



# **Substance Use Disorder Treatment Centers and Services Needs Assessment**

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**Afghanistan  
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# TABLE OF CONTENTS

<b>List of Acronyms</b> .....	<b>3</b>
<b>Acknowledgments</b> .....	<b>3</b>
<b>Section 1: Executive Summary</b> .....	<b>4</b>
Introduction.....	4
Methods.....	4
Results .....	4
Recommendations .....	5
<b>Section 2: Assessment Methodology and Data Sources</b> .....	<b>5</b>
Geographical Scope and Timeline .....	5
Methods and Data Sources.....	5
<b>Section 3: Background and Context</b> .....	<b>6</b>
Context .....	6
Substance Misuse in Afghanistan .....	7
Substance Misuse for Females .....	7
Substance Misuse for Children .....	8
Legislation Regarding Substance Use .....	8
Drug Demand Reduction Program in Afghanistan.....	9
<b>Section 4: Assessment Results</b> .....	<b>10</b>
Service Mapping.....	10
Substance Use Disorder Treatment Centers Evaluated During the Assessment .....	11
Workforce in Substance Use Disorder Treatment Centers.....	14
At-risk Groups for Substance Use.....	15
Risk Factors for Substance Use Disorders .....	15
Types of Substances Accessible in the Community .....	16
Substance Used for First Time.....	17
Substance Consumption Conditions, Regularities and Methodologies .....	17
Substance Users' Perceptions of Negative Consequences of Substance Misuse.....	18
Community Members' Attitudes Toward People with Substance Use Disorders .....	18
Perceptions of Community Members on the Currently Available Services.....	18
The Barriers to Seeking Substance Use Disorder Treatment Services.....	19
Community Recommendations to Better Help Those with Substance Use Disorders .....	19
<b>Section 5: Summary and Recommendations</b> .....	<b>20</b>
Summary .....	20
Recommendations .....	22

## List of Acronyms

<b>CBT</b>	Cognitive Behavioral Therapy	<b>KIIs</b>	Key Informant Interviews
<b>CETA</b>	Common Elements Treatment Approach	<b>MoPH</b>	Ministry of Public Health
<b>CPDAP</b>	Colombo Plan Drug Advisory Program	<b>MHD</b>	Mental Health Department
<b>DAT</b>	Drug Abuse Treatment	<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>DDRP</b>	Drug Demand Reduction Program	<b>NGO</b>	Non-governmental organization
<b>FGDs</b>	Focus Group Discussions	<b>NSIA</b>	National Statistics and Information Authority
<b>GIROA</b>	Government of the Islamic Republic of Afghanistan	<b>OPD</b>	Outpatient Department
<b>HSDO</b>	Health and Social Development Organization	<b>SSAWO</b>	Social Service for Afghan Women Organization
<b>INL</b>	Bureau of International Narcotics and Law Enforcement Affairs	<b>UTC</b>	Universal Treatment Curriculum
		<b>UNODC</b>	United Nations Office on Drugs and Crime
		<b>WHO</b>	World Health Organization

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# Section 1: Executive Summary

## Introduction

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International Medical Corps conducted this assessment to identify the gaps and needs for treatment of substance use disorders and rehabilitation services in four provinces: Jalalabad, Laghman, Balkh and Kunar. The specific objectives of this assessment are:

1. to understand communities' perceptions of and attitudes toward people with substance use disorders;
2. to identify the context of substance use, types of services available, perceptions of the accessibility and quality of services, treatment facility-level policies and regulations, vulnerable populations and community perception of substance use trends; and
3. to share recommendations based on the needs assessment with different stakeholders and actors for better designing MHPSS programs on substance use disorders, treatment and rehabilitation services at the community and treatment facility levels.

## Methods

The assessment's methodology relies on both qualitative and quantitative data collection and analysis, including a desk review; 4Ws (who, what, when, where) MHPSS service mapping; FGDs and KIs with the heads of substance use disorder treatment centers and with the head of the provincial DDRP; FGDs with patients in treatment facilities and their caregivers on the context of substance use, types of services available and relevant substance use disorder treatment centers; assessing the available services; identifying vulnerable populations and assessing the perceptions of substance use in the community, including relevant community activities existing in the setting. A total of 10 key informants (eight males and two females) were interviewed, and 15 FGDs (a total of 105 individuals—49 females and 56 males) were conducted for the data collection during this assessment.

## Results

A report by the MoPH show that more than 2.5 million<sup>1</sup> people suffer from substance use disorders in the country, with the number increasing—based on data from 2005 to 2015—and treatment centers/services decreasing. At least 44 of the 104 substance use disorder treatment centers operating in the country are out of service. This can be attributed to unpaid staff salaries and the lack of medical, food and hygiene supplies for inpatients.

Previously, there were 16 centers in Kabul, but only four continue to provide services as supporting donors stopped funding. In Kunar province, there is no active treatment center due to the lack of funds. In Laghman, there is a 20-bed center providing services for males, but there is no such space for women and youth. The MoPH report shows high demand for substance use disorder treatment services for females.

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<sup>1</sup> <https://www.khaama.com/40-of-drug-addicts-in-afghanistan-are-women-moph-432444/>

Further, financial problems, lack of transportation, limited human resources—with limited skills to treat substance use disorders—in substance use disorder treatment centers, cultural stigma, lack of public awareness and post-treatment adjustment problems are reported as barriers to seeking the services (for more details refer to Section 4 on assessment results).

