

# Initiatives for Substance Abuse, Addiction and Alcoholism Treatment

## Youth Support Afghanistan



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# ***A Proposal To Set Up Addiction Treatment And Rehabilitation Units In Afghanistan***

## ***Agency - Youth Support - International NGO - Operating as Youth Support Afghanistan***

### ***Background***

The substance abuse issues facing Afghanistan are in several ways unique.

Cheap and readily availability of drugs which are locally produced leads to extensive use in both rural and urban areas extending to families in poverty.

Opium use by poor families who may have little food, may be cold and living at a 'survival level' may temporarily be used to dull the pain of their daily existence. However in the longer term their situation is made much worse as bread-winners are unable to work, lose motivation and suffer deteriorating health.

Mothers are giving their children opium to allay hunger pains and whole families may be addicted. Gradually the whole structure of family life is destroyed as families fall into emotional, physical and moral decline.

Afghanistan is a country with a young population – almost half of the population are under the age of 18 years. Children and young people are more susceptible to drug addiction than adults due to the developmental process and the development of their brain tissue.<sup>1</sup> the possibility of widespread drug abuse amongst children and young people is therefore a very serious matter for Afghanistan and one which must be addressed urgently.

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<sup>1</sup> Mentor foundation – the adolescent Brain Ken Winters, Ph.D., member and Chair of Mentor International's Scientific Advisory Network, and Professor, Department of Psychiatry, University of Minnesota (USA).2008

## *Specific Need*

There is an urgent need to address the addiction problem by means of treatment and rehabilitation services aimed at the specific issues of Afghanistan.

There are few treatment centres in Afghanistan and even fewer facilities for women and children. Currently treatment is based on detoxification only hence very few individuals get help and the majority relapse.<sup>2</sup>

It is essential that services for rehabilitation are set up to follow on from detoxification and assist drug users to return to full productive lives in their communities.

## *Proposed treatment centres*

We aim to set up treatment units based on a detoxification element leading on to rehabilitation. During rehabilitation an intense programme of therapy, support and drug education will be implemented. There will be a spiritual component and vocational assistance where appropriate.

The participants in the programme will be assisted to gradually become independent and self supporting through steps including self awareness, helping within the unit and eventually becoming involved in work outside. People who have successfully progressed in their treatment will be encouraged to support others and continue to do so after they return to their villages or families.

Long term follow up will be organised in order to reduce the rate of relapse.

Such a programme is important in establishing a better long term success rate. Currently the Afghan government are spending funds on detoxification units whose relapse rate is so high 92%<sup>3</sup> that the funding expended on them is almost entirely wasted.

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<sup>2</sup> Mohammad Zafar, Deputy Minister of Counter-Narcotics.

<sup>3</sup> Ministry of Counter-narcotics

A rehabilitation programme based on our format naturally requires a higher initial financial input but is cost effective in the longer term.

The success rate is much higher (on average long term success rates in rehab programmes is over 50%<sup>4</sup>). In fact the better the engagement in a treatment and follow up programme, the better the outcome and the lower the relapse rate <sup>5</sup>. So being involved in the programme fully brings greater rewards and after care plays a critical role typically increasing success rates to over 60%. Women are more likely to engage well in treatment and have a higher success rate.<sup>6</sup>

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<sup>4</sup> National Institute on Drug Abuse, Bethesda, Maryland, USA

<sup>5</sup> Relapse and Recovery Behavioural strategies for Change – Caron treatment centres report 2003

<sup>6</sup> Women and Addiction – gender issues in Abuse and treatment Caron treatment centres report 2004



## *Construction and capital outlay*

The treatment centre would ideally be housed in a purpose built building although an interim solution would be the changing use of an existing building which could be adapted. The latter would be an initially lower cost alternative but would not be cost effective in the long term and would not provide optimum care.

The attached plan shows a practical layout for a treatment centre including male and female areas which include a family treatment area also. Detoxification and special observation rooms are included.

The whole is arranged around a central courtyard allowing for secure outside space.

The entrances are security guarded in order to prevent patients undergoing treatment from leaving the centre unmonitored or for unscheduled guests to control the unauthorised ingress of drugs or other illicit substances.

## *Treatment programme / Regime*

Most patients will begin in detoxification unless they have detoxified before coming to us. Detox will be assisted where necessary with massage and measures to help with cramps and symptoms of withdrawal and some medication may occasionally be required to assist with symptoms and concomitant illness. They will be screened for infections and associated illnesses including TB and infestations such as lice and scabies which they may have contracted whilst using drugs. If they have been using intravenous drugs HIV will be screened for.

It is not our policy to routinely use drug substitutes such as methadone.

Treatment is based on a strict regime and regular routine which includes abstinence, attention to health and a balanced diet. All undergo both individual and group therapy, life story telling and occupational therapy.

An important aspect of treatment is involvement in positive activities beginning with assistance with general jobs involved in the day to day running of the unit such as helping with cleaning, food preparation and chores inside the unit. Later recovering addicts may be allowed to do some work on the outside such as going to shops and similar tasks – these are supervised.

A spiritual component to the daily routine is important and inmates will be encouraged to attend regular prayer and meditation sessions.

Fresh air and exercise assists recovery and the central courtyard and gardens will be used for rehabilitation. Patients will also be encouraged to help grow vegetables for the unit.

Families attending with children will also be provided some education input for the children.

General drug health education will be a part of the treatment programme for all patients.

In the later stages of treatment patients will be encouraged to assist those beginning the process and a 'twelfth step' - ie sponsoring or mentoring programme with recovering addicts helping the newer patients will be developed.

Patients will be assisted in returning to their communities at the conclusion of their treatment and will be encouraged to maintain contact with the unit as a follow up measure and to assist them to remain drug and alcohol free.

Research will be conducted as an on going activity and results and response / relapse rates will be monitored to identify the most effective aspects of treatment.

