SOCIOECONOMIC FACTORS ASSOCIATED WITH OPIOID
DRUG USE AMONG YOUNG ADULTS (15-35) IN KABUL,
AFGHANISTAN

by

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September 2015

Thesis presented to the Higher Degree Committee
of Ritsumeikan Asia Pacific University
in Partial Fulfillment of the Requirements for the Degree of
Master of Science in International Cooperation Policy, Public Health Management
ACKNOWLEDGMENTS

First of all, I would like to express my sincerest thanks to Ritsumeikan Asia Pacific University (APU). I owe immense, sincere thanks and deepest gratitude to my honorable supervisor, Professor GHOTBI Nader for his intensive support, invaluable feedbacks and great guidance during this research. Throughout my study, he has strongly supported me to go through all the steps in this study with his kind, understanding, and remarkable patience to correct the comments.

My exceptional thanks go to Professor MEIRMANOV Serik for his kind patience, support, appreciation of the work, and contributions to its improvement. He checked and guided my assignment regularly during seminar classes for achieving my objectives.

I would like to thank all other professors in Ritsumeikan Asia Pacific University (APU) – including Professor SALAZAR Robert. A. C. – for delivering lectures on advanced research methods that helped for the improvement of my research project.

My special thanks go to Japan International Cooperation Agency (JICA) and PEACE project for providing me the opportunity and offering the scholarship and also the Ministry of Counter Narcotics of Afghanistan (MCN), Ministry of Public Health Afghanistan (MOPH) and Drug Addiction Treatment Centers
Implementing partners, which supported me for the collection of data for my study project.

I also wish to acknowledge the continuous help that I received from my friends and colleagues.

Last but not least, I would like to express my special thanks to my family members; my wife, my son Hamed and my two daughters Muska and Neda, for being patient with me during the period of the study.

Sincerely yours,

Abdul Shukoor Haidary
DECLARATION

I herewith declare that this is my own work submitted for Master degree to the Ritsumeikan Asia Pacific University and has not previously been submitted in any form, for another degree at any universities or academic institutes.

Signature:…………………… Date:…………………………
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune deficiency Syndrome</td>
</tr>
<tr>
<td>APU</td>
<td>Ritsumeikan Asian Pacific University</td>
</tr>
<tr>
<td>BPHS</td>
<td>Basic Package of Health Services</td>
</tr>
<tr>
<td>CIA</td>
<td>Central Intelligence Agency</td>
</tr>
<tr>
<td>CND</td>
<td>Commission of Narcotics Drugs</td>
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<tr>
<td>CSO</td>
<td>Central Statistical Organization</td>
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<tr>
<td>DALYs</td>
<td>Disability Adjusted Life Years</td>
</tr>
<tr>
<td>DDR</td>
<td>Drug Demand Reduction</td>
</tr>
<tr>
<td>EPHS</td>
<td>Essential Package of Health Services</td>
</tr>
<tr>
<td>FGDs</td>
<td>Focus Group Discussions</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Products</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDUs</td>
<td>Injection Drug Users</td>
</tr>
<tr>
<td>INCB</td>
<td>International Narcotics Control Board</td>
</tr>
<tr>
<td>INL</td>
<td>International Narcotics and Law enforcement affairs</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>IPD</td>
<td>Indoor Patient Department</td>
</tr>
<tr>
<td>ISI</td>
<td>Pakistan Inter Service Intelligence</td>
</tr>
<tr>
<td>MCN</td>
<td>Ministry of Counter Narcotics</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>NATO</td>
<td>North Atlantic Treaty Organization</td>
</tr>
<tr>
<td>NGOs</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>OPD</td>
<td>Outdoor Patient Department</td>
</tr>
<tr>
<td>SUDs</td>
<td>Substance Use Disorders</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations program on HIV/AIDS</td>
</tr>
<tr>
<td>UNODC</td>
<td>United Nation Office for Drug and Crime</td>
</tr>
<tr>
<td>USD</td>
<td>United State Dollars</td>
</tr>
<tr>
<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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ABSTRACT

Drugs are known to have dangerous consequences, but many people still use them. This study sought out to find the factors influencing the use of opioids drugs by young adults in Kabul, Afghanistan. The study was conducted to reveal some socioeconomic risk factors as to why some young adults use the opioid drugs. A descriptive as well as analytical study was undertaken in six sites of Kabul. The study had one hundred drug user's correspondences (cases), one hundred twenty non-drug users (control), with twenty-four local informants, and twelve drug demand reduction professionals’ informants as sources for the qualitative part of the study. Both qualitative and quantitative data were used in the study. Qualitative data were analyzed using thematic coded key words approach whereby the data collected from FGDs key informants were grouped under emerging themes of the research objectives. Quantitative data were analyzed using chi-square statistic test also using descriptive statistic such as frequencies, mean and percentages. Quantitative data were presented with the results of the chi - square test in the form of figures and tables.