## Recommendations

1. Provide community-based public awareness of substance misuse, training sessions on self-coping skills for people suffering from substance use disorders and encouragement programs for patients and families/community to refer patients for treatment.
2. Establish more treatment spaces or centers for females with substance use disorders in Kunar and Laghman provinces.
3. Reactivate, enhance and develop Kunar and Laghman treatment centers.
4. Strengthen the capacity of the current staff of substance use disorder treatment centers and hire more professional health workers in this field, especially in Kunar and Laghman provinces.
5. Provide medicines and treatment, food, clean water and electricity in treatment centers.
6. Include more focused and scalable MHPSS interventions in treatment centers, such as WHO's Problem Management Plus (PM+), Group Interpersonal Therapy (IPT-G), and brief CBT.
7. Advocate for the government to focus more on reducing the cultivation of narcotics and eliminating illegal substance resources, like availability in markets.
8. Establish drug treatment and prevention services in rural areas where most of the population resides.
9. Pursue economic stability and develop socially acceptable skilled and unskilled employment opportunities for both women and men.

## Section 2: Assessment Methodology and Data Sources

### Geographical Scope and Timeline

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The assessment was conducted in 15 days (May 15–31, 2022) in four provinces—Balkh, Nangarhar, Laghman and Kunar—where International Medical Corps provides primary healthcare, MHPSS and protection services. In Balkh and Nangarhar, the assessment covered both male and female treatment centers, while in Kunar and Laghman, there were no treatment centers for women.

### Methods and Data Sources

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The approach taken for the assessment is based on the UNODC-WHO Program on Drug Dependence Treatment and Care,<sup>2</sup> and combined a desk-based review of available data from countrywide services mapping, FGDs and KIIs. Existing documents and data, such as scientific

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<sup>2</sup>[http://www.unodc.org/docs/treatment/unodc\\_who\\_programme\\_brochure\\_english.pdf](http://www.unodc.org/docs/treatment/unodc_who_programme_brochure_english.pdf)

articles, government and NGO reports, health facility reports and assessments were reviewed to determine what is currently known about substance use in Afghanistan.

The assessment's methodology relies on both qualitative and quantitative data collection and analysis, including a desk review, 4Ws MHPSS service mapping, KIIs with heads of substance use disorder treatment centers and with the head of DDRP, FGDs with patients in treatment centers, and their caregivers on the context of substance use, types of services available and relevant treatment facilities, assess the available services, identifying vulnerable populations, perceptions of substance use in the community including relevant community activities existing in the setting.

For the field data collection, International Medical Corps hired enumerators, who received a one-day orientation training on the concept and methodology of this assessment from the MHPSS manager. The trained enumerators interviewed 10 key informants (four male and two female heads of substance use disorder treatment centers, and four male heads of DDRP), and conducted seven FGDs with patients in treatment centers and eight FGDs with community members/ caregivers (with a total of 105 individuals, 49 females and 56 males) in the targeted four provinces.

A 4Ws services mapping was conducted on the existing types of substance use disorder treatment services and community-based rehabilitation services in the targeted four provinces.

## Section 3: Background and Context

### Context

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Forty years of war, recurrent natural disasters, poverty, drought and the COVID-19 pandemic have left more than 24 million people in Afghanistan in need of humanitarian assistance.<sup>3</sup> Afghanistan's population is estimated to be 32.9 million for 2020–2021, based on the Population Statistics Department of the National Statistics and Information Authority (NSIA),<sup>4</sup> with 71.13% of the population living in rural areas, 24.32% living in urban areas and 4.32% estimated to be nomadic. Females comprise 49% of the total population. Afghanistan also has one of the youngest and fastest-growing populations in the world. Almost half (48%) of the population is under 15, while adults aged 65 or older represent only 3.7% of the population. The overall literacy rate is 31.74%, with females less literate than males (17.61% vs. 45.42%) due to cultural obstacles that prevent women from accessing education.<sup>5</sup>

Recent developments and political upheaval have exacerbated needs and further complicated an extremely challenging operational context. As security steadily declines and government infrastructure ebbs and flows, the country faces multiple public health challenges. Narcotics / drug production, cultivation and availability—which received greater attention than the related and urgent issue of substance misuse—remain challenges for the nation's security and stability.

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<sup>3</sup> <https://www.unocha.org/afghanistan>

<sup>4</sup> <https://invest.gov.af/theme3/wp-content/uploads/2021/06/Afghanistan-Statistical-Yearbook-first-Version.pdf>

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7100898/pdf/nihms-1570642.pdf>

## Substance Misuse in Afghanistan

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Substance misuse is one of the most critical health challenges<sup>6</sup> faced by men, women and children in Afghanistan. The current contraction of viable economic opportunities makes households even more vulnerable to engaging in illicit activities, such as opium and hashish cultivation, heroin and methamphetamine manufacturing and trafficking. The 2021 opium harvest, completed in July, marked the fifth year in a row with production at historic highs of more than 6,000 tons, potentially yielding up to 320 tons of pure heroin to be trafficked to markets globally.<sup>7</sup> Afghanistan accounted for 85% of the global opium production in 2020, which makes it a supplier for 80% of all opiate users in the world. At the same time, substance misuse poses a health threat to the country itself, with limited drug treatment options.<sup>8</sup>

From 2005 to 2015, three substance misuse surveys were conducted in Afghanistan. The results showed that substance misuse has increased over time. The first survey in the country in 2005<sup>9</sup> estimated that 3.8% of all age groups were using substances, with the most common being hashish, opium, heroin and prescription drugs. In 2009, a follow-up survey<sup>10</sup> showed that 8% of the population, aged 15–64, were misusing substances, and that there was a 53% increase in the number of regular opium users and a 140% increase in the number of heroin users since 2005. In 2015, the Afghanistan National Drug Use Survey<sup>11</sup> found that the national adult drug use rate was 12.8%, more than double the global drug use rate of 5.2%. The most common substances used in Afghanistan are opioids (opium and heroin, 4.9%), followed by hashish (2.2%) and prescription sedatives (almost 1%). Among those using substances, 40% reported using two or more substances simultaneously in the past 12 months. Afghanistan is facing significant substance misuse problems among its youth, with at least one person below 18 years in every three households reporting substance misuse.<sup>12</sup>

