Substance Abuse in Afghanistan

Substance abuse is always a problem in war torn areas. Traditionally both fighting men under pressure and, to a lesser extent, those oppressed by warfare have sought temporary relief from fear, stress and fatigue though use of drugs and alcohol.

Afghanistan poses its own specific problems due to local production of drugs and the extent of families and children involved.

Military Substance Abuse

The pattern of substance abuse is modified by availability of drugs; the reaction of those in control of armies, and the availability of treatment. Availability of safe alternative substance free lifestyles is of paramount importance.

In historical terms ancient armies marched on readily available substances limited mainly to alcoholic preparations or local products such as for example the ancient Incas chewing coca leaf. Prior to 1970 Marijuana was considered to be the major non-alcohol drug abuse problem in the US Army.[7] However, during 1970, information from Vietnam revealed that opiate use was becoming a problem of more serious implication. [8] During the late spring of 1970, there was a sudden increase in the supply of easily available heroin in Vietnam, both in quantity and in potency. This advent of 94-96% pure heroin, in 125-250 milligram vials costing only $2.00 - $4.00, heralded a drug problem as the number one health problem for Army personnel in Vietnam In 1970 there were increased numbers of deaths caused by drug over dosage, as well as a number which were drug-related. [9]

The United States troops have been particularly severely affected by substance abuse. Men confined to barracks in dangerous circumstances may have long periods between active conflicts and despite gym and on site facilities are prone to seek other stimulants. Elvis Presley when stationed in Germany during his military

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[7] Black, S.; Owens, K. L.; and Wolff, R. P. Patterns of Drug Use. Amer. J. Psych. 4:420-23, 1970.

[8] Baker, S. L. Drug Abuse in the United States Army. Bull. N.Y. Acad. Med. 47, 6:541-49, 1971.

[9] Colonel Stewart L. Baker, Jr., MC - U.S. Army Heroin Abuse Identification Program in Vietnam: Implications for a Methadone Program; American Journal of Public Health JUNE, 1972, Vol. 62, No. 6

service, was introduced him to amphetamines by his fellow soldiers to help keep alert during long, boring patrol duties and this habit led to his eventual death.

Marijuana (Ganja) is the most commonly used and easily procured drug and is often used with alcohol for relaxation and stress relief; Cocaine and stimulants are also readily available and can be erroneously used to enhance alertness; opiate use is of increasing severity and produces detachment and temporary euphoria.

Prescription drug abuse doubled among U.S. military personnel from 2002 to 2005 and almost tripled between 2005 and 2008. Alcohol abuse is the most prevalent problem and one which poses a significant health risk. A study of Army soldiers screened 3 to 4 months after returning from deployment to Iraq showed that 27 percent met criteria for alcohol abuse[10]

Between 1970 and 1990 abuse levels fell in the U.S. Military but are now reaching epidemic proportions. Since 1999, it has been estimated [11] that over 17,000 people have been discharged from the U.S. military because of drug use; failed drug tests have increased in the U.S. Air Force by 82%, and in the U.S. Army by 37% and the US Navy has discharged more individuals because of drug use (3,400) than any of the other branches of the armed services.

The UK have had similar experiences although at a lower level. The Ministry of Defence (MoD) show that the main drug of choice for UK military personnel has been cocaine, with a fivefold increase in the number of soldiers failing tests for it and 6,000 soldiers failed drugs tests since 2000. 58 soldiers have tested positive for heroin, 2,510 for cocaine and around 1,090 for ecstasy. Positive tests for Cocaine fell with a change over to Mephedrone in 2009. [12]

Civilian Substance Abuse

The United Nations Office on Drugs and Crime (UNODC) and the Government of the Islamic Republic of Afghanistan produced surveys in 2005 and 2010 showing that the number of regular opium users increased by 53 per cent, from 150,000 to 230,000 while the number of heroin users increased from 50,000 to 120,000, a leap

[10] National Institute for Drug Abuse - April 2011

[11] Michael's house Foundation 2012

[12] Michael Savage; Is the Army losing its war against drug abuse? The Independent Monday 15 March 2010

of 140 per cent. By 2010 one million Afghans (age 15-64), which represents 8% of the population, suffered from drug addiction. This rate is twice the global average.