The study revealed that drugs are easily available in each corner of the city and villages, and these are also inexpensive to the people. The opioid drugs were also found to be popular among the larger Kabul population. The abused drugs are obtained from drug dealers and other drug users. The study also found personal, behavior, social and economic factors associated with opioids use. The study found that young people who were more exposed to socioeconomic problems
used drugs more than those who were not exposed. These include: easy access to

drugs; lack of proper law enforcement; drug use among households and friends;
cigarette smoking; use of snuff; early age (15-22 years); illiteracy and low

education; use of opium as painkiller for treatment; family problems and poor

family relationships; peer pressure and influence; lack of sports and entertaining

facilities; poppy cultivation, war related tension and problems; lack of proper drug

prevention programs and lack of treatment facilities; unemployment and lack of

job security; migration and displacements; exposure to drugs and hard work at

strenuous jobs and poor participation in community activities.

The study makes a number of suggestions: there should be an increase in

sustained public awareness campaigns to show the dangers of drugs by involving

the media, civil education and administration. Government should strengthen

action to facilitate and prepare job opportunity, sport and recreation facilities, for

the young and adult people. Otherwise, gradually the drug addiction problems

could be increased. To prevent the adverse behaviors of people, a clear drug

policy on cigarette smoking and cannabis use may also be recommended. Public

health services should increase to prevent people from using opium for the

treatment of some diseases. Law enforcement organizations should take serious

action against drug traffickers and poppy cultivation and to stop their activities for

preventing easy access of people to drugs. Also, drug treatment coverage should

be increased to control drug addiction. The study also calls for further in depth

research into how the identified factors lead to the use of drugs among the young

generation of Afghanistan.
The study concludes that socioeconomic factors are the main risk factors, which can be used to explain the use of drugs among young adults in Kabul. These factors suggest that the government is not focused on solving the mentioned socioeconomic problems, which most of the young face.
CHAPTER – ONE

1 INTRODUCTION

1.1 Background of the Study

Opium has always affected human beings, particularly since this substance was used as a tool of war and illegal commerce in colonial regimes (Motte, 1981). The first action against opium was taken by the Chinese government in 1839 and was known as the Opium War (the war between China and British from 1839 to 1842) (UNODC, 2007). In 1909, the international community sat together in Shanghai, China to discuss how to deal with drug issues in the world. Subsequently, in 1912 on the basis of Shanghai conference the first agreement on the control of opium was endorsed (Ghodse, 2002, p. 381). Then, many conventions, regulations, protocols, and resolutions were issued by the United Nations. Also on the basis of these regulations, the International Counter Narcotics Board (INCB), Commission on Narcotic Drug (CND) and United Nations Office for Drug and Crime (UNODC) were established in order to control drugs at the international level by cooperation and coordination of member countries. International treaties and conventions have had a big impact on drug control (Ghodse, 2002, p. 389).

Nevertheless, drug use is still a major problem and threat to human beings in all parts of the world. Drug abuse is a worldwide problem and phenomena,
because drugs exist everywhere in all countries. Drug trafficking is a top illegal business for mafia networks; the UNODC estimation suggests that globally the total economy from the illegal drug business was estimated at 320 billion USD for one year, equal to 0.9 percent of worldwide GDP, 68 billion of which belongs to the opiate market (UNODC, 2009). Currently, addiction to illegal drugs is one of the 20 top risk factors for health worldwide and among the top ten risk factors in low-income countries. Some health problems related to drug abuse are infection such as HIV, hepatitis, tuberculosis (TB) and other blood borne diseases (UNODC, 2014).

Globally, the main illegal drugs that the majority of drug users consume are opium, heroin, morphine, cannabis (such as marijuana), amphetamine-type stimulants (ATS), Ecstasy\(^1\) and cocaine (UNODC, 2010). Globally, opioids (such as opium, morphine and heroin) are at the top of the list of problem drugs, which cause the most burdens of disease and drug-related mortality (UNODC, 2014).

The history of opium in Asia starts from the ancient period; by the eighth century A.D, opium had spread from the eastern Mediterranean to China, generating an Asia opium zone. And, in the 16th century, India’s Mughal Empire grew; this trade was primarily for use as entertainment. Then by the extension of European domains in Asia, the European colonial system created and developed the Asian opium trade and encouraged a dramatically expanded production of

\(^{1}\) Ecstasy is a hallucinogen class drug and Merck pharmaceutical company originally developed it in 1912. It was known as “MDMA”.
opium in Asian countries (such as India, China, Burma, Philippines, Vietnam, and Golden triangle countries such as Myanmar, Thailand and Laos) from the late seventeenth to early twentieth century (McCony, 2000).

