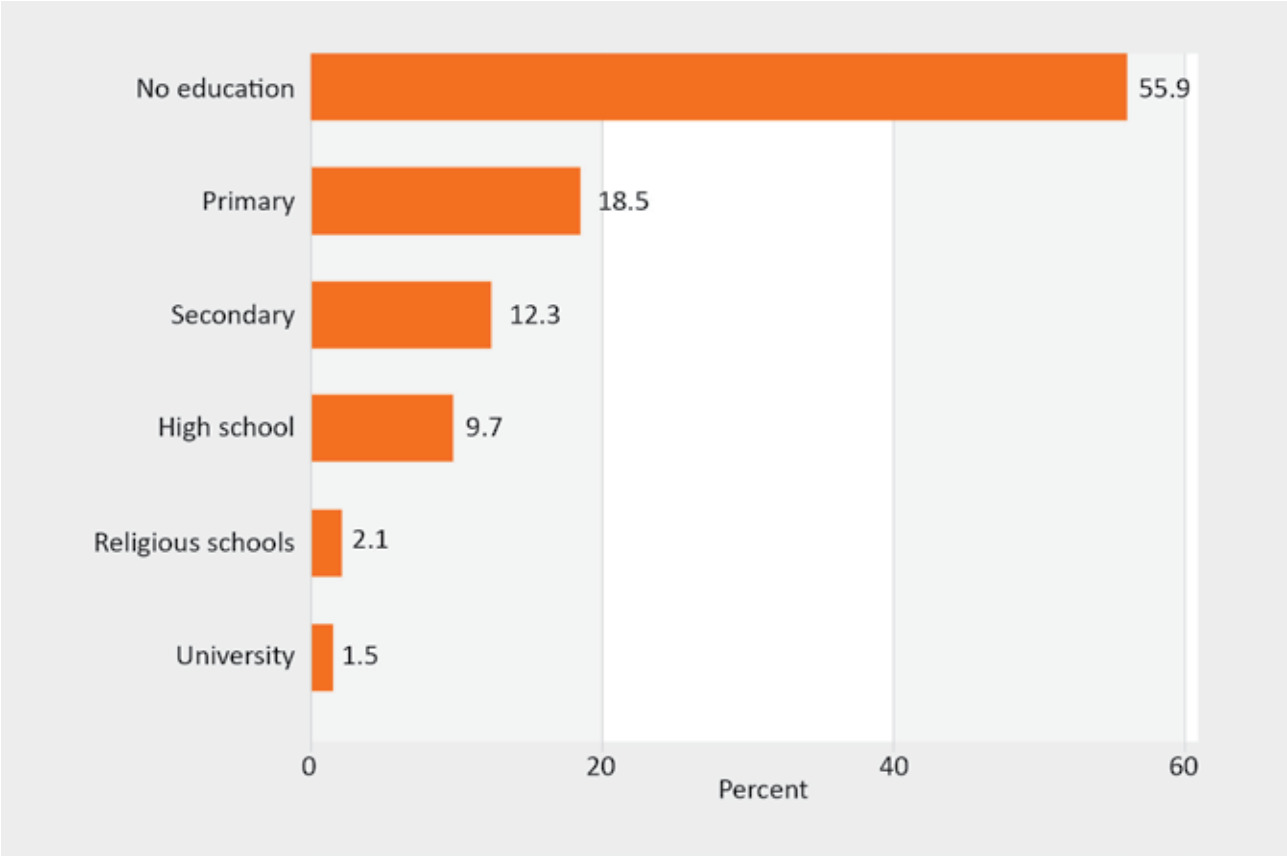
[23] This can be found in MCN, Ministry of Public Health, UNODC, Drug Use in Afghanistan: 2009 Survey

Figure 2: **Gender distribution among interviewed drug users**



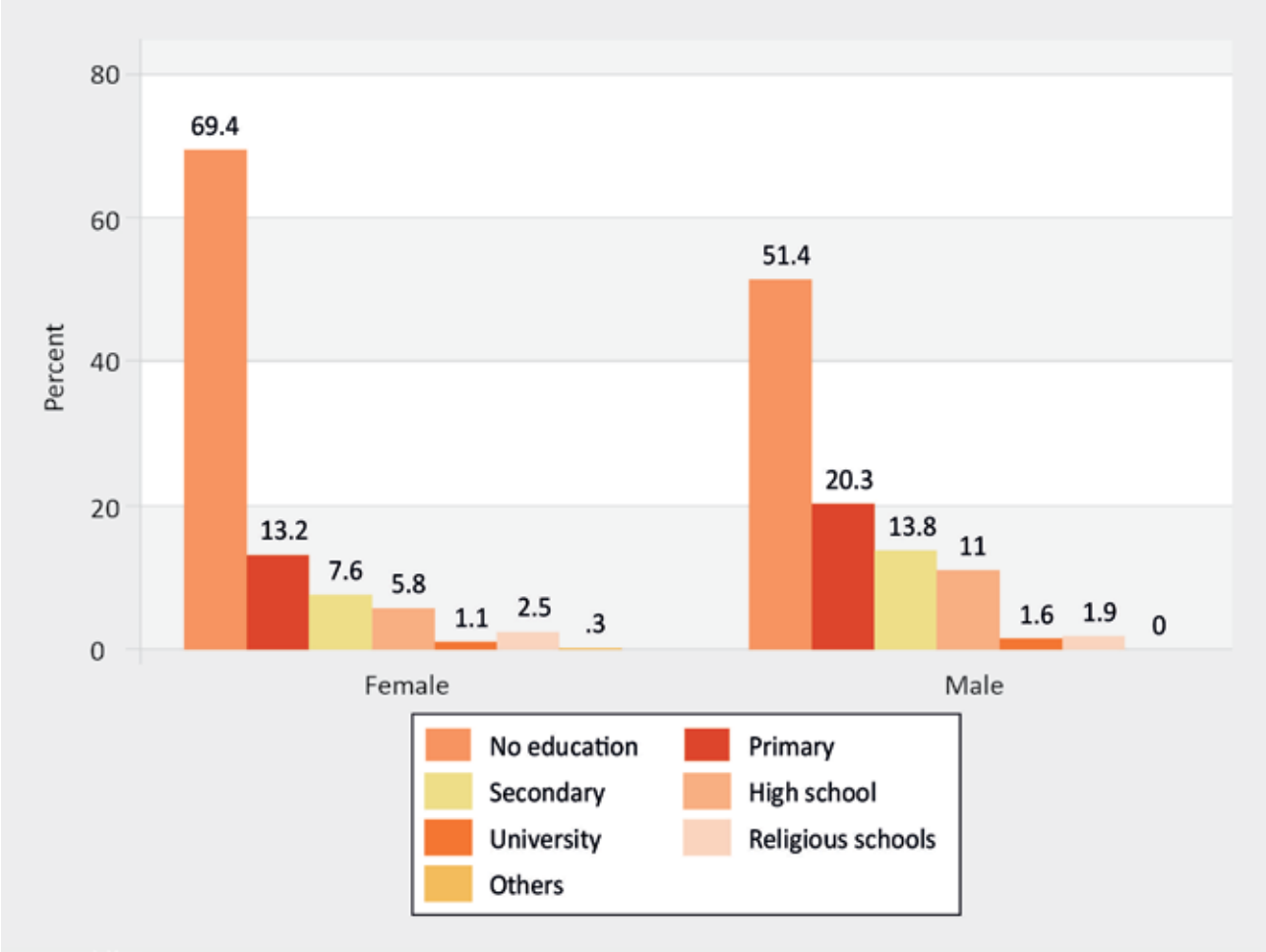
With regard to education, around 56 per cent of interviewees stated that they had not attended any educational institution at all, only 18.5 per cent indicated that they had attended primary school and only 1.5 per cent said that they had gone to university.

Figure 3: **Level of education among interviewed drug users**



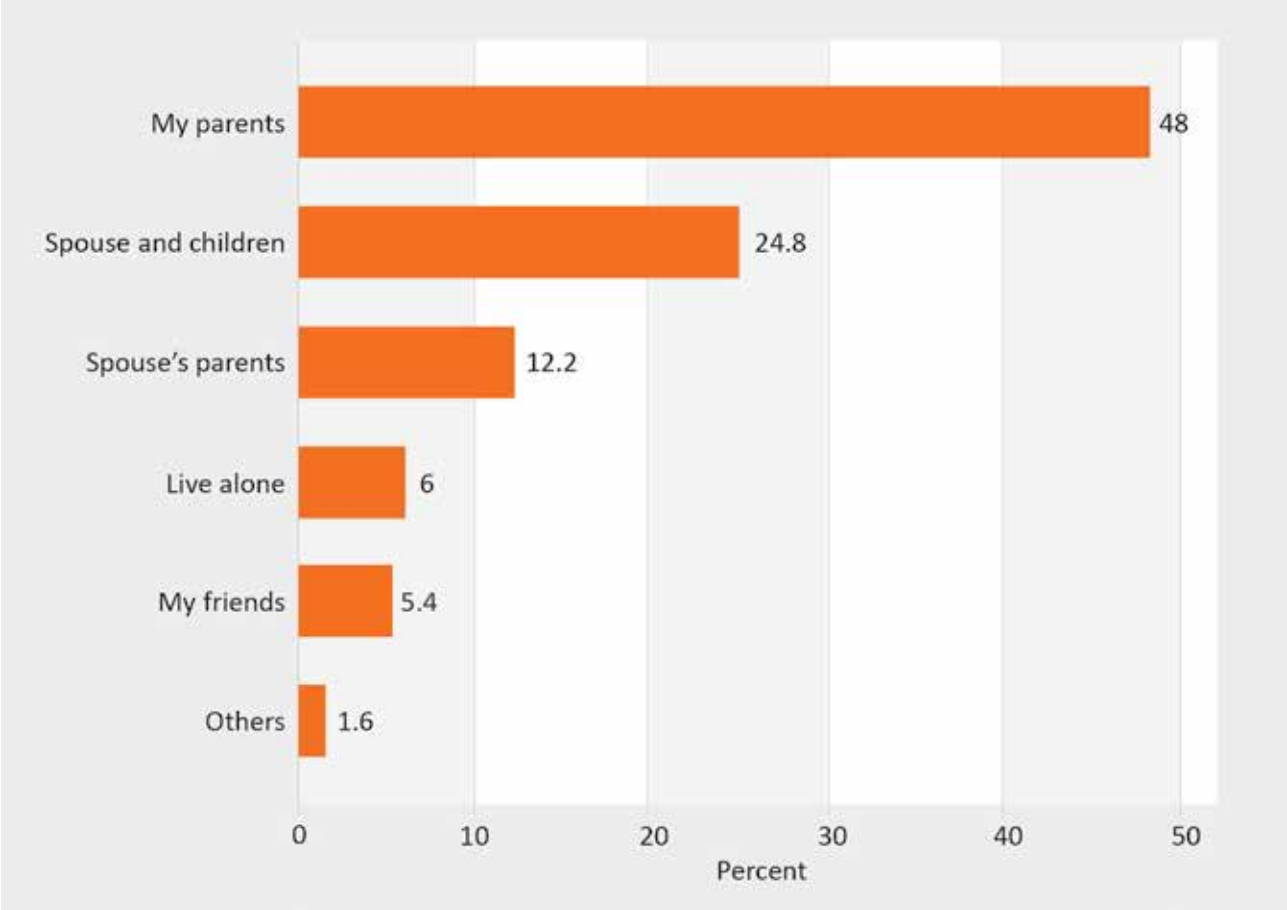
While the level of education was low among all interviewees, a significantly higher number of female than male drug users said that they were completely uneducated (69.4 per cent compared to 51.4 per cent).

Figure 4: **Educational background of interviewed drug users (by gender)**



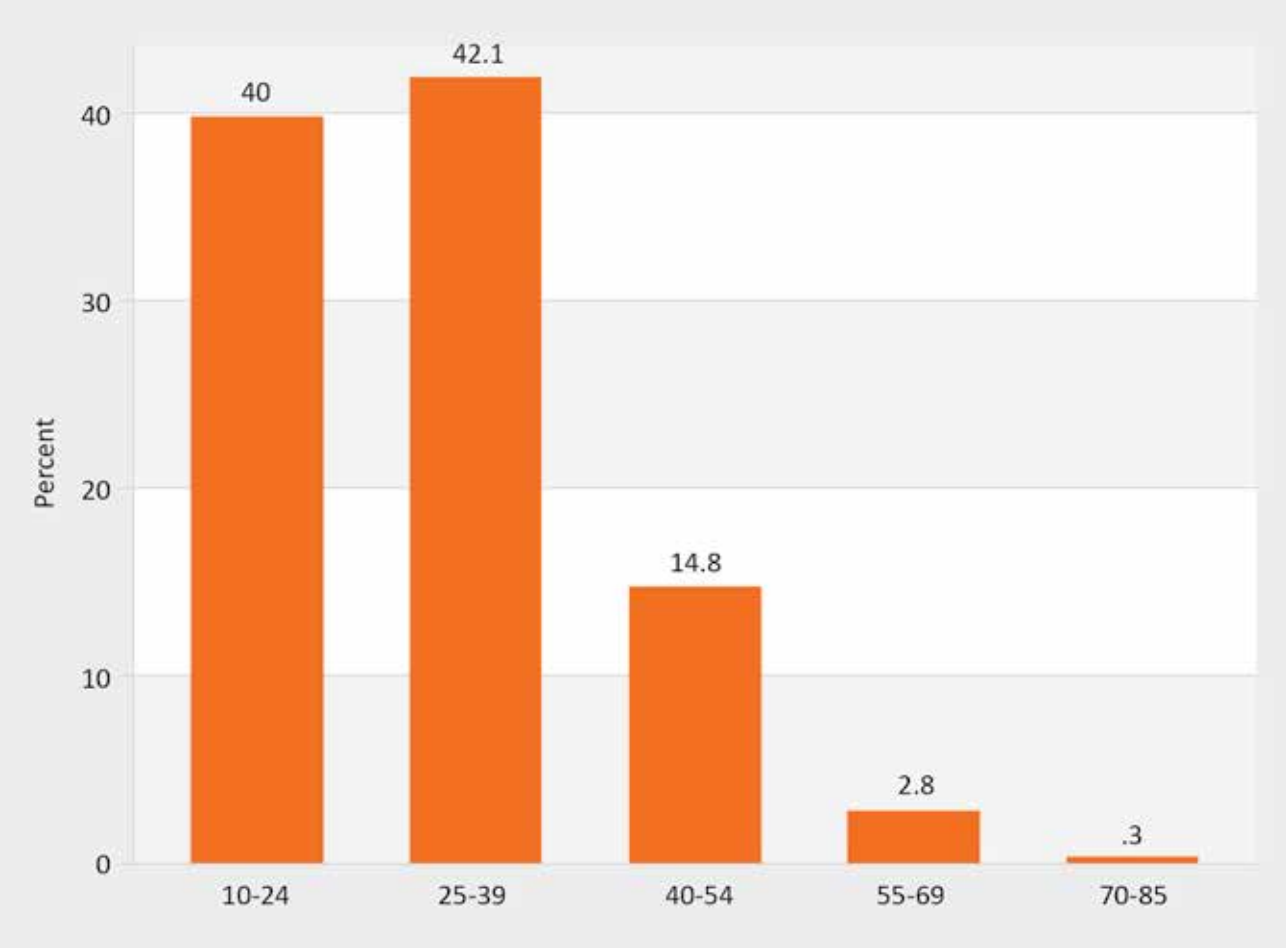
Almost half of the drug users (48 per cent) indicated that they lived with their parents, while 24.8 per cent lived with their spouse and children and 12.2 per cent lived with their spouse's parents. While male drug users were evenly distributed across those groups, a large proportion of female drug users lived with their husbands and children. Most of the respondents (92 per cent) said that they had been living in Afghanistan for at least 12 months before being interviewed.

Figure 5: **People with whom interviewed drug users were living**



With regard to age distribution, interviewees ranged from 10 to 85 years old - 40 per cent were 10-24 years old, 42.1 per cent were 25-39 years old and 14.8 per cent were 40-54 years old.

Figure 6: **Age of interviewed drug users**



The data collected indicated that 63.6 per cent of drug users had been unemployed for the previous 12 months. Of those who were employed, 13.6 per cent worked in the private sector, 8.5 per cent worked for the Government and 5.4 per cent said that they were farmers who owned their own land. The average monthly income reported by the drug users interviewed was 9,798 Afghanis (US$ 183). On average, employed drug users worked six days a week. Those working in the private sector or in Government jobs earned more than those working in other areas.

Figure 7: **Occupations of interviewed drug users**

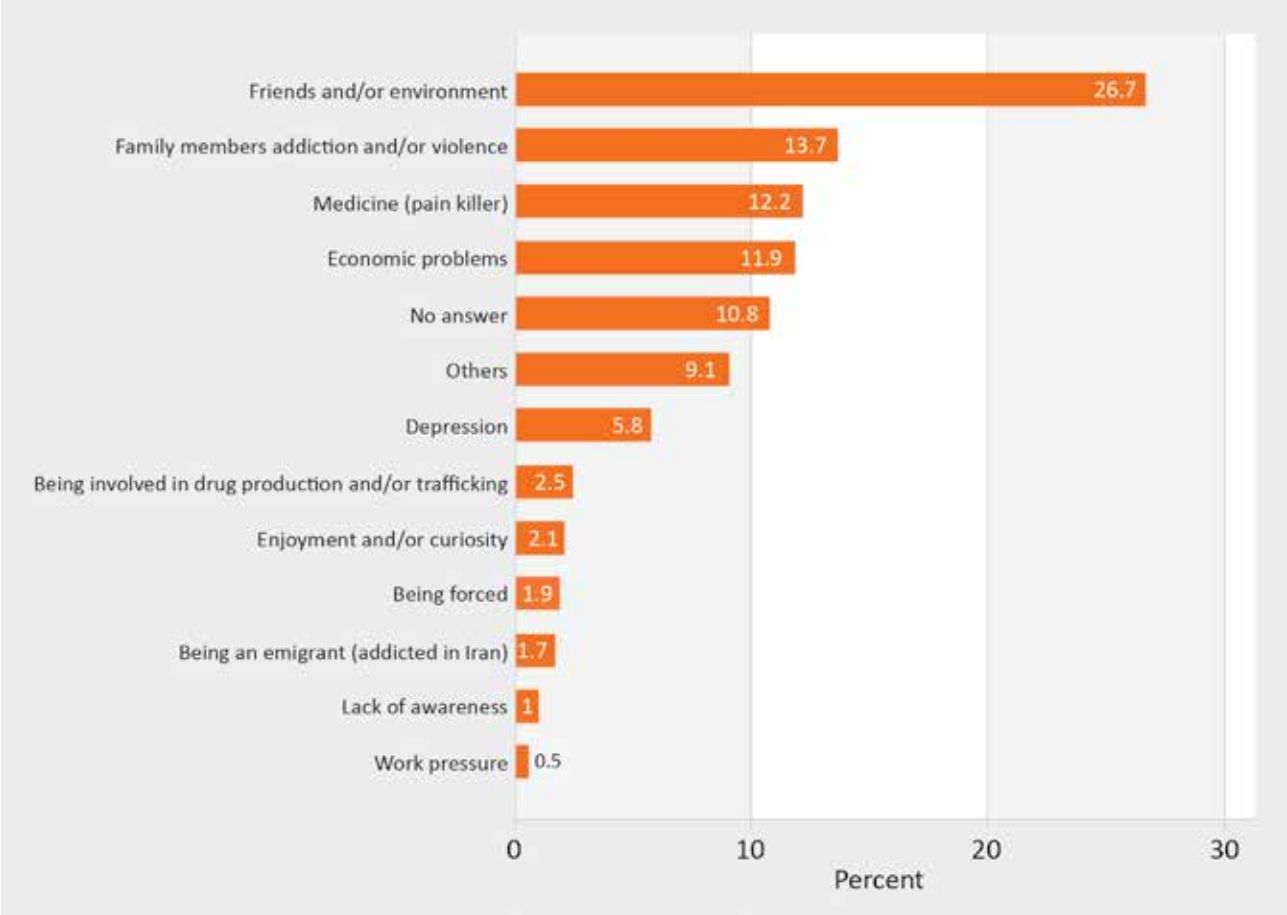
Occupation	Percentage
Unemployed	63.6
Farmer with own land	5.4
Farmer with no land	2.2
Government staff	8.5
Private business	13.6
Others	6.7

The responses indicated that, on average, drug users lived in a family of seven, with five children. Despite the large number of children brought into contact with drugs, most drug users indicated that their children were not users. Only 3.5 per cent indicated that one or more of their children also used drugs.

REASONS FOR DRUG USE

When the drug users were asked to identify their motivations for using drugs they gave a variety of reasons, ranging from economic hardship to peer pressure to drug use by family members. The figure below indicates the most commonly identified reasons for drug use. It is important to note that these responses are not specific to any particular type of drug.

Figure 8: Reasons for drug use, according to interviewed drug users



Similar reasons were identified in interviews conducted with key informants (see Drug Users and The Community). It is interesting to note that, although the interviewed drug users considered peer pressure to be the main reason for their drug use, interviews with key informants indicated that economic problems were the most significant reason for drug use in Afghanistan.

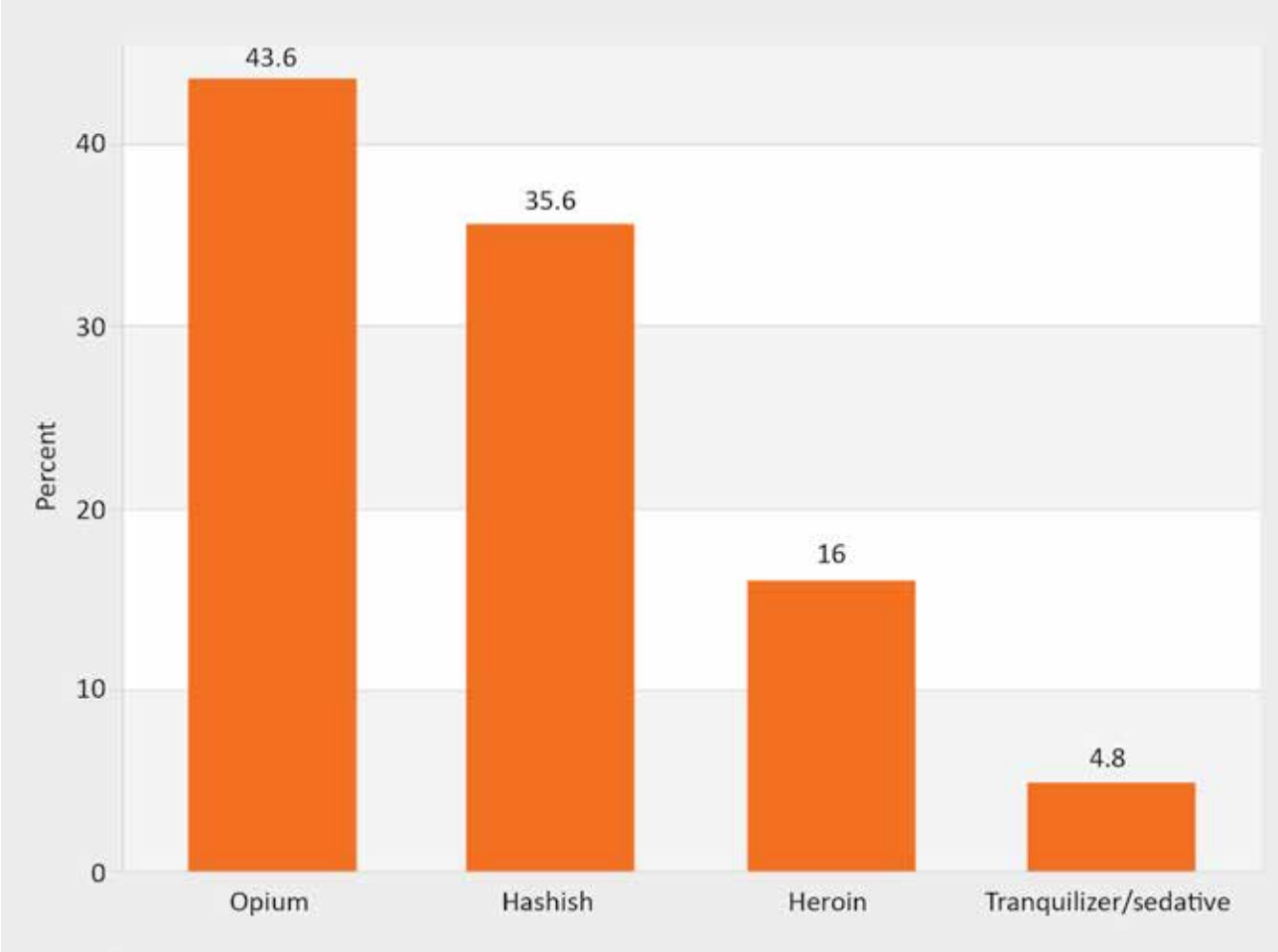
PATTERNS AND IMPACTS OF DRUG USE

During the course of the research study, the surveyors interviewed drug users on the physical and emotional impacts of various different drugs. The impacts highlighted were similar for opium, heroin, hashish and tranquilizers (for non-medical purposes), with all users mentioning problems with their physical health and issues relating to the family or their relationships with others. It should be noted that, among the interviewees who admitted to the non-medical use of tranquilizers, the majority highlighted emotional problems, while problems relating to physical health and relationships were mentioned to a lesser extent.

GENERAL PATTERNS OF DRUG USE

Given the large amounts of opium produced in Afghanistan, it is not surprising that a significant percentage (43.6 per cent) of drug users indicated that opium was the first drug they had consumed. Other first-time drugs mentioned were hashish (35.6 per cent), heroin (16 per cent) and tranquilizers or sedatives (4.8 per cent). Less than 1 per cent reported having used morphine - a clear indication that morphine is not commonly consumed in Afghanistan. This can also be viewed as confirmation that morphine is usually produced to supply heroin-producing laboratories[24] and is not intended for consumption by drug users.

Figure 9: Type of drug consumed initially by interviewed drug users



Interviews indicated that a variety of substances were used as first-time drugs by male drug users, hashish being the most common (44.3 per cent). An overwhelming majority of female drug users (67.5 per cent) said that opium was the first drug they had tried. It is also interesting to note that a much higher percentage of females than males said that tranquilizers were the first drugs they had used.

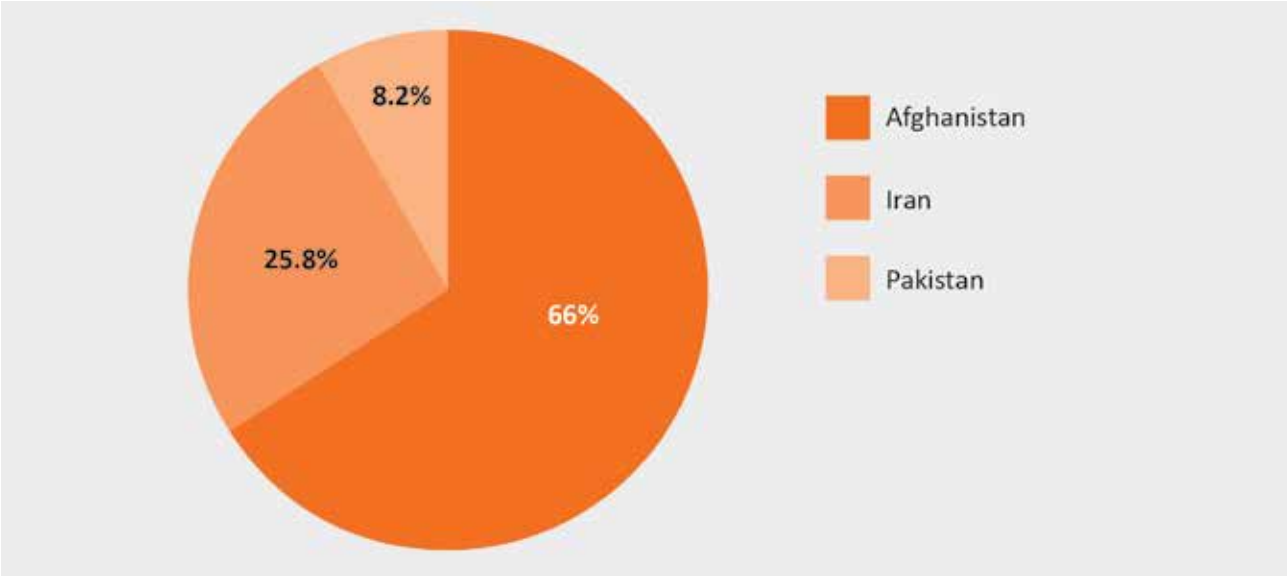
[24] As stated in interviews with key informants

Figure 10: Type of drug consumed initially by interviewed drug users, by gender (percentage)

	Hashish	Heroin	Opium	Tranquilizers (non-medical use)	Total
Female	7.5	10.2	67.5	14.8	100.0
Male	44.3	17.8	36.2	1.7	100.0
Total	35.6	16	43.6	4.8	100.0

When asked about the location in which they had used drugs for the first time, 66 per cent of drug users stated that they had started using drugs in Afghanistan, while 25.8 per cent mentioned the Islamic Republic of Iran and 8.2 per cent mentioned Pakistan. Since a significant proportion of respondents stated that they had started using drugs either in the Islamic Republic of Iran or Pakistan, it could be speculated that there is a connection between migration and drug use in Afghanistan. This was also highlighted in focus-group discussions, with participants in all provinces reporting that the problems faced by migrants could drive them to use drugs. It is also broadly in line with the 2009 survey on drug use in Afghanistan carried out by MCN, the Ministry of Public Health and UNODC[25], which notes that 40 per cent of all male drug users reported first-time opium use in the Islamic Republic of Iran and 4 per cent reported first-time drug use in Pakistan.

Figure 11: Location of initial drug use

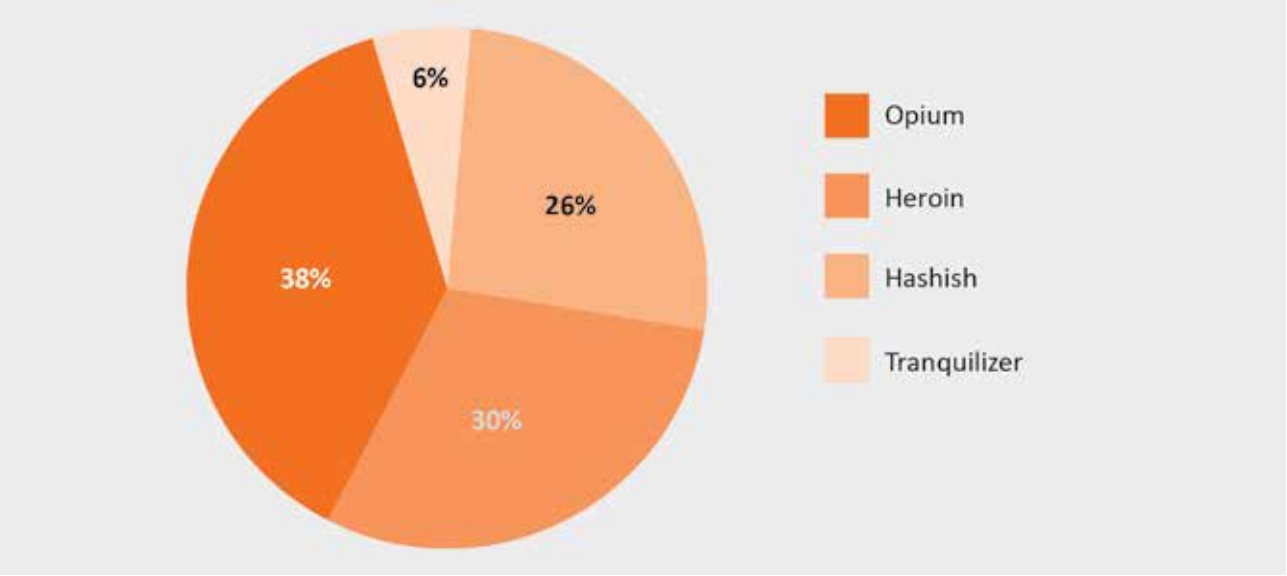


As the figure below indicates, opium was the most commonly used drug among interviewed drug users, with 38 per cent stating that they had used opium in the previous five years. Heroin and hashish were also commonly used. This is in line with the abovementioned survey on drug use, in which around 60 per cent of drug users reported having used opium in their lifetime, up to 80 per cent of whom had used it regularly within a year of the interview,[26] thereby making opium the most used drug in Afghanistan.

[25] UNODC, Drug Use in Afghanistan: 2009 Survey

[26] UNODC, Drug Use in Afghanistan: 2009 Survey, p.11

Figure 12: Drugs consumed by interviewed drug users in the past five years



While 54.2 per cent of female interviewees said that they had consumed opium in the previous five years, male responses were more evenly distributed among the various drug types.

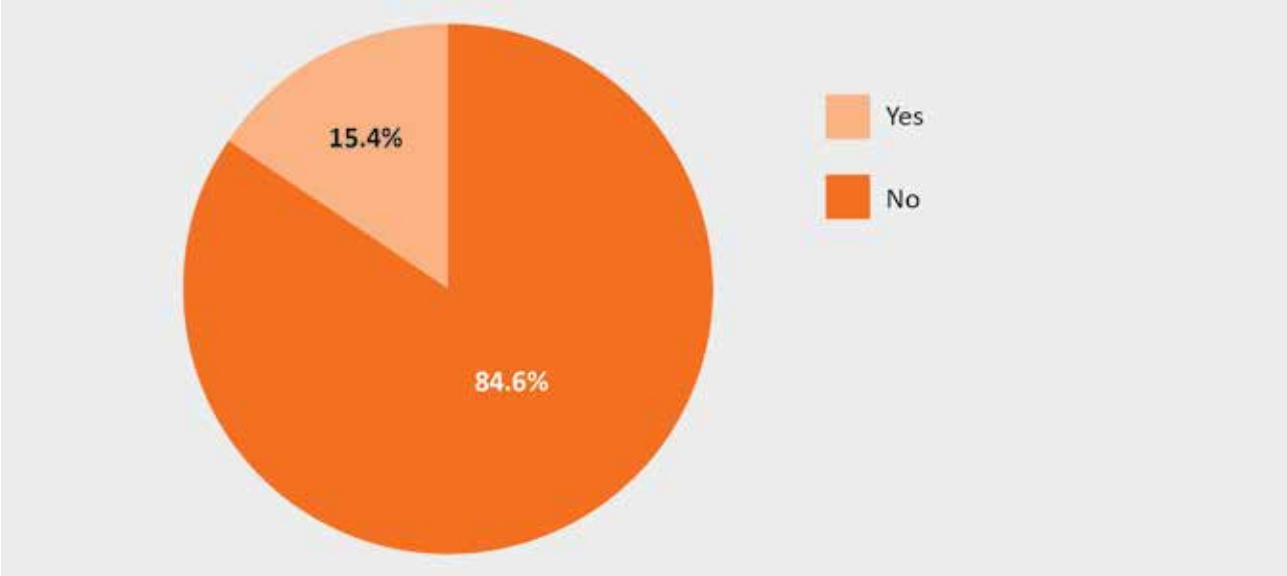
Figure 13: Drugs consumed by interviewed drug users in the past five years, by gender (percentage; multiple responses possible)

	Opium	Heroin	Hashish	Tranquilizers (non-medical use)
Female	54.2	12.3	9.4	13.4
Male	34.8	36.8	32.5	3.4
Total	38	30	26	6

USE OF MULTIPLE DRUGS SIMULTANEOUSLY

The use of more than one type of drug at the same time was not common among interviewed drug users. Only 15.4 per cent of users stated that they had used multiple types of drug on the same day.

Figure 14: **Interviewed drug users consuming more than one type of drug on the same day**



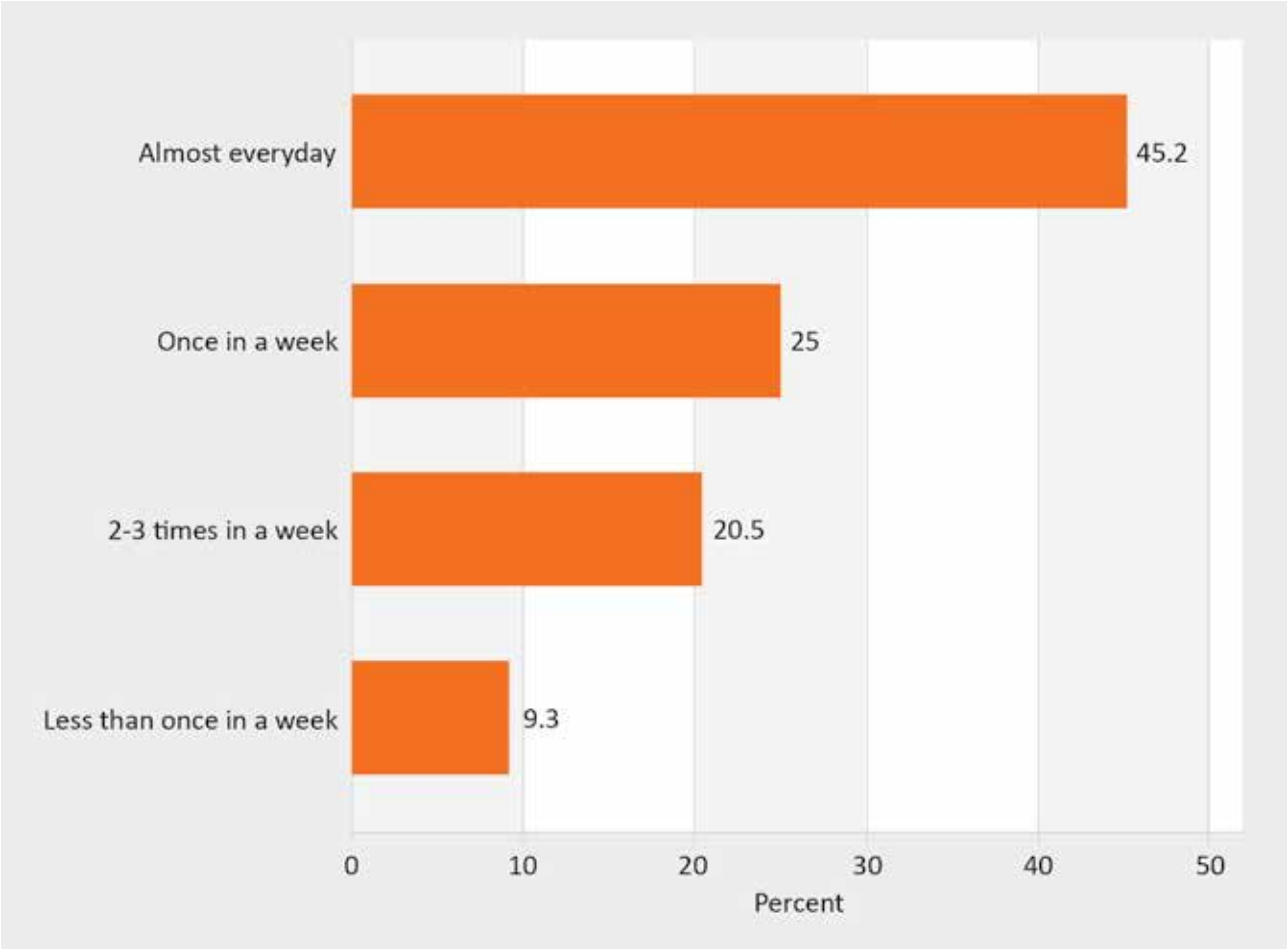
With regard to gender distribution, 17.1 per cent of interviewed male drug users and 10.3 per cent of female users admitted to having used more than one type of drug on the same day

Figure 15: **Interviewed drug users consuming more than one type of drug on the same day, by gender (percentage)**

	No	Yes	Total
Female	89.7	10.3	100.0
Male	82.9	17.1	100.0
Total	84.6	15.4	100.0

Interviewees indicated that opium, heroin and hashish were the drugs most commonly consumed simultaneously. Of those who admitted having used various types of drug simultaneously during the previous month, almost half (45.2 per cent) said that they had done so almost every day, 25 per cent indicated that they had done so once a week and 20.5 per cent per cent said that they had done so 2-3 times a week.

Figure 16: **Frequency of multiple drug use by interviewed drug users over the past month**



There was not much variation between the responses of male and female users, with 52.3 per cent of female users and 43.8 per cent of male users indicating that they had taken multiple drugs almost every day over the previous month.

Figure 17: **Frequency of multiple drug use by interviewed drug users over past month, by gender (percentage)**

	Female	Male	Total
Once a week	15.9	26.8	25.0
Almost every day	52.3	43.8	45.2
2-3 times a week	29.5	18.8	20.5
Less than once a week	2.3	10.7	9.3
Total	100.0	100.0	100.0

PATTERNS AND IMPACTS OF OPIUM USE

Of the drug users interviewed, 51.5 per cent reported that they had consumed opium. With regard to gender distribution, 46.5 per cent of male users admitted to opium use, compared with 66.8 per cent of female users.

Figure 18: **Interviewed drug users who have consumed opium, by gender (percentage)**

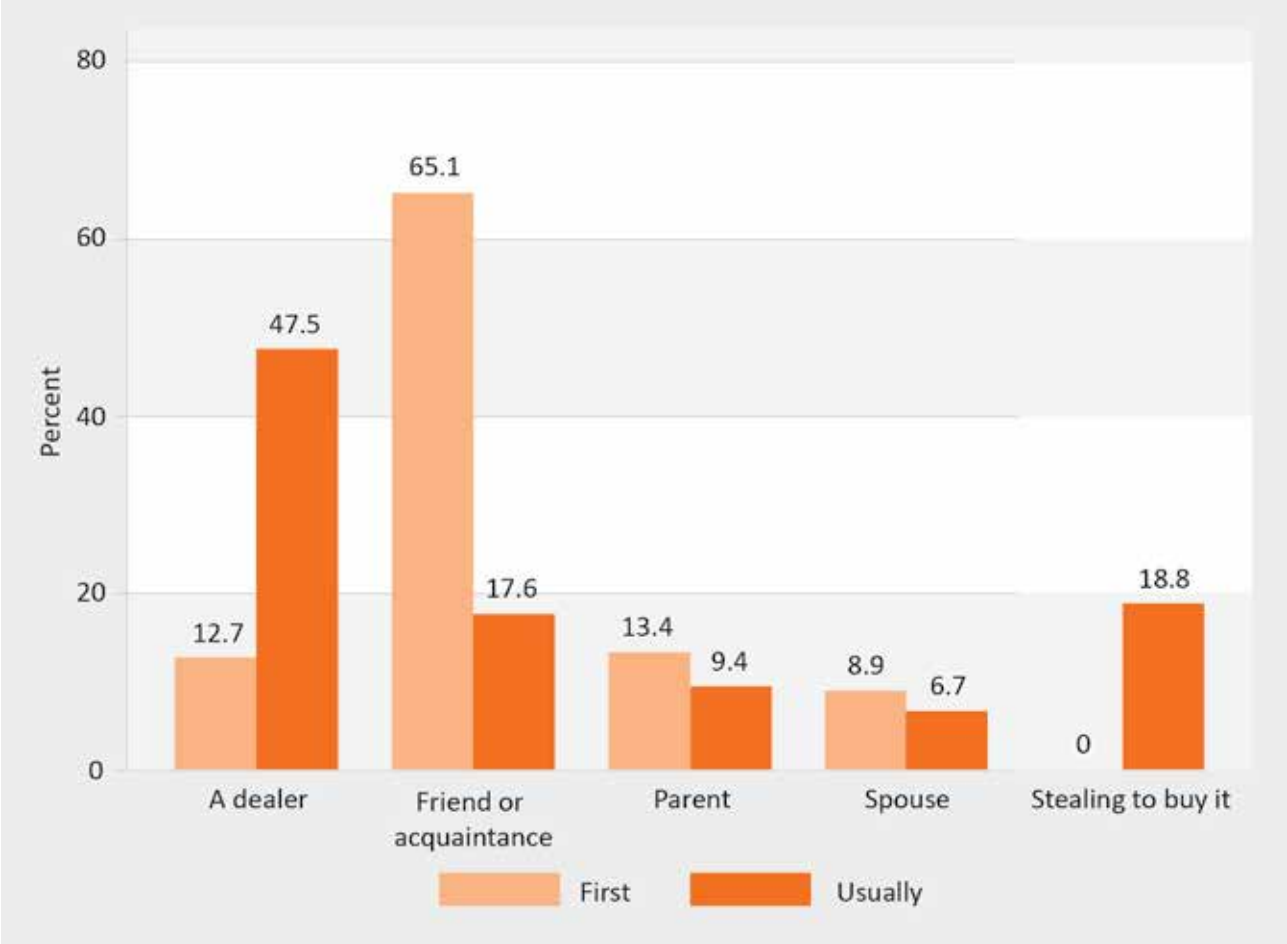
	No	Yes	Total
Female	33.2	66.8	100.0
Male	53.5	46.5	100.0
Total	48.5	51.5	100.0

Sources of opium:

When asked where they had obtained opium for the first time, interviewees indicated that friends and acquaintances, parents, drug dealers and spouses (in that order) had been their main initial sources of opium.

