



Afghanistan Independent Human Rights Commission
Research and Planning Section

**Effective Factors Associated with Drug Addiction and the Consequences of Addiction
among Afghan Women**

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Sincerely,

Weeda Mehran

Research Consultant

Introduction

Drug addiction is a major social problem worldwide. About 200 million of the global population, aged 15-64, has used illicit drugs at least once in the year 2007 (Schumacher et al, 2007: 2). Afghanistan is not immune to this social and health problem. The UNODC provides an estimate of 509,000 households being involved in opium cultivation, which makes 14 % of the total population of Afghanistan (UNODC, 2007:9). According to the UNODC's survey (2005: 3), 920,000 drug users currently reside in Afghanistan; out of which 120,000 are women. While this figure provided by the UNODC, doubtlessly raises concerns about drug addiction in Afghanistan, the question remains of what factors affect women's addiction and what is the general living condition of addicted women. There is a dearth of studies on drug abuse in Afghanistan and virtually no study covers the living conditions of female drug users.

Drug addiction does not only affect the individual and his/her own family, but also exerts a profound impact on the society at large. In the context of Afghan society, drug addiction is regarded as an individual problem where individual's failure for observing moral obligations and responsibilities is condemned and perceived as the main cause of drug addiction. However, this paper views drug addiction as a social problem that requires extensive attention on the part of the government and relevant involved organizations. Hence, the main purpose of this research is to study the general social and economic status of addicted women in Afghanistan. A concomitant purpose of this study is to explore the relationship between socio-demographic factors of a sample of female drug users in Afghanistan and their stated reasons for using drugs. On the other hand, this research sets to investigate whether quitting drugs is an option for female drug users. A more detailed analysis of the factors that affect women's success in quitting will be developed in this section of the paper. The last section of the present study concerns with a brief analysis of the stance of Afghanistan government in regards to drug addiction in the country and the issue of policy implications of this research. However, prior to discussing the findings it is important to provide a brief overview of drug abuse in Afghanistan.

A historical overview of drug use in Afghanistan

Opium has been cultivated in Afghanistan since 1100 A.D (Todd et al 2005). According to Chouvy (2002:441), since the introduction of poppies from Europe by the Arab traders along the Silk Road, Afghanistan Pakistan and Iran have formed the "Golden Crescent", an area "famous for

opium and cannabis cultivation and trafficking”. In early 1900s, under the ruling of King Habibullah, opium was widely produced and exported to Iran; however, there were some legal restrictions put in place in order to curtail widespread use inside the country. In 1306, the government of Afghanistan banned the usage of opium and placed it in the list of prohibited drugs such as alcohol. Nevertheless, while using opium and cannabis were illegal inside Afghanistan, producing these drugs and exporting them to other countries were legally allowed. During the forty years of the reign of king Zahir, no improvements in terms of eradicating opium were made. Neither the establishment of Mental hospitals in 1356 with the help of WHO and the UNDP developmental programs had any impact on the issue. However, opium production did not reach a large scale in Afghanistan until the Russian invasion in 1979.

According to MacDonnald (1992:3), the growth in production of opium during the late 1970s was attributed to the “direct loss of government control on production as well as indirect market demand which was created by decreased production due to political disruption in Vietnam and Laos which were formerly the chief suppliers to Europe and North America”. By this time, the new political regime in Iran, imposed severe regulations in the country, wherein the blockage of trade routes and severe punishments for drug-related convictions decreased opium trade significantly (MacDonald, 1992). Restrictions on cultivation and refining of opium in Pakistan in the mid to late 1990's led to the shift of these activities to Afghanistan, resulting in the creation of new trade routes into Pakistan and Central Asia (ibid).

Furthermore, during the Mujahiddin government, in early 1990s, opium cultivation was further encouraged as during this period the country was in civil war. Warlords and different Mujahiddin factions were in constant conflict with each other following the Russian retreat in 1989. As observed by the UNODC (2003), during the Mujahiddin era, opium and heroin production rose steadily with Afghanistan becoming the leading global supplier, overtaking Burma in the mid 1990s. As such, since 1990s, Afghanistan has contributed the greatest percentage to the world's opium market.

The presence of Afghanistan as the leading opium producer in the opium market was further stabilized with the rise of the Taliban’s regime. Increased opium production under the Taliban’s government has been attributed to the harsh economic situations faced by the Taliban, who received little external donor support due to international sanctions. According to the International Crisis Group (2001), the Taliban promoted the policy of poppies cultivation and

exports while charging 10% tax to opium farmers, which allowed a net income of about \$20 million or more annually.

Currently, Afghanistan is the exclusive supplier of opium producing 93% of the global opiate market (UNODC, 2007: 5), this is despite the fact that cultivating and refining opium is illegal in the country. According to Afghanistan's Constitution:

“The state prevents all types of terrorist activities and production and smuggling of narcotics” (Chapter 1, Article 7)

Although there are severe punitive regulations against growing, smuggling and using drugs, the government of Afghanistan is not able to enforce these laws, otherwise, a prevalence of drug use and high rates of production would not be observed in the country.