Afghanistan, Iran, and the central Asian countries continue to be the parts of the world with a higher incidence of opiate users than the global estimate. In the Islamic Republic of Iran specifically, 1.5 percent of people had used opium, heroin, and other prescribed opioids (UNODC, 2009). In Pakistan, 0.8 percent of the total populations are regular heroin users, 0.3 percent of the total populations are opium abusers, one percent of the total populations are combined opioids abusers and approximately 1.5 percent of the population (nearly 1.6 million people) reported non-medical abuse of prescription opioids (UNODC, 2013).

Illegal activities such as cultivation, trade, trafficking and use of opium were big problems for Asian countries and people. Still, the number of opioid users has increased in some parts of Asia (such as in East and Southeast, as well in Central and West Asia) and some parts of Africa since 2009. Also, opioid drug use has been reported in Southwest and Central Asia, Eastern and Southeastern Europe and North America. Among drug classes, opioid users are at the top of the list of problem drug abusers, so it has caused a burden of disease and drug related deaths globally (UNODC, 2014).
1.2 Country Profile

The Islamic Republic of Afghanistan is located in South-Central Asia with a population of 260,231,00 (CSO, 2013). It is a country with 85 percent mountains and many natural barriers. Also, due to around four decades of war, people faced many problems in transportation, health, education, basic infrastructure, employment, security, drug issues and economic problems. The literacy rate is estimated at 12 percent for females and 39 percent for males with a big difference between urban and rural parts of the country. Furthermore, approximately 39 percent of people are living under the poverty line. The economy of the country between 2001 and 2012 improved, and gross domestic product (GDP) increased 15 percent a year. Also, income collection grew from 4.7 percent of GDP in 2002 to 14.4 in 2012 (CSO, 2013).

1.3 Geography

Afghanistan is a landlocked country surrounded in the south by Pakistan, west by the Islamic Republic of Iran, north by Turkmenistan, Uzbekistan, Tajikistan and both north/south with China. Afghanistan is the 41st largest country in size globally, with a population density of about 111.8 people per square miles. Afghanistan is a mountainous country with high peaks, many of which are covered with large and small glaciers and snowfields; the highest peak of Hindu Kush’s mountains is named Nowshak and rises 7485 m. Only about 15% of the country and its land are suitable for farming and housing. Also, war with the Soviet Union in the 1980s and the subsequent civil war in the 1990s left some
of that land useless because of inattention. In eastern and southeastern Afghanistan, forest lands amounted to about 2 million hectares, or about 5% of the country before the war, but currently due to deforestation, war, the shortage of fuel, and the need for firewood for cooking and heating, only 2% of forests remain (DLIFLC, 2012).

1.4 Kabul City Profile

Kabul city is the capital of Afghanistan and the largest city of the country, located in the eastern part of Afghanistan. According to the Afghanistan Central Statistical Organization (CSO), the official estimation of Kabul population is 4,086,500 people. Kabul is the economic and cultural center of the country, located 1,800 m above sea level in a beautiful valley among the Hindu Kush Mountains and along the Kabul River. Kabul and its outside districts have key products including fresh and dried fruit, nuts, Afghan rugs, leather, handicraft products, local clothes and furniture, and antique goods. However, the conflicts since 1978 have damaged the economies of the city. The economic condition has improved since the establishment of the Karzai government in 2001.

In 2002, around 1.8 million refugees returned to Afghanistan, mainly from Pakistan and the Islamic Republic of Iran. During 2003, Kabul city had around 1,500 families living in ruined houses and 60,000 families living in partly destroyed buildings and apartments (UN-HABITAT, 2003).
Also, because of overcrowded living situations, most of Kabul citizens suffer from having to pay quickly increasing rental costs for housing and are confronted with a shortage of basic services such as water, electricity and other social services. Returning immigrants, unable to have enough money to rent an apartment or a building due to increasing rent of the house — as well as most of the refugees — have been forced into ruined houses (Amnesty International, 2003). In Kabul province, 133,000 drug users are living. Opiate group drugs such as opium and heroin have been reported with the highest frequency of use in the province besides drugs such as cannabis and prescription opioids (UNODC report, 2009).

1.5 Opium Trends in Afghanistan

In 1924, Afghanistan reported a very low level of poppy cultivation in some villages of the country to the League of Nations. But, from 1978 to present, throughout more than three decades of war, Afghanistan people have confronted drug problems and cultivation grew gradually until now (UNODC, 2003). Due to opium production, Afghanistan became a