It is interesting to note that users' main sources of opium were different with regard to long-term opium use, when drug dealers were cited as the primary source for over 47.5 per cent of users. This is especially concerning when considered in combination with information gathered from focus-group discussions, during which participants in most provinces reported that the number of local drug dealers was increasing in their communities. In addition, around 18.8 per cent of users indicated that they usually stole in order to buy opium.

Figure 19: **Sources of opium (Initial and usual)**



With regard to gender distribution, friends or acquaintances appeared to be the primary initial source of opium for male users (79.4 per cent). While a proportion (29.9 per cent) of female drug users had also obtained opium initially from friends or acquaintances, an equal number (29.4 per cent) had obtained it from their spouse.

Figure 20: Initial source of opium, by gender (percentage)

	Friend or acquaintance	Parent	Spouse	Dealer	Total
Female	29.9	27.1	29.4	13.6	100.0
Male	79.4	7.8	0.5	12.3	100.0
Total	65.1	13.4	8.9	12.7	100.0

With regard to regular sources of opium, 25 per cent of female opium users said that they had continued to obtain opium from their spouse over a long period, while the majority (56.3 per cent) of male users said that they usually obtained it from drug dealers. Male opium users were more prone than female users to stealing money in order to buy opium (20.9 per cent and 12.8 per cent respectively). Drug users can purchase opium from various sources, including local drug dealers, other drug users, drug production laboratories, major drug traffickers or directly from the poppy fields.

Figure 21: Usual source of opium, by gender (percentage)

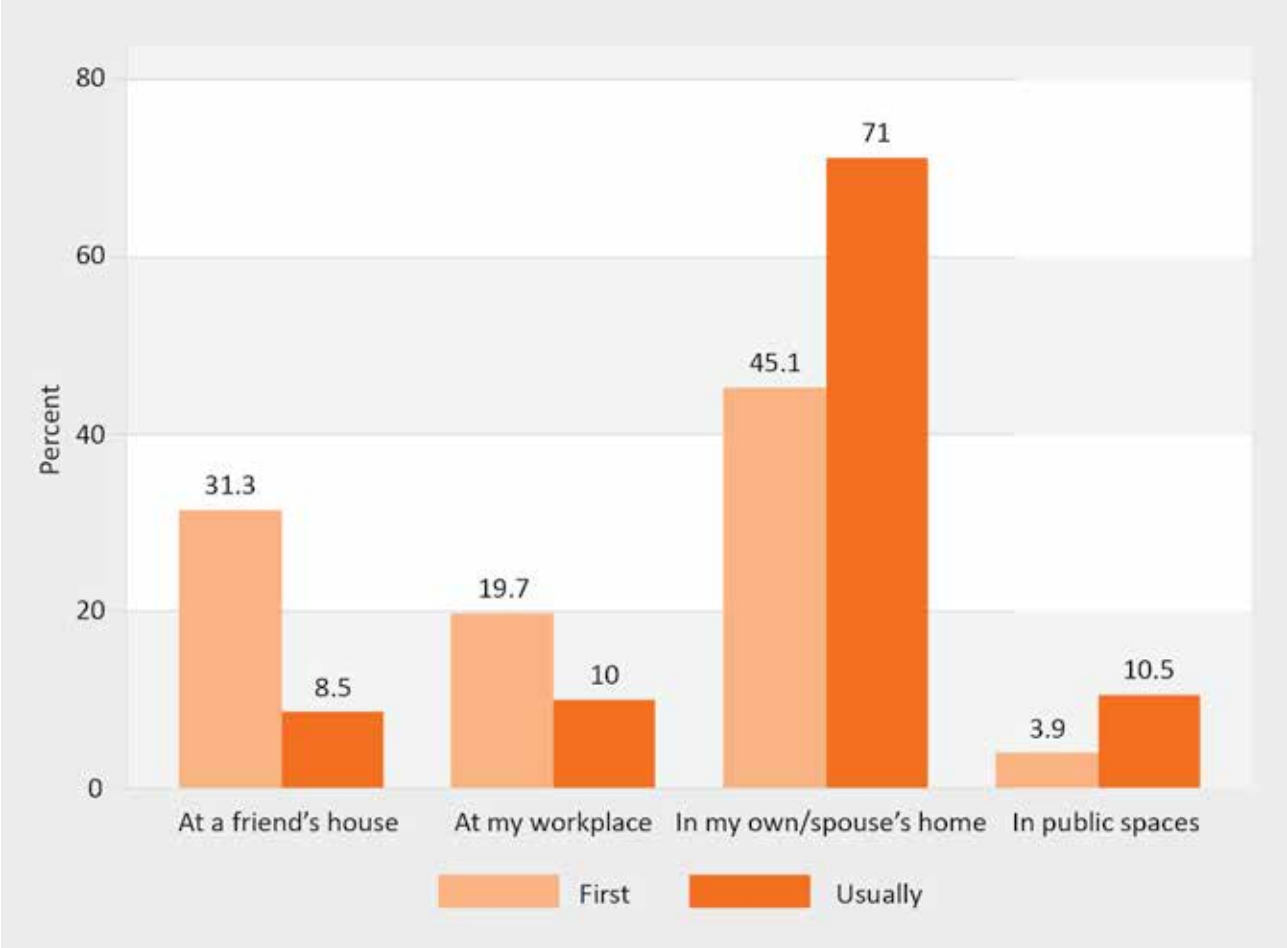
	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy	Total
Female	15.5	23.4	25.0	23.4	12.8	100.0
Male	18.4	4.3	0.1	56.3	20.9	100.0
Total	17.6	9.4	6.7	47.5	18.8	100.0

Consumption locations:

Interviewees were also asked where they had used opium for the first time and where they usually used it. In response, 45.1 per cent indicated that they had used opium for the first time in their own home or at their spouse's home, 31.3 per cent said that they had first used opium at a friend's house and 19.7 per cent said that they had first used it in the workplace.

With regard to continued use, the homes of drug users or their spouses were by far the most common locations for opium consumption.

Figure 22: **Locations for opium consumption (initial and usual)**



There was a clear distinction between male and female preferences with regard to the locations used to consume opium for the first time. Most female users (80 per cent) said that they had done so in their own home or at their spouse's home. Meanwhile, male users reported a variety of locations, including their own home or their spouse's home (28 per cent), a friend's house (38.1 per cent) and the workplace (28.8 per cent).

Figure 23: **Initial location for consuming opium, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	At the workplace	In a public space	Total
Female	80.0	17.3	1.3	1.4	100.0
Male	28.0	38.1	28.8	5.1	100.0
Total	45.1	31.3	19.7	3.9	100.0

This distinction also applied to locations for regular or continued use. An overwhelming 85.3 per cent of female users said that they usually consumed opium their own home or their spouse's home. In the case of male users, while the preference to use their own home or their spouse's home was clear (60.3 per cent), many also said that they consumed opium regularly at the workplace (15.2 per cent) or in public spaces (16.2 per cent).

Figure 24: Usual location for consuming opium, by gender (percentage)

	At own home or at spouse's home	At a friend's house	In a public space	At the workplace	Total
Female	85.3	13.7	0.4	0.6	100.0
Male	60.3	8.3	16.2	15.2	100.0
Total	71	8.5	10.5	10	100.0

Consumption method:

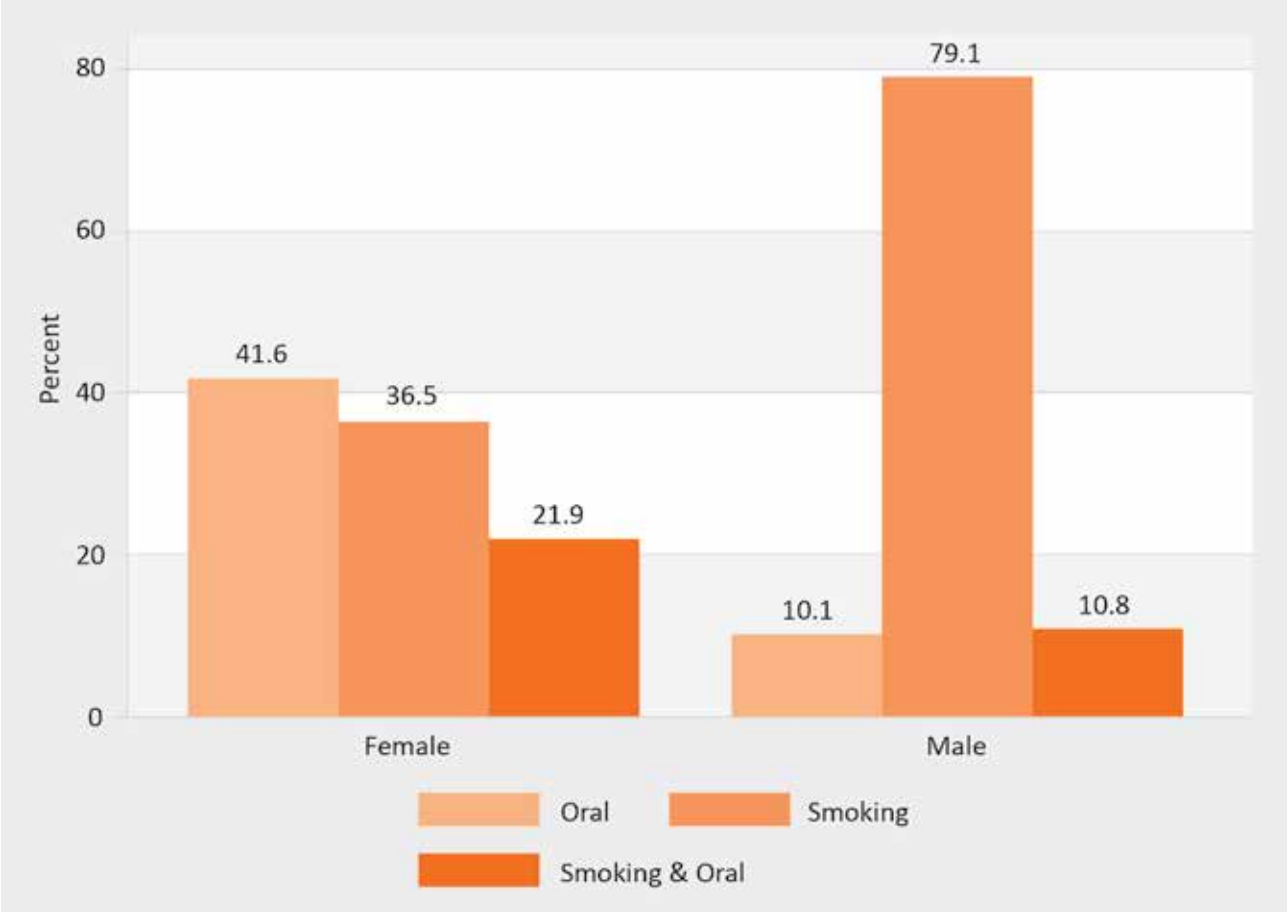
Opium is most commonly consumed through smoking, although some users also inject it or take it orally with black tea. In interviews with drug users, most respondents (65.7 per cent) indicated that they smoked opium and some reported having taken it orally. Interviews with key informants also confirmed that oral consumption was the most common method of taking opium among drug users in their areas.

Figure 25: Method of consuming opium

Method	Percentage
Smoking	65.7
Oral	20.1
Smoking and oral	14.2
Other	0.1
Total	100.0

Across genders, there are clear differences in the way in which opium is consumed. While male opium users primarily smoke it (79.1 per cent), female opium users use a number of methods, including oral consumption (41.6 per cent), smoking (36.5 per cent) or a combination of both (21.9 per cent).

Figure 26: **Method of consuming opium, by gender**



Amounts and prices:

On average, drug users consumed opium twice in 24 hours; usually once in the morning and once in the evening. A little over a third (34.5 per cent) said that they consumed 1 gram per dose, 27.8 per cent consumed half a gram per dose and 15.7 per cent per cent consumed around 2.4 grams[27] per dose. Over half of the female opium users indicated that they consumed less than 1 gram of opium per dose. On average, the male drug users interviewed said that they consumed 2.89 grams of opium in 24 hours while the female drug users interviewed said that they consumed 0.9 grams of opium in 24 hours.

Figure 27: **Amount of opium consumed per dose, by gender (percentage)**

	Female	Male	Total
Less than half a gram	23.1	10.2	14.4
Half a gram	32.2	25.7	27.8
One gram	31.6	35.9	34.5
2.3 grams	10.1	18.4	15.7
More than 4 grams	3	9.7	7.6
Total	100.0	100.0	100.0

[27] Mesghal is a local weight unit. One Mesghal is equal to 4.7 grams.

Opium price varies from location to location since it depends on the quality of drugs available and whether the province in question is home to poppy cultivation or on an opiate trafficking route. According to information provided by key informants and during the focus-group discussions, the opium available on the streets is usually of a lower quality than that intended for heroin production or trafficking outside Afghanistan. The drug users interviewed reported an average price of 58 Afghanis (US$ 1.15) for 1 gram of opium. They also reported spending around 130 Afghanis (US$ 2.3) per day on opium.

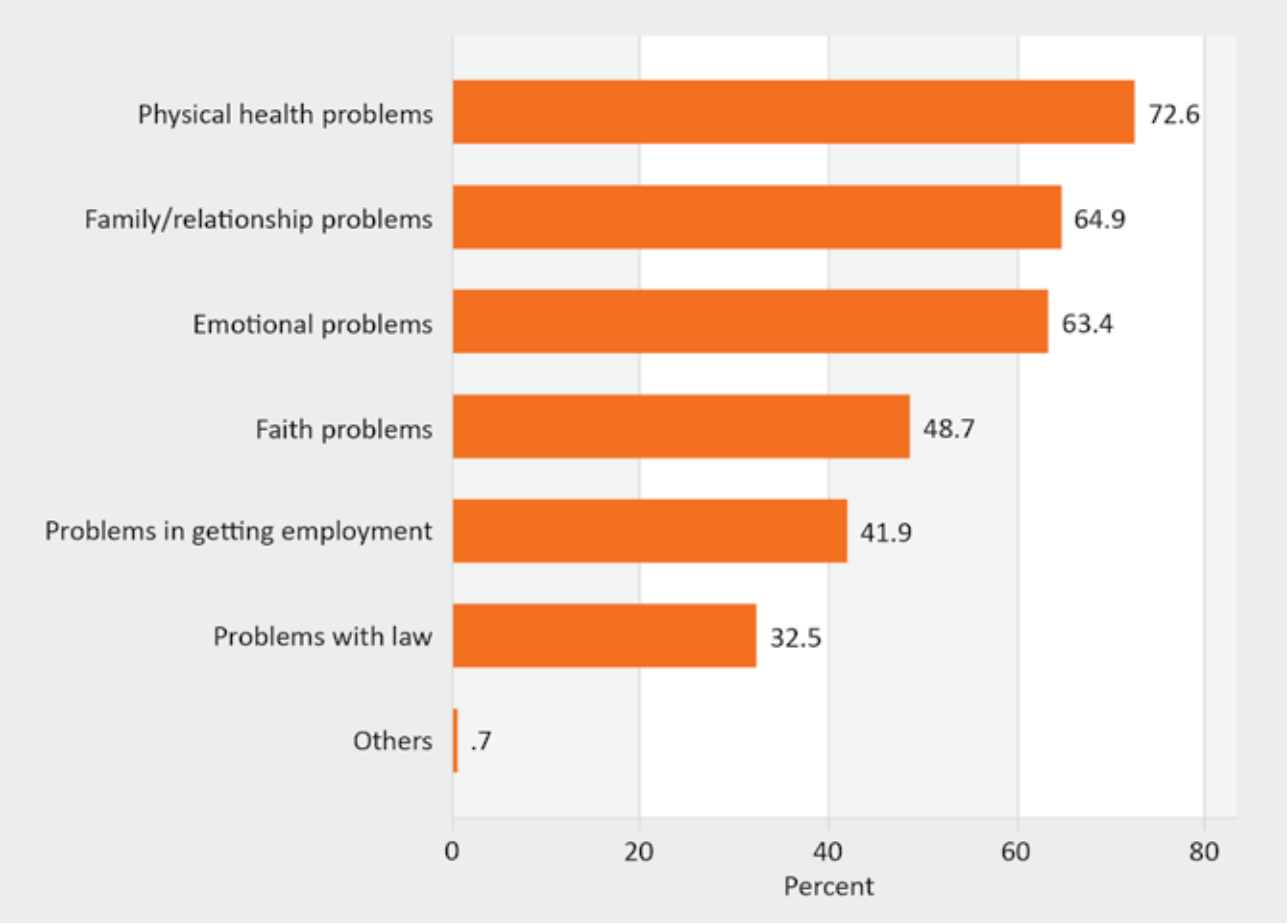
Figure 28: Average amount of opium consumed in 24 hours (grams)

	Female	Male	Total
Amount of opium	0.90	2.89	1.22

IMPACTS OF OPIUM USE ON DRUG USERS

Opium users reported that opium use caused problems relating to physical health (72.6 per cent), emotional wellbeing (63.4 per cent), the law (32.5 per cent) and employment (41.9 per cent). Many (64.9 per cent) also said that it disrupted family relationships, although most users denied ever having persuaded family members to start using opium.

Figure 29: Negative impacts of opium consumption on (and as perceived by) drug users



These views are consistent with information gathered from focus-group discussions and interviews with key informants. In a majority of provinces, local elders who participated in focus-group discussions reported that family problems were an increasingly common consequence of drug use in the community. For example, in Hirat, Kandahar, Jalalabad and Mazar-e-Sharif participants reported that drug use caused family violence, affected children negatively and was one of the main reasons for the collapse of family relationships among drug users. Participants in the focus-group discussions also expressed concern over the rising number of local drug dealers in their communities.

A large number of male opium users mentioned that they had encountered issues with the law and problems securing employment. However, the number of female users reporting such problems was much lower. This trend is consistently echoed by users of other drugs and can be viewed as a reflection of cultural realities. In Afghanistan it is predominantly male users who consume drugs on the streets, which renders them more vulnerable than females to encounters with law-enforcement officials. Likewise, the number of females in employment is substantially lower than the number of males, thus decreasing the likelihood that they will face employment-related problems due to drug use[28].

Figure 30: Negative impacts of opium consumption on interviewed drug users, by gender (percentage)

	Emotional problems	Family problems	Problems with the law	Problems getting employment	Physical health problems	Faith problems
Female	68.1	62.4	10.9	21.3	75.5	41.2
Male	61.2	66.2	45.8	55.9	71.3	57.0
Total	63.4	64.9	32.5	41.9	72.6	48.7

PATTERNS AND IMPACTS OF HEROIN USE

Among the drug users interviewed, 40.6 per cent admitted to having consumed heroin - 18.6 per cent of female drug users and 47.8 per cent of male drug users. Findings also indicated that heroin was the most popular drug after opium in the provinces surveyed.

Figure 31: Interviewed drug users who have consumed heroin, by gender (percentage)

	No	Yes	Total
Female	81.4	18.6	100.0
Male	52.2	47.8	100.0
Total	59.4	40.6	100.0

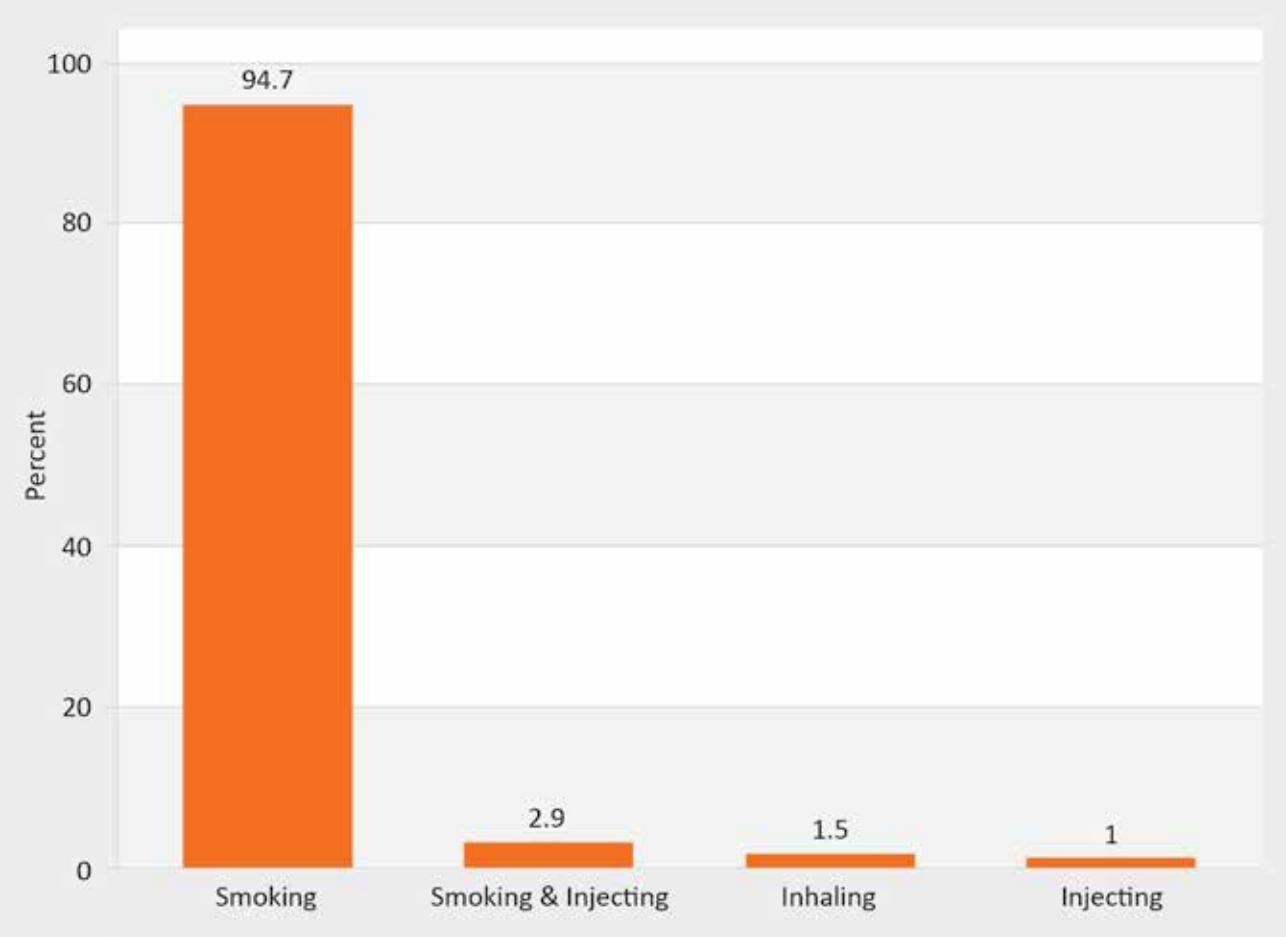
According to the study, the average age at which heroin users start using heroin is 24.1 among men and 22.5 among women.

[28] See CEDAW/C/AFG/1-2 Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women, Afghanistan, Combined initial and second periodic report, available at http://www2.ohchr.org/english/bodies/cedaw/docs/CEDAW.C.AFG.1-2.pdf

Consumption method:

The majority (94.7 per cent) of respondents indicated that they had smoked heroin, and a very low percentage in the provinces of Kandahar, Hirat, Kabul, Balkh and Faryab reported having injecting it.

Figure 32: Method of consuming heroin



Of those who reported having injected heroin, 37 per cent said that they had shared a needle with another drug user, highlighting the risk of contracting HIV and/or hepatitis. Only 17 per cent of the users that had shared needles with others were female.

Figure 33: Method of consuming heroin, by gender (percentage)

	Female	Male	Total
Smoking	92.5	94.9	94.6
Injecting	0.8	1.0	1.0
Smoking and injecting	5.3	2.6	2.9
Inhaling	1.5	1.5	1.5
Total	100.0	100.0	100.0

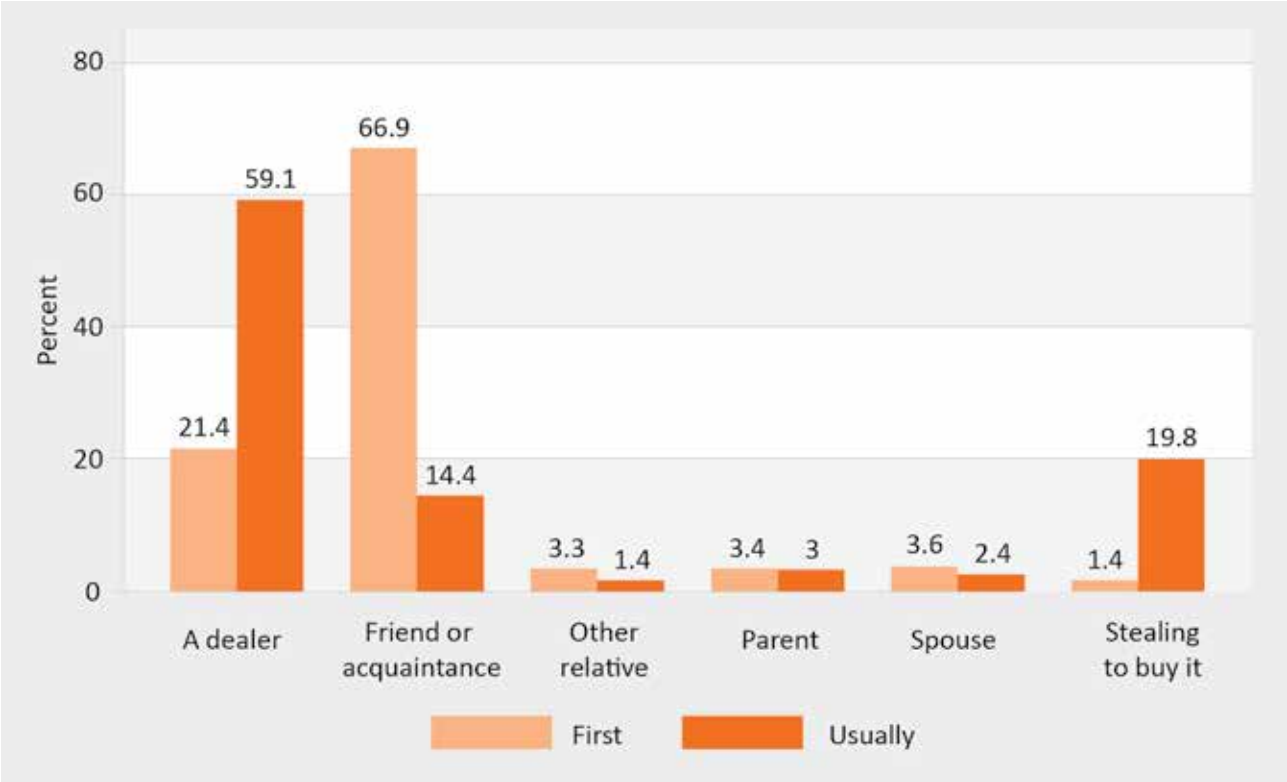
Afghanistan currently has a significant prevalence of HIV among injecting drug users (7.13 per cent) and findings made by UNODC and the Ministry of Public Health suggest that injecting drug users practise high-risk behaviour.[29] In general, injecting drug users usually reported having used the same needle twice.

[29] See UNODC, World Drug Report 2013 and MCN, Ministry of Public Health, UNODC, Drug Use in Afghanistan: 2009 Survey

SOURCES OF HEROIN

The majority (66.9 per cent) of interviewees indicated that their initial source of heroin had been a friend or acquaintance, with 21.4 per cent also mentioning drug dealers. With regard to continued use, most drug users said that they usually obtained heroin from drug dealers. Meanwhile, 19.8 per cent said that they usually stole in order to buy heroin and 14.4 per cent said that they usually obtained the drug from a friend.

Figure 34: Sources of heroin (initial and usual)



As with opium users, there were clear differences between male and female users with regard to their sources of heroin. The majority (71.6 per cent) of male users indicated that they had initially obtained heroin from a friend or an acquaintance, while female users more commonly mentioned their spouse as their initial source of heroin (33.9 per cent).

Figure 35: Initial source of heroin for interviewed drug users, by gender (percentage)

	Friend or acquaintance	Parent	Spouse	Other relative	Dealer	Stealing to buy	Total
Female	25.8	21.0	33.9	3.2	12.9	3.2	100.0
Male	71.6	1.4	0.1	3.3	22.4	1.2	100.0
Total	66.9	3.4	3.6	3.3	21.4	1.4	100.0

Similar differences emerged with regard to their usual sources of heroin. The majority (62.9 per cent) of male heroin users said that they usually obtained it from a drug dealer. In the case of female users, 22 per cent usually obtained heroin from dealers, while 24.8 per cent usually obtained it from their spouse.

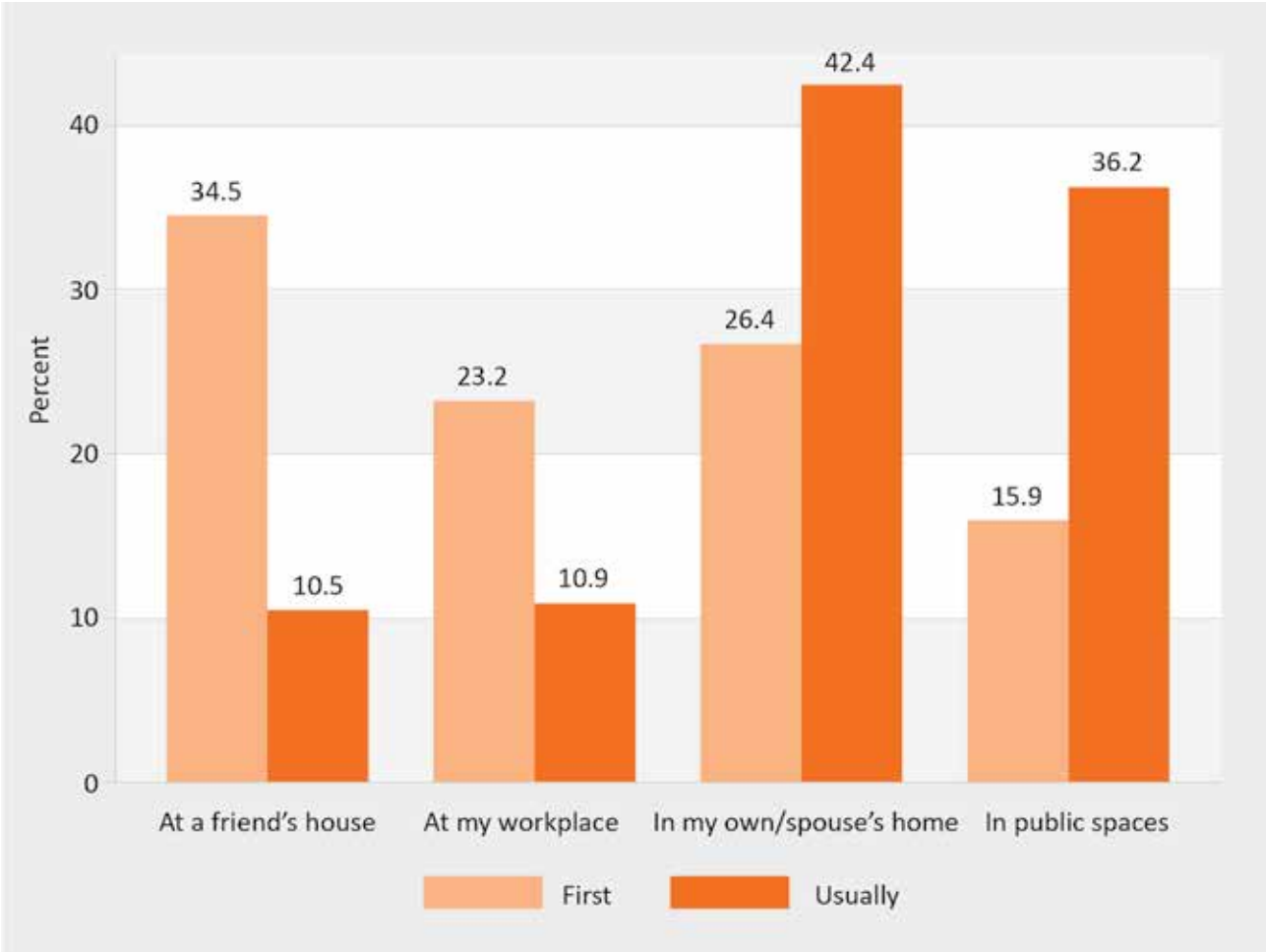
Figure 36: **Usual source of heroin for interviewed drug users, by gender (percentage)**

	Friend or acquaintance	Parent	Spouse	Other relative	Dealer	Stealing to buy	Total
Female	14.7	16.5	24.8	8.3	22.0	13.7	100.0
Male	14.3	1.6	0.1	0.7	62.9	20.4	100.0
Total	14.4	3.0	2.4	1.4	59.1	19.7	100.0

Consumption locations:

In line with the above, a large number of drug users (34.5 per cent) said that they had consumed heroin for the first time at the home of a friend or acquaintance. Other locations included the drug user's own home or their spouse's home (26.4 per cent) and the workplace (23.2 per cent).

Figure 37: **Locations for consuming heroin (initial and usual)**



Again, there are clear differences between male and female drug users with regard to the locations in which they consumed heroin for the first time. The majority (75.6 per cent) of females initially consumed heroin in their own home or their spouses' home. Male heroin users cited various locations, such as a friend's house (37.2 per cent), the workplace (25.9 per cent) or public spaces (17.4 per cent).

Figure 38: **Initial location for consuming heroin, by gender (percentage)**

	At own home	At a friend's house	In a public space	At the workplace	Total
Female	75.6	15.6	5.1	3.7	100.0
Male	19.4	37.2	17.4	25.9	100.0
Total	26.4	34.5	15.9	23.2	100.0

This trend continues with regard to the regular consumption of heroin, with most female heroin users (86.1 per cent) stating that they usually consumed heroin in their own home or their spouse's home. Again, male heroin users stated a variety of locations - primarily public spaces (41 per cent) and their own home or spouse's home (35.8 per cent).

Figure 39: **Usual location for consuming heroin, by gender (percentage)**

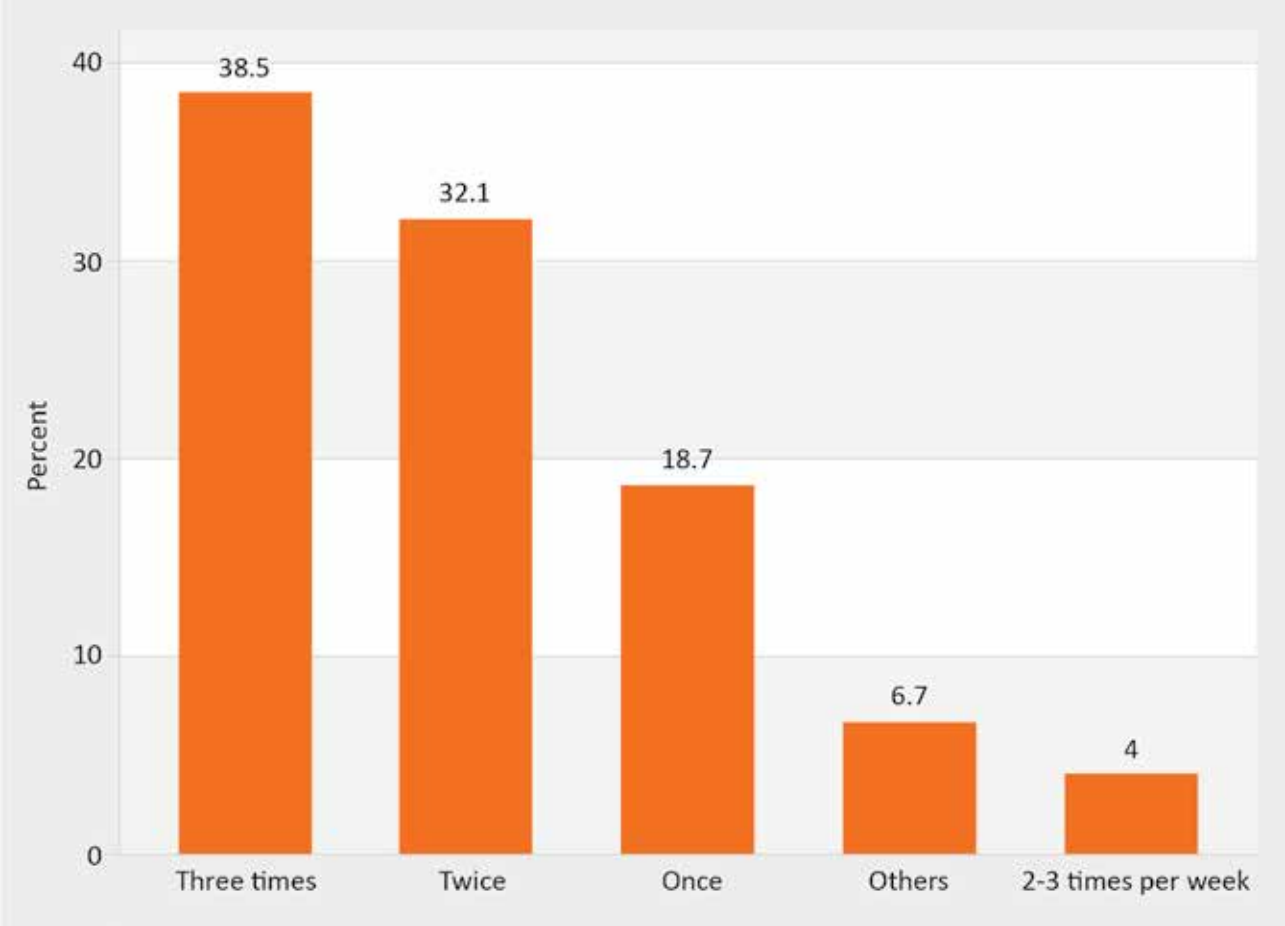
	At own home or at spouse's home	At a friend's house	In a public space	At the workplace	Total
Female	86.1	8.8	3.7	1.5	100.0
Male	35.8	10.8	41.0	12.4	100.0
Total	42.4	10.5	36.2	10.9	100.0

The preference among both male and female respondents to regularly use heroin in their own home or spouse's home hints at a possible negative impact on other family members, especially children. Key informants and participants in focus-group discussions also expressed concern over this issue. Surveyors in the selected provinces reported that they had not been able to find any female homeless drug users in any of the provinces, since homelessness amongst women was contrary to local custom and reduced the social security of female drug users significantly.

Amounts and prices:

With regard to the frequency of heroin consumption, 38.5 per cent of interviewees reported that they used heroin three times a day, 32.1 per cent said they used it twice a day and 18.7 per cent reported using it once a day.

Figure 40: **Frequency of heroin consumption in 24 hours**



With regard to the amounts consumed, 37.6 per cent of interviewees indicated that they used 1 gram of heroin per day while 24.7 per cent said that they consumed half a gram per day.

Figure 41: **Amount of heroin consumed by interviewed users in 24 hours**

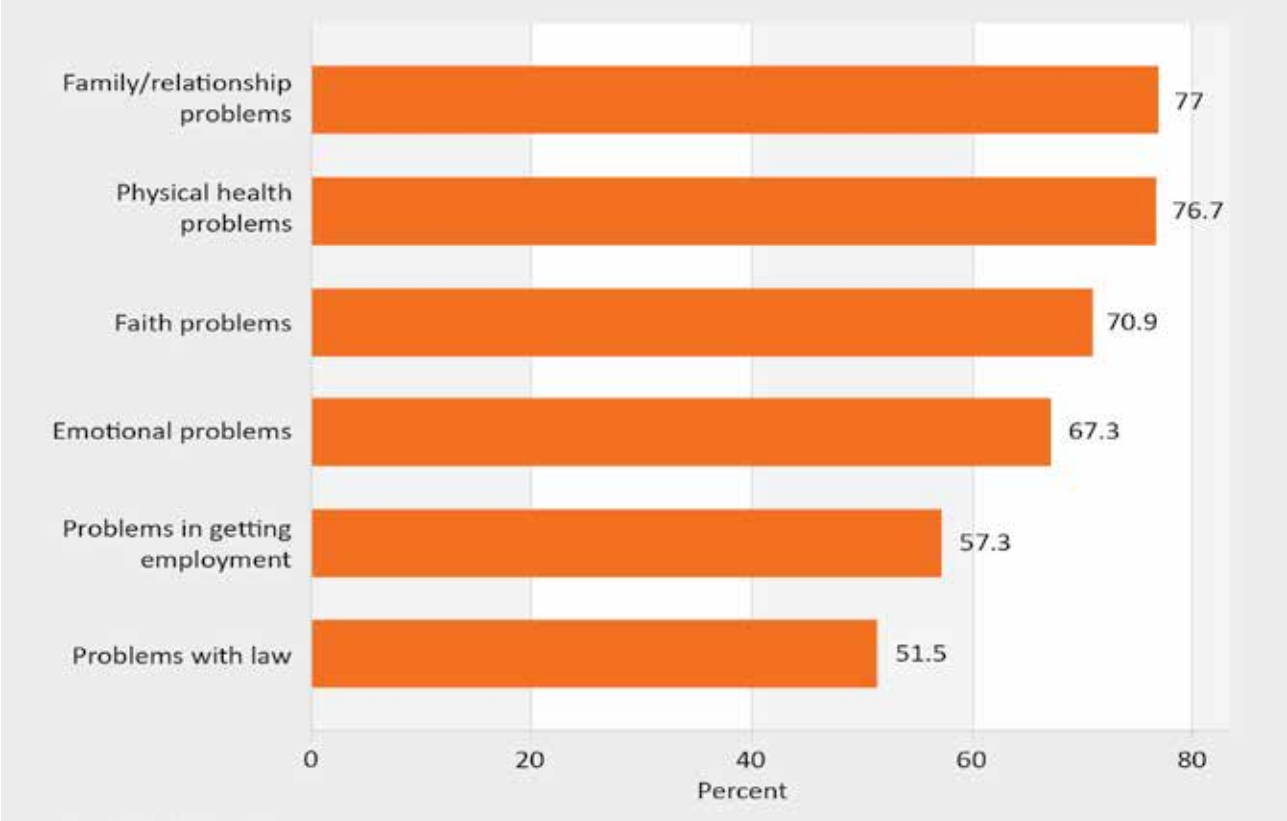
	Female	Male	Total
Less than half a gram	33.6	11.4	13.8
Half a gram	18.7	25.4	24.7
1 gram	24.6	39.2	37.6
2 grams	10.4	18.6	17.7
More than 4 grams	12.7	5.5	6.2
Total	100.0	100.0	100.0

According to interviewees, the average price of heroin is around 321 Afghanis (US$ 5.7) per gram. Most drug users said that they were able to procure heroin for their own use within one day.

IMPACTS OF HEROIN USE ON DRUG USERS

The drug users interviewed indicated that heroin use caused a variety of problems, including issues relating to physical health, problems maintaining their faith, emotional issues including feelings of guilt, shame, low self-esteem and a lack of self-confidence, problems getting employment and problems with the law. The majority (77 per cent) also noted the deterioration of family relationships, including fights and divorces, but most users denied that they had ever persuaded a family member to start using heroin.

Figure 42: Negative impacts of heroin consumption on (and as perceived by) interviewed drug users



As in the case of opium, the responses of male and female users differed with regard to the negative impacts of heroin use. In particular, a high percentage of females (80.6 per cent) highlighted emotional problems while a high percentage of males noted difficulties in maintaining their faith (74.8 per cent) and family problems (84.4 per cent).

Figure 43: Negative impacts of heroin consumption on interviewed drug users (percentage)

	Emotional problems	Family problems	Problems with the law	Problems getting employment	Physical health problems	Faith problems
Female	80.6	68.2	18.9	25.0	72.9	65.2
Male	58.3	84.4	60.9	66.0	79.7	74.8
Total	67.3	77	51.5	57.3	76.7	70.9

PATTERNS AND IMPACTS OF HASHISH USE

Of the drug users interviewed, 31.4 per cent indicated that they had used hashish (10.2 per cent of female users and 38.3 per cent of male users).