## Substance Misuse for Females

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According to the MoPH, as of March 3, 2021,<sup>13</sup> the total number of people in Afghanistan with substance use disorder reached 2.5 million, with 850,000 (40%) being female. Within the span of a decade, the number of women estimated to use substances skyrocketed by 608%, from 120,000 in 2005 to 850,000 in 2015. The three most common substances that women misuse are opioids, sedatives and hashish. Another significant finding is that among women who use

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<sup>6</sup> <https://www.heraldopenaccess.us/openaccess/substance-use-among-women-and-children-in-afghanistan-the-complexities-of-an-important-public-health-issue>

<sup>7</sup> [https://www.unodc.org/documents/data-and-analysis/Afghanistan/Afghanistan\\_brief\\_Nov\\_2021.pdf](https://www.unodc.org/documents/data-and-analysis/Afghanistan/Afghanistan_brief_Nov_2021.pdf)

<sup>8</sup> <https://www.unodc.org/afghanistan/en/frontpage/2015/learning-about-psychosocial-intervention-and-support-for-drug-dependence.html>

<sup>9</sup> <https://www.unodc.org/pdf/afg/2005AfghanistanDrugUseSurvey.pdf>

<sup>10</sup> <https://www.unodc.org/documents/data-and-analysis/Studies/Afghan-Drug-Survey-2009-Executive-Summary-web.pdf>

<sup>11</sup> <https://photos.state.gov/libraries/afghanistan/941877/Reports/Afghanistan%20Drug%20Use%20survey.pdf>

<sup>12</sup> <https://www.heraldopenaccess.us/openaccess/substance-use-among-women-and-children-in-afghanistan-the-complexities-of-an-important-public-health-issue#:~:text=The%20most%20common%20substances%20used,past%2012%20months%20%5B3%5D.>

<sup>13</sup> <https://www.khaama.com/40-of-drug-addicts-in-afghanistan-are-women-moph-432444/>

opium, 78% reported giving opium to their child/child and/or another family member. Women who use substances are more likely to be widowed or divorced, have had little formal education and are more than twice as likely to be unemployed, compared to women who do not use substances. Ingesting substances is the most common way women report using a substance, as it is considered to be more socially acceptable than other routes of administration, and implies the substance is for medical purposes. More than half of the women (52.2%) reported that they were exposed to substances for the first time by a close family member, especially a husband. Of those who reported being employed, most of them worked as carpet weavers or were in the professions of embroidery or farming.<sup>14</sup>

## Substance Misuse for Children

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The 2005 drug use survey estimated that 60,000 children were using substances, while in 2015 the figure jumped to 110,000—an 83% increase in child substance use. In addition to direct substance use, children are exposed to second and third-hand smoking of opioids.<sup>15</sup> Children as young as nine are becoming opium users in Afghanistan, as the amount of the drug produced in the country has reached record highs.<sup>16</sup>

In 2009, a follow-up survey<sup>17</sup> showed that 50% of parents using opium were also giving it to their children to control behavior and/or hunger.

Activists and officials in the Afghan province of Herat have warned that rising numbers of children are being recruited to work as drug mules by local trafficking networks. Children who are homeless are particularly vulnerable, amid a massive rise in substance use among minors in the western province.<sup>18</sup>

## Legislation Regarding Substance Use

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Counternarcotics Drug Law<sup>19</sup> was enacted under Article 7 of the Constitution of Afghanistan to prevent the cultivation of opium poppy, hashish plants and coca bush, the trafficking of narcotic substances, and to control psychotropic substances, chemical precursors and equipment used in the manufacturing, production and processing of narcotic and psychotropic substances. In 2002, the Transitional Islamic State of Afghanistan (TISA) issued decrees banning the cultivation, production, drug misuse and trafficking of narcotic substances, and facilitating the simultaneous implementation of an eradication campaign by the government. The use of opium products is illegal in Afghanistan, and conviction results in three months' imprisonment.<sup>20</sup> According to the law, no person shall cultivate, produce, process, manufacture, trade, distribute,

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<sup>14</sup> Drug Use Among Women and Children in Afghanistan, page 2:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7100898/pdf/nihms-1570642.pdf>

<sup>15</sup> Drug Use Among Women and Children in Afghanistan, page 3:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7100898/pdf/nihms-1570642.pdf>

<sup>16</sup> <https://www.bbc.com/news/av/world-asia-42003158>

<sup>17</sup> <https://www.unodc.org/documents/data-and-analysis/Studies/Afghan-Drug-Survey-2009-Executive-Summary-web.pdf>

<sup>18</sup> <https://reliefweb.int/report/afghanistan/afghan-children-targeted-drug-gangs>

<sup>19</sup> <https://www.refworld.org/cgi-bin/txis/vtx/rwmain/opendocpdf.pdf?reldoc=y&docid=5475b6574>

<sup>20</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1262742/>

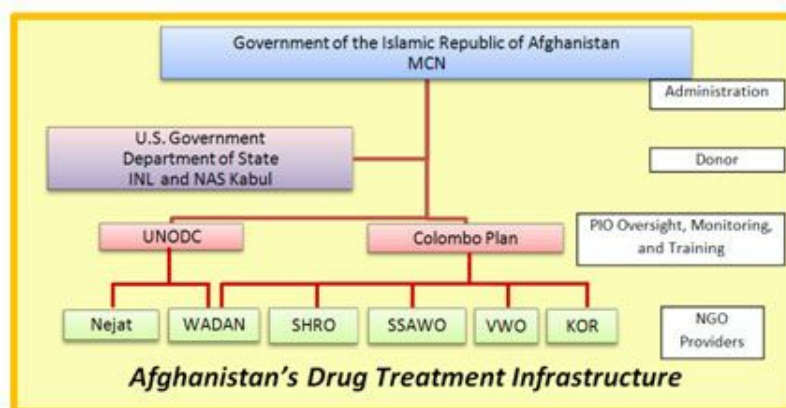


possess, supply, traffic, transport, transfer, acquire, purchase, sell, import, export or transit narcotic plants and substances unless they have been licensed by the Drug Regulation Committee. Any person who engages in any of the acts above without a license or authorization issued according to the provisions of this law will be deemed to have committed a drug trafficking offense and will be punished in accordance with the law. Whoever commits a drug trafficking offense involving heroin, morphine, cocaine or any mixture containing any of these substances will be sentenced depending on the quantity of the narcotic. For example, if the narcotic amount is “less than 10 grams, the prison term will vary from six months to a year, and a fine of AFN 30,000-50,000 will be imposed.”