"After three decades of war-related trauma, unlimited availability of cheap narcotics and limited access to treatment have created a major, and growing, addiction problem in Afghanistan ... the growth of addiction to narcotics has followed the same hyperbolic pattern of opium production ... " [13]

Drug abuse occurs throughout the country and in rural areas there is easy availability of opium products due to local cultivation, however many addicts are rejected or become a burden on their families and hence migrate to the cities where numbers are higher.

In Kabul many drug users congregate and trade in defined areas, derelict buildings and currently they hide under some of the bridges. The Pul-i-Sokhta bridge shelters up to 300 opium and heroin users each day[14]. These are males of mixed ages who may us the traditional method of burning opium to inhale or, more dangerously, inject each other and share needles thus causing a massive public health problem.

Many of those who have left the country either as refugees or as migrant workers, become addicted whilst enduring hardship abroad or during exposure to the extremely severe drug problem in Iran. Iran has the worst drug problem in the region but addicted Afghans are deported bringing their habit with them.

[13] United Nations Office on Drugs and Crime (UNODC) and the Government of the Islamic Republic of Afghanistan UNODC Executive Director Antonio Maria Costa.

[14] Sangar Rahimi Trapped in a Narcotic Haze. New York Times August 28, 2011,

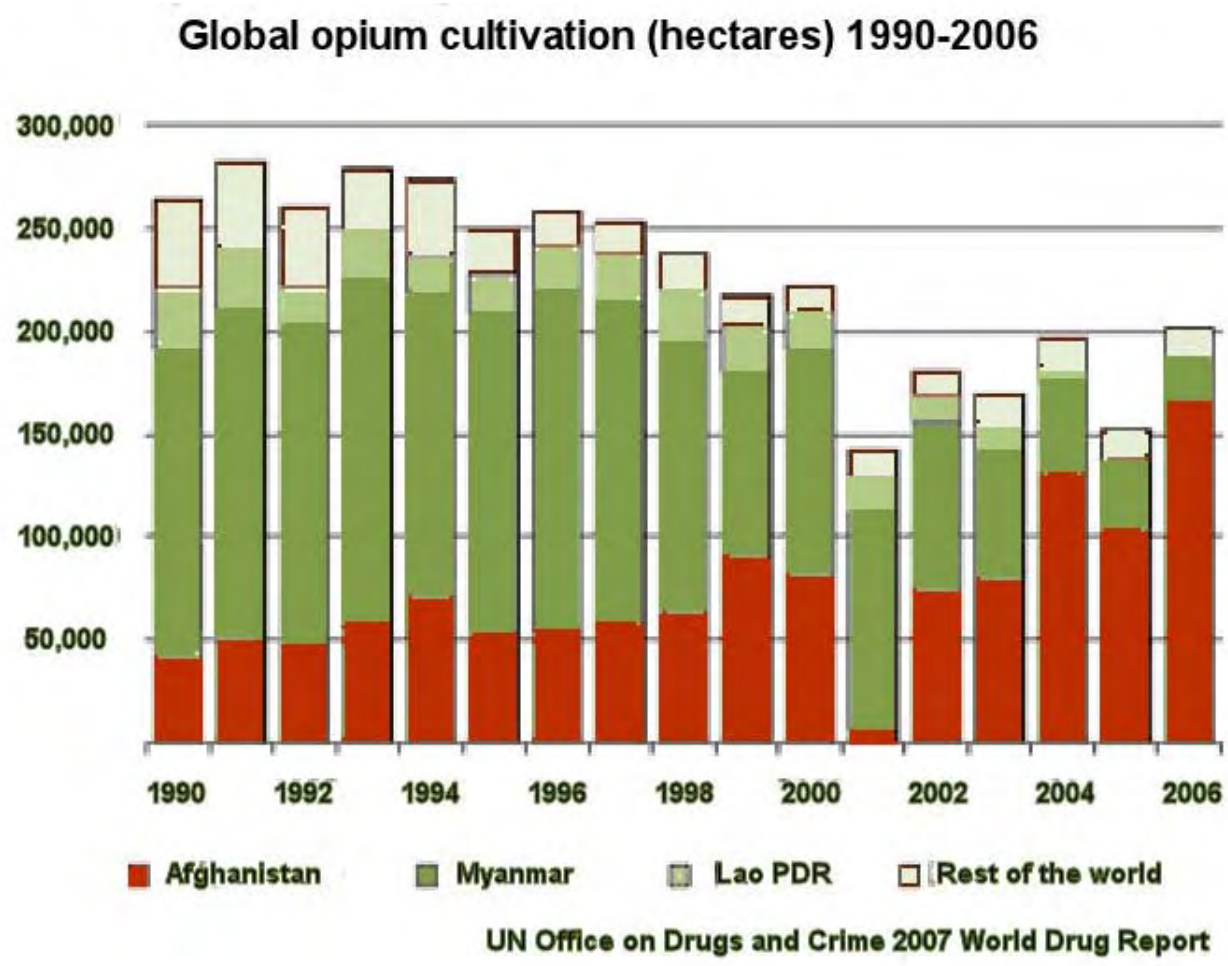
Specific Problems Regarding Afghan Substance Abuse