Figure 44: Interviewed drug users who have consumed hashish, by gender (percentage)

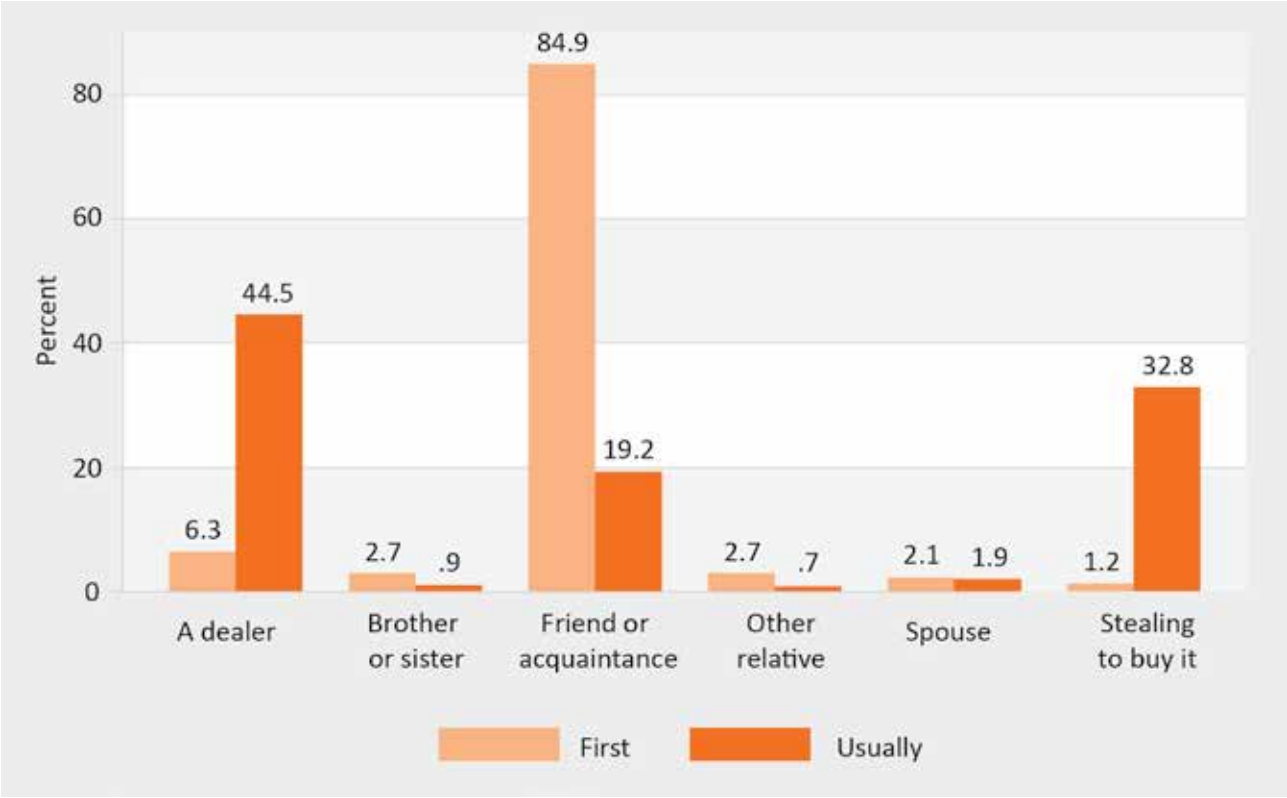
	No	Yes	Total
Female	89.8	10.2	100.0
Male	61.7	38.3	100.0
Total	68.6	31.4	100.0

The average age at which drug users began using hashish was 19.6 years. Statistical analysis indicated that this did not vary significantly across genders. Focus-group participants indicated that hashish use at a young age was common in the provinces surveyed. They also mentioned that there was a perception, especially among young people, that hashish use did not lead to addiction.

Sources of hashish:

As with other drugs, the friends and acquaintances of drug users were the primary initial source of hashish (84.9 per cent). With regard to continued use of hashish, drug dealers were the primary suppliers (44.5 per cent). A significant number of drug users (32.8 per cent) also indicated that they usually obtained hashish with stolen money, while some (19.2 per cent) said that they usually obtained it from friends or acquaintances.

Figure 45: Sources of hashish (initial and usual)



As in the case of opium and heroin, male and female users mentioned differing sources of hashish, with regard to both initial and continued use. Most male users (88.4 per cent) had initially obtained it from friends or acquaintances. For female users, initial sources were more varied, with 41.7 per cent obtaining hashish from friends or acquaintances, 27.8 per cent obtaining it from their spouse and 12.5 per cent indicating that they had initially obtained it from a brother or sister.

Figure 46: Initial source of hashish, by gender (percentage)

	Friend or acquaintance	Brother or sister	Spouse	Other relative	Dealer	Stealing to buy	Total
Female	41.7	12.5	27.8	9.7	6.9	1.4	100.0
Male	88.4	1.9	0.1	2.1	6.3	1.2	100.0
Total	84.9	2.7	2.1	2.7	6.3	1.2	100.0

This variation between male and female users also related to regular or continued sources of hashish. Almost half (46.4 per cent) of male drug users said that they usually obtained hashish from drug dealers, while 18.9 per cent said that they usually obtained it from friends or acquaintances. Female users indicated that spouses were the most common usual source (26.3 per cent), followed by friends or acquaintances (24.6 per cent) and brothers or sisters (12.3 per cent).

Figure 47: Usual source of hashish, by gender (Percentage)

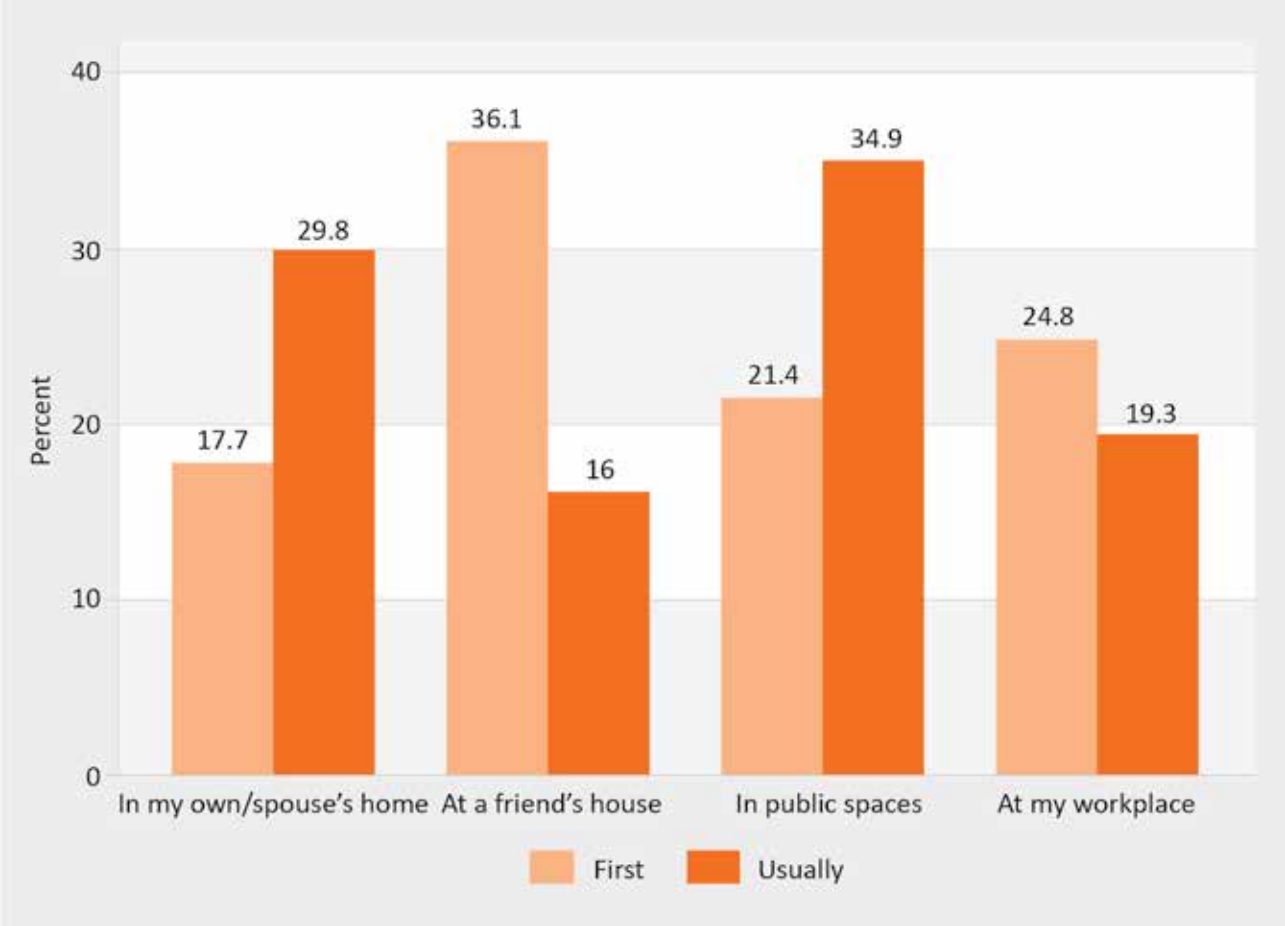
	Friend or acquaintance	Brother or sister	Spouse	Other relative	Dealer	Stealing to buy	Total
Female	24.6	12.3	26.3	3.5	17.5	15.8	100.0
Male	18.9	0.1	0.2	0.5	46.4	33.9	100.0
Total	19.2	0.9	1.9	0.7	44.5	32.8	100.0

Consumption locations:

Interviews indicated that the majority of hashish users (36.1 per cent) had used the drug for the first time at a friend's house. The workplace, public spaces and the home of the drug user or drug user's spouse were also mentioned by a significant number of users as locations for the initial consumption of hashish.

That trend changed with regard to continued use, with 29.8 per cent of users stating that they usually consumed hashish in their own home or their or spouse's home and the majority (34.9 per cent) noting they usually consumed it in public spaces.

Figure 48: **Locations for consuming hashish (initial and usual)**



Again, there were clear differences between male and female drug users with regard to initial and usual locations for consuming hashish. The majority (75 per cent) of female users indicated that they had initially consumed hashish in their own home or their spouse's home compared to only 12.5 per cent of male users. Male users mentioned a greater variety of initial locations, including a friend's house, public spaces and the workplace.

Figure 49: **Initial location for consuming hashish, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In a public space	At the workplace	Total
Female	75.0	19.4	2.8	2.8	100.0
Male	12.5	37.5	23.2	26.8	100.0
Total	17.7	36.1	21.4	24.8	100.0

Similarly, with regard to regular use, the majority (86.8 per cent) of female users indicated that they usually consumed hashish in their own home or their spouse's home. Again, male hashish users cited a greater variety of locations, including public spaces (38.7 per cent), their own home or their spouse's home (23.4 per cent), the workplace (21.3 per cent) and a friend's house (16.6 per cent).

Figure 50: **Usual location for consuming hashish, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In a public space	At the workplace	Total
Female	86.8	10.5	1.3	1.3	100.0
Male	23.4	16.6	38.7	21.3	100.0
Total	29.8	16.0	34.9	19.3	100.0

Consumption method:

Most interviewees (98.2 per cent) indicated that their primary method of hashish consumption was smoking. In Faryab, Balkh and Kabul, some interviewees indicated that they consumed hashish with food (usually in meat soup), which was said to increase intoxication. According to the interviews, it was also common to take hashish in a group, especially in a public place, while drug users also admitted to smoking hashish in groups at the workplace. Similar trends were observed by the surveyors.

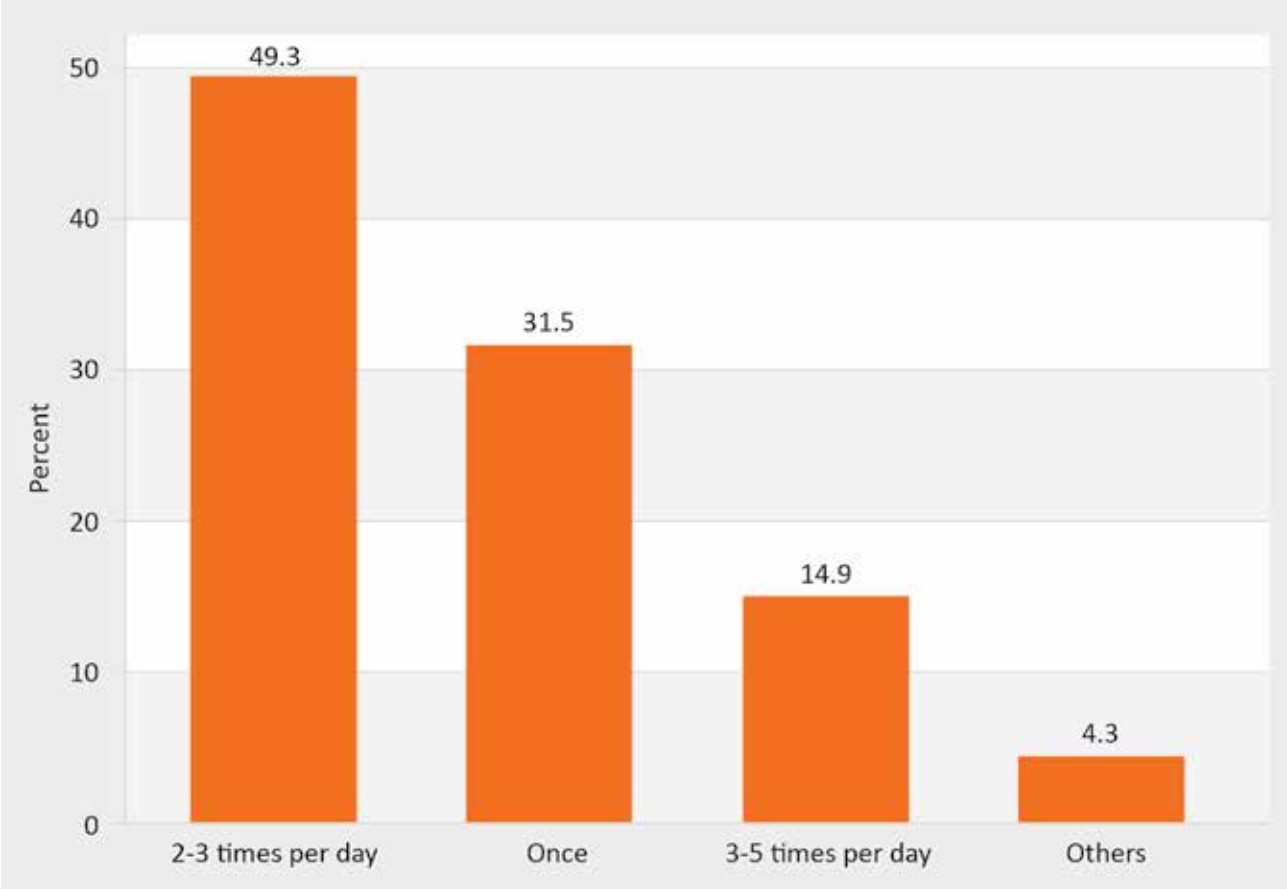
Figure 51: **Methods of consuming hashish**

Method	Percentage
Smoking	98.2
Eating with food	0.5
Smoking and eating with food	1.1
Others	0.2
Total	100.0

Amounts and prices:

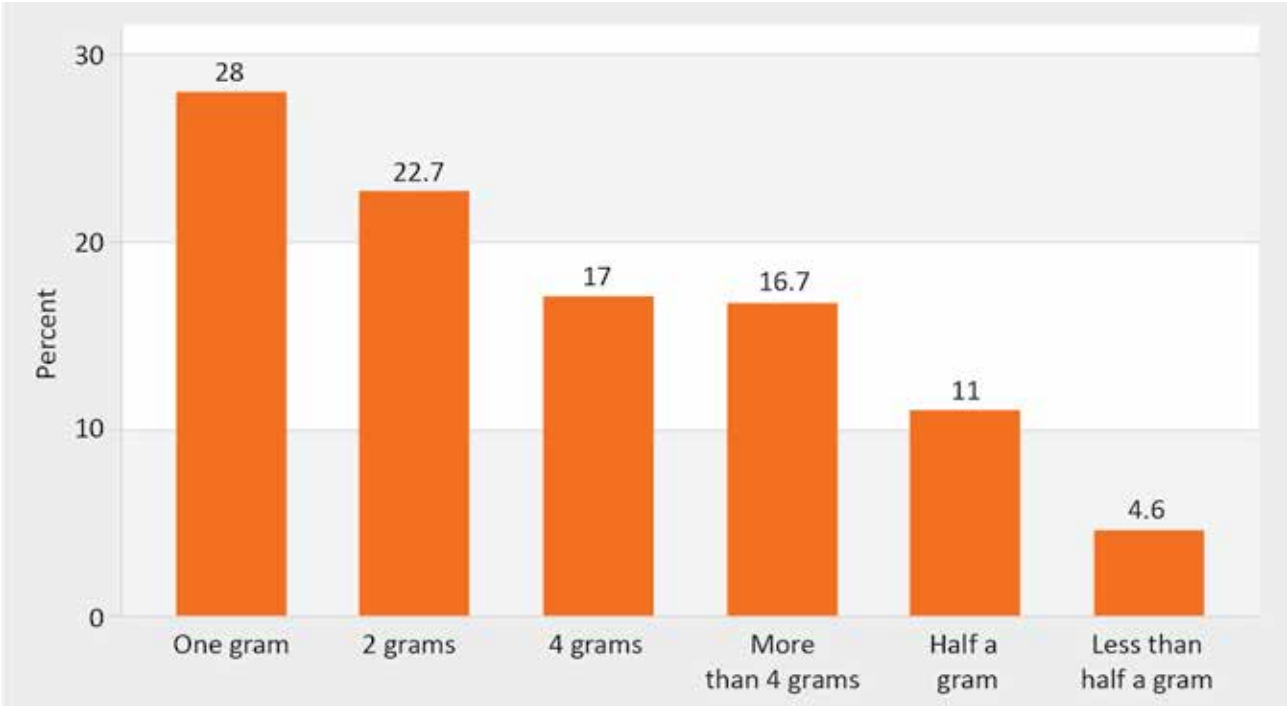
With regard to frequency of consumption, 49.3 per cent of interviewees reported that they consumed hashish 2-3 times per day, 31.5 per cent said that they consumed it once a day and 14.9 per cent reported using hashish 3-5 times per day. The average price of hashish was reported to be around 55 Afghanis (US$ 0.9).

Figure 52: **Number of times interviewed drug users consume hashish in 24 hours**



With regard to consumption amounts, 28 per cent of interviewees reported using 1 gram of hashish per day, 22.7 per cent reported using 2 grams per day, 17 per cent used 4 grams per day and 16.7 per cent used more than 4 grams per day. During the focus-group discussions, community members indicated that the number of local drug dealers was increasing, implying that drugs were becoming more easily accessible. Interviewees also indicated that, on average, they spent 86 Afghanis (US$ 1.5) per day on hashish.

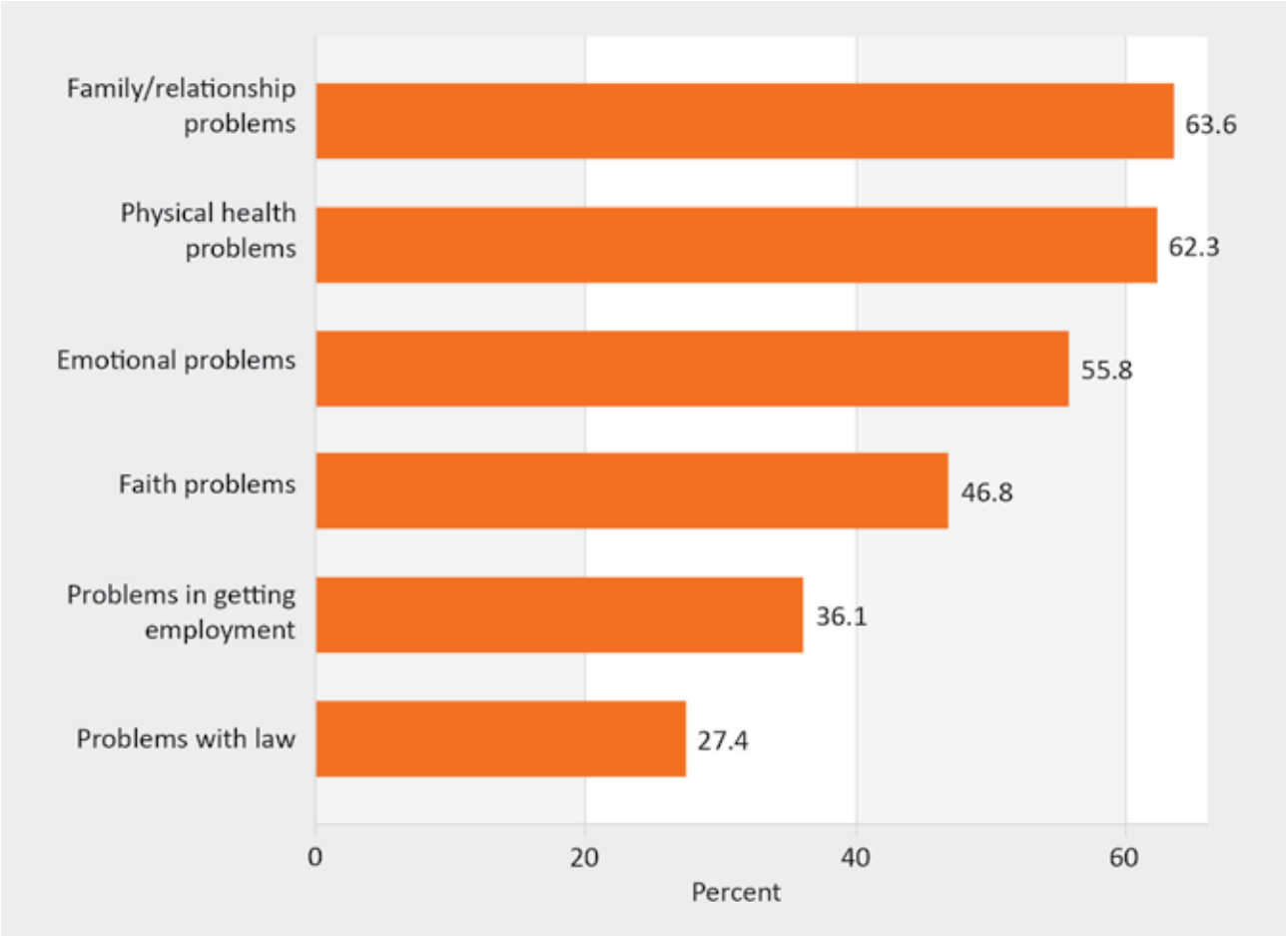
Figure 53: **Amount of hashish consumed by interviewed drug users in 24 hours**



IMPACTS OF HASHISH USE ON DRUG USERS

The drug users interviewed indicated that hashish use caused various problems, including issues relating to physical health (62.3 per cent), emotional issues (55.8 per cent) and problems getting employment (36.1 per cent).

Figure 54: Negative impacts of hashish consumption on (and as perceived by) interviewed drug users



The majority (63.6 per cent) highlighted the deterioration of family relationships, including fights, divorce or violence but most denied ever having persuaded a family member to start using hashish. Female users highlighted emotional problems much more than their male counterparts (84.8 per cent compared to 53.3 per cent).

Figure 55: Negative impacts of hashish consumption on interviewed drug users (percentage)

	Emotional problems	Family problems	Problems with the law	Problems getting employment	Physical health problems	Faith problems
Female	84.8	60.8	11.4	24.1	75.9	51.9
Male	53.3	63.9	28.8	37.1	61.2	42.7
Total	55.8	63.6	27.4	36.1	62.3	46.8

PATTERNS AND IMPACTS OF THE NON-MEDICAL USE OF TRANQUILIZERS

The non-medical use of tranquilizers among interviewees was low, with 85.7 per cent of drug users stating that they did not use tranquilizers. Of the tranquilizer users interviewed, 58.5 per cent were male and 41.5 per cent were female.

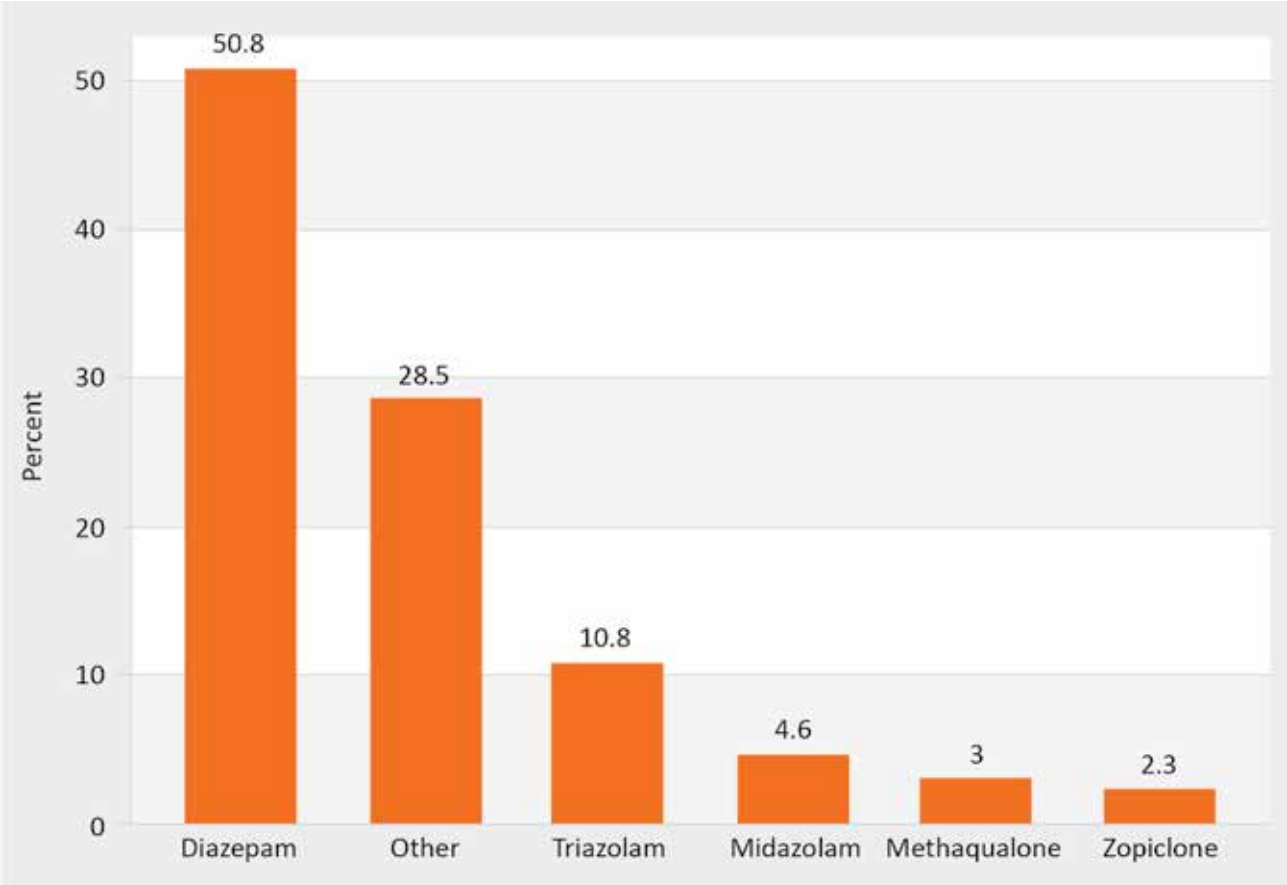
Figure 56: Interviewed drug users admitting to the non-medical use of tranquilizers, by gender (percentage)

	No	Yes	Total
Female	75.9	24.1	100.0
Male	88.9	11.1	100.0
Total	85.7	14.3	100.0

Of the tranquilizer users interviewed, 67.7 per cent reported that the drugs had not been prescribed and had been used either on the recommendation of a close relative or friend or on the user's own initiative.

Among the tranquilizers used for non-medical purposes, diazepam was the most common, with 50.8 per cent of users reporting that they consumed it. Meanwhile, 28.5 per cent said that they used other tranquilizers whose names they were not aware of and 10.8 per cent said that they used triazolam. The average age at which interviewed drug users started using tranquilizers was 26 years.

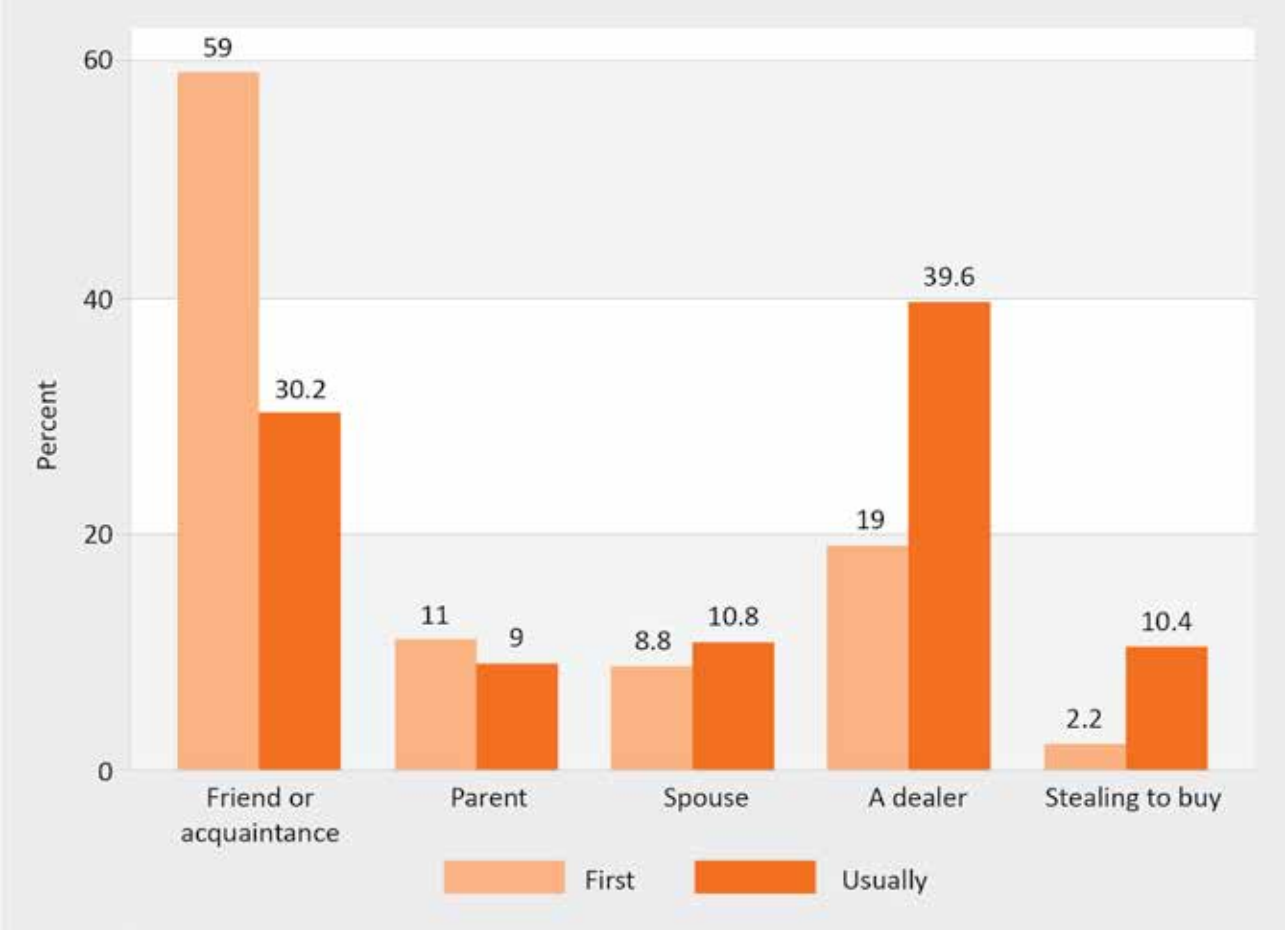
Figure 57: Type of tranquilizers consumed by interviewed drug users for non-medical purposes



Sources of tranquilizers for non-medical use:

Of the interviewees who admitted to the non-medical use of tranquilizers, 59 per cent reported having obtained them for the first time from a friend or acquaintance, 19 per cent from a dealer, 11 per cent from their parents and 8.8 per cent from their spouse. A very small percentage admitted that they had stolen in order to buy the drugs for the first time.

Figure 58: **Sources of tranquilizers for non-medical use (initial and usual)**



As with other drugs, the main sources of tranquilizers for non-medical use differed with regard to usual or continued use. The majority (39.6 per cent) of users said that drug dealers were their usual source. Friends and acquaintances remained a significant regular source, providing tranquilizers to 30.2 per cent of users. Despite the fact that there is a law in force in Afghanistan[30] that aims to prevent the purchase of tranquilizers without a doctor's prescription, key informants in the provinces surveyed indicated that it was still possible to obtain them without a prescription from local pharmacies.

With regard to gender distribution, female tranquilizer users indicated a range of initial sources, notably their spouse (28.2 per cent), their parents (27.1 per cent) or friends (27.1 per cent). The large majority of male users said their initial source had been their friends (73.4 per cent), while others mentioned drug dealers (21.8 per cent). Parents and spouses were barely mentioned by male users.

[30] Counter-Narcotics Law, Chapter 4, Article 24

Figure 59: **Initial source of tranquilizers for non-medical use, by gender (percentage)**

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy	Total
Female	27.1	27.1	28.2	12.9	4.7	100.0
Male	73.4	3.7	0	21.8	1.1	100.0
Total	59.0	11.0	8.8	19.0	2.2	100.0

In the case of continued use, the majority (35.8 per cent) of female users indicated that they usually obtained tranquilizers from their spouse, while others (22.4 per cent) mentioned friends or acquaintances as a regular source. Most male users mentioned drug dealers (49 per cent) or friends and acquaintances (33.5 per cent).

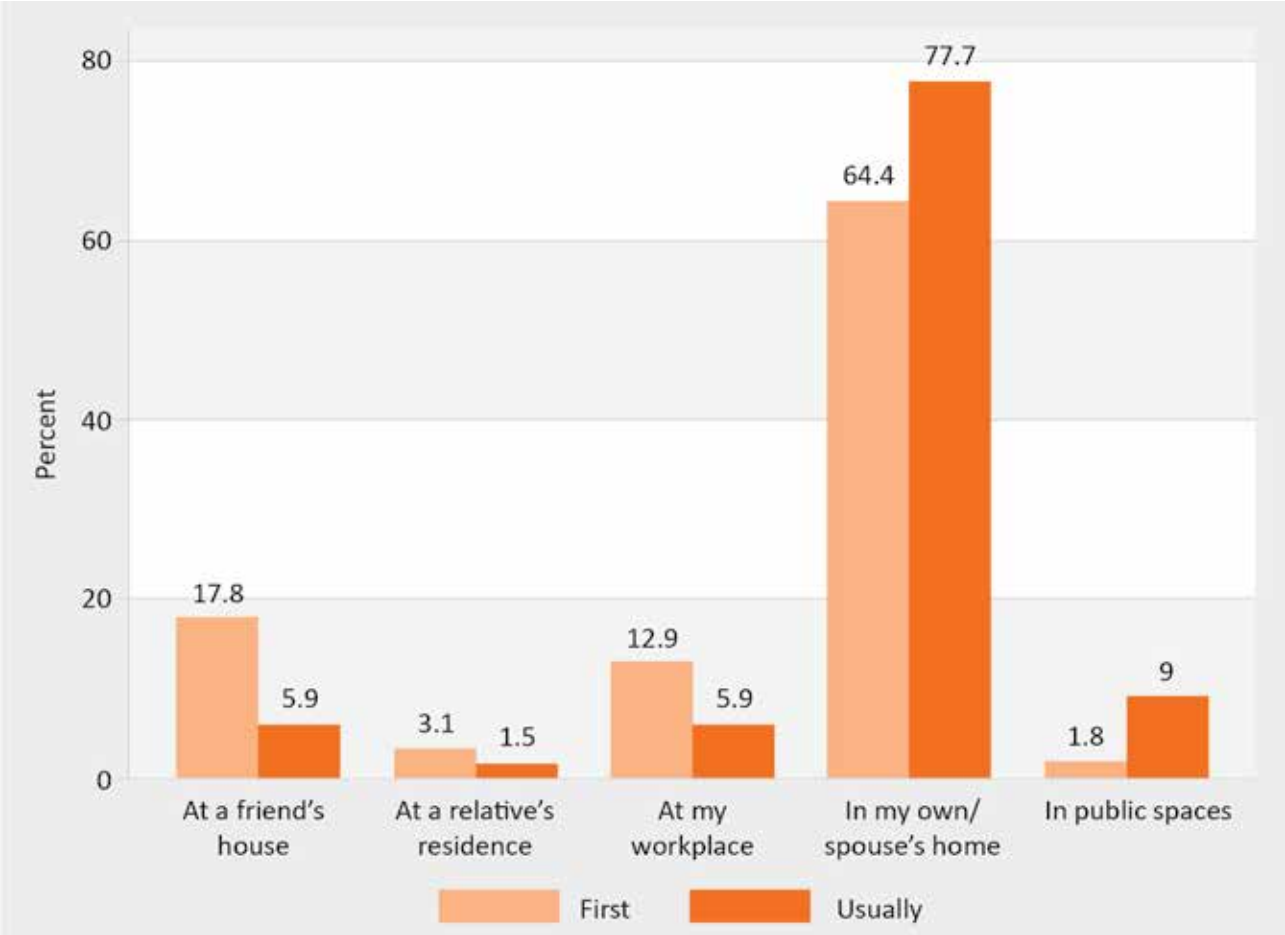
Figure 60: **Usual source of tranquilizers for non-medical use, by gender (percentage)**

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy	Total
Female	22.4	19.4	35.8	17.9	4.5	100.0
Male	33.5	4.5	0.1	49.0	12.9	100.0
Total	30.2	9.0	10.8	39.6	10.4	100.0

Consumption locations:

The majority of tranquilizer users (64.4 per cent) said that they had initially used tranquilizers for non-medical purposes in their own home or at their spouse's home. That was also true for continued use (77.7 per cent).

Figure 61: **Locations for the non-medical consumption of tranquilizers (initial and usual)**



As in previous cases, there were clear differences between male and female users with regard to locations for the non-medical use of tranquilizers. Most female users (84.5 per cent) said that they had initially used tranquilizers in their own home or their spouse's home, while male interviewees mentioned a number of locations, including their own home or spouse's home (49.8 per cent), a friend's house (24.5 per cent) and the workplace (20.5 per cent).

Figure 62: **Initial location for non-medical use of tranquilizers, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In a public space	At the workplace	At a relative's house	Total
Female	84.5	8.8	1.2	2.2	3.3	100.0
Male	49.8	24.5	2.4	20.5	2.8	100.0
Total	64.4	17.8	1.8	12.9	3.1	100.0

That difference also applied to the regular use of tranquilizers for non-medical purposes, with most females (95.6 per cent) using them regularly in their own home or their spouse's home and male users citing a variety of locations, including their own home or spouse's home (64.3 per cent), public spaces (14.1 per cent) and the workplace (10.4 per cent).

Figure 63: Usual location for non-medical use of tranquilizers, by gender (percentage)

	At own home or at spouse's home	At a friend's house	In a public space	At the workplace	At a relative's house	Total
Female	95.6	1.7	2.2		0.6	100.0
Male	64.3	9.1	14.1	10.4	2.1	100.0
Total	77.7	5.9	9.0	5.9	1.5	100.0

Consumption method:

The majority of tranquilizer users (95.2 per cent) reported taking tranquilizers orally, 1.2 per cent reported injecting them and 3.1 per cent indicated that they used a combination of the two methods.

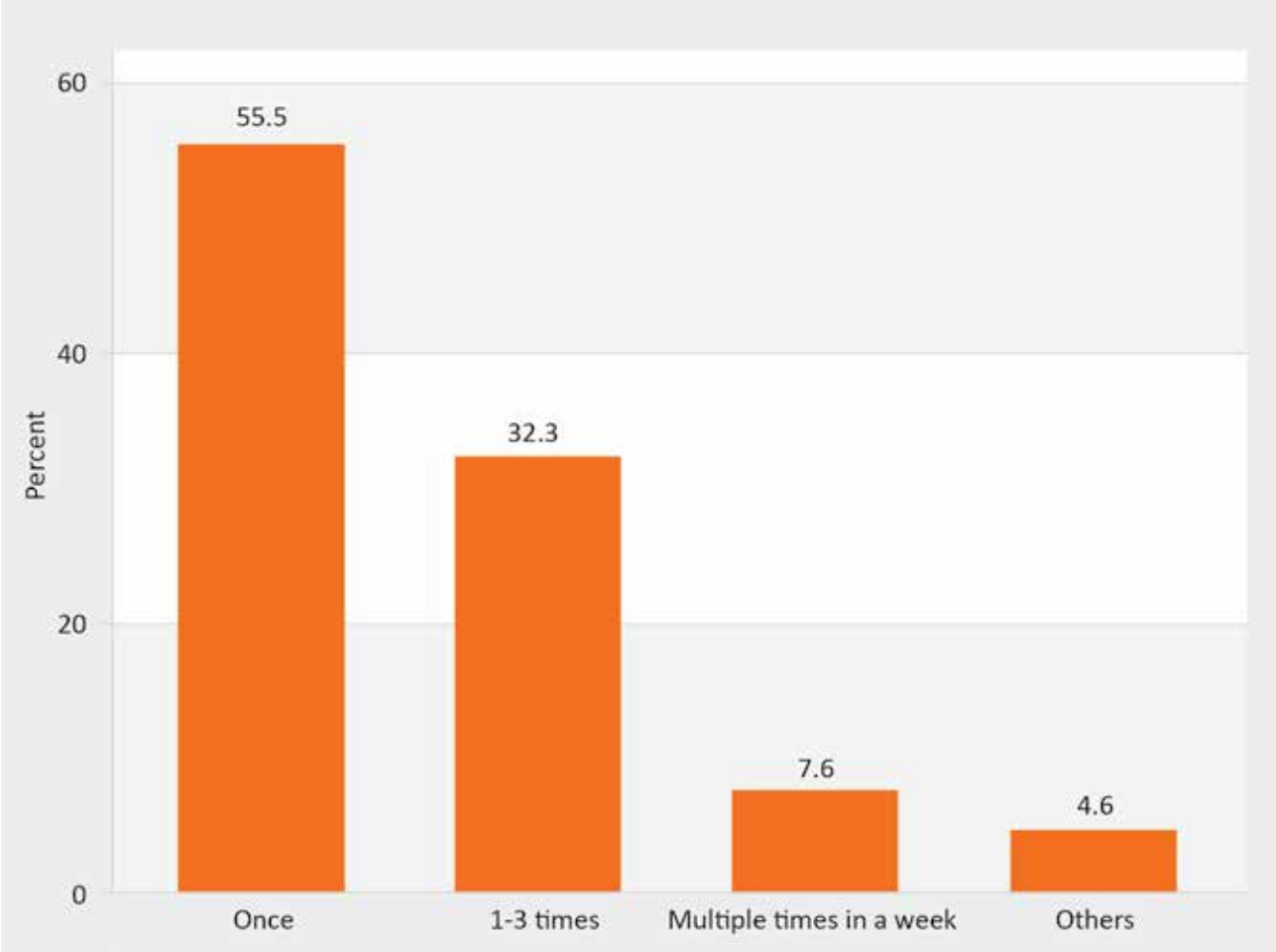
Figure 64: Usual method for consuming tranquilizers for non-medical reasons, (percentage)

Method	Percentage
Injecting	1.2
Oral	95.2
Injecting and oral	3.1
Other	0.5
Total	100.0

Amounts and prices:

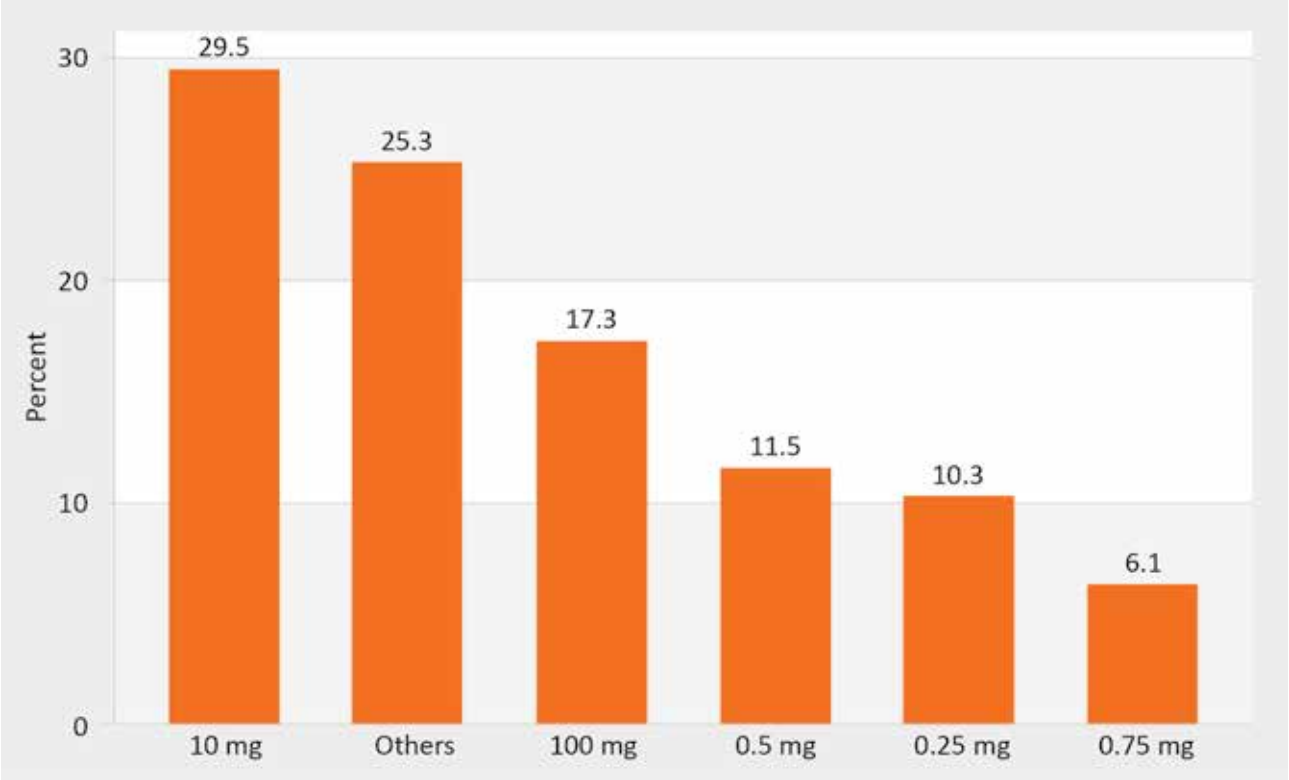
With regard to the frequency of consumption, the majority of respondents (55.5 per cent) reported that they used tranquilizers only once a day and 32.3 per cent reported using them 1-3 times per day. There were no obvious differences between male and female users.