The information presented in this section essentially points to a long history of cultivation, trading and presence of opiates in Afghanistan. From the history of opiates cultivation in the country and the fact that many forms of narcotics are consumed due to their medical use, it can be deduced that drug use in Afghanistan is certainly not a recent phenomenon and neither is the prevalence of drug use among today's Afghan women an unprecedented social problem. In fact, decades of civil wars in the country has diverted attention from social problems such as drug use to more severe issues such as wars and struggling for day to day survival. Therefore, there is virtually no prior research conducted concerning women's drug use in Afghanistan. As such, this research explores different aspects of addicted women's life.

Research Methods

Sample of Study

Over a period of six months a total of 828 individuals were interviewed in 21¹ provinces of Afghanistan. A random sample of various locations such as; health centers, carpet weaving centers, and randomly chosen residential areas were selected. Despite the difficulties of researching such a sensitive topic in Afghanistan, every care was taken to establish contact with subjects and secure information.

¹ These provinces were : Wardak, Ghazni, Paktia, Nangarhar, Laghman, Kunar, Badakhshan, Takhar, Konduz, Balkh, Jozjan, Faryab, Herat, Farah, Kandahar, Ghor, Bamyan, Sar-e Pol, Khost, Dai Kondi. Kabul

Instruments and Measures

Definition of the concept: For the purpose of this project addition is defined as physical and mental dependency on narcotics such that quitting is difficult or impossible. Addiction is defined an action which has negative effects on the individual and/or society. According to the WHO, addiction has the following specifications:

- development of drug-seeking behaviour, and preoccupation with obtaining the substance by any means
- using more of the substances than necessary to experience intoxicating effects
- emergence of mental and physical dependency on drugs

Method of Data Collection: A combined method of cross-sectional survey and observations were used to explore different aspects of addicted women's life. The survey questionnaire consisted of mostly closed questions. Answers to the questions were noted on the form on location. Using STATA, the collected data was analyzed via Chi-Square tests and Regression Analyses. The complementary method of data collection to the survey was participant observations, such that each interviewer provided a brief description of her/his observations at site. The purpose of observations was to capture those aspects of women's condition which were not addressed by the questionnaire.

Problems associated with the process of collecting data: It is worth mentioning that researching drug addiction in a society such as Afghanistan is not without its due challenges. Every care was taken to ensure confidentiality and anonymity of the respondents. On the other hand, the interviewers who administrated the questionnaire reported a certain level of uneasiness at conducting interviews in some remote parts of the country. The interviewers, at times, faced the socially awkward situation whereby the respondents had expected some sort of financial contribution on the part of the interviewers. Although the respondents were briefed that completion of the questionnaire did not included any financial incentive, the interviewers report that after observing the dire economic conditions of the respondents, they felt uneasy continuing the interviews if the respondent had asked for financial help.

On the other hand, in some communities in remote parts of Afghanistan, the notion of individual privacy does not have any room within the communal life. The interviewers who

administered the surveys under such conditions, report that it had not been easy for them to speak to the respondent in private. An interviewer reports:

“As soon as the people heard that someone from the city is here to conduct research, they all gathered at the site. Although we asked the people to let us speak to the subject alone, they did not leave. The subject was reluctant to talk in the presence of the other people. We could complete the interview with a lot of difficulty”

In addition to these difficulties encountered, some of the researchers reported that securing information in the remote areas of the country was easier than in the areas closer to the cities or the cities themselves. The respondents in the remote areas are less skeptical of the interviewers and more likely to cooperate and it is easier to establish rapport with them. For instance, another interviewer reports:

“When we went to the closer villages, it was difficult to find respondents, but when we went to the remote areas, it was easier for women to talk to us”.

Despite these obstacles, it was possible to administer the survey with a response rate of 82.8 %.

Findings

The results of this research are compiled in three different sections, which are discussed in detail.

1. Demographics and Socio-economic Features of Addicted Women: This section explores certain socio-economic features of the subjects. All the respondents were women and reported using at least one type of drugs prior to the interview. As it appears from the table below the majority of the female drug users are between ages 26-60.

Table 1: Age and Marital Status of Respondents

Age of the respondents	Frequencies	Percentages
11-18	32	3.91%
19-25	72	8.80%
26-40	351	42.91%
41-60	299	36.55%
61-20	64	7.82%
Total	818	100%
Marital Status		
Married	591	65.2%
Single	96	10.6%
Divorced	12	1.3%
Widowed	208	22.9%
Total	907	100%

1.1 Marital Status: The preponderance of respondents are married (65.2 %) whose number of children ranges from one to nine. A further analysis of this category shows that of those respondents who are married, more than half, married at a very young age (57.4% of the respondents had married below age 16). According to Afghanistan’s constitution legal marriage-age for girls is 16 and for boys 18. Under age marriages are might be associated with a series of physical and psychological issues. However, any direct relation between drug use and under-age marriage was not investigated in this research.

1.2 Income: The finding reveals that most of the respondents live in poverty such that the monthly income of 67.6% of respondents is below 3000 Afghanis (~ \$ 60).

