2013

Afghanistan Drug Report

Published with technical support of the United Nations Office on Drugs and Crime
Preface

The Afghanistan Drug Report 2013 provides a comprehensive assessment and analysis of illicit drugs in terms of supply, use and treatment, and criminal justice and law enforcement. This series of reports began in 2012 in response to the need for detailed analysis of aspects of illicit drugs in the country. This edition of the report presents field research studies and focuses primarily on 2013 data.

The Ministry of Counter Narcotic (MCN) and the United Nations Office on Drugs and Crime (UNODC) also publish the annual Opium Drug Survey. The most recent edition of the survey was published in November 2014, and focused on cultivation and production and assessed the opium economy. The main findings of the most recent survey include:

- The total area under opium cultivation in Afghanistan increased by 7 per cent between 2013 and 2014, reaching 224,000 ha.
- The vast majority (89 per cent) of opium cultivation took place in nine provinces in Afghanistan’s southern and western regions, which include the country’s most insecure provinces.
- Opium poppy was eradicated from 2,692 ha in 2014, a decrease of 63 per cent from 2013.
- Potential opium production was estimated at 6,400 tonnes in 2014, an increase of 17 per cent from 2013 (5,500 tonnes). This increase can be mainly attributed to a strong increase of production in the southern region, where yields increased by 27 per cent from 23.2 kg/ha in 2013 to 29.5 kg/ha in 2014.
- At $0.85 billion (roughly equivalent to 4 per cent of the country’s GDP), the farm-gate value of opium production increased by 13 per cent.
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABP</td>
<td>Afghan Border Police</td>
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<tr>
<td>ACD</td>
<td>Afghanistan Customs Department</td>
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<td>ADR</td>
<td>Afghanistan Drug Report</td>
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<td>ADRS</td>
<td>Afghanistan Drug Reporting System</td>
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<td>AFN</td>
<td>Afghani (currency)</td>
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<td>AGO</td>
<td>Office of the Attorney General</td>
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<td>AOPS</td>
<td>Afghanistan Opium Survey</td>
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<td>AOTP</td>
<td>Afghanistan Opiate Trade Project</td>
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<tr>
<td>ANA</td>
<td>Afghan National Army</td>
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<tr>
<td>ANP</td>
<td>Afghan National Police</td>
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<tr>
<td>ANUDUS</td>
<td>Afghanistan National Urban Drug Use Survey</td>
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<td>CARD-F</td>
<td>Comprehensive Agriculture and Rural Development-Facility</td>
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<td>CCP</td>
<td>Container Control Programme</td>
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<td>CJTF</td>
<td>Criminal Justice Task Force</td>
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<td>CNJC</td>
<td>Counter Narcotics Justice Centre</td>
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<td>CNPA</td>
<td>Counter Narcotics Police of Afghanistan</td>
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<tr>
<td>CNTA</td>
<td>Counter Narcotics Training Academy</td>
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<tr>
<td>CPD</td>
<td>Central Prison Directorate</td>
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<td>CPDAP</td>
<td>Colombo Plan Drug Advisory Programme</td>
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<td>DDR</td>
<td>Drug demand reduction</td>
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<tr>
<td>EDP</td>
<td>Economic Development Package</td>
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<tr>
<td>FZP</td>
<td>Food Zone Programme</td>
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<tr>
<td>GDP</td>
<td>Gross domestic product</td>
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<tr>
<td>ha</td>
<td>Hectare</td>
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<tr>
<td>HBV</td>
<td>Hepatitis B virus</td>
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<tr>
<td>HCV</td>
<td>Hepatitis C virus</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>IBBS</td>
<td>Integrated Behavioural and Biological Surveillance</td>
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<tr>
<td>IDU</td>
<td>Injecting drug user</td>
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<tr>
<td>INL</td>
<td>United States Bureau of International Narcotics and Law Enforcement Affairs</td>
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<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
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<tr>
<td>MAIL</td>
<td>Ministry of Agriculture Irrigation and Livestock</td>
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<td>MGN</td>
<td>Ministry of Counter Narcotics</td>
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<tr>
<td>MDT</td>
<td>Mobile Detection Teams</td>
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<td>MOI</td>
<td>Ministry of Interior</td>
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<td>MoPH</td>
<td>Ministry of Public Health</td>
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<tr>
<td>MoU</td>
<td>Memorandum of understanding</td>
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<td>MRRD</td>
<td>Ministry of Rural Rehabilitation and Development</td>
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<td>MTT</td>
<td>Mobile Training Teams</td>
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<td>NACP</td>
<td>National AIDS Control Programme</td>
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<td>NDCS</td>
<td>National Drug Control Strategy</td>
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<td>NDS</td>
<td>National Directorate of Security</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NPP</td>
<td>National Priority Programme</td>
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<td>NRVA</td>
<td>National Rural Vulnerability Assessment</td>
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<tr>
<td>PCU</td>
<td>Precursor Control Unit</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
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<tr>
<td>UNDSS</td>
<td>United Nations Department of Safety and Security</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crimes</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WCO</td>
<td>World Customs Organization</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Dollars ($) refer to United States dollars unless otherwise noted.

The depiction and use of boundaries, geographic names and related data shown on maps and included in lists, tables and figures in this publication are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations.

Data in this report follow either the Hijri calendar, the Gregorian calendar or both. Dates are given for March of the equivalent year on the Gregorian calendar for ease of reference. For example, the Hijri year 1391 began on 20 March 2012 and concluded on 20 March 2013.
Executive Summary

The 2013 Afghanistan Drug Report (ADR) builds on the findings of the 2012 edition which outlined the trends and conditions of drug supply, use and control in Afghanistan.

During 2013 conflicting trends were witnessed including record levels of cultivation, increased arrests and convictions and substantial reductions in levels of seizures. The 2013 ADR updates key headline figures and trends, and introduces emerging thinking on the impact of the illicit drug economy in the country, the socioeconomic motivation to participate in this illicit trade and the strengths and weaknesses of ongoing efforts to find sustainable alternatives to poppy cultivation.

What is beyond doubt is that the illicit drug trade and related insecurity, along with political, economic and social harms remain significant challenges that call for continued and increased levels of counter-narcotics programmes. Those programmes must tackle cultivation and trafficking and respond to related social and health harms that are placing ever greater strain on society and the Government. Transition offers the opportunity to re-evaluate progress to date, realign priority actions, and refocus efforts to ensure that counter-narcotics objectives remain a key element of future national development planning.

THE ILLICIT ECONOMY

In 2013, the net export value of opiates was $2.9 billion which, combined with the value of the domestic market for opiates ($0.12 billion), is equivalent to 15 per cent of GDP. The value of illicit economic activity in Afghanistan is large when measured against GDP and remains a significant threat to Afghanistan. Government efforts to sustainably increase revenues and employment opportunities, improve security and the rule of law and strengthen institutions have been hampered, and in some cases eroded, by worsening corruption, increased drug trafficking and production, and increased levels of fraud and other economic crimes.

DRUG SUPPLY AND SUPPLY REDUCTION

New peak in poppy cultivation

Poppy cultivation increased by 36 per cent to reach a new peak of 209,000 ha in 2013, higher than the previous record of 193,000 ha in 2007. The southern and western regions continue to be the epicentres of cultivation with Hilmand province once again recording the highest levels of cultivation. Balkh and Faryab provinces, which were previously poppy free, have witnessed a resurgence. The total number of poppy-free provinces now stands at 15, down from 17 in 2012.

Illicit crops remain a valuable commodity

The fall in the average price of opium correlates to the increase in cultivation. However, at over $160/kg, prices remain relatively high when compared to the low levels of $75/kg in 2009.

In 2013, the farm gate value of opium was estimated to be $945 million, equivalent to about 4 per cent of GDP. The percentage is very high when compared with other countries with significant illicit opium production. Myanmar, the second largest illicit opium producing country had a total farm gate value of $433 million in 2013, equivalent to 0.81% per cent of GDP.

Positive impact of the CARD-F Programme

The technical study into the efficacy of the CARD-F alternative livelihood programme found that the vast majority (82 per cent) of farmers expressed satisfaction with the services provided. The study found that 75 per cent of CARD-F beneficiaries employed more people as a result of the programme. Almost 70 per cent of their produce was either sold at farm-gate or district bazaars. Around 10 per cent of produce was reserved for family use and just under 15 per cent was sold in provincial cities.

The study found that such infrastructure as paved roads had a distinct impact on farmers’ ability to maximize financial gains and successfully market produced goods. Lessons learned include the need to tailor programme materials for the majority of farmers who are illiterate.

DRUG USE, TREATMENT AND PREVENTION

Estimated figures indicate that there are between 1.3-1.6 million illicit drug users in Afghanistan and that 2.65 per cent of the total population are using opiates. Illicit drug use in Afghanistan is a real and growing concern. It is also estimated that drug use prevalence across the country stands...
at 6.6 per cent, while in urban areas drug use prevalence is slightly lower, estimated around 5.3 per cent. Among urban drug users, opioids (46 per cent) and cannabis (32 per cent) are the most common drugs. Factors driving drug use include easy access, poverty and unemployment.

Kabul home to most injecting drug users
More than 70 per cent of all injecting drug users in the four major cities of the country (Balkh, Heart, Jalabad and Kabul) are located in Kabul. Injecting drug users are most likely to contract hepatitis C, followed by hepatitis B, syphilis and HIV.

New trends in drug use – methamphetamines
The number of drug users seeking treatment for methamphetamines appears to be on the rise. Previously, the use of amphetamine-type stimulants was rarely reported in Afghanistan. The highest rates of use have been reported in Nimroz and Kunduz.

Continued need for investment in treatment services provision
Although there has been continued increase in the number of treatment centres in Afghanistan from 43 in 2009 to 102 in 2012 and 108 in 2013, current capacity is severely limited at just under 30,000 heroin and opium drug users, sufficient for less than 10 per cent of the opium and heroin users in the country. The central region has the highest number of treatment centres, followed by the western and northern regions. At the time of publication, Afghanistan was finalizing the transition plan for the long term sustainability of treatment services.

LAW ENFORCEMENT AND CRIMINAL JUSTICE
Mixed picture on arrests and seizures
The increasing number of arrests and convictions for trafficking in 2013 were welcome developments, however, the 149.9 per cent decrease in seizures is cause for concern. Seizures of opium increased slightly, while seizures of heroin, morphine and hashish decreased.

Increasing support to criminal justice and law enforcement bodies
In order to build the technical and operational capacity of criminal justice and law enforcement bodies in Afghanistan, substantial training and mentoring was undertaken which continues to yield concrete results. Mobile Detection Teams (Kabul Gate Units) in Kabul and in three provinces have increased seizures year on year with substantial seizures in 2013. A new forensics lab equipped with the latest analytical instruments was completed and is now fully operational. In addition, UNODC supported the Criminal Law Reform Working Group to draft the new Penal Code, and supported training of judges and prosecutors.

Afghanistan Drug Reporting System
UNODC and MCN developed the Afghanistan Drug Reporting System as a central repository of counter-narcotics data. It is the first system that collects, processes, stores and disseminates data and information needed to carry out management functions on counter narcotics in Afghanistan. Housed at MCN, partner agencies will be given access to ADRS to enable them to generate counter-narcotics reports as and when they wish.

The first ever situation analysis study of counter-narcotics prisoners
A study of counter-narcotics prisoners was conducted to better understand their socioeconomic conditions, reasons for their involvement in narcotics, experiences with the judicial system from arrest through trial and imprisonment, and identify possible lessons learned for policymakers.

Key findings about these prisoners include the following: (i) imprisonment has a detrimental impact on the financial situation of the prisoner’s family, as the majority were the primary breadwinner; (ii) levels of illiteracy are high among counter-narcotics prisoners; (iii) many lack of understanding of the judicial system and their rights; (iv) perceptions of corruption among power figures are widespread; (v) they share a general sense of injustice at wrongful arrest and the length of prison sentences for narcotics-related offences; (vi) they generally have positive impressions of prison conditions; and (vi) they intend to avoid future involvement in activities that could lead to rearrest and imprisonment.

Based on the study, it is recommended to raise awareness of the penalties for narcotics-related offences, especially cultivation and trafficking, and to provide education and skills development to individuals in prison.
Foreword – MCN

The Ministry of Counter Narcotics views the Afghanistan Drug Report series as an important component of its work and mission to lead counter-narcotics policy and programme formulation in Afghanistan and monitor and report on the implementation of the National Drug Control Strategy. Thus, the Ministry strives to ensure that policymaking processes are undertaken with the best evidence and scientific data.

The 2013 Afghanistan Drug Report provides up-to-date analysis, data and information on drug supply and supply reduction trends, drug users, treatment and prevention, and criminal justice and law enforcement. The report also provides in-depth analysis of alternative livelihood programmes and the situation of counter-narcotics prisoners in the country. As policymakers consider needs and gaps in Afghanistan, the findings presented in the Report will be a useful tool for the development of counter-narcotics policies. The Report also provides counter-narcotics policymakers with detailed quantitative and qualitative research on poppy cultivation; drug production, use and seizures; and trafficking trends.

The need for reliable data on a wide range of issues related to counter-narcotics is now more important than ever, given the significant increase in the cultivation of poppy that took place in 2013. Opium production and arrests of drug traffickers in the country are also on the rise, but drug seizures have decreased since 2012. To counteract the proliferation of the narcotics industry in Afghanistan, the Ministry must successfully target and arrest major drug traffickers and smugglers, not only those at the lower or middle levels.

The Afghanistan Drug Report series also plays a crucial role in advocacy for counter narcotics efforts. Such efforts include the Comprehensive Agricultural and Rural Development Facility (CARD-F) which is the foremost alternative livelihood programme of the Government of Afghanistan. The 2013 Report advocates for the further expansion and support of this programme. Moreover, to deal with the prevalence of drug use in the country, comprehensive drug prevention programmes must be strengthened and treatment capacity must be expanded.

The 2013 Afghanistan Drug Report was prepared with technical support and guidance from the United Nation Office on Drugs and Crime (UNODC). The Ministry of Counter Narcotics extends its thanks to UNODC and the following entities within the Government of Afghanistan for their cooperation in the effort to produce this Report: the Ministry of Rural Rehabilitation and Development, Ministry of Agricultural, Irrigation and Livestock, Ministry of Public Health, Ministry of Justice, Counter Narcotics Police of Afghanistan, Criminal Justice Task Force, Central Prison Directorate, the Office of the Attorney General and the technical directorates of the Ministry of Counter Narcotics. In addition to their inputs to the Afghanistan Drug Report, those ministries and agencies have also contributed to the Afghanistan Drug Reporting System, a central repository for counter-narcotics data. The system provides data on eradication, cultivation, drug treatment centres, counter-narcotics imprisonment, drug and precursor seizures, drug prices and alternative livelihoods. This repository of data is a valuable tool for policymakers.

The publication of this Report comes at an auspicious moment in the process of transition in Afghanistan. It is a testament to the increasing capacity for research and analysis that is being built at national institutions, and the Ministry of Counter Narcotics will continue to build on this capacity and undertake further research activities.

It is my sincere hope, which I know is shared by our partners in UNODC, that the findings of the 2013 Report will pave the way for greater mainstreaming of counter-narcotics objectives in national policies, and will lead to durable solutions to poppy cultivation, drug production, drugs use and trafficking in the country.

HAROON RASHID SHERZAD
Acting Minister Ministry of Counter Narcotics
The 2013 Afghanistan Drug Report confirms the continuing expansion of the research capacity of the Ministry of Counter Narcotics, and its growing ability to inform evidence-based counter-narcotics policymaking in Afghanistan. Since 2011, UNODC has supported the efforts of the Ministry to build its research capacity, and we are proud to continue to support this process.

The Government of Afghanistan and members of the international community have also invested in increasing the research capacity of the Ministry of Counter Narcotics, which has enabled the Ministry to conduct comprehensive field research in line with international best practice standards. The 2012 report gave a comprehensive overview of trends and conditions related to illicit substances in Afghanistan. The 2013 report deepens and expands on the 2012 report to give a more comprehensive understanding of narcotics and related harms in Afghanistan.

As Afghanistan undergoes transition and repositions itself to reinforce hard-won development gains, devise new policies to meet existing and future challenges, and realize opportunities, the need for robust research and analysis is now even greater than ever.

UNODC stands ready and fully committed to continue and deepen the support that it has given, not only to the Ministry of Counter Narcotics but also the wider Government of Afghanistan under the principles of shared responsibility, mutual cooperation and accountability.

We would not have been able to prepare this report without the continued strong support of the Governments of Canada, Germany, Japan and the United Kingdom, to whom I offer my sincere gratitude and appreciation. I must also thank and congratulate His Excellency, Acting Minister Haroon Rashid Sherzard not only for his leadership, foresight and tireless drive to ensure that counter narcotics remains at the forefront of policymaking and implementation but also for his unwavering dedication and contribution to the successful publication of the Afghanistan Drug Report 2013.

Andrey Avetisyan
Regional Representative for Afghanistan and Neighbouring Countries
United Nations Office on Drugs and Crime (UNODC)
Introduction: the illicit economy

Distinct from the informal economy, the ‘illicit economy’ refers to income-generating activities that are criminalized under the law. Globally, the illicit economy consists of transnational economic activities that are criminalized by exporting or importing countries. As a negative side effect of globalization, transnational organized crime (including drug trafficking; smuggling of migrants; human trafficking; money-laundering; trafficking in firearms, counterfeit goods, wildlife and cultural property; as well as some aspects of cybercrime) has become extremely lucrative. In 2009 it was estimated that 1.5 per cent of global GDP ($870 billion) derived from the activities of transnational crime.¹

Illicit economies negatively impact society in many respects, including governance, economic growth and human security. The illicit economy also may exacerbate conflict for resources, impede sustainable economic growth and promote human right abuses. For instance, violence occurs more commonly in connection with illegal than with legal economic activity.

The value of illicit economic activity in Afghanistan is large when measured against GDP and remains a significant threat to Afghanistan. Government efforts to sustainably increase licit revenues and employment opportunities, improve security and the rule of law and strengthen institutions have been hampered and in some cases eroded by worsening corruption and increased drug trafficking and production, fraud and other economic crimes.

The impact of the illicit opiate economy is particularly notable. In 2013 net export value of opiates was $2.9 billion which combined with value of the domestic market for opiates ($0.12 billion) is equivalent to 15 per cent of GDP. The impact of the large financial flows within the illicit economy in Afghanistan can be felt in revenues and central bank reserves. It is also evident in the deterioration of security, the reduction in the perceived safety and soundness of the financial sector, and increased drug dependency. It has led to the growth of formal sector intermediation and has impacted relations with donors.

The business model of Afghan opiates

The primary destination markets for Afghan opiates, West and Central Europe and the Russian Federation, each have an estimated value of over $13 billion. While the destination markets are known to be lucrative, law enforcement and international organizations have a limited understanding of the business and restricted capacity to respond to it. Currently, no comprehensive systems analysis has been conducted of the global Afghan opiate trade as a financial enterprise, although UNODC is preparing a study of heroin trafficking and illicit financial flows through the Balkan route. Understanding the opiate trade as a financial enterprise is the essential first step to informing policy, risk assessments, resource allocation and disruption activities.

In order to estimate illicit financial flows originating from the Afghan opiates trade, a framework has been developed by UNODC and the Financial Action Task Force. The framework approaches the opiate trade as a business aimed at achieving economic profits, and divides the opiate trade into four stages: production, manufacturing, distribution and retail.
While cultivation and production occur primarily in Afghanistan, distribution and final retail often occur in far-away countries. Each of these stages requires a set of functions and resources to operate; both human and financial. Moreover, different groups profit from the trade at different stages who are often not so strongly interconnected.

Within Afghanistan, terrorists and anti-government elements profit from and are engaged in opiate trafficking. Further along the route to destination markets groups such as the Kurdish Workers Party (PKK) impose a 7 per cent tax on all heroin trafficked. Finally, transnational organized crime groups within destination markets control trade and often make the largest profits.

While cultivation and production occur primarily in Afghanistan, distribution and final retail often occur in far-away countries. Each of these stages requires a set of functions and resources to operate; both human and financial. Moreover, different groups profit from the trade at different stages who are often not so strongly interconnected.

Within Afghanistan, terrorists and anti-government elements profit from and are engaged in opiate trafficking. Further along the route to destination markets groups such as the Kurdish Workers Party (PKK) impose a 7 per cent tax on all heroin trafficked. Finally, transnational organized crime groups within destination markets control trade and often make the largest profits.

The financial imperative: economic impact beyond Afghanistan

Most of the proceeds from drug trafficking accumulate in destination countries mainly in the form of cash. These funds are often laundered through intermediary countries. A small percentage is transferred back into Afghanistan through both traditional financial centres and money or value transfer services. The majority of all financial transactions inside Afghanistan and across its borders, some 50-90 per cent, are being conducted via transfer services.

It is likely that global opiate trafficking is split into stages in which the product is sold from network to network until it enters consumer markets such as those in Europe and Russia. If this is the case, funds would be transferred at each stage of the supply chain, thus distributors in Russian or European consumer markets would transfer funds for bulk opiates to an intermediary in the supply chain in Turkey or Kyrgyzstan rather than to a supplier in Afghanistan. Individual financial transactions would be made between these networks and may pass via different systems such as money or value transfer services, formal bank transfers and cash couriering.