Figure 65: **Number of times tranquilizers are consumed by interviewed drug users in 24 hours**



With regard to consumption amounts, 29.5 per cent of users consumed 10 mg of tranquilizers per day, 17.3 per cent consumed 100 mg per day and 25.3 per cent were not able to provide specific figures. It is important to note that the variety of tranquilizers used by interviewees implies a variation in potency, which should be kept in mind when considering the number of doses taken or the amounts consumed per day. The average amount of money spent by a drug user on tranquilizers over 24 hours was found to be 106 Afghanis (US$ 1.9).

Figure 66: **Amounts of tranquilizers consumed, for non-medical reasons, in 24 hours**



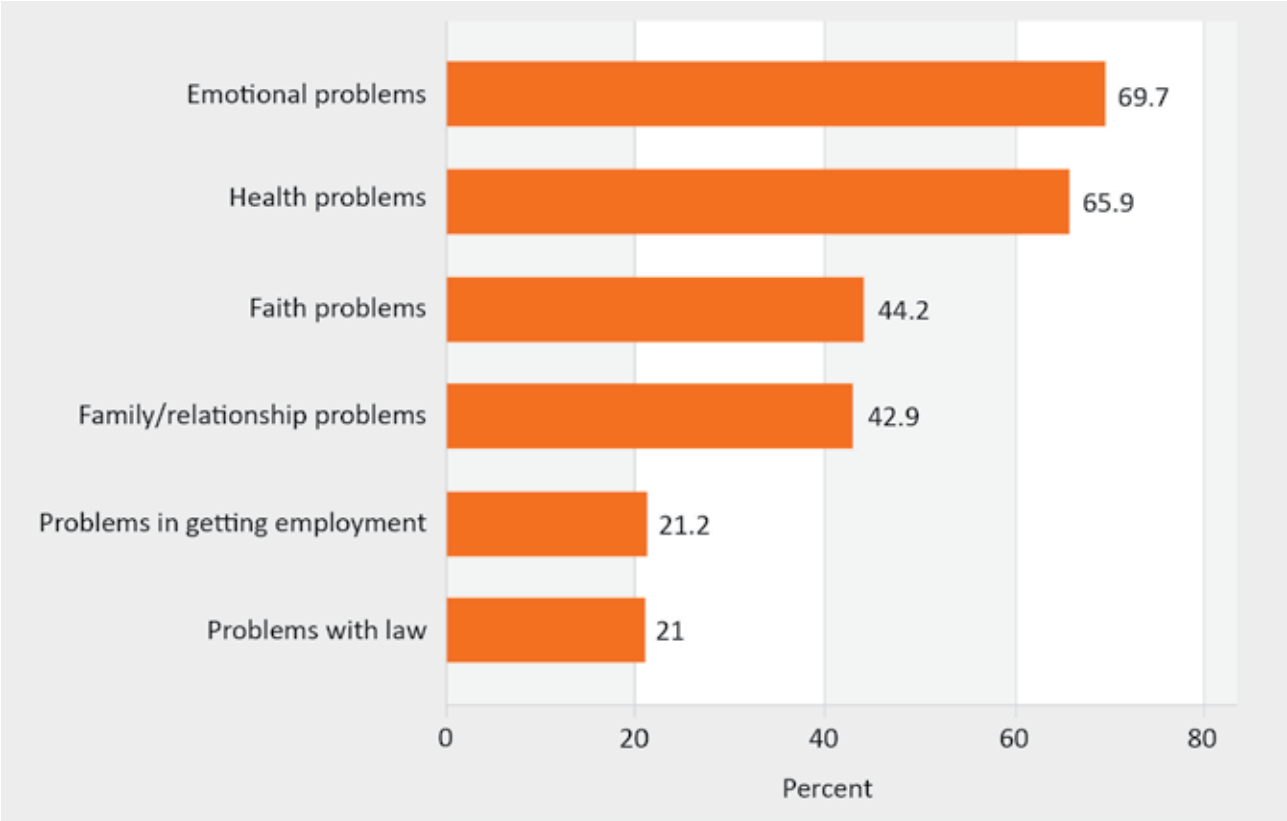
As highlighted in the preceding sections, there are clear commonalities between opium, heroin, hashish and tranquilizer consumption trends. There is a clear preference among female drug users to obtain drugs from close relatives and to consume them at home. For male users, friends are often the initial reason for taking drugs, as well as the initial source of the drugs. With regard to continued drug use, there is a common shift among interviewees towards obtaining the drugs from drug dealers.

While tranquilizers seem to be the drug of choice among interviewed female drug users, heroin and hashish are preferred by male drug users. Consumption methods also differ between male and female drug users. For example, while the majority of male users prefer to smoke opium, female opium users tend to consume it using a number of different methods.

IMPACTS OF THE NON-MEDICAL USE OF TRANQUILIZERS ON DRUG USERS

Drug users admitting to the non-medical use of tranquilizers indicated that the consumption of tranquilizers resulted in particular in emotional problems (69.7 per cent), problems relating to physical health (65.9 per cent), problems maintaining one's faith (44.2 per cent) and the deterioration of family relationships (42.9 per cent). Again, most users of tranquilizers for non-medical purposes denied ever having encouraged family members to use tranquilizers (only 3 per cent answered in the affirmative).

Figure 67: **Negative impacts of tranquilizer consumption on (and as perceived by) interviewed drug users**



The consequences of non-medical use of tranquilizers were largely similar across male and female interviewees, with the primary differences being in regard to impact on the interviewees' contact with the legal authorities and their efforts in getting employment. A high percentage of female (76.5 per cent) and male (64.8 per cent) tranquilizer users highlighted emotional problems as a consequence of tranquilizer use. A large percentage of male drug users (50 per cent) said that tranquilizer use caused them to experience difficulties maintaining their faith.

Figure 68: **Negative impacts of tranquilizer consumption on interviewed drug users (percentage)**

	Emotional problems	Family problems	Problems with the law	Problems getting employment	Physical health problems	Faith problems
Female	76.5	35.8	3.2	4.3	73.8	36.4
Male	64.8	48.1	33.7	33.3	60.2	50
Total	65.9	42.9	21	21.2	65.9	44.2

THE LIFE OF A DRUG USER

(as narrated to the interviewers in Nimroz Province in Afghanistan)

How did you become a drug user? What motivated you to start using drugs?

I had gone to the Islamic Republic of Iran for work. There, I met some drug users and they encouraged me to use opium. They said that it was good for the health and that if I used it I could work for longer without feeling tired. They offered it to me for free. After one month, I began using opium with them and I continued using it for a year. I was sleeping well at night and was not suffering from any pressure. I got used to taking opium in order to feel comfortable. After about a year, the opium was no longer able to satisfy me and I started using heroin. Since 2008 I have been taking heroin.

What are the consequences of drug use?

Whenever I want to use drugs, I forget about my personality, my beliefs, my relationships and the value of society. The only thing I think about is finding the drug and numbing my pain. In addition, drug use reduces my ability to work. When I use drugs, I do not have enough strength to work. This means that my income is reduced, so I need to find the money for drugs in other ways. Often I obtain the money illegally. This worries me a lot and causes mental pressure but I do not have a choice. The most painful aspect of my life is that no one trusts me. I and other drug users look for any opportunity to cover our expenses, including asking the community for financial help, cheating people, stealing and pick-pocketing.

What was the response of your family and friends to your drug use?

I was referred to a drug treatment centre for a month, but because of economic problems and a lack of assistance and family support, I left the centre. I had no one to take care of me and provide for my needs. I have never attempted suicide because I know that if I can find a job to support my family and myself it will be easy for me to leave drugs behind. But sometimes I think about my future and that of my family and it exhausts me.

What steps can be taken to combat drug use in the country?

I would like to ask the Government and other relevant organizations to campaign against drug use and to provide public information encouraging users to quit drugs. They could also make the community and families aware that drug users can be helped and taken to drug treatment centres.

PATTERNS OF DRUG USE AMONG CHILDREN

An important result of the present research study was the data regarding children[31] who used drugs in the provinces surveyed. A total of 619 children (185 girls and 434 boys) were interviewed for the study. The following section of the report profiles those child drug users. At the outset, it is interesting to note that 12 per cent of the girls who used drugs were married. For boys, the figure was only 2.3 per cent.

Figure 69: Marital status of interviewed children, by gender (percentage)

	Married	Single	Widowed	Divorced	Total
Female	12	86.9	0.6	0.5	100.0
Male	2.3	97.7	0	0	100.0
Total	5.2	94.5	0.2	0.1	100.0

A significant percentage (22.4 per cent) of boys indicated that they had held a job in the previous 12 months, while for girls the figure was much lower (4.9 per cent).

Figure 70: Interviewed children who have held a job in the last 12 months, by gender (percentage)

	No	Yes	Total
Female	95.1	4.9	100.0
Male	77.6	22.4	100.0
Total	82.8	17.2	100.0

Similarly, 16.8 per cent of the boys interviewed indicated that they had participated in poppy lancing, compared with only 3.8 per cent of girls. On average, they were paid 364 Afghanis (US$ 6.5) per day for such work.

Figure 71: Interviewed children who have participated in poppy lancing, by gender (percentage)

	No	Yes	Total
Female	96.2	3.8	100.0
Male	83.2	16.8	100.0
Total	87.1	12.9	100.0

As was the case for adult drug users, a high percentage of the children involved in poppy lancing were based in opium-producing provinces such as Kandahar and Hilmand.

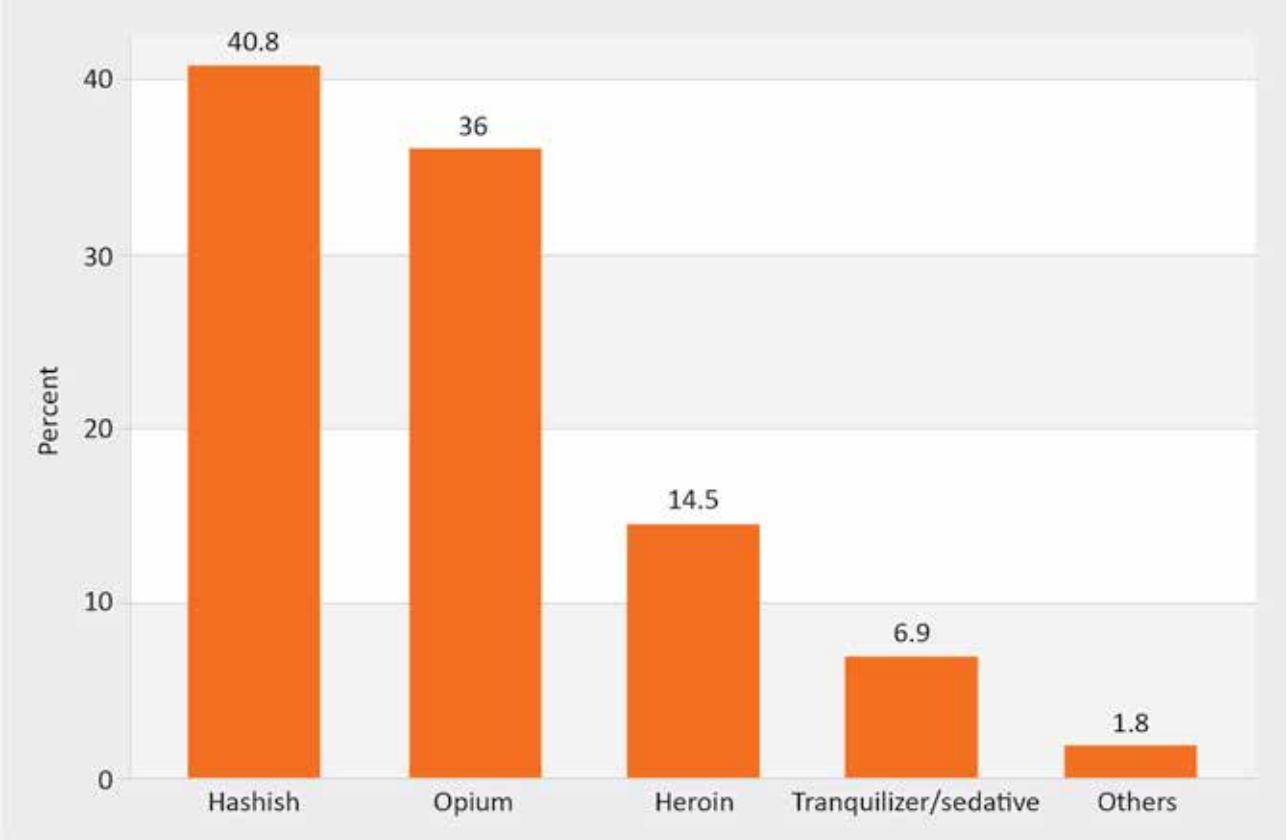
[31] Aged 10-17 years

Figure 72: Provinces in which interviewed drug-using children have participated in poppy lancing

Province	Percentage
Badakhshan	3.8
Nangarhar	17.5
Faryab	2.5
Kabul	3.8
Logar	8.8
Farah	17.5
Hirat	1.3
Kandahar	21.3
Hilmand	23.8
Total	100.0

When asked about the first drug they had consumed, 40.8 per cent of children mentioned hashish while 36 per cent mentioned opium.

Figure 73: First drug consumed by interviewed children



PATTERNS OF OPIUM USE AMONG CHILDREN

Almost half (42.1 per cent) of the children interviewed said that they had consumed opium. Across genders, it is interesting to note that 57.3 per cent of girls answered in the affirmative compared to only 35.7 per cent of boys.

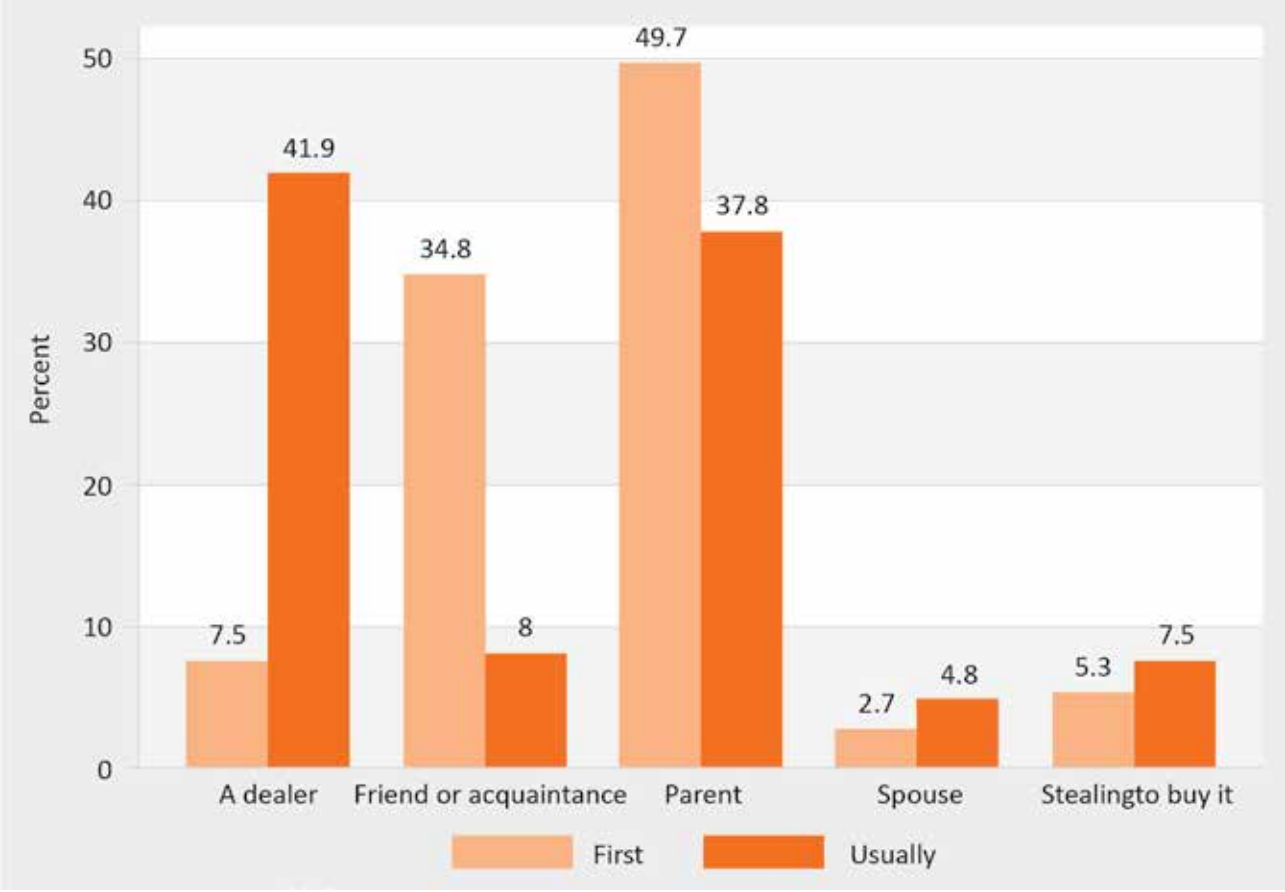
Figure 74: Interviewed children admitting to opium use, by gender (percentage)

	No	Yes	Total
Female	42.7	57.3	100.0
Male	64.3	35.7	100.0
Total	57.9	42.1	100.0

Sources of opium:

With regard to children's initial source of opium, 49.7 per cent said that they had initially obtained it from their parents, while 34.8 per cent said that they obtained it from a friend or acquaintance.

Figure 75: Sources of opium (iInitial and usual)



Interestingly, a much higher percentage of girls (77.3 per cent) than boys (47.8 per cent) said that they had initially obtained opium from their parents. The majority of the boys interviewed (43.3 per cent), said that friends or acquaintances had been their initial source.

Figure 76: Initial source of opium, by gender (percentage)

	Friend or acquaintance	Parent	Spouse	Dealer	Total
Female	12.3	77.3	6.6	3.8	100.0
Male	43.3	47.8	0	8.9	100.0
Total	34.8	49.7	2.7	7.5	100.0

The differences between male and female users also applied to their regular sources of opium, with the majority of girls (57.3 per cent) indicating that usually obtained it from their parents and the majority of boys (48.8 per cent) saying that they usually obtained it from a dealer.

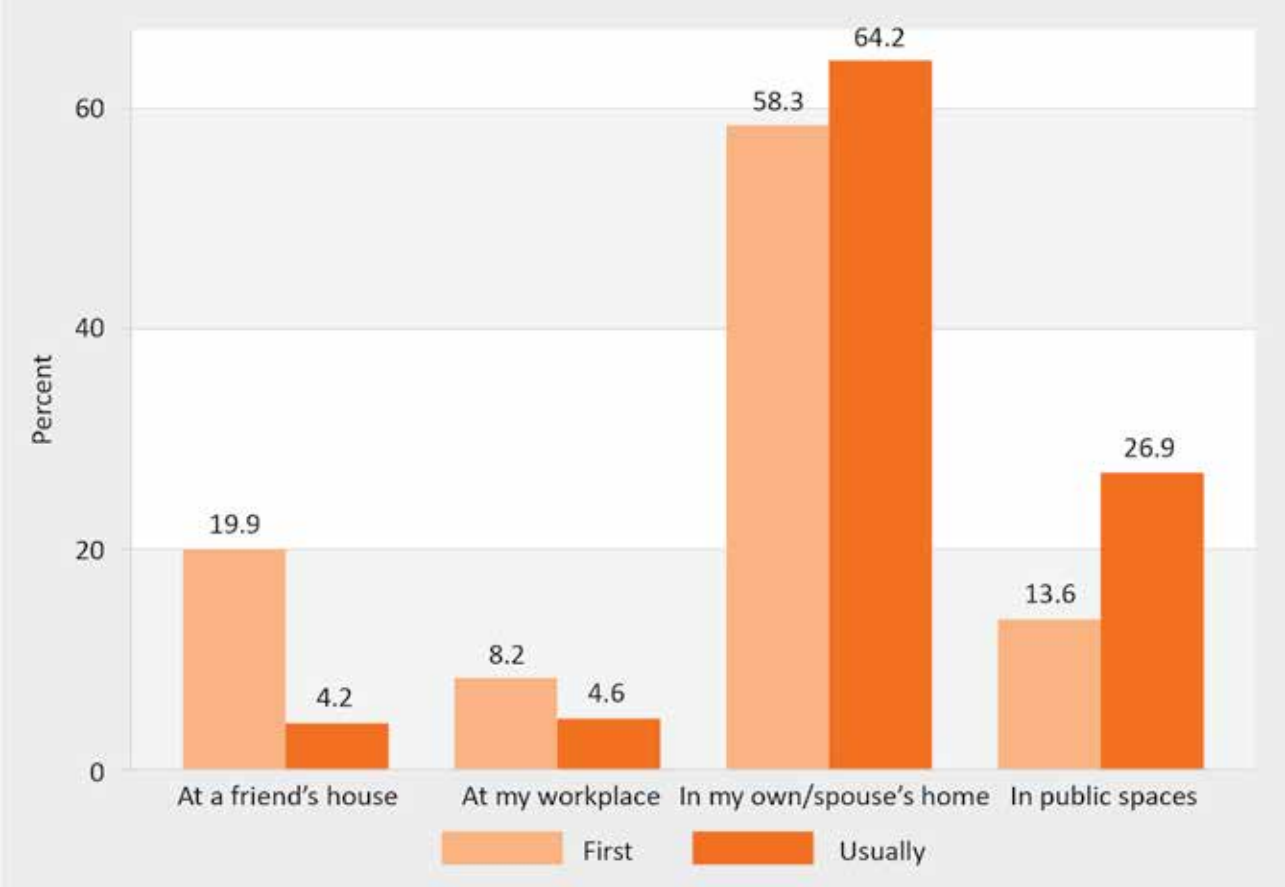
Figure 77: Usual source of opium, by gender (pPercentage)

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	5.8	57.3	18.8	16.7	1.4	100.0
Male	20.9	19.4	2.7	48.8	8.2	100.0
Total	8	37.8	4.8	41.9	7.5	100.0

Consumption locations:

With regard to the locations in which children consumed opium, 58.3 per cent said that they had initially consumed opium in their own home or their spouse's home and 84.2 per cent said that they continued to do so.

Figure 78: **Locations for consuming opium**



There are clear differences between male and female children with regard to both initial and usual locations for consuming opium. For example, 81.2 per cent of the girls interviewed said that they had initially consumed opium in their own home or their spouse's home, compared to only 42.7 per cent of boys. Boys tended to give more varied responses.

Figure 79: **Initial location for consuming opium, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In a public spaces	At the workplace	Total
Female	81.2	14	4.8	0	100.0
Male	42.7	23.9	19.3	14.1	100.0
Total	58.3	19.9	13.6	8.2	100.0

These differences persisted with regard to usual locations for consuming opium. The vast majority (88.5 per cent) of girls indicated that they usually consumed opium in their own home or their spouse's home, while the boys also indicated a preference for consuming opium in public spaces (39.4 per cent).

Figure 80: Usual location for consuming opium, by gender (percentage)

	At own home or at spouse's home	At a friend's house	In a public spaces	At the workplace	Total
Female	88.5	2.9	8.6	0	100.0
Male	47.6	5.2	39.4	7.8	100.0
Total	64.2	4.2	26.9	4.6	100.0

Method of consumption:

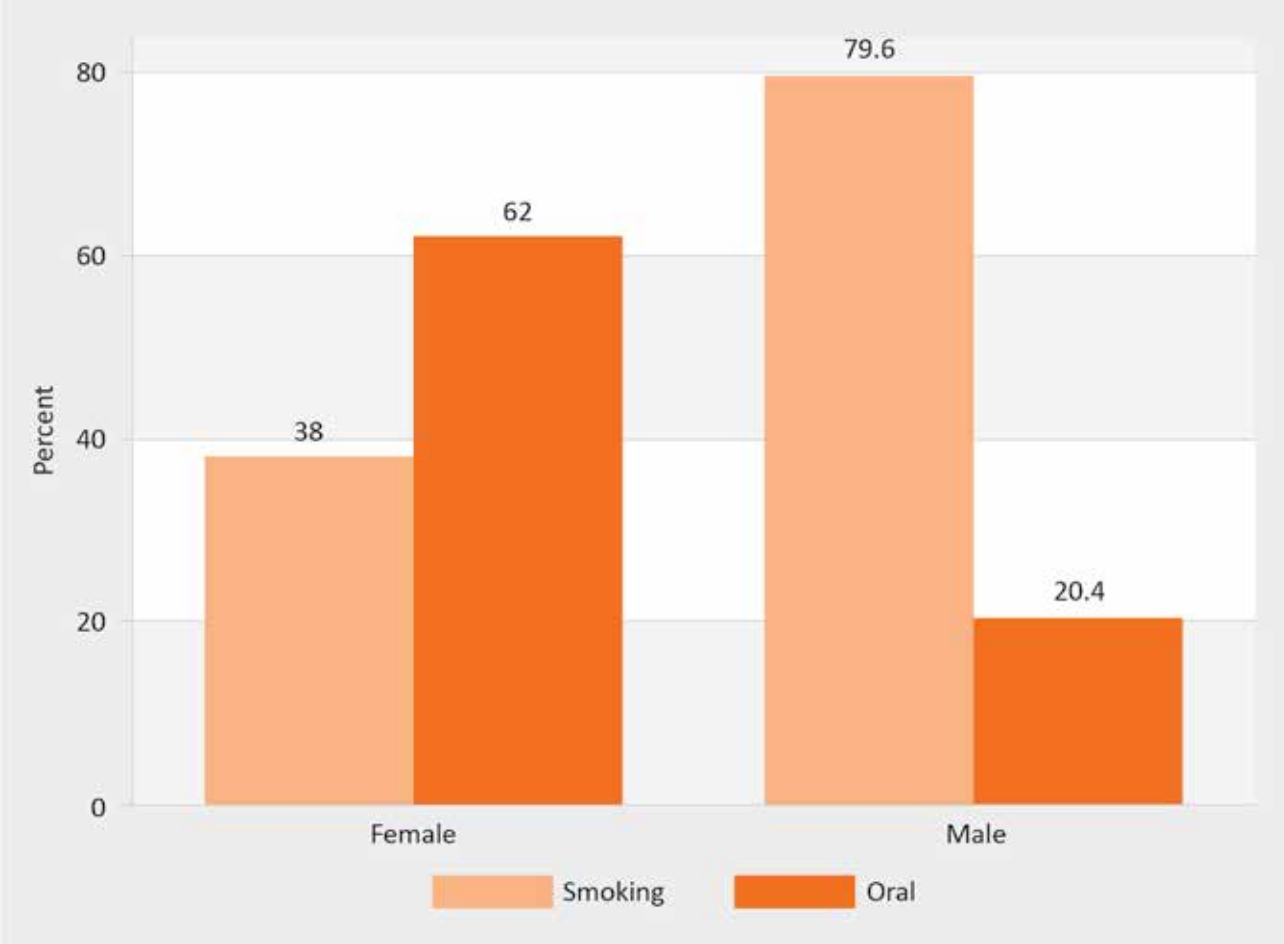
With regard to consumption methods, the majority (62.1 per cent) of children said that they smoked opium, while a significant number (37.9 per cent) consumed it orally.

Figure 81: Method of consuming opium

Method	Percentage
Smoking	62.1
Oral	37.9
Total	100

Most girls (62 per cent) indicated that they consumed opium orally, while most boys (79.6 per cent) said that they smoked it. Focus-group discussions indicated that the majority of consumers who used opium as a painkiller consumed it orally, while users of the drug for non-medical purposes usually smoked it – this could hint at a distinction between the motivations of boys and girls with regard to opium use.

Figure 82: **Method of consuming opium, by gender**



With regard to consumption quantities, 36.2 per cent of the children interviewed indicated that they consumed half a gram of opium per dose while 30.2 per cent said that they consumed 1 gram per dose.

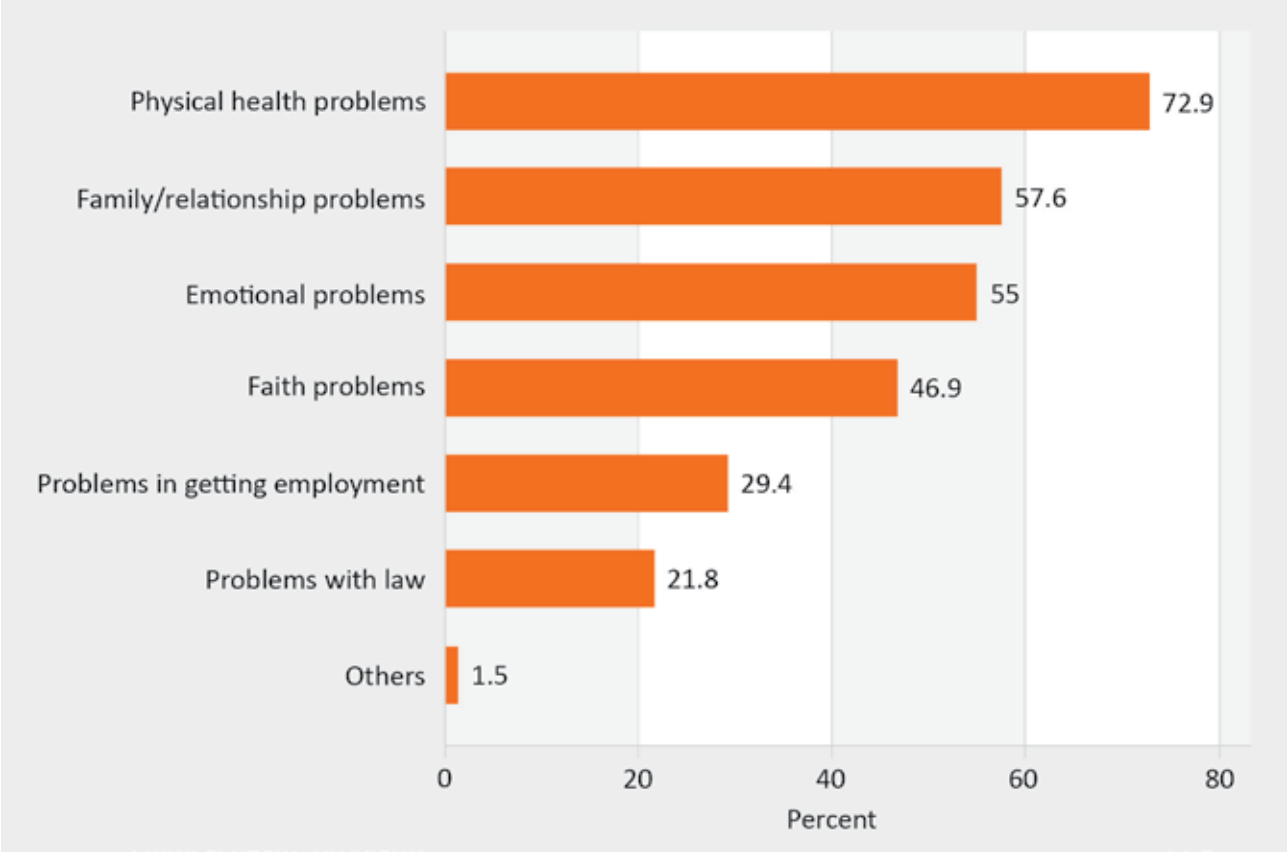
Figure 83: **Amounts of opium consumed per dose (percentage)**

	Female	Male	Total
Less than half a gram	34.3	20.7	26.9
Half a gram	36.1	36.3	36.2
1 gram	23.8	35.7	30.2
2.3 grams	3.8	5.3	4.7
More than 4.7 grams (1 mesghal)	2	2	2
Total	100.0	100.0	100.0

IMPACT OF OPIUM USE ON CHILDREN

The impacts of opium use as perceived by child users are similar to those described previously by adult opium users - 72.9 per cent of the child users said that it had led to physical health problems, 57.6 per cent noted the deterioration of family relationships and 55 per cent noted that their opium use had resulted in emotional problems. It is interesting to note that problems with the law (21.8 per cent) occur even when the opium users are children.

Figure 84: Impacts of opium use as perceived by interviewed children using opium



PATTERNS OF HEROIN USE AMONGST CHILDREN

Of all the children interviewed, 24.1 per cent said that they had consumed heroin. There was no significant variation across genders (17.8 per cent of girls and 26.7 per cent of boys).

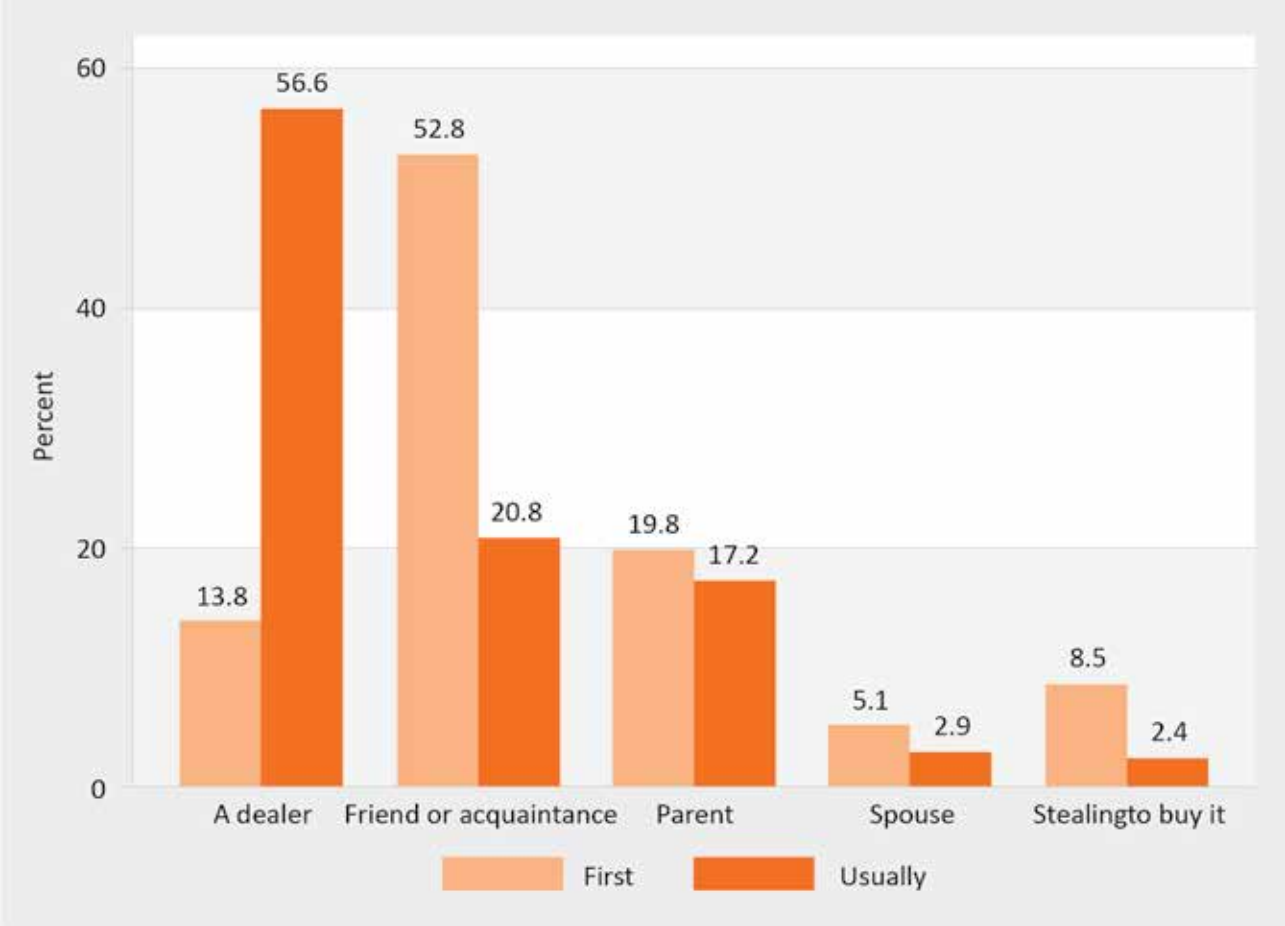
Figure 85: Interviewed children admitting to heroin use, by gender (percentage)

	No	Yes	Total
Female	82.2	17.8	100.0
Male	73.3	26.7	100.0
Total	75.9	24.1	100.0

Sources of heroin:

The majority (52.8 per cent) of children that consumed heroin said that they had initially obtained it from friends or acquaintances, 19.8 per cent said that they had obtained it from their parents and 13.8 per cent said that their initial source had been a drug dealer. With regard to usual or continued heroin use, there was a marked shift towards obtaining the drug from a dealer (56.6 per cent), while 20.8 percent said their usual source was a friend or acquaintance and 17.2 per cent said that they usually obtained it from their parents.

Figure 86: **Sources of heroin (initial and usual)**



As in the case of opium use among children, a much higher percentage of girls than boys said that they had initially obtained heroin from their parents (58.8 per cent and 10.4 per cent respectively). Boys most commonly cited friends and acquaintances as their initial source (65.1 per cent).

Figure 87: **Initial source of heroin, by gender (percentage)**

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	14.2	58.8	12.5	10.2	4.3	100.0
Male	65.1	10.4	0	14.9	9.6	100.0
Total	52.8	19.8	5.1	13.8	8.5	100.0

This difference also applied to usual or continued sources of heroin. For the majority of girls (51.8 per cent), their parents remained their main source of heroin, whereas drug dealers were the usual source for the majority (66.2 per cent) of boys.

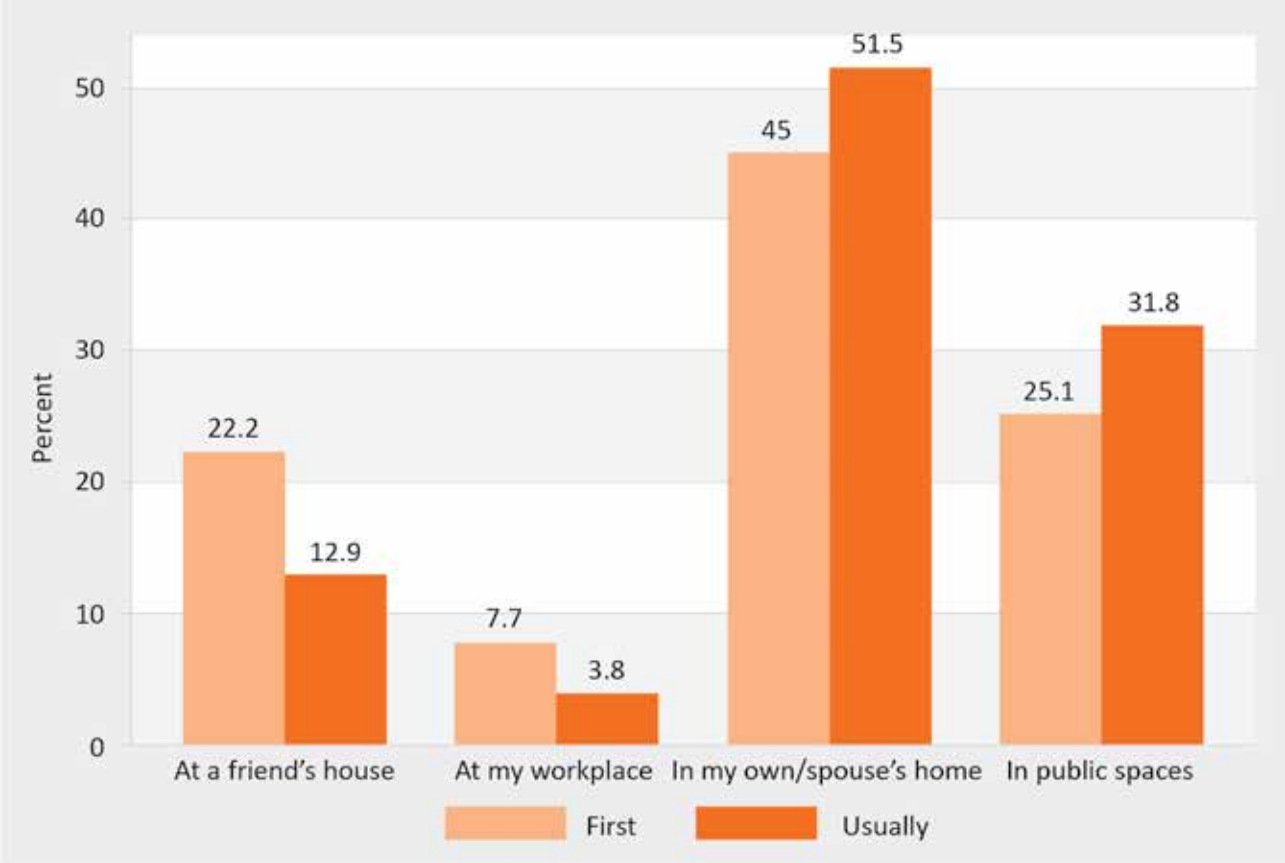
Figure 88: Usual source of heroin, by gender (percentage)

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	12.9	51.8	12.1	23.2	0	100.0
Male	23.4	7.1	0,7	66.2	2,6	100.0
Total	20.8	17.2	2.9	56.6	2.4	100.0

Consumption locations:

The majority (45 per cent) of children indicated that they had consumed heroin for the first time in their own home or at their spouse's home. This also applied to continued use (51.5 per cent).

Figure 89: Locations for consuming heroin



As in the case of opium, the responses of girls and boys differed. 75.8 per cent of girls said that they had initially consumed heroin in their own home or their spouse's home, compared with only 32.8 per cent of boys. Meanwhile, 31.9 per cent of boys indicated that they had initially used heroin at a friend's house.

