



**Government of Islamic Republic of Afghanistan**  
**Ministry of Counter Narcotics**  
**General Directorate of Policy, Strategy and Coordination**  
**Directorate of Drug Demand Reduction**

## **National Drug Demand Reduction Policy**

**1391 – 1395 (2012 – 2016)**

A policy for Prevention, Treatment and Rehabilitation of Drug Addicts



Islamic Republic of Afghanistan  
Ministry of Counter Narcotics  
General Directorate of Policy, Strategy and Coordination  
Directorate of Drug Demand Reduction  
National Drug Demand Reduction Policy  
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A policy for Prevention, Treatment and Rehabilitation of Drug Addicts

No law shall contravene the tenets and provisions of the holy religion of Islam in Afghanistan

*Article #3: The Constitution of the Islamic Republic of Afghanistan*

The state prevents all types of terrorist activities, cultivation and smuggling of narcotic drugs and production and consumption of intoxicants

*Article #7: The Constitution of the Islamic Republic of Afghanistan*

The state shall provide free preventative healthcare and treatment of diseases as well as medical facilities to all citizens in accordance with the provisions of the law

*Article #52: The Constitution of the Islamic Republic of Afghanistan*

## Preface

Drug addiction, along with other international threats such as terrorism, the prevalence of communicable diseases, poverty and the climate changes, is considered as one of the major challenges that endanger human security throughout the world.

A number of drugs treatment experts and practitioners believe that human and social casualties caused by drug's addiction are far more than the casualties suffered during mankind's worst wars, armed conflicts and deadliest diseases.

According to the recent UN reports, there are 149 to 272 million drug addicts worldwide<sup>1</sup>. If we estimate the total population of the world around 7 billion, thus, one out of every 31 individuals is addicted to drugs. Reports say that between 15-19 million people, around 10% of the total world population, consume opiate based drugs and Afghanistan is one of the largest producers of opium.

The UN reports also warn that shifts in drug consumption are trending from the traditional forms to the industrial form or psychotropic substances. On one hand, the production and distribution of psychotropic substances are easy as it/they can be produced from industrial chemical substances; on the other hand, the severity of addiction and its physical and psychological harms and side-effects are huge and formidable. Worst of all, their treatment is difficult.

According to the UNODC survey report in 2009<sup>2</sup>, Afghanistan has about 940000 addicts including 350000 opium and heroin users. Yet Increase in the prevalence of communicable diseases such as hepatitis and HIV/AIDS among IDUs pose a serious threat to the public health. The numbers of drug treatment centers in Afghanistan are very low compared to the high numbers of drug addicts. Currently, 50 drug treatment centers operate throughout the country, providing drug treatment services to approximately 10000 drug addicts on an annual basis. This number constitutes approximately 1% of the total addicts (2.86% of the Opium and Heroin users) in Afghanistan.

Considering different factors such as; the lack of skills technical expertise at drug treatment centers remains as a challenge. Although, there are some treatment protocols available, however, the lack of a nationwide standardized treatment protocol acceptable to all implementing agencies and the Afghan government remained a challenge.

Therefore, Ministry of Counter Narcotics (MCN) in close cooperation with the Ministry of Public Health (MoPH) and the Ministry of Labor and Social Affaires, Martyrs and Disabled (MoLSAMD) has formulated the Drug Demand Reduction National Policy (DDR-NP) that recommends in establishment of drug treatment complexes in regional centers, expand harm reduction services and the increase in drug prevention and treatment capacity by up to 40% in next five years. In addition, MCN will work together

with MoPH to include drug addicts' treatment in the MoPH strategies as an integral part of public health services to secure its regular funding in the government budget.

We believe this policy will address the drug addiction problems in this country and will tackle the threats caused by this phenomenon to social and human security, particularly the threats to youths and families in our beloved country.

Thanks



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**Acronyms:**

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavior Change Communication
CHW	Community Health Worker
CN	Counter Narcotics
CNPA	Counter Narcotics Police of Afghanistan
CPDAP	Colombo Plan Drug Advisory Program
CSO	Central Statistics Office
DDR	Drug Demand Reduction
DDR-NP	Drug Demand Reduction-National Policy
DDR-TF	Drug Demand Reduction-Trust Fund
DDTC	Drug Detoxification and Treatment Center
DG	Director General
DiC	Drop-in Centers
DRC	Drug Regulatory Committee
GIRoA	Government of Islamic Republic of Afghanistan
GPI	Good Performance Initiative
HBS	Hepatitis B Surface Antigen
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IDPs	Internal Displaced Persons
IDUs	Injecting Drug Users
IEC	Information, Education and Communication
INL	International Narcotics Law Enforcement
IPD	In-Patient Department
IRB	Institutional Review Board
KMHH	Kabul Mental Health Hospital
M&E	Monitoring and Evaluation
MCN	Ministry of Counter Narcotics
MIS	Management Information System
MoE	Ministry of Education
MoF	Ministry of Finance
MoHaj	Ministry of Haj
MoHE	Ministry of Higher Education
MoICYA	Ministry of Information, Culture and Youth Affairs
MoLSA	Ministry of Labors and Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MoU	Memorandum of Understanding
MoWA	Ministry of Women Affair
NA	Narcotic Anonymous
NDCS	National Drug Control Strategy
NGO	Non-Governmental Organization
NWG	National Working Group
OPD	Out-Patient Department
RC	Rehabilitation Center
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UN	United Nations
UNODC	United Nations' Office on Drug and Crime
WB	World Bank
WHO	World Health Organization

## **Executive Summary:**

Since its establishment, the Ministry of Counter Narcotics (MCN) has initiated Drug Demand Reduction related programs through public awareness and prevention, drug treatment, continuum of care, provision of shelter and harm reductions services. [NOTE: Because the term “harm reduction” is subject to many interpretations, the use of the term can defer full understanding and thwart progress of drug policy development and implementation. Instead of using the term “harm reduction,” the GIRoA supports describing programs and policies clearly and precisely, as outlined on pages 29-30, Chapter Three, of this Afghan National Drug Demand Reduction Policy.]

Currently, we have 50 drug treatment centers throughout the country providing pre-treatment, treatment, post-treatment and after-care services. Moreover, around 18-harm reduction centers including 4 shelters for homeless drug addicts operate in the country. The existing drug treatment capacity covers only 2.86% of the opium and heroin addicts that cannot satisfy drug addiction treatment demand. Taking into consideration the existing shortfalls in drug demand reduction capacity, the MCN in close cooperation with MoPH and MoLSAMD has developed this policy as a part of the MCN strategic plan.

The vision of the policy is to: *develop of a society that is free of the negative consequences of drug use for the Afghan people.*

Mission of the policy stands for: *Prevention of drug addiction, expansion of treatment and rehabilitation of drug addicts.*

The detailed objectives of the policy are stated in different chapters though out to policy. However, brief discussions about them are as follows:

### Chapter One: Prevention of drug use through preventive programs.

This goal will be achieved through conducting public awareness and educational programs through MCN, MoE, MoHE, MoHaj, MoICYA, MoLSAMD, MoWA, Security Forces and the National Olympic Committee, other sport boards, donors, governmental and nongovernmental organizations and private sector with different interventions and approaches in accordance with their mandates.

### Chapter Two: Increasing coverage of drug treatment services, continuous care and enhance quality of the existing services:

This section proposes a package of a series of services accessible in each health facility for drug addicts’ treatment. The following objectives contribute to this goal: 1) expansion of treatment and access to drug treatment centers in effective ways, 2) Undertake advocacy, 3) Prioritize drug addicts and involve communities in drug treatment efforts 4) Implement a complete cycle of treatment 5) Provide treatment services for cannabis, psychotropic medication, alcohol and tobacco 6) Provide quality

services after treatment with the goal of reducing in relapse cases. 7) Enhance the capacity of human resources in drug demand reduction.