Table 2

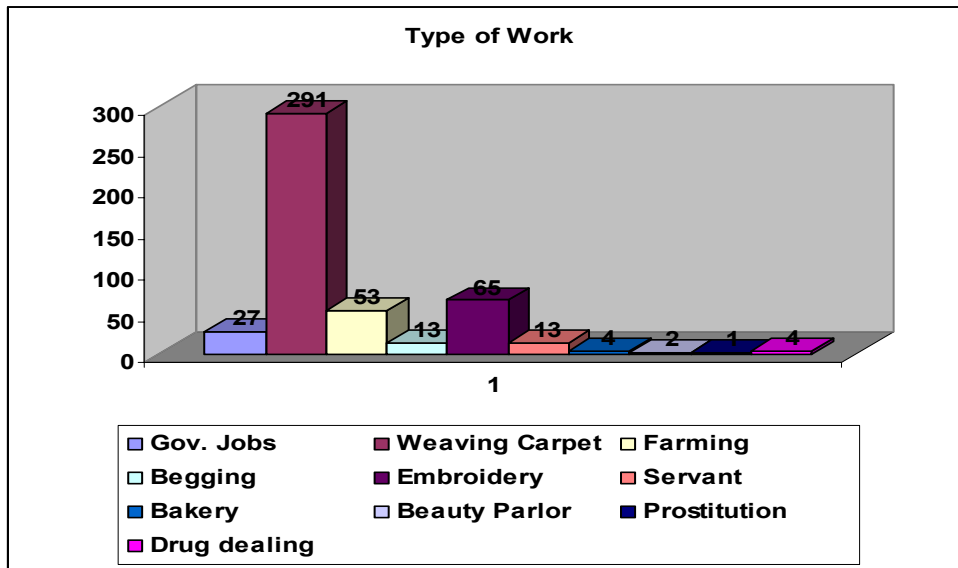
Monthly Income	Frequencies	Percentages
Less than 3000	557	67.6%
3000-5000	197	23.91%
5000-10000	44	5.34%
More than 10000	26	3.16%
Total	824	100%

It is rather difficult to establish a direct relationship between income and drug addiction. Although, the majority of the respondents report very low monthly income, it can not be said that poverty leads to drug addiction, as there are many women who live in poverty, but they are not addicted to drugs. The relationship between poverty and drug addiction, can be explored through access to health care. People with low income are more likely to be concentrated in remote parts of the country, whose access to health centers is very limited. Thus, these women use drugs for medical purposes. The following table shows that there is a statistically significant relationship ($p=0.000$) between using drugs as medication and income. Such that women with low incomes are more likely to use drugs for medical purposes, and the assumption that this relationship could have happened by chance is less than 0.05%.

Monthly Income	Medical Use	Other Use	Total
Less than 3000	508	49	557
3000-5000	170	27	197
5000-10000	31	13	44
More than 10000	15	11	26
Total	724	100	824
P-Value= 0.000			

Income level is also related to the type of jobs. This point will be discussed further in the next section.

1.3 Employment: Among addicted women, joblessness is very common. Almost half of the addicted women, 49.53%, are not employed. A breakdown of the kinds of jobs, the other 51.57% are engaged in, is as the following:



Some of these jobs, such as weaving carpets require long hours of tedious work. In order to be able to cope with such heavy work, respondents stated that they use drugs.

In General, as it can be observed from the findings, addicted women are not lonely reclusive women who lack any family members or friends. The fact that the majorities of respondents are married and have children shows that these respondents are surrounded by their immediate family members and lead a social life. However, many these women live in poor economic conditions; they are jobless or involved in the kind of occupations that does not generate sufficient income to sustain a family.

2. History, Patterns and Practices of Drug-use

2.1 Drug Type and Length of Use: According to Table 4, opium is the most-common used drug among women, followed by heroin, marijuana and other types of drugs such as morphine.

Table 4

Drug-Type	Frequencies	Percentages
marijuana	52	6.28%
opium	689	83.21%
heroin	65	7.85%
others	22	2.66%
Total	828	100%

The table below shows that more than 93% of the subjects have been using drugs for more than one year. A more in dept analyses of the issue reveals that longer durations of drug-usage have a statistically significant association with quitting. Such that the longer an addict has been using drug the less likely she is to be able to quit. In other words, as the duration of using drugs exceeds three years, the log odds of being able to quit reduces (Please refer to Table 11).

Table 5

How long have you been using drugs for?

Duration	Frequencies	Percentages
Less than one year	55	6.65%
One to two years	238	28.78%
Two to three years	114	13.78%
More than three years	420	50.79%
Total	827	100%

2.2 Methods of using drugs: Subjects use different methods of consuming drugs. The highest percentage of subjects consumes drugs by eating (69%). The second most popular means of drug consumption is smoking (38%), followed by injection (1%). 98% of women consume drugs inside their houses. While smoking drugs indicates the pleasure use of drugs, eating drugs mainly is a sign of using drugs for medical purposes. This point will be further discussed in the next section.

3. The prevalence of drug use in the community: addicted women surrounded by other drug users

In Afghan society where strict social norms and control is imposed upon women's activities, the fact that women's drug consumption is overlooked by the community is rather surprising. The subjects of this study are surrounded by addicted family members, relatives who use drugs, and addicted friends and acquaintances.