Figure 90: **Initial location for consuming heroin, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In public places	At the workplace	Total
Female	75.8	12.2	12	0	100.0
Male	32.8	31.9	27.7	8.6	100.0
Total	45	22.2	25.1	7.7	100.0

This also applied to usual or regular consumption, with 75.8 per cent of girls stating that they usually consumed heroin in their own home or their spouse's home, compared with only 37.1 per cent of boys. Meanwhile, 46.9 per cent of boys usually consumed heroin in public places.

Figure 91: **Usual location for consuming heroin, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In public places	At the workplace	Total
Female	75.8	15.2	11.7	0	100.0
Male	37.1	11.6	46.9	4.4	100.0
Total	51.5	12.9	31.8	3.8	100.0

Method of consumption:

An overwhelming majority (96.7 per cent) of the children using heroin said that they smoked it. There were no significant variations across gender in that regard.

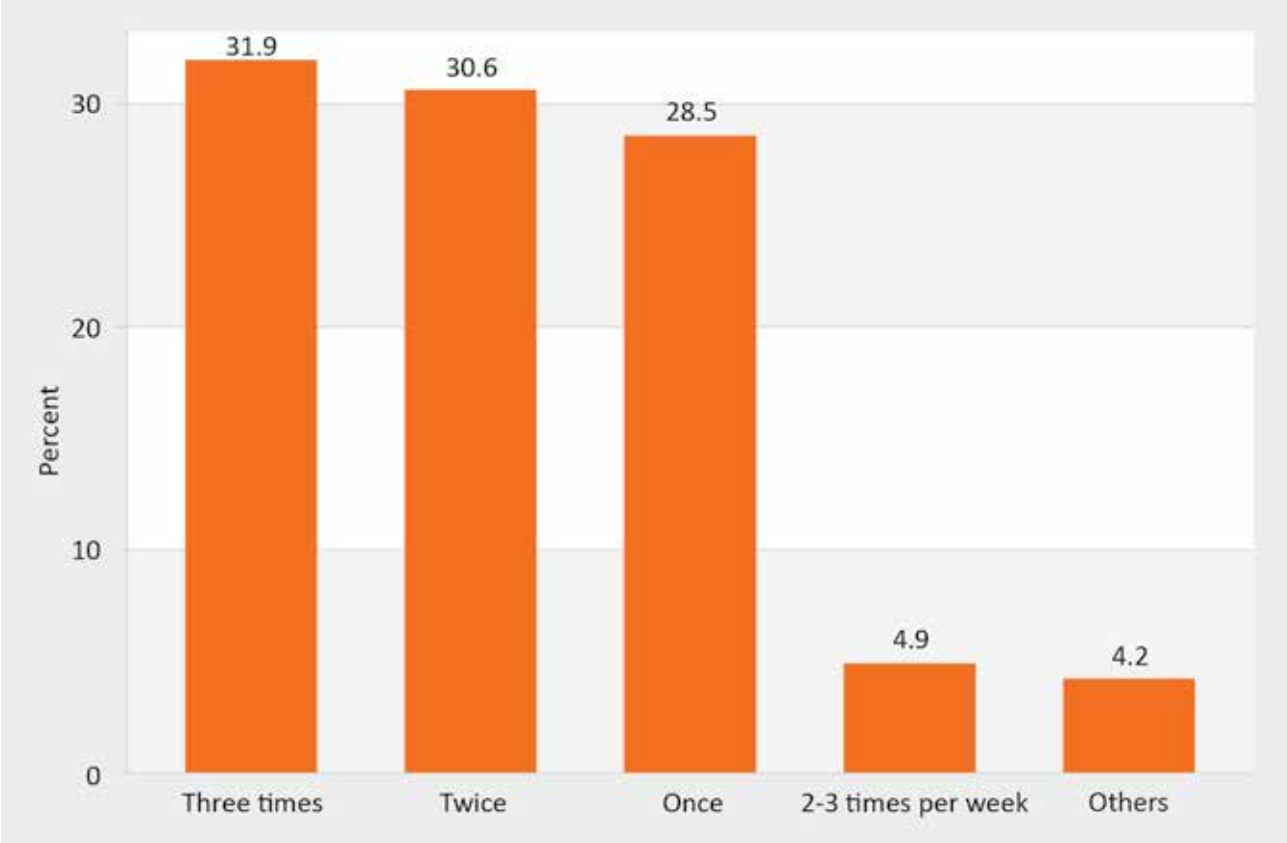
Figure 92: **Method of consuming heroin, by gender (percentage)**

	Female	Male	Total
Smoking	90.9	98.3	96.7
Smoking and injecting	0	0.9	0.7
Inhaling	9.1	0.8	2.6
Total	100.0	100.0	100.0

Amounts and prices:

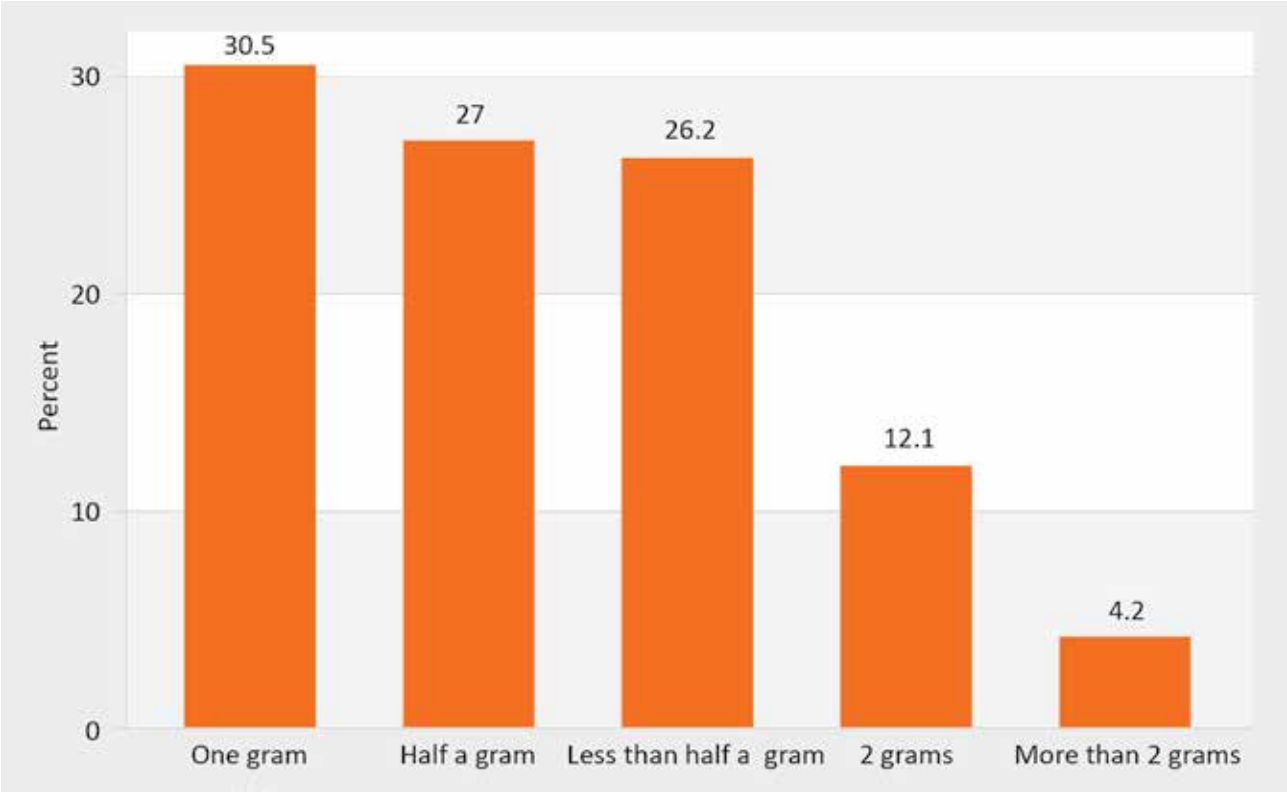
With regard to frequency of use, 31.9 per cent of child heroin users said that they consumed the drug three times a day, 30.6 per cent said that they did so twice a day and 28.5 per cent said they did so once a day.

Figure 93: **Frequency of heroin consumption over 24 hours**



With regard to the amounts consumed, 30.5 per cent of children said that they consumed 1 gram per day, 27 per cent said they consumed half a gram per day and 26.2 per cent said that they consumed less than half a gram per day.

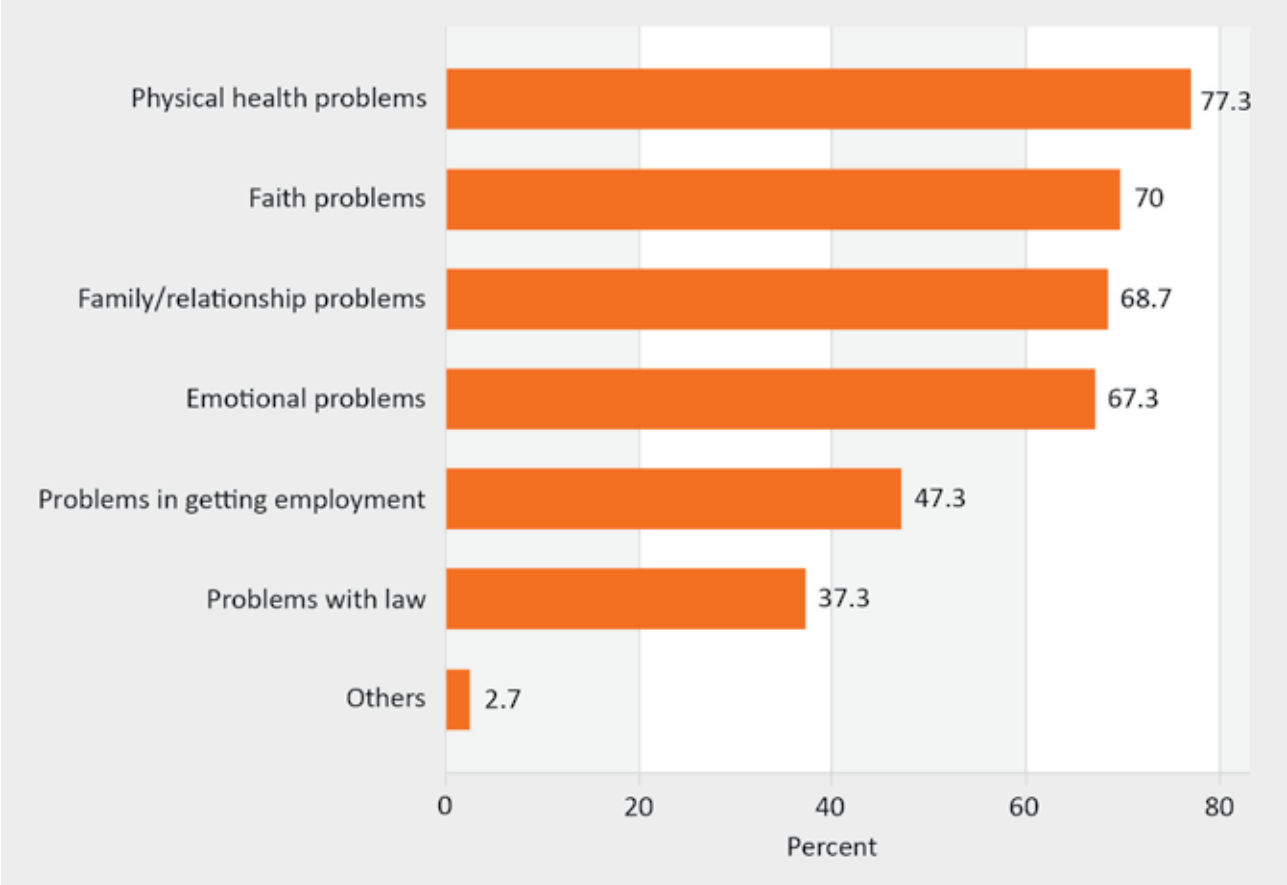
Figure 94: **Frequency of consuming heroin over 24 hours**



IMPACT OF HEROIN USE ON CHILDREN

The impacts of heroin use as perceived by child heroin users mirror those described by child opium users. The majority (77.3 per cent) said that heroin consumption led to physical health problems, while faith problems (70 per cent), family problems (68.7 per cent) and emotional problems (67.3 per cent) were also mentioned by a large number of interviewees.

Figure 95: **Impacts of heroin use as perceived by children using heroin**



PATTERNS OF HASHISH USE AMONGST CHILDREN

While 36.7 per cent of the children interviewed said that they had used hashish, it is interesting to note that the percentage of girls reporting hashish use (8.1 per cent) was much lower than the percentage of boys (48.8 per cent).

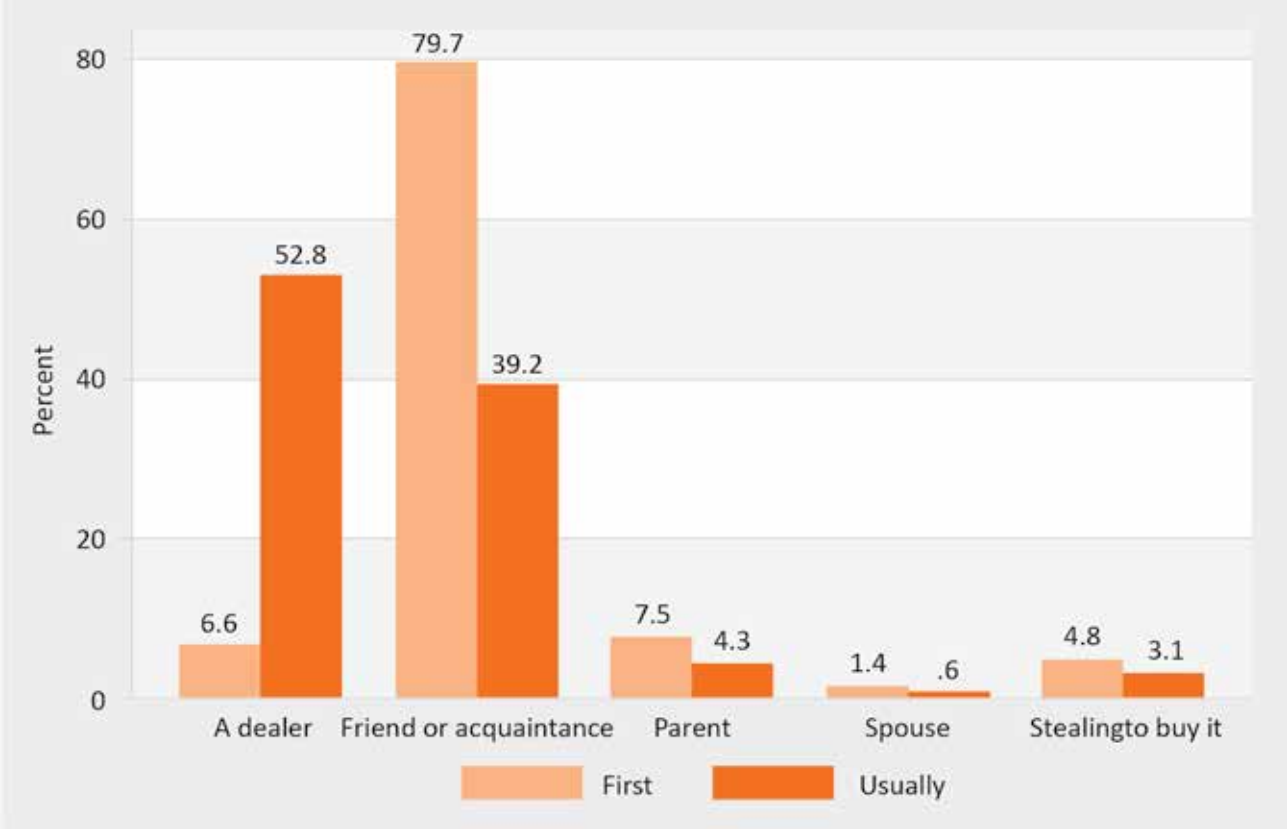
Figure 96: **Interviewed children admitting to hashish use, by gender (percentage)**

	No	Yes	Total
Female	91.9	8.1	100.0
Male	51.2	48.8	100.0
Total	63.3	36.7	100.0

Sources of hashish:

With regard to first-time hashish use, 79.7 per cent of the children interviewed said that they had initially obtained the drug from a friend or acquaintance. With regard to continued use, 52.8 per cent said that they usually obtained it from a drug dealer. It is interesting to note that 3.1 per cent of children said that they usually stole money in order to buy hashish.

Figure 97: **Children's sources of hashish (initial and usual)**



There are clear differences between boys and girls with regard to both initial and usual sources for hashish. For example, 46.7 per cent of girls had initially obtained hashish from friends or acquaintances, compared to an overwhelming 84.2 per cent of boys. A significant percentage (33.3 per cent) of girls also indicated that they had initially obtained the drug from their parents.

Figure 98: **Children's initial source of hashish, by gender percentage)**

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	46.7	33.3	6.7	6.7	6.6	100.0
Male	84.2	4.9	0	6.6	4.3	100.0
Total	79.7	7.5	1.4	6.6	4.8	100.0

With regard to continued use, 13.3 per cent of girls said that they usually obtained hashish from their parents, compared to only 1.1 per cent of boys. Similarly, 53.4 per cent of girls mentioned friends and acquaintances, compared to 35.6 per cent of boys. For 58.8 per cent of boys, drug dealers were their usual source of hashish, while 3.3 per cent of them said that they stole in order to buy it.

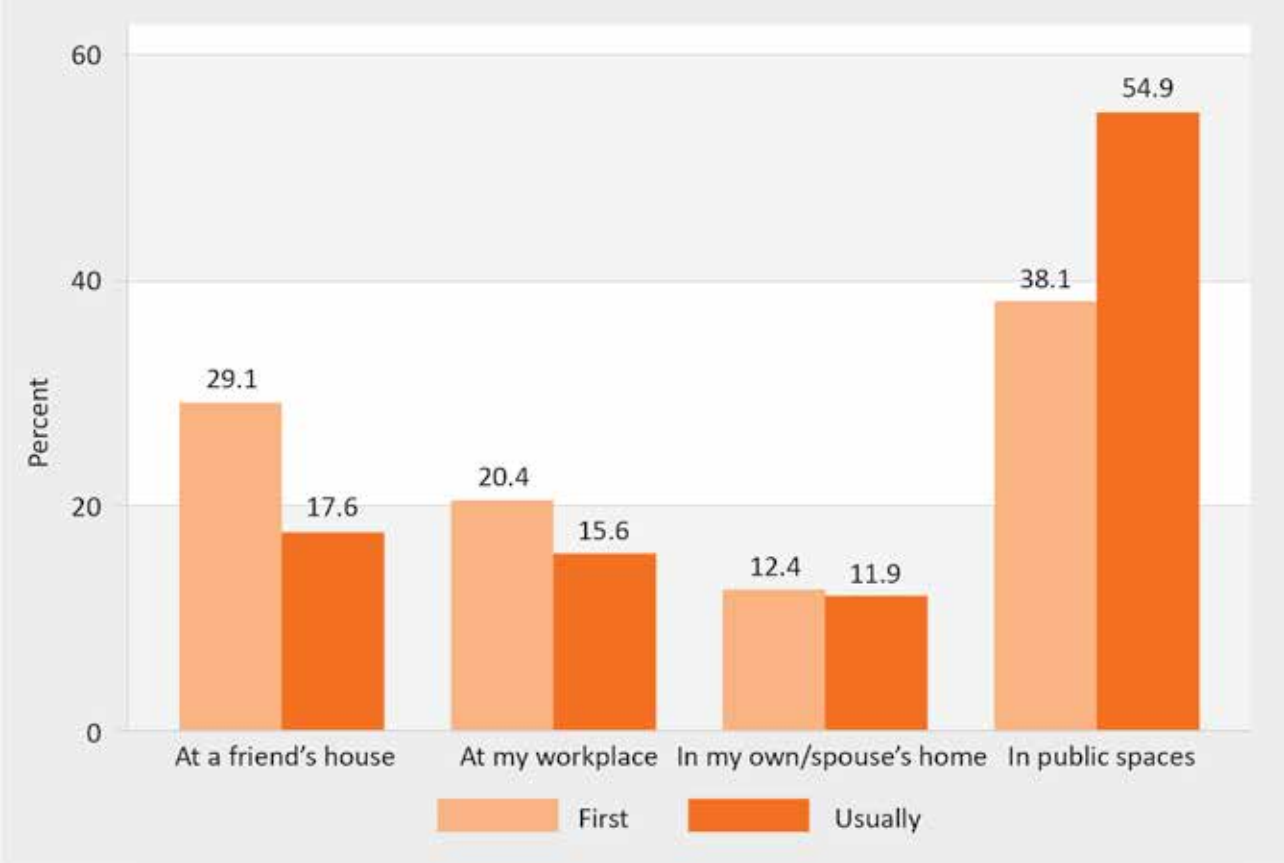
Figure 99: **Children's usual source of hashish, by gender (percentage)**

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	53.4	13.3	0	33.3	0	100.0
Male	35.6	1.1	1.2	58.8	3.3	100.0
Total	39.2	4.3	0.6	52.8	3.1	100.0

Consumption locations:

29.1 per cent of children said that they had initially used hashish at a friend's house. Meanwhile, 38.1 per cent said that they had consumed hashish for the first time in a public space. These locations did not differ greatly with regard to continued use, with 17.6 per cent of children saying that they consumed hashish regularly at a friend's house and 54.9 per cent mentioning public spaces.

Figure 100: **Locations for consuming heroin**



Again, there were clear differences between girls and boys. While 66.7 per cent of girls said that they had consumed hashish initially in their own home or their spouse's home, boys gave more varied responses, including a friend's house (32.4 per cent) and a public place (39.6 per cent).

Figure 101: Initial location for consuming hashish, by gender (percentage)

	At own home or at spouse's home	At a friend's house	In public places	At the workplace	Total
Female	66.7	26.7	6.7	0	100.0
Male	7.6	32.4	39.6	20.4	100.0
Total	12.4	29.1	38.1	20.4	100.0

The responses were similar with regard to regular consumption - 66.7 per cent of girls said that they usually consumed hashish in their own home or their spouse's home, while 61.5 per cent of boys said that they went to public places.

Figure 102: Usual location for consuming hashish, by gender (percentage)

	At own home or at spouse's home	At a friend's house	In public places	At the workplace	Total
Female	66.7	26.7	6.7	0	100.0
Male	6.1	14.2	61.5	18.2	100.0
Total	11.9	17.6	54.9	15.6	100.0

Consumption method:

With regard to the method of consumption for hashish, the vast majority (98.7 per cent) of child users said that they smoked the drug.

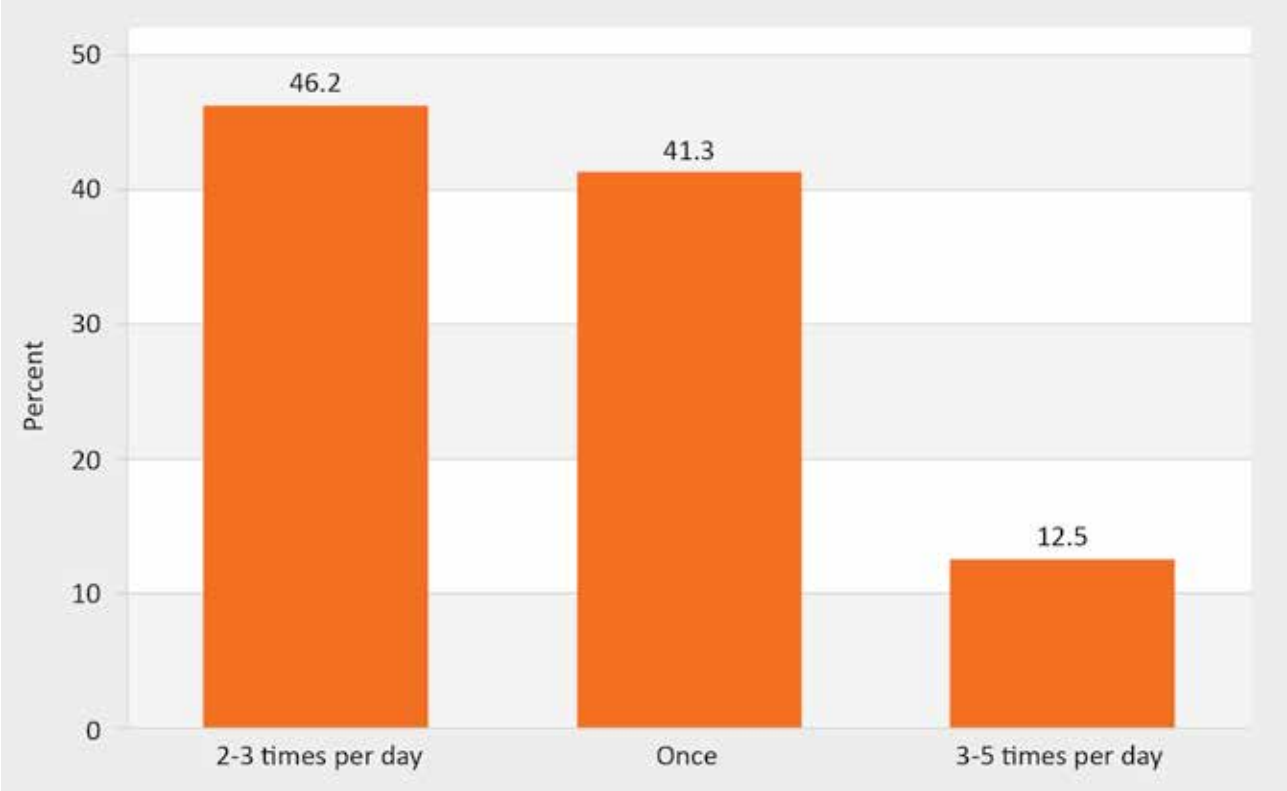
Figure 103: Method of consuming hashish

Method	Percentage
Smoking	98.7
Eating with food	0.9
Smoking and eating with food	0.4
Total	100.0

Amounts and prices:

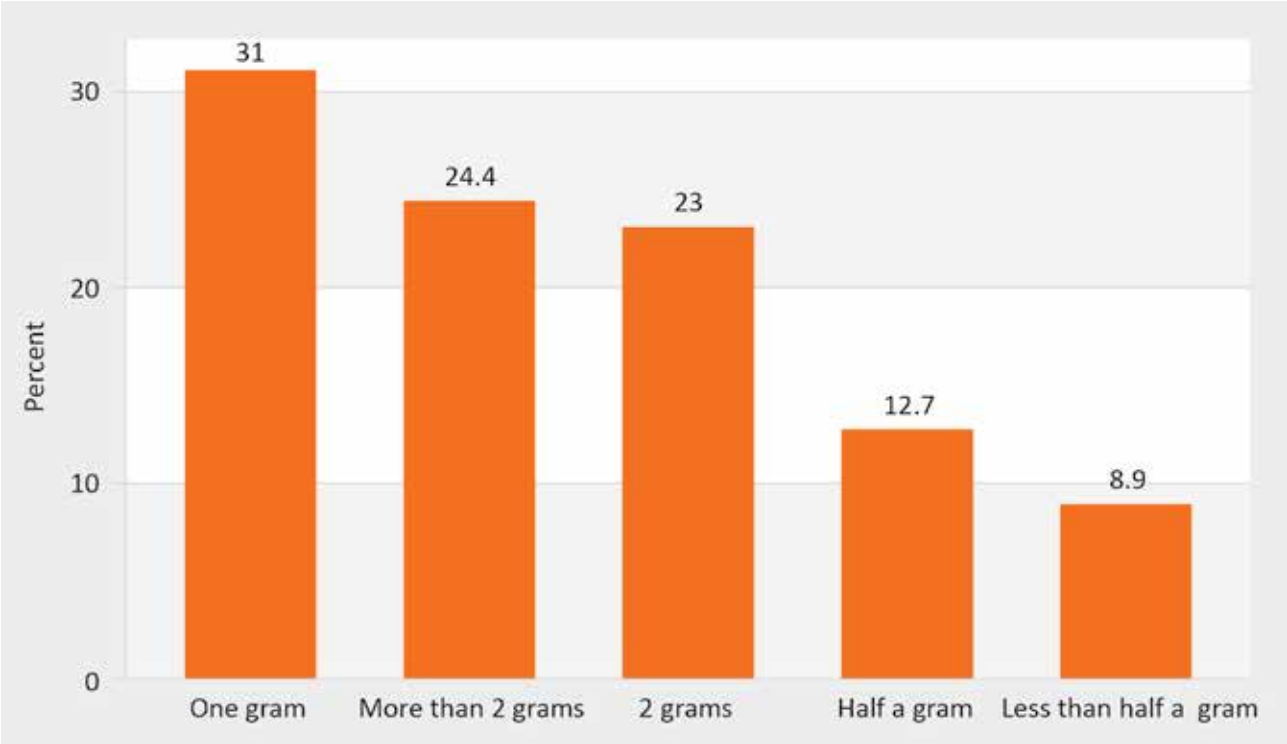
With regard to frequency of use, 46.2 per cent of child hashish users said that they consumed it 2-3 times per day, while 41.3 per cent said that they consumed it once a day.

Figure 104: **Frequency of hashish consumption over 24 hours**



With regard to quantities consumed, 31 per cent of children said that they consumed 1 gram of hashish in 24 hours, 23 per cent said that they consumed 2 grams and 24.4 per cent indicated that they consumed more than 2 grams.

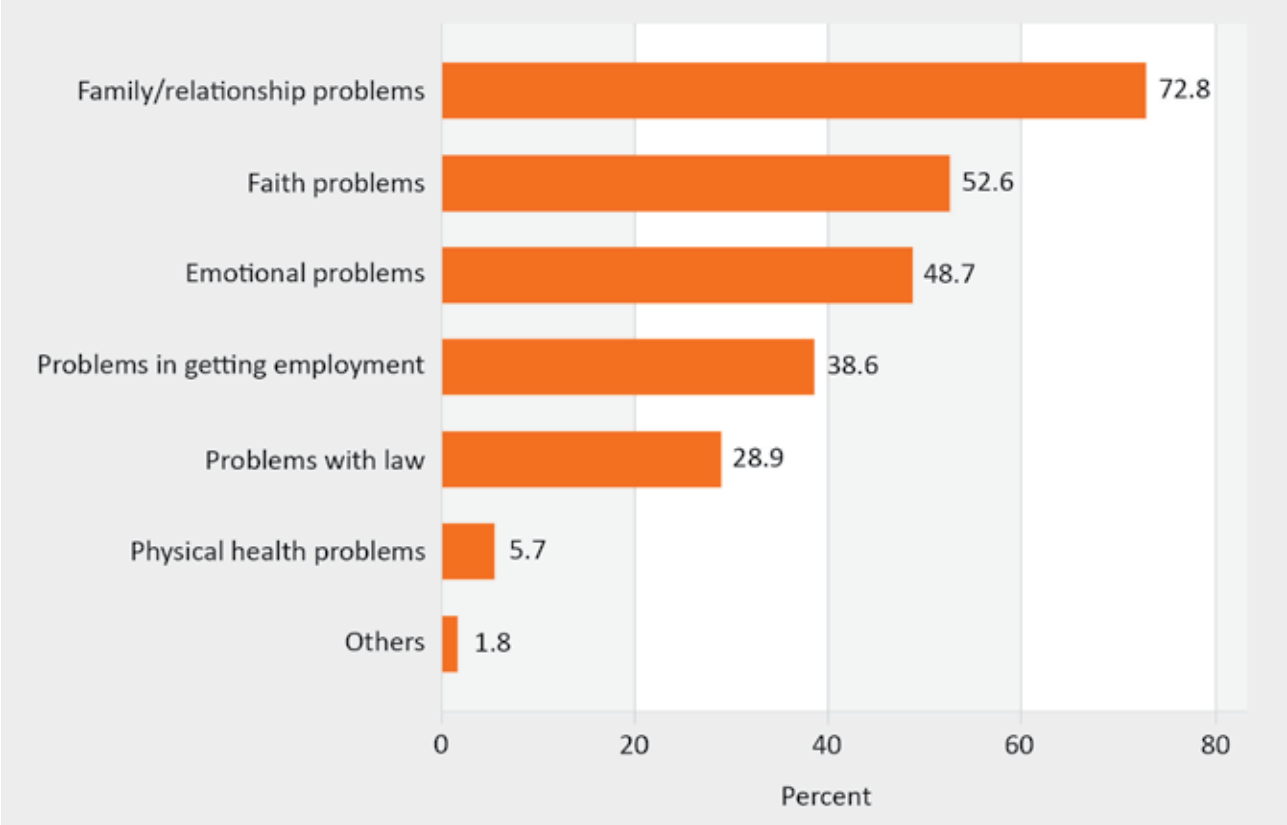
Figure 105: **Total amount of hashish consumed by children in 24 hours**



IMPACT OF HASHISH USE ON CHILDREN

The impacts of hashish use as perceived by child users were similar to those described by children using opium and heroin. The majority (72.8 per cent) of children said that hashish consumption had led to physical health problems, while 52.6 per cent mentioned faith-related problems and 48.7 per cent reported emotional problems. It is also interesting to note that 38.6 per cent of child hashish users said that they had experienced problems finding employment.

Figure 106: Impacts of hashish use as perceived by children using hashish



PATTERNS OF THE NON-MEDICAL USE OF TRANQUILIZERS AMONG CHILDREN

Of all the children interviewed, 12.5 per cent admitted to the non-medical use of tranquilizers or sedatives. It is interesting to note that a much higher percentage of girls (24.3 per cent) than boys (7.4 per cent) said that they had used tranquilizers for non-medical purposes.

Figure 107: Interviewed children admitting to tranquilizer use, by gender (percentage)

	No	Yes	Total
Female	75.7	24.3	100.0
Male	92.6	7.4	100.0
Total	77.5	12.5	100.0

With regard to the types of tranquilizers consumed for non-medical reasons, 44.7 per cent of children said that they had consumed diazepam, 13.8 per cent said that they had consumed triazolam and 32.8 per cent indicated that they had consumed a variety of other tranquilizers.

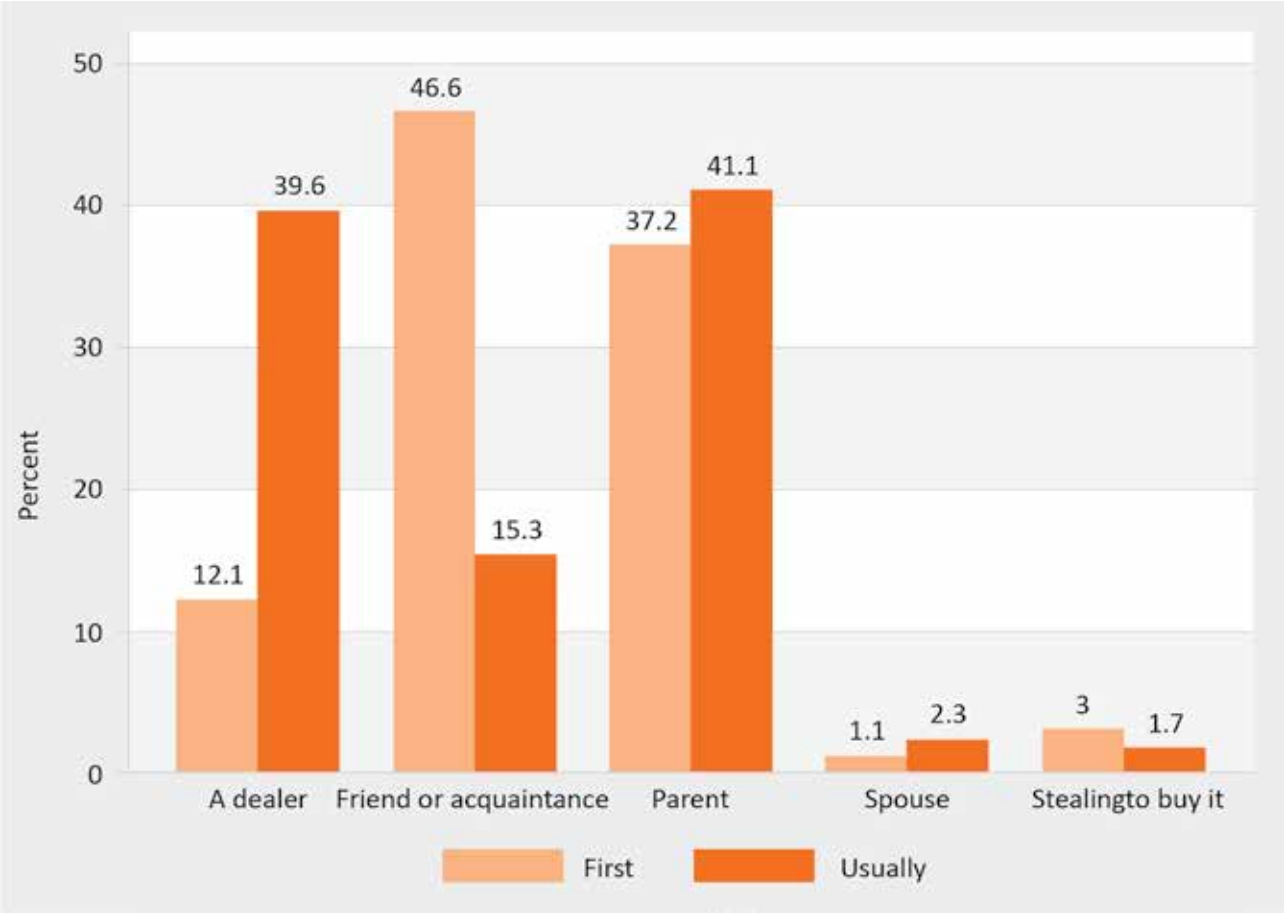
Figure 108: **Types of tranquilizers consumed by children for non-medical reasons**

Type of tranquilizer	Percentage
Diazepam	44.7
Methaqualone	3.8
Triazolam	13.8
Midazolam	3.6
Zopiclone	1.3
Others	32.8
Total	100.0

Sources of tranquilizers for non-medical use:

For almost half of the children who admitted to the non-medical use of tranquilizers (46.6 per cent), their friends or acquaintances were the most common initial source of the drug, followed by their parents (37.2 per cent). Children who had continued to use tranquilizers for non-medical purposes said that they usually obtained the drugs from their parents (41.1 per cent) or a dealer (39.6 per cent).

Figure 109: **Children's sources of tranquilizers for non-medical use (initial and usual)**



As in previous cases, the responses of boys and girls differed. While 60.7 per cent of girls said that they had initially obtained the drugs from their parents, friends or acquaintances were the primary initial source among boys (58.4 per cent).

Figure 110: Children's initial source of tranquilizers, by gender (percentage)

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	21.3	60.7	0	10.6	7.4	100.0
Male	58.4	21.9	1.2	18.5	0	100.0
Total	46.6	37.2	1.1	12.1	3	100.0

With regard to regular sources of tranquilizers for non-medical use, 68.6 per cent of girls said that they usually obtained the drugs from their parents while 47.9 per cent of boys said that they usually obtained them from drug dealers.

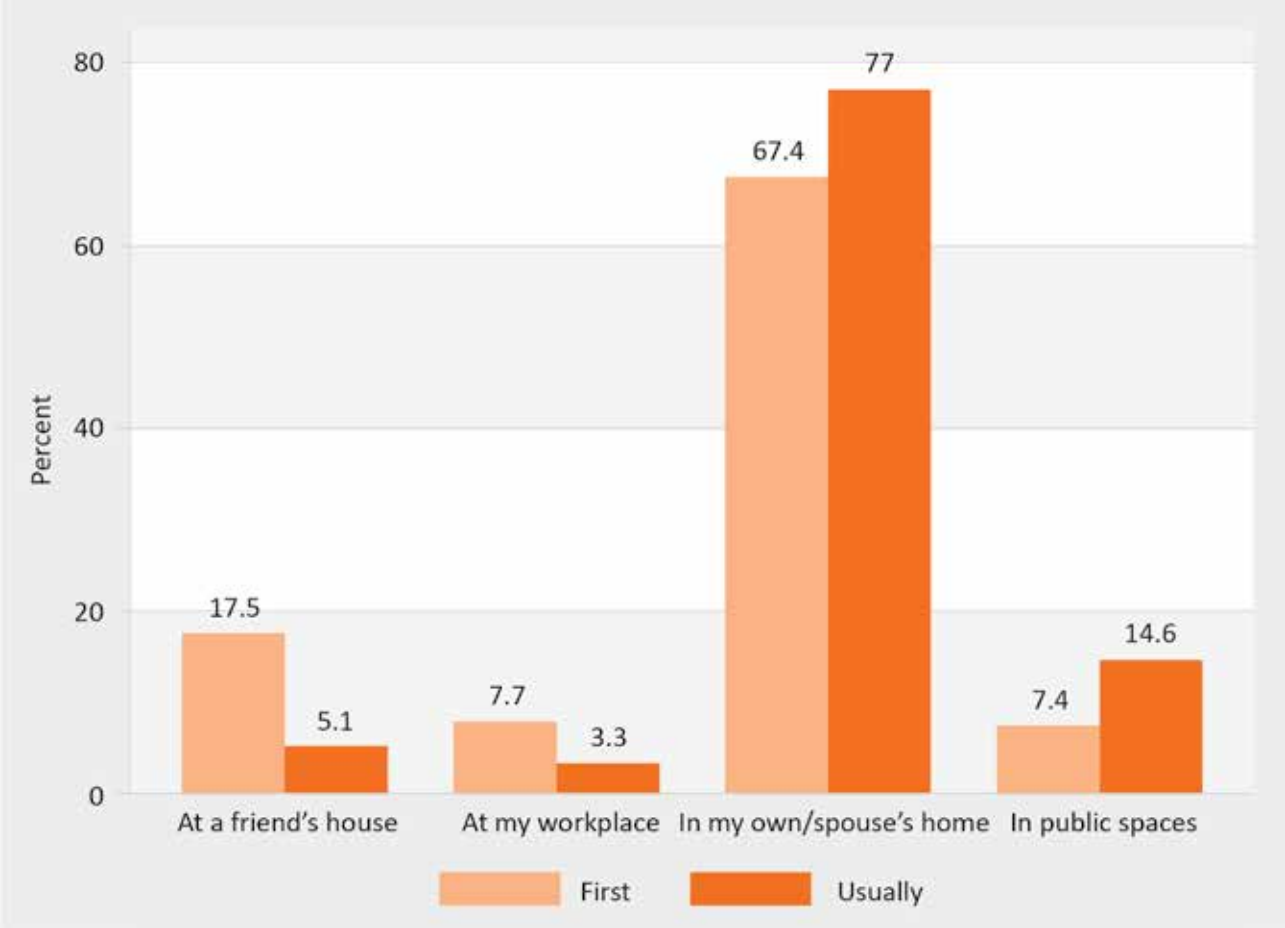
Figure 111: Children's usual source of tranquilizers, by gender (percentage)

	Friend or acquaintance	Parent	Spouse	Dealer	Stealing to buy it	Total
Female	11.4	68.6	2.7	14.8	2.5	100.0
Male	24	28.1	0	47.9	0	100.0
Total	15.3	41.1	2.3	39.6	1.7	100.0

Consumption locations:

The majority (67.4 per cent) of children admitting to the non-medical use of tranquilizers said that they had used the drug initially in their own home or at their spouse's home. This preference also applied to continued use (77 per cent).

Figure 112: **Locations for the non-medical consumption of tranquilizers (initial and usual)**



Reponses differed between boys and girls with regard to initial use. An overwhelming 80 per cent of girls said that they had consumed tranquilizers for the first time in their own home or their spouse's home, compared with 48.8 per cent of boys. Meanwhile, 25.3 per cent of boys said that they had initially consumed the drug at a friend's house, and 18.8 per cent mentioned the workplace.

Figure 113: **Initial location for consuming tranquilizers, by gender (percentage)**

	At own home or at spouse's home	At a friend's house	In a public park	At the workplace	Total
Female	80	11.1	8.9	0	100.0
Male	48.8	25.3	7.1	18.8	100.0
Total	67.4	17.5	7.4	7.7	100.0

Similar differences can be seen with regard to locations for continued use. 88.2 per cent of girls said that they usually consumed tranquilizers in their own home or their spouse's home, compared with 56.3 per cent of boys. Meanwhile, 14.8 per cent of boys indicated that they usually consumed the drugs at a friend's house and 22.2 per cent mentioned public spaces.