Chapter Three: Reduce unfortunate health, social and economic consequences of drug use and include the drug users in relevant programs:

To achieve the stated goal, harm reduction services particularly oral substitute therapy will be provided to all drug addicts based on cultural, social, religious, economic and law enforcement conditions of the country. Services are proposed along with drug demand reduction services to prevent and reduce drug prevalence, taking into account number of IDUs and their chance of getting infected to fatal communicable diseases.

Chapter Four: Emergency Response and provision of services during emergencies and crisis

This section introduces emergency situations and crises and explains humanitarian services in emergencies and crises through provision of shelter facilities for drug addicts. The policy prioritizes the establishment of shelters in provinces with high rates of homeless drug addicts. The section also explains the characteristics of services and facilities of shelters.

Chapter Five: Miscellaneous activities: In addition to the above mentioned goals, other important activities that constitute an essential part of the drug demand reduction intervention are summarized. These activities include capacity building, vocational trainings, management information system, private sector engagement, Evidence based decision making, regional and international cooperation, sustainability, coordination, Monitoring and evaluation, reporting and conducting surveys and researches

## Situational Analysis:

Addiction is a major global problem. According to World Drug Report<sup>1</sup>, 2011, the number of drug addicts worldwide is estimated to be between 149 and 272 million individuals ranging in age from 15 to 64, IDUs are about 11-21 million the mentioned number of drug users. Neighboring countries such as China, Pakistan, Iran, Tajikistan, Turkmenistan, Uzbekistan and Kazakhstan also have high rates of drug users.

According to 1390s (2011) report<sup>2</sup> of Afghanistan Central Statistics Organization (CSO), the Afghanistan population is estimated to be 26.5 million. According to the 2009 UNODC report, 940 thousand drug users exist in Afghanistan from which 230 thousand individuals are opium users, 120 thousand individuals are heroin users from which 18 to 23 thousand individuals are IDUs.

According to 2010 survey<sup>3</sup> report of John Hopkins University, prevalence of HIV in drug addicts is around 7.2% and 40% of IDUs are infected with Hepatitis-B&C.

Three decades of war in Afghanistan has not only destroyed the economic infrastructure, but also increased unemployment and psychological problems. The intensive migration of Afghans particularly to Pakistan and Iran and their subsequent return, also has affected health and social sectors in these countries. Furthermore, consumption of addicting medicines inappropriately prescribed by the medical practitioners for treatment purposes along with low public literacy rates, and low level of awareness are some of the reasons contributing to increased drug use in Afghanistan.

Drug usage does not only cause economic, cultural, political, social and health problems in the country, but also contributes to security problems, and violations of law and crime such as robbery, obscene acts, and murders. In addition, the drug addicts are prone to different diseases such as TB, psycho-social and mental disorders, HBS, HCV, HIV/AIDS, sexual transmitted diseases and many other infectious diseases which impose a huge social burden on the society.

After the Bonn agreement in 1381 (2002), the Islamic Government of Afghanistan was established. To achieve the objectives of the government, the Afghanistan constitution and the Afghanistan National Development Strategy were endorsed. According to these documents, the Afghanistan Counter Narcotics and Intoxicants Law and the National Drug Control Strategy (NDCS) were ratified, and this drug demand reduction policy constitutes an integral part of that strategy. According to the NDCS, the Drug Demand Reduction Directorate of MCN has developed the national drug addiction prevention and the national drug addict treatment guidelines and harm reduction strategy. Later on, due to increasing incidences of psychological and mental disorders among the drug addicts, MoPH adopted the National Mental Health Strategy during the year 1389 (2010) in which the issue of narcotics was mentioned. This issue was incorporated in the mental health training standards for different disciplines (doctors, nurse, midwives,

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<sup>1</sup> World Drug Report-2011-UNODC, MoPH and MCN

<sup>2</sup> Population Estimated Report-CSO Afghanistan, 1390 (2011)

<sup>3</sup> Integrated Behavioral & Biological Surveillance (IBBS) in Afghanistan-year one report-June 2010

psycho social counselors and CHWs) at both BPHS and EPHS, which requires further discussions.

Until 2002, there was limited public awareness about the hazards of drug consumption, drug addiction and its negative consequence. The first drug treatment center with the capacity of 20-beds was established by MoPH in Kabul in 1987. This center was providing detoxification along with the psycho-social and toxicology services at that time. In 1990s due to the war this center was destroyed and later it was merged in Kabul Mental Health Hospital (KMHH), supported by WHO and UNODC. Before that time the addiction treatment was delivered in Ali Abad Hospital.

Later on, the home-based and community-based treatment services, awareness campaigns and mosque based programs were initiated for the cities of Kabul, Jalalabad, Faizabad, Gardez, Kandahar and heart cities. At first, all of these treatment centers faced resource shortages and to fill this gap some nongovernment organizations were mobilized to provide coordinated services, including technical trainings and vocational skills development, together with other service providers in the cities of Kabul, Logar and Jalalabad. Later on, other services including harm reduction, social welfare services such as food aid, emergency response medical first aid, post-treatment follow ups and bathing of drug users emerged in some cities.

Between 2005 and 2009, prevention awareness , treatment and harm reduction services were gradually introduced through the inclusion of awareness messages about drug related complications in the school curriculum as well as the publications such as; Narcotics in Perspective of Islam and Life Skills books.

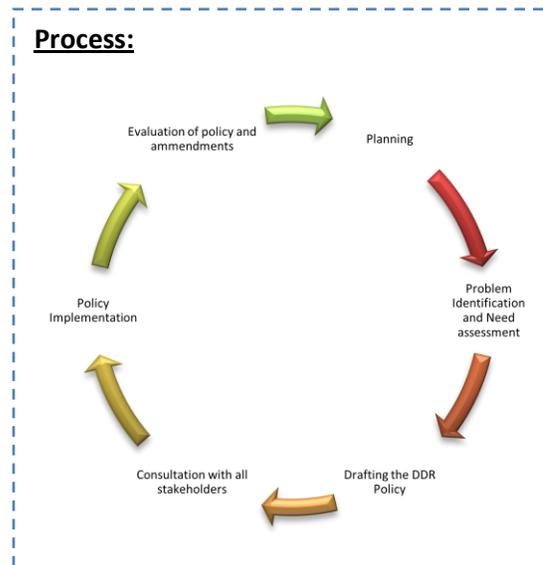
At the beginning, drug demand reduction treatment services were provided in the form of public awareness and aftercare programs through Mosques in fourteen provinces. These programs were funded by Bureau of International Narcotics Law Enforcement Affaires, US Department of State through the Colombo Plan Drug Advisory Program.

WHO estimates that 20% of the total drug addicts are in need of the residential treatment, however currently about 10,000 opium and heroin users have access to drug treatment services in Afghanistan that only constitutes 2.86% of 350,000 opium and heroin users throughout the country. Therefore, the drug addiction problem and the low capacity of drug treatment services should be considered as a national challenge and need comprehensive and serious attention from the government of Afghanistan in order to minimize the negative impact of this phenomenon on security and development not only in Afghanistan but also at the region and as well as the global level

Evidences suggest that migration of Afghans to the neighboring countries in last three decades caused an increase in the number of drug addiction cases. With no doubt it will be very difficult for any individual country to fight with this problem and these issues need more coordinated approaches among the countries at regional and in global levels.