## Drug Demand Reduction Program in Afghanistan

The government of Afghanistan was responsible for the administration of the national drug treatment and prevention system. Specifically, the Ministries of Counternarcotics and Public Health played a lead role in the implementation of demand reduction programs. The US Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL) was the primary and largest donor for drug treatment programs in Afghanistan. Other international agencies, such as the Colombo Plan and the UNODC, were responsible for monitoring, oversight and training. In addition, six Afghan NGOs provided drug treatment services.<sup>21</sup>

### Afghanistan’s Drug Treatment Infrastructure



Source: US Department of States, Drug Demand Reduction Program, Afghanistan<sup>22</sup>

An Outcome Evaluation of Drug Treatment in Afghanistan, on January 4, 2021,<sup>23</sup> shows that the INL, in partnership with the Colombo Plan Drug Advisory Program (CPDAP), began funding the operation of several drug misuse treatment centers (DMTCs) in 2005. A network of 103 DMTCs across Afghanistan provided inpatient, outpatient and home-based treatment services to the Afghan population. The CPDAP trained the DMTC staff on eight basic and 10 advanced

<sup>21</sup> <https://2009-2017.state.gov/j/inl/rls/fs/141848.htm>

<sup>22</sup> <https://2009-2017.state.gov/j/inl/rls/fs/141848.htm>

<sup>23</sup> <https://www.issup.net/knowledge-share/research/2021-01/outcome-evaluation-drug-treatment-afghanistan>

universal treatment curriculum courses and provided quality monitoring and operational training and technical assistance (with the assistance of the UNODC).

By May 9, 2022,<sup>24</sup> the MoPH reported that at least 44 DMTCs were out of service due to a lack of medical supplies. According to the MoPH, 88 DMTCs were previously operational in Afghanistan. “The donors who were supporting halted their aid. We now have 44 centers active. There were 16 centers in Kabul, of which only four are active,” the head of the 1000-bed Ibne Sina hospital for substance misuse treatment said. “We call on international organizations to cooperate with us in reactivating the centers and providing us with medicines.”

## Section 4: Assessment Results

### Service Mapping

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During this assessment, the heads of treatment centers and DDRP conducted service mapping through the 4Ws approach to find out the local or international organizations engaged in substance use treatment and/or MHPSS services for people with substance use disorders.

The DDRP Director in Kabul said that since August 2021, about 44 treatment centers have been closed: “Out of 104 substance use disorder treatment centers, currently just 60 are active.” However, the active centers are struggling to provide medicines, food supplies and staff salaries.

The director added that only 30,000 of around 400,000 people with substance use disorders in the country had access to services/treatment in 2021: “If the current problem [shortage of funds] continues, all these centers will suspend their services.”

In Balk province, there are four hospitals and one NGO providing services to people with substance use disorders:

- a hospital for women and children (50 beds);
- a hospital for youth/teenagers (50 beds);
- a hospital for men (100 beds);
- a hospital for women and children (70 beds), supported by SSAWO; and
- an NGO called Health and Social Development Organization offering laboratory tests for women and children with substance use disorders.

In Nangarhar province, there are three hospitals and one DMTC offering outpatient services to people with substance use disorders:

- a hospital for men (150 beds);
- a hospital for youth/teenagers (20 beds);
- a hospital for women (55 beds); and
- a DMTC.

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<sup>24</sup> <https://tolonews.com/health-177936>

The hospitals/treatment centers in Nangarhar and Balkh provinces are functional but face shortages of medication and food supplies, and are unable to pay staff salaries. In some centers, patients need to pay a fee—AFN 200 to 300 for outpatients, and AFN 4,500 to 11,000 for inpatients—to receive treatment.

In Kunar province, there is just one DMTC (20 beds) for men, women and children, but it is currently non-operational due to lack of funds. In Laghman province, there is one center (20 beds) providing services for men, but none for women and children. The head of the treatment center noted that some women could not receive services due to an absence of treatment spaces, and added that community members have requested the government to set up a treatment center in this province for females.

The assessment also shows that the number of Outpatient Department rooms/services are not provided in all four provinces, except in the men’s hospital in Nangarhar.

## Substance Use Disorder Treatment Centers Evaluated During the Assessment

Six substance use disorder treatment centers were assessed: two in Balkh (one for men and one for women), two in Nangarhar (one for men and one for women) and one treatment center each in Kunar and Laghman provinces one treatment center for men each in Kunar and Laghman provinces (there are no treatment centers for women in Kunar and Laghman provinces).

Province	Target group	Facility Type	Percentage of co-funding	Patient payment required?
Balkh	Female	Nonprofit (NGO)	INGO 100%	No
	Male	Public facility	MOPH 100%	Yes
Nangarhar	Female	Not Mentioned	MOPH 25%	No
	Male	Public facility	MOPH 100%	No
Kunar	Male	Public facility	MOPH 100%	No
Laghman	Male	Public facility	MOPH 30%	Yes

All reported facilities have collaboration/referral pathways with other health and social services institutions. They also had referrals to other NGO-provided drug and alcohol treatment services (outpatient or inpatient) when the NGOs were active.