Law enforcement has had limited success responding to the illicit flow of money. The overall picture of the value of illicit financial flows is weak, yet it is believed that less than 1 per cent of the total funds that are laundered have been seized. This highlights the importance of enhancing the understanding of the illicit opiate enterprise to identify immediate, cost-effective and sustainable opportunities to reduce critical risks. Furthermore, disrupting the illicit economy should be at the heart of every counter-narcotics strategy and the responses of relevant agencies must be effective and coordinated. Financial investigations should be run in parallel with all drug trafficking investigations.
Notes

2. UNODC Afghan Opium Survey 2013, p. 10; When combined with the farm-gate value of opiate production ($0.95 billion) the percentage of GDP is even higher at 19 per cent.
4. There are indications that some production of heroin also occurs outside the borders of Afghanistan.
5. UNODC, 2014, The Illicit Drug Trade through South-Eastern Europe.
7. UNODC, 2014, Detecting and blocking financial flows linked to the illicit traffic in opiates, Paris Pact expert working group paper.
Introduction

This chapter is divided into four sections. The first focuses on the scale of illicit drug supply, regional trends in its cultivation, price of drugs and the value of total illicit versus licit economy. The second section discusses measures that have been taken to reduce the cultivation and production of drugs, and the outcomes of those efforts. This section also includes interventions that have been taken to provide alternative livelihood opportunities and to raise awareness in the farming community of the consequences of narcotics cultivation, processing and trafficking.

The third section presents a case study on alternative livelihood initiatives of the Comprehensive Agriculture and Rural Development - Facility (CARD-F) and explores in detail the extent to which the projects satisfied participants, mainstreamed counter-narcotics messages and improved income and job opportunities. The final section highlights key concepts derived from the chapter.
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<td>Needs, problems, reasons for satisfaction, dissatisfaction and recommendations given by layers farm beneficiaries</td>
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2.1 Number of poppy-free provinces, 2013-2005

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2.2 UNDSS security map of Afghanistan, 2012

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2.1 Drug Supply

2.1.1 Scale of illicit crop cultivation and production

In 2013, the area under poppy cultivation in the two largest poppy growing countries (Afghanistan and Myanmar) increased, however cultivation in Afghanistan reached a new peak of 209,000 ha, an increase of 36 per cent from 2012. This new peak is greater than previous record of 193,000 ha in 2007. A possible explanation for this increase in cultivation is the ongoing transition during which international forces are handing over the partial or full control of some of the locations to the Afghan National Forces.

Poppy cultivation is taking place in 19 of the 34 provinces of Afghanistan. Provinces in the southern region contribute 67.8 per cent of total poppy cultivation. The forecast for poppy cultivation in 2014 is even higher.

NUMBER OF POPPY-FREE PROVINCES

Security level data provided by the United Nations Department of Safety and Security (UNDSS) indicate that farmers seem to have resumed poppy cultivation in provinces where the security situation has worsened or where agriculture assistance to the farmers has not been provided (see maps 2.1 and 2.2).

The Alternative Livelihood Policy of the Ministry of Counter Narcotics (MCN) focuses on the provinces to obtain and maintain poppy-free status. Of the 34 provinces in Afghanistan, 15 were poppy free in 2013, two fewer than 2012 and five fewer than in 2009 and 2010. During 2013, there was a resurgence of poppy cultivation in Balkh and Faryab provinces. Those provinces became poppy free in 2008 and 2009 respectively. Renewed poppy cultivation can be attributed to increased insecurity in the Chahar Bulak and Chimtal districts of Balkh and the Gurziwan, Kohistan and Qaramqul districts of Faryab.
TABLE 2.2 Poppy cultivation by province, 2011-2013 (hectares)

<table>
<thead>
<tr>
<th>SR. NO</th>
<th>Province</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Badakhshan</td>
<td>1705</td>
<td>1927</td>
<td>2374</td>
</tr>
<tr>
<td>2</td>
<td>Badghis</td>
<td>1990</td>
<td>2363</td>
<td>3596</td>
</tr>
<tr>
<td>3</td>
<td>Baghlan</td>
<td>161</td>
<td>177</td>
<td>141</td>
</tr>
<tr>
<td>4</td>
<td>Balkh</td>
<td>Poppy Free</td>
<td>Poppy Free</td>
<td>410</td>
</tr>
<tr>
<td>5</td>
<td>Daykundi</td>
<td>1003</td>
<td>1058</td>
<td>1536</td>
</tr>
<tr>
<td>6</td>
<td>Farah</td>
<td>17499</td>
<td>27733</td>
<td>24492</td>
</tr>
<tr>
<td>7</td>
<td>Faryab</td>
<td>Poppy Free</td>
<td>Poppy Free</td>
<td>158</td>
</tr>
<tr>
<td>8</td>
<td>Ghor</td>
<td>Poppy Free</td>
<td>125</td>
<td>264</td>
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<tr>
<td>9</td>
<td>Hilmand</td>
<td>63307</td>
<td>75176</td>
<td>100693</td>
</tr>
<tr>
<td>10</td>
<td>Hirat</td>
<td>366</td>
<td>1080</td>
<td>952</td>
</tr>
<tr>
<td>11</td>
<td>Kabul</td>
<td>220</td>
<td>120</td>
<td>298</td>
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<td>12</td>
<td>Kandahar</td>
<td>27213</td>
<td>24341</td>
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<td>Kapisa</td>
<td>181</td>
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<td>14</td>
<td>Kunar</td>
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<td>1279</td>
<td>1127</td>
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<td>15</td>
<td>Laghman</td>
<td>624</td>
<td>877</td>
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<td>16</td>
<td>Nangarhar</td>
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<td>3151</td>
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<td>17</td>
<td>Nimroz</td>
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<td>3808</td>
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<td>Uruzgam</td>
<td>10620</td>
<td>10508</td>
<td>9880</td>
</tr>
<tr>
<td>19</td>
<td>Zabul</td>
<td>262</td>
<td>424</td>
<td>1335</td>
</tr>
</tbody>
</table>


2.1.2 Geographical patterns of drug cultivation and production

In 2013, the southern region had a record level poppy cultivation of 141,779 ha. An increase of 34 per cent occurred in Hilmand province, where the total cultivation reached 100,693 ha, and its share in total poppy cultivation in Afghanistan remained almost unchanged at 48.8 per cent in 2012 and 48.2 per cent in 2013. According to UNDSS data, the security situation in Hilmand province worsened in 2013. The conclusion in 2011 of the Hilmand Food Programme, a major programme of agricultural assistance to target poppy growing farmers to cease cultivation, may have contributed to the recent resurgence of poppy cultivation. 6

The southern region has led poppy cultivation in Afghanistan in the past decade, but recent trends show a resurgence of cultivation in the western and eastern regions. In the eastern region, cultivation levels increased from 4,082 in 2011 to 5,596 in 2012, and reached 18,665, an increase of more than threefold, due to high yield. Compared to the southern and western regions, the eastern
region has smaller land holdings and poppy cultivation, yet the eastern region contributed 15.31 per cent to total opium production in Afghanistan while accounting for only 8.93 per cent of poppy cultivation. Thus, yield per unit was much higher, making the east a major opium producing region. Data on opium yield by region is provided in table 2.3.

Opium prices per kilogram fell gradually from $155 in 2005 to $80 in 2009. Falling prices were a factor in persuading farmers to shift from illicit to licit crop cultivation. As reported in the Afghanistan Opium Survey (AOPS) 2009, out of the 1,877 Afghan farmers who stopped poppy cultivation, 18 per cent stated they stopped because of the low price of opium.

Farm-gate prices of opium react strongly to extraordinary events like crop failures or other supply shocks. The first price hike in 2001/2002 was caused by the 2001 Taliban opium ban, where prices increased to levels of up to $380/kg. After that, opium supplies and cultivation steadily increased from 2001 to 2007. As highlighted by table 2.3 and figure 2.7, the price of opium dropped in the presence of abundant supply.

After 2007, production levels began to decline owing to reduced areas under cultivation and poor harvests. In 2008 and 2009, prices continued to fall and remained at low levels. Although production estimates for 2008 were lower than estimates for 2007, in 2008 the second highest amount was produced since the beginning of monitoring.

The next supply shock occurred with the 2010 crop failure, which was already anticipated before the harvest at the beginning of 2010. A disease affecting poppy plants reduced harvests significantly. The marked increase in prices beginning with 2010 is likely connected to that supply shock.

With increasing prices from 2009/2010, poppy cultivation levels started to increase again (figure 2.1 and 2.7). This development seems to have been heavily driven by the high sales prices of opium in that period, named by poppy farmers as the principal reason for cultivation; however, prices may not have been the only influencing factor to which this development can be attributed. Following this price hike and up until the opium harvest of 2011, comparatively high levels of production resulted in moderate price decreases. The reduced harvest of 2012 (3,656 tonnes down from 5,835 tonnes in 2011) could also have been a contributing factor to prices remaining relatively high at more than double the levels seen in 2009. High cultivation levels in 2013 [see figure 2.2] further contributed to a reduction in prices, which were $172/kg. Despite cost fluctuations, the comparatively high price of opium continues to make it an attractive cash
crop, and may stimulate a further spread of poppy cultivation. Indeed, a preliminary assessment of opium cultivation risk conducted in early 2013 points to a further expansion of poppy cultivation.

**POPPY CULTIVATION, INSECURITY AND DEVELOPMENT**

While poppy cultivation is on the rise in the country, maps 2.1 and 2.2 clearly show that the security situation has worsened country-wide due to ongoing political transition. The presidential elections have been the primary focus of security forces, thereby reducing counter-narcotics enforcement activities. Insecurity led the Government of Afghanistan and international organizations to limit their activities to areas which are secure, and that has reduced the reach of their economic support activities. The lack of alternative livelihood opportunities led some farmers to revert to poppy cultivation.

**FIGURE 2.7** Average price per kilogram of dry Afghan opium, 1999-2013

![Average price per kilogram of dry Afghan opium, 1999-2013](source: MCN/UNODC Price Monitoring Reports, 1997-2012)

**MAP 2.1** UNDSS security map of Afghanistan, 2013


Note: The boundaries and names shown and the designations used on this map do not imply endorsement or acceptance by the United Nations.)
Diverse sources have noted that poppy farmers understand that enforcement has weakened. As has been stated by David Mansfield and Paul Fishstein, "the population in areas of Upper Achin has significantly increased the amount of land allocated to opium poppy in 2013 and does not appear to fear losing its crop to an eradication campaign." That assessment is echoed by AOPS statistics that show that government writ has lost significance among farmers who stop cultivating poppy. In 2012 and 2013, farmers who had stopped poppy cultivation were asked for the reasons, and the elements of the government ban, fear of eradication and fear of the government fell from 51 per cent in 2012 to 37 per cent in 2013. Other major reasons farmers stopped poppy cultivation were religion, disease and low yield.

There is an undisputed link between insecurity and opium poppy cultivation, which has been noted annually in AOPS since 2007. The biggest poppy cultivating provinces, Hilmand, Kandahar, Uruzgan and Zabul, are all in the south, which is also considered the most insecure region in the country. In insecure regions, the Government of Afghanistan has a limited ability to provide basic services and to offer development opportunities that would help farmers move away from poppy cultivation. By eroding or eliminating government institutions and services, insecurity creates a conducive environment for farmers to grow opium poppy and limits the availability of alternative income opportunities for farmers. In the absence of law enforcement agencies, insecure areas become increasingly conducive environments for both opium cultivation and trafficking as poppy cultivation strengthens anti-government elements and triggers security incidents.

SOCIOECONOMIC INDICATORS
The National Rural Vulnerability Assessment (NRVA) report 2011/12 of the Central Statistics Office provides data on a number of relevant indicators. These indicators include education, access to a drivable road and health. The southern
region, which grows the largest share of poppy, performs poorly on most of the indicators.

Net primary and secondary school attendance for boys and girls was lowest in the provinces in the southern region, similarly the literacy rate was lowest in this region. The relationship between poppy cultivation and a lower rate of school attendance may reflect greater insecurity and the lack of government presence in the area.

The figures of NRVA were supported by AOPS village survey data. The school attendance rates of boys and girls were lower in villages where there was poppy cultivation than in poppy-free villages. One possible explanation for this relationship is security and governmental presence. In many areas the feasibility of establishing a girls’ school depends on the presence of the Government and security. As discussed previously, insecure areas are also those that tend to cultivate poppy.

FIGURE 2.8 Net primary school attendance rates of boys and girls by province, 2011/2012


FIGURE 2.9 Net secondary school attendance rates of boys and girls by province, 2011/2012


FIGURE 2.10 Poppy and access to school

Hence, this correlation may indicate a developmental connection and is certainly worthy of research. Future research should explore the relationship between poor security and attitudes towards poppy cultivation and the motives of opium farmers. One theory holds that opium farmers in high-cultivation and low-security areas are motivated to cultivate this cash crop to compensate for the lack of development activities in their area.¹⁴

Similarly it was noted that the provinces where a greater share of the population has access to drivable roads seem to be less likely to cultivate poppy as compared to provinces where a greater share of the population were far from drivable roads. The same findings were revealed by Paul Fishstein.¹⁵ During the CARD-F case study it was found that 97 per cent of the beneficiaries were those who were with 5 km of the paved road [see section 2.3 on the CARD-F case study, figures 2.17 and 2.18].

**Licit Economy versus Illicit Economy**

The size of the illicit economy in Afghanistan is considerable, especially when compared to the value of the licit economy. From 2003 to 2007, the potential gross value of the opium economy including revenues from heroin production and trafficking to the border was equivalent to almost half of Afghanistan’s total licit GDP. In 2003 the value of Afghanistan’s licit GDP was placed at $4.6 billion, while the estimated total value of the opiates economy was $2.3 billion, or half the value of the licit economy. In 2007, licit GDP began to increase steadily, and the share of illicit opiate revenues to GDP began to decline from 41 per cent to a low of 13.5 per cent in 2011 when the GDP of Afghanistan was placed at $19.2 billion, representing a 318 per cent increase since 2003. Also in 2011, the estimated total value of the illicit opium economy was $2.6 billion, an increase of only 13 per cent since 2003. It is clear

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**FIGURE 2.11** Male and female literacy rates by province, 2011/2012

**FIGURE 2.12** Percentage of population living within 2 kilometres of a drivable road

therefore that Afghanistan’s expanding economy has reduced the proportion of illicit to licit revenues, despite the high levels of production and high farm-gate prices of opium since 2009.

The farm-gate value of opium represents the estimated accumulated gross income of farmers from opium and excludes any revenues from onward trafficking. The farm-gate value has presented erratic patterns since 2002. In 2013, the farm-gate value was estimated to be $945 million. Price hikes in 2002 and 2011 owing to perceived or real shortages, caused spikes in the farm-gate value. The farm-gate value in 2013 corresponded to 4.5 per cent of GDP, a very high share compared with other illicit crop cultivating countries. In Myanmar, the second largest illicit opium producing country, the total farm-gate value of produced opium was $435 million in 2013, or only 0.81 per cent of GDP.16

AGRICULTURAL ASSISTANCE
The data reported by AOPS 2013 clearly show that there are linkages between poppy cultivation and agricultural assistance. The village survey results show that villages that received less agricultural assistance had high poppy cultivation while the villages that received more agricultural assistance had less poppy cultivations.

2.2 Drug Supply Reduction

2.2.1 Building public awareness

Building public awareness regarding counter narcotics is one aim of the National Drug Control Strategy (NDCS). Through NDCS, MCN promotes awareness among various segments of the population encouraging them to reject any narcotics-related activity and sustainably reduce poppy cultivation, processing and trafficking. The public awareness campaign has adopted a number of tools including billboards, workshops and other gatherings, press releases, television and radio messages to persuade people to not be part of any activity related to drugs. To involve the community in the counter narcotics campaigns, a two-year programme called “Counter Narcotics Community Engagement” was designed and is being implemented through a local partner company, the Sayara Strategy.

The provinces where public awareness campaigns are to be conducted were divided into two categories; the first included Kandahar, Hilmand, Uruzgan and Farah. The second category included Nimroz, Herat, Badghis, Nangarhar, Laghman, Kunar, Daikundi, Baghlan and Badkshan. With its implementing partner, MCN designed the public awareness campaigns for three different stages: [1] before poppy cultivation; [2] after poppy cultivation; and [3] poppy eradication. Activities were held under each stage of the Sayara Strategy from inception to the time of publication.
2.2.2 Eradication

Eradication is the physical destruction of established poppy in the field. The Law against Intoxicating Drinks and Drugs (2010) ordered the establishment of a unit within the Ministry of Interior to eradicate poppy and cannabis fields. According to NDCS 2013-2017, major drug producing provinces will be targeted. For this purpose MCN, in cooperation with the provincial governors and line ministries, produces an annual eradication plan. The plan covers at least 20 per cent of the land under illicit drug cultivation, and aims to eradicate no less than 5 per cent. The poppy eradication campaign is led by the provincial governor and targets major landowners, government land users and repeat offenders. Public awareness campaigns are carried out prior to eradication to inform farmers about the negative social impact of narcotics and opportunities for alternative livelihoods.

Table 2.5 shows that the eradication levels of the total poppy cultivated ranged from 2 per cent in 2010 to 10 per cent in 2007. The target of 5 per cent eradication was achieved in 2007, 2006 (9 per cent), and 2012 (6 per cent). The year 2013 had record cultivation, but eradication decreased to only 3.5 per cent.

Eradication campaigns in 2013 were costlier and there were more causalities than any other year. The number of security incidents and causalities has increased year by year since 2005, which is alarming for the law enforcement agencies and other counter-narcotics stakeholders.

Badakhshan province had the highest amount of poppy field eradicated (2,798 ha) followed by Hilmand (2,162 ha) and Kandahar (1,083 ha). The aim of NDCS is to meet eradication targets in each province. By comparison, very little eradication has been conducted in the south, which is a major poppy growing area. One possible reason for lower eradication and more casualties in south may be the level of prevailing insecurity in the south and east as compared to the north-east.

### Table 2.4 Public awareness activities related to poppy cultivation and eradication

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Number</th>
<th>Stage 2</th>
<th>Number</th>
<th>Stage 3</th>
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<tbody>
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<td>20</td>
<td>Workshops</td>
<td>25</td>
<td>Short radio spots</td>
<td>31</td>
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<tr>
<td>Radio programmes (provincial level)</td>
<td>336</td>
<td>Radio programmes (provincial level)</td>
<td>252</td>
<td>Short radio question, did you know?</td>
<td>31</td>
</tr>
<tr>
<td>Mobile theatrical shows</td>
<td>91</td>
<td>Mobile theatrical shows</td>
<td>131</td>
<td>Radio broadcast of interviews with counter narcotics officials</td>
<td>651</td>
</tr>
<tr>
<td>TV programmes (provincial level)</td>
<td>50</td>
<td>TV programmes (provincial level)</td>
<td>30</td>
<td>Radio broadcast of dramas</td>
<td>47</td>
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<tr>
<td>TV programmes (central level, Pashto and Dari)</td>
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<td>TV programmes (central level, Pashto and Dari)</td>
<td>12</td>
<td>Radio broadcast of success stories</td>
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<td>Radio Programmes (central level, Pashto and Dari)</td>
<td>24</td>
<td>Radio Programmes (central level, Pashto and Dari)</td>
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<td>Short TV counter-narcotics advertisement</td>
<td>233</td>
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<td>Billboards installed in populated areas</td>
<td>55</td>
<td>Short TV question, did you know?</td>
<td>206</td>
<td></td>
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<tr>
<td>Booklets distributed on counter narcotics</td>
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<td>Booklets distributed on counter narcotics</td>
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<td>TV broadcast of counter narcotics interviews</td>
<td>137</td>
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<td></td>
<td></td>
<td></td>
<td>Counter narcotics TV serials</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: MCN/Information and Public Relation Department

### Table 2.5 Eradication, cultivation and casualties, 2005-2013

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of provinces where eradication was carried out</td>
<td>11</td>
<td>19</td>
<td>26</td>
<td>17</td>
<td>12</td>
<td>11</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Eradication: Governor-led (hectares)</td>
<td>4,000</td>
<td>13,050</td>
<td>15,898</td>
<td>4,306</td>
<td>2,687</td>
<td>2,316</td>
<td>3,810</td>
<td>9,672</td>
<td>7,348</td>
</tr>
<tr>
<td>Eradication: Poppy Eradication Force, (hectares)</td>
<td>210</td>
<td>2,250</td>
<td>3,149</td>
<td>1,174</td>
<td>2,663</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total (hectares)</td>
<td>4,210</td>
<td>15,300</td>
<td>19,510</td>
<td>5,800</td>
<td>5,351</td>
<td>2,316</td>
<td>3,810</td>
<td>9,672</td>
<td>7,348</td>
</tr>
<tr>
<td>Net cultivation after eradication (hectares)</td>
<td>104,000</td>
<td>165,000</td>
<td>193,000</td>
<td>157,253</td>
<td>119,141</td>
<td>123,000</td>
<td>131,000</td>
<td>154,000</td>
<td>209,000</td>
</tr>
<tr>
<td>Percentage of area eradicated</td>
<td>%4</td>
<td>%9</td>
<td>%10</td>
<td>%3</td>
<td>%4</td>
<td>%2</td>
<td>%3</td>
<td>%6</td>
<td>%3</td>
</tr>
<tr>
<td>Personnel fatalities</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>78</td>
<td>21</td>
<td>28</td>
<td>45</td>
<td>102</td>
<td>143</td>
</tr>
<tr>
<td>Personnel injuries</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>100</td>
<td>52</td>
<td>36</td>
<td>20</td>
<td>127</td>
<td>89</td>
</tr>
</tbody>
</table>

Source: MCN/UNODC, Afghanistan Opium Survey reports 2005-2013
Although the impact of eradication campaigns has decreased significantly, it still has a role in farmer’s decisions about poppy cultivation. In 2012, 38 per cent of farmers who cultivated poppy reported that they did not fear eradication efforts, and in 2013 this increased to 51 per cent.\textsuperscript{18}

To further enhance the effectiveness of eradication campaigns, it is important to consider complementary strategies to minimize casualties of law enforcement personnel and farmers, and avoid marginalization of the population. There is a need for a balanced approach towards poppy eradication to raise awareness of law enforcement activities, but also to provide awareness about narcotics and drugs. Alternative development activities should target on- and off-farm activities to shift labour that is involved in poppy cultivation, harvest, trafficking and processing to legal activities.