3.1 Addicted family members: Afghan women spend most of their times inside their houses and their activities are limited to household. As such, they are more likely to be affected by the presence of drug users in the family. 60.3% of subjects report that at least one other member of their families is addicted. Accordingly, the presence of an addicted member in the household increases the chances of addiction for the rest of the family especially if the drug user in the family is the husband. Slightly more than half of the respondents, 52.2%, report that the first time the drugs they used was provided by close family members. In fact, drug user husbands are the most frequently reported addicted family members. 37.9 % of subjects reported having an addicted husband.

Husband's addiction is the nexus of women's and their children's addiction. The impact of husbands' addiction on women's addiction is well-documented in this research, however, the process is rather complex. Some of these addicted men, fearing that their wives will not be content with their marriages; either forced them (9.8%) or encouraged their wives (23.7%) to use substances. Likewise, a recurrent theme among drug user women was their husband's restoration to violence in order to accustom their wives to drugs. One of the subjects states:

“My husband is a drug user; he always encourages me to use drugs. He says that life becomes more enjoyable when one is high. My husband says that: your eyes becomes more beautiful when you are high”

A more subtle reason for causing one's wife addiction is “exploitation” and making her “dependent” on the husband for drug use, so that the woman does not have any escape route from the unpleasant life that the husband has provided for her. The following quotes offer support for these points.

“My husband married me because I weave beautiful carpets. I don't like him at all. He has made me an addict so that I am dependent on him for getting my drugs. If I don't listen to him and don't weave carpets, he has threatened to cut off my dose”

Another respondent who is forced by her husband to use heroin says:

“I am 16 years old. My father has passed away and my uncle forced me to marry my husband. A few days after my marriage, I realized that my husband is addicted to heroin. I asked him to quit, he beat me up instead. He used to say that you should use it too. That night and a few other nights afterward, I put up with the violence but did not concede to his demands. Eventually, to avoid being beaten up further, I used the drugs. Life has come to an end for me. There was no need to stand against him. He says if I tell anyone about it, he will kill me”

When her husband was interviewed, he said:

“I am addicted to drugs and I am aware of the fact that I die like this (a drug user). My wife is young and beautiful. I don't want her to marry someone else after my death. That is why I wanted her to become addicted”.

Examples of such are also reported by other subjects:

“I did not want to marry my husband. I was in love with my cousin, he loved me too. I wanted to get divorced from my husband.... My husband found out. He made me eat opium. He encouraged me to eat more... once he found out that I was addicted to opium, he told me now you can leave and go wherever you want to go. I went to my father's house for a while, but I could not tolerate it. I could not quit. I came back and started selling properties from my house (to pay for drugs)”

Another woman says:

“My husband married me because his first wife could not get pregnant...they could not have children. My father was very poor. My husband is rich. After my first child was born, my husband's wife took her away from me and they didn't even let me breast feed her....Once my father found out about my life, he came over to talk to my husband. My husband said that now she is my business and you have no right to interfere in my life. The first time, my husband beat me up to use drugs....he would tell me (when you are high, I like you more)”

However, “marital discontent”, “exploitation”, and creating “dependency” are not the only eye-catching themes when it comes to the role of the husband in wife's addiction. Causing wife's addiction does not necessarily always happen based on some prior calculated and perceived benefits for the husband. Smoking and using drugs inside the house exposes other family members to addiction. One of the addicted women says:

“We are well-off economically. My husband smokes drugs at home. I had to breathe the smoke of the drugs, eventually I became an addict as well and smoke drugs myself”.

Another woman states similar reasons for her addiction:

“My husband, when smoking in order to prevent it from being wasted, would blow the smoke into my mouth and my children’s mouths. Everyone in the house got addicted. Now my husband is hospitalized in a rehabilitation centre but since we were not allowed there, we are being treated at home”

The negative impact of husband’s drug addiction is also apparent when it comes to quitting drugs. Addicted husbands have a negative impact on their wives’ success in quitting drugs. Regression analysis of husband’s addiction and women’s success in quitting drugs reveals that compared to women whose husbands do not use drugs, women whose husbands use drugs are less likely to be successful in quitting drugs. This relationship is statistically significant ($p=0.008$) (For further details on different models used in the regression analysis, please refer to Table 11).

The second most frequently reported category of drug user family members are “children”. A quarter of respondents, 14.8%, report that their children use drugs. The age of children was not reported in the survey, however, the qualitative interviews reveal that younger children are fed opium by their mothers to keep them quiet, and the older children in addition to consuming drugs themselves provide drugs for their mothers. Additionally, other immediate family members who were reported to have been using drugs were fathers (9.78 %), mothers (7.49 %), brothers (6.28 %), and sisters (7.0 %). Further statistically analysis of these factors in relation to women’s ability to quit using drugs shows that addicted fathers, brothers and mothers do not impose any statistically significant impact on women’s success in quitting. However, addicted sisters and addicted husbands decrease the likelihood of women’s success in quitting drugs. (For further details on different models used in the regression analysis, please refer to Table 11).