## National Drug Demand Reduction Policy Formulation Process:

The Ministry of Counter Narcotics together with other relevant governmental and nongovernmental organizations drafted and used several documents during the past few years for coordinating drug demand reduction activities. In 1382/2003, for the first time the National Drug Control Strategy (NDCS) was approved in which drug demand reduction issue was covered as one of the national drug control priorities. In 1385/2006, the strategy was revised. However, with the existing religious, political, economic, social and cultural realities and the expansion of drug addiction, there was a need for formulating a comprehensive, specific and applicable policy for drug demand reduction in Afghanistan. Accordingly, in 1391/2012, in light of the Afghanistan Law on Counter Narcotics and Intoxicants, the MCN drafted National Drug Demand Reduction Policy in close cooperation with MoPH, MoLSAMD and other stakeholders through workshops, technical working groups, and meetings which is now finalized and ready for further actions.



Policy Implementation

**Policy vision:**

*Progress toward a society free of the use drugs and its negative consequences for all Afghans*

**Policy Mission:**

*Prevention of drug addiction and expansion of treatment, rehabilitation and reintegration of drug addicts*

**Main objectives:**

- Decrease vulnerable groups not to become narcotic users
- Prevent children, adolescents, and other vulnerable groups from misuse of narcotics
- Decrease drugs' socio-health impact in affected communities and provide high quality therapeutic and rehabilitation services along with improved access to these services for all drug users
- Establishing a system to standardize therapeutic services and regulate license for service providers and therapeutic centers in order to improve the quality of demand reduction services
- Establishing epidemiological center to collect, analyze and disseminate the data related to demand reduction activities including data collection about the treatment, conducting surveys and researches
- Establishing a national coordination system to standardized all demand reduction related activities and evaluate the implementation of these programs

**Rules and Principles:**

- Demand reduction activities must be provided based to the all people based in their cultural prospective
- Demand reduction activities should be designed and implemented with a shared vision, common methods and clear messages for a narcotics free community.
- Children' and adolescences' narcotics consumption is preventable.
- Preventive programs must bring positive behavior change in individuals, families and communities and to serve a key role for demand reduction.
- Environment, governmental policies, regulations and Afghani societal standards should have positive effects on demand reduction among people at risk, especially children and adolescences.

- Therapeutic programs based must be based on recent scientific evidence and have to have a positive and effective response to substance dependency and have a pattern of decreasing addiction and discouraging substance abuse.
- Success of a drug demand reduction activities and other therapeutic programs have direct link with the participation of recovering individuals, their families, friends and other people in the communities.
- Centralized community based programs and shared action of all stakeholders involved in the demand reduction are fundamental especially when these actions are done in a synchronized fashion according to the national structural framework and the context of preventive, therapeutic and rehabilitation.
- Regular supervision and monitoring have key roles in achieving desired results.
- Financial, human and contemporary technological resources are also necessity for any demand reduction activities.

### **Values:**

- All Afghan shave responsibility to participate and the fight against narcotics and its harmful health, economic and social impacts
- Preventive and educational activities for individuals in communities are effective cheap interventions. Prevention of vulnerable group has priority than the treatment and rehabilitation of addiction cases.
- All Educational, preventive, therapeutic and rehabilitation programs must be arranged according to the demands of drug users and quality services must be used based on scientific evidences and community culture.
- The programs are not focused on individual, and should include individuals, families and communities. It should involve them all in the planning and implementation.
- Religious belief has a crucial role in the prevention treatment and rehabilitation of drug use and it has a positive role to recover individuals and to make them free of substance abuse.
- Individuals, communities and individuals and private sectors collaboration is necessary in planning and implementation, especially for prevention, treatment and rehabilitation services.
- For the success of a DDR program, National and legal programs and policies are necessary.
- Drug Demand Reduction alone and without decrease substance abuse is less effective and it should be dome simultaneously and a sufficient fund is needed in long term

- Evaluation, supervision and scientific investigation about the drug demand reduction and best usage of its outcomes in the designing strategies and making plans are obligatory.

*This policy is formulated based on the National Drug Control Strategy (NDCS) and complements the drug demand reduction chapter.*

## Chapter One

### Prevention of drug use through preventive programs

#### Problem identification:

Lack of mainstreaming of the public awareness programs regarding the drug prevention among the stakeholder's goals and their priorities about the goals and priorities related to the prevention of drug addiction agenda in stakeholder's public awareness programs: However, there are some achievements in this regard such as the approval of the Counter Narcotics Law and the development of specific policy for DDR has been achieved. The law states particular obligations and tasks to different governmental institutions and agencies in connection to counter narcotics. However, these efforts need to be further publicized and enforced.

#### Policy options:

In order to enhance the level of awareness concerning the dangers of narcotics, to prevent new cases of addiction, and to reduce the number of existing drug users, specific public awareness programs should be launched by the relevant ministries through mosques, schools, health centers, mass media; as well as some awareness campaigns in the cities, villages, and, workplaces.

#### Proposed actions:

- 1) Organize and implement preventive programs by the Ministry of Counter Narcotics (MCN):
  - Coordinate all public awareness programs in to the preventive goals of the ministry throughout the country.
  - Develop and approve national guidelines for the prevention of drug abuse to standardize preventive programs and to identify target groups in cooperation with the relevant stakeholders
  - Prepare short and long term plans related to the prevention of drug abuse
  - Embark public awareness campaigns at capital and provincial levels in coordination with the relevant stakeholders
  - Enhance capacities of all relevant ministries with regard to the prevention of drug abuse
  - Monitor and evaluate all preventive programs and prepare detailed reports
  - Advocate to raise funds for public awareness programs with GIRoA and donor communities
  
- 2) Organize and implement preventive educational programs by the Ministry of Education (MoE):
  - Contentious incorporation and effective and use of preventive messages in different subjects of educational curriculum of the ministry (ethics, science, religious and other relevant subjects) to protect youth from succumbing to the negative peer pressures related to drug use.

- Allocation of a number of teaching hours for the teachers in the Teachers' Training Program and Religious Teaching taking into account standards of MoE
  - Provide (Caravan Car mobile bus) services to schools with all needed equipment to raise drug abuse awareness among students in schools
  - Include preventive and public awareness agendas in all social gatherings and seminars conducting by MoE
- 3) Organize and implement preventive educational programs by the Ministry of Higher Education (MoHE):
- Incorporate drug abuse preventive methods into the curriculum of different colleges particularly Medicine, Sharia, Teachers Training Colleges, Pharmacy, Psychology, Law and Political Science, Natural Science and Intermediate Medical Studies.
  - Undertake needed studies in regard to prevention of the drug abuse
- 4) Organize and implement preventive educational programs by the Ministry of Haj (MoH):
- Conduct public awareness education programs for religious leaders and their preachers in mosques, Takaya Khanas (Shias' spiritual places), Daramsals (Hindo's worship places) and other religious places.
  - Increase the level of public awareness through the religious gatherings, media and other religious events.
  - Prepare, publish and distribute messages, verdicts (fatwas)', brochures, magazines, newspaper articles and books in reference to the forbiddance of drug use in Islam.
- 5) Organize and implement preventive educational programs by the Ministry of Information, Culture and Youths Affaires (MoICYA):
- Include useful and accessible public awareness educational programs in the mass media (radio, TV and print).
  - Support and encourage the broadcast of messages relevant to counter narcotics.
  - Ensure obligatory commitment of mass media with regard to the production and broadcast of awareness programs aimed to counteract narcotics. However, all such materials must be approved by the relevant department of MCN
  - Conducting educational programs for the staff working in media to prevent negative and wrong messages distributions
  - Develop a separate strategy to reduce stigmatization
  - Encourage youths to avoid production, store, transportation, the sell and use drugs.