The type of services available in these centers are explained below, in Table 2. In addition to the substance misuse treatment services, the directors of these treatment facilities reported the existence of other medical services as part of harm reduction, such as the distribution of medical kits; onsite testing for HIV and Hepatitis B and C, and provision of sterile injecting syringes. However, no one received these services in the last month due to a lack of funds, except in Laghman province, where 16 people received sterile injecting syringes.

**Table 2: Type of substance use treatment services available in the centers assessed**

Province	Target group	Type of services available	# of people who received this service in the last month
Balkh	Female	<ul style="list-style-type: none"> <li>▪ Management of withdrawal (detoxification)</li> <li>▪ Brief psychosocial support (Less than two weeks)</li> <li>▪ Extended psychological support, e.g., brief CBT and brief counseling (more than two weeks)</li> </ul>	44
	Male	<ul style="list-style-type: none"> <li>▪ Management of withdrawal (detoxification)</li> <li>▪ Brief psychosocial support (less than two weeks)</li> <li>▪ Extended psychological support, e.g., brief CBT and counseling (more than two weeks)</li> </ul>	N/A, due to fund restrictions
Nangarhar	Female	<ul style="list-style-type: none"> <li>▪ Management of withdrawal (detoxification)</li> <li>▪ Extended psychological support, e.g., brief CBT and brief counseling (more than two weeks)</li> <li>▪ On-site availability of naloxone and overdose management</li> <li>▪ Educational/vocational training</li> <li>▪ Low threshold services to street-based substance users (e.g., outreach or drop-in services)</li> </ul>	35 <sup>25</sup>
	Male	<ul style="list-style-type: none"> <li>▪ Management of withdrawal (detoxification)</li> <li>▪ Extended psychological support, e.g., brief CBT and counseling (more than two weeks)</li> <li>▪ On-site availability of naloxone and overdose management</li> <li>▪ Educational/vocational training</li> <li>▪ Low threshold services to street-based substance users (e.g., outreach or drop-in services)</li> </ul>	70
Kunar	Male	<ul style="list-style-type: none"> <li>▪ Management of withdrawal (detoxification)</li> <li>▪ Extended psychological support, e.g., brief CBT and counseling (more than two weeks)</li> <li>▪ On-site availability of naloxone and overdose management</li> </ul>	5 Note: Currently the treatment centers are not active due to lack of funds.
Laghman	Male	<ul style="list-style-type: none"> <li>▪ Management of withdrawal (detoxification)</li> <li>▪ Extended psychological support, e.g., brief CBT and counseling (more than two weeks)</li> <li>▪ Educational/vocational training</li> </ul>	15

<sup>25</sup> 650 people received community awareness sessions regarding substance misuse.

The number of patients with substance misuse type treated by the assessed centers in the last month and the capacity of these centers are explored below in Tables 3 and 4.

Table 3: Number of patients with substance misuse type treated						
Province	Target group	Alcohol*	Opioids	Hashish	Cocaine type	Other stimulants
Balkh	Female	0	34	0	0	0
	Male	0	10	5	0	2
Nangarhar	Female	0	17	0	0	15
	Male	70	65	3	0	0
Kunar	Male	0	4	1	0	0
Laghman	Male	0	7	0	0	12
<b>TOTAL</b>		<b>70</b>	<b>137</b>	<b>9</b>	<b>0</b>	<b>29</b>

\*Alcohol users are receiving treatment at the substance use disorder treatment center in Nangarhar.

Table 4: Substance use disorder treatment centers' capacity					
Province	Target group	Number of beds	Bed occupancy rate (%)	Number of OPD Rooms	Working hours/ days per week
Balkh	Female	70	91%	None	24 hours / 7 Days a week
	Male	100	27%	None	24 hours / 7 Days a week
Nangarhar	Female	60	90%	None	24 hours / 7 Days a week
	Male	150	45%	10	24 hours / 7 Days a week
Kunar	Male	20	5%	None	24 hours / 7 Days a week
Laghman	Male	20	1%	None	24 hours / 7 Days a week

## Workforce in Substance Use Disorder Treatment Centers

The WHO Mental Health Atlas 2017 Country Profile for Afghanistan shows there were 561 mental health professionals (governmental and non-governmental) in the country, with 1.66 mental health workers and 0.23 psychiatrists per 100,000 people.<sup>26</sup> This assessment shows that psychiatrists are available in the treatment centers for men and women in Nangarhar province, while medical doctors trained on substance misuse treatment are available in all the assessed centers, except the female treatment center in Balkh province. Psychologists are available in all the evaluated centers, except in the women center in Nangarhar province. The table below shows specific positions and the number of staff available in these treatment centers.

**Table 5: workforce in the assessed treatment centers**

Province	Patient population	Psychiatrist	Psychiatric nurse	Psychologist	Medical doctors trained in substance misuse treatment	Medical doctors not trained in substance misuse treatment	General nurse	Social workers	Outreach workers/service providers	Administrative staff	Interns	Volunteers	Others (specified)
Balkh	Female	0	5	3	0	3	0	6	11	2	0	0	2 teachers
	Male	0	3	3	5	0	1	5	0	15	0	1	0
Nangarhar	Female	3	0	0	2	0	5	9	4	12	0	0	0
	Male	1	0	4	3	0	7	7	0	0	6	0	0
Kunar	Male	0	0	1	2	0	2	4	0	3	0	0	6 facility support staff
Laghman	Male	0	0	1	3	2	2	4	10	2	0	0	6 facility support staff

<sup>26</sup> <https://www.who.int/publications/m/item/mental-health-atlas-country-profile-afghanistan>

## At-risk Groups for Substance Use

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During the assessment in all four provinces, male and female caregivers, heads of the provincial DDRP and heads of substance use treatment facilities reported their perceptions of those who are most at risk of substance misuse:

- those who have a family history, e.g., children of parents (especially fathers) with substance use disorders;
- unaccompanied/neglected children;
- jobless youth and elders, uneducated people and people with economic problems;
- children and youth who are free and not watched over by family, and who use substances for recreational purposes;
- returnees and displaced population reported in Balkh province;
- those who have mental health conditions or a family history of psychological problems;
- those who have friends/relatives with substance use disorders;
- young adults aged 17–21; and
- self-medicated people.