2.2.3 Building alternative livelihoods

Competing definitions of “livelihoods” show the complexity of the characteristics of this concept. In broad terms, livelihoods are more than just the activities which generate income;\textsuperscript{19} rather, a livelihood consists of all of these activities and the decisions that are undertaken to enable a family to secure the basic necessities of life.

There are four aspects for the activities of any household, namely income, expenditure, employment and risk.\textsuperscript{20} Activities which do not directly generate income may also contribute to the livelihoods of the family. Based on such characteristics, livelihood improvement aims to increase income and employment, and a decrease in expenditure and risk.\textsuperscript{21} Hence, it is important to ensure that any interventions aimed at improving livelihoods are framed in this context. For example, wheat cultivation requires less labour than poppy. Interventions that provide wheat seed to farmers will increase their employment if they did not have enough wheat seed originally. But this intervention might not increase their income. Prices may be driven down either by external factors or local over-supply, and low prices will decrease income and increase the risk that the farmer will revert to poppy cultivation.

Households use natural, physical, social, human, financial and cultural capital to undertake specific activities for their livelihoods. Capital exists within the household and beyond. Households and individuals pursue livelihood strategies based on the combination of assets they own and the opportunities and restrictions created by the institutional environment.\textsuperscript{22} In this regard, access to off-farm income can be a decisive factor in growing poppy: access to off-farm income is better in Nangarhar than in Hilmand, for example. Physical and social factors impact access. In Nangarhar, families have begun to allow their sons to serve in the National Army because it provides an extra wage stream, while families in Hilmand are more reluctant to allow this.\textsuperscript{23}
Social capital is aligned differently in Hilmand than in Nangarhar.

The livelihoods strategies chosen by a household are not constant and change over time, and new strategies are adopted in response to changing institutions, policies and processes, or to achieve new objectives or outcomes. To be effective, policies aimed at improving livelihoods must therefore be both adaptable and resilient.

The Agricultural and Rural Development cluster of ministries in Afghanistan has provided the following definition of building alternative livelihoods in the context of counter-narcotics policy response: *Rural development activities that provide licit economic alternatives to farmers and other rural workers currently dependent on or vulnerable to opium cultivation and production.*

Income alone is not the crucial factor; it is the use of the income to improve the quality of life that is characteristic of an alternative livelihood approach. Hence, along with attempting to increase the income of farmers and to provide them access to food, health care, education and security, an alternative livelihood approach can consider how to reduce costs and increase access to development improvements.

There is also a need for greater coordination between governmental and non-governmental interventions. In addition to the programmes of the Ministry of Rural Rehabilitation and Development (MRRD) which are now covered under the National Priority Programmes (NPPs), and also the programmes of the Ministry of Agriculture Irrigation and Livestock (MAIL), international non-governmental organizations (NGOs) are also providing alternative livelihood development programmes. International NGOs spend considerable amounts of money on alternative livelihood development programmes, but they may approach their work without coordinating with these key line ministries.

**ALTERNATIVE LIVELIHOOD PROJECTS**

Over the past decade a large number of alternative livelihood projects have been implemented in Afghanistan. In 2005, in support of MCN activities, UNODC implemented a programme titled “Mapping of Alternative Livelihoods Programmes in Afghanistan” through which a database was developed to compile available information on alternative livelihood programmes and projects throughout the country.

The Alternative Livelihoods Database contains data provided by various sources, such as line ministries. MRRD has provided consistent and regular data on alternative livelihood projects.

The following data were provided by MRRD on alternative livelihood projects it implemented. MRRD projects are designed to improve livelihoods, assets and opportunities of households. Although the projects were not specifically designed as counter-narcotics efforts it is likely that their effects were beneficial to such efforts. In that respect it is difficult to determine to what extent projects listed in the database fall into the definition of alternative livelihoods put forward in the National Alternative Livelihoods Policy.

**MCN KANDAHAR FOOD ZONE PROGRAMME**

The Food Zone Programme (FZP) is a rapid-implementation modality, multidimensional and subnational counter-narcotics programme, as indicated in the National Alternative Livelihoods Policy, developed through a consultative process by the Agriculture and Rural Development cluster, led by MCN. Over the course of three years (autumn 2012 to autumn 2015), the programme will follow an “ink-spot” strategy that enables transition from an opium poppy-based agricultural economy to a licit agricultural economy. Poppy-free zones are created and expanded each year to cover greater areas of the province. Success is achieved by a targeted, gradual but concerted and multi-year effort. Gains in reducing drug crop cultivation and creating poppy-free zones will be consolidated prior to geographic expansion of the programme. The target districts within a province are selected by the Governor in consultation with the Provincial Development Council and line departments. The strategy of FZP is based on the lessons learned from the Food Zone piloted in Helmand Province in 2008-2010 and a decade of counter-narcotics and development interventions by the Government of Afghanistan and the international community in secure and insecure provinces.

The four-part strategy is intended to reduce opium cultivation and increase the effectiveness and legitimacy of the provincial administration, and consists of the following:

- A robust public information campaign
- Alternative livelihood inputs to subsistence farmers to reduce their dependency on opium poppy cultivation and to assist diversification of licit sources of income to achieve greater food security
- Increased law enforcement including eradication of poppy in areas targeted by public information campaigns and alternative livelihood programmes
- An expanded drug demand reduction (DDR) programme

The programme will serve as the rapid-action phase of long-term interventions under NPPs of the ARD Cluster such as the “Food for Life” initiative of MAIL and other relevant programmes of the other ministerial clusters. Thus, the...
linkage of national programmes and existing development programmes with key donors such as the United States Agency for International Development (USAID), the Department for International Development of the United Kingdom (DFID) and countries of the region will ensure the sustainability of investments under FZP in rural communities in poppy cultivating provinces.

The governance structure of FZP includes a steering committee headed by the Governor, a secretariat (planning unit, security unit), finance and compliance unit, technical support unit and working groups on public information, law enforcement, DDR and alternative livelihoods. The steering committee includes representation from the Provincial Development Council. The alternative livelihoods working group is headed by director of the Department of Agriculture, Irrigation and Livestock and includes strong representation from key departments of research, extension and agricultural cooperatives. Urgent training of subnational government teams is needed in project management, procurement and financial management. Major decisions regarding procurement and distribution of agricultural inputs and collection of revenue will be taken by the steering committee and its supporting units. Thus, the capacity of the subnational government in procurement activities, financial management and preparation of financial reports will be built through the course of implementing FZP.

The Kandahar Food Zone is a two-year project worth over $18 million, funded by USAID and implemented by International Relief and Development (IRD). The programme was awarded to IRD on 31 July 2013 and is designed to identify and address the drivers of poppy cultivation in targeted districts of Kandahar Province through grants for activities that improve community infrastructure, strengthen alternative livelihoods, and support small businesses. The programme will build the capacity of MCN to manage its own alternative livelihoods programmes.
3. CARD-F Case Study

2.3.1 Background

In order to respond to the needs of rural communities in a targeted and focused manner, and to build synergies with NPPs and other national programmes, NDCS emphasized immediate and short-term interventions (6 months to 5 years) to be implemented in Afghanistan over the period 2013-2017 through the Good Performance Initiatives (GPI), Comprehensive Agriculture and Rural Development Facility (CARD-F), Food Zone and other alternative development programmes. A number of alternative livelihood interventions have been implemented by the Government of Afghanistan with the aim of improving the livelihoods, assets and opportunities of households. It should be noted that these projects were not specifically designed as counter-narcotics efforts, nevertheless it is possible that they had a beneficial impact on such efforts. Counter-narcotics is a cross cutting issue in all of these projects as mentioned in Afghanistan National Development Strategy 2008-2013. With the technical support of UNODC, MCN conducted a field study on the interventions made by CARD-F to ascertain the level of success, to identify gaps in project implementation and lessons learned, and to outline recommendations for mainstreaming counter-narcotics messages in these projects. CARD-F was established under the auspices of Agriculture and Rural Development cluster ministries and is administered by the MAIL, MRRD and MCN. CARD-F seeks to build prosperous rural and pastoral communities and is managed by the Inter-Ministerial Committee, chaired by MCN with membership currently drawn from MAIL, MRRD and the Ministry of Finance.

The mission of CARD-F is to promote sustainable growth in licit rural incomes and employment. The goals of the project are as follows:

- Increase legal employment and income opportunities through more efficient agricultural and rural enterprise markets in priority districts
- Reduce risk of a resurgence in poppy cultivation in and around key economic hubs in Afghanistan, by creating commercially viable and sustainable alternatives for farmers to earn licit income
- Attain greater impact and leverage from existing, district-level programmes through improved alignment, coordination and integration of Government and donor support to agriculture and rural development
- Develop key interventions to address bottlenecks to legal livelihoods through additional top-up or gap-filling resources
- Improve government capacity to lead and coordinate donor initiatives to deliver provincial and district-level programmes to enhance economic growth and incomes.

So far, CARD-F has designed 11 Economic Development Packages (EDPs). Out of these, five are currently in the implementation stage in Badakhshan, Balkh and Nangarhar Provinces. Concurrently in Helmand, CARD-F is carrying out pilot phase implementation of a number of interventions. Three EDPs for Parwan were combined and were under procurement at the time of drafting this report. Overall, these EDPs and interventions cover 12 districts. Research was conducted on CARD-F interventions in four districts, as shown in table 2.7.

### TABLE 2.7 Distribution of CARD-F projects

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>EDP</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badakhshan</td>
<td>Khash</td>
<td>EDP 5A: Apiculture, HVC and Bioclimatic stores</td>
<td>30th November 2014</td>
</tr>
<tr>
<td></td>
<td>Kishm</td>
<td>EDP 4A: Greenhouse, High Value Crops,* Bioclimatic stores,** Apiculture*** and Kitchen gardening</td>
<td>30th September 2015</td>
</tr>
<tr>
<td>Nangarhar</td>
<td>Behsud</td>
<td>EDP 1A Greenhouses</td>
<td>30th April 2015</td>
</tr>
<tr>
<td></td>
<td>Kama</td>
<td>EDP 3 Poultry</td>
<td>30th April 2015</td>
</tr>
</tbody>
</table>

Notes: *High Value Crops include improved onion and potato seed given to the farmers at the rate of 1kg/2000m2 and 450kg/2000m2 respectively plus 75 KG Urea and 50 KG DAP in Kishm and One KG Onion and 400KG potato/ 2000m2 plus 50/50 KG Urea and DAP.
** Bioclimatic Stores are underground room of the size of 45m having the storage capacity of 20 tonnes, and without any artificial cooling system as per the concept of the project the BCS are designed to store onion and potato and to work in the natural environment without any artificial mean and remain functional for four months of the year October to January which is the harvest and storage time for onion and potato.
*** Apiculture included 10 boxes of honey bees in which five boxes were empty, the farmers were also given training regarding apiculture and also the necessary equipment for honey extraction and processing.
The provinces and districts have diverse climatic, demographic and topographic conditions and lie in different regions: Badakhshan in the northeastern region and Nangarhar in the eastern region.

2.3.2 Objectives of the study

A study was undertaken to assess the success of these interventions. Interviews were carried out with 183 beneficiaries (some 10 per cent), selected at random. A list of beneficiaries was obtained from CARD-F’s Monitoring and Evaluation Unit with every tenth beneficiary being selected for interview. In total, 183 beneficiaries (equivalent to 10 per cent of the total) were interviewed. A questionnaire was developed to obtain data pertinent to the objectives of the study, as outlined below.

1. To assess interventions made by CARD-F and give recommendations for further improvement in the targeted districts;
2. To find out the perceptions of farmers, village elders and district officials on the effectiveness of interventions in the targeted districts;
3. To identify gaps and strengths in the implementation of interventions in the targeted districts;
4. To find out whether or not the interventions were successful. If they were successful, how successful were they in the targeted districts;
5. To grade the alternative livelihood interventions based on the farmers’ needs and recommendations in the targeted districts;
6. To outline the extent to which the interventions were successful in diversifying licit crops in the targeted districts.

2.3.3 Findings

The study found that 65 per cent of the beneficiaries were located 1-5 km from the closest paved road, 32 per cent of the beneficiaries were less than 1 km from the closest paved road while only 4 per cent percent of the beneficiaries were more than 5 km from the closest paved road. The lower levels of beneficiaries living more than 5 km from a paved road may indicate that more effectively targeting is needed to reach farmers those areas. Farmers in villages far from paved roads may have had lower awareness of the project and its potential benefits.
Those beneficiaries located farthest from paved roads also were least likely to receive extension services. 28

The survey found that the majority of the beneficiaries (61 per cent) were illiterate and had no education while 24 per cent of them had some education (below twelfth grade) and only 15 per cent had completed twelfth grade. The findings suggest that the project design should be altered to ensure that the majority of the farmers, who are illiterate, are able to fully benefit from the project.

Current beneficiaries of CARD-F EDPs were asked how they found out about the project. 46 per cent of the farmers stated that they were made aware by the district agricultural extension officer, 31 per cent from the CARD-F team, 17 per cent from fellow farmers, 4 per cent from television and 2 per cent from newspapers. Beneficiaries were also asked if they had previous experience in the type of EDP sponsored by the CARD-F programme. In response, all apart from those who participated in bioclimatic stores projects stated that they had previous experience in the field of their project. Nevertheless, all responded that participation in the CARD-F programme, which provided training alongside other inputs, had helped them develop their skills.

One question sought to establish the satisfaction level of farmers from the services provided during the project implementation. Although 82 per cent expressed satisfaction, there were unpopular interventions. For example, 6 out of 7 farmers interviewed were unsatisfied with the intervention on bioclimatic stores because they confused bioclimatic stores with cold storage. The farmers claimed that they were told that a cold storage unit with all facilities would be built for them. Most of them asked for electricity and a cooling machine to maintain refrigerated temperatures. The second lowest satisfaction level was found among farmers who had received the apiculture EDP. They outlined the following reasons for their dissatisfaction: (i) the bees were not acclimatized and were brought to them from locations with dissimilar climates; (ii) the number of bees in the boxes was less than they expected; (iii) most of the boxes provided did not have a queen bee; and (iv) the timing of distribution was also not proper.

Farmers were also asked about their satisfaction with the EDP available to them. With the exception...
Beneficiaries can be divided into two categories: those who had previous experience with the type of work facilitated by the CARD-F project and those who did not. It was found that satisfaction level was high in the beneficiaries who were new to the intervention and were partaking for the first time in such activities.

The farmers were asked whether they received extension services, particularly if the extension agent of Director of Agriculture Irrigation and Livestock and the CARD-F extension agents specifically hired for the project had visited to advise the farmer on the type of inputs and practices to adopt. It was found that the number of extension services provided in Nangarhar were more than in Badakhshan. The high level of satisfaction from the interventions in Nangarhar as compared to Badakhshan thus could be attributed to the high percentage of extension services in Nangarhar. It can thus be assumed that to achieve more successful interventions and more satisfied farmers, there is the need to provide the farmers with extension services so that they can share their problem with the extension agent to obtain tangible solutions.

Similar to extension services, after implementation services provided in both the districts of Nangarhar were higher than that of Badakhshan province, it could be another reason for the higher satisfaction from the intervention.

The success of any EDP intervention will be low if farmers are unable sell their produce. If there is no demand for the farmers’ produce, the prices will drop and the farmer may go into loss. When asked what they do with their produce, 48.1 per cent replied that they sell it at the district bazar, 25.4 per cent sell at the farm-gate level while 14.8 per cent sell at the provincial capital. To improve the outcome for farmers, steps should be taken to improve their access to markets at the city or provincial capital. This will help to ensure a sustainable price for farmers’ produce and raise their awareness of market trends and demands.

To ascertain the impact of CARD-F on job creation, farmers were asked if they employed more persons in their farms as a result of partaking in the scheme. The study found that 75 per cent of farmers employed more people as a direct result of the bioclimatic stores, projects and services provided were deemed satisfactory and good for farmers’ incomes.
The initiatives created job opportunities for 152 people.

The main aim of the CARD-F projects is to sustainably reduce poppy cultivation. The researchers wanted to know whether the counter-narcotics message was mainstreamed into the project. The interviewer asked beneficiaries on what terms they participated in the project and were given inputs. Most of the beneficiaries (60 per cent) replied correctly that they were required to neither cultivate poppy nor work in that field. This percentage was higher in Badakhshan (69 per cent) than Nangarhar (50.50 per cent). Projects in Nangarhar province carried the logo of MAIL, MCN and MRRD to reinforce the role of this project to support licit crops for alternative livelihoods and avoid poppy cultivation.

Italtrend Company, the implementing consultant for CARD-F poultry project, also took steps to connect its work with counter-narcotics efforts of relevant ministries. Italtrend reported that each poultry farm displayed a board stating that project belonged to MCN, MAIL and MRRD.

In Badakhshan, Khash district has been poppy free since 2012 while poppy cultivation in Kishm district is at the highest level since 2010. Similarly in Nangarhar, Behud district has never cultivated poppy and Kama district has been poppy-free since 2005. The high level of counter narcotics message mainstreaming in Badakhshan may be due to the threat of resurgence of poppy cultivation that still exists in Kishm and Khash districts but not in Kama and Behsud districts of Nangahar.
2.3.4 CARD-F PROJECT FEEDBACK

The survey also contained questions about the reasons for satisfaction or dissatisfaction with CARD-F projects. Beneficiaries were also asked about the needs and problems of CARD-F interventions and farming in general, and were asked to propose solutions. The number of answers farmers provided varied, so the total number of responses were taken for each intervention and the frequency of each response was calculated. This section summarizes the responses to each EDP.

GREENHOUSE (BEHSUD DISTRICT, NANGARHAR)

Greenhouse beneficiaries in Behsud district of Nangarhar province reported more income, job opportunity, good market for produce and licit income as major reasons for their satisfaction with the project. Yet they were not satisfied with every aspect of the project. They noted the high price of improved seed as a disadvantage and they requested the provision of quality seed. The beneficiaries recommended that they need electricity to maintain the required temperature of the crop. They also asked for the provision of improved seed and recommended lowering the share cost of farmers. District officials of MCN, MAIL and MRRD also recommended lowering the sharing cost of the farmers or giving the farmers the project in instalments. This would enable farmers to pay a part of their share to the implementing consultant when they sell their produce. It was also suggested to involve microfinance institutes so that low land holding and poor farmers can also participate in the project.

FIGURE 2.30 Needs, problems, reasons for dissatisfaction and recommendations given by greenhouse beneficiaries (Behsud)
POULTRY (BROILER FARM)
CARD-F also offered an economic development programme for women to enable them to establish small-scale broiler farms in the vicinity of their homes. Each beneficiary was provided with 100 layers (birds). Beneficiaries reported satisfaction with several results of the layers farm programme, including more income, job opportunity, licit income and food for family. They also reported problems including high costs of feed and pullets, and a high mortality rate among the pullets. Beneficiaries asked to increase the number of pullets. The implementing consultant reported problems that should be investigated further. The women generally relied on men in their families to take the eggs to market, and after selling the eggs in the market the men did not always give the profit to the women. Some women were unable to buy feed for the layers and had to sell their pullets as a result. Durable solutions to these problems must be found or similar efforts to expand economic opportunities for women will not meet expectations.

FIGURE 2.31 Needs, problems, reasons for satisfaction and recommendations given by broiler farm beneficiaries

POULTRY (LAYERS FARM)
CARD-F also offered an economic development programme for women to enable them to establish small-scale layers farms in the vicinity of their homes. Each beneficiary was provided with 100 layers (birds). Beneficiaries reported satisfaction with several results of the layers farm programme, including more income, job opportunity, licit income and food for family. They also reported problems including high costs of feed and day old chicks, and a high mortality rate among the birds. Beneficiaries asked to increase the number of layers. The implementing partner reported problems that should be investigated further. The women generally relied on men in their families to take the eggs to market, and after selling the eggs in the market the men did not always give the profit to the women. Some women were unable to buy feed for the layers and had to sell their birds as a result. Durable solutions to these problems must be found or similar efforts to expand economic opportunities for women will not meet expectations.
HIGH VALUE CROPS
In Badakhshan province satisfaction was highest among the high value crop (potato and onion) beneficiaries. Farmers harvested bumper crops and sold it directly in the market due to high demand, thereby earning a good income. When the farmers were asked about their needs most of them mentioned fertilizer, improved seed, pesticides and irrigation water. The farmers complained about the detrimental effect of diseases and requested pesticides to tackle this. The farmers also requested the timely provision of potato seeds to enable planting and subsequent harvesting.
GREENHOUSES (BADAKHSHAN)

The beneficiaries of greenhouse EDP in Badakhshan province were asked about their needs. In response, they stated the need for improved seeds, chemicals and pesticides, fertilizer and also the need for technical experts from the MAIL district extension as well as the CARD-F team to visit their greenhouses so that they can discuss concerns and find adequate solutions. The beneficiaries also complained that the materials used in constructing the greenhouses, especially plastic sheets and wires, could not resist hard weather and were easily torn or damaged and rendered useless. The farmers also requested that these construction materials be replaced. A common request from all the beneficiaries was for the provision of agricultural and vegetable processing machinery.

Figure 2.33 Needs, problems and recommendations given by high value crop beneficiaries

Figure 2.34 Needs, problems and recommendations given by greenhouse beneficiaries (Badakhshan)
**Bioclimatic storage**

The beneficiaries of the bioclimatic storage EDP claimed that they needed a cooling system to control the atmosphere. The biggest problem they reported was that they could not store their produce for long time due to lack of control atmosphere. Almost all beneficiaries with whom the interviews were conducted said that they were not satisfied with the intervention. The major reason was that they had expected cold storage rather than bioclimatic storage. The second reason for dissatisfaction was the smaller capacity of bioclimatic storage.

The CARD-F team reported that during the first year the farmers sold their produce at the time of harvest at high prices due to demand in the market. Thus, there was no need for storage. They expect that the farmers will realize the usefulness of the bioclimatic storage when market forces create a need to store their produce for another time to sell.