- 6) Organize and implement preventive educational programs by the Ministry of Public Health (MoPH):
- Undertake educational programs for medical professionals and community health workers (CHWs).
  - Conduct different studies and research through the relevant departments in view for advocacy for preventive programs, based on priorities
  - Upgrade the level of awareness in drug treatment centers, schools and communities by the health personnel.
  - Design and conduct different educational and specific programs to prevent drug use among the medical personnel
  - Integrate preventive programs related to the drug addictions in the education section of Basic Package of Health Services.
  - Revision of IEC/BCC materials with specific attention to incorporate pictorial messages in CHWs training curriculum and refresher trainings to convey relevant messages to the population in communities.
  - Organize mental health trainings for technical staff working in drug treatment centers
  - Awareness to avoid non-traditional treatments
- 7) Organize and implement preventive programs by the Ministry of Labor and Social Affairs, Martyrs and Disabled (MoLSAMD):
- Identification of vulnerable groups and individuals
  - Organizing educational and vocational programs for vulnerable members of community particularly youths, families of drug addicts, disabled and war affected people.
  - Pave the way to create employment, rehabilitation and assistance for the employment opportunities for rehabilitated drug users as well as rehabilitated drug users in order to help prevent relapse in close coordination with the stakeholders.
- 8) Organize and implement preventive programs through the Security Institutions:
- Conduct awareness educational programs for all security personnel in the country.
  - Prevent cultivation, trafficking, storing and trade of drugs and precursors in coordination with law-enforcing agencies.
- 9) Organize and implement preventive programs by the Ministry of Women's Affairs (MoWA):
- Enhance women's level of awareness in regard to the dangers of drug use and enhance its prevention across the country.
  - In close coordination with MoPH, enhance women's level of awareness in regard to ways women being addicted to the drugs.
  - Conduct awareness educational programs for all personnel working at the capital and provincial levels
-

- 10) Organize and implement preventive programs by the National Olympic Committee and Sports Boards:
  - Organize sports competitions in all over the country, with a message of drug use prevention
  - Install commercial boards with placards and posters in the stadiums and sport grounds depicting the dangers of drug abuse.
- 11) Organize and implement preventive programs by Donors:
  - Provide financial assistance and technical support in order to increase the level of awareness and capacity of personnel in connection with preventing drug abuse.
- 12) Organize and implement preventive programs by governmental and Non-governmental organizations:
  - Assist in increasing the level of awareness among people with regard to preventing drug abuse and its consequences.
  - Providing technical and other assistance as needed.
- 13) Preventive activities through Village Leaders and Councils at the District levels:
  - Assist in raising awareness among people regarding the negative consequences of addiction.
  - Assist in the follow-up of rehabilitated drug addicts in order to reduce relapse cases
  - Assist in care for children, teenagers and youth to prevent addiction incidents.
- 14) Conduct preventive programs through the MoReturnees, MAIL, MoJustice, MoI and MoD:
  - Conduct preventive and educational programs for different vulnerable groups with more focus on children and youths
  -
- 15) Conduct preventive programs through Independent Human Rights Commission of Afghanistan:
  - Conduct educative programs on drug addiction and it's unfortunate consequences to its personnel and through them to the community.
  - Assist in designing stigma reduction programs
  - Monitor and protect drug user's legal rights
  - Other technical assistance

## Chapter Two

### Increasing coverage by drug treatment services, continuous care and the enhance quality of the services

#### Problem identification:

Considering the existence of about 940,000 drug users in the country, GIRoA along with the private sector with limited human and financial resources and poor infrastructure, have limited capacity treating only ten to twelve thousand clients (2.86% of the existing opium and heroin users) in the country on an annual basis. This poses formidable challenges in response to drug problem. On the other hand, drug treatment is not incorporated as a priority in the agenda of the relevant stakeholders, and the lack of a allocated national budget and the absence of a unified treatment protocol to treat the drug addicts are major challenges.

In addition, there are several more issues such as; absence of a licensing system for treatment facilities and certification mechanism for addictions counselors, need for a continuum of care treatment system that embraces several different models (e.g. hospital, residential, outpatient, aftercare, village based, etc.); unbalanced coverage of treatment in different parts of the country regardless of the levels of vulnerability; absence of treatment facilities for alcohol, cannabis and psychotropic drugs, and incomplete cycle of treatment in the governmental, and non-governmental sectors are major concerns. These problems could be leading to a high relapse rate in drug addiction treatments. These all call for the development of a National Policy.

#### Policy options:

In order to meet aforementioned challenges, this policy suggests the following options:

- 1) Increase access to drug treatment and expansion of the treatment centers in an effective way.
- 2) Increase advocacy
- 3) Sorting drug addicts to establish treatment prioritization and involve the society in drug treatment programs
- 4) Establish and Implement a complete cycle of treatment.
- 5) Provide treatment services for cannabis, psychotropic medications and alcohol
- 6) Provide quality services after completion of the treatment in order to reduce relapse cases.

#### Proposed objectives:

**1) Objective #1: Increase access to drug treatment and expand the treatment centers in an effective way:**

As mentioned the current capacity for drug treatment in the country is around 2.86% of total existing opium and heroin users in the country. It is crucial that the treatment capacity needs to be increased from 20 to 30% in the coming five years. Likewise services should cover both out-patient and in-patient with good qualities and affordable prices.

**Proposed actions:**

- Upgrade the capacity of physical facilities
    - Establishment of drug treatment complexes in seven regions of the country.
    - If needed, incrementally establish new drug treatment centers across the provinces.
    - Establishment of Rehabilitation Centers (RC)
  
  - Upgrade institutional capacity:
    - Establish and revitalize a referral system and coordination to assure a smooth and effective transition between different tiers of services.
    - Establish a system of accurate and meaningful information, reporting and feedback provision to the organizations.
    - Conduct patient satisfaction surveys.
    - Conduct supportive supervision and revitalize M&E Systems
    - Amend national treatment guideline based on prioritization of vulnerable people such as prisoners, women, youth, children, families of drug addicts, IDPs, returnees and to implement programs to treat alcohol and cannabis addicts
    - Finalize a standardized nationwide outpatient and inpatient treatment protocol for drug addicts “using the existing experiences of implementing partners” based on a 45 days minimum duration of treatment with one year outpatient aftercare.
    - Develop, finalize and include a document about the principles of ethics in the drug addiction treatment protocol based on the current context in the country.
    - For sustainability purpose and to increase the coverage of services, a broader incorporation of the drug treatment programs in BPHS and EPHS is needed.
    - Establish an Institutional Review Board (IRB) in the Ministry of Counter Narcotics who will make sure that all ethical issues are properly considered in all treatment and research protocols.
    - Establish DDR Trust Fund (DDR-TF) covering all aspects of drug addiction treatment.
    - Provide education to the family members, community volunteers and all others involved in the treatment and support of the drug addicts to improve their effectiveness.
  
  - Upgrade human capacity:
    - Build public awareness regarding the services provided by the drug treatment centers.
-

- Allocate human and financial resources for the efficiency and effectiveness of drug treatments.
- Develop effective interventions aiming the prevention of communicable disease among the drug addicts.
- Increase the number of professional personnel in drug demand reduction, quantitatively and qualitatively based on the needs.
- Recruitment of highly effective and sufficient staff based on their merits
- Establish a clear system for employees' performance evaluation.
- Reinforce management and leadership at the drug treatment centers' levels.
- This policy suggest the volunteer utilization of rehabilitated drug users in to the programs

## **2) Objective #2: Advocacy:**

Areas of advocacy are as follows;

- Advocate the governmental stakeholders in order to include the drug treatment programs in their prioritized working agendas.
- Advocate formulating basic drug abuse messages and its replicate at all national, provincial, district and health centers' levels through the media, schools and health education programs.
- Advocate for the revision and making amendments of some articles in to the narcotics' law
- Advocate further strengthening the drug treatment programs at the national and international levels.
- Advocacy of civil society for establishment of supportive networks
- Organizing conferences and symposiums to gain regional and global support

## **3) Objective #3: Sorting drug addicts to establish treatment prioritization and involve the society in drug treatment programs:**

Considering different degrees of vulnerabilities, this policy sets as its top priority the provision of treatment services to different vulnerable groups in society such as women, pregnant women, children, prisoners, police, army, medical personnel, street drug addicts, disabled and returnees. Increase social support by involving society (families, spiritual leaders and influential personalities) in the treatment programs.