During the FGDs with caregivers and patients, the enumerators asked about having information or receiving awareness regarding the harmful consequences of substance use. Both men and women in Kunar and Laghman provinces responded that they did not receive any information regarding substance misuse, while in Nangahar province, both men and women reported that they had received information about substance misuse in the past from the outreach team of the substance use disorder treatment centers. In Balkh province, the women said they did not receive any information or awareness, while the men said they did.

## Risk Factors for Substance Use Disorders

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Lack of public awareness, unemployment, financial problems, domestic conflicts, poverty, natural disasters, using opioid pain medications (like Tramadol) and socializing with other substance users are common risk factors for substance use disorders, according to the DDRP heads in all four provinces. Reported risk factors by caregivers, patients and heads of substance use disorder treatment centers are explained in Table 6.

**Table 6: Risk factors for substance misuse**

Risk factors	Kunar	Laghman	Nangarhar	Balkh
Unemployment	√	√	√	√
Lack of public awareness about substance use conditions and related consequences	√	√	√	√
Internal displacement and returnees	√	√	√	√
Easy access to substances	√	√	√	√
War and violence	√	√	√	√
Illiteracy	√	√	√	
Dereliction of duty by the authorities	√	√	√	
Unemployment and financial problems				√
Family and social problems (interpersonal and cultural)				√
Spending time with people with substance use disorders/substance misuse history				√
Lack of parental attention for children/youth				√

## Types of Substances Accessible in the Community

Generally, hashish, crystalline methamphetamine, Tablet-K,<sup>27</sup> alcohol, nicotine, cocaine and heroin are the common substances available and mostly used in communities, as reported in all four provinces by caregivers, patients and heads of provincial DDRPs.

In Balkh, opium and opioids, and in Kunar, opioids and bangawa<sup>28</sup> were added to the above list of available substances.

<sup>27</sup> Three different types of 'Tablet-K' were identified based on their content: a methamphetamine type, a type containing methamphetamine as well as opioids and a type containing mainly MDMA (methylenedioxymethamphetamine, a derivative of amphetamine and a member of the phenethylamine family of chemicals that may act as stimulants, hallucinogens and/or entactogens).

<sup>28</sup> Hashish with soluble liquids, which is drunk with beverages such as fruit juice or water.



## Substance Used for First Time

Patients in treatment centers were asked to describe the first substance they used:

Table 7: Substance used for the first time			
Province	Gender	Substance used for first time	Substance they are currently using
Kunar	Male	Hashish, sleeping pills, cigarettes and naswar (chewing tobacco)	Hashish, alcohol, Tablet-K, nicotine, cocaine, crystalline methamphetamine
	Female	Cigarettes and naswar	N/A
Nangarhar	Male	Opium, opioids (Tramadol), heroin, and crystalline methamphetamine	Opium, heroin, Tramadol, crystalline methamphetamine
	Female	Hashish	N/A
Laghman	Male	Naswar, cigarettes, hashish and alcohol	Naswar
	Female	N/A	N/A
Balkh	Male	Hashish, tobacco (naswar and cigarettes), Tablet-K, crystalline methamphetamine	Opium, heroin, crystalline methamphetamine, alcohol, Tablet-K
	Female		

In Kunar, both men and women reported starting substance use when they were around 18 years old, while male patients in Nangarhar reported that they started when they were under 18. In Laghman and Kunar provinces, both men and women reported that they started substance use when they were above 18.

## Substance Consumption Conditions, Regularities and Methodologies

Male patients in Kunar, Laghman and Nangarhar provinces mentioned that they take substances in the morning and evening, and at midnight. Female patients in Nangarhar specified late night hours for frequent use, while women in Kunar and Laghman stated there was no specific time.

Male patients in Balkh said they used substances when they had mood swings or when they felt tired, while female patients reported using substances when they felt angry, uncomfortable, homesick or incompetent.

As for substance intake methods, the patients in FGDs responded that they resorted to all means, including smoking, chewing and sniffing, while in Nangarhar province the female patients reported injecting as well.

## **Substance Users' Perceptions of Negative Consequences of Substance Misuse**

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Patients in treatment centers were asked to describe the negative consequences of addictive substances. The general perception of negative consequences included poor personal hygiene, telling lies, loss of appetite, self-harm tendencies, insomnia, unexplained physical pain, low morale, impaired memory, carelessness, domestic violence, sexual inhibition, constipation, headache, vomiting, fatigue, pale skin and feeling pessimistic, lonely, anxious and angry.

## **Community Members' Attitudes Toward People with Substance Use Disorders**

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The caregivers in Balkh, Kunar, Nangarhar and Laghman reported that communities in general do not think positively about people with substance use disorders and their families. They prefer to cut off ties with them. Substance users are often ignored or stigmatized by society, and are sometimes labeled as “germs.” The DDRP heads in these provinces shared that the most common challenges faced by people with substance use disorders include exclusion from the labor market, negligence, mistrust, social ostracization and being perceived as disabled.

Enumerators asked caregivers about the community's approach to treatment for people suffering from substance use disorders. In Kunar, Nangarhar and Laghman, caregivers reported that the community supported the idea of bringing them to the hospital for treatment, while women in Kunar and Laghman had no opinion. In Balkh province, caregivers proposed incarceration/quarantine in camps, bathing them in cold water, stopping substance use altogether and following the treatment protocols of relevant treatment centers.