Figure 114: Usual location for consuming tranquilizers, by gender (percentage)

	At own home or at spouse's home	At a friend's house	In a public park	At the workplace	Total
Female	88.2	0	11.8	0	100.0
Male	56.3	14.8	22.2	7.7	100.0
Total	77	5.1	14.6	3.3	100.0

Method of consumption:

An overwhelming majority (96.1 per cent) of the children who admitted to the non-medical use of tranquilizers said that they had consumed the drugs orally.

Figure 115: Method of tranquilizer consumption

Method	Percentage
Injecting	2.6
Oral	96.1
Injecting and oral	1.3
Total	100.0

Amounts and prices:

With regard to frequency of consumption, 50.6 per cent of children said that they consumed tranquilizers once per day and 33.8 per cent said that they consumed the drugs up to 3 times per day.

Figure 116: Frequency of tranquilizer consumption, by gender (percentage)

	Once a day	1-3 times a day	Multiple times a week	Other	Total
Female	62.2	28.9	8.9	0	100.0
Male	32.3	41.9	9.7	16.1	100.0
Total	50.6	33.8	9.1	6.5	100.0

With regard to the amounts consumed, 20.3 per cent of children said that they consumed 10 mg of tranquilizers per day. It is important to note that different types of tranquilizers with different chemical compositions are used, and that the frequency of consumption and the amount consumed depend on the nature of drug.

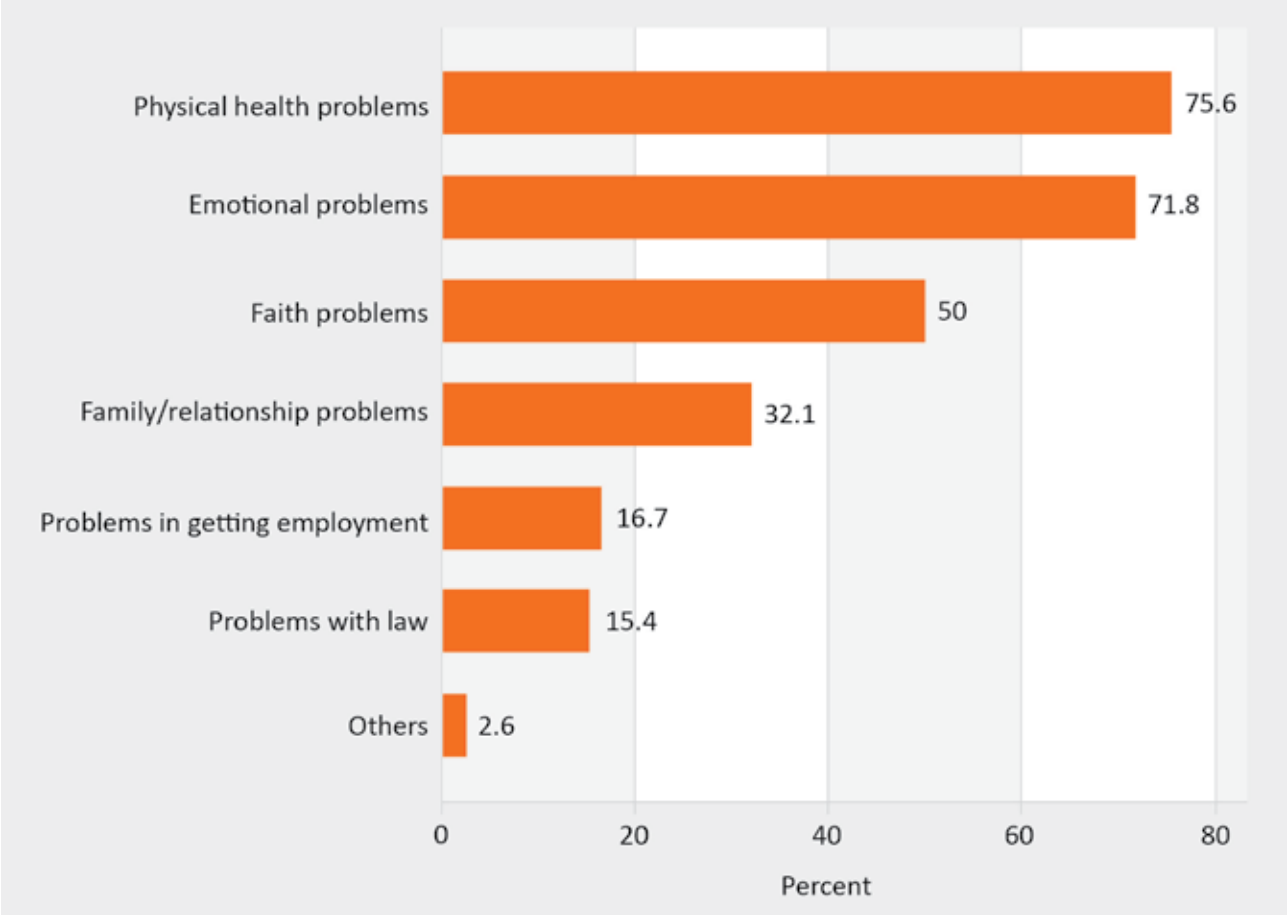
Figure 117: **Amounts of tranquilizers consumed by children in 24 hours, by gender (percentage)**

	0.25 mg	0.5 mg	0.75 mg	10 mg	100 mg	Other	Total
Female	10.5	13.2	5.3	21.1	13.2	36.8	100.0
Male	13.3	10.0	3.3	20.0	16.7	36.7	100.0
Total	11.6	11.6	4.3	20.3	14.5	37.7	100.0

IMPACTS OF THE NON-MEDICAL USE OF TRANQUILIZERS ON CHILDREN

The impacts of the non-medical use of tranquilizers as perceived by child users are similar to those described by children using opium, heroin and hashish. 75.6 per cent of the child users said that tranquilizer consumption had led to physical health problems, while 71.8 per cent noted that it had resulted in emotional problems.

Figure 118: **Impacts of the non-medical use of tranquilizers as perceived by interviewed child users**



It is interesting to note that the patterns and impacts of drug use among children largely echo those relating to interviewed adult users. The male preference for smoking opium is consistent, as is the female preference for obtaining drugs from close relatives and consuming them at home. Overall, the consumption of opium and tranquilizers was more common among female interviewees (both adults and children), while male interviewees more commonly chose to use heroin or hashish. Most impacts of drug use appear to apply to all drugs and age groups, although the extent of the impact can vary.

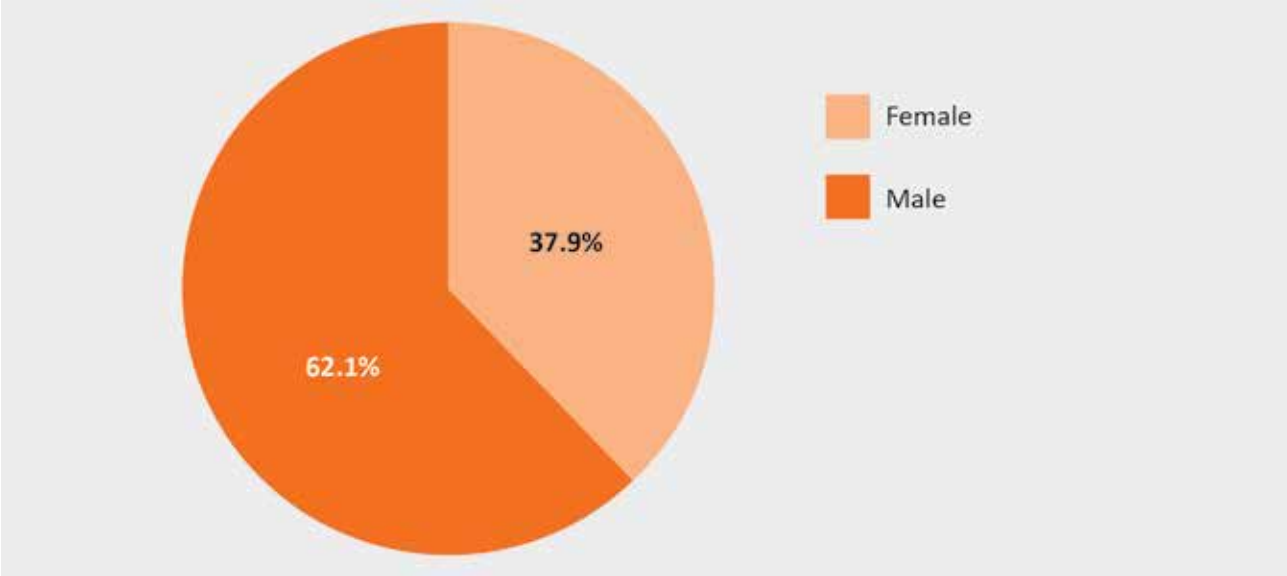
IMPACT OF DRUG USE ON FAMILY MEMBERS

Not only does drug use have an impact on drug users; it also affects their families and communities. The following section focuses on the impact of drug use on the family members of users. First, it will present a brief profile of the family members interviewed during the research. It will then examine the impacts of drug use on those family members. It is important to note that the impacts highlighted relate to all drugs, rather than one particular drug.

PROFILE OF INTERVIEWED FAMILY MEMBERS

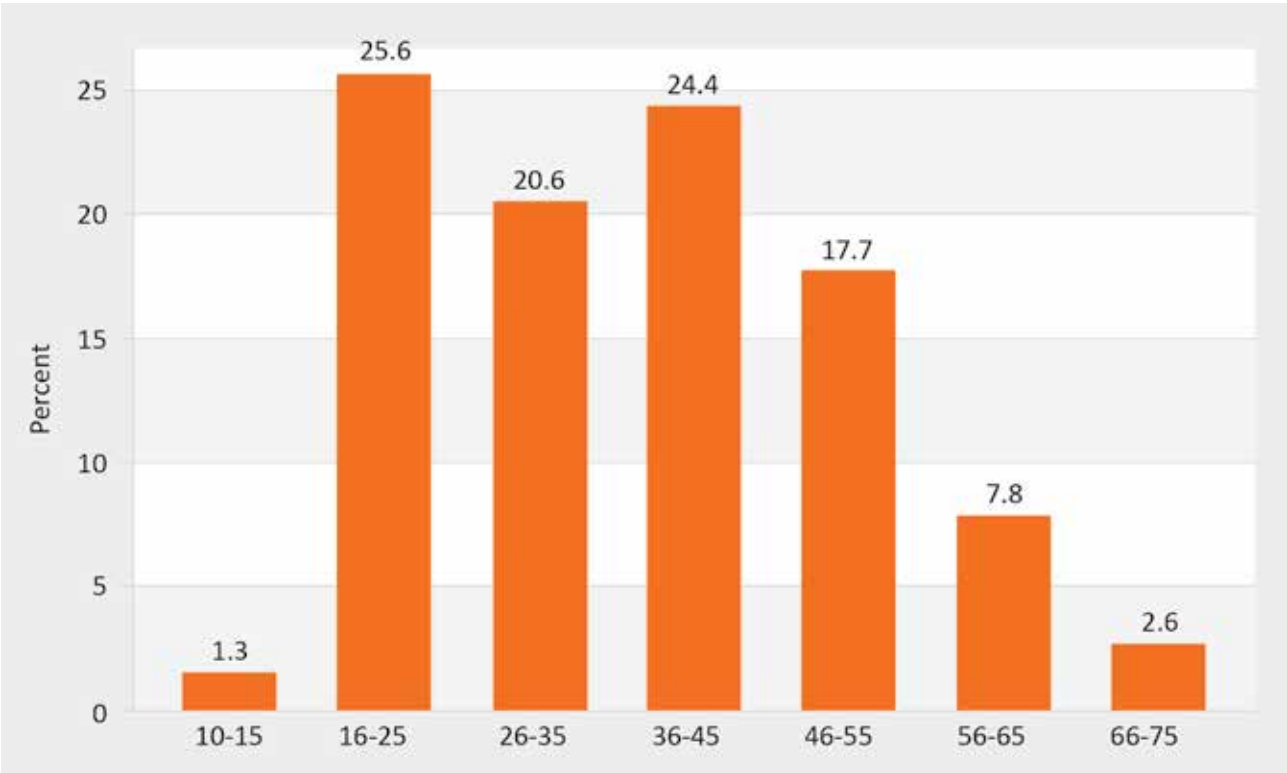
As previously mentioned, the number of female interviewees involved in the research study was smaller than the number of male interviewees. Of the 1,555 family members interviewed, 37.9 per cent were female and 62.1 per cent were male.

Figure 119: **Gender distribution among interviewed family members**



The ages of the family members interviewed ranged from 10 to 75 years. 25.6 per cent were 16-25 years old, 20.6 per cent were 26-35 years old, 24.4 per cent were 36-45 years old and 17.7 per cent were 46-55 years old. The variety in age groups is an accurate reflection of family structures in Afghanistan, where several generations often live under one roof.

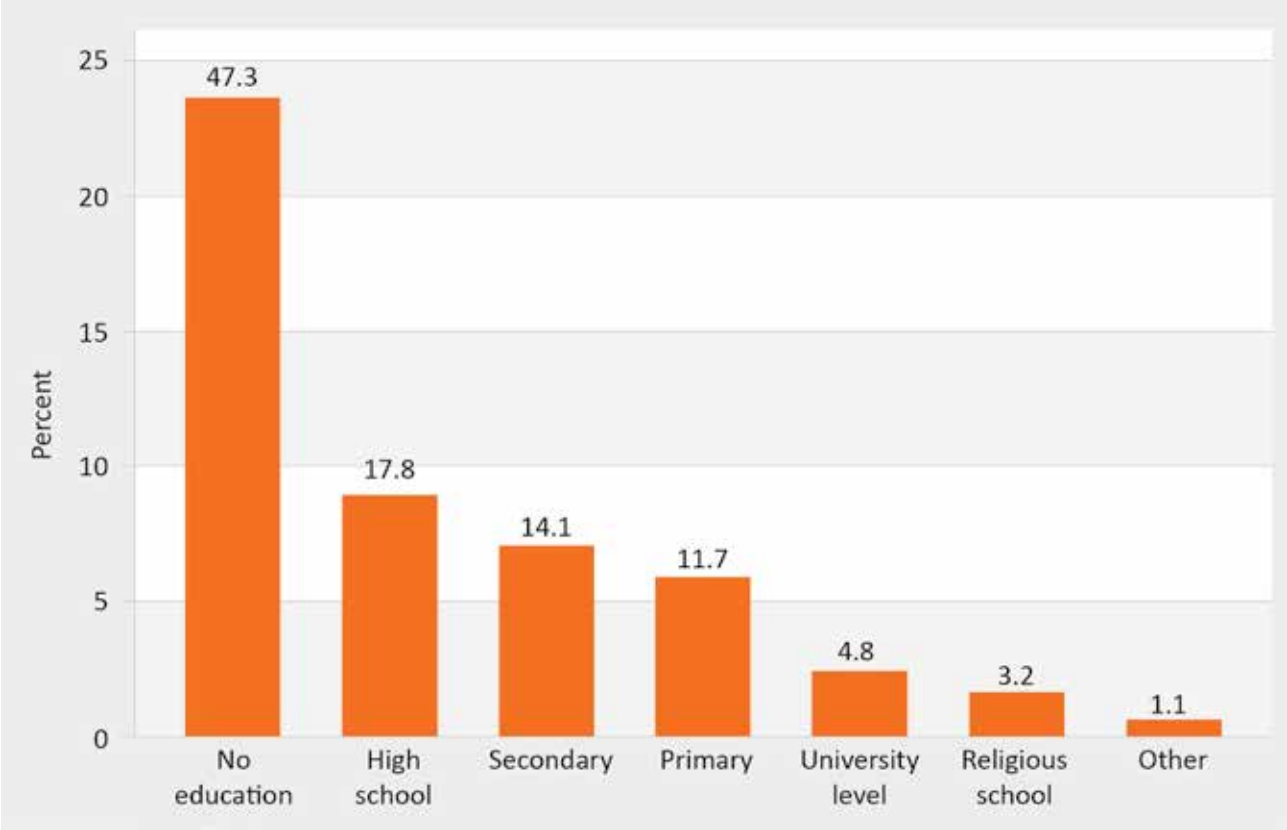
Figure 120: **Age distribution among interviewed family members**



With regard to marital status, 70 per cent of the interviewees were married, 22 per cent were single and 6 per cent were widowed.

When the family members were asked about their educational qualifications, 47.3 per cent said that they had no education. 11.7 per cent had attended a primary school and 4.8 per cent had attended university.

Figure 121: Level of education of interviewed family members



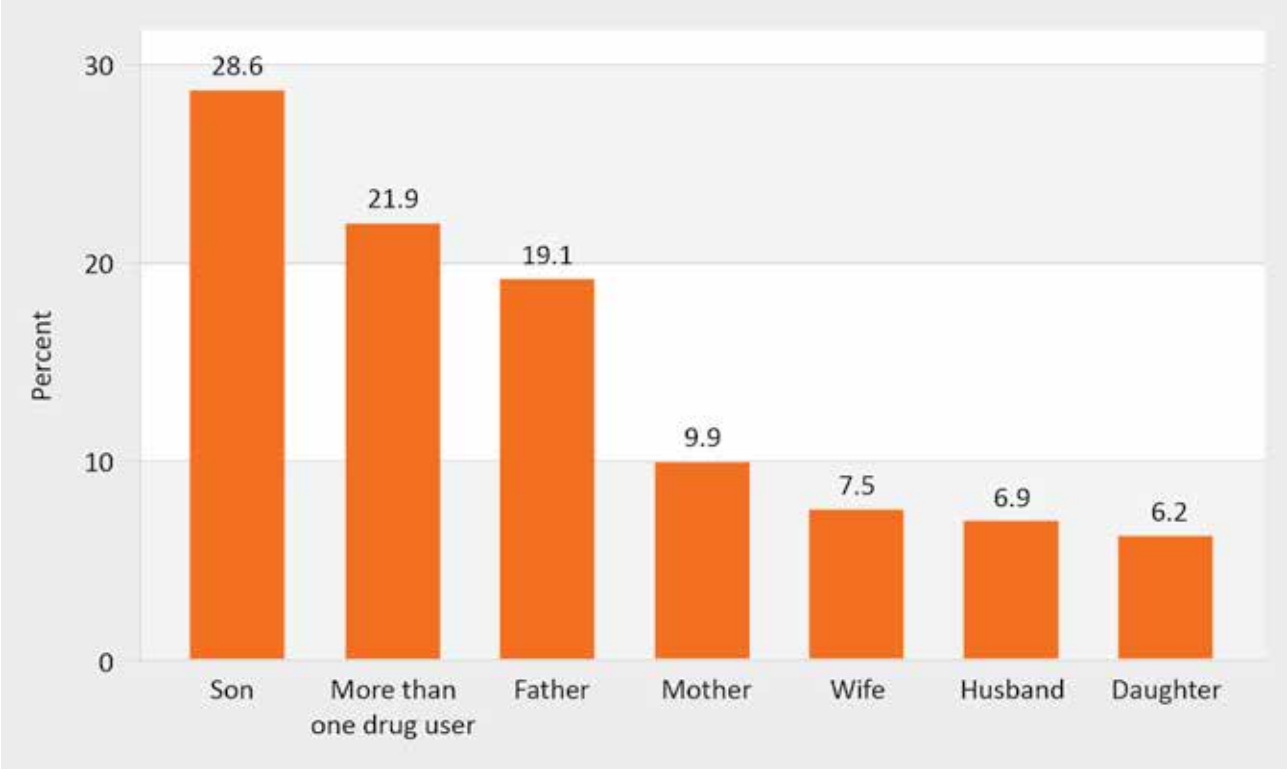
As was the case with the drug users interviewed, the percentage of female family members who said they had no education was significantly higher than the percentage of male family members and the average level of education among interviewees was low.

Figure 122: Level of education of interviewed family members, by gender (percentage)

	No education	Primary	Secondary	High school	University level	Religious school	Other	Total
Female	63.4	9.7	10.9	10.4	3.8	1.2	0.5	100
Male	37.7	12.9	16.3	22.2	5.4	4.6	0.9	100
Total	47.3	11.7	14.1	17.8	4.8	3.2	1.2	100

The final component of this brief profile is the relationship between the family member and the drug user. In that regard, 28.6 per cent of interviewees said that the drug user was their son, 21.9 per cent said that there was more than one drug user in the family and 19.1 per cent said that the drug user was their father.

Figure 123: **Relationship of interviewed family members with the drug users (drug users on x-axis)**



IMPACTS

As noted previously, the impacts of drug use on family members are not specific to any particular drug, and cover physical, emotional, economic and social effects.

Physical Impact:

Drug use can have various physical impacts, not only on the drug user but also on their family members. For example, it could lead to a confrontation between the two parties, which could then lead to physical injury. A family member could also be forced to take drugs by the drug user.

Of the family members interviewed for the research study, 68.3 per cent stated that they had confronted a drug user in the family about his or her drug use. It is important to note that "confronted" should be understood in this context as having engaged in a discussion without resorting to physical violence.

Figure 124: **Has the interviewee confronted the drug user about his/her drug use? (percentage)**

	No	Yes	Total
Female	31.8	68.2	100.0
Male	31.7	68.3	100.0
Total	31.7	68.3	100.0

The possible connection between drug use and violence became apparent when family members were asked whether they had been hit by, or had hit, the drug user during a confrontation regarding drug use. In that regard, 53.3 per cent of interviewees involved in such a confrontation said that they had been physically hit by or had hit out at the concerned family member. A higher percentage of males (56.9 per cent) than females (47.4 per cent) admitted that violence had been used during a confrontation, possibly indicating that a confrontation involving one or more male participants is more likely to turn violent.

Figure 125: Has the interviewee ever hit or been hit by the drug user during a confrontation? (percentage)

	No	Yes	Total
Female	52.6	47.4	100.0
Male	43.1	56.9	100.0
Total	46.7	53.3	100.0

Furthermore, 44.4 per cent of interviewees said that they knew someone who had been physically abused by a drug-using family member.

Figure 126: Does the interviewee know anyone who has been hit or abused by a drug user in their family? (percentage)

	No	Yes	Total
Female	57.4	42.6	100.0
Male	54.2	45.8	100.0
Total	55.6	44.4	100.0

Only 4.1 per cent of interviewees stated that they had been forced to consume drugs by a drug user in their family. However, it should be noted that perceptions as to what constitutes being "forced" to consume drugs are subjective. For example, passive smoking or being given drugs as a form of "medicine" may not be taken into account.

Figure 127: Has the interviewee ever been forced to consume drugs by a drug user in the family? (percentage)

	No	Yes	Total
Female	94.4	5.6	100.0
Male	96.8	3.2	100.0
Total	95.9	4.1	100.0

Interviewees reported having been forced to take hashish, heroin, opium, painkillers and tranquilizers (heroin and painkillers being the most common).

Figure 128: **Which type of drug was the interviewee forced to consume by the drug user?**

Drug type	Percentage of interviewees
Hashish	8.6
Heroin	25.9
Opium	8.6
Painkillers	25.9
Tranquilizers	31

When asked about the issue of self-harm, 19.7 per cent of interviewees stated that they had threatened/attempted to, or succeeded in, harming themselves. A higher percentage of females (25.1 per cent) than males (16.5 per cent) admitted to this, possibly indicating greater emotional vulnerability among females.

Figure 129: **Has the interviewee ever committed self-harm or threatened/attempted to do so? (percentage)**

	No	Yes	Total
Female	74.9	25.1	100.0
Male	83.5	16.5	100.0
Total	80.3	19.7	100.0

Of the interviewees who admitted to having committed self-harm, the majority of both males (69.3 per cent) and females (55.6 per cent) listed drug use by a family member as a contributing factor. Moreover, a relatively high percentage of females (23.9 per cent) identified violence in the household as a reason for their actions.

Figure 130: **What caused the interviewee to consider self-harm? (percentage)**

	Drug use by a family member	Trauma	Violence in the household	Other	Total
Female	55.6	18.3	23.9	2.1	100.0
Male	69.3	17.0	13.1	.7	100.0
Total	62.7	17.6	18.3	1.4	100.0

An important negative impact of drug use on family members is possible exposure to disease. Over a quarter (26.5 per cent) of interviewees said that they had fallen ill as a direct consequence of drug use by another member of their family. Most of them said that they had suffered from either HIV/AIDS or Hepatitis. A higher percentage of females (35.4 per cent) than males (21.3 per cent) attributed their illness to drug use by a family member, possibly indicating that females are more physically vulnerable than males to the impacts of drug use in the home.

Figure 131: **Has the interviewee ever fallen ill as a direct consequence of a family member's drug use? (percentage)**

	No	Yes	Total
Female	64.6	35.4	100.0
Male	78.8	21.3	100.0
Total	73.5	26.5	100.0

Emotional Impact:

Drug use has negative impacts not only on the physical health of the user's family members but also on their emotional wellbeing. When asked if they had ever been worried or depressed about the extent to which a family member used drugs, an overwhelming majority of interviewees (83.2 per cent) answered in the affirmative. A higher percentage of females (89.9 per cent) than males (79.6 per cent) admitted to such feelings, possibly indicating a greater emotional vulnerability among females.

Figure 132: **Has the interviewee ever been worried or depressed about a family member's drug use? (percentage)**

	No	Yes	Total
Female	10.1	89.9	100.0
Male	20.4	79.6	100.0
Total	16.8	83.2	100.0

Furthermore, 46.3 per cent of interviewees indicated that they worried about taking action for fear of the drug user's potential reaction.

Figure 133: **Has the interviewee feared taking action because of the potential reaction of the drug user? (percentage)**

	No	Yes	Total
Female	49.1	50.9	100.0
Male	56.3	43.8	100.0
Total	53.7	46.3	100.0

Only 4.6 per cent of interviewees said that they had consumed drugs or had thought about consuming drugs in order to deal with depression or family problems caused by a family member's drug use.

Figure 134: **Has the interviewee ever consumed or thought about consuming drugs to deal with depression or family problems? (percentage)**

	No	Yes	Total
Female	93.3	6.7	100.0
Male	96.6	3.4	100.0
Total	95.4	4.6	100.0

The drugs that interviewees admitted to having consumed on their own initiative varied, with hashish (28.3 per cent) and painkillers (28.3 per cent) being the most common. A significant number (23.3 per cent) of interviewees also said that they had consumed opium in order to cope with drug use by another family member.

Figure 135: Which drug(s) has the interviewee consumed in order to cope with drug use by another family member?

Drug type	Percentage of interviewees
Hashish	28.3
Painkiller	28.3
Opium	23.3
Heroin	5
Tranquilizers	13.4
Opium and heroin	1.7
Total	100.0

With regard to family relations, 35.8 per cent of interviewees said that their relationships with other family members had been negatively impacted by drug use within the family.

Figure 136: Does the interviewee think that family relationships have been negatively affected by a family member's drug use? (percentage)

	No	Yes	Total
Female	62.7	37.3	100.0
Male	64.8	35.2	100.0
Total	64.2	35.8	100.0

Furthermore, 16.8 per cent said that they had considered leaving or had left their own family home because of drug use by a family member.

Figure 137: Has the interviewee left or considered leaving home because of drug use by a family member? (percentage)

	No	Yes	Total
Female	83.9	16.1	100.0
Male	82.7	17.3	100.0
Total	83.2	16.8	100.0

A large majority of interviewees reported that they had had attempted to convince a drug-using family member to stop using drugs.

Figure 138: Has the interviewee tried to persuade a family member to stop using drugs? (percentage)

	No	Yes	Total
Female	17.6	82.4	100.0
Male	16.3	83.8	100.0
Total	17.1	82.9	100.0

Economic Impact:

As well as the physical and emotional impacts mentioned above, drug use has a very clear economic impact on the family members of drug users. When drug use becomes a regular habit it also becomes a drain on the financial resources of users. Simultaneously, it reduces their ability to work and earn money. During this study, 50.7 per cent of the family members interviewed said that their drug-using relative had been employed prior to using drugs.

Figure 139: Did the interviewee's drug-using family member have a job prior to using drugs? (percentage)

	No	Yes	Total
Female	55.2	44.8	100.0
Male	45.3	54.7	100.0
Total	49.3	50.7	100.0

Of those, 60 per cent said that the concerned family member had lost his or her job after starting to use drugs. Unemployment can make drug users dependant on their families or, as indicated previously, can lead them to beg or steal in order to find the money to buy drugs.

Figure 140: Did the interviewee's drug-using family member lose their job after starting to use drugs? (percentage)

	No	Yes	Total
Female	46.2	53.8	100.0
Male	37.0	63.0	100.0
Total	40.0	60.0	100.0

Over half of the interviewees indicated that they had been forced to take on more financial responsibility because of drug use within the family, with a slightly higher percentage of males (62 per cent) than females (55.6 per cent) expressing this view.

Figure 141: **Has the interviewee taken on greater financial responsibility within the family because of a family member's drug use? (percentage)**

	No	Yes	Total
Female	44.4	55.6	100.0
Male	38.0	62.0	100.0
Total	40.7	59.3	100.0

A Large proportion (67.9 per cent) of interviewees admitted that they had experienced financial problems because of a family member's drug use. Expenditure on drugs and a reduction in the family's overall income due to a decreased contribution by the drug user are two possible causes of financial difficulty. A higher percentage of females (76.1 per cent) than males (63.3 per cent) said that they had faced financial problems due to drug use by a family member.

Figure 142: **Has the interviewee ever experienced financial problems caused by a family member's drug use? (percentage)**

	No	Yes	Total
Female	23.9	76.1	100.0
Male	36.7	63.3	100.0
Total	32.1	67.9	100.0

Such financial difficulties can translate into a lack of basic necessities. A significant number (34.4 per cent) of interviewees indicated that they had gone without food or other basic necessities as a direct consequence of drug use by a family member. A higher percentage of females (45.8 per cent) than males (27.7 per cent) gave this response, indicating that females may be more vulnerable than males to financial problems caused by drug use in the family.

Figure 143: **Has the interviewee ever gone without basic necessities due to a family member's drug use? (percentage)**

	No	Yes	Total
Female	54.2	45.8	100.0
Male	72.3	27.7	100.0
Total	65.6	34.4	100.0

Almost half of the interviewees indicated that they had borrowed or been forced to borrow money owing to a family member's drug use. Again, more females (58.3 per cent) than males (41.7 per cent) gave this response, possibly indicating that drug-using family members are able to exert more influence on female relatives.

Figure 144: Has the interviewee ever borrowed money because of a family member's drug use? (percentage)

	No	Yes	Total
Female	41.7	58.3	100.0
Male	58.3	41.7	100.0
Total	52.2	47.8	100.0

Far fewer interviewees (only 6.3 per cent) indicated that they had begged or been forced to beg as a consequence of drug use by a family member.

Figure 145: Has the interviewee ever begged because of a family member's drug use? (percentage)

	No	Yes	Total
Female	90.4	9.6	100.0
Male	95.6	4.4	100.0
Total	93.7	6.3	100.0

However, that figure doubled to 12 per cent when interviewees were asked whether they knew anyone else who had been forced to steal or forced into prostitution as a result of drug use in their family.

Figure 146: Does the interviewee know anyone who has been forced into theft or prostitution because of a family member's drug use? (percentage)

	No	Yes	Total
Female	89.2	10.8	100.0
Male	87.2	12.8	100.0
Total	88.0	12.0	100.0

Of those, 43 per cent indicated that the person who had been forced to steal had consequently been arrested by the local authorities. A higher percentage of males (48 per cent) than females (33.3 per cent) gave this response.

Figure 147: Was the person consequently arrested by the authorities? (percentage)

	No	Yes	Total
Female	66.7	33.3	100.0
Male	52.0	48.0	100.0
Total	57.0	43.0	100.0

Drug use not only damages the professional lives of the drug users themselves but can also hinder the careers of their family members. Indeed, 9.5 per cent of interviewees indicated that they had experienced problems at work or lost their jobs because of drug use by a family member.

Figure 148: **Has the interviewee ever had problems at work or lost his/her job because of a family member's drug use? (percentage)**

	No	Yes	Total
Female	88.4	11.6	100.0
Male	91.7	8.3	100.0
Total	90.5	9.5	100.0

The percentage of interviewees that said they had become involved in selling drugs because of a family member's drug use was low, at only 2.8 per cent.

Figure 149: **Has the interviewee ever been forced to sell drugs because of a family member's drug use? (percentage)**

	No	Yes	Total
Female	97.4	2.6	100.0
Male	97.0	3.0	100.0
Total	97.2	2.8	100.0

Social Impact:

When a person starts taking drugs, his or her social interaction suffers. In addition, members of that person's family often find that their relationship with the rest of society is damaged. One reason for this could be that they are forced to lie in order to cover up drug use in their family. Indeed, during the interviews conducted, 48.5 per cent of interviewees indicated that they had lied to cover up a family member's drug use. A higher percentage of females (60.3 per cent) than males (41.7 per cent) said that they had done so, possibly indicating that drug use in the family has a greater social impact on females than on males.

Figure 150: **Has the interviewee ever lied to cover up another family member's drug use? (percentage)**

	No	Yes	Total
Female	39.7	60.3	100.0
Male	58.3	41.7	100.0
Total	51.5	48.5	100.0

In line with this, 68 per cent of interviewees reported that they were socially embarrassed by the actions or habits of a drug-using family member.

Figure 151: **Has the interviewee ever felt embarrassed by a drug-using family member? (percentage)**

	No	Yes	Total
Female	31.6	68.4	100.0
Male	32.1	67.9	100.0
Total	32	68	100.0

Indeed, the results of the study suggest that drug use in a person's family does have an impact on the attitude of society towards that person; 64.8 per cent of interviewees indicated that they felt that friends, neighbours or other members of society looked down on them or avoided them owing to the actions or habits of their drug-using family member.

Figure 152: Has the interviewee ever felt that members of society looked down on or avoided him/her because of drug use in the family? (percentage)

	No	Yes	Total
Female	31.6	68.4	100.0
Male	37.0	63.0	100.0
Total	35.2	64.8	100.0

However, the attitude of society is not always negative. A large number of interviewees (40.6 per cent) indicated that the community had tried to support them in their efforts to tackle a family member's drug use. A higher percentage of males (45.1 per cent) than females (33.5 per cent) noted such support, possibly indicating that males are supported by society to a greater extent than the females.

Figure 153: Have friends or neighbours ever tried to support the interviewee in tackling a family member's drug use? (percentage)

	No	Yes	Total
Female	66.5	33.5	100.0
Male	54.9	45.1	100.0
Total	59.4	40.6	100.0

Problems resulting directly from drug use by a family member were sufficient, however, to ensure that 22 per cent of interviewees had felt that they needed to move to a different location. It is important to note here that social factors (including a fear of stigma) constituted the primary motivation to move. A greater percentage of females (28 per cent) than males (18.4 per cent) admitted to having moved as a result of drug use in the family, possibly indicating that it has a greater social impact on females.

Figure 154: Has the interviewee ever had to move to a different location because of a family member's drug use? (percentage)

	No	Yes	Total
Female	66.5	33.5	100.0
Male	54.9	45.1	100.0
Total	59.4	40.6	100.0

Aside from embarrassment or humiliation, the family members of a drug user could also face problems with the law. Indeed, 9.7 per cent of interviewees indicated that they had faced problems with local law-enforcement authorities owing to drug use by a family member.

Figure 155: **Has the interviewee ever had problems with local law-enforcement authorities because of a family member's drug use? (percentage)**

	No	Yes	Total
Female	92.8	7.2	100.0
Male	88.8	11.3	100.0
Total	90.3	9.7	100.0

It should be noted that a large number (66.9 per cent) of interviewees reported that they had access to information about the dangers of drug use and methods for treating drug addiction.

Figure 156: **Does the interviewee have access to information regarding the dangers of drug use and how drug addiction can be treated? (percentage)**

	No	Yes	Total
Female	33.2	66.8	100.0
Male	32.6	67.4	100.0
Total	33.1	66.9	100.0

In line with this, 64.4 per cent said that they had taken a family member to a treatment centre. A greater percentage of males (69.2 per cent) than females (56.3 per cent) gave this response, possibly indicating that males may find easier to support drug users in getting treatment.

Figure 157: **Has the interviewee ever taken a family member to a drug treatment centre? (percentage)**

	No	Yes	Total
Female	43.7	56.3	100.0
Male	30.8	69.2	100.0
Total	35.6	64.4	100.0

That said, 59.3 per cent of interviewees indicated that their participation in social or community activities had suffered as a direct consequence of drug use by a family member, which is consistent with the more negative findings above.

Figure 158: **Has the interviewee's social life been adversely affected by a family member's drug use? (percentage)**

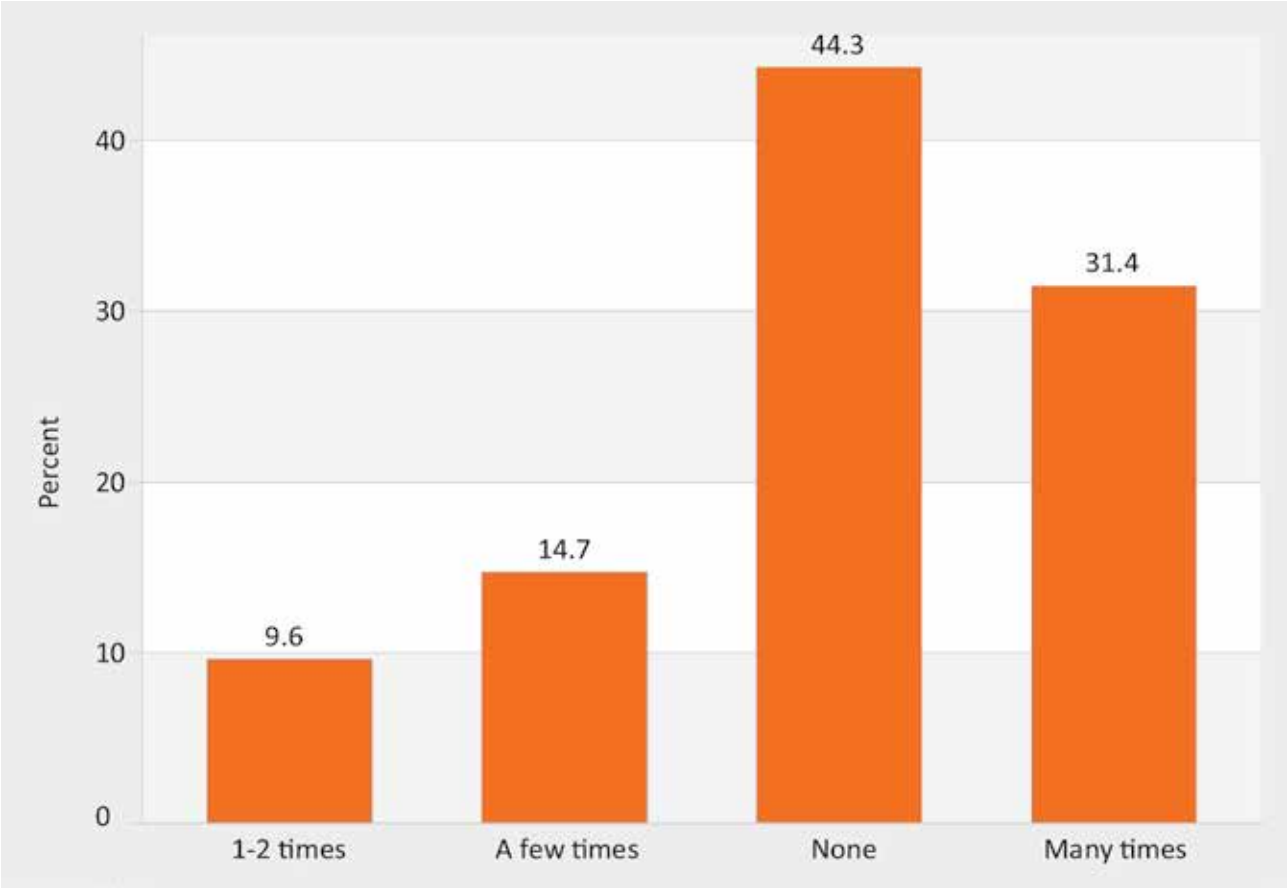
	No	Yes	Total
Female	44.1	55.9	100.0
Male	38.2	61.8	100.0
Total	40.7	59.3	100.0

IMPACT ON CHILDREN

As noted above, drug use can have a significant impact on members of the drug user's family. Since children are often not able to fully understand the situation or act accordingly, they are particularly vulnerable. The following section of the report focuses on the possible impact that drug use within a family can have on children. The first half will focus on the views of parents and the second half will cover the various issues as perceived by children themselves.

When drug users were asked whether they had informed their children about the inherent dangers of drug use, most interviewees either said that they had never done so (44.3 per cent) or indicated that they had done so many times (31.4 per cent).

Figure 159: **Number of attempts by drug users to warn their children of the dangers of drug use**



LIFE STORY OF A DRUG USER

(as narrated to interviewers in Hirat Province)

I am 20 years old. I live in the Adreskan District of Hirat Province in Afghanistan. I was 11 years old when I was forced by my father to marry a man 30 years older than me. When I was 12 years old I gave birth to my first child. My husband used to beat me every day.

He also cultivated poppies on his land and used drugs. I was also forced to use drugs and, after having used it a few times, I became addicted to opium. Soon, I was consuming about 4 grams of opium a day. After a while, we had to move to Kalata Nazar, which is on the border with the Islamic Republic of Iran. There, my husband started using crystal heroin and forced me to use it as well. After a while we were both addicted to heroin.

One day, I visited my parents and my mother realized that I was using drugs. She told me to quit or stop visiting them. In time, I gave birth to a little girl, my second child. However, I was unable to take care of both of my children. Sometimes I thought about selling my son as I was unable to take care of him, but my feelings and emotions as a mother stopped me.

My husband was not able to work and we needed money to buy heroin and food. He used to beat me and asked me to find money for him any way I could. Since we could not provide enough food for my son, he suffered from malnutrition and eventually passed away as there was no money to take him to the doctor.

When my daughter turned six, we had to give her to a local drug dealer to work for him; in return, we got drugs from the drug dealer. One day, my mother came to visit us and took my husband and me to the drug treatment centre. We were accepted at the centre, quit the drugs and, for five months, we did not use them. Then one day my husband came home and told me that he had bought some Shisha (which contains amphetamines).

He said that we should try it. I declined but he insisted and said that Shisha was not addictive and that we could stop using it whenever we wanted to. Soon, we became addicted to Shisha and I had to sell my daughter to the drug dealer again for 50,000 Afghanis. Initially, my husband and I were very happy and bought Shisha every day. When the money was finally all gone, we regretted our actions but could not do anything.

After some time, my father visited us and brought me to this clinic in Hirat. He had to sell two sheep for it, but now I am being treated for drug use. I hope that I can finish the treatment soon and get back to my village. I am determined to find a job, earn money and hopefully pay the drug dealer and get my daughter back. I will never even think about using drugs again

Perceptions of parents:

With regard to the impact of drug use on education, 31.7 per cent of parents indicated that their children had suffered academically owing to a family member's drug use. This is understandable, given that children are very sensitive to changes in the domestic environment and family dynamics.

Figure 160: Does the interviewee think that his/her child's academic progress has suffered because of a family member's drug use? (percentage)

	No	Yes	Total
Female	63.6	36.4	100.0
Male	71.0	29.0	100.0
Total	68.3	31.7	100.0

Moreover, 30.5 per cent of interviewees indicated that it had been necessary to withdraw their child from school because of drug use by a family member. Possible explanations for this could include a lack of money to finance education or a need for children to work in order to earn money for the family and/or the drug user.

Figure 161: Has the interviewee ever had to withdraw his/her child from school because of a family member's drug use? (percentage)

	No	Yes	Total
Female	63.4	36.6	100.0
Male	74.1	25.9	100.0
Total	69.5	30.5	100.0

Consistent with previous responses, 22.4 per cent of interviewees indicated that their child's behaviour had been affected negatively by a family member's drug use.

Figure 162: Does the interviewee think that his/her child's behaviour has been negatively affected by a family member's drug use? (percentage)

	No	Yes	Total
Female	71.5	28.5	100.0
Male	81.1	18.9	100.0
Total	77.6	22.4	100.0

Furthermore, 12.3 per cent of interviewees reported that their child had contracted a disease as a direct consequence of that drug use.

Figure 163: Has the interviewee's child ever contracted a disease as a direct consequence of a family member's drug use? (percentage)

	No	Yes	Total
Female	82.9	17.1	100.0
Male	90.5	9.5	100.0
Total	87.7	12.3	100.0

Only 1.8 per cent of interviewees indicated that their child had been forced to consume drugs by a drug-using family member. However, as mentioned previously, it is important to consider that perceptions as to what constitutes being "forced" to take drugs are subjective. Indirect exposure to drugs,[32] for example through passive smoking, may not be considered relevant by interviewees in this regard.