### **Proposed actions:**

- Evaluate the prioritization of drug addicts based on their degree of vulnerability.
- Provide regular treatment services for different vulnerable groups considering their degree of vulnerability.

- Hold regular meetings with all people involved in the treatment programs such as families, spiritual leaders and other influential individuals in order to gain their support for these treatment programs.
- Develop various treatment programs at the society and at the family levels with support from the influential personalities including spiritual leaders.

#### 4) Objective #4: Implement a complete cycle of treatment:

- Measures suggested for pre-treatment services:

- Develop and implement screening tools.
- Assess and categorize the health status and severity of the addiction status of the drug users’.
- Provide motivation and consultation services to the drug addicts.
- Introduce them to various sections of drug treatment centers.

- Measures suggested for treatment services:

- Assess the drug addicts’ overall health status.
- Symptomatic drug treatment.
- Behavioral counseling.
- Regular follow up visits.
- Establishment of the support groups.

- Measures suggested for post-treatment services:

- Follow up visits of the treated/rehabilitated drug users to drug treatment centers
- Facilitate employment for former drug users based on the market demand through the vocational trainings.
- Establishment of effective mechanisms to reduce relapse rates  
Volunteer incorporation of the rehabilitated drug users into the various activities of the drug treatment centers

#### Varieties of health services (setting):

In order to provide treatment for drug users, the following services are needed:

- Out-patient Departments (OPD)
- In-patient Departments (IPD)
- Rehabilitation Centers (RC)
- Home based treatment (HBT)
- Community based services (CBS)
- Shelter programs (SP)
- Village based treatment services (VBTS)
- Drop in Centers (DiC)

**Note:** considering the limited resources in Afghanistan, the treatment services for intoxicants and psychotropic medicines will be provided on an out-patient basis and this issue should be included in the national guidelines for treatment.

Likewise, this policy supports the Narcotics Anonymous (NA) programs and the exploration of more evidence based cost effective approaches with effective outcomes in other countries and possibility of its replication in Afghanistan.

Furthermore, other treatment modalities such as Therapeutically Community (TC) that have proven to be effective in other countries can be adopted considering the cultural

#### 5) Objective #5: Provide treatment services for cannabis, psychotropic medications, alcohol and tobacco:

Studies show that there are other challenging issues in the country such as addiction to the cannabis, psychotropic medications, alcohol and tobacco. In addition, increment in the incidents of mental disorders, unlawful prescriptions by

the health care practitioners and easy access to medications are considered as the key challenges in Afghanistan.

**Proposed actions:**

- Based on detailed client assessments and related individual treatment plans, a continuum of treatment needs to be considered for these sub-populations. Whereas some of these clients can be handled on an outpatient basis, those clients suffering severe trauma and dual diagnosis (co-occurring mental health and addiction problems) will require intensive inpatient services.
- Include different methods of treatment in national treatment guidelines and protocols for these treatments.
- Establishing mechanisms of control of these substances by GIRoA in different ministries.
- Focused attention of the Drug Regulatory Committee (DRC) towards developing control regulations to control the use of psychotropic medication and alcohol's misuse.

**6) Objective #6: Provide quality services after the treatment with the goals of reducing relapse cases:**

**Proposed actions;**

- Referral and follow up with the rehabilitated drug users and to include a chapter of the follow-up guideline into the national guideline for the treatment of drug users (*continuum of care*) and follow up of the clients through BPHS and EPHS programs in all over the country
- Vocational training services for the rehabilitated drug addicts.
- Integrating rehabilitated drug addicts back into the society.
- Establish and incorporate support groups in order to prevent relapses.
- Design mechanisms for improvement of quality of treatment services.
- Design community-based recovery support programs.

## Chapter Three

### Reduce unfortunate health, social and economic consequences of drug use and including the drug users in relevant programs

#### Problem identification:

Based on the UNODC survey conducted in 2009 about 23 thousand injecting drug users (IDUs) were identified in the country. This has brought about many unfortunate consequences such as: incidents of AIDS, Tuberculosis, various types of hepatitis, mental disorders, abscesses and other contagious diseases. Moreover, based on the survey conducted by Johns Hopkins University<sup>4</sup> in 2010, the prevalence of HIV among the injecting drug users was about 7.2% and 40% of them were suffering from hepatitis C. Taking into consideration that two years have passed since the date of the survey, there is a logical expectation that these figures have increased.

On the other hand some social/economic consequences such as: unemployment, poverty, lack of access to health services, crimes, family problems/violence and stigmatization are also seen more among the drug addicts, particularly some simultaneous cases observed in injecting drug users. It is therefore imperative to take time bounded and short term measures in order to prevent some unexpected consequences. These measures should be implemented under critical supervision of GIRoA, taking into account cultural, religious, social, and economic conditions in the country.

#### Policy options:

In order to address the above mentioned challenges, this policy suggests the following options;

A. Establishment of procurement, import, storage and controlling systems;

This is worth mentioning that harm reduction program especially its substitution component needs a supervision and control system in order to prevent deviation and leakage of the medication in the market as well as making sure that the control covers patients treated under this program receives sustainable treatment. GIRoA must build the required treatment and harm reduction capacity and must take over the implementation of this program to provide services to the needy and deserved people by itself. Harm reduction services needs to be implemented in close coordination and direct supervision of drug demand reduction departments of MoPH and MCN.

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<sup>4</sup> Integrated Behavioral & Biological Surveillance (IBBS) in Afghanistan: Year 1 report \_ Johns Hopkins University \_ June 2010

**B. Overall harm reduction package:****1. Needle and syringe distribution services****Conditions:**

- The GIRoA supports needle and syringe programs (NEPs) in the context of a comprehensive public health and treatment strategy for injecting drug users (IDUs).
- NEPs, in conjunction with outreach, counseling, and treatment referrals, can be effective for reducing blood-borne illnesses among drug users and for bringing drug using individuals to recovery-focused treatment services.
- As a matter of policy, the GIRoA supports needle exchange programs that are implemented in the context of comprehensive, recovery-oriented public health systems that also offer IDUs treatment for addiction, and other medical care, and testing for HIV and hepatitis B and C.
- Establishment of a clear mechanism to prevent vulnerability of the society and all healthy population.