The beneficiaries recommended that they should be provided with electricity and cooling system for the bioclimatic storage. They also asked for improved vegetable seed and enlarged storage capacity. Before this project is implemented again, steps should be taken to avoid misunderstandings and ensure that farmers are more familiar with the concept of the project.

**APICULTURE**

Beneficiaries of the beekeeping initiative stated that diseased bees were the biggest problem. Two other common observations were the lack of monitoring by the implementing partner and also the lack of beekeeping training. However they were interested in the project and asked for redistribution of honey bee boxes, training on beekeeping and also provide medicine to protect the bees from diseases. The number of beneficiaries who were satisfaction was low, but those who were satisfied reported good market value, food for family and licit income as reason for their satisfaction. The beneficiaries were asked for recommendations. The most common recommendation was to redistribute honey bee boxes. Other recommendations included providing support for livestock and poultry, high value crops seed, fertilizer and pesticides to control diseases of their crops.
FIGURE 2.36 Needs, problems, reasons for satisfaction and dissatisfaction and recommendations given by apiculture beneficiaries

- **Problems frequency**
  - Diseases: 7
  - Monitoring: 6
  - Irrigation: 5
  - Lack of training: 3
  - Less boxes received than what we promised: 2
  - Lack of medicine: 1

- **Needs frequency**
  - Redistribute bee boxes: 14
  - Medicine: 12
  - Give training: 10
  - Improved vegetable & wheat seed: 8
  - Cattle & poultry: 6
  - Irrigation water: 4

- **Reasons for dissatisfaction frequency**
  - Diseases: 14
  - Lack of training: 12
  - Lack of medicine: 10
  - Late receiving honey bees boxes: 8
  - Less boxes received than what we promised: 6

- **Reasons for satisfaction frequency**
  - Honey have good market: 6
  - Its licit income: 5
  - Food for family: 4

- **Recommendations frequency**
  - Re-distribute bee boxes: 10
  - Support livestock & poultry: 8
  - Compensate loss: 6
  - Fertilizers & pesticides: 4
  - Give potato seed: 2
  - Construct irrigation canals: 2
  - Training: 1
2.4 Conclusion

This chapter presented a number of aspects of drug supply, supply reduction and the CARD-F field study. It also outlined interesting aspects of the supply of illicit narcotics. Currently, opium poppy cultivation is concentrated in south and west of Afghanistan, however, this seems to be expanding countrywide with fewer poppy-free provinces. Poppy cultivation expanded in the east with a threefold increases in 2013. The size of the illicit economy is significant, especially when compared to other illicit narcotics producing countries. Additionally, there are strong correlations between insecurity and poppy cultivation, as well as strong correlations between cultivation and poor performance on development indicators.

In terms of supply reduction, agriculture assistance, public awareness messaging and eradication have the potential to be effective. Eradication is definitely a positive measure in reducing farmer’s decision to cultivate poppy, but requires parallel measures related to alternative rural development. The human cost of eradication remained very high.

The CARD-F case study revealed the positive impact of the project on farmers’ incomes and job creation. It succeeded in providing a source of licit income and mainstreaming counter-narcotics messages. Due to the lack of sufficient data, it was difficult to draw conclusion as what type of public awareness campaigns were successful in which types of areas. Further research is required to better understand the relationship between public awareness campaigns and development indicators (especially infrastructure, education, and health care provision).
Notes

1. Afghanistan Opium Survey (AOPS) 2013.
4. Any province where cultivation level is less than 100 ha is considered poppy free.
5. AOPS, 2013.
7. AOPS, 2013.
8. AOPS 2011.
10. AOPS 2013.
11. ADR 2012.
13. ADR 2012, p. 43.
15. See UNODC, 2013, South-East Asia Opium Survey; and www.tradingeconomics.com/myanmar/gdp
16. Law against Intoxicating Drinks and Drugs (2010), article 13, section 3.
17. AOPS 2012 and AOPS 2013.
19. Ibid., p. 5.
25. NPPs focus on sustainable economic growth, job creation and revenue generation. They are a result of the Tokyo Conference which has resulted in the Tokyo Mutual Accountability Framework. Through the Counter Narcotics Monitoring Mechanism, they will mainstream counter-narcotics issues and enable the Government of Afghanistan to deliver on its Kabul Conference Commitments.
26. Information obtained from MCN Alternative Livelihoods Section, 2013.
27. The Ministry of Agriculture has an agricultural extension officer at the district level. The district agricultural extension officer gives advice to the farmers and increase their awareness regarding improved crops and practices.
28. The extension services include operation, management, production, harvest and marketing.
29. The CARD-F projects are given only to those farmers who have stopped poppy cultivation or never cultivated it.
Drug Use, Prevention & Treatment

INTRODUCTION

Illicit drug use remains a significant challenge for Afghanistan with recent studies showing an estimated 1,351,600-1,612,400 drug users in the country. Afghanistan is the major producer of opium and it has one of the highest rates of opiates use worldwide at 2.65 per cent of the total population.

Drug use prevalence in the urban populations is still over 5 per cent. Among children this number is estimated about 2.3 per cent. Due to secondary contact to drug smoke, the health of over 140,000 Afghan children could be at risk from adults using opioids in the home. Unemployment and economic problem are still the major reasons for drug use.

This chapter focuses on the impact of drugs in Afghanistan by reviewing drug use, treatment and prevention trends and conditions, drawing on recent national surveys. The chapter also considers drug use in prisons and drug-related harm before reviewing drug prevention and treatment issues. As part of the treatment section, the chapter will outline details of the Drug Treatment Centres Transition Plan that is currently being put together. Data in the treatment section are provided by the Ministry of Public Health (MoPH) and follow the Hijri calendar. The chapter concludes with potential areas of future research with respect to drug use, treatment and prevention in Afghanistan.
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BOXES

3.1 Children affected by environmental exposure to opium and/or heroine smoke
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3.1 Drug Use

3.1.1 Use of drugs and other illicit substances

To date, three drug use surveys have been conducted in Afghanistan. UNODC supported the 2005 and 2009 Drug Use Surveys which were conducted in conjunction with the Ministry of Counter Narcotics (MCN) and Ministry of Public Health (MoPH). The latest study, the Afghanistan National Urban Drug Use Survey (ANUDUS), was conducted by the United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL) in 2012. ANUDUS was conducted mainly in urban and safe areas of Afghanistan. Even though the methodologies of these three studies differed, they present an image of drug use in Afghanistan and show a continuous increase in the number of drug users.

The UNODC initiative, Afghanistan Opiate Trade Project (AOTP), conducted an impact survey in 2012 entitled the Impacts of Drug Use on Users and Their Families in Afghanistan (hereafter called AOTP Impact Study). The findings of this study show that about 66 per cent of Afghan drug users began using drugs in Afghanistan, while 25.8 per cent began in the Islamic Republic of Iran and 8.2 per cent began in Pakistan. The Drug Use Survey 2009 reported similar findings: about 28 per cent of drug users began using drugs in Iran and about 9 per cent began in Pakistan while they were refugees. The significant proportions of drug users that began using drugs either in the Islamic Republic of Iran or in Pakistan show a connection between migration and drug use by Afghans in Afghanistan.

3.1.2 Drug use prevalence

Based on an urban drug use rate of 5.3 per cent, ANUDUS estimated a national rate between 5.1 and 5.3 per cent. In 2009, the Drug Use Survey estimated a nationwide rate of 6.6 per cent. Because of differences in years, methodology and sample, those figures are not directly comparable. According to ANUDUS, drug use impacts 11.4 per cent of households. Within demographic segments, it is estimated that 10.6 per cent of adult males and 4.3 per cent of adult females use drugs, along with 2.3 per cent of children.
Urban drug users in Afghanistan are most likely to use opioids and cannabis, followed by illegal prescribed medicine.

### 3.1.3 Factors driving drug use

Easy access to drugs, limited access to treatment and the physical and psychological trauma of 30 years of war are the main reasons for drug use in Afghanistan.

From the perspective of key informants in 2009, poverty and economic problems along with situational and peer pressure were highlighted as the main reasons for drug use. The 2012 AOTP Impact Study found that unemployment and economic problems were the main reason for drug use in the country followed by problems in the family and keeping company with drug users.

### 3.1.4 Injecting drug users and drug-related harm

The first national drug use survey estimated around 19,000 drug users in the country, however a nationwide figure on injecting drug users (IDUs) is not available. In 2010 and 2012, the National AIDS Control Programme (NACP) of MoPH with support from John Hopkins University published the Integrated Behavioral and Biological

### BOX 3.1

**Children affected by environmental exposure to opium and/or heroin smoke**

Test data indicate that over 90 per cent of children who tested positive for opioids are being affected by environmental exposure to opium and/or heroin smoke in the home or are being provided opioids by adults. Even though opioids are not being used by children to the extent previously reported, positive results found in just 1.3 per cent of the population of urban children means that the health of nearly 30,000 children in urban centres of Afghanistan is being affected by opioids, mostly through adult use of opioids in the home. What is alarming is that the rural population of Afghanistan is over three times larger than the urban population. The percentage of children testing positive in two rural villages was significantly higher than the percentage in urban centres. At even 1.3 per cent of all children in Afghanistan (10,786,500 children), the health of over 140,000 Afghan children could be at risk from adults using opioids in the home.


### Table 3.2 Estimated urban drug use in Afghanistan by demographic segment

<table>
<thead>
<tr>
<th>Urban drug users*</th>
<th>320,000 to 390,000, about 5.3 per cent of total urban population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>260,000 to 320,000, about 7.5 per cent of urban adults</td>
</tr>
<tr>
<td>Male</td>
<td>190,000 to 230,000 adult males, about 10.6 per cent of urban adults</td>
</tr>
<tr>
<td>Female</td>
<td>70,000 to 90,000 adult females, about 4.3 per cent of urban adults</td>
</tr>
<tr>
<td>Children</td>
<td>59,100 to 70,500, about 2.3 per cent of urban children**</td>
</tr>
</tbody>
</table>


* Population prevalence rates for men, women, children and adults are adjusted proportionally to their specific percentage of the population

** Included toxicological testing (hair, urine or saliva)

### Figure 3.3 Types and percentage of drugs used by urban adults

- 46% Opioids
- 32% Cannabis
- 22% Benzodiazepines
- 6% Barbiturates
- 6% Alcohol
- 1% Methamphetamine


### Figure 3.4 Reasons for drug according to key informants

- 80.8 Unemployment
- 53.8 peer pressure
- 45.4 Other
- 36.1 Economic problems
- 22.1 As painkillers
- 19.9 Other family...
- 17.7 Depression


### Figure 3.5 Reasons for drug use according to drug users

- 26.7 Friend &/or environment
- 13.7 Family members addiction &/or violence
- 12.2 Medicine (pain killer)
- 11.9 Economic Problems
- 5.8 Depression
- 9.1 Other

Surveillance (IBBS) studies. The recent IBBS study used a unique multiplier system and estimated the number of IDUs in selected Afghan cities (table 3.3).

The risk of spreading HIV/AIDS and other blood-transmitted disease such as Hepatitis B and C lead to a very high rate of death among IDUs. In Afghanistan, heroine, tranquilizers and painkillers are the most commonly injected drugs.

According to NACP, out of all new registered cases, 223 cases (142 male, 66 female and 15 child patients) were registered in Antiviral Treatment Centers and received antiviral treatment in the centers. NACP provide services through 10 Volunteer Counseling and Testing (VCT) centers, 34 HIV prevention centers (16 on community level and 13 on prisons level), five Prevention of Mother-to-Child Transmission (PMTCT) centers and two antiviral treatment (ART) centers in 10 provinces of Afghanistan including Kabul, Herat, Nangarhar, Balkh, Badakhshan, Kandahar, Ghazni, Kunar, Daykundi, and Kunduz.

The 2012 IBBS study was conducted in five provinces of Afghanistan and found the Hepatitis C virus (HCV) to be the most common disease among IDUs. The prevalence of HCV ranged from 70 per cent in Herat to 27.6 per cent in Kabul and 25 per cent in Charikar. The 13.3 per cent prevalence of HIV among IDUs in Herat was notable while in Kabul the prevalence of HIV among IDUs was estimated about 2.4 per cent. In the three remaining provinces, prevalence of HIV was at or below 1 per cent. The overall prevalence of disease associated with the use of injecting drugs in five provinces of Afghanistan is shown in figure 3.8.

Recent studies show that drug users have heard about HIV/AIDS especially in Kabul and Mazar-e-Sharif. In Kabul, 95.2 per cent of interviewed IDUs had heard about HIV, similar to 94.1 per cent in Herat.

### Table 3.3 Estimated number of IDUs in selected Afghan cities

<table>
<thead>
<tr>
<th>City</th>
<th>Estimated number of injecting drug users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kabul</td>
<td>541 1</td>
</tr>
<tr>
<td>Herat</td>
<td>211 1</td>
</tr>
<tr>
<td>Mazar-e-Sharif</td>
<td>496 1</td>
</tr>
<tr>
<td>Jalalabad</td>
<td>471 1</td>
</tr>
</tbody>
</table>

Source: IBBS 2012.

### FIGURE 3.6 Number of registered HIV positive cases in Afghanistan, 2008–2013

![Number of HIV Registered Cases in Country 2008-2013](source: ADR 2012, and NACP)

### FIGURE 3.6 Number of registered HIV positive cases in Afghanistan, 2008–2013

![Overall disease seroprevalence among IDUs in Afghanistan](source: IBBS, 2012)

### FIGURE 3.8 Overall disease seroprevalence among IDUs in Afghanistan

![Overall disease seroprevalence among IDUs in Afghanistan](source: IBBS, 2012)

### 3.1.5 Drug use and its related harm in prisons

A national survey on drug use and associated high-risk behaviour in the prison population of Afghanistan was conducted by UNODC and implemented by a local NGO, the Health Protection and Research Organization (HPRO) at Kandahar prison in 2010. Subsequently, NACP conducted two IBBS studies in major
prisons of Afghanistan including Kabul, Herat and Mazar-e-Sherif during 2010 and 2012. The studies showed increased risk of HIV and other sexually transmitted infections among the prison population due to their high-risk behaviour including using non-sterile needles and other materials to inject drugs and engaging in unprotected sexual activities.

The UNODC Kandahar prison survey 2010 found that around 5 per cent of the prisoners had used opium or heroin during the month before the study. Some 20-30 per cent of regular heroin users reported that they had injected drugs in the year prior to the study. During the studies, 46 per cent of prisoners in Herat and 16 per cent of prisoners in Kabul admitted drug use. Among those who admitted drug use, around 70 per cent in Kabul prison and 26 per cent in Herat prison said that they had used drugs during their imprisonment period. Of those who used drugs in prison, 30 per cent in Kabul prison and 0.6 per cent in Herat prison used injected drugs.

The 2010 and 2012 IBBS studies show that in Kabul, HIV seroprevalence was 0.6 per cent in 2009 and 0.5 per cent in 2012. The hepatitis B virus (HBV) seroprevalence in 2009 was 7.8 per cent, compared to 6.0 per cent in 2012, while HCV seroprevalence was 1.7 per cent in 2009 and 4.6 per cent in 2012. Figure 3.9 shows the seroprevalence of those viruses along with syphilis among prisoners in Kabul and Herat prison in 2009 and 2012. In Herat prison, HIV seroprevalence fell from 1.6 per cent in 2009 to 0.8 per cent in 2012, while HBV seroprevalence prevalence increased from 4.1 per cent in 2009 till 4.8 per cent in 2012. HCV seroprevalence was 4.1 per cent in 2009 and 1.4 per cent in 2012.

Comparing the key indicators for knowledge and risk behaviours, the share of people with sufficient knowledge about HIV prevention improved significantly from 2009 to 2012 in Kabul but not in Herat.

3.1.6 Income sources of drug users

Begging is the main method by which drug users find money to buy drugs. The 2009 study indicated that 10 per cent of drug users obtained money for drugs through begging, while the 2012 study reported that 73 per cent obtained money for drugs through begging. The 2012 study also found that 65.9 per cent of drug users sell personal assets to buy drugs, significantly more than the 28 per cent reported in 2009. Another wide gap between the 2009 and 2012 data concerns criminality. In 2012, 57.1 per cent of respondents listed committing crime as the method used to obtain money to buy drugs, while the 2009 survey found 10 per cent committed crimes to obtain money to buy drugs. A narrower gap emerged concerning borrowing. In 2009, 46 per cent of drug users reported borrowing to obtain money for drugs, compared to 29.2 per cent in 2012.

3.1.7 New trends in drug use – methamphetamine

Previously, the use of amphetamine type stimulants was rarely reported in Afghanistan, both in terms of seizures by law enforcement agencies (see chapter 4 on law enforcement
and criminal justice), and in terms of users.\textsuperscript{12}
There appears to be a rise in the number of methamphetamine users seeking treatment, based on the monthly technical reports received by MoPH DDR Department from the provincial treatment centres, however more data is needed to clearly identify a trend. Data obtained from provincial treatment centres is inconclusive because not all provinces have recorded methamphetamine use. The reason for this is not clear, and may be either: (a) methamphetamine use in these provinces is not prevalent; (b) methamphetamine use is prevalent but it has not been recorded by the treatment centres; or (c) province records are incomplete.

As per monthly records from MoPH drug treatment centres for Hijri years 1390 and 1391 (roughly 2011 and 2012),\textsuperscript{13} Nimroz and Kunduz provinces reported the highest number of methamphetamine users who registered for admission and received treatment in MoPH treatment centres (see Figures 3.11). Jawzjan and Farah provinces have the highest incidence. These four provinces are responsible for 96 per cent of registered methamphetamine users in MoPH treatment centres.\textsuperscript{14} To give an idea of the proportions of those registering for methamphetamine use, in 1390 (2011), there were 3,422 newly registered drug users. Of those, 448 (13.1 per cent) were registered for methamphetamine use. In 1391 (2012), there were 5,951 newly registered drug users, including 460 methamphetamine users. As a proportion of registered drug users, the rate of methamphetamine use fell to 7.7 per cent.\textsuperscript{15}

**BOX 3.2**

**Case study: Opium use among women and children in Badakhshan province Life story of BG (known as Colonel)**

In the beginning, my son was not one to beg for a piece of bread and knock on the door of the Mayor of Badakhshan. I was not a women who walks in street of Faizabad to find a piece of bread or money for her two sons or to live under a broken roof. We were a small family living in a far district of Badakhshan. I lived with my husband; we were poor but happy. One year a hard winter came. During mid-winter I became ill and I was burning for three nights and days in fever, pain and cough. Like all other surrounded villages there was not any doctor or clinic. There was not any one to help me and reduce my pain and fever, it was almost like death. Someone told my husband to take me to Faizabad city, as there are a hospital and doctors. To the city? – Oh I couldn’t imagine it. There was a distance of seven days and nights to the city from our village. It was not easy to walk for hour, so how would it be possible to walk up and down the mountains and go to the city during such a cold winter. The roads were full of snow, we were afraid of wild animals, of avalanches. Most of all, how could we afford the expenses of the journey and expenses of the doctor?

My husband couldn’t tolerate my situation, and went to an old lady [our last hope]. She advised him to give me her opium. Accordingly my husband brought the opium and gave it to me, mixed it in hot black tea and told me to drink it. Oh, while I drank that dark tea, gradually I felt relief from that long lasting fever and body pain. What a miracle all this happened. What a miracle all my body without smoking opium. This situation continued for about two years. So, as people said, I was addicted to opium. By that time I had to use opium more than two times a day. My husband was also in the same situation. He was also addicted. One day he said that he couldn’t find opium in village, but he had found something different. He called it Powder [Heroin].

After that we smoked heroin instead of opium. Our room was full of smoke of heroin day and night. My child was with me in same room, and we spent about one year in that situation. One day one of our relatives saw our situation and told me about a treatment center in Faizabad. She told me to save my life and my child’s life. With a lot difficulty, I decided to come Faizabad. I was admitted and spent 45 days in a female treatment centre in Badakhshan.

When I came back home, my husband was ill. After few weeks he died, and to cope with that situation I started using drugs again. Then my son and I came to Faizabad. Once I tried to quit the drug again. But our economic situation got worse, and so did my loneliness and depression. All these caused me to start using drugs again. So now, both my son and I beg during the day and buy drugs for the night. I know this drug will kill me one day, like it killed my husband. Right now I am suffering more than 100 types of diseases and pains.

Life have no meaning to me now. A fever and cough led me to my death. Sometime I think, if I had died that time, it would be better me. At least I would have died with honour.
Data from the four provinces with the highest rates of registered methamphetamine use also confirm that in 1391 (2012), there was a slight drop in the number of patients registering for methamphetamine use, although overall, drug use appeared to be increasing.

Figure 3.11 shows the average number of registrants at MoPH centres in the four provinces with the highest reported numbers of methamphetamine users, and indicates how the proportion of methamphetamine users is changing. It should also be noted that when registering at drug treatment centres, users state they have a problem with “crystal” rather than with methamphetamine. This adds a degree of confusion to the registration, as treatment centres do not have the means to test for the presence of methamphetamine and cannot be certain of the substance the patient used. Thus figure 3.11 shows estimated rather than confirmed numbers of methamphetamine users. Until it can be confirmed that substance registrants refer to as “crystal” is actually methamphetamine, these figures should be considered indicative estimates rather than an absolute tally of methamphetamine users in treatment.

The exact scale of the problem is unknown, but with increased seizures of substances confirmed to be methamphetamine (see figure 4.5 in the following chapter) and anecdotal reports of increased use around the country, especially in western Afghanistan, there is cause for concern. MoPH has reported a specific case where 75 per cent of drug users admitted to a treatment centre in Nimroz province were addicted to methamphetamine, and that dealing with these individuals was problematic because treatment services are not yet adapted for this substance. Methamphetamine treatment is therefore a critical area for further research and training.