Figure 164: Has the interviewee's child ever been forced to consume drugs by a drug-using family member? (percentage)

	No	Yes	Total
Female	97.4	2.6	100.0
Male	98.6	1.4	100.0
Total	98.2	1.8	100.0

A much higher percentage (32.9 per cent) of interviewees said that their child had been abused by family member who was under the influence of drugs at the time.

Figure 165: Has the interviewee's child ever been physically abused by a family member who was under the influence of drugs? (percentage)

	No	Yes	Total
Female	61.0	39.0	100.0
Male	70.6	29.4	100.0
Total	67.1	32.9	100.0

Perceptions of children:

When children were interviewed on a similar range of topics, their responses correlated with those provided by parents. Of the 69 children interviewed, 10 were 10-14 years of age and 59 were 15-17 years of age.

With regard to the effect of drug use on education, 26.2 per cent of children indicated that their academic progress had suffered as a result of drug use by a family member.

Figure 166: Has the child's academic progress suffered owing to a family member's drug use? (percentage)

	No	Yes	Total
Female	74.9	25.1	100.0
Male	73.0	27.0	100.0
Total	73.8	26.2	100.0

When children were asked whether they had been required to leave school as a result of drug use by a family member, 35 per cent answered in the affirmative, thus confirming the negative impact on the academic progress of children.

[32] Hair testing during the Afghanistan National Urban Drug Use Survey indicated that 38 per cent of the children tested positive for exposure to an illegal drug. See United States Department of State, INL Demand Reduction Program, Research Brief, Afghanistan National Urban Drug Use Survey (ANUDUS), December 2012

Figure 167: Has the child ever had to leave your school owing to a family member's drug use? (percentage)

	No	Yes	Total
Female	67.3	32.7	100.0
Male	63.7	36.3	100.0
Total	65.0	35.0	100.0

Moreover, 15 per cent of children indicated that their behaviour had been affected by a family member's drug use.

Figure 168: Has the child's behaviour ever been affected by a family member's drug use? (percentage)

	No	Yes	Total
Female	87.2	12.8	100.0
Male	83.5	16.5	100.0
Total	85.0	15.0	100.0

Drug use in the family also has a direct impact on the physical wellbeing of children. Indeed, 6.7 per cent of the children interviewed indicated that they had fallen ill owing to drug use by a family member.

Figure 169: Has the child ever fallen ill because of a family member's drug use? (percentage)

	No	Yes	Total
Female	92.3	7.7	100.0
Male	93.9	6.1	100.0
Total	93.3	6.7	100.0

Another direct physical impact on children arises from their being forced to consume drugs. As was the case with parents, a very low percentage (1 per cent) of the children interviewed said that they had been forced to consume drugs. There are two possible explanations for this. Firstly, children who are provided with drugs by an adult family member may not believe that they have been "forced" to consume them. Secondly, indirect exposure to drugs, for example through passive smoking in the home or being given drugs as a form of "medicine" may not be taken into account .31 In each scenario, the low percentage loses its significance.

Figure 170: Has the child ever been forced to consume drugs? (percentage)

	No	Yes	Total
Female	99.0	1.0	100.0
Male	99.0	1.0	100.0
Total	99.0	1.0	100.0

A significant number of children (27.1 per cent) admitted to having been physically hit or abused by a family member who was under the influence of drugs. This is a particular area in which the Government of Afghanistan may wish to explore possible interventions.

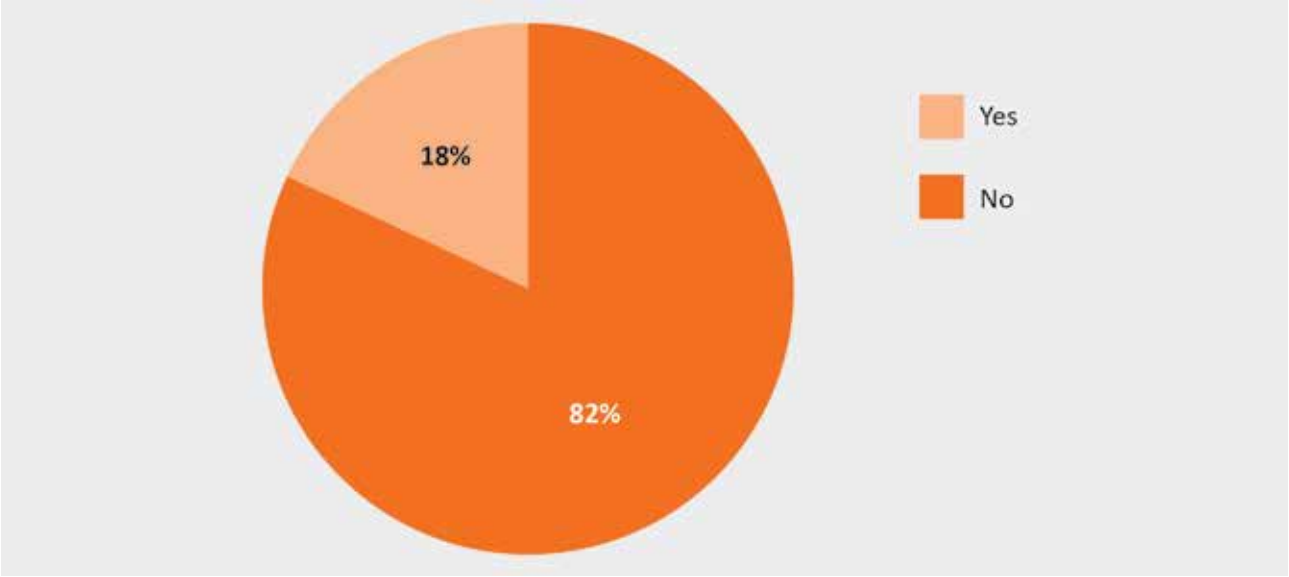
Figure 171: **Has the child ever been physically hit or abused by a family member who was under the influence of drugs? (percentage)**

	No	Yes	Total
Female	75.4	24.6	100.0
Male	71.3	28.8	100.0
Total	72.9	27.1	100.0

DRUG USERS AND THE COMMUNITY

An important element of the issue of drug use in Afghanistan is the involvement of drug users in poppy cultivation and the opiate trade (this also applies in the opposite sense, with cultivators and traffickers becoming drug users). When drug users were asked whether they had ever participated in poppy lancing to obtain raw opium gum, 18 per cent answered in the affirmative.

Figure 172: **Participation of interviewed drug users in poppy lancing**



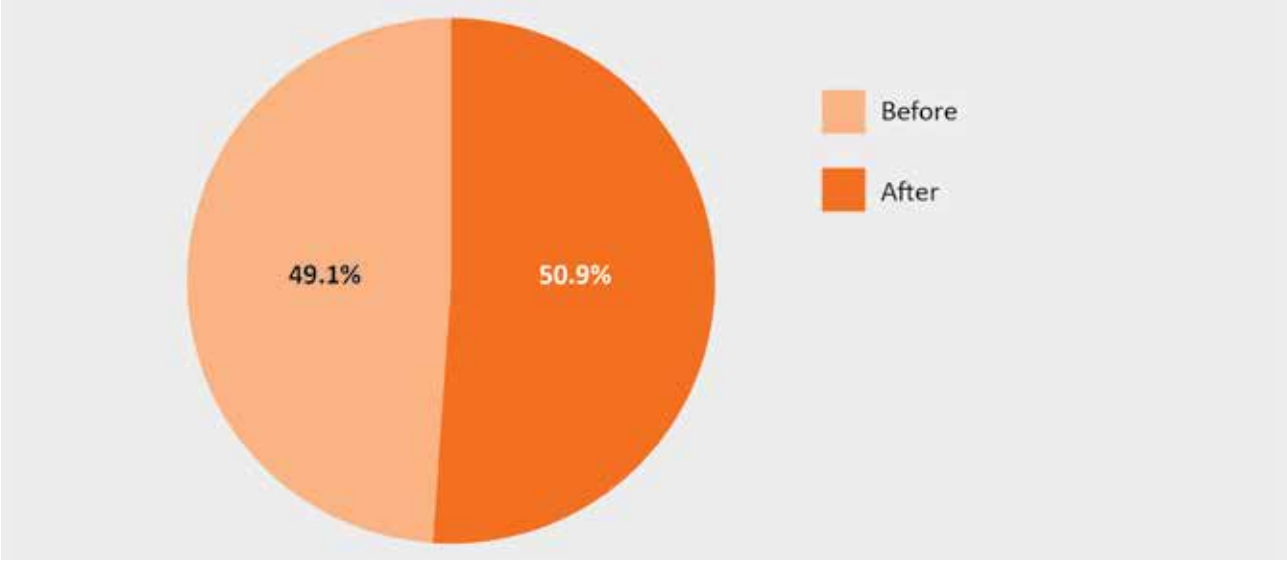
Figures were particularly high in Hilmand (27 per cent), Kandahar (14.9 per cent) and Farah (14.3 per cent), which are all home to significant opium poppy cultivation.

Figure 173: **Participation of interviewed drug users in poppy lancing, by province**

Province	Percentage of drug users participating in poppy lancing
Takhar	2.8
Badakhshan	5.3
Nangarhar	13.0
Kunduz	1.3
Paktia	1.1
Kunar	2.3
Balkh	1.4
Faryab	1.6
Kabul	3.5
Logar	4.8
Bamyan	0.2
Ghazni	1.1
Nimroz	2.1
Farah	14.3
Hirat	3.3
Kandahar	14.9
Hilmand	27.0
Total	100

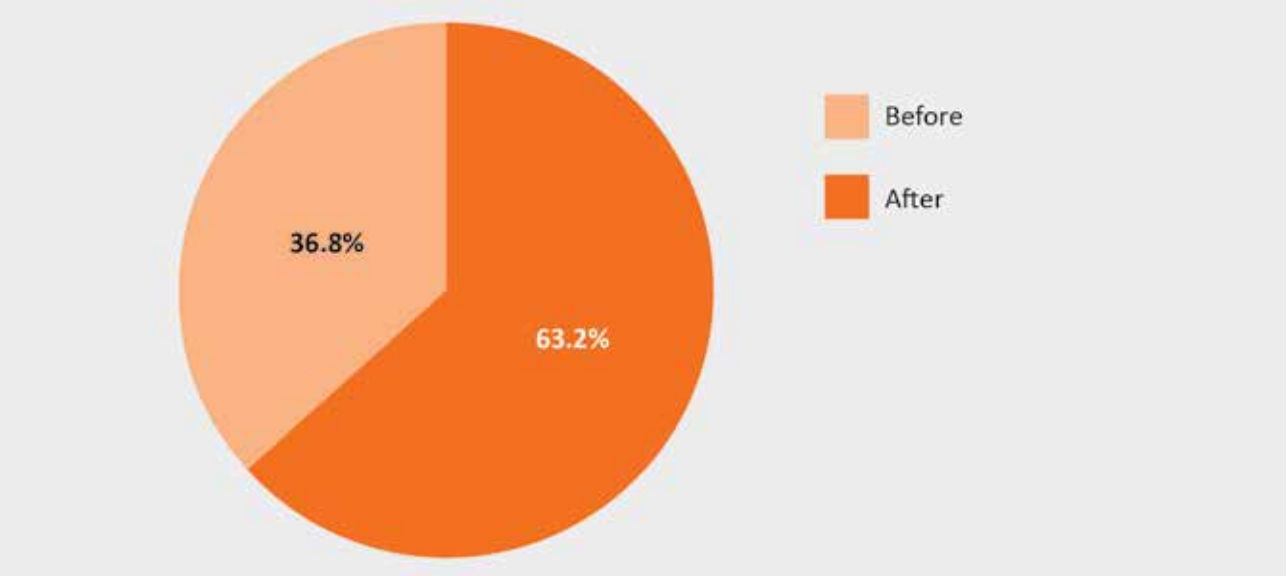
When asked whether they had participated in poppy lancing before or after they started using drugs, 49.1 per cent reported that they had done so prior to using drugs, while 50.9 per cent indicated that they had only done so subsequent to using drugs. Interviewees also indicated that, on average, a drug user was paid 390 Afghanis (US$ 7) per day for poppy lancing.

Figure 174: **Participation of interviewed drug users in poppy lancing before/after drug use**



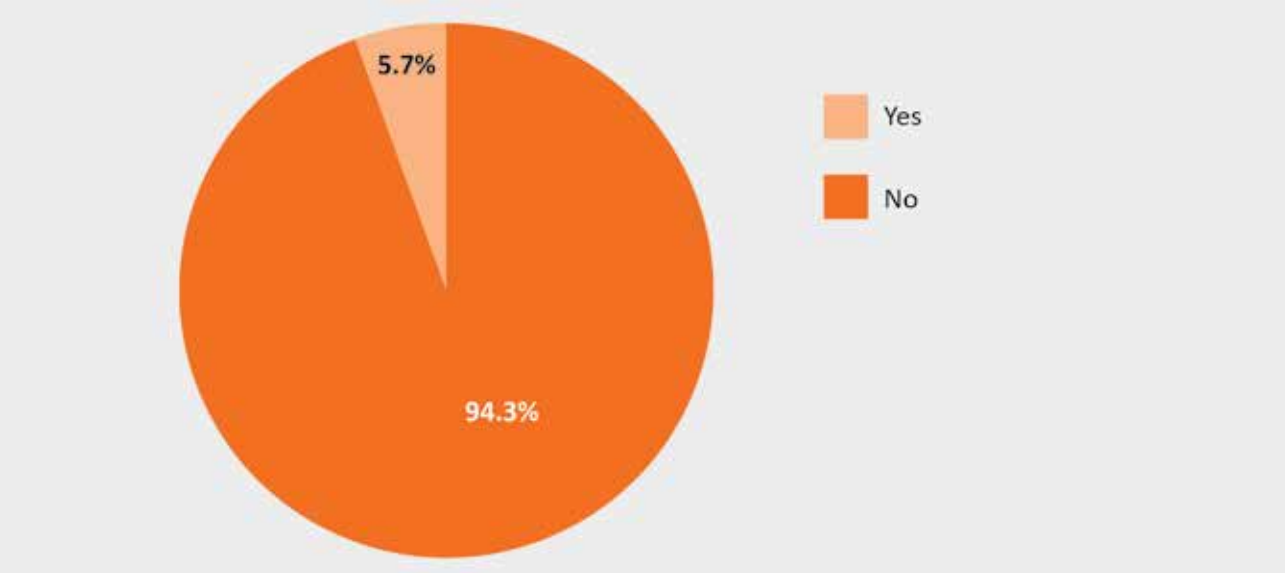
Only 2 per cent of interviewees admitted to having worked in a heroin-processing laboratory.[33] Of those, 36.8 per cent stated that they had worked in such a laboratory prior to using drugs, while 63.2 per cent said that they had only done so subsequent to using drugs.

Figure 175: Interviewed drug users that have worked a heroin-processing laboratory before/after drug use



A similarly low percentage (5.7 per cent) of interviewees indicated that they had been recruited to sell drugs.[34] Of those, 29 per cent said that they had sold drugs prior to using them, while the rest indicated that they had only starting selling drugs subsequent to using them. This could indicate that drug use leads users to sell drugs. Focus-group discussions conducted during the research study indicated that many drug users and unemployed young people were being recruited by drug dealers to sell drugs, their primary motivation being financial gain.

Figure 176: Interviewed drug users who have sold drugs



[33] Given that participation in heroin processing is a serious crime in Afghanistan, it is possible that some interviewees chose to withhold information.

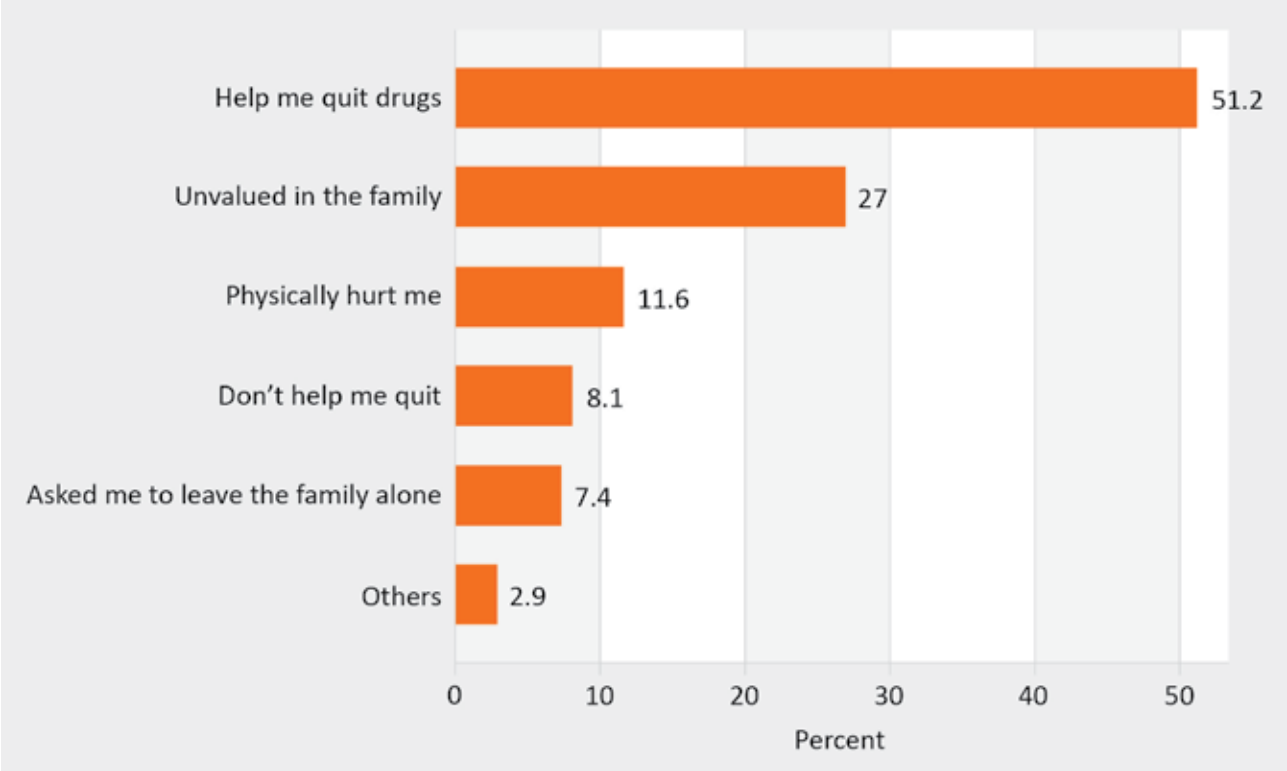
[34] Given that selling illicit drugs is a serious crime in Afghanistan, it is possible that some interviewees chose to withhold information.

According to the data gathered, drug users who were involved in selling drugs had attempted to make illegal sales an average of 41 times over the previous 12 months. The data also indicated that, on average, drug users would have made two attempts over the previous 12 months to steal an object worth more than 100 Afghanis (US$ 1.8) with a view to funding his or her drug habit.

SOCIETY'S REACTION TO DRUG USE, AS PERCEIVED BY DRUG USERS

In order to understand how family members and wider society reacted to drug use, drug users were asked how they were treated by those groups. While 51.2 per cent of interviewees indicated that their family members had helped them stop using drugs, 27 per cent reported that they felt "undervalued"[35] by their families. Moreover, 11.6 per cent stated that they had been hurt physically by a family member and 7.4 per cent said that they had been asked by family members to leave home.

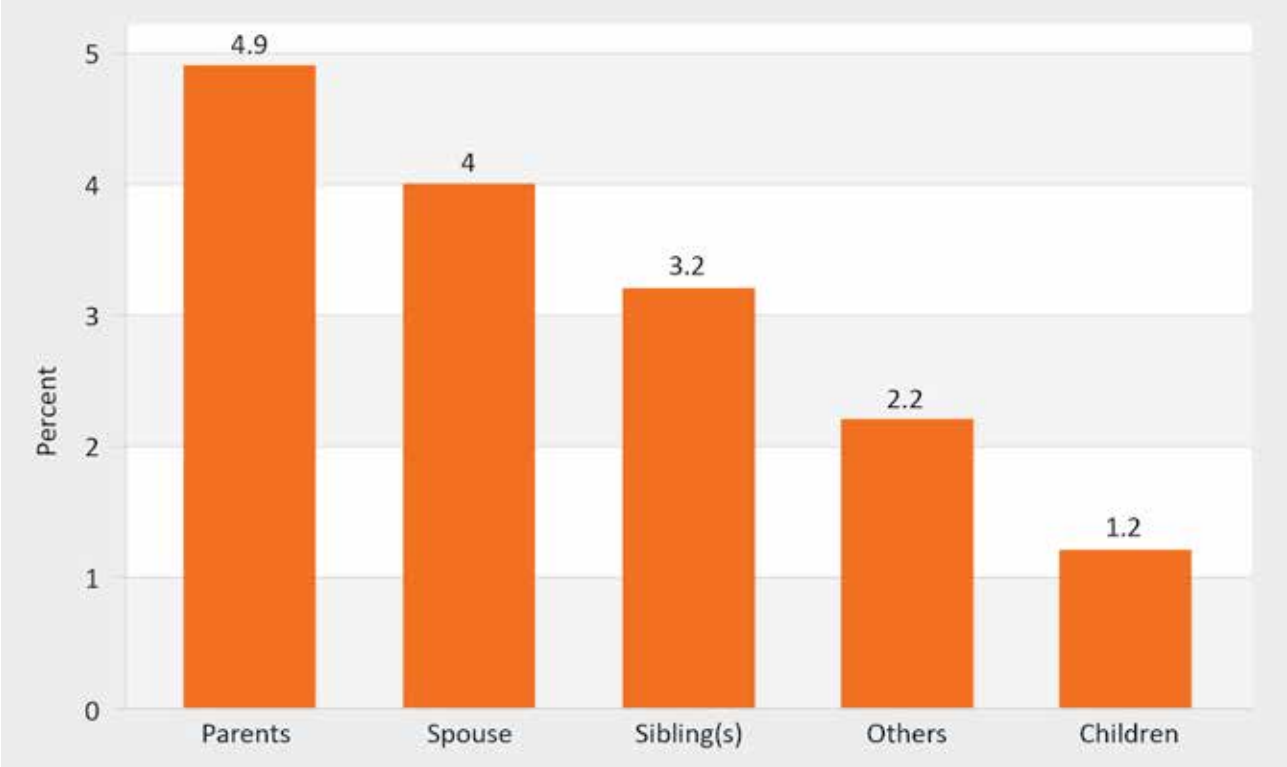
Figure 177: How does the family treat the drug user? (as perceived by the drug users)



Of the drug users interviewed, 4.9 per cent indicated that their parents used drugs, 4 per cent reported that their spouse was a drug user, 3.2 per cent responded that their sibling was a drug user and 1.2 per cent reported that their child used drugs.

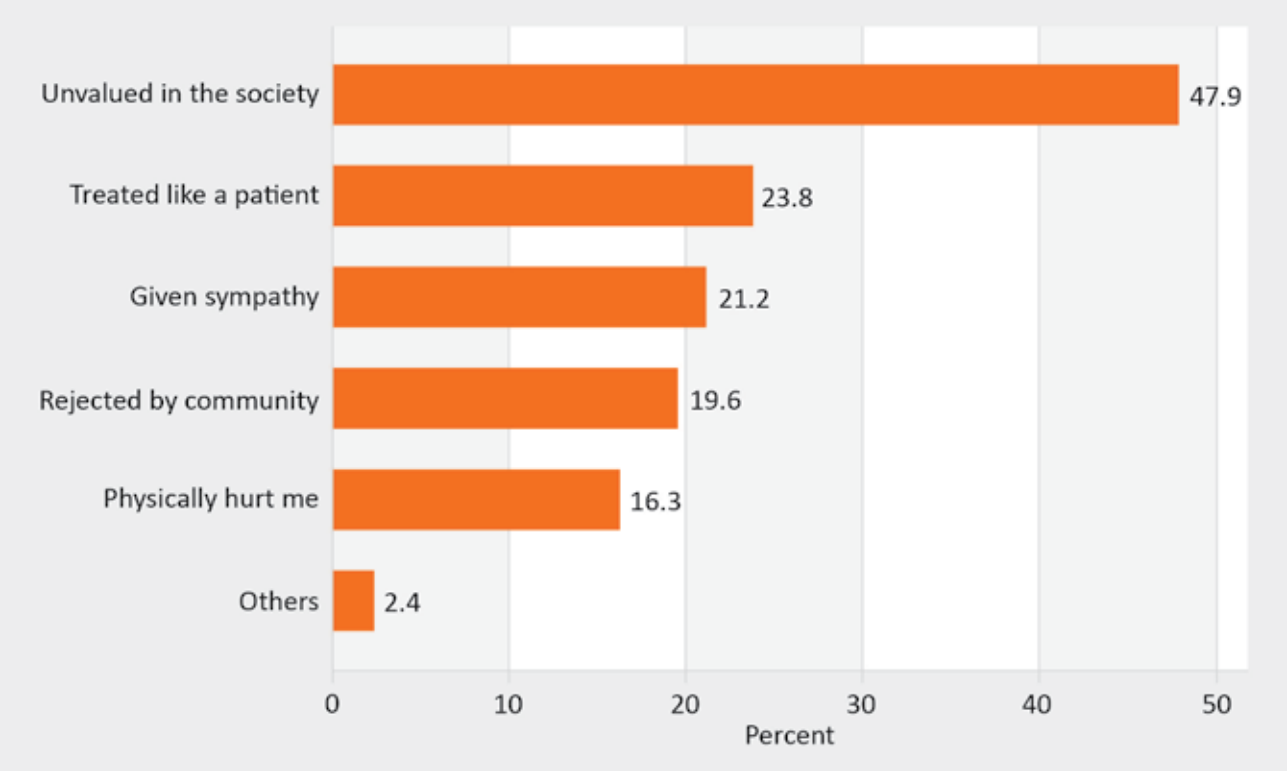
[35] The term "undervalued" is defined in this case as not being respected, not being trusted and/or being ignored.

Figure 178: **Do any of the interviewed drug users' family members also use drugs?**



When drug users were asked how they were treated by their communities, 47.9 per cent indicated that they felt undervalued by society, 23.8 per cent said that people treated them as patients and considered addiction to be an illness rather than a crime, 21.2 per cent indicated that people sympathized with them, 19.6 per cent indicated that they were rejected by the community and 16.3 per cent reported having been hurt physically by people in the community.

Figure 179: **How are drug users treated by the community? (as perceived by drug users)**



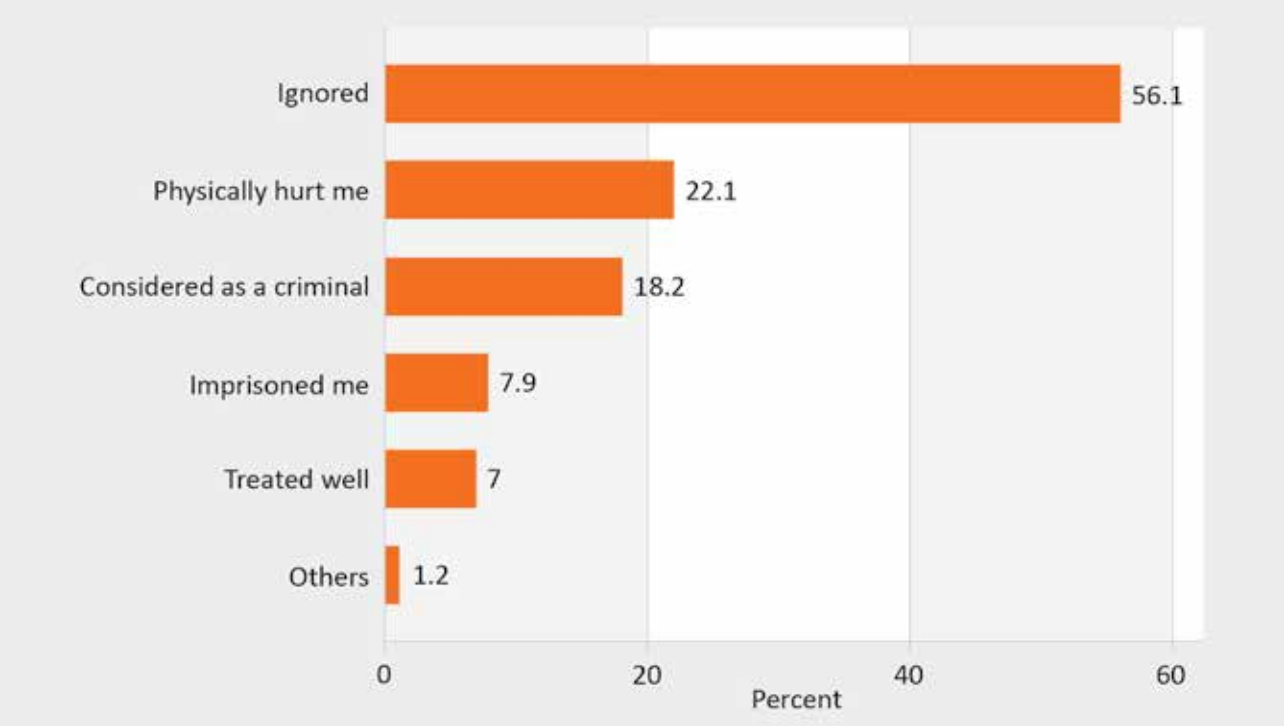
Interviewees also indicated that female drug users were much more likely than male drug users to be treated as patients.

Figure 180: How are drug users treated by the community? (as perceived by drug users; percentage, by gender)

	Was hurt physically	Unvalued in the society	Treated like a patient	Given sympathy	Rejected by community	Others
Female	13.2	42.3	40.7	25.8	16.2	1.4
Male	19.6	56.3	21.7	20.8	23.3	3.1
Total	16.3	47.9	23.8	21.2	19.6	2.4

With regard to their interaction with local law-enforcement officials, the majority of drug users (56.1 per cent) said that they were ignored, 22.1 per cent said that they had been hurt physically, 18.2 per cent indicated that they were considered criminals, 7.9 per cent stated that they had been imprisoned and 7 per cent reported that law-enforcement personnel had treated them well.

Figure 181: How are drug users treated by law-enforcement officials? (as perceived by drug users)



According to the Counter-Narcotics Law of Afghanistan, drug addiction is not a crime and users should only be detained when carrying amounts in excess of specific quantities.[36] Given the manner in which the interviewed drug users said they had been treated by law-enforcement officials, it is important raise awareness of the provisions of this law, in particular among law-enforcement personnel.

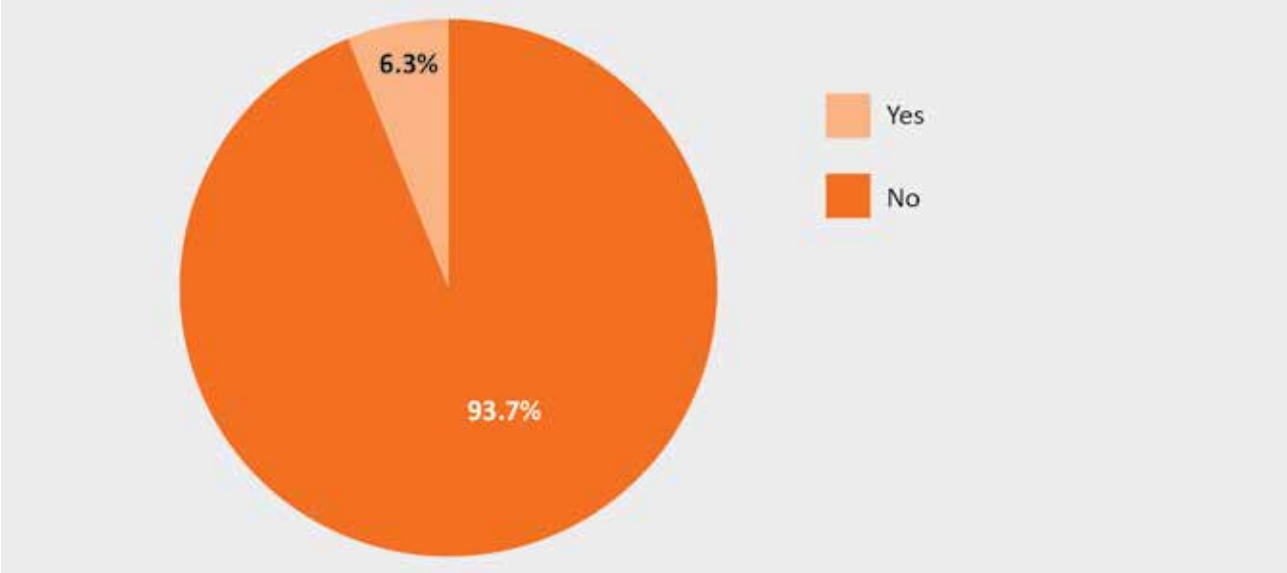
[36] The Counter-Narcotics Law of Afghanistan, Chapter 4, Article 57, states that, "Someone who is in possession of up to 5 grams of heroin, morphine or cocaine, or 20 grams of opium or 50 grams of hashish, who claims that it is for his/her personal use and whose drug addiction/use is confirmed by a medical doctor should not be imprisoned/prosecuted".

Figure 182: How are drug users treated by law-enforcement officials? (as perceived by drug users; percentage, by gender)

	Hurt physically	Imprisoned	Treated well	Ignored	Considered a criminal	Other
Female	2.9	3.2	4.5	84.7	6.9	1.6
Male	31.4	10.5	8.7	55.0	24.5	1.1
Total	22.1	7.9	7	56.1	18.2	1.2

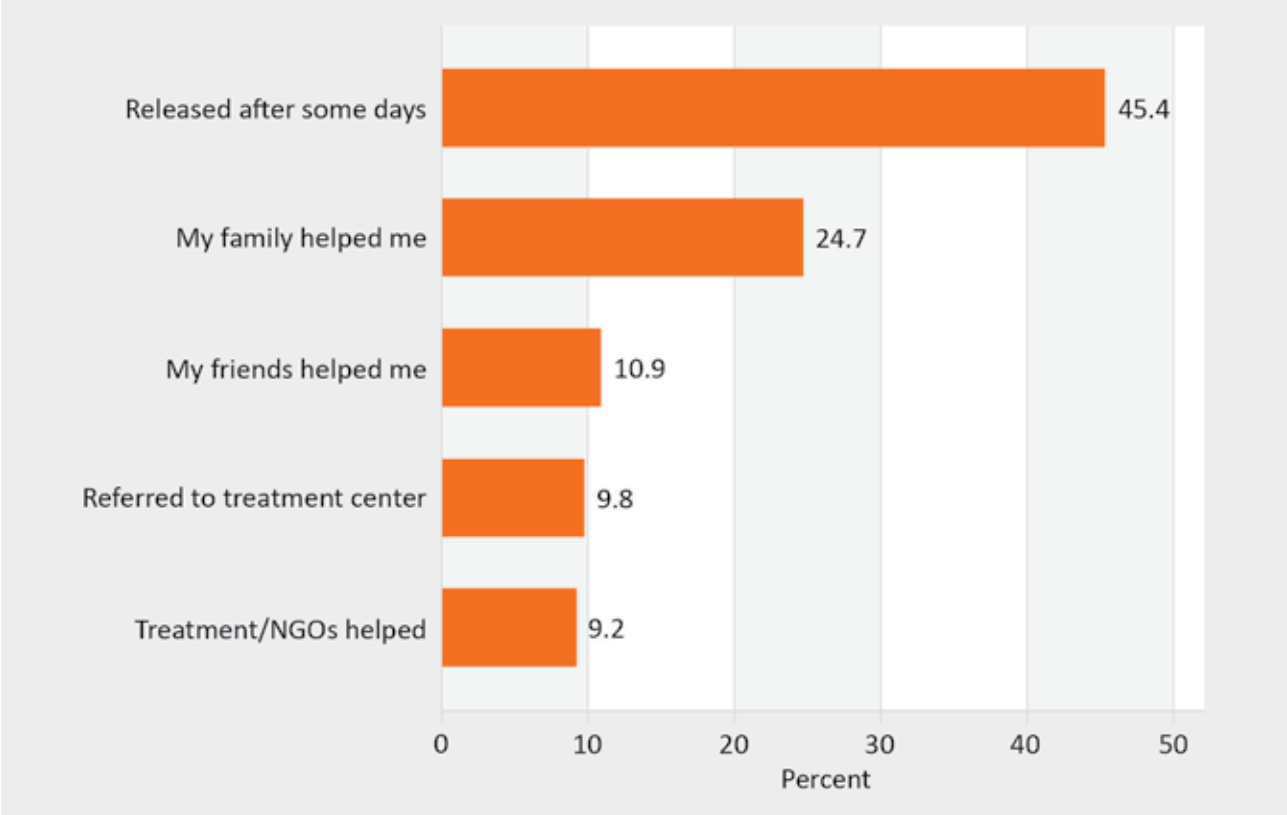
The figures above are largely in line with those relating to whether drug users had ever been imprisoned for drug consumption, whereby 6.3 per cent answered in the affirmative. Male drug users were far more likely to be hurt physically by law-enforcement officials than female users, who were largely ignored. Almost all of the drug users (98 per cent) who said that they had been imprisoned were male. This could be explained by the fact that most female drug users consume drugs at home and are therefore not visible to law-enforcement officials, whereas a large proportion of male users choose to consume drugs in public spaces.

Figure 183: Has the interviewed drug user ever been imprisoned for using drugs?



Among the drug users who said that they had been imprisoned for drug use, responses varied with regard to the way in which they had been released - 45.4 per cent said that they had been released by the authorities after a few days, 24.7 per cent said that they had been released with the assistance of family members, 10.9 per cent reported that their friends had helped obtain their release, 9.8 per cent said that the authorities had referred them to a treatment centre and 9.2 per cent said that a treatment centre or non-governmental organization had intervened on their behalf and facilitated their release.

Figure 184: **How was the interviewed drug user released after being imprisoned for using drugs?**

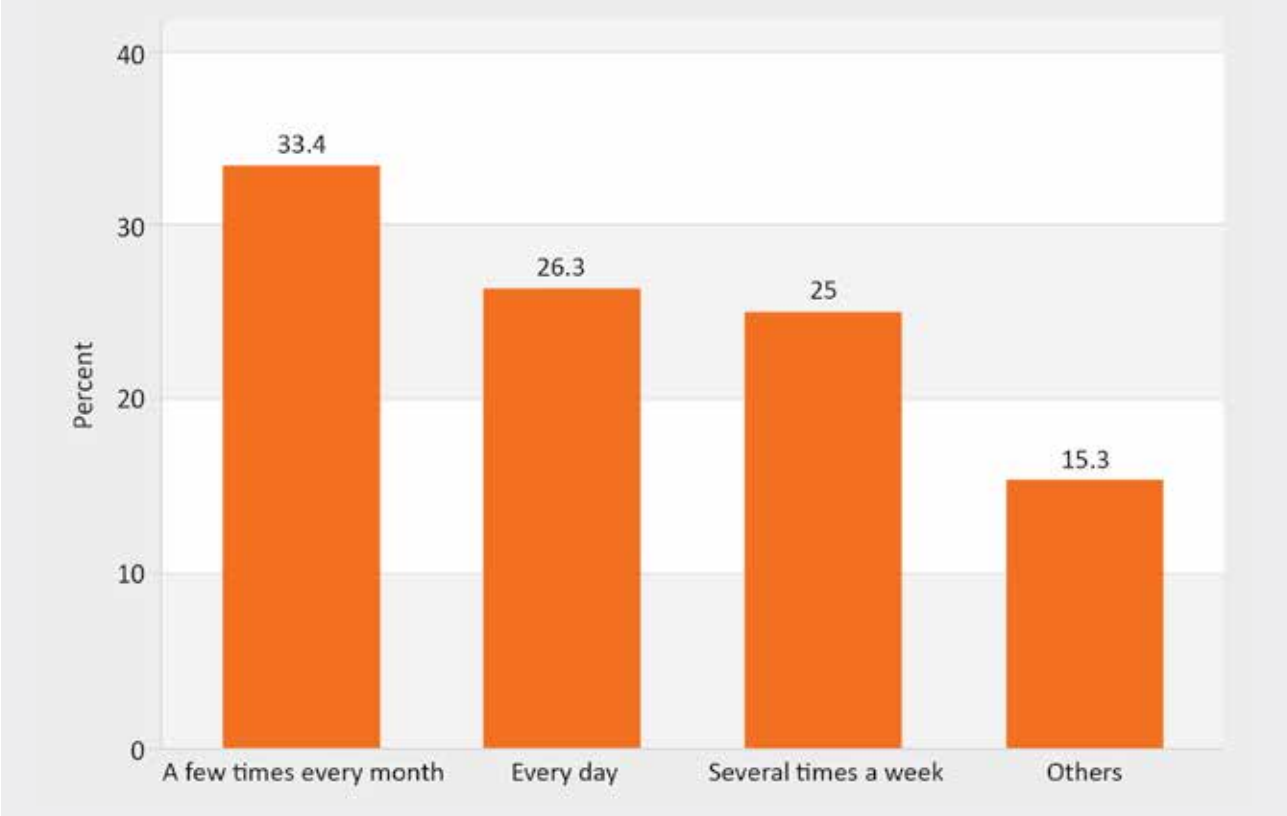


Again, responses depended on gender, with most female respondents reporting that they had been released with the help of their families (a small number also said that they had been released by the authorities after a few days), while male drug users reported all of the abovementioned scenarios.

IMPACT OF DRUG USE ON THE COMMUNITY, AS PERCEIVED BY COMMUNITY MEMBERS

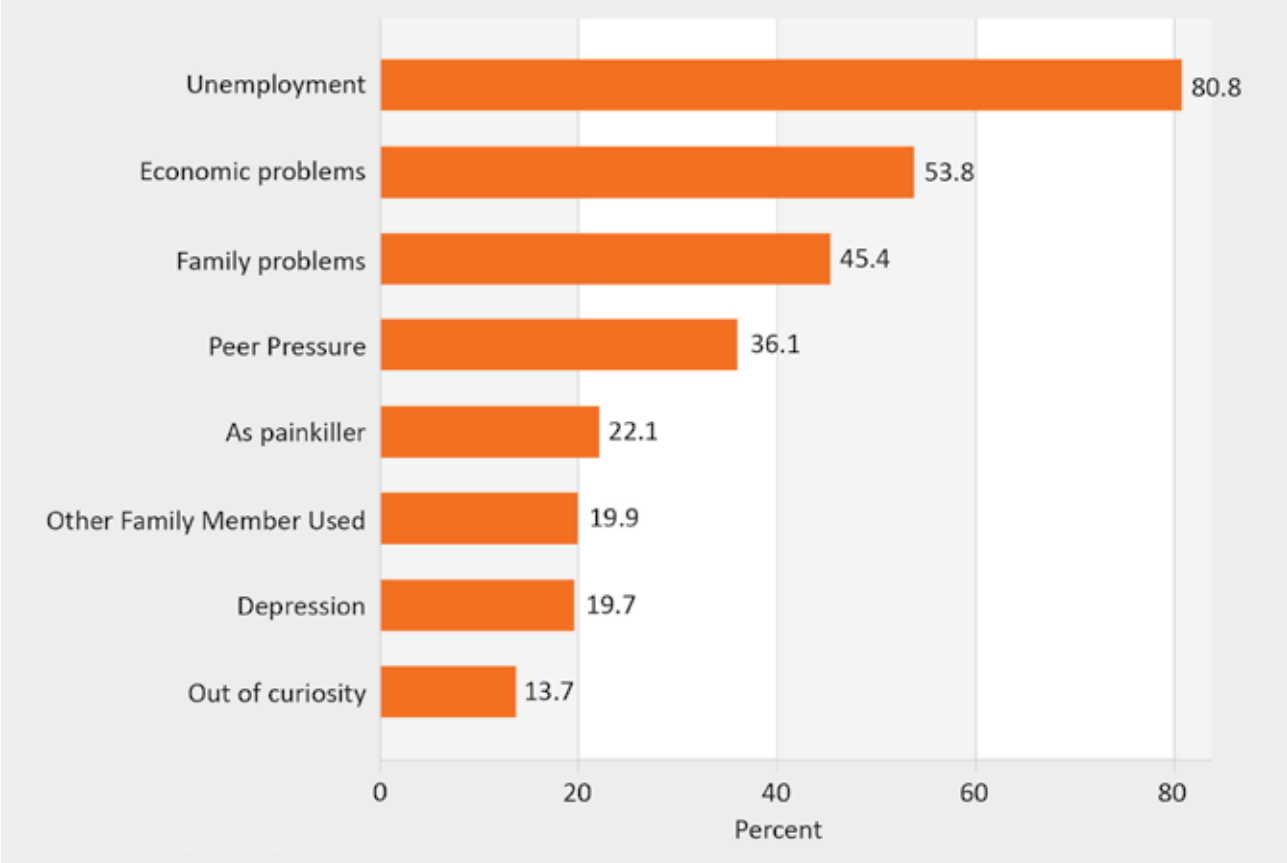
The impact of drug use on the community was highlighted by all interviewees and was particularly clear from the interviews with key informants (452 interviews) and Government officials (306 interviews) and the 17 focus-group discussions (one in each surveyed province, each involving around 10 participants). Interviews with key informants offer a unique insight, since such informants meet with drug users on a regular basis and understand the wider picture with regard to drug use in their community. Over 50 per cent of the key informants interviewed said that they met with drug users either every day or several times a week, thereby ensuring a continuous evolution in their understanding of the situation.