**2. Substitution therapy****Conditions:**

- These services will be provided only for HIV/Hepatitis positive IDUs
- Services needs to be provided based on degree of vulnerability in different areas in the country.
- Establishment of clear systems of import, transportation, storage, distribution and monitoring for the substitution therapies.
- Implementation of the substitutions therapy program should preferably be undertaken by the GIRoA.
- Different options for the substitution therapy must be chosen by the experts based on the analysis of the economic, social and security conditions.
- To ensure sustainability of the program MoPH must propose an estimated budget to the MoF on a regular basis, and make sure that the proposed budget supported by MoF and government of Afghanistan.
- Ensure a long term commitment to finance the substitute program, in addition to other modalities of treatment highlighted in the box on page 26 (e.g. residential, outpatient, village-based, etc.) by the GIRoA (MoF, MoPH, Mo Economy and MCN), national and international donors.
- Finalize and approve mechanism and guideline for the substitution therapy, taking into account allocation of effective medications that are affordable and accessible in the country

**3. Provide HIV, Hepatitis B/C, Tuberculosis test and counseling services.****4. Anti-retro viral therapy****5. Prevent and treat STDs**

6. Condom distribution  
Conditions:
    - Condoms will only be provided to the married IDU couples in order to prevent transmission of STDs and viral infections such as; HIV, Hepatitis, Syphilis etc. to their partners.
  7. Develop IEC and BCC materials
  8. Vaccination, identification and treatment of viral hepatitis (B&C) and Tuberculosis
  9. Shelter and overall preventive services
  10. Referral to drug treatment centers for more counseling and motivation to stop using drugs
  11. Provide outreach services through the trained health workers for raising awareness in the vulnerable areas
- C. Establishment of referral system  
It is considered important to establish referral system among different level of treatment centers. Eligible patients to receive harm reductions services should be referred to relevant centers, e.g. IDUs with positive HIV/Hepatitis infection.
- D. Mechanisms for the provision of harm reduction services and proposed steps for its effective implementation  
The DDR departments both at MCN and MoPH along with NACP should jointly develop harm reduction guidelines and mechanism for provision of services after taking following steps, bringing more clarification in providing harm reduction services. Draft harm reduction mechanisms..
- Shared it for consultation with relevant decision makers e.g. ministers, Ulema council, parliament members, NDS and DDR national working group) and approve the draft
  - Consult with international stakeholders e.g. INL-CPDAP, UNODC, WB, the Global Fund, Jica, etc)
  - Develop and endorse a five years strategic plan for harm reduction services in the country
  - Develop and finalize M&E plan and evaluate harm reduction implementation programs in the country

## Chapter Four

### Emergency response and provision of services during emergencies and crises

**Problem identification:**

In the past, the GIRoA had no regular programs to address the needs in response to unexpected emergency situations such as the deportation of Afghan refugees from the neighboring and regional countries, sudden increased numbers of homeless drug addicts and all unforeseen emergency situations. In addition, lack of a specific budget for the drug treatment raises concern over the prevailing of such kind of situations, in particular after the departure of the international forces in year 2014.

<p><u>Definition:</u>  Emergency situations are defined as the state of sudden increase in the number of drug users that require immediate and broader actions  And emergency services include:  - Screening  - shelters</p>
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**Policy options:**

The establishment of shelters, which are considered as bridges to connect society and the drug treatment centers, are supported by this policy. Also, shelters will be further used in emergencies situations. Shelters program is critically needed in provinces with a higher numbers of homeless drug users living on the streets. The shelter program will serve two purposes, (i) additional potential risks to these homeless drug users will be mitigated. (ii) These shelter setting will provide additional services such as food, clothes, counseling, and motivation to stop consumptions of drugs. Community involvement counts as a key activity to support this program.

**Specifications:**

- Shelters will be used during emergency situations.
- Shelter services will be provided 24 hours.
- Generally, these services will be first started in large provinces. Based on the needs. shelters can be also established in the provinces with high number of the street drug addicts
- An experienced and skilled team must be recruited to work in these shelters with possible inclusion of a psychologist.

Note: the function of psychologists will be to:

- Conduct psychiatric assessments and refer clients to suitable services
- Conduct the required psycho-social sessions clients require
- Provide a combination of assessment, screening, identification and subsequent interventions as needed.
- A protocol for drug use in the shelters must be agreed upon with relevant stakeholders
- Verification of Afghan identity among the deported/returned drug users from other countries
- Immediate screening of the drug users for communicable diseases

- Following emergency response, besides providing accommodation, the shelter program should entail counseling, education, entertainment programs and a referral system.
- The shelter program should also cover detoxification, nutrition, social sport and other drug intoxication services.
- Develop guidelines for the mechanisms of providing services in shelters.

## Chapter Five

### Miscellaneous Activities

#### **Capacity Building:**

At the present time, drug addiction is considered as one of the most serious health issues that have made mankind suffer. In addition, after the calamity of decades of war and conflicts, the presence of about one million drug addicts is an issue before the Afghan government that has created major social and health related challenges. In order to combat this unfortunate phenomenon, there is no doubt a strong functional capacity and support is needed in order to tackle the aforementioned challenges. GIRoA should take the following measures to develop the needed capacities in order to tackle this problem:

- GIRoA must implement short and long term capacity building programs for the personnel working in prevention, treatment and continuum of care programs. The programs could extend to cover bachelor and master degrees trainings based on a five years strategic plan. In addition, human resource policy should be developed and approved that encompasses appropriate payroll mechanisms based on different categories of education, experience, backgrounds and prevailing economic conditions in the country. This will help retain employees for a long time, as well as integrating capable employees into the governmental structure after their work in the governmental or in the non-governmental organizations be come to an end, should any of these organizations reduced their activities due to conditions in the country.
- In order to effectively implement this program, GIRoA should take required steps for building technical and managerial capacities of leading institutions
- GIRoA should establish institutions (Treatment and Vocational Training Centers) based on needs both at capital and provincial levels and provide them with enough tools and equipment.
- As mentioned in preceding chapters, it is critically needed to integrate prevention and treatment related topics of DDR into the curriculums of education and higher education institutions e.g. colleges of medicine and others. This will help graduated students work effectively in these capacities upon the completion of their training courses.
- It is strongly recommended that GIRoA should take concrete steps to establish a government-led resource center for training and research, staffed with capable and experienced personnel. This center will be used for conducting researches and the practical trainings of medical students

- Establishment of vocational training centers in provinces to train rehabilitated drug users. These centers will enhance vocational skills of treated drug addicts, so they can find relevant employment and thus reduce the number of relapse cases.
- Incorporating a global substance abuse treatment curriculum which is currently used by the Colombo Plan and UNODC to train and certify addictions professionals in order to deliver services effectively.

**Vocational trainings:**

**Goal:** To conduct vocational training for rehabilitated drug users in order to improve their social and economic conditions. These vocational training centers should be designed in line with the demands at the job market, so the rehabilitated addicts get appropriate skills that help them find decent employment, leading to reduce relapse cases.

The established vocational training centers will be supported by MoLSAMD and DDR-TF and operationalized through a proper referral mechanism to provide needed services for the drug addicts.

Each vocational training center will be established in close coordination with donors under the stewardship of MCN. To sustain provision of the services, the center will be given to MoLSAMD upon signing a MoU and the same model will be replicated in regions and provinces, including it as a part of the treatment cycle. Services provided in vocational training centers should be based according to the standard level.

**Requirements:**

- All recovered persons receiving vocational rehabilitation services must have completed their respective treatment program (e.g. residential, outpatient, etc.) as certified by the treatment facility. Drop-outs, active drug users, and non-drug users are not eligible to receive vocational rehabilitation services.
- At the successful completion of the training at the vocational rehabilitation center students will be provided with their associated professional startup kit to start practice their new trade (e.g. sewing machine, mechanic tools, hair grooming tools, etc.)

**Services provided:**

- Develop guideline for various types of vocational training for rehabilitated drug users
- Conduct 3 and 6 months vocational training program in accordance to the existing curriculum of MoLSAMD
- Dormitories for rehabilitated drug users as needed
- Literacy courses for needy clients and basic education in schools
- Schedule entertainment and sport programs

- Proper living conditions for better results
- Advocate for reintegration of rehabilitated drug users to their families and community
- Providing of proper transportation and miscellaneous costs for rehabilitated drug users

Products made at these vocational training centers will be sold based on an agreement between the governmental and non-governmental organizations and the proceeding will be used for the provision of raw-materials, food, clothes and any other cost pertaining to the centers to render them self-sufficient.

Lastly, run advocacy with governmental organizations and private sectors to help find job opportunities for clients.