Not only these women encounter other drug users in their immediate family, 59.3 % report that their friends also use drugs. Table 4 reveals that there is a statistically significant relationship between having family members who use drugs and having friends who use drugs, such that respondents who have family members who are drug users are more likely to also have friends who use drugs. This might indicate that the presence of an addicted family member encourages association and socialization with friends who use drugs. Said differently, in a household where multiple family members use drugs, drug using and socialization with drug users out of family circle might be viewed as socially acceptable and normal.

Table: 6

Do your family members use drugs	Do your friends use drugs?		
	Yes	No	Total
Yes	335	155	490
No	151	174	325
Total	486	329	815
P = 0.000			

It needs to be mentioned that the findings reveal that the majority of subjects were encouraged and were familiarized to using drugs by close or remote family members. While subjects had a positive impact on accustoming their children to drugs, baby doping, there is no information available on whether or not addicted women can lead to addiction of other family members.

Addicted friends not only encourage using drugs, but also provide a social community wherein drug users can get together and consume drugs. A handful number of subjects started using drugs after they were encouraged by their friends to do so. 36.1% of women obtained drugs through their friends for the first time ever they used it. Socialization with addicted friends is another aspect of peer pressure that was explored in this study. A considerable number of respondents use drugs while they are in groups with their friends (13%). Although, socializing with friends who use drugs increases the likelihood of one's addiction, the results indicate that friends do not have a significant impact on quitting success; this is unlike the negative impact of some family members as discussed above. Therefore, although addicted friends encourage drug use, being associated with friends who use drugs dose not have any statistically significant impact on whether or not one succeeds in quitting drugs.

Table 7

How many other women do you know who use drugs?	Frequency	Percentages
One to three	120	14.49%
Four to six	132	15.94%
Seven to ten	40	4.83%
Eleven to ten	44	5.31%
More than ten	9	1.09%
Don't know the exact number	86	10.39%
Don't know anyone	397	47.95%
Total	828	100%

Encountering drug users in the family or among friends does not end here. A considerable number of respondents (52%) also know at least one other unrelated woman in their community who consumes various types of drugs (Table 7). The following table illustrates that knowing multiple drug users is a common trend among women drug users. These findings reveal the commonality of drug using communities. Additionally the majority of subjects do not perceive addiction as being socially problematic for them. Accordingly, 61.1% of these women state that they do not face any social problems because of their addiction. This finding in the context of Afghan society is rather interesting wherein both the state law and religious tenets prohibit using intoxicating drugs. However, subjects in general hold a positive view in regards to drug addiction and perceive using drugs as a solution to different problems they encounter. In fact, using drugs such as opium, to deal with fatigue is a common norm among some districts in the country. The observation notes of one of the researchers reports:

“The respondent looked under-weight. She offered us some opium and said: it will help remove tiredness and fatigue of the trip...”

(The rationale for using drugs will be further explored in the subsequent sections of this research)

Many women do not view drug use as a problem. One of the respondents says:

“Smoking opium is not a taboo in our community. Nobody dislikes it, it is a common thing. Everybody smokes”

Relevant to the discussion of encountering other drug users in the family, among friends and in one’s community in general, is the discussion of relative ease and difficulties in accessing drugs.

An overwhelming majority of respondents (87.73 %) state that they can easily access drugs. As the following table shows more than half of the sample of drug using women, are able to directly buy drugs themselves. This finding is rather surprising such that in some rural communities where women’s public appearance is very limited, women’s direct purchasing of drugs points to the relative easiness of accessing drugs. The second most frequently reported means of accessing drugs is through family members, followed by growing poppies in the field and access through friends.

Table 8, Means of Accessing Drugs

Means of access	Frequencies	Percentages
buying	456	55.21%
family	216	26.15%
growing	88	10.65%
friends	66	7.99%
Total	826	100%

On the other hand, almost 3% of arable land in Afghanistan is devoted to growing poppies. It is not accidental that drug use is a common norm among some parts of the country. Increasing involvement in opiate market, from growing to processing and exporting, can lead to higher rates of drugs users in the country. A significant proportion of women 10.65 % get drugs through their own fields. Despite some allegations that the community of Afghan immigrants was introduced to drug use in neighboring countries such as Pakistan and Iran, the findings of this research reveal that there is no statistically significant relationship between drug use and immigration status in the neighboring countries. In fact, an overwhelming majority of the subjects used drugs for the first time in Afghanistan.

Table: 9

Where did you use drugs for the first time?

Location	Frequency	Percentages
Afghanistan	696	84.16%
Pakistan	87	10.52%
Iran	44	5.32%
Total	827	100%

Additionally around 70% of the respondents had been living in their current residence for more than two years. Further support for this point and the relative ease of accessing drugs in Afghanistan is apparent in some of the interviews. One of the respondents is willing to live far away from her husband so that she can access drugs easily in Afghanistan.

“My husband lives in Saudi Arabia, I did not go with him because I cannot access drugs there, so I stayed here with my son”

On the other hand, working on the poppy fields can also lead to addiction. Addiction through direct engagement with growing poppies and processing poppies is frequently reported in the

survey (4.11%) and in the observation notes gathered in the field. A relevant factor in the discussion of drug use and addiction to drugs is “curiosity”. Both published literature elsewhere and the findings of this study reveal that curiosity plays an important role in using drugs for the first time, curiosity might be invoked more often as contact with drugs becomes a common activity, as is the case for those women who work on the fields. One of the subjects says:

“Sometimes the good smell of poppies in the field tempts us to try it. Sometimes we lick knife or any other equipment which we had used to cut poppies and that is the starting point for us”.