3.2 Drug Prevention and Treatment

3.2.1 Drug prevention

Drug prevention is a key area of focus for MCN. Information about drug prevention, drug use and its harmful effects are communicated in Afghanistan by many actors through different channels. As the coordinator of the Drug Prevention Working Groups, MCN plays a key role in activities related to prevention. Coordination meetings aim to align all public awareness efforts in order to limit and reduce drug use.

The 2012 MCN Drug Demand Reduction Policy clearly indicated that drug prevention policy guidelines would be implemented through public awareness campaigns and educational programmes in coordination with partner ministries and other entities. These include the Ministry of Education, Ministry of Higher Education, Ministry of Hajj and Religious Affairs, Ministry of Information, Culture and Youth Affairs, Ministry of Labour, Social Affairs, Martyrs and Disabled, Ministry of Women Affairs, the Afghan National Security Forces, the National Olympic Committee, other sport boards, donors and other public and private sector stakeholders.

These interventions have focused on both prevention of drug use and prevention from relapse. The targeted hotspots of the public awareness campaigns are treatment centres that interact directly with drug users and their families. In addition, schools, mosques and sports events attract the largest gatherings and these are considered suitable and appropriate venues for drug prevention messages. This section describes efforts to deliver prevention programmes in each of those locations.
Treatment centres: Awareness programmes offered in treatment centres focus on drug use and drug-related harm. Treatment centre staff interact with drug users on a daily basis and inform them of harms related to drug use. Awareness messages are also delivered through social gatherings. Outreach teams also shared information with drug users and their families, and through their efforts, awareness is raised at social gatherings awareness at the district and village levels. By the end of 2012, an estimated 1,848,532 individuals had been reached through these activities and an additional 457,328 individuals were reached in 2013. However, because the number of the drug treatment centres is limited, many drug users and their families do not have access to them.

School-based programmes: According to the Ministry of Education Management Information System data for 1392 (2013), there are 16,094 schools in Afghanistan with an estimated 9 million students, 198,817 teachers and 75,000 member of the school management shura. School-based awareness programmes were initiated between 2005 and 2012 as a part of the Colombo Plan Drug Advisory Programme (CPDAP) funded by the United States Bureau of International Narcotics Law Enforcement Affairs (INL) and through collaboration between MCN and the Ministry of Education. These school-based prevention activities targeted students and teachers and shared information on drug-related harm by disseminating publications (books, brochures and banners), including anti-drug messages in school curriculum and training teachers. In 2012, workshops were organized for teachers of essential literacy courses, schools and Islamic Madrasas to enhance their knowledge and skills in teaching students about drug-related harm and prevention. Some 1,100 teachers were reached through this initiative. During 2013, about 6,000 drug prevention magazines were printed and disseminated through the school-based programme.

The Ministry of Education successfully facilitated the formation of an estimated 14,000 school management shuras involving local communities in education management. The aim is for shuras to play an important role in drug prevention awareness campaigns and programmes without cost extension. Furthermore, through the Ministry of Education, the terms of reference for the shuras will be modified to add further responsibilities to promote drug prevention awareness among teachers, students and communities.

Mosque-based programmes: Through CPDAP in cooperation with MCN, mosque-based awareness programmes were initiated in 14 provinces from 2005 to 2012. To prevent drug use, Mullah Imams shared information on harms related to drug use and also shared publications which provided a religious perspective that prohibits drug use. A total of 23 Mullah Imams have received trainings inside and outside of the country. By 2012, around 123,292 individuals in various parts of the country had benefited from this programme. An additional 275,181 individuals were reached through mosque-based programmes during 2013.

Youth Congress: Initiated in 2013 as part of CPDAP coordinated by MCN, the objective of these youth focused initiatives are to inform the younger generation about drug-related harms
through sports, cultural and social events with specific slogans and statements developed for the audience. The Youth Congress is active throughout Asia, and in December 2013, members of the Afghanistan Youth Congress met in Pakistan with counterparts from five Asian countries. The primary objective of the Congress was to build and maintain a global network through which effective resilience against drug abuse and lessons learnt are shared.

**Sports events**: These are new initiatives supported by MCN and implemented by Sayara. Through this initiative, the “Afghan Cricket Premier League” took place 24 August–2 September 2014. A total of 14 local cricket teams participated and thousands of spectators from Kabul and provinces watched these matches. The aim of this event was to raise awareness of counter-narcotics messages among youths.

**Vocational training**: The vocational training initiative was established in 2012 as a six-month pilot programme and was extended for seven additional months. The extension period enabled an additional 400 recovered drug users to participate in the programme.

### 3.2.2 Drug Treatment

Drug treatment services are provided through public and private channels in Afghanistan. MoPH administers 21 Drug Treatment centres (DTCs) in country while Colombo Plan administers 43 DTC through INL fund and similarly UNODC administers 34 DTC through INL fund. MCN takes a coordinating role, chairing the DDR working group to discuss treatment issues. The multisectorial Drug Regulation Committee, with oversight of MCN, discusses issues related to procurement and certification of narcotic and psychotropic substances.¹⁷

In 2009, there were only 43 drug treatment centres in Afghanistan. By 2012 the number had climbed to 102, and during 2013 there were 108 drug treatment centres in the country. Treatment services are provided by the Government and donors in 28 provinces as follows: Badakhshan, Baglan, Balkh, Bamyan, Dai Kundi, Farah, Faryab, Ghazni, Ghor, Helmand, Herat, Jawzjan, Kabul, Kandahar, Kapisa, Khost, Kunar, Kunduz, Laghman, Logar, Nangarhar, Nimroz, Paktya, Parwan, Samangan, Takhar, Wardak and Zabul. Treatment centres and night shelters provide inpatient residential and outpatient treatment. Centres were also engaged in outreach, harm-reduction and community-based interventions. In 2012 many treatment centres provided two or more types of treatment. However, in 2013, most of the 108 treatment centres in Afghanistan provided one type of treatment, and only three provided more than one type of treatment.

The 108 drug treatment centres in Afghanistan have a capacity of 27,440, sufficient for only 7.8 per cent of heroin and opium users in the country.¹⁸

#### TABLE 3.4 Type and number of drug treatment centres by region, 2013

<table>
<thead>
<tr>
<th>No</th>
<th>Regions</th>
<th>Inpatient (residential)</th>
<th>Out patient</th>
<th>Outreach</th>
<th>Harm reduction</th>
<th>Community based</th>
<th>Night shelter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Central</td>
<td>24</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>East</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>North</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>North-east</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>South</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>West</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>73</td>
<td>18</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>108</td>
</tr>
</tbody>
</table>

Source: MoPH-DDR Department, July 2014, master list of drug treatment centres.
3.2.2.1 REGIONAL DISTRIBUTION OF TREATMENT CENTRES
The central region of Afghanistan has the highest number of drug treatment centres with 24 inpatient centres, seven outpatient centres and five shelters for drug users. The western region has 21 drug treatment centres while the southern region, which is the main poppy producing region, has only seven drug treatment centres, the lowest number of any region.

3.2.2.2 TYPES OF DRUG TREATMENT FACILITIES
There is one harm-reduction treatment centre for adults in Nangarhar province. It is the only treatment services provider in Afghanistan that is funded by the World Bank. Similarly, there is one community-based treatment centre in Kabul city which provides outpatient treatment with a total treatment capacity of 120 per year. No village-based treatment services were provided during 2013. Inpatient treatment is provided at 73 drug treatment centres in Afghanistan, while outpatient care is provided by 18 centres and outreach is provided by 11 treatment centres. In addition to treatment centres, there are currently seven night shelters in the country.
TABLE 3.5 Detail of shelters for drug users in Kabul and Herat

<table>
<thead>
<tr>
<th>No</th>
<th>Location</th>
<th>Donor</th>
<th>Implementer</th>
<th>Type treatment services (beside night shelter service)</th>
<th>Target groups</th>
<th>Number of clinical staff</th>
<th>Total annual treatment capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kabul</td>
<td>MoPH</td>
<td>MoPH</td>
<td>Inpatient [Residential]</td>
<td>Adults-Male</td>
<td>50</td>
<td>1600</td>
</tr>
<tr>
<td>2</td>
<td>Kabul</td>
<td>INL, UNODC</td>
<td>Nejat Centre</td>
<td>Inpatient [Residential]</td>
<td>Adults-Male</td>
<td>12</td>
<td>1120</td>
</tr>
<tr>
<td>3</td>
<td>Kabul</td>
<td>INL, UNODC</td>
<td>OHSS</td>
<td>Out Patient</td>
<td>Adults-Male</td>
<td>5</td>
<td>250</td>
</tr>
<tr>
<td>4</td>
<td>Kabul</td>
<td>Japan, UNODC</td>
<td>YDDS</td>
<td></td>
<td>Adults-Male</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Kabul</td>
<td>Japan, UNODC</td>
<td>FH0</td>
<td></td>
<td>Adults-Male</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Herat</td>
<td>Japan, UNODC</td>
<td>HSDO</td>
<td>Inpatient [Residential]</td>
<td>Adults-Male</td>
<td>4</td>
<td>120</td>
</tr>
<tr>
<td>7</td>
<td>Herat</td>
<td>Japan, UNODC</td>
<td>HSDO</td>
<td></td>
<td>Adults-Male</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>83</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>83</td>
<td>3090</td>
</tr>
</tbody>
</table>

Note: Names of implementers and definition of terms used in drug treatment sector are provided in annex II.

INPATIENT (RESIDENTIAL) DRUG TREATMENT CENTRES
Inpatient drug treatment centres in Afghanistan have a total capacity of 2,420 beds and provide treatment to 17,250 drug users annually. Drug users are admitted for a period ranging between 45 days and 6 months. During their treatment, they are provided with the following interventions: medication for detoxification, guided self-help groups, personal (private) consultation, group counselling, brief interventions, motivational interviewing and elements of cognitive behavioral therapy. MCN has planned to establish two regional level Drug Treatment Complexes through GPI funding during 2013-2014. New drug treatment complexes in Helmand and Nangahar will provide a range of services that covers the complete cycle of treatment (pre-treatment, treatment and post-treatment).

OUTREACH SERVICES
Outreach services are conducted by the staff of treatment centres and include awareness activities in the community such as visiting areas of high drug use and motivating drug users to enter treatment. Outreach services in isolation do not constitute substance abuse treatment, and so 1,000 annual outreach activities were not counted toward the annual treatment capacity of the country. By end of 2013 there were 11 centres providing outreach services in Afghanistan. All of these centres were funded by INL and coordinated by UNODC and the Colombo Plan.

NIGHT SHELTERS
Shelters provide temporary housing, food and motivational counselling to refer drug users to treatment. There are seven night shelters in Kabul and Herat provinces. Three night shelters provide inpatient treatment services and one provides outpatient treatment services in addition to shelter services for drug users. Apart from shelter service capacity for drug users, these treatment centres provide treatment for 3,090 drug users annually. All seven of the night shelters provide services for male drug users. The Jangalak treatment centre in Kabul city is run by the Government (MoPH-DDR Department) is one of the biggest treatment complexes with a 100-bed night shelter and 200-bed inpatient treatment facility. It has the capacity to treat 1,600 drug users annually. Two shelters in Kabul are funded by INL through UNODC and the remaining four (two in Kabul and two in Herat) are funded by Japan through UNODC. Night shelter services are provided by 83 clinical staff.

3.2.2.3 DRUG TREATMENT SERVICE BY AGE AND GENDER
The majority (73) of drug treatment centres in Afghanistan cater to adult males, while 18 drug treatment centres are...
for female drug users. Herat province has five treatment centres for adult females, the highest of any province in the country, following by Balkh province (four treatment centres). Kabul and Nangarhar each have three drug treatment centres each for females. Of the 18 drug treatment centres for women, 13 provide inpatient treatment, three provide outreach services and two provide outpatient care. The total annual treatment capacity of female drug treatment centres is estimated about 3,500. Also there are three treatment centres for adolescent females in Kabul, Herat and Badakhshan provinces (two inpatients and one outpatient) with a total treatment capacity of about 500 annually.

There are four inpatient treatment centres nationwide for male adolescents. The centres are located in Kabul, Herat, Balkh and Jawzjan and have a treatment capacity of 460 annually. These treatment centres are funded by INL through Colombo Plan and UNODC. There are also 15 treatment centres for children in Afghanistan. Five of these treatment centres function jointly with male or female drug treatment centres, while the remaining 10 treatment centres are for children only.

### 3.2.3 Drug Treatment Providers

Many drug treatment centres are supported by donors and implemented by national NGOs and MoPH. They offer services free of charge. There are also a number of private drug treatment centres in Afghanistan that are not supported by any donor funding and charge fees for treatment.

#### 3.2.3.1 MINISTRY OF PUBLIC HEALTH

MoPH is involved in implementing drug treatment services and recently introduced support treatment centres. The number MoPH-supported treatment centres increased from 17 in 2012 to 21 by mid-2014. Meanwhile MoPH scaled up its involvement in drug treatment service in Afghanistan by establishing new drug treatment centres and upgrading the capacity of existing treatment centres. The number of beds in MoPH-supported inpatient drug treatment centres in Herat increased from 50 beds to 100 beds while in Kandahar, it increased from 20 beds to 50 beds.

#### 3.2.3.2 DONORS AND THE PRIVATE SECTOR

Drug treatment services in Afghanistan are supported by a number of donors. The main donor responsible for drug prevention and treatment in Afghanistan is INL. The World Bank and the Governments of Japan and Germany support DDR activities.

---

**TABLE 3.6 Residential drug treatment centres implemented by MoPH-DDR Department, 2013**

<table>
<thead>
<tr>
<th>Location [province]</th>
<th>Capacity [beds]</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Badakhshan</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>2 Baghlan</td>
<td>30</td>
<td>18</td>
</tr>
<tr>
<td>3 Balkh</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>4 Bamiyan</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>5 Farah</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>6 Faryab</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>7 Ghazni</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>8 Ghor</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>9 Helmand</td>
<td>50</td>
<td>21</td>
</tr>
<tr>
<td>10 Herat</td>
<td>100</td>
<td>35</td>
</tr>
<tr>
<td>11 Jawzjan</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>12 Kabul</td>
<td>300</td>
<td>110</td>
</tr>
<tr>
<td>13 Kapisa</td>
<td>50</td>
<td>21</td>
</tr>
<tr>
<td>14 Khost</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>15 Kunar</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>16 Kunduz</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>17 Laghman</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>18 Nangarhar</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>19 Nimroz</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>20 Qandahar</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>21 Samangan</td>
<td>20</td>
<td>18</td>
</tr>
</tbody>
</table>

Total capacity 1150 543

Source: MoPH-DDR Department, drug treatment centre transition plan.
The breakdown of international support to drug treatment programmes is as follows: 43 programmes are supported by INL, coordinated by the Colombo Plan and implemented by NGOs; 34 programmes are supported by INL, coordinated by UNODC and implemented by NGOs; five programmes are supported by the Government of Japan, coordinated by UNODC and implemented by NGOs; three programmes are supported by Caritas Germany; and one is supported by the World Bank.

A number of private drug treatment centres operate in Afghanistan without any donor funding. The exact number of private centres is not currently known.

### 3.2.4 MoPH-DDR Department transition plan for drug treatment centres

The Transition Plan was developed by MoPH, MCN, INL and CPDAP for the transfer of support for existing substance abuse treatment centres from INL to the Government of Afghanistan. Discussions on the unification, improvement and sustainability of drug treatment services in the country have taken place since 2012, and resulted in an agreement for the handover of the management of the drug treatment centres and their continued financing through a the Government of Afghanistan. The transition plan reflects a new phase of Afghanistan-United States cooperation in the area of demand reduction. The new phase will fortify INL-funded substance abuse treatment programmes through a process of greater involvement and collaboration between the Afghan Government and civil society partners. At the same time, international organization partners and INL will remain actively engaged with the Transition Plan and will define its roles and primary activities.

The objectives of this transition strategy are:

1. To train and further enhance the professional capacity of the country’s drug treatment staff;
2. To support the steps necessary to achieve financial sustainability of the treatment programmes;
3. To preserve the high-quality human capital needed to deliver treatment services.

The following actions were proposed to achieve those objectives:

#### TABLE 3.7 MoPH treatment centres and shelters planned for 2015

<table>
<thead>
<tr>
<th>Type of DTC</th>
<th>Location (Province)</th>
<th>Capacity</th>
<th>Number of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Shelter</td>
<td>Kabul</td>
<td>200</td>
<td>68</td>
</tr>
<tr>
<td>2 Shelter</td>
<td>Herat</td>
<td>200</td>
<td>50</td>
</tr>
<tr>
<td>3 Shelter</td>
<td>Balkh</td>
<td>200</td>
<td>50</td>
</tr>
<tr>
<td>4 Shelter</td>
<td>Nangarhar</td>
<td>200</td>
<td>50</td>
</tr>
<tr>
<td>5 Shelter</td>
<td>Nimroz</td>
<td>200</td>
<td>50</td>
</tr>
<tr>
<td>6 Residential Hospital</td>
<td>Lugar</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>7 Residential Hospital</td>
<td>Badghis</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>8 Residential Hospital</td>
<td>Sar-e-pul</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>9 Residential Hospital</td>
<td>Daikundi</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>10 Residential Hospital</td>
<td>Panjshir</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>11 Residential Hospital</td>
<td>Maidan Wardak</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>12 Female Residential Hospital</td>
<td>Kabul</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>13 Female Residential Hospital</td>
<td>Balkh</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>14 Female Residential Hospital</td>
<td>Badakhshan</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>15 Sheghnan Residential Hospital</td>
<td>Badakhshan</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>16 Female Residential Hospital</td>
<td>Herat</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>17 Female Residential Hospital</td>
<td>Nangarhar</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>1155</td>
<td>500</td>
<td></td>
</tr>
</tbody>
</table>

Note: The operation of these centers depends on budget approval by the government developmental fund, unless otherwise financed by a donor. All the proposals and required documentation to support the financing side to the process are available with MoPH.

Source: MoPH-DDR Department, drug treatment center transition plan and list of treatment centers.

1. MoPH will finance salaries of the clinical staff for 97 drug treatment centres (76 INL-funded and 21 MoPH-funded), preserving the integrity of and number of positions within the existing structure and incorporate them into the MoPH Tashkeel for substance abuse treatment professionals.
2. INL will transfer drug treatment centres implemented by the Colombo Plan or UNODC, and directly operated by NGOs, over the next four years according to specific strategies.
3. Short-term NGO programmes will be administered by MoPH with INL funding, using the existing structure for a specified time frame.
4. MoPH, Colombo Plan and UNODC will collaborate closely to harmonize their treatment systems (including treatment mapping and tools) and develop a unified and standard system.
for drug treatment in the country. They will also review the performance of staff in INL-funded centres to identify poor performers and Colombo Plan and UNODC will terminate their contracts before the transition.

The Transition Plan is a co-financing strategy where INL contributes to the operation of 76 drug treatment centres, historically implemented through the Colombo Plan and UNODC DDR, and 21 drug treatment centres implemented by MoPH. The salaries of the clinical staff of all 97 drug treatment centres will be funded by MoPH. This plan focuses on the substance abuse treatment system in Afghanistan.

The drug treatment centres will be transitioned based on seniority (how long they have been funded) and demographic population served. Male programmes in provinces where no female programmes exist will be prioritized for transition. Due to the complexities of family treatment as well as the implementation of children's treatment protocols, the transition of women and children programmes will be delayed. Figure 3.13 outlines the transition schedule in four phases:

A Memorandum of Understand (MoU) signed by the MoPH, the Ministry of Finance and CPDAP outlines the responsibilities of parties to implement the Transition Plan. It includes the commitment of INL as the primary donor to financial and technical support of drug treatment services for the years 2015-2019. This plan will enable the Afghan DDR programme to develop, strengthen and sustain a functional and fit-for-purpose drug addiction treatment system across the country. The implementation of the Transition Plan will begin on 1 January 2015. During the first year of implementation, 13 centres will be transitioned to MoPH. The process will continue until 2019 with an annual fund disbursement system.

The current residential (inpatient) capacity of all 97 centres is about 2,420 beds and there will be a total of 820 clinical staff providing services to clients across the programme. CPDAP will provide capacity-building opportunities for DDR management staff and clinical staff including trainings through the International Centre for Certification and Education of Addiction Professionals. To ensure quality services are provided to clients in accordance with policies and procedures, a monitoring and evaluation mechanism has been developed including a joint monitoring mechanism involving key stakeholders. This plan to capture routine data and information about the progress of the implementation includes a regular surveillance and reporting system. Furthermore, MoU signatories and other relevant stakeholders are invited to attend two meetings annually to discuss and evaluate the progress of the transition plan implementation.

Finally, the transition plan is considered to be a cost-effective and efficient project increasing the involvement of the line ministries, particularly MoPH, in the drug addiction treatment system as a steward of the health sector. It is envisaged that its implementation will provide critical lessons-learned for future programmes in addition to strengthening the ties between the governments and people of Afghanistan and the United States.

3.2.5 Relapse rate and causes - 2014

A study on relapse rate and causes was designed based on policy implication and recommendation from Afghanistan Drug Report 2012. In the preliminary stages, a wide range of consultations were held with key DDR stakeholders, including MCN, MoPH, DDR section of UNODC country office for Afghanistan, and the Survey and Statistics Section of UNODC, Vienna office. The Research and Study Directorate of MCN is
The number of drug users in Afghanistan is growing and currently is estimated at between 1.3 and 1.6 million. Continued efforts by the Government and donors to increase treatment provision has yielded greater treatment capacity, however more progress is needed as drug treatment capacity in Afghanistan still covers only 7.8 per cent of opium and heroin users. Unemployment and economic problems have been identified as the main factors for drug use. The overall prevalence of drug use in the urban population is estimated at about 5.3 per cent. Among urban drug users, opioids (46 per cent) and cannabis (32 per cent) are used most frequently. IDUs and drug users in prison are more vulnerable to infections of HCV, HBV and HIV due to their risky behaviours. Drug prevention interventions are usually limited to urban areas. The role of the Government in drug treatment is planned to be scaled up and broadened in the coming years through the drug treatment transition plan.