**Management Information System (MIS):**

- Establish of a national counter narcotics research and training center
- Establishing an effective information collection and reporting system data base to collect and analyze DDR relevant data
- Defining scientific standards for statistical information collection

**Private sector engagement:**

Private sector plays an important role in addressing major problems in the society. Private sector is engaged actively in all aspects of the society, particularly, in health care. Major health centers equipped with modern equipment are run by the private sector. Also, a number of drug treatment hospitals have been established in the country which plays a vital role in fighting drugs addiction, especially in the DDR field. Private sector also has national and social responsibility as a fundamental pillar of the society to save their people from vulnerability.

This policy considers the role of private sector valuable and important in various areas of the DDR, such as public awareness, the treatment of drug addicts, and creation of employment opportunities for rehabilitated addicts. The private sector needs to be encouraged to take an increasingly active part in fighting drugs. This will not only lead to the development of private sector's project, but it will also give an opportunity for the private sector to discharge its national, moral, religious and social responsibilities. By doing so, the private sector will play a great role in helping keep the society free of drug.

The private sector entities should consider the following issues in implementing their DDR programs:

- Beside publishing public awareness and training programs through the paid media, it is also suggested that the private sector in particular private media organizations should publish public awareness programs on a volunteer basis.
- Printing, visual and audio media should publish approved governmental trainings and public awareness programs.
- Private health centers should apply approved governmental standards and national protocols in treating drug addiction cases and act accordingly in order to prevent their resurgence.
- Private health centers should provide quarterly and annually reports of their activities to the MoPH (number of treated drug patients with the details about specification of different problems).
- Private sector should have membership of the DDR-NWG
- Government should support the private sector in any possible ways.
- This policy proposes that the private sector should provide employment opportunities to rehabilitated drug addicts and hire them in their businesses and other projects as employees and labors.
- The policy proposes that the private sector should cooperate with governmental sector in the treatment of drug addicts and its related public awareness programs.
- The policy proposes that the private sector should play active role in public awareness campaigns.
- Based on the Counter Narcotics Law, Drug Law, International Conventions and Regulation of Drug, all drug importers and distributors should avoid disseminating any publication, advertising or marketing of drugs and drug precursor chemicals.

**Evidence Based Decision Making:**

This part includes activities such as analysis, review and approval of the available data and information obtained from research and surveys that help ensure progress, transparency, accountability for making evidence based decisions for improving drug users' treatment system.

**Proposed actions:**

- Build capacity of the DDR departments of MCN and MoPH, particularly in data analysis and measuring.
- Existing procedures implemented by other organizations will be reviewed and adopted accordingly as needed
- Strengthen DDR management and leadership skills

- Jointly with other stakeholders, improve information gathering with efficient methods and reports, as well as its effective application, in order to make the DDR programs more effective

**Regional and International Cooperation:**

According to UNODC survey in 2009, about 149-272 million people are regular drug users. Due to the shrinking and increased immigration and travelling, the addiction problem can increase easily from one country to another which make the control of the issue difficult for a single country and requires cooperative regional and global collaborative work.

**Suggested option:**

Establishment of regional DDR networks for making decisions, coordination, joint efforts and effective interventions

**Sustainability:**

If we examine the existing treatment programs (public awareness of the dangers of drugs, preventive measures, treatment and other programs), we will find that almost the majority of these programs are implemented by the national and international organizations.

According to the Article 65, provisions 8-10 of the Counter Narcotics and Intoxicants Law, the roles of the relevant ministries particularly the MoPH and MCN are stated as follows:

“MoPH is obligated to provide treatment (demand reduction) and rehabilitation services in consultation with MCN around residential places for drug addicts”. MoE and MoHE are obligated to include issues related to the prevention of drug addiction and drug use in the secondary and higher education curriculum in consultation with the MCN. Also MoICYA, MoPH, MoHaj and other institutions are obligated to conduct comprehensive public awareness campaigns against the cultivation, using, trafficking and production of drug and intoxicants, keeping MCN in loop about their campaigns.

Therefore, it is necessary to establish a system to license treatment facilities and certify addiction counselors in order to provide adequate services to the people. In addition, necessary attention should be paid to the integration of programs into the DDR programs. In case programs ran by the national and international organizations remain un-funded in the future and then measures must have been taken in advance to integrate those programs into the DDR-TF or other national programs.

To keep sustainability of Drug Demand Reduction (DDR) Programs, the following actions should be taken:

- All implementing agencies must provide services in conformity with policies and strategies of the DDR department.
- Personnel files should be prepared by human resource for all staff working in this field. All employees working in this field should be hired based on the standards set jointly by the MCN and MoPH and be registered by the government; and all necessary measures should be taken to enhance their capacity. This should include all privileges given similarly to other government employees. In order to accomplish this, the GIRoA will need to establish a formal system to certify addiction counselors.
- All equipment and physical assets procured with public and non-government organizations' funds should be registered and returned to MCN at the end of their mission.
- A national training center for conducting training programs in regards to treatment of drug addicts should be established and managed by the government. Every employee of DDR should be given training in accordance with their educations and needs. A copy of the certificate of every employee who gets it upon completion of the training should be kept in each individual's personal file.
- Programs funded by any donors should be channeled through DDR-TF, where possible and according to funding policies of donor organizations.
- After approval of the National Drug Demand Reduction Policy and Strategy, a National Drug Demand Reduction Program will be jointly developed by MCN, MoPH and the MoLSAMD. The MoPH will base and design all of its preventive and treatment programs and integrate them into a national package of health services. As a result, all implementing organizations and agencies will provide their services accordingly.
- Ministry of Labor and Social Affairs with the support from the MCN should establish vocational training centers for drug addicts in the capital, and across the country.
- Necessary coordination should be created between vocational training centers and drug treatment centers.

**Coordination:**

Coordination is particularly important in implementing the DDR programs, so that the relevant organizations can work without overlapping and duplication while providing effective services and a referral system for the different levels of services in the community. However, it will be hardly possible for a single organization to work alone in the drug demand reduction field. All involved sectors require adapting a multi-disciplinary approach, cooperation and coordination of the relevant aspects in DDR. Therefore, this policy suggests that the following key issues must be dealt with in coordinating the DDR activities:

- During the coordination processes MCN must make sure that all organizations execute their tasks in accordance with the narcotics law and DDR national policy and identify the areas that need to be further supported and are improved.
- MCN in coordination with the stakeholders should make coordinate efforts to attract fund both at the national and international levels for financing the DDR programs.
- MCN with other stakeholders is responsible to categorize and sort out different DDR activities in order for each stakeholder to take its assigned activities and create coordination mechanisms to ensure effective implementation of these activities.
- Through different coordination processes, MCN should prevent the overlap of activities between implementing partners
- MCN should develop a coordination mechanisms to ensure that each stakeholder bear responsibility to coordinate so that the relevant ministries can effectively carry out their tasks at the capital and provincial levels.

**Mechanisms of coordination:**

1. Establishment of DDR National Working Groups (DDR-NWG)
  - Frequency of Meetings: National Working Group Meetings will be conducted on a quarterly basis, while sub working group meetings will be held as required
  - Location of the meeting: Ministry of Counter Narcotics in capital and Counter Narcotics Directorates in provinces
  - Chair of the meeting: Deputy Minister for Policy and Coordination of the Ministry of Counter Narcotics
  - Secretariat: DDR Directorate, Ministry of Counter Narcotics
  - Members: 1) DDR Director MCN, 2) Director Mental Health and DDR Department MOPH, 3) The Manager of Social and Vocational Trainings MOLSAMD, 4) DG of Counter Narcotics Police MOI, 5) Policy and Planning Director MOE, 6) Director of Mosque affairs the Ministry of Haj and Islamic Affairs, 7) Director of Media and Youth Affairs Ministry of Information and

Culture, 8) Director of Women Affairs Ministry of Women, 9) Director of Planning MOHE, 10-11) two representatives from the Internal Implementing Organizations, 12-13) two representatives from the International Implementing Organizations, 14) one representative from the Colombo Plan, 15) one representative from UNODC, 16) one representative from INL, 17) one representative from WHO, 18) one representative of AKDN, 19-20) two members from Counter Narcotics and Intoxicants and Health Commissions of Parliament, 21) one representative from Drug Regulatory Committee(DRC).