Another woman says:

“My husband grows poppies in the field. We even have a processor factory where we can refine poppies. We all (my children and I) enjoy the smell of the poppies. My children work on the field too. AT night, it is a ritual at home, that I either smoke poppies or spread the powder everywhere at home before my children can go to sleep otherwise they cannot sleep at night”.

4. Rationale for drug using

Women’s reasons given for using drugs included recreation, pain, insomnia, fatigue, sexual dysfunctions, hemorrhage, cough, diarrhea, sadness and grief. The main reasons given for drug use were grouped into three categories: using drugs as medicine, psychological and socio-psychological reasons. Psychological reasons included factors such as pleasure use of drugs, curiosity, and as an effective means of dealing with grief. Socio-psychological reasons included reasons such as pressure imposed by family members, peer pressure, drugs used as means to deal with heavy work-load. Socio-psychological reasons are the most frequently stated reasons for drug use. The following table provides a break-down of reasons for drug use:

Table 10

Reasons for use	Frequencies	Percentages
Psychological	117	14.13%
Psycho-social	467	56.40%
Medicine	223	26.93%
Missing response	21	2.54%
Total	828	100%

Medical Use of Drugs: Table 9 also shows that medical use of narcotics is a common phenomenon among the subjects of this research. Using drugs as medication delineates socially-acceptance of drug-use. Using opium as a medicine has long-lived history in the country. Medical uses and methods of use of opium have been handed down from generation to generation to deal with a wide range of illnesses. Historically crude opium has been used as a sedative, and anti-styptic for various illnesses. In fact, the Greek word “*theriaka*” meaning “opium remedy” (Kerimi, 2000) still is practically used in Dari and Pashto, the two official languages of Afghanistan. By comparison to opium eating (most often indicating the status of opium as medication), smoking opium depicts pleasure giving property of the drugs. 87.92 % of the subjects state that they use drugs as medication. However, in response to another question “Why do you use drugs”, only 26.93% use drugs as medication. The reason for this discrepancy might be due to women’s perception of medication. Whereas, we categorize the psychological reasons such as pleasure, curiosity dealing with family issues and problems, and dealing with grief as a result of loss of a family member. Except for pleasure and curiosity, using drugs for the rest of these reasons can in fact be categorized as medical use. Women use drugs to deal with the illnesses such as, asthma, toothache, coughing, any kind of body pain, feminine itching, hemorrhage, other complications, and inability to get pregnant, . The methods of consuming narcotics for their medical use are, external application of drugs on body, making solutions, mixing drugs with oil and applying it to the skin. One of the respondents says:

“My husband has brought home another wife. It has been for sometime that I get some rush on my body. This is the reason that my husband seeks distance from me. I had to use opium to cure my sickness”.

Women also seek cure for sexual dysfunctions from opium:

“After I had a miscarriage, I was not inclined towards sleeping with my husband. I used different medications, nothing helped. My husband was coming to me, and to satisfy him, I had eaten opium and it became a habit for me”.

However, due to sensitivity of the topic, there were no specific questions on the topic in the questionnaire.

Psychological Reasons for Drug-Use: As it was stated earlier, 14.13% of the sample of this study use drugs for psychological reasons such as dealing with grief, and recreational usage.

“I lost my son who was 21 years old. My husband died when he was very young. To forget my grief and pain, I use drugs”.

Using drugs as a means of dealing with the loss of family members was frequently reported among the respondents. The following quotes further delineate this point:

“My mother and my two children each aged 4 and 6 all died over a period of fourteen days. I could not sleep and slowly I got addicted to opium”

Another respondent reports:

“I have miscarried 8 times. I was always in grief. My husband encouraged me to eat opium. He said I will forget my sorrow”

Some women report marital dissatisfaction and family trauma as their reasons for drug use:

“I married a military commander. After a while, my husband married another woman. I and the other wife of my husband could not get along. My husband eventually divorced the other wife and after awhile he divorced me too. I had three daughters, they all stayed with my husband. I heard that my husband had sold my three-year old daughter. Since I have heard that my daughter has been sold, I could not take it. I have started using opium”.

Women being traded as property for various reasons can lead to women’s clinging to drugs as a coping strategy:

“I was 15 years old when I was sold to my husband. I did not like my husband, and started eating opium. I am the mother of 9 children but I don’t consider myself a mother, because my husband does not consider me as his wife and does not respect me as such. I don’t like my husband’s behaviour”.

In summary, the respondents rely on drug use for various social, psychological and medical reasons. As it can be observed from the discussion in this section women view opiates as panacea for a wide range of physical illnesses, social and psychological conditions they face. Now that the rationale for drug use among women is discussed in great detail, the question remains of what are the consequences of drug use? Does drug use lead to any unwanted consequences?

The Consequences of Drug Use

Baby-Doping: “I have an 8-month old child. I give him opium three times a day to keep him quiet”.