Analysis in the chapter also indicates the need for future research and improved treatment delivery. Related recommendations include the following:

1. To find out the approximate relapse rate in the country during first 12 months after completion of course of treatment;

2. To identify possible causes of relapse through face-to-face interview and conduct focus group discussions with experts and key informants;

It is anticipated that the results of this study will provide valuable information for planning and policymaking to leverage existing resources and treatment capacity to address the causes of relapse and take action to reduce the relapse rate.

### 3.3 Conclusion

The main objectives of study are:

- Establish a periodic (annual or biannual) nationwide assessment of the number of drug users and drug prevalence rates;
- Conduct a comprehensive assessment of effectiveness of different treatment services and duration of treatment and introduce targeted treatment guidelines and treatment modules;
- Increase the number and capacity of treatment centres under the full responsibility of the Government;
- Support and empower Government to take over treatment delivery and prevent staff turn-over during the transition process;
- Increase the spread and widen the reach of public awareness campaigns, especially to rural areas, and enhance knowledge and awareness among drug using populations regarding treatment centres and services, as well as the efficacy and duration of treatment provided;
- Conduct baseline studies of specific, groups exposed to drugs such as children, in addition to women and prisoners.
- Collect information on private drug treatment centres and their capacity in the country through mapping exercise to include in next ADR and store in ADRS.

leading the study, and field work is planned to begin by the end of 2014. A report of the findings will be published in early 2015.

The main objectives of study are:

1. To find out the approximate relapse rate in the country during first 12 months after completion of course of treatment;

2. To identify possible causes of relapse through face-to-face interview and conduct focus group discussions with experts and key informants;

It is anticipated that the results of this study will provide valuable information for planning and policymaking to leverage existing resources and treatment capacity to address the causes of relapse and take action to reduce the relapse rate.
# Annex I.

**LIST OF DONORS, IMPLEMENTER AND PARTNERS IN DRUG TREATMENT SECTION IN AFGHANISTAN**

<table>
<thead>
<tr>
<th>No.</th>
<th>Organization/Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AFGA (Afghan Family Guidance Association)</td>
</tr>
<tr>
<td>2</td>
<td>ARC (Afghan Relief Committee)</td>
</tr>
<tr>
<td>3</td>
<td>ASP (Afghan Supporting Point Organization)</td>
</tr>
<tr>
<td>4</td>
<td>Colombo Plan</td>
</tr>
<tr>
<td>5</td>
<td>FHO (Friends of Humanity Organization)</td>
</tr>
<tr>
<td>6</td>
<td>Germany</td>
</tr>
<tr>
<td>7</td>
<td>INL (Bureau for International Narcotics and Law Enforcement Affairs, Department of State, United States of America)</td>
</tr>
<tr>
<td>8</td>
<td>Islamic Relief of Afghanistan</td>
</tr>
<tr>
<td>9</td>
<td>Japan</td>
</tr>
<tr>
<td>10</td>
<td>KOR (Khatiz Organization for Rehabilitation)</td>
</tr>
<tr>
<td>11</td>
<td>MDM (Médecins du Monde, French NGO du Monde Harm)</td>
</tr>
<tr>
<td>12</td>
<td>MoPH (Ministry of Public Health)</td>
</tr>
<tr>
<td>13</td>
<td>Nejat Centre (Nejat Centre Social Development Drug rehabilitation Medical Service)</td>
</tr>
<tr>
<td>14</td>
<td>Norway</td>
</tr>
<tr>
<td>15</td>
<td>Norwegian Church Aid</td>
</tr>
<tr>
<td>16</td>
<td>OHSS (Organization for Health and Social services)</td>
</tr>
<tr>
<td>17</td>
<td>OSD (Organization of Services and Development of Khurasan)</td>
</tr>
<tr>
<td>18</td>
<td>RI (Relief International)</td>
</tr>
<tr>
<td>19</td>
<td>SAF (Solidarity for Afghan Families)</td>
</tr>
<tr>
<td>20</td>
<td>SHRO (Shahamat Health and Rehabilitation Organization)</td>
</tr>
<tr>
<td>21</td>
<td>SSAWO (Social Services for Afghan Women Organization)</td>
</tr>
<tr>
<td>22</td>
<td>UNAIDS (Joint United Nations Programme on HIV/AIDS)</td>
</tr>
<tr>
<td>23</td>
<td>UNODC (United Nations Office on Drugs and Crime)</td>
</tr>
<tr>
<td>24</td>
<td>WADAN (Welfare Association for the Development of Afghanistan)</td>
</tr>
<tr>
<td>25</td>
<td>World Bank</td>
</tr>
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</table>
## Annex II

### List of All Substance Abuse Treatment Services in Afghanistan

<table>
<thead>
<tr>
<th>No</th>
<th>Location</th>
<th>Donor</th>
<th>Implementer</th>
<th>Target Groups</th>
<th>Services</th>
<th>Total Annual Treatment Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kabul Province</td>
<td>INL, Colombo Plan</td>
<td>WADAN</td>
<td>Adults Female</td>
<td>Shelter (# of beds)</td>
<td>200</td>
</tr>
<tr>
<td>2</td>
<td>Kabul Province</td>
<td>INL, Colombo Plan</td>
<td>WADAN</td>
<td>Adults Male</td>
<td>Community Based</td>
<td>200</td>
</tr>
<tr>
<td>3</td>
<td>Kabul Province</td>
<td>INL, Colombo Plan</td>
<td>SSAWO</td>
<td>Adults Female</td>
<td>Village Based</td>
<td>150</td>
</tr>
<tr>
<td>4</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Adults Male</td>
<td>Harm Reduction</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Kabul Province</td>
<td>INL, Colombo Plan</td>
<td>SSAWO</td>
<td>Adolescents Female</td>
<td>Outreach</td>
<td>80</td>
</tr>
<tr>
<td>6</td>
<td>Kabul Province</td>
<td>MoPH</td>
<td>SSAWO</td>
<td>Adolescents Male</td>
<td>Out Patient</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Inpatient Female</td>
<td>Inpatient (Residential)</td>
<td>200</td>
</tr>
<tr>
<td>8</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Inpatient Male</td>
<td>Adult (Residential)</td>
<td>80</td>
</tr>
<tr>
<td>9</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Children Female</td>
<td>Child (Residential)</td>
<td>50</td>
</tr>
<tr>
<td>10</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Children Male</td>
<td>Home Based</td>
<td>40</td>
</tr>
<tr>
<td>11</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Adolescents Female</td>
<td>Outreach</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Adolescents Male</td>
<td>Out Patient</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Inpatient Female</td>
<td>Inpatient (Residential)</td>
<td>200</td>
</tr>
<tr>
<td>14</td>
<td>Kabul Province</td>
<td>INL, UNODC</td>
<td>SSAWO</td>
<td>Inpatient Male</td>
<td>Adult (Residential)</td>
<td>80</td>
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<td>15</td>
<td>Kabul Province</td>
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<td>SSAWO</td>
<td>Children Female</td>
<td>Child (Residential)</td>
<td>50</td>
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<td>16</td>
<td>Kabul Province</td>
<td>MoPH</td>
<td>SSAWO</td>
<td>Children Male</td>
<td>Home Based</td>
<td>40</td>
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<td>17</td>
<td>Kabul Province</td>
<td>MoPH</td>
<td>SSAWO</td>
<td>Adolescents Female</td>
<td>Outreach</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Kabul Province</td>
<td>MoPH</td>
<td>SSAWO</td>
<td>Adolescents Male</td>
<td>Out Patient</td>
<td>0</td>
</tr>
<tr>
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**Note:** The table above lists the total annual treatment capacity for various services in Afghanistan, including inpatient (residential) and outpatient services, along with the number of beds, treatment duration factor, and annual capacity for different target groups (adults, adolescents, children) and gender (male, female).
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DEFINITIONS:

- **Aftercare services**: Post-treatment assistance, including relapse prevention and referral to other services.

- **Clinical staff**: Individuals who provide some type of psychosocial counseling and support in a treatment setting.

- **Community based services**: Drop in center services, such as screening and brief interventions.

- **Donor**: National or international partner providing funding and/or oversight.

- **Harm reduction services**: Interventions aimed at decreasing the harms associated with drug use, which are listed in the WHO, UNODC, UNAIDS Technical Guide. Harm reduction interventions in isolation do not constitute substance abuse treatment.

- **Home based treatment services**: Clinical staff visit drug users in their home and provide individual and family counseling.

- **Implementer**: Local partner delivering services.

- **Inpatient (residential) services**: Clients are admitted into a facility where they reside for the duration of their treatment programme.

- **Outpatient services**: Clients visit a facility one or more times a week for one or more hours, where they receive substance abuse treatment services.

- **Outreach services**: Staff conduct awareness activities in the community, which may include visiting areas of high drug use and motivating drug users to enter treatment. Outreach services in isolation do not constitute substance abuse treatment.

- **Shelter**: Provides temporary housing, food and motivational counseling to refer drug users into treatment.

- **Village based services**: Treatment services delivered in a rural setting, whereby drug treatment clinical staff from urban areas travel to villages and deliver outpatient services during a defined period of time. The unique model was developed for Afghanistan based on an adaptation of a rural-based treatment model from India.
NOTES

1. ANUDUS, 2012. It is worth noting that “drug use” in ANUDUS included alcohol abuse and the medical use of scheduled substances, which differs from the definition used by UNODC in the Drug Use Survey 2009.

2. UNODC, 2013, World Drug Report. Opiates comprise various products derived from the opium poppy plant, including opium, morphine and heroin.

3. Households were counted if at least one resident tested positive in hair, saliva or urine for at least one substance; ANUDUS, 2012.

4. ADR 2012, p. 86.

5. Key informants were identified as those having knowledge of drug use in their communities, such as teachers, health care workers, police and community leaders. MCN-MoPH-UNODC, 2009, Afghanistan Drug Use Survey, p. 5.


10. Seroprevalence is the number of persons in a population who test positive for a specific disease based on serology (blood serum) specimens.

11. IBBS, 2010; and IBBS, 2012.

12. The term “methamphetamine users” refers to drug users who claimed to use of Crystal, Sheesha or methamphetamine during their admission for drug treatment. Crystal is a translation of the Dari term “sheesha”, which means “glass”. This is the suspected slang name for methamphetamine in the country; certainly, this is a slang term for methamphetamine in Farsi-speaking Iran. There is no scientific or laboratory evidence to prove the exact substance.

13. Data for Hijri year 1392 (2013) were also obtained, but could not be analysed within the available time.

14. MoPH-DDR Department, Monthly records 1390-1391.

15. Ibid.

16. Ibid.

17. All analysis in the Drug Treatment Section is extracted from latest master list of drug treatment centres, updated as of the end of July 2014. See annex I for a list of donors and annex II for detailed a drug treatment master list.


19. Ibid.

20. Total number is included in inpatient treatment capacity.
INTRODUCTION

This chapter outlines available data regarding narcotics-related offences from the point of arrest to trial, conviction and imprisonment in Afghanistan. In addition, it includes analysis of arrests and seizures of narcotics by various enforcement agencies across the country, and law enforcement through Mobile Detection Teams, the Precursor Control Unit, Border Liaison Offices, Mobile Interdiction Teams, and the Container Control Programme.

It also introduces the Afghanistan Drug Report System, an online repository of counter-narcotics data from around the country.

The second section of the chapter focuses on the constituent parts of criminal justice system, namely how the Criminal Justice Task Force (CJTF) supports the National Drug Control Strategy. It concludes with an analysis of imprisonment data collected from adult and juvenile prisoners convicted or charged with narcotics-related crimes. It presents patterns that emerge from several years of data.

The third section of this chapter presents the Study of Counter-Narcotics Prisoners’ Situations in Afghanistan. Findings of the study reveal prisoners’ status in line with national legislation and international standards, the socioeconomic status of prisoners and the root causes of drug trafficking among convicted drug traffickers. This section outlines policy recommendations to key government ministries and agencies such as the Central Prison Directorate (CPD). The final section of this chapter outlines the concluding remarks and policy implications.
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4.1 Low, mid- and high-value traffickers
4.2 Case study of AR
4.1 Drug Seizures

### TABLE 4.1 Number of drug trafficking arrests by law enforcement agencies, March 2012 to March 2014

<table>
<thead>
<tr>
<th>Month (March 2012-March 2013)</th>
<th>Number of Arrests</th>
<th>Increase</th>
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</table>

Source: CNPA Annual Report, March 2012 – March 2014

### FIGURE 4.1 System Data Flow

- MAIL
- MoPH
- AGO/ Court/ CJFT
- CSO
- MoI
- MRRD
- MoPH
- MoJ

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4.1.1 Monitoring and reporting

Through the Law Enforcement Coordination Directorate, the Ministry of Counter Narcotics (MCN) monitors and evaluates the operation of the Anti-Drug Trafficking Policy. In September 2012, the Anti-Drug Trafficking Reporting Mechanism was established to monitor progress made by law enforcement agencies towards achieving goals related to the arrest of low-, mid-, and high-value drug traffickers (see box 4.1). This monitoring mechanism requires the Counter Narcotics Police of Afghanistan (CNPA), National Directorate of Security (NDS), Afghanistan Border Police (ABP), the Ministry of Defence, International Security Assistance Force, (ISAF) and the Afghanistan Customs Department (ACD) to provide monthly updates to CNPA on arrests, destruction of drug laboratories and joint operations. These updates are used to produce monthly progress reports for relevant government and international stakeholders as inputs to strategy and planning. The Technical Operation Centre of CNPA reports monthly seizure data to the Law Enforcement Coordination Directorate of MCN.

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**BOX 4.1**

**Low-, mid- and high-value traffickers**

Low-value traffickers: Those who traffic due to lack of social opportunities, unemployment, and poverty. They normally traffic small amounts of drugs and sell in exchange for a small amount of money.

Mid-value traffickers: Generally do not establish ties to terrorist groups because they traffic narcotics for their own personal profits and so they have a considerable role in the trafficking process.

High-value traffickers [also referred to as major traffickers]: (i) Lead and control major narcotic trafficking activities and are members of organized drug trafficking groups, (ii) Have a direct connection with serious international criminal groups and attempt to influence high ranking government officials in a direct or indirect manner, (iii) Often manage and control their networks from outside Afghanistan, (iv) Have significant economic, technical and political and even military facilities, and (v) Manage to transport large quantities of drugs in and out of the country. High-value traffickers can be further divided into two categories: (1) those linked to terrorist groups and (2) those motivated by profit.
Table 4.1 presents drug trafficking arrests by law enforcement agency.

Table 4.1 illustrates an increase of 1.7 per cent ([57]) from March 2012 to March 2014 in the total number of drug trafficking arrests by law enforcement agencies.

4.1.2 Drug seizure monitoring

AFGHANISTAN DRUG REPORTING SYSTEM (ADRS)

The Afghanistan Drug Reporting System (ADRS) is the first-ever planned system for the collection, processing, storage and dissemination of data needed to carry out management functions on counter narcotics in Afghanistan. The key components of ADRS are three primary resources: technology, information and people.

The system was created in response to the lack of a central repository of counter-narcotics data from various stakeholders. The lack of a central repository exacerbated capacity deficits and hindered policy development, implementation, monitoring and evaluation.

ADRS will be the primary tool through which MCN collects, processes, stores and disseminates data for evidence-based policymaking and decision-making in all area of its work, especially eradication, alternative livelihoods and drug demand reduction (DDR).

ADRS has been developed with technical and operational support from the Information Technology Services Section of UNODC headquarters in Vienna, which was responsible for the development of the blueprint for the central data repository system, programming of systems software, and its selection and installation on ADRS hardware.

The development of ADRS included consultations with the Ministry of Rural Rehabilitation and Development (MRRD), the Ministry of Agriculture Livestock and Irrigation (MAIL), the office of the Attorney General (AGO), Criminal Justice Task Force (CTJF), the Ministry of Interior, CNPA and the Ministry of Public Health (MoPH) to assess systems requirements, information and data management, existing capacity and formats as well as further needs within the technical and administrative departments of MCN and previously mentioned line ministries.

The ADRS needs assessment included consultations at the provincial level to examine counter-narcotics reporting structures. The reporting structures and technological capacities of provincial prisons and treatment centres were also assessed. Based on those assessments, the following topics were chosen as modules for ADRS:

- Alternative Livelihoods
- Cultivation
- Drug Price
- Eradication
- Imprisonment
- Seizures
- Treatment Centres

As the System Data Flow below outlines, accredited line ministries will enter data into the system for their respective field. MCN will be responsible for data cleaning/quality checking, integration and analysis. MCN will also collect secondary data to ensure a more complete data map.

ADRS was successfully installed at MCN in late 2014. Data input of the modules (Alternative Livelihoods, Cultivation, Drug Price, Eradication, Imprisonment, Seizures, and Treatment Centres) is being led by MCN research staff, and the System is expected to be fully operationally in early 2015. MCN research staff have received extensive training on ADRS, enabling them to operate the system.

Once fully operational, MCN partner agencies will have web-based links to enter data which will be verified and processed for further dissemination. Going forward, donors and partner agencies will be given access to ADRS to enable them to generate reports on counter narcotics in Afghanistan as and when they wish.
Article 14 of the Law against Intoxicating Drinks and Drugs and Their Control (2010) requires relevant government ministries and organizations to report drug seizures to the local CNPA. The local CNPA then reports to CNPA headquarters in Kabul, which reports to the Law Enforcement Coordination Directorate of MCN. Therefore, in a reporting process which is independent from the “Anti-Drug Trafficking Reporting Mechanism” described above, the Law Enforcement Coordination Directorate of MCN also receives detailed information on all individual seizure cases including the substance, type, date, geographic location and seizing organization. The data also include information on arrests, destruction of clandestine laboratories, eradication and casualties related to each seizure case. Most data are received in hard copy and then converted into electronic format at MCN. As planned by MCN, data will be incorporated into ADRS, housed in the Ministry’s Research and Study Directorate.

4.1.3 Drug seizures: cases and amounts

Major substances and precursors that have been seized by law enforcement include heroin, opium, hashish, morphine and alcohol, and solid chemical precursors and liquid precursors. The number of illicit substance seizures is shown in figure 4.3.

Figure 4.4 illustrates the combined weight of all seizures of opium, heroin, morphine and hashish, and shows a decreased of 149.9 per cent per cent from March 2012-March 2013 comparing to March 2013-March 2014.

The above graph illustrates The overall seizures amount of illicit substance (opium, heroin, morphine and hashish) had been decreased by 149.9 per cent from March 2013 to March 2014 compared to March 2012 to March 2013. The 11.2 per cent increase in imprisonment for narcotics-related crimes (refer to figure 4.12) compared to the 149.9 per cent decrease in seizures shows the focus of law enforcement organizations on low- and mid-level traffickers and narcotics criminals rather than high level traffickers.

Seized morphine shows different trends from March 2010 to March 2014. There was sevenfold increase in the seizure of morphine between 2010-2011 and 2011-2012, followed by a 1.5 per cent decrease in 2012-2013 and a further 86.7 per cent decrease in 2013-2014. Thus, the lowest levels of
morphine seizures (4.5 tonnes) were recorded in 2013-2014 for the period of March 2010-March 2014.

The data shows considerable increase in seizures of opium. Seizures increased by 35.9 per cent from 2010-2011 to 2011-2012, 18.3 per cent in 2012-2013, and increased a further 4.7 per cent in 2013-2014. There was an average year-on-year increase of 19.6 per cent in opium seizures between March 2010 and March 2014.

In contrast, the amount of heroin seized in the same period has decreased by almost 50 per cent from more than 9 tonnes in 2010-2011 to just over 5 tonnes in 2013-2014. There will be many reasons for decreased heroin seizures which needs further investigations but this could possibly be attributed to decreased production of heroin in Afghanistan.

Seizures of hashish fluctuated between March 2010 and March 2014 with an overall decrease of 69.5 per cent over this period.

With regards to alcohol, seizures increased by 33.03 per cent from 2010-2011 to 2011-2012, then decreased by 27.5 per cent in 2012-2013, and a further 38.2 per cent in 2013-2014.

Seizures of solid precursors increased by 153.6 per cent from 2010-2011 to 2011-2012, and decreased 49.8 per cent in 2012-2013. Seizures of solid precursors then increased by 2.5 per cent from March 2013 to March 2014.

Although more than 30 tonnes of liquid precursors were seized in 2010-2011, seizures nearly halted in 2011-2012. In 2012-2013, seizures of liquid precursors resumed at nearly the same level of 2010-2011 and decreased to some 21.4 tonnes from March 2013 to March 2014. There have been significant fluctuations in seizures of liquid and solid precursors over recent years that may have also contributed to the decrease in heroin seizures, which in turn may have impacted the amount of opium processed into heroin and led to the subsequent decrease in opium seizures.

**METHAMPHETAMINE**

As outlined in figure 4.5, 97 per cent of all seized methamphetamine from March 2012-March 2014 was in the western region of Afghanistan with 2 per cent being seized in the eastern and 1 per cent in the northern region. The proportion of methamphetamine seized in Afghanistan from
FIGURE 4.6 Kilograms of drugs seized by region

March 2012-March 2013

March 2013-March 2014

Source: CNPA Annual reports March 2012 - March 2014.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
March 2012 to March 2014 increased by 1142.9 per cent.

4.1.4 Geographical distribution of drug seizures

Figure 4.6 outlines the fluctuations in the geographical spread of seizures reported to MCN Law Enforcement Coordination Directorate over the period of March 2012-March 2014. Total seizures opium decreased by decreased by 81.6% from 142945.79 kg to 77991.487 kg. However, in terms of regional breakdowns, seizures increased in the central, eastern, western and north-eastern regions, decreased in the north and southern regions of the country. Heroin seizures decreased by 59.3 per cent from 8506.67 kg to 5339.911 kg. Hashis seizures decreased by 42.5% from 11407.6 kg to 63969.89 kg. Seizures of morphine decreased by 439.4 per cent from 45101 kg to 8360.03 kg.