## **Perceptions of Community Members on the Currently Available Services**

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In Kunar province, caregivers reported that community members did not know or even have a reference for support, and that there was no clinic or other resources that provided such services. In Nangarhar, caregivers said they sought available services in substance use disorder treatment centers for treatment. Similarly, in Laghman province, the male caregivers said they would contact the addiction hospital and follow the instructions, while the female caregivers did not really have an opinion. In Balkh, male caregivers reported taking substance users to medical centers for treatment, providing family support and encouraging them to quit substances.

Both male and female caregivers in Kunar province and male caregivers in Nangarhar say there is a lack of health facilities for substance misuse treatment, while existing facilities struggle with lack of medicines and food supplies. The female caregivers in Nangarhar say that the existing health services can solve the problem of people with substance use disorders but note that the treatment period is too short to be effective. Interestingly, the DDRP head in Kunar province states that people are satisfied with services in areas where public awareness campaigns for

substance misuse are provided and that there is a need for awareness campaigns in areas that lack medical workers due to the war. The DDRP head in Nangarhar province stated that services are available but that there are not enough based on needs and demands, and that there is a need to ensure public awareness and the availability of medicines.

In Laghman, both male and female caregivers say there is a lack of inpatient services, while the existing services can't help people with substance use disorders because there are no medicines and food supplies for patients, forcing them to leave without treatment.

The male caregivers in Balkh report that the available facilities are helpful to some extent but that there are not enough based on the community's demand. Female caregivers state that the available services are limited, while the number of people suffering from substance use disorders are increasing day by day.

In Laghman and Balkh provinces, the DDRP heads report that the limited existing services address substance use disorders to some extent but emphasize the demand to increase services and resources, such as medicines and more clinics.

## **The Barriers to Seeking Substance Use Disorder Treatment Services**

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The provincial heads of DDRP in all provinces reported the following barriers to seeking services: inadequate services, lack of adequate funding, unaffordability to receive treatment, lack of medications and food supplies inside treatment centers, lack of transportation and limited number of trained health workers.

Similarly, male caregivers in Kunar province reported the following barriers to seeking services: financial problems, lack of professional workers, lack or nonavailability of de-addiction services and lack of public awareness. Female caregivers in the province added lack of confidentiality and lack of medicines to the list of barriers.

In Nangarhar, the male caregivers stated that there was no barrier for men seeking services, but female caregivers stated that stigma affected help-seeking behaviors. In Laghman, barriers for male caregivers included lack of health workers and food supplies for hospitalized patients and their caregivers, while female caregivers added lack of awareness as a barrier to seeking services.

In Balkh province, male and female caregivers identified the following barriers: a lack of public awareness, patients' dissatisfaction with services, post-treatment adjustment problems, lack of substance use disorder treatment facilities due to insufficient budget and lack of financial support for existing facilities and their staff.

## **Community Recommendations to Better Help Those with Substance Use Disorders**

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During the assessment, enumerators asked the caregivers, patients and heads of provincial DDRP and substance use disorder treatment centers for their suggestions about what more could be done to help people with substance use disorders.

The main recommendations shared by all groups in these four provinces are public awareness about the negative consequences of substance misuse, vocational training, financial support, business or job opportunities for people with substance use disorders, and ensuring food and medicine availability in the treatment centers.

Both male and female patients in all four provinces added the provision of health and Islamic education, as they considered religion to be a protective factor against substance misuse. Further, in Kunar and Balkh provinces, patients suggested establishing more substance use disorder treatment centers, which could also provide food and bedding; recruitment of more doctors and staff at the facilities; and better care plans for patients. In Nangarhar province, female patients suggested increasing the number of treatment facilities and improving electricity, accommodations and hygiene at the treatment centers. In Laghman and Balkh, male patients suggested sports facilities, library services and a sustainable clean water supply. Other recommendations included reduction of the cultivation of narcotics and elimination of drug distribution at the national level.

For caregivers in all provinces, the recommendations on how to best support people with substance use disorders included the need for more treatment centers, to hire more professional health workers in this field and for services to be integrated at the community level, helping the communities to address the substance use problem. Other recommendations shared by caregivers in all provinces include training on self-coping skills, strong community outreach, encouraging patients to seek treatment, encouraging the community to refer them for treatment and easy access to treatment services. In Laghman and Nangarhar, caregivers additionally recommended clean water, adequate beds and proper electricity in treatment centers/hospitals. In Nangarhar, the caregivers recommended the addition of psychological, health and Islamic education programs for people with substance use disorders.

In addition to the above main recommendations, the heads of DDRP in these provinces shared some other recommendations, including improving family relationships for people with substance use disorders, integrating patients in social interactions, advocating for patients' right to treatment by health workers, provision of salaries for staff of substance use disorder treatment centers, training more MHPSS and professional health workers on substance use disorder treatment interventions, and ensuring sustainable services via cooperation between the government and NGOs.

## **Section 5: Summary and Recommendations**

### **Summary**

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The report shows that at least 44 substance use disorder treatment centers have been out of service, according to the MoPH and KII with the head of DDRP in Kabul. The MoPH stated that if the current funding challenges continue, all the centers will be forced to shut down.

Lack of food, medical and hygiene supplies for inpatients, and of staff salaries, are the reasons for the halted operations. According to the DDRP head in Kabul, 104 DMTCs were previously

operational in the country and were able to provide services to about 30,000 patients annually. Reports show that more than 2.5 million people suffer from substance use disorders in the country,<sup>29</sup> and that this number is increasing, according to figures from 2005 to 2015.<sup>30</sup> The number of treatment centers/services, however, are decreasing. Previously, there were 16 centers in Kabul, but currently only four still provide services, as supporting donors halted their funding.