Baby-doping is quite common among addicted women. In general, 15% of drug users report having children who also use drugs. In order to keep their children quiet and carry on with their everyday life, addicted women accustom their children to drugs:

“No one cared to look after us. My mom had to weave carpets when I was a kid. She would give us opium to be quiet or sleep. When I grew up, I had to use it myself”

Another respondent who is regretful of giving drugs to her child, says:

“I made a big mistake. I familiarized my 7 year old daughter to drugs. She was very young and she used to cry a lot. I used to give her opium to make her quiet. Now she is an addict. In the middle of playing sometimes she runs towards me and asks me for opium”

Violence: Addicted women report losing patience easily and engage in violent behaviour with children: The observation notes in the field shows that some addicted women become violent with their children if they do not get drugs on time. One of the women says:

“I beat up my children if I don’t get drugs on time”

One of the field observers reports that the interviewee had bit her child so hard that one could still see the bruises on his body. Violence against children and accustoming children to drugs are the most frequently reported negative impact of drug addiction among women which affects immediate family members. However, other negative and unwanted results of drug use among women are health problems perceived to be associated with drug use.

Health Problems: 90% of respondents report that drug use has caused them health problems. Health problems reported by these women included problems such as: irritations, impatience, forgetfulness, fearfulness, trembling, and other similar illnesses. Respondents believe that drug use has led to the aforementioned illnesses. Although using drugs certainly has some health problems associated with it, it should be mentioned that most addicted women use drugs as medications for certain illnesses. While addiction might be conducive to these reported illnesses, it is ironic to notice that a significant proportion of women use drugs as medication. Hence, using drugs as medicine—although it might be a short term reliever and pain killer—in fact, leads to other illnesses and health problems, the most prevalent of all is drug dependency.

In addition to the health problems mentioned above, relatively significant proportion is suicidal such that 15.74% of subjects have attempted suicide once prior to the survey. Although it cannot be stated for certain that this suicidal behaviour is due to drug addiction, however, the relatively higher proportion of suicide attempts among addicted women compared to the overall population raises concern. It might be that some underlying intervening social and psychological problems lead to both drug addiction and suicidal behaviour. However, it can be stated that drug addiction has a worrisome connection, either direct or indirect, to suicidal behaviour. In addition to these health issues, some addicted women report encountering social problems, a topic which is further discussed in the next section.

Social Problems: Despite what the researchers had expected, only a small proportion of the respondents report facing social problems, such as mistreatment on the part of those with whom addicted women interact and being labeled an “addict”. In fact almost 70% of respondents do not believe that their addiction has caused them any social problems. The rest of the respondents (32%) who think that addiction has been socially problematic for them report experiencing “social exclusion” such that their families, close or remote, do not consider interacting with these women as “appropriate”. Some women also report that their neighbors do not let them enter their houses. Some of these women are also labeled “addicts” and they hear this even on the streets. Other social problems included economic problems, such that 63.77% of drug-using women stated that they have faced economic problems as a result of drug use.

Sexual abuse: One the other hand, addicted women can also easily become victims of rape and sexual assaults. 54% of women interviewed report that they know a woman who is addicted to drugs and has been raped. The question was formed as: “Do you know any addicted women who have been raped?” The question was framed as such because the survey procedure does not allow enough time to establish rapport and trust between the researcher and the subjects to secure information on sensitive and intimate information such as rape. Hence, this question was used as a proxy for getting information on rape victims among addicted women, herein the reported victims can possibly be the respondents themselves as well as any another addict woman they know.

Criminal Behaviour: Drug use and drug dependencies have led some women to engage in criminal behaviour in order to pay for their drug supplies. Types of crime these women engage in ranges from drug smuggling to prostitution and selling children. 2.17% of women report being arrested previously for crimes such as drug smuggling. For instance, one of the subjects reports:

“My husband was a drug smuggler. He wanted me to help him with his business. In order to get me help him, he accustomed me with drugs. Now I am involved in drug smuggling, though my husband has died. This is the means of getting drugs for myself.

Another subject reports selling her nieces to provide her drug supplies:

“I had to take care of two of my nieces, my brother’s daughters. I had to sell them to provide my drugs”.

Some addicted women report being involved in prostitution. It needs to be mentioned that securing information about a sensitive subject such as prostitution is not very feasible through a survey questionnaire. In response to an indirect question asking women whether or not they were asked to engage in activities such as prostitution and drug smuggling, 6.7 % of women reported that they have frequently been requested to prostitute or engage in drug dealing. Although according to the survey data, only one respondent reported being engaged in prostitution as a means of accessing and buying drugs, the qualitative interviews and observations report more cases. The observation notes read as the following:

“X is a drug dealer. She lives alone in her home. She is a prostitute and says she does it in order to make money and pay for drugs. She also hires other prostitutes who are also addicts who engage in prostitution to make money”

Hence, as it can be observed drug dependency can lead to a range of criminal behaviour among drug addicts who try to secure their supply of drugs by any means available to them. While poverty can lead some to illegal means of acquiring money for drug use, some other women reported rather anomalous means of surviving the absence of drugs. For instance, one of the respondents reports:

“I put scorpions in a bottle and leave them like that for a while. After they all die except one...I pick up the last one and dry it and then smoke it”.