4.1.5 Lab Destruotions

The destruction of labs in Afghanistan decreased from 109 labs in 2012-2013 to 31 labs in 2013-2014, a 220.5 per cent decrease. In the southern region of the country, 60 (2012-2013) and 13 (2013-2014) labs were destroyed. In the north-eastern province of Badakhshan, 7 labs were destroyed in 2012-2013, and 12 labs were destroyed in 2013-2014. This is the only region in which lab destructions increased, due possibly to the focus of law enforcement agencies on this region rather than other regions in the country.

In the eastern province of Nangarhar, 10 labs were destroyed between March 2012 and March 2013 and seven labs were destroyed between March 2013 and March 2014. Between March 2012 - March 2013, three labs were destroyed in Uruzgan (southern), Faryab (northern), and Farah (western) provinces of the country respectively.

### TABLE 4.3  Number and percentage of seizure cases with and without arrest by year and drug, March 2012 - March 2014

<table>
<thead>
<tr>
<th>Period</th>
<th>Arrest</th>
<th>Heroin</th>
<th>Opium</th>
<th>Morphine</th>
<th>Hashish</th>
<th>Alcohol</th>
<th>Sum</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2013-March 2014</td>
<td>With arrest</td>
<td>817</td>
<td>475</td>
<td>8</td>
<td>11</td>
<td>140</td>
<td>1451</td>
<td>73.9</td>
</tr>
<tr>
<td></td>
<td>Without arrest</td>
<td>227</td>
<td>228</td>
<td>9</td>
<td>6</td>
<td>41</td>
<td>511</td>
<td>26.1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1044</td>
<td>703</td>
<td>17</td>
<td>17</td>
<td>181</td>
<td>1962</td>
<td>-</td>
</tr>
<tr>
<td>March 2012-March 2013</td>
<td>With arrest</td>
<td>597</td>
<td>370</td>
<td>19</td>
<td>12</td>
<td>117</td>
<td>1115</td>
<td>67.7</td>
</tr>
<tr>
<td></td>
<td>Without arrest</td>
<td>148</td>
<td>270</td>
<td>60</td>
<td>13</td>
<td>40</td>
<td>531</td>
<td>32.3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>745</td>
<td>640</td>
<td>79</td>
<td>25</td>
<td>157</td>
<td>1646</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: MCN Law Enforcement Coordination Directorate.
4.1.6 Arrests and amounts of seizures

The total number of drugs (herion, opium, morphine, hashish, alcohol) cases with arrest increased by 23.1 per cent during March 2012-March 2014 while the cases without arrest increased by 3.9 per cent. Overall, the total number of cases with and without arrest increased by 19.1 per cent during March 2012-March 2014.

The total number of drugs (herion, opium, morphine, hashish, alcohol) cases with arrest increased by 23.1 per cent during March 2012-March 2014 while the cases without arrest increased by 3.9 per cent. Overall, the total number of cases with and without arrest increased by 19.1 per cent during March 2012-March 2014.

4.1.7 Law enforcement support

For over a decade, UNODC has provided support to the Ministry of Interior Affairs (MOI) and CNPA. One area of support is to the Training and Education Department and the Counter Narcotics Training Academy (CNTA). UNODC provides assistance not only within Kabul but also throughout the country by supporting an effective CNPA presence within the provinces through the development of a national professional training mechanism and curriculum on drug law enforcement. UNODC provides regular in-service training to officers throughout the country.

UNODC developed a train-the-trainer programme for CNTA. All instructors are trained in adult education techniques as well as counter-narcotics investigation. These trainers deliver 100 per cent of the training in the five-week Basic Investigators Course required for all CNPA recruits.

In 2011, Mobile Training Teams (MTTs) were established to deliver training in the provinces to front line CNPA officers. Officers of ABP, ACD and ANP (Afghan National Police) also benefit from this training. This initiative was a sequential step in developing the capacity of CNPA during the transition process to Afghan-to-Afghan training. Some training has been decentralized thereby making it possible to provide professional development for provincial CNPA officers.

The MTTs consist of CNTA trainers and subject matter experts from the Precursor Control Unit (PCU), the Forensic Laboratory, and CJTF.

### TABLE 4.4 Number of suspects arrested for narcotics-related crimes by region, March 2012-March 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Year</th>
<th>Opium</th>
<th>Heroin</th>
<th>Morphine</th>
<th>Hashish</th>
<th>Alcohol/LT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>March 2012-March 2014</td>
<td>112</td>
<td>318</td>
<td>1</td>
<td>6</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>March 2012-March 2013</td>
<td>252</td>
<td>199</td>
<td>19</td>
<td>6</td>
<td>42</td>
</tr>
<tr>
<td>East</td>
<td>March 2012-March 2014</td>
<td>95</td>
<td>75</td>
<td>1</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>March 2012-March 2013</td>
<td>182</td>
<td>46</td>
<td>5</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>North-east</td>
<td>March 2012-March 2014</td>
<td>65</td>
<td>43</td>
<td>1</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>March 2012-March 2013</td>
<td>62</td>
<td>36</td>
<td>4</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>North</td>
<td>March 2012-March 2014</td>
<td>62</td>
<td>70</td>
<td>1</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>March 2012-March 2013</td>
<td>65</td>
<td>54</td>
<td>1</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>South</td>
<td>March 2012-March 2014</td>
<td>165</td>
<td>229</td>
<td>3</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>March 2012-March 2013</td>
<td>45</td>
<td>197</td>
<td>24</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>West</td>
<td>March 2012-March 2014</td>
<td>204</td>
<td>309</td>
<td>10</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>March 2012-March 2013</td>
<td>34</td>
<td>213</td>
<td>26</td>
<td>1</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: MCN Law Enforcement Coordination Directorate.

This programme, from the outset, has implemented 100 per cent Afghan-to-Afghan training. As part of the Training and Education Department, MTTs have developed partnerships with training institutions in Central Asia as well as Russia. This initiative is marked by a continuous process involving cycles of delivering training and ongoing education to upgrade teaching skills and operational counter-narcotics knowledge. This is followed by on-the-job training as instructors with the five-week Basic Investigators Course at CNTA.

Initially, the MTT course of instruction consisted of the following: Basic Intelligence, Counter Narcotics Law, Criminal Justice Task Force (Reports and Case Initiation), Drug Identification and Forensic Laboratory. In 2012 and 2013, two more MTTs were developed to deliver training in CNPA Standard Operating Procedures, Police Ethics, Code of Conduct and Advanced Intelligence.

In 2013, 15 training missions to the provinces were conducted for a total of 685 students.

**MOBILE DETECTION TEAMS**

In order to address the interdiction of narcotics within Afghanistan, the Government established CNPA as an operational counter-narcotics law enforcement structure within the National Police under MOI. UNODC has taken a leading role...
in supporting and strengthening the operational capacities of CNPA, in cooperation with the Government of Afghanistan and the international law enforcement community. UNODC selected CNPA Mobile Detection Teams (MDTs) in Kabul and the key provinces of Herat, Nangarhar and Badakhshan for support in their efforts as an action arm for CNPA intelligence units.

UNODC initiatives have focused on developing MDTs as an operational arm of the CNPA Intelligence Investigations Unit.

Through donor funding, UNODC has provided MDTs with specialist search equipment, purpose built and equipped search vehicles, training in equipment, tactics and search and they have participated in national and international workshops and study tours. 2013 also saw the introduction of field test kits for drugs and precursor chemicals which are being widely used. MDTs are proving a success and their interdiction capabilities are recognized by both Afghan and international stakeholders.

MDTs in Kabul and the three provinces have increased seizures year on year. In 2013, MDTs seized the following quantities of drugs:

- Heroin: 579 kg
- Opium: 10,508 kg
- Hashish: 2,884 kg
- Morphine: 1,245 kg
- Methamphetamine: 9.6 kg
- Precursor chemicals: 17,334 kg

In addition, one methamphetamine lab was dismantled, and 72 weapons were seized along with 13,092 rounds of ammunition. MDTs arrested 874 people.

Plans have been drawn up and procurement is underway for a dedicated office, briefing and accommodation facility within CNPA headquarters for the Kabul unit which will further enhance their operational capabilities. Current training continues and further training in “Clandestine laboratories and synthetic drugs” is planned in 2014 to counter the emerging threat of methamphetamine. This is particularly needed in the western provinces of Afghanistan where one methamphetamine laboratory has already been dismantled. The approach of UNODC is designed to increase the capacity of these teams while also providing long-term sustainability.

Forensics

An up-to-date and efficient forensic laboratory that is able to operate to full international standards is a vital part of the criminal justice process. Significant progress has been made in recent years in capacity-building and training, and equipping the CNPA forensic laboratory to international standards.

A new forensic laboratory for CNPA has been built and was finally completed in September 2013 after over two years of construction. The laboratory is now equipped with the latest analytical instrumentation including Gas Chromatography–Mass Spectrometry (GC–MS), High Performance Liquid Chromatography (HPLC), Raman Spectroscopy, and Fourier Transform–Infra Red Spectrophotometry (FT–IR).

The training of CNPA laboratory staff in new techniques has commenced with the objective of ensuring that forensic analysis plays a key role in providing CNPA prosecutors and courts with reliable results. Mentoring has also commenced on counter-narcotics intelligence and the techniques of chemical profiling of illicit drug seizures including the analysis of unique cutting agents and other chemical adulterants.

Advanced analytical techniques could provide vital intelligence information related to international drug trafficking routes from Afghanistan and neighbouring countries and could also give better insight into the processing of Afghan opium and heroin manufacturing methods. These new techniques will enable the laboratory to perform detailed chemical analysis (including purity determination and chemical profiling) of drug seizures which will provide valuable intelligence information on the types of heroin being seized in Afghanistan. Initial analyses of heroin seized in Afghanistan have shown surprisingly low purities and high amounts of unusual cutting agents and adulterants which provide a potential means of tracking production. These results can also be compared to test results of heroin seized in other countries.

CNPA staff participated in a number of international forensic conferences during 2013, enabling them to share scientific data on drug seizures with other countries in the region. Neighbouring countries usually do not carry out detailed
analyses of seized heroin. This is a lost opportunity to obtain valuable drug intelligence data. Without robust analyses of seized heroin, it is more difficult to know whether the heroin seized was produced in Afghanistan or in other countries in the region using Afghan opium.

The development of standard operating procedures for the analysis of heroin seizures in Afghanistan and neighbouring countries would enable a better understanding of the current situation and assist in making detailed recommendations for future capacity-building in the area of forensics and drugs intelligence.

**PRECURSOR CONTROL UNIT (PCU)**

The Precursor Control Unit (PCU) was established in 2006 on the basis of a bilateral agreement between UNODC and MOI under the framework of CNPA. This specialized unit was created in an effort to coordinate national precursor activities, conduct backtracking investigations on precursor seizures, enhance precursor operations and promote subject area expertise in Afghan law enforcement agencies. The unit was initially mandated to carry out its activities under the lead of CNPA intelligence units, but as precursor activities grew countrywide and PCU became a major contributor to regional investigation efforts, it was promoted to an independent vetted unit reporting directly to the Special Operations Division of CNPA. The unit began with only four officers but is now equipped with 10 commissioned and non-commissioned officers, each possessing expertise in the area of precursor control and investigation.

Currently, the unit pursues the following activities under the newly developed Standard Operating Procedures:

- Enhancing awareness on precursor trafficking among Afghan law enforcement agencies
- Delivering precursor trainings to officers of CNPA, ABP, ANP and ACD in the capital and provinces
- Sharing information in the areas of precursor interceptions and identifying new precursor trafficking routes
- Investigating precursor seizures and interception in the provinces
- Monitoring companies/persons using precursor chemicals for industrial purposes
- Participating in the regular meetings of the Drug Regulation Committee (DRC) of MCN
- Conducting national and regional backtracking investigations on major precursor cases

On the regional and international levels, PCU also cooperates with various law enforcement and regulatory agencies, including the Central Asian Regional Information and Coordination Centre, Joint Planning Cell, International Narcotics Control Board, Border Liaison Offices and the World Customs Organization (WCO).

Since its inception, PCU has made significant operational progress, particularly in the areas of precursor seizures and investigations and participating in national precursor operations. In 2013, significant operations were conducted which resulted in seizures of 24 tonnes of acetic anhydride, 3 tonnes of hydrochloric acid, 12 tonnes of ammonium chloride and over 80 tonnes of other diverse chemicals.

In 2013, a total of 69 precursor operations were carried out compared to 50 operations in 2012. In 2013 14 drug/heroin producing laboratories were dismantled and PCU officers initiated international investigations into drug seizures as follows:

i) 23,864 kg of acetic anhydride in Kabul, Nangarhar, Nimroz and other provinces;

ii) 8,250 kg of ammonium chloride in Badakhshan, Helmand and Nangarhar;

iii) 950 kg of sodium carbonate in Kabul;

iv) 2,878 litres of hydrochloric acid in various provinces.

In order to enhance the capacity of mainstream Afghan law enforcement officers, training courses were conducted by PCU officers in 15 provinces of Afghanistan for a total of 916 officers of ABP, CNPA, ANP and ACD in 2013.

**BORDER LIAISON OFFICES**

Afghanistan is committed to the establishment of Border Liaison Offices on its borders with Iran and Pakistan within the framework of the UNODC-sponsored Triangular Initiative. The initiative engages these three countries in field-oriented solutions to the transnational threat posed by the trafficking of Afghan opiates and the diversion and smuggling of precursor chemicals. Afghanistan is also committed to implementation liaison offices along the northern border within the framework of a tripartite initiative with Kyrgyzstan and Tajikistan.

In 2013, UNODC supported the establishment and activities of liaison offices at seven selected high-risk border crossing points; Torkham and Spin.
Boldak on the border with Pakistan, Islam Qalah on the border with Iran, Sherkan Bandar and Ishkashim on the border with Tajikistan, Hayratan on the border with Uzbekistan and Torugundi on the border with Turkmenistan. The liaison offices support effective national cooperation between the agencies involved in border issues in Afghanistan. The offices will build on that in the next phase, supporting interaction with border counterparts in neighbouring countries.

In 2013, the focus was on domestic inter-agency cooperation among the three participating agencies: ABP, CNPA and ACD. Four out of the seven liaison offices were conducting weekly information sharing meetings. The offices in Islam Qalah, Torkham and Sherkan Bandar contributed to the following drug seizures; 4,908 kg of opium, 119 kg of crystal heroin, 31 kg of brown heroin, 60 kg of herbal cannabis, 33 kg of hashish, and 9.55 tonnes of precursors.

Cross-border activities were initiated, and the Islam Qalah office conducted two bilateral liaison office meetings with Iran in 2013. Moreover, in 2013 Afghan participants took part in two joint Afghanistan-Pakistan management-level workshops as well as in two drug interdiction courses for liaison officers.

MOBILE INTERDICTION TEAMS
For a number of years, Afghanistan has been the largest producer of illicit opium in the world. In 2013, opium production in Afghanistan was estimated at 5,500 tonnes, equal to 550 tonnes of heroin. In addition, the country is a significant producer of cannabis. Despite national and international efforts, there is a proliferation of illicit trafficking of drugs, precursor chemicals, people and weapons, as well as unimpeded movement of insurgents primarily along the country’s land borders.

Due to geography, logistics and security, the Afghan borders are difficult to patrol and interdiction is difficult to maintain. During Hijri year 1392 (21 March 2013 to 20 March 2014), Afghan law enforcement agencies seized a total of 80 tonnes of opium, 5 tonnes of heroin, and 8 tonnes of morphine, representing only a small fraction of the total amount of opiates illicitly manufactured in the country.

In the period September to December 2013, two initial inter-agency Mobile Interdiction Teams (MiTs), made up of members of ABP, CNPA and ACD, were established in the provincial areas of Nangarhar and Herat, in cooperation with UNODC. These teams will be responsible primarily for counter-narcotics interdiction in the border area and in particular, the green border. The teams will engage with other units supported by UNODC, such as Border Liaison Offices and CNPA Mobile Detection Teams.

To accelerate the deployment of MiTs in the border area, UNODC assisted in drafting standard operating procedures and procuring tactical and search equipment for the teams. In addition, 20 MiT members in Nangarhar were provided with computer-based training focused on identification and interdiction of drug trafficking at the borders, including risk assessment, interdiction techniques for land controls, and drug and precursor identification. In addition to Nangarhar and Herat, further MiTs are planned to be established in the following provinces: Badakhshan, Kandahar, Kunduz and Mazar-e-Sharif.

According to the Government’s National Police Strategy for 2014–2018, the goals of the Afghan police authorities in the area of combating drugs include a 50 per cent reduction in cultivation and manufacture of illicit drugs in Afghanistan in the next five years as well as prevention of any type of smuggling. The inter-agency MiTs are expected to contribute to achievement of these ambitious objectives.

WORLD CUSTOMS ORGANIZATION (WCO) CONTAINER CONTROL PROGRAMME
About 500 million maritime container movements around the globe take place each year and account for 90 per cent of international trade. They increasingly create opportunities for organized crime syndicates and terrorists to use them for criminal purposes. They use maritime containers to smuggle illicit drugs, weapons, endangered species, hazardous materials and goods intentionally mislabelled for fraud and revenue evasion as well as precursor chemicals for the production of drugs and improvised explosive devices. Illegal shipments pose a very real and serious threat to international security, public health and international trade, but successful interdiction of maritime containers is difficult.

In 2012 the Government of Afghanistan signed a Memorandum of Understanding committing to the implementation of the global Container Control Programme (CCP). The Programme was developed jointly by UNODC and WCO in 2004 and helps States create sustainable law enforcement structures in selected border crossing points and inland customs depots. The programme does this by creating strategic alliances between customs, police, trade and other relevant bodies to prevent criminal organizations from abusing legitimate commercial trade. So-called Joint Port Control Units are established, comprising analysts and search teams from different law enforcement agencies who have been trained and equipped to use risk analysis and other proactive techniques to evaluate and identify high-risk containers for
4.2 Criminal Justice System

4.2.1 Criminal Justice Task Force

The Criminal Justice Task Force (CJTF) was set up as an end-to-end Afghan process to bring to justice those involved in serious narcotics crime within Afghanistan. It was set up by the Government of Afghanistan in May 2005 and has a mandate through the counter-narcotics law to investigate and prosecute all serious drug-related offences across the country. CJTF achieves its aims by uniting secondees from the Supreme Court, the office of the Attorney General (AGO), MOI and the Ministry of Justice in one secure location, and was the first example of this process in Afghanistan.

CJTF STRATEGY

The Government of Afghanistan is committed to disrupting and injecting risk into the narcotics industry. CJTF supports the National Drug Control Strategy, which is especially important in light of the links between the narcotics industry and the insurgency. A recent United Nations report indicated that up to 100 million a year is channelled from the drugs trade to the insurgency.

The CJTF supports the National Drug Control Strategy through the following:

- Helping bring down the drug trafficking networks operating in Afghanistan, through the rigorous and fair application of the law, specifically the Counter Narcotics law.
- Improving coordination between related institutions, in the centre and provinces, and so creating a coherent counter-narcotics law enforcement and criminal justice system.

The task force consists of 41 prosecutors from AGO, 24 investigators from CNPA, 64 administrative staff, and 156 civil servants.
CJTF is located at the Counter Narcotics Justice Centre which has a Central Narcotics Tribunal and a detention centre. The detention centre had 56 beds, which was not enough for all drug and trafficking suspects, so it was decided to build a new detention centre. The new two-story facility has been constructed, bringing total space to 53 rooms that can accommodate eight, four or two people. The new facility is a modern construction furnished with administrative offices, health clinics, a drug store, rest rooms, laundry and other required amenities.

Figures 4.9 show the overall trend of increasing numbers of male and female suspects for narcotics-related crimes over the last four years. The number of male suspects increased by nearly 30 per cent between 2010 and 2012, while the number of female suspects doubled. This was followed by a decrease of 17.5 per cent in male suspects from 2012 to 2013 and a decrease of 66.6 per cent in female suspects, and it was observed increase of 33.4 per cent from 2012 to 2013 in male suspects and fivefold increase in female suspects from 2012 to 2013. Figure 4.10 shows the same data disaggregated by citizenship and status (Afghan officials vs. nationals).

### 4.2.2 Afghan courts

Arrests pertaining to seizures below the threshold are prosecuted in Afghan courts through the provincial level CNPA, AGO and can subsequently be referred to primary and appellate courts [separate and different from CJTF primary and appellate courts]. Consequently, cases can also go to the Supreme Court.

In 1392 (March 2013-March 2014), the CJTF Prosecution Directorate successfully completed the investigation and prosecution of 740 serious cases related to narcotics and intoxicating drinks under the Law against Intoxicating Drinks and Drugs and Their Control (2010) that were referred from the Investigation and Laboratory Department, also within CJTF. Within this period, the Prosecution Directorate pursued and completed the investigation and prosecution of 636 cases of narcotic drugs and intoxicating drinks. At the time of drafting, 104 cases were under investigation. In the aforementioned period, the highest number of cases were in Kabul (125), Helmand (115) and Herat (71).

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1. ADR 2012.
4.3 Prisons and Juvenile Rehabilitation Centres

4.3.1 Prisoners incarcerated for narcotics-related crimes

Central Prisons Directorate (CPD) data do not differentiate between incarcerated detainees and prisoners, and it is understood that the number incarcerated includes both detainees and prisoners. In addition, CPD data are not disaggregated by offence, thus offences related to possession as well as trafficking of illicit substances are included.

Figure 4.12 shows the increasing number of prisoners held on narcotics-related charges in major prisons of Afghanistan. There was a sharp increase of 54.4 per cent from 2010-2011 to 2011-2012, a 7.4 per cent increase from 2011-2012 to 2012-2013, and an increase of 11.2 per cent from 2012-2013 to 2013-2014.