Responsibilities of the DDR-NWG:

- Establish sub working groups by a majority of votes and prepare job descriptions for each section
- Develop and get approval for programs, treatment protocols, relevant guidelines and documents related to DDR
- Approve or reject surveys and researches in regard to DDR challenges and activities
- Performance oversight and monitoring of related work by the relevant line ministries as stipulated in narcotics law and DDR national policy
- Assess and analyze critical and emergency situations concerning DDR problems and generate proper solutions

2. Establishment of Sub-working groups

- a. Prevention coordination sub-group
- b. Treatment coordination sub-group
- c. Harm Reduction coordination sub-group
- d. Law enforcement coordination sub-group focused on counter narcotics activities by CNPA

Basically the coordination goals are to connect different aspects of DDR services like; prevention, treatment, vocational training, employment and social re-integration.

**Monitoring and Evaluation:**

Monitoring and evaluation is an important element of Afghanistan NDCS in order to control and improve the performance of the systems, as a shared responsibility of all organizations involved in the DDR efforts.

M&E helps enhance the quality of information that will be forwarded to policy makers to make appropriate/relevant decisions.

Likewise:

- M&E helps improve the quality of the drug treatment services and the allocation of the appropriate resources as needed.
- Improve transparency and accountability in drug demand reduction sector.
- Provide information to the donor community to ensure their financial resources are spent in a transparent and effective ways
- Support sustainability of drug demand reduction activities and efforts.

**Suggested M&E Mechanisms:**

- Build and enhance the capacity of the Drug Demand Reduction Department in monitoring and evaluation.
- Develop M&E tools such as; check lists, questionnaire and all relevant formats by DDR-NWG
- Enforce monitoring visits by the implementing organizations to the project sites
- Joint monitoring (based on MoU) by two or three organizations
- High level monitoring visits by MCN in coordination with the stakeholders
- Joint evaluation of the DDR project through MCN, MoPH, MoLSAMD and other relevant stakeholders
- Joint M&E plan will be finalized by MCN and MoPH DDR departments
- Every drug treatment center should be monitored once in a quarter and evaluated once in a year
- The reports of M&E should be shared with all related stakeholders especially the DDR departments of MCN and MoPH. After the verification of related officials, feedback will be given to the implementing bodies
- M&E Indicators should be made by MCN's DDR in consultation with other stakeholders and then incorporated into the monitoring tools
- Establish transparent mechanisms of accountability in all implemented programs

**Reporting:**

As reporting plays important role in the process of M&E and control activities, it is considered as an important part of DDR National Policy. Required information should flow from implementing agencies to MCN, MoPH and MoLSAMD and other relevant stakeholders. After the analysis, consolidation and finalization, the MCN will share it with all relevant governmental and non-governmental agencies.

It is important that reports should contain comprehensive and accurate information that is reflective of evidence based realities and relevant DDR activities from all over the country.

**Reporting Mechanism:**

- MCN and other relevant organization should develop reporting templates and then approve them through the National DDR working group meetings.
- Workshops should be held to explain reporting templates to all organizations responsible for preparing reports at both capital and provincial levels.
- Implementing agencies should send reports to MCN, MoPH and MoLSAMD on a quarterly and annual basis and as needed.
- After the collection of reports from the implementing agencies, needed feedback will be given to the reporting bodies.
- Upon reception of the revised reports from the implementing agencies, MCN is responsible to consolidate the reports and share it with the office of president, the council of ministers, parliament and the media.
- Broadcast of final report for public information and awareness through different publications

**Conducting researches and surveys:****Mechanisms for conducting survey and research:**

Prior to conduct researches and surveys with regard to DDR problems, it is imperative to complete the following processes in order to get scientific, objective and credible results so it could be forwarded to the responsible authorities and disseminated. If these processes are not completed, the result will not be acceptable by the GIRoA:

- Organizations willing to conduct surveys and DDR studies should submit the proposal, methodology and questionnaires prepared in local languages (Pashto or Dari) to the DDR Directorate of MCN in advance, which in turn will be presented to DDR National Working Groups
- After verification and approval by the National DDR Working Group, the documents will be sent to the IRB department of MoPH for approval.
- After approval by the IRB, the project can be implemented.
- The outcome of the surveys and studies can be published after its presentation to the DDR National Working Group and upon their approval,
- The DDR Directorate of MCN is responsible and authorized to monitor the process and if needed IRB can also do the monitoring.

**Proposed DDR researches:**

In close coordination with different governmental and non-governmental organizations, MCN can undertake studies in different aspects of the of DDR activities.

**Policy Evaluation/Revision process:**

Considering the expected events and possible changes in GIRoA structure during the years 2014/1393, such as transferring the responsibilities to the Afghan security forces and the upcoming presidential elections, this policy requires revision.

The effectiveness and efficiency of this policy will be evaluated internally and externally on a need bases and in the context of cultural, religious and social acceptances; some amendments may be incorporated into this document as needed.

**List of Annexes:**

- 1) List of relevant stakeholders and expected activities
- 2) Five years Implementation plan for the policy
- 3) Available guidelines/protocols

**People involved in different stages of this policy formulation:**Ministry of Counter Narcotics:

- |                              |  |
|------------------------------|--|
| 1) Haroon Rashid Sherzad     | Chairman of CN Advisory board, MCN                   |
| 2) Najibullah Fahim          | Senior Advisor, Ministry of Counter Narcotics        |
| 3) Dr Mohammad Nasir Sharifi | Director, Drug Demand Reduction                      |
| 4) Abdul Haleem Wahidi       | Director, GPI Program                                |
| 5) Dr Abdul Shakoor Haidary  | Drug Regulation Committee Secretariat/DDR Expert     |
| 6) Dr Sayed Jawed Badakhsh   | Prevention, Treatment and Harm Reduction Responsible |
| 7) Dr Tajuddin Millatmal     | Advisor, Drug Demand Reduction                       |
| 8) Dr Ahmad Khalid Humayuni  | Advisor, Drug Demand Reduction                       |
| 9) Dr Rahmat Gul Shinwari    | Advisor, Drug Demand Reduction                       |
| 10) Dr Sayed Kamal Jalal     | Advisor, Drug Demand Reduction                       |
| 11) Joe Maybakh              | Policy and Coordination Advisor                      |
| 12) Abdul Aziz Babakar Khail | Policy Advisor                                       |
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Ministry of Public Health:

- |                             |  |
|-----------------------------|--|
| 14) Dr Abdul Bashir Sarwari | Acting Director, Mental Health and Drug Demand Reduction   |
| 15) Dr Sayed Azimi          | Technical Advisor, Mental Health and Drug Demand Reduction |
| 16) Dr Abdullah Wardak      | Head of Drug Demand Reduction Department                   |
| 17) Dr Abdul Subor Momand   | Drug Demand Reduction Coordinator                          |

Ministry of Labor and Social Affairs, Martyrs and Disabled:

- |                            |   |
|----------------------------|---|
| 18) Abdul Ghafoor Samande  | Officer/Head of policy designing                    |
| 19) Mohammad Azim Hasanyar | Manager of service arrangement and addict employers |