Given that various reasons lead to drug addiction among women and addiction, in turn, triggers a wide range of unwanted consequences, the question rises of whether or not there is a remedy for the problem. Have addicted women tried to quit drugs?

Factors Associated with Success/ Failure in Quitting Drugs

The finding of this research reveals that 79.8% of women express regret in using drugs and 53.3 % of the subjects had tried to quit. Out of those respondents who tried quitting drugs 69 % report being able to quit, while the rest of the sample experienced a relapse. In this part of the research, tentative models were developed in order to explore what background factors have an effect on quitting success. For the purpose of this research only those variables that have a statistically significant impact on quitting have been reported in Table 11. Whether or not the respondents succeed in quitting depends on a multitude of factors which will be analyzed further.

An effective factor in is the availability of professional help and rehabilitation centers for the addicted women. The logistic regression of the dependent variable (success in quitting) and independent variable (receiving help from health centers) reveals that the chances of being able to quit drugs increases significantly if drug users receive professional help from rehabilitation centers. In fact, Table 11 Model 6, shows that access to a rehabilitation center has the highest coefficient on the success of quitting. In other words, of all the factors that have an impact on whether or not women are successful in quitting drugs, receiving help from a rehabilitation center has the highest positive impact on the likelihood of being able to quit. As it appears from the table, other factors such as literacy and presence of other addicted family members have a negative effect on women's ability to quit drugs. Model 1, shows that women who have had no schooling are less likely than women who have had some schooling to be able to quit drugs.

Interestingly enough, addiction status of only certain members of the family have an impact on whether or not a woman is able to quit. Results indicate that chances of quitting decreases for those women whose husbands also use drugs. On the other hand, addicted women whose sisters use drugs are less likely than women who do not have any sister who uses drugs to be able to quit; this is while addiction status of other family members such as parents, brothers, sons or daughters does not impose any statistically significant impact on women's chances of quitting drugs. These findings point to the relative impact of family members on women's life. As it was observed earlier, a preponderance of addicted women has addicted husbands who encourage or forced their wives to use drugs. The negative impact of husbands' addiction does not limit itself to accustoming women to drugs, but also decreases the chances of successful quitting once these women become addicted to drugs. Additionally, knowing other women who are drug-users, and

using drugs in groups also decrease the chances of quitting. Hence, it can be said that drug consumption for many these women is a social phenomenon.

Table 11 Logistic Regression of Succeeding in Quitting Drugs on Selected Background Variables

Binary Independent Variables	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8
Literacy	-1.3***							
Husband uses drugs		0.53**						
Sister uses drugs			- 1**					
Know other female drug-users				1.03***				
Drug use in groups					- 0.88**			
Rehabilitation Center						3.54***		
No professional help with quitting							0.90***	
Marital Satisfaction (satisfied=1)								0.6
Husband's behavior (misbehavior =1)								-1.57*
Constant	1.88***	0.6***	0.87***	0.35**	1.8***	- 0.33**	1.16***	0.47
N	511	513	513	513	460	513	513	358

Note: ***p = 0.000 **0.001≤p≤0.01 *0.01<p≤0.05

On the other hand, a husband's good behaviour increases the chances of quitting for women. Women who report being unsatisfied with their marriage and women who report that their husbands misbehave with them are less likely than other subjects to quit drugs. In general, all these findings have significant policy implications.

Policy Implications

The lackluster approach of the government towards addiction in the country doubtlessly has a direct and detrimental effect on the social and psychological conditions of drug users and indirectly leads to widespread use of drugs. This study provides key findings for devising prevention and intervention policies. Despite the fact that Afghanistan has punitive measures for drug smuggling, growing and processing drugs, the government is not able to curtail the blooming drug industry in the country. As it was observed from this research, drugs produced in the country are also used for consumption inside Afghanistan. Although, establishing a direct relationship between drug addiction among Afghan women and the opiate industry in the country was not the purpose of this research project, the findings reveal that accessing drugs inside Afghanistan is relatively, living in a community where drug addicts are present everywhere—from immediate family members to knowing at least a few other drug addicted women—can be indicative of the

prevalence of drug use in Afghanistan. On the other hand, drug addiction is not viewed as a social problem by many women, as they use drug for medical purposes, this is to alleviate and remedy a range of physical and psychological problems. Therefore:

- Establishing health centers in the remote parts of the country, and making health care more accessible will prevent women from relying on opiates to cure their illnesses
- The majority of the subjects, regret using drugs and are willing to quit, however, in the absence of professional care and health centers, they do not succeed in quitting.
- The government should address poverty and opium cultivation in the country
- Raising public awareness in the country can have a positive effect on reduction of drug-use
- The Ministry of Health should establish health and rehabilitation centers in villages in remote parts of the country
- Moreover, the government should create jobs for the public and raise economic situation of the country.
- It needs to be emphasized that policies targeting addicted women might be destined to failure if they address addicted women alone. The findings of this research indicate that addicted husbands have a prominent role in leading their wives towards drug use and preventing them from quitting. Therefore, policy and rehabilitation program targeting addicted women need to address husband's drug abuse concomitantly.

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