Figure 4.13 shows that despite year-to-year variations, there was an overall increase in the number of prisoners for narcotics-related crime in each region. Incarceration for narcotics-related crime increased in the central region by an average of 27.06 per cent, in the east by 13.9 per cent, in the north-east by 6.99 per cent, 41.13 per cent in the north, 18.6 per cent in the south and 22.5 per cent in the west.

4.3.2 Juvenile justice in Afghanistan

The Juvenile Code formally known as the “Procedural law for dealing with children in conflict with the law” (adopted in March 2005) outlines the key framework in reforming the Afghan Justice System to enshrine children’s rights. Those under the age of 18 that have committed any type of crime defined in Criminal Code of Afghanistan are defined as juveniles. Juvenile rehabilitation centres are functional in 34 provinces of the country under the authority of Ministry of Justice.

Juveniles imprisoned for narcotics-related crimes

The data on juveniles refer to suspects/accused and convicted. Data on juveniles imprisoned for narcotics-related crimes are not divided according to offence (trafficking/possession of heroin, morphine, opium, etc.). Data presented here refer to all types of drug-related crimes committed by
juveniles from March 2010 to March 2014.

The central region has consistently had the highest number of juveniles incarcerated for narcotics-related crimes. Following a 56.6 per cent increase between 2010-2011 and 2011-2012, the number of juvenile incarcerations has remained relatively stable.

Incarcerations increased slightly in the western region between 2010-2011 and 2011-2012 and then increased sharply by 26.9 per cent from 2011-2012 to 2012-2013, and 21.2 per cent from 2012-2013 to 2013-2014.

In the southern region, juvenile incarcerations increase significantly in 2011-2012 and remained at that level in 2012-2013. In 2013-2014 the rate fell nearly to the level recorded in 2010-2011. The eastern, northern and north-eastern regions have lower numbers of incarcerated juveniles than aforementioned regions.

4.3.3 Support to criminal law reform

In 2013 UNODC continued to support the Criminal Law Reform Working Group, which began drafting the new Penal Code in 2012. The Working Group is led by the Ministry of Justice and both national and international stakeholders. During 2013, the Working Group drafted 234 articles of the general part of the Penal Code.

UNODC organized a five-day workshop for national members of the Working Group on harmonization of national legislation in line with the United Nations Convention against Corruption on 7-11 October 2013 in Abu Dhabi. The workshop enhanced participants’ understanding of the Convention and how to harmonize the Afghan Penal Code with its requirements.

In collaboration with other development partners including the United Nations Assistance Mission to Afghanistan, UNODC provided substantive support to the drafting of the revised Criminal Procedure Code in 2013. The revised Code entered into effect in 2014.

TRAINING OF JUDGES AND PROSECUTORS

In 2013 UNODC organized 17 five-day training sessions for 190 judges and 267 prosecutors in Balkh, Bamiyan and Herat and their neighbouring provinces and districts. Of the 457 officers who participated in the training, 24 were female. The training topics included:

- Definitions of organized criminal group, trafficking in narcotics and trafficking in persons versus similar criminal acts such as abduction and migrant smuggling
- Detection, investigation and adjudication of narcotic trafficking cases and human trafficking cases
- Protection of victims and witnesses in criminal proceedings
- International cooperation, mutual legal assistance and extradition
- Money laundering and corruption

LEGAL AWARENESS RAISING WORKSHOPS

In 2013 UNODC organized three legal awareness raising workshops for judges, prosecutors, police officers and defence lawyers. Major societal stakeholders were also invited to attend, including university professors, students, human rights activists, heads and members of District Development Assemblies, religious scholars, provincial council members, provincial women’s department officials, journalists and NGO staff. The workshops discussed the right to a fair trial.

The workshop in Bamiyan was held on 16-17 September 2013 with 100 participants. The workshop in Balkh was held on 18-19 November 2013 with 80 participants. The workshop in Herat was held on 29-30 December 2013 with 100 participants.

LITERACY AND VOCATIONAL TRAINING IN PRISONS

In 2013 UNODC supported literacy and vocational training for prisoners in the Balkh and Herat prisons. Training of prisoners aims to promote rehabilitation and reintegration into society, and to prevent recidivism. In Balkh, UNODC worked with an implementation partner, the National Afghan Health and Development Organization, to train 225 prisoners (125 male, 99 female) on tailoring and embroidery skills. UNODC also provided literacy training to 800 prisoners.

In Herat, UNODC worked with an implementation partner, the Welfare Association for the Development of Afghanistan (WADAN), to train 280 prisoners (190 male, 90 female) on tailoring and embroidery, and 90 prisoners (65 male, 35 female) on literacy.

Photo: (Left) Literacy training in the Herat prison. Source: UNODC Afghanistan, Law Enforcement section. Photo: (Right) Vocational training in the Herat prison. Source: UNODC Afghanistan, Law Enforcement section.
4.4 Counter-Narcotics Prisoners Study

4.4.1 Background

The Afghanistan National Drug Control Strategy (2012-2016) emphasized law enforcement priorities of disrupting illicit high-level drug trafficking by destroying trafficking networks, eradicating poppy, seizing drugs and precursors and increasing the capacity of law enforcement institutions to properly combat illicit drug in Afghanistan.

The Anti-Drug Trafficking Policy (2012-2016) stressed the importance of taking necessary measures to target drug traffickers, disrupt their network as well as seize illicit drug and precursors. In this regard, the policy set the target to increase the current annual arrest level of small, middle and high value traffickers from 1,300 to 2,000 as well as increasing drug seizures annually by 25 per cent.

According to the Annual Report of CNPA 2012, about 3,000 low-, mid- and high-value drug traffickers and dealers have been arrested in the course of 1391 (March 2012-March 2013), surpassing the target set by the policy. Moreover, drug cases have been increasing as reported in the Afghanistan Drug Report (ADR) 2012. From March 2009 to March 2013 the number of cases referred to CJTF increased 47 per cent from 951 cases in 2009-2010 to 1,404 cases in 2012-2013.

Meanwhile, the population of prison inmates has constantly grown. In March 2010, prisons and detention facilities housed 15,840 prisoners including 2,062 held on narcotics-related charges. In March 2013, there were 25,872 prisoners, including 3,798 held on narcotics-related charges.

4.4.2 Objectives of the study

The Counter-Narcotics Prisoners Study was undertaken to understand the overall situation of counter-narcotics prisoners relative to national and international laws and regulations. It also aimed to assess the socioeconomic conditions of the prisoners, the main reasons for their involvement in drug trafficking and the key challenges they face during imprisonment.

The objectives of the study are as follows:

- Explore and analyse prisoner status in line with national legislation and international standards
- Explore and analyse socioeconomic status of prisoners
- Explore and analyse root causes of drug trafficking among drug traffickers
- Outline policy recommendations to key government ministries and agencies such as CPD

4.4.3 Study findings

PRISONER PROFILE

Out of 185 study subjects, most were sentenced for more than 10-20 years, but five were under custody in the major prisons of Afghanistan. The rate of literacy is very low among study subjects. As shown in table 3.4, 19 per cent (35) were literate while 89 per cent (150) were illiterate. Table 4.5 Prisoner profile information 84 per cent of interviewees stated that they were married, which implies that they had family and financial responsibilities before being imprisoned.
EMPLOYEMENT INFORMATION OF COUNTER-NARCOTICS PRISONERS BEFORE ARREST

81 per cent (149) of respondents stated that they were employed prior to being arrested while 16 per cent (30) were unemployed. From this, it can be extrapolated that unemployment is not a significant predictor of arrest for narcotics-related activities.

TYPE OF WORK PRIOR TO ARREST

Figure 4.16 highlights driving (21 per cent), farming (20 per cent), shop-keeping (17 per cent), and labouring (16 per cent) as the main areas of work for narcotics-related prisoners before their arrest. A small percentage worked in security forces (Police and Army) and other professions (student, teacher, pastor, tailor, housewife, and Mullah Imam).

IMPRISONMENT INFORMATION

Figure 4.17 shows that the majority of study subjects were arrested for trafficking of various drugs: 34 per cent for trafficking of opium, 33 per cent for trafficking heroin, 9 per cent for trafficking hashish, 8 per cent for trafficking crystal and 4 per cent were arrested for carrying morphine. Some of the respondents (5 per cent) gave no answer or did not know the reason for their arrest. Finally, 4 per cent said the reason for their arrest was that they were implicated by another counter-narcotics prisoner.

CURRENT SOCIAL AND ECONOMIC SITUATION OF COUNTER-NARCOTICS PRISONERS

Figure 4.18 highlights the social problems prisoners faced after their arrest. Out of 185 subjects interviewed, 85 (46 per cent) highlighted the loss of credibility in the community, the difficulty of being far away from family and their family’s loss of a headman as the key problems they faced after being arrested. In deeper discussions, 26 per cent of respondents (49) listed the difficulty of being far from family in prison and their family’s loss of a headman as the key social problem they faced following arrest. 14 per cent (26) gave their family’s loss of a headman as the key issue while 11 per cent (20) listed the difficulty of being far away from family as the key problem they faced following arrest. Only 3 per cent of subjects (5) did not respond to this question.

FINANCIAL ROLE OF PRISONERS PRIOR TO ARREST

Graph 4.19 indicates that 76 per cent (140 subjects) had full financial responsibility of their family before being arrested. 14 per cent (27)

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<th>Table 4.5 Prisoner profile information</th>
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**Figure 4.15** Work prior to arrest

**Figure 4.16** Type of work prior to arrest

**Figure 4.17** Reason for arrest
stated they contributed to meeting their family’s expenses while 5 per cent (10) responded that they did not have any financial responsibility in their families. The remaining 5 per cent of subjects interviewed did not respond to this question.

FAMILY INCOME PRIOR TO ARREST
Figure 4.20 outlines the variations in income per month before the subjects of the study were arrested. The largest proportion, 29 per cent (54), stated their monthly income prior to arrest as being less than 5000 AFN. 24 per cent (54) stated their monthly income as 6000-10000 AFN. An equal proportion of 17 per cent (31) stated their monthly income prior to arrest was 11000-15000 AFN or more than 16000 AFN. Finally, 13 per cent of interviewees did not respond to this question.

FAMILY INCOME AFTER ARRESTS
Whereas 87 per cent of subjects interviewed were able to state their families’ income prior to arrest, 34 per cent did not know these figures following their arrest, and 23 per cent stated that their family did not have an income following their arrest. Then next largest share of study subjects (20 per cent) stated that their family’s income following arrest was less than 5000 AFN. An equal proportion of subjects (3 per cent) stated that family income following their arrest was between 11000-15000 AFN or in excess of 16000 AFN. Figures 4.14 and 4.15 highlight the detrimental financial impact on the family of surveyed prisoners following their arrest. This is not surprising as 90 per cent of surveyed prisoners stated that they were either fully or partially responsible for their family’s finances.

FINANCIAL SUPPORT OF PRISONERS’ FAMILIES AFTER ARREST
Study subjects named sons (21 per cent), closely followed by brothers (20 per cent) as the main source of financial support to their families in their absence, followed by the father [grandfather], other relatives [15 per cent] and mothers [9 per cent]. Highlighting strong family ties and sense of responsibility in Afghanistan, 81 per cent of prisoners stated that during their incarceration, their relatives and or in-laws provided financial support for their family. 13 per cent of respondents stated that no one provided financial support for their family while 3 per cent did not answer this question.

REASON FOR INVOLVEMENT IN DRUG TRAFFICKING
When asked about their involvement in drug
trafficking and related crime, 41 per cent of study subjects (76) stated that they were falsely accused by a fellow narcotics-offence prisoner, and thus deny involvement in drug trafficking. Other responses identified factors such as unemployment, which was cited by 23 per cent of study subjects (43) while 17 per cent (32) stated poverty as the key reason. A small share, some 2 per cent (3) gave family business as the key reason for their arrest and an equal number gave the pursuit of money to buy drugs as the key reason. Study subjects were most likely to refuse to answer this question, along with the question of ways the subject avoided law enforcement detection: 15 per cent of interviewees did not answer this question (28 per cent).

**FAMILY REACTION AFTER IMPRISONMENT OF PRISONERS**

The majority of study subjects (60 per cent) stated that their family continued to support them while in prison, further illustrating the earlier point that strong family relationships are a cornerstone of Afghan society. Nevertheless, 25 per cent of respondents lost the support of their family, while 3 per cent stated that their spouse left them following their arrest. Only 2 per cent did not answer this question.

**PRISONERS PLAN AFTER RELEASE**

Figure 4.25 illustrated that among 185 counter-narcotics prisoners, 124 planned to return to their prior work after they are released. As indicated by figure 4.16, those kinds of work are most likely to be driving, farming, shop keeping, and so on. However, 33 interviewees stated that they would start new licit businesses, while 17 mentioned they do not know what to do and 10 did not give any answer. Only one study subject intended to work in agriculture and cultivate illicit crops.

**GENERAL SITUATION INSIDE THE PRISON FACILITY**

In this part of the study information regarding food, physical environment, access to health services were considered. The satisfaction of study subjects with the provision of food, space, ventilation and light is considered very important. Prisoners should be held in a safe and clean environment.

Based on the study findings 65% of the prisoners were satisfied from the food and 35% were dissatisfied with the provided food in the prisons. About 10 study subjects stated that they did not consume the food provided for them [especially in Kabul (Puli-i-Charkhi prison) but used their own finances to have better quality food delivered to them in prison.

75 per cent of respondents expressed satisfaction with space, ventilation and light in prison, compared to 25 per cent who expressed dissatisfaction. Complaints about space came primarily from prisoners in Herat and Badakhshan. In Herat, prisoners were living under tents and 20 prisoners were crowded into rooms designed for 10 people. The lack of
The majority of study subjects, 81 per cent (141), stated that they had access to health services, while and 68 per cent (126) had access to fresh air and sports and recreational activities in prison. Most of the study subjects stated that they were able to spend 1-2 hours per day in the yard of the prison and had adequate space in which to meet with their family during visitations.

### CRIME RELATED QUESTIONS

The majority of study subjects (56 per cent) stated trafficking as the crime that led to their arrest. 30 per cent stated that they were arrested as a result of being reported by someone else. An equal share of 4 per cent were arrested for selling drugs.
on the streets, for drinking alcohol, or declined to answer. Three people were arrested for poppy cultivation and one person was arrested for owning a drug lab.

ARRESTS BY AGENCY
The majority (51 per cent) of study subjects stated that they had been arrested by CNPA, 19 per cent were arrested by the Afghan National Army, while 13 per cent were arrested by the National Directorate of Security. 12 per cent did not state which enforcement agency had arrested them.

When asked about methods of evading law enforcement, 72 per cent of respondents stated that they used bribery as a means of avoiding going to court for drug-related offences. A large share (21 per cent) did not respond to this question. Some 6 per cent of respondent stated they found support from influential figures to protect them from law enforcement, while 1 per cent stated that building links with high-level government officials protected them from law enforcement and that the Government’s means had been used to facilitate the transportation of drugs.

VIOLATIONS AFTER ARRESTS
The majority (71 per cent) of study subjects stated that they were not treated unlawfully or violated after being arrested, and yet 25 per cent reported that they had experienced unlawfully treatment and/or were violated following arrest. Only 4 per cent did not answer this question.

The majority of study subjects (101 respondents) stated that they had legal representation by a lawyer during their trial. 78 respondents stated that they did not have a lawyer and 6 respondents did not answer.

Furthermore, out of 185 the study subjects, 42 per cent did not answer the question about their trial, 20 per cent said that they were not able to pay for a lawyer, compared to 19 per cent subjects who said that they could afford a private lawyer. An equal share (5 per cent) stated that the Government did not provide them with a lawyer, or that they did not trust their defence lawyer, while 4 per cent said they were not aware that they could have a lawyer. 3 per cent did not want to be represented and 2 per cent of mentioned that they did not trust the trial to be fair and free.

Although most study subjects were not able to accurately state the length of their trial, they...
were able to outline the length of time from their arrest to sentencing. For most of the study subjects (76 per cent), the duration from arrest to sentencing was 7-13 months, while the process took 2-6 months for 13 per cent of study subjects. A smaller share reported far lengthier durations from arrest to sentencing: 5 per cent stated a duration of 14-18 months while 3 per cent stated a duration of 19-36 months. Only 3 per cent stated that they did not know.

The majority of study subjects (92 per cent) stated that they had no prior experience of prison. Only 4 per cent stated that they had previously been in prison and 6 per cent did not answer this question.

The majority of study subjects (89 per cent) also stated that they learned useful skills in prison that they could use following their release. Instruction in the Holy Koran, followed by embroidery skills were mentioned as most the most enlightening experiences from the time in prison. Other learning mentioned included good behaviour and to never trust counter-narcotics bodies. Some interviewees stated that they had learned nothing while in prison.

It is worth noting that majority of study subjects stated that they were not guilty and had not committed any crime but had instead been falsely accused by others who had named names as a means of attaining their own release. The majority expressed the opinion that having links to influential figures could prevent incarceration. Most of the study subjects also commented on the impact of their incarceration on their family. They were concerned about how their family would cope without a headman to look after the children.

### 4.4.4 Recommendation of study subjects

Observation and recommendation during the research (field work)

- Most of the prisoners interviewed claimed that when arrested for trafficking, they were not aware that their vehicle was transporting drugs and that drugs had been put into their vehicle by smugglers without their knowledge. This calls for greater awareness-raising on trafficking and related sanctions, especially among those who work in transport.
• There was the general perception that sentences did not always match the severity of the crime and were not balanced or proportional. One example given was that those arrested with a truck full of drugs received sentences of 18 years while those caught with several kilograms also received the same sentence.
• Prisoners interviewed also requested that they be allowed to participate in the funeral ceremonies of deceased relatives in accordance with Islamic traditions.
• They called for high-level drug traffickers to be targeted for a truly effective counter-narcotics strategy instead of focusing enforcement activities on relatively small operators.
• A number of interviewees noted the irony of their arrest for drug trafficking while a vibrant drug trade is carried out in prison.
• Study subjects felt that the arrest of drug addicts causes the use of drugs in prison to increase. They called for greater Government action including the provision of drug treatment and asked that officials consider establishing separate cells/blocks or prison for drug addicts.
• Interviewees noted that some drug traffickers also have other businesses such as logistic, trade, mining, transport, construction and so on which they highlighted as being ways of channelling illicit money into the licit economy.
• Prisoners called for better, more robust investigations and production of evidence to limit miscarriages of justice and the conviction of innocent people accused of drug-related crimes.

Policy recommendation based on the counter-narcotics prisoners situation study:
• Raise awareness of trafficking and related sanctions, especially of those working in transport.
• Review sentencing guidelines to ensure appropriateness to severity of crime.
• Increase the availability of drug treatment in prisons and establish separate cells or blocks for drug-dependent prisoners.
• Increase the space and accommodation for prisoners, especially in north-eastern and western region (Herat and Badakhshan).
• Ensure that prosecutions of counter-narcotics suspects are robust and evidence-based.
• Focus on literacy programmes in Afghanistan prisons, as the counter-narcotics prisoners situation study shows that 81 per cent of the prisoners are illiterate.
• Increase monitoring in prisons to reduce the trafficking and use of drugs in prisons.
• Improve monitoring and the investigation of cases of narcotics-related crime to prevent high-level drug traffickers from evading arrest, prosecution and trial.
• Conduct further and more focused research based on the findings of the counter-narcotics prisoners study to be reported in ADR 2014.

BOX 4.2

Case study of AR
AR is about forty years old and is the father of four daughters and three sons. He worked as a motorcycle mechanic and had a motorcycle workshop in Khowahan district of Badakhshan province. One day while he was fixing a motorcycle in his shop, the police informed him that an allegation had been made against him and that he should go and clear his name. Allegations had also been made against his brother, who worked as a driver carrying construction materials. He was working to provide money for his family. When AR went to try to clear his name, he was arrested by police in that district and after about a month, was sent to Faizabad, then to Kabul to CNPA headquarters.
AR states that he and his brother were reported to the police by a drug dealer who had been arrested ten years previously. He states that the drug dealer reported them four years after his own arrest, accusing them of being his partner in the dealing of drugs. AR goes on to state that he has never participated in any drug-related criminal activity.
AR and his brother’s cases were processed by CNPA in Kabul at the end of which they were both convicted and sentenced to sixteen years in prison. He maintains his innocence and that of his brother. He insists that they were falsely accused in order for the accuser to get a more lenient sentence.

He stated that he did not know the evidence that was used to convict him and made the following requests:
• A review of his case should be undertaken to ascertain and publish the facts that were used to convict him
• Government agencies should require in-depth investigations to ascertain the validity of accusations made by those who have been arrested for and/or convicted of drug-related crimes

The district where he is being held is far away from his home in Faizabad. As such, AR has had little news from his family. He explained that his elderly father was now looking after his children in the remote Khowahan district of Badakhshan province. He stated that at the time of his jailing, one of his children was studying in class 8 of the district school but he does not know if his son is continuing his education. Without news from home, he believes that his family is living in poverty because they lack a bread-winner.

Interview 17 August 2014.
4.5 Conclusion

The capacity of law enforcement and criminal justice institutions in Afghanistan continues to increase. Although 2013 saw a decrease in overall seizures, the numbers of arrests and prosecutions for narcotics-related offences increased. Forensic detection continues to increase. Judicial bodies are also increasing their skills and effectiveness.

The first ever situation analysis of counter-narcotics prisoners has given an introductory understanding of the socioeconomic profile of prisoners, the reasons for their involvement in narcotics and their impressions of the judicial system.

Going forward, the following needs have been identified:
• To increase investment in seizure activities by enforcement agencies.
• To continue scaling up of the capabilities of law enforcement and criminal justice bodies.
• To produce and disseminate effective communications campaigns on penalties for narcotics-related offences.
• To provide sufficient skills-based training for narcotics prisoners.
The report was published with extensive technical support from the United Nations Office on Drugs and Crime (Country Office for Afghanistan)