Afghanistan has some particular features which affect the scope and nature of the drug abuse problem.

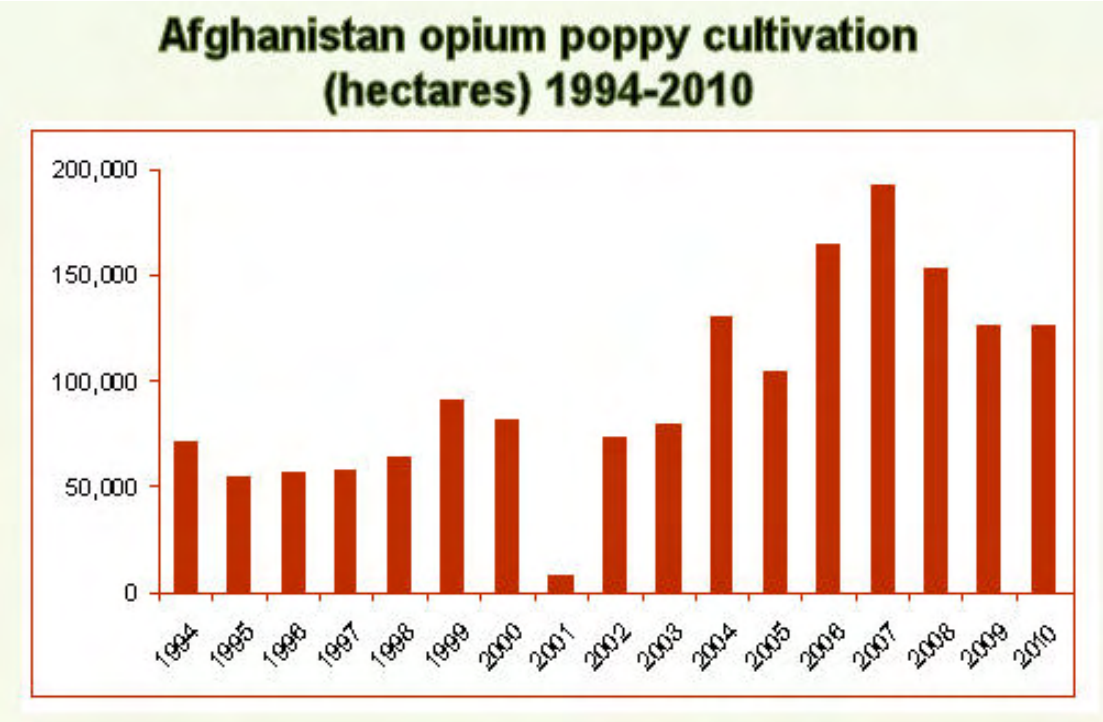
The availability of potent, cheap supplies -

Afghanistan is the world's leading producer of opium poppy, and the opium produced and sold and its derivatives, including heroin, are the most potent obtainable. Opium-based drugs are extremely pure and very cheap compared with global prices.

The following graph shows how afghan production rose from a low level in 2001 to become by far the world's leader by 2006. Previously most opium was produced by the Myanmar region of Burma.



The area of opium poppy cultivated rose steadily post 2001 with a peak in 2007 and a slight decrease since.



The largest amounts are grown in Kandahar and Helmand with lesser amounts in Nangarhar province.

Patterns of substance abuse -

The abundance of cheap supplies opens up the possibility of substance abuse and addiction to the poorer members of society and particularly in areas of cultivation, to rural households which are usually less affected in western countries where urban use is more common.