In Kunar province, there is no active treatment center, due to lack of funds. In Laghman, there is a 20-bed center providing services for men, but there is no space for women and youth—yet the assessment shows high demand for de-addiction services for women.

Generally, hashish, crystalline methamphetamine, Tablet-K, cocaine, tobacco and heroin are the common substances available in the assessed communities. Substances mostly used by women include hashish, tobacco, Tablet-K, crystalline methamphetamine, opium, opioids and heroin, while men reported using tobacco, hashish, Tablet-K, sleeping pills, naswar, alcohol, opium and crystalline methamphetamine.

According to the needs assessment findings, the most common risk factors for substance use include a family history of drug misuse, unaccompanied children, jobless youth and elders, returnees, displaced populations and those who face personal, psychosocial and/or economic challenges. Limited or a complete lack of community awareness regarding substance use disorders is another risk factor—men and women in Kunar, men in Laghman and women in Balkh provinces mentioned that they had never received any information regarding substance use disorders.

The report shows that the communities do not think positively of people suffering from substance use disorders. The society tends to ostracize them and stop offering any kind of community support. Some may even label them in negative and stigmatizing ways. Similarly, the heads of DDRPs in all four provinces said that those suffering from substance use disorders are discharged from jobs, labeled as disabled, and are neglected and mistrusted. People do not want to interact with them, and even stigmatize and discriminate against them.

The assessment findings in Kunar and Nangarhar show that the existing substance use treatment facilities cannot provide appropriate services to patients with substance use disorders because there is a lack of medicines and food supplies for hospitalized patients, in addition to a dearth of human resources, sustainable funds and treatment spaces. This leads to more untreated people with substance use disorders.

In Balkh, available facilities are considered helpful to some extent but not enough to meet community demand. The currently available services are limited, while the number of people suffering from substance use disorders is increasing every day. In Laghman, it is reported that existing services have helped to address substance use issues to some extent but that patients and caregivers have requested more services and resources, such as medicines and treatment centers.

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<sup>29</sup> <https://www.khaama.com/40-of-drug-addicts-in-afghanistan-are-women-moph-432444/>

<sup>30</sup> <https://www.unodc.org/documents/data-and-analysis/Studies/Afghan-Drug-Survey-2009-Executive-Summary-web.pdf>

In addition, financial problems, lack of transportation, limited de-addiction workers with adequate skills to treat substance use disorders, cultural stigma and lack of public awareness of post-treatment adjustment problems are reported as barriers for seeking services.

## Recommendations

Global standards outlined in the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) include recommendations for different levels of mental health and psychosocial interventions using a pyramid approach, with basic needs and social considerations at the base and increasingly advanced mental health services moving upward.

The following recommendations address various treatment gaps identified in Balkh, Nangarhar, Kunar and Laghman provinces to enhance the quality and comprehensiveness of de-addiction services. In general, significant efforts should be dedicated to implementing comprehensive substance misuse treatment and prevention services, across all four layers of the IASC MHPSS Intervention Pyramid.



1. **Provide community-based public awareness of substance misuse** at the community level, to reduce the main risk factors for substance use disorders reported in this assessment and to enhance the prevention perspective in the community.
2. **Provide psychoeducation sessions** for people suffering from substance use disorders, to enhance self-coping skills and improve their self-care skills and treatment adherence.
3. **Advocate for community support and integration** of people suffering from substance use disorders into the community through awareness and psychoeducation, to prevent relapse and isolation of these people, which is one of the risk factors reported in this assessment.
4. **Advocate for financial support** for people with substance use disorders and their families and address their basic needs like food, shelter and clothing, to reduce the tendency and risk factors toward substance misuse and improve the effectiveness of treatment interventions.

5. **Establish more treatment centers for female substance use disorder treatment services in Kunar and Laghman provinces** and reactivate and enhance the male treatment centers in these provinces, to provide easy access to treatment services, and respond to the gaps and demands of community people reported in this assessment.
6. **Invest in training and supervision of service providers on evidence-based, scalable psychological interventions** so they can safely deliver psychological support under clinical supervision. Key interventions include PM+, IPT-G and brief CBT.
7. **Ensure that treatment center staff are regularly paid, and hire more specialists** for substance use disorder treatment centers, especially in Kunar and Laghman provinces, to support the workforce and increase the sustainability of the services through these centers.
8. **Enhance inpatients' support services**, to better provide more focused and evidence-based therapies/interventions, and to ensure the availability of food, medications, beds, clean water, electricity and spaces for sports and other physical activities and vocational training in each treatment center.
9. **Strengthen the referral mechanisms** in the community and among treatment centers, by establishing a task force group as part of the MHPSS Technical Working Group, advocacy for supporting the substance use disorder treatment programs/centers and developing and improving the coordination and referral mechanisms.
10. **Reduce the cultivation of narcotics and eliminate drug dissemination.** Advocacy is needed at each level for reducing the cultivation of narcotics. Legislation on substance misuse must be enhanced too.
11. **Ensure job opportunities are available for people with substance use disorders**, by providing vocational training and developing small businesses for people with substance use disorders.
12. **Ensure sustainable de-addiction service provision** via cooperation between the government and NGOs. This can be achieved by enhancing the coordination mechanism between the government and INGOs/NGOs, and having strategies in place to support the sustainability of treatment centers/services.
13. **Provide evidence-based rehabilitation and treatment** of substance use disorders and culturally appropriate substance use prevention programs, such as PM+, IPT-G, brief CBT and community-based interventions, to enhance community and family support systems.
14. **Provide substance use disorder treatment and prevention services in rural areas where most of the population resides**, by providing training on substance misuse treatment interventions (e.g., psychosocial support) for community health workers, and by increasing the awareness and enhancing the integration of substance misuse treatment into the Basic Package of Health Services.
15. **Enhance and reactivate coordination** for the cross-cutting issue of counternarcotics with all stakeholders.