Figure 185: **Frequency of interaction between drug users and key informants (according to key informants)**



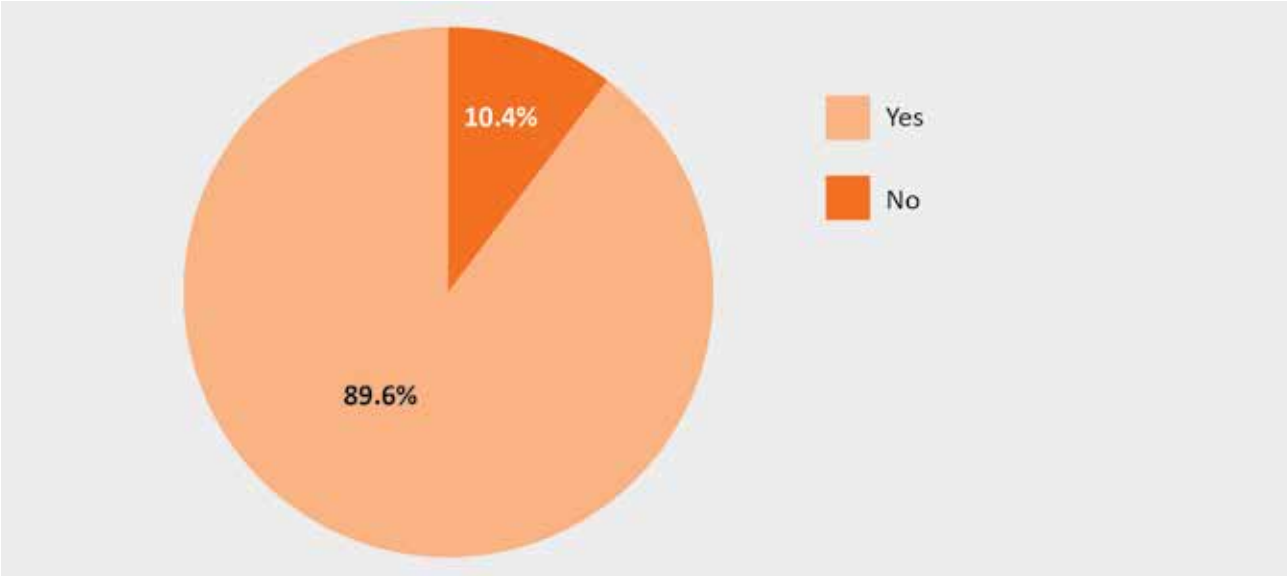
Key informants believed that unemployment was the most important reason for drug use in the country, while economic problems, family problems and peer pressure were also significant motivators.

Figure 186: **Reasons for drug use (as perceived by key informants)**



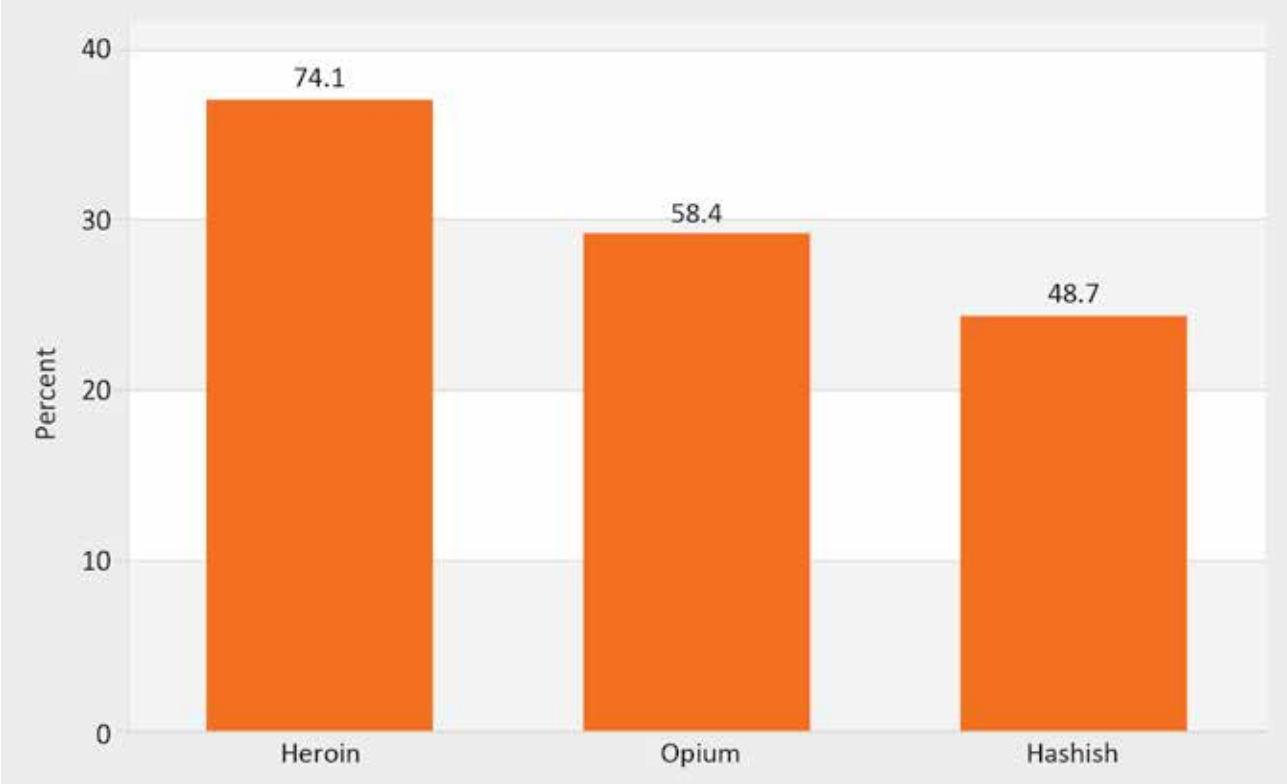
An overwhelming majority (89.6 per cent) of the key informants interviewed said that they considered drug addiction to be a significant problem in their community.

Figure 187: Do key informants perceive drug use to be a significant problem in their community?



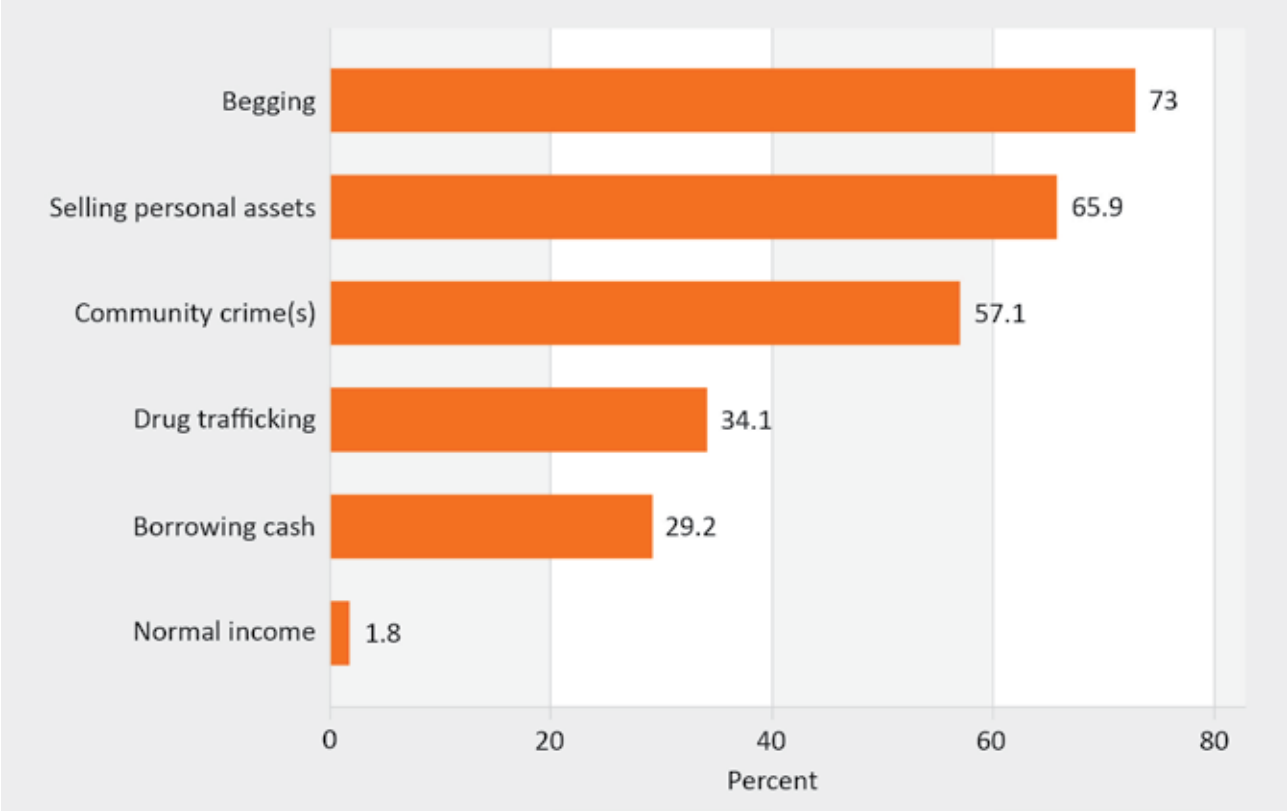
When asked which three drugs were most commonly used by drug users, a majority (74.1 per cent) of key informants mentioned heroin, 58.4 per cent mentioned opium and 48.7 per cent mentioned hashish.

Figure 188: Drugs most commonly used by drug users (as perceived by key informants)



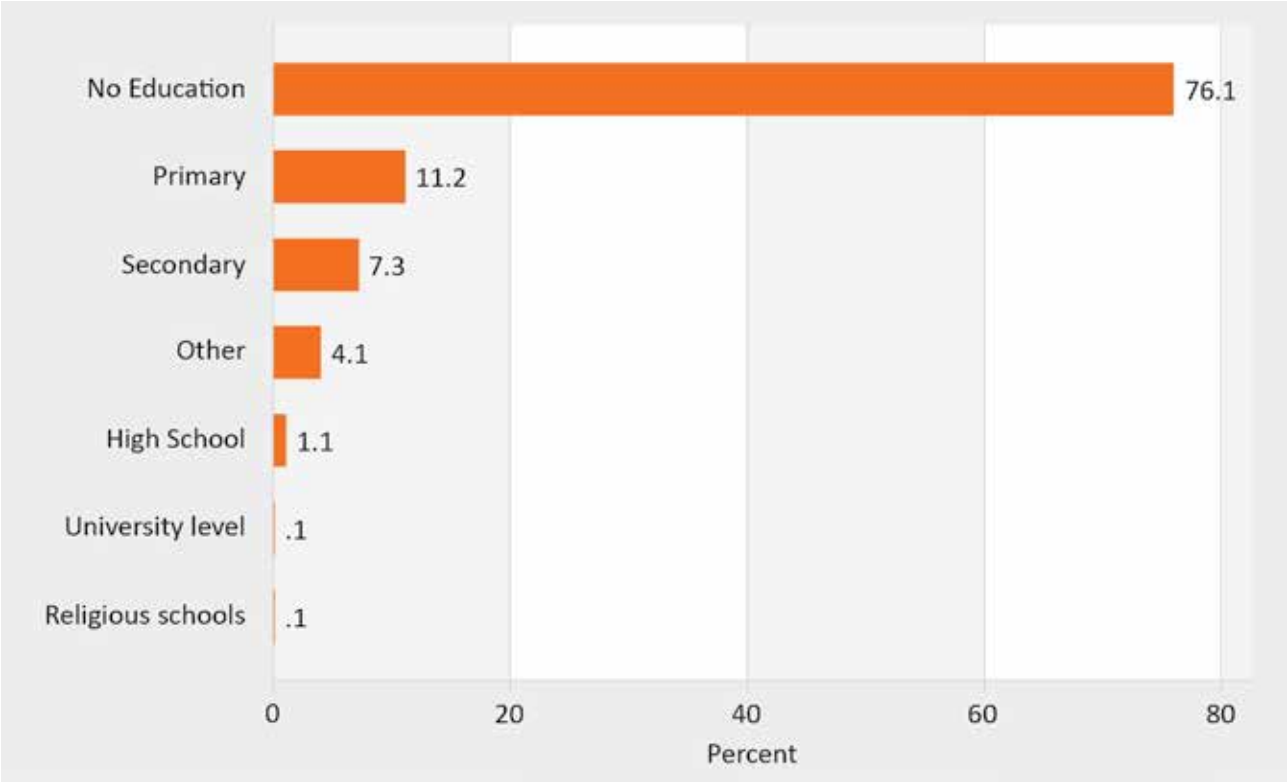
With regard to the methods used by drug users to obtain money for drugs, 73 per cent of key informants indicated that drug users begged, 65.9 per cent said that they sold their assets and 57.1 per cent said that they committed crimes to fund their habit.

Figure 189: **Method used by drug users to obtain money to buy drugs? (as perceived by key informants)**



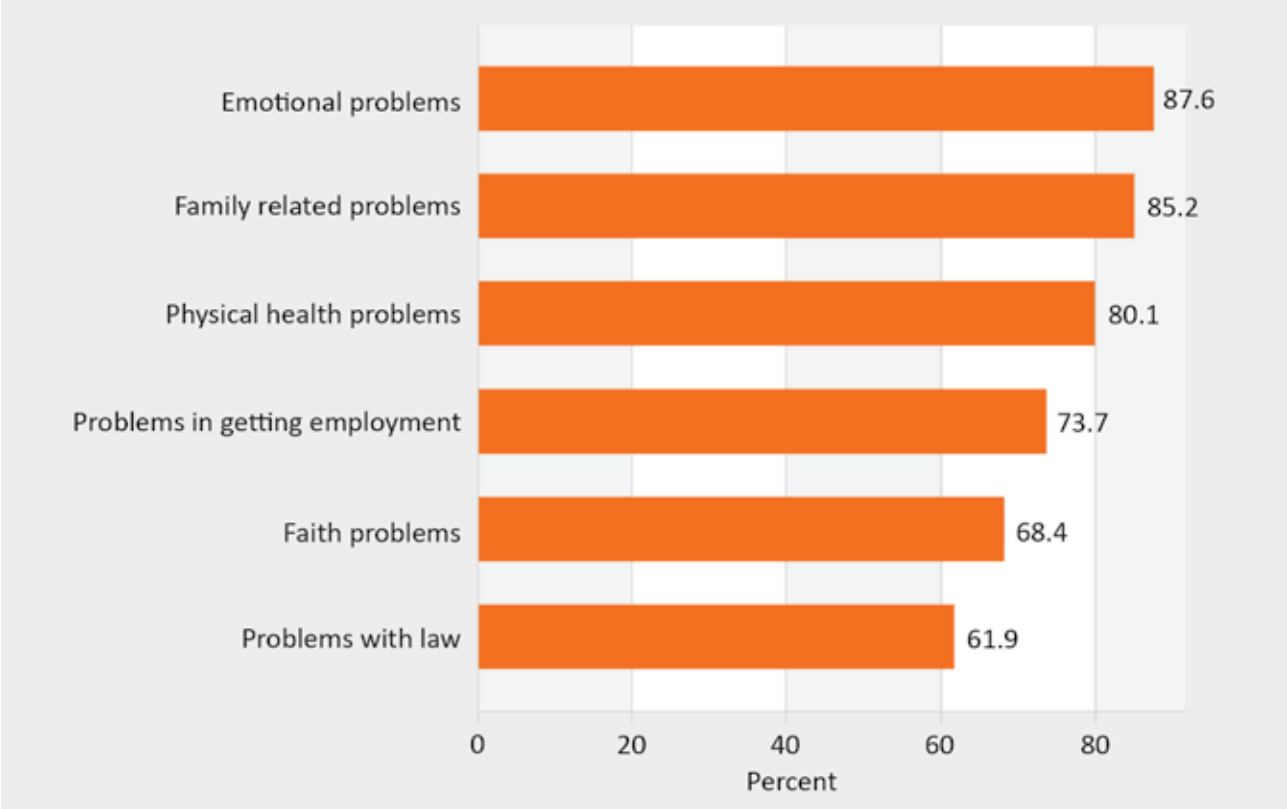
Most key informants also indicated that the majority of drug users in their community did not have any education. A small percentage mentioned secondary education and a negligible number mentioned university education.

Figure 190: **Level of education among the majority of drug users (as perceived by key informants)**



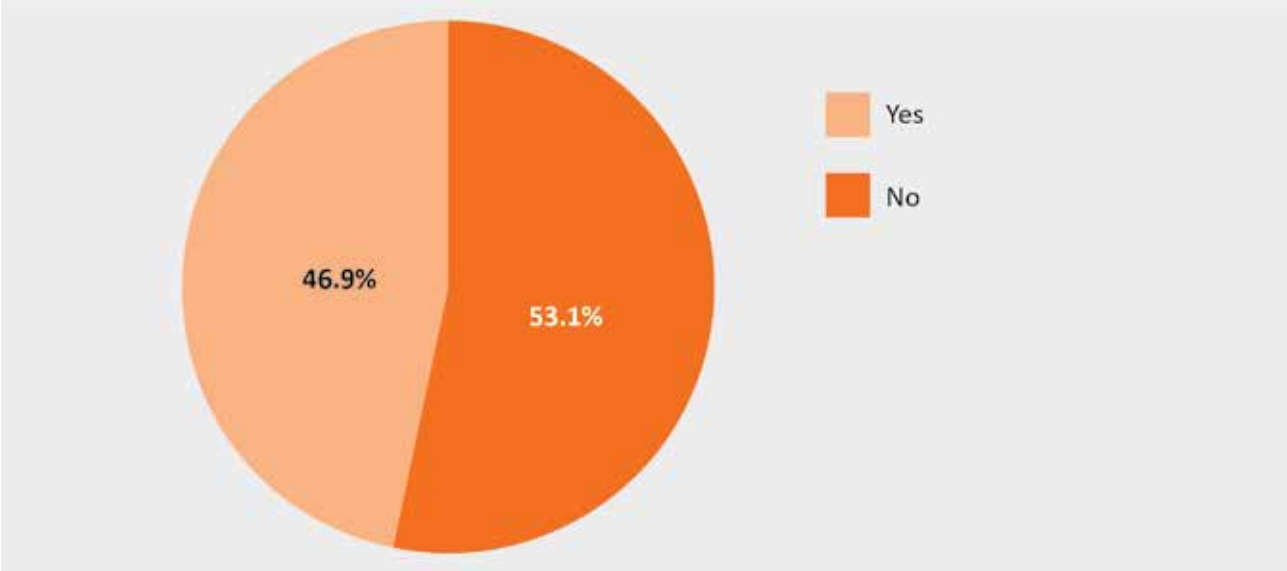
When key informants were asked about the impacts of drug use, their responses echoed those of other groups. 87.6 per cent said that drug use led to emotional problems, 85.2 per cent said that it led to family issues and 80.1 per cent noted that it caused problems relating to physical health.

Figure 191: **Main problems relating to drug use (as perceived by key informants)**



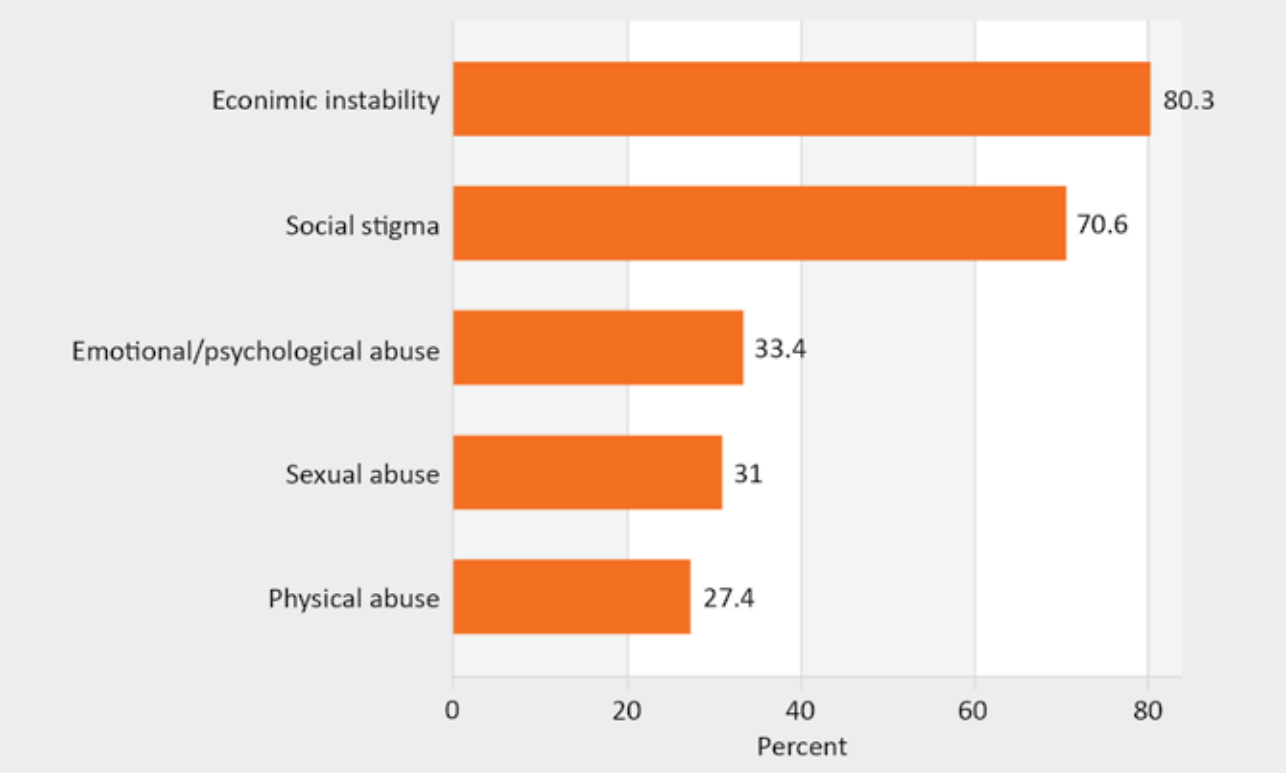
Furthermore, 46.9 per cent of key informants indicated that they knew someone who died as a direct result of drug use.

Figure 192: **Does the key informant know anyone who has died as a direct result of his/her drug use?**



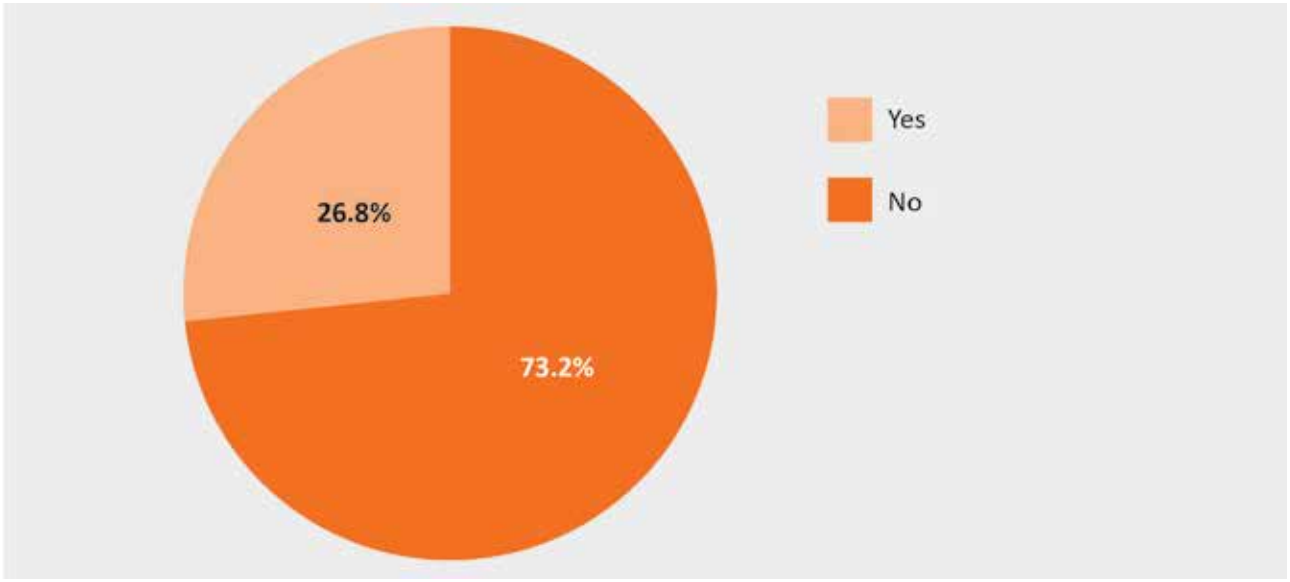
Interviews with key informants also highlighted the problems faced by the spouses of drug users - 80.3 per cent said that spouses suffered from economic instability and 70.6 per cent mentioned social stigma.

Figure 193: **Problems faced by the drug user's spouse (as perceived by key informants)**



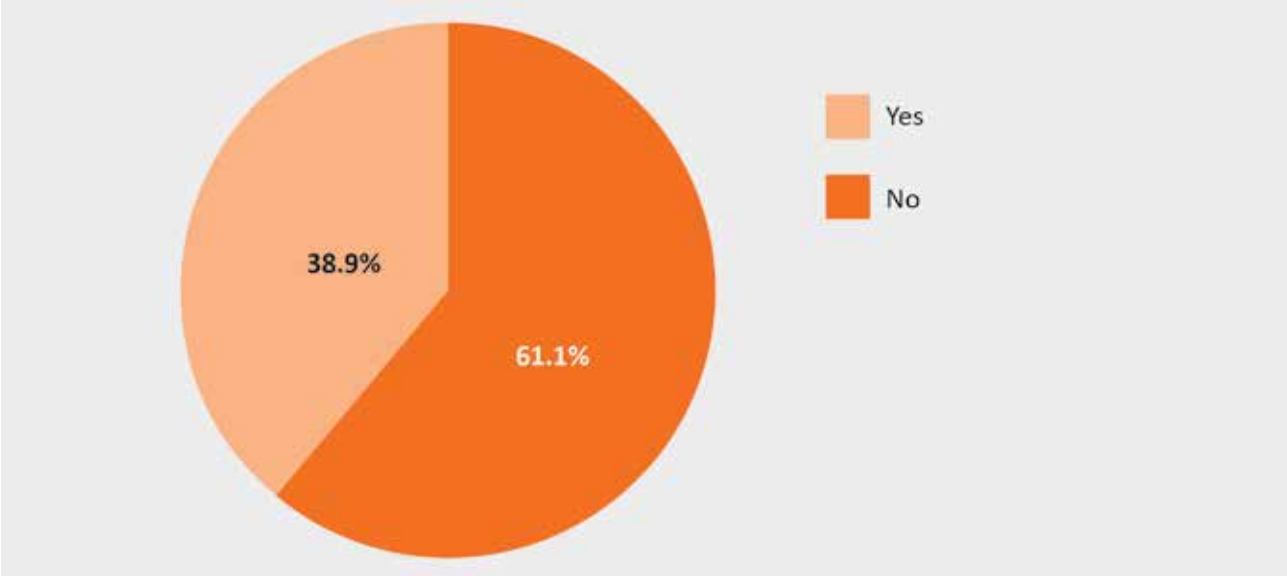
In addition, the spouses of drug users risked being forced to consume drugs themselves. During interviews, 26.8 per cent of key informants indicated that they knew someone who had been forced to take drugs by their spouse.

Figure 194: **Does the key informant know someone who has been forced to consume drugs by a drug-using spouse?**



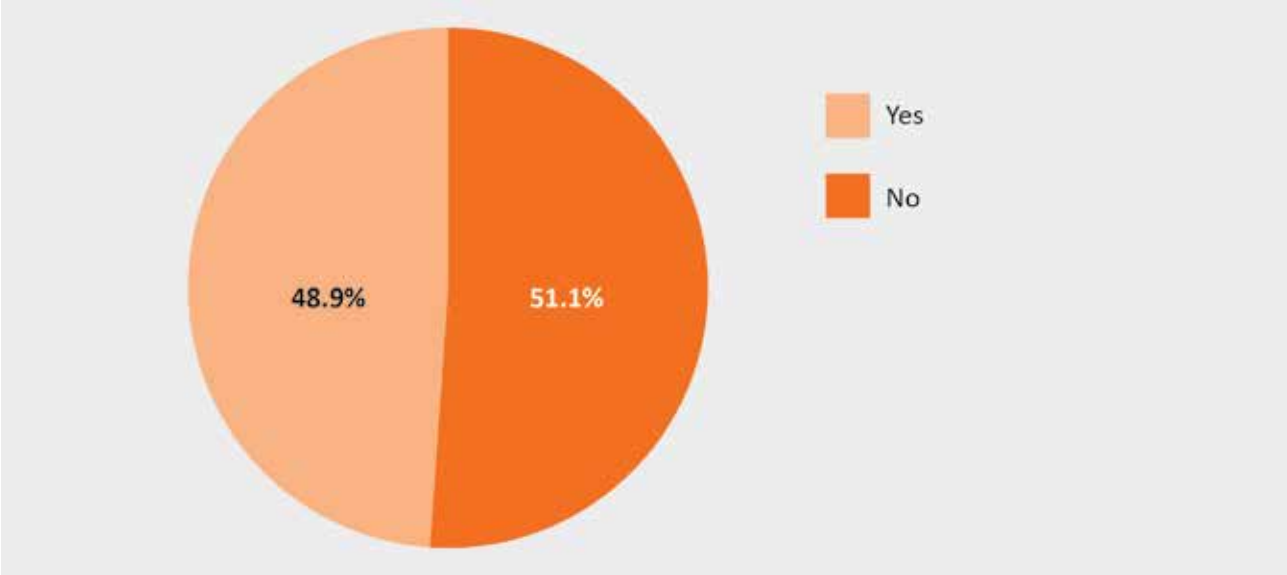
58 per cent of key informants indicated that they knew children whose parents were drug users. Of those, 38.9 per cent indicated that the children had suffered academically or had been withdrawn from school.

Figure 195: **Does the key informant know any children with drug-using parents who have been withdrawn from school or suffered academically?**



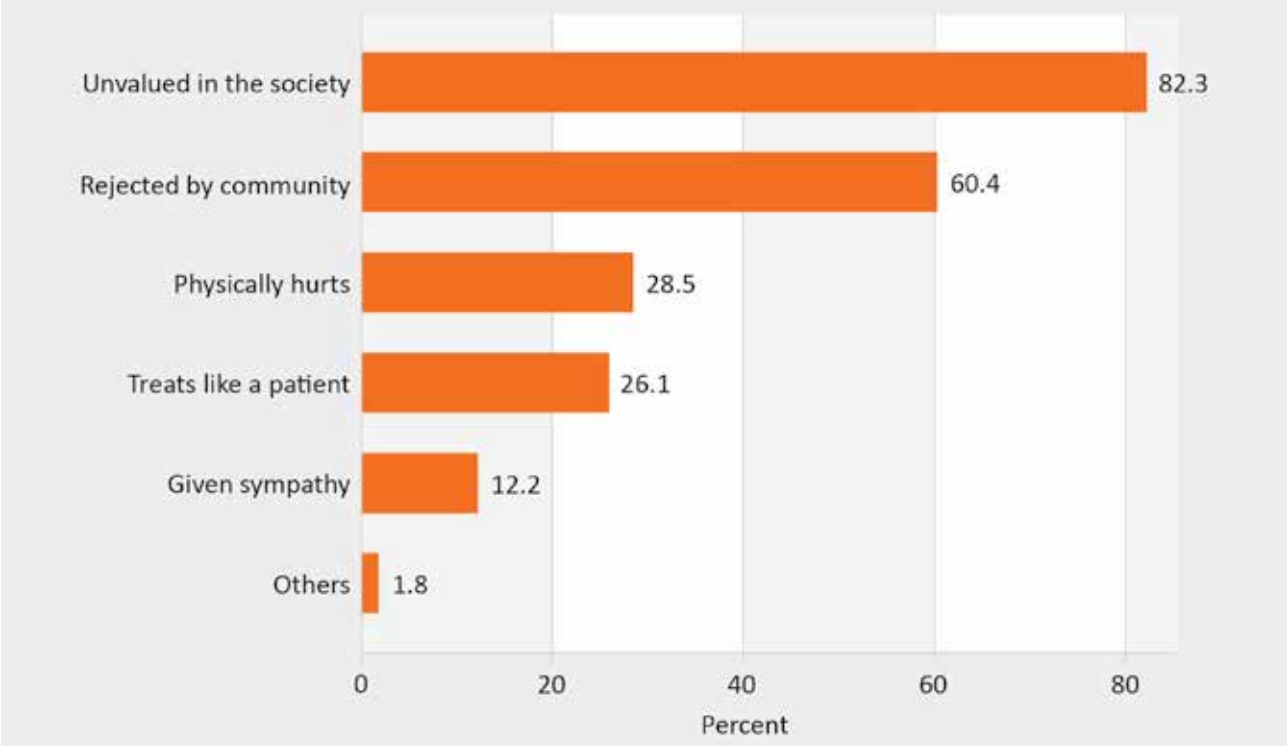
Furthermore, 48.9 per cent said that those children had been required to work in order to earn money for their family and/or the drug-using parent(s).

Figure 196: **Does the key informant know any children who have been forced to work to provide funds for their family or drug-using parent(s)?**



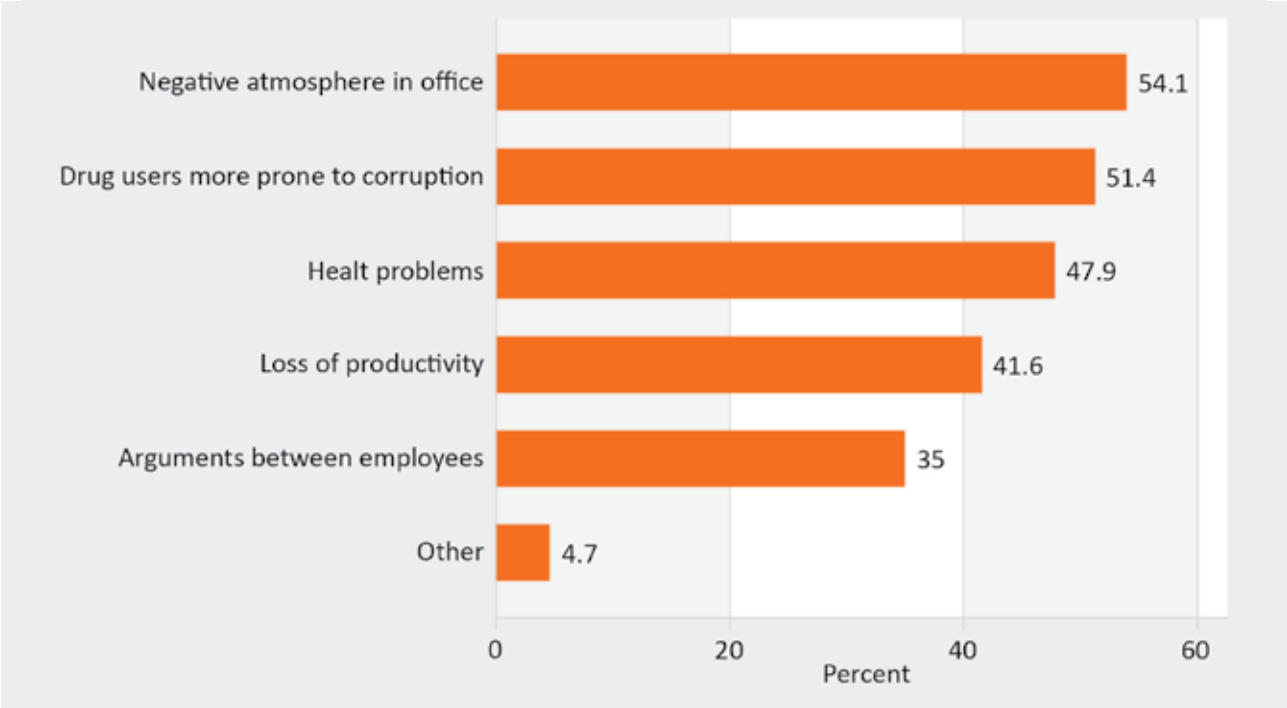
When key informants were asked about the community's response to drug users, an overwhelming majority (82.3 per cent) said that drug users were not valued in society and 60.4 per cent indicated that they were rejected by the community. In line with the responses of other groups of interviewees, 28.5 per cent of key informants said that drug users were physically hurt by members of the community. On average, they reported that there was one drug treatment facility in their community.

Figure 197: **How does the community respond to drug users? (as perceived by key informants)**



Interviews with Government officials highlighted another effect of drug use – its impact on the functioning of Government agencies. In that respect, 83 per cent of Government officials said that drug use in their community had a negative impact on the work of their organization. When asked to specify that impact, 54.1 per cent said that drug use created a negative atmosphere in the workplace, 51.4 per cent noted that drug users were more prone to corruption and 41.6 per cent said that drug use resulted in a loss of productivity.

Figure 198: **What are the negative impacts of drug use on Government organizations? (as perceived by Government officials)**



THE LIFE STORY OF A DRUG USER

(as narrated by a resident of Kabul, who is now an administrative officer at a drug treatment centre)

Early life

In 1989, when violence was rife in Kabul and I was a young adolescent, my family moved to Peshawar, Pakistan, which hindered my academic progress. In 1993, when Kabul was captured by the Mujahideen and a new provisional government was established, my family returned to Kabul. I went back to school and graduated from the 12th Class. Then I took the entrance exam and was admitted to the Faculty of Sciences. At the same time, conflicts involving the Mujahideen recommenced. This affected the work of the Faculty and I left in the 2nd year.

Beginning of drug use

During this time I also got married. As a result, I was obliged to find money to feed my family. It is worth mentioning that employment opportunities were very scarce at that time. I decided to join the resistance front of the Northern Alliance against the Taliban. This was when my problems started. Most of my friends in the resistance front were using hashish. I was also motivated to smoke, and I did so. In the beginning I smoked quite rarely, but over time I became addicted to hashish.

Working in a Government organization

When the Taliban regime collapsed and the new Government came to power, I secured a job in the Ministry of Public Health. In the area where I was living, I had a few friends who were also addicted to drugs. We used to smoke hashish together. After a few years, I moved to another area. Smoking hashish alone was not as satisfying as it had been when I smoked in a group, and I started to get withdrawal symptoms. I contacted my friends and told them that I was having problems. I did not know what had happened to me. One of my friends told me that they were mixing opium and heroin with hashish. He told me if I wanted to find a solution to my problems, I should use opium or heroin. I did so and all the withdrawal symptoms went away. I subsequently became a heavy smoker of heroin.

Treatment and eventual recovery

When my family was informed, they forced me to go to the Nejat drug treatment centre for 15 days. After completing the two-week treatment programme, I relapsed immediately. I was treated three times in different drug treatment centres, but each time I went back to using drugs. I think the main reasons for the relapse were a lack of decisiveness on my part, unemployment and incomplete treatment. After four years of being a heroin addict, I became aware that I had lost everything in life. My health, financial resources, credibility, trust and religion - everything had gone. I started thinking about treatment and sobriety again. The most important element in my decision to get treatment was my small child, who used to play with me when I smoked at home.

On one occasion, when I had been to Mazar-e-Sharif, I returned to dicover that my small child was intoxicated. No one was aware of his problem, but I understood that my child was becoming passively addicted due to my addiction. After that, I decided to return to treatment and was admitted to the Jangalak drug treatment centre. This time, my resolve was stronger and the treatment helped me quit drugs. After three months, the management of the Jangalak drug treatment centre hired me as an administration officer. For the past year I have been safe and happy, thanks to the treatment centre management team, my job and my family support. I am lucky to be living a happy life again.

THE WAY FORWARD

The impacts of drug use detailed above indicate the ways in which drug use in Afghanistan can affect individuals, families and society as a whole. According to the 2009 drug use survey,[37] almost 1 million Afghans aged between 15 and 64 are thought to be regular and/or problem drug users. At 2.65 per cent, Afghanistan also has one of the highest rates of opiate consumption in the world.[38] With adolescents[39] representing 24 per cent of the total population of the country in 2009,[40] drug use in Afghanistan is a problem that needs immediate attention if young people are to be properly protected.

A number of steps have been taken to combat the threat of drug use, including the establishment of around 101 drug treatment centres across the country.[41] However, such resources are insufficient to combat the problem effectively. The Ministry of Public Health and the Directorate for Drug Demand Reduction estimate that treatment centres cater to 27,280 drug users annually, which equates to only a small percentage of the country's estimated 1 million drug users. With this in mind, the National Drug Demand Reduction Policy[42] aims to scale up drug treatment facilities by 40 per cent within five years.

The country's National Drug Control Strategy mandates MCN to coordinate and monitor the development of all demand reduction policies and strategies in Afghanistan. The Ministry of Public Health is the designated line ministry for drug demand reduction and has a mandate to coordinate and monitor the technical implementation of drug demand reduction activities. Other ministries and non-governmental organisations are also involved at various levels. The following recommendations are aimed at these institutions and highlight possible policy interventions and practical interventions aimed at reducing drug use and lessening its impact on local communities.

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[37] UNODC, MCN, Ministry of Public Health, Drug Use in Afghanistan: 2009 Survey

[38] UNODC, World Drug Report 2013

[39] Aged 10-19

[40] See UNICEF website, http://www.unicef.org/infobycountry/afghanistan_statistics.html

[41] Information provided by the Ministry of Public Health, Drug Demand Reduction Directorate

[42] MCN, National Drug Demand Reduction Policy, 2012-2016, available at http://mcn.gov.af/Content/files/DDR_En.pdf

Recommendations:

I. The research study highlights the perceptions of key stakeholders with regard to the negative impact that drug use within the family has on children, including its impact on the child's education. It is important that Government institutions and non-governmental organisations work together to create and enforce policies that will ensure a safe and stable environment in which children can learn and develop.

II. The research study also explores the impact of drug use on the drug user's family and on the community as a whole. Effective prevention efforts that highlight the importance of family relations and life skills, implemented within the framework of a comprehensive and coordinated national system of drug prevention and treatment, would most effectively meet the needs of vulnerable persons at all levels of society.

III. Key informants and participants in focus-group discussions perceived that the number of local drug dealers was increasing, thus suggesting that drugs were becoming more easily accessible. It is vital to build capacity at national level to analyse and ratify laws aimed at drug demand reduction that can be consistently and effectively enforced, thereby discouraging people from becoming involved the trade in illicit drugs and providing alternatives to imprisonment, such as education, treatment and rehabilitation.

IV. Around 30 per cent of the drug users interviewed mentioned that they had been either physically hurt or imprisoned by law-enforcement officials. It is important to provide education and training to law-enforcement personnel relating to the vulnerabilities of drug users and the fact that drug use is a health-related issue that requires care and treatment. Such training would include information on: current drug-control laws and the interpretation of those laws in Afghanistan; the screening tools available to law-enforcement officials that would allow them to identify drug users and refer them to drug treatment services; and possible alternatives to incarceration.

V. Given the wide disparity between the number of drug users in Afghanistan and the capacity of the drug treatment facilities currently available in the country, it is vital to continue to increase access to drug treatment at provincial level, at district level and country-wide. This can be done using a variety of methods, including: the implementation of educational and vocational training components within each drug treatment centre; an increase in the use of pharmacotherapy to treat the most serious cases of drug addiction; and an enhancement of the outreach and outpatient drug treatment services available in Afghanistan, with a focus on the successful reintegration of drug addicts in society.