In addition poor families who may have little food, may be cold and living at a 'survival level' are using drugs to dull the pain of their daily existence. Mothers are giving their children opium to allay hunger pains and whole families may be addicted. This is a specific problem in Afghanistan and this pattern is unusual elsewhere.

Whilst the UN estimate that there are 1 million drug addicts in Afghanistan, the true number is at least double, if one considers the hidden side of addiction – the women and children who make up about a quarter of all addicts. There are few treatment centres for women and children in Afghanistan, but family addiction is a growing problem because few get help and many relapse. [15] The number of parents who give opium to their children can be as high as 50 percent of drug users in the north and south of the country. Women, in fact, are more likely to give opium to children and family members.

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. [16] 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.

[15] Mohammad Zafar, Deputy Minister of Counter-Narcotics.

[16] 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

Methods of administration -

Traditionally opium has been taken orally or inhaled. Whilst these methods are highly addictive, users limited to these routes of administration do not expose themselves to infections prevalent in intravenous users.

The incidence of HIV infection and AIDS was extremely low in Afghanistan and sexual transmission was almost non-existent. In 2001 the level of HIV in Afghanistan was 0.01% [17] (ie one in ten thousand)

H.I.V. is now found in about 7 percent of drug users, double the figure just three years ago[18], [19] the number of registered cases of HIV is currently 556[20] and the Health Ministry estimates 2,000-3,000 people are living with HIV/AIDS in Afghanistan.

The virus prevalence rate is now about 0.5 percent (ie one in 200) and although the rates in Afghanistan are still very low, this is an epidemic waiting to happen. In the meeting points in the larger cities, needles are commonly shared despite the efforts of NGOs to distribute clean needles. One user infected with HIV could spread this virus to a great many other users in a very short space of time.

[17] CIA world fact book

[18] Sangar Rahimi Trapped in a Narcotic Haze. New York Times August 28, 2011 reporting on a joint Johns Hopkins University and Ministry of public Health report

[19] Dr. Fahim Paigham Ministry of Public Health's AIDS control program.

[20] National HIV/AIDS Control Programme

Treatment Options for Substance Abuse

Treatment for substance abuse encompasses several stages which must all be considered before the addict can hope to be 'cured'.

The first stage is detoxification.

The Afghan government in partnership with some NGOs runs some detoxification centers but the relapse rate is quoted at 92% [21] and this is primarily due to the absence of post detox treatment which is the most important stage.

The second stage of treatment is rehabilitation

This involves assisting the addict to understand their addiction and to become independent of the drug. Without learning how to live without drugs, an addict is bound to revert to drug use soon after discharge from the detoxification unit. During this second stage the user is helped to plan and build a new future for themselves. They are assisted in their recovery by other recovered addicts and also by helping others themselves so building a sense of community and counteracting the addicts isolation.

The third stage or follow up

Follow up involves supporting the recovering user in the community and monitoring them as they return to their lives outside the unit.

Detoxification can be done in several ways and usually some medication may be used to dampen symptoms of withdrawal however it is not helpful in the long term to use narcotic substitutes such as methadone . Many professionals advocate the use of opiate substitution therapy but this has been advised against by the ministry in Kabul. "It is the view in Afghanistan it is just substituting one addiction for another" [22]

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[21] Ministry of Counter-narcotics

[22] Mohammed Ibrahim, Deputy minister of counternarcotics

On the positive side, use of methadone means that users are not injecting and so HIV spread can be slowed. However users are in fact addicted to substitutes and in the Afghan environment it could be difficult to maintain supplies of methadone to users particularly in rural areas.

In fact in many countries opiate substitution is unavailable or illegal. The Russian Federation has one of the highest rates of opiate use in the world but substitution therapy by methadone and buprenorphine is forbidden by law. All treatment for drug abuse in the Russian Federation is abstinence oriented," [23]

Abuse and diversion of opioids prescribed for substitution treatment are also of concern. India, for example, has a particular problem with abuse of pharmaceutical products such as buprenorphine.[24] Addicts can in fact inject methadone and may illegally trade their supplies.

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[23] Dr Evgeny Krupitsky, Psychiatrist, Leningrad Regional Dispensary of Narcology

[24] Bulletin of the World Health Organization Volume 86, Number 3, March 2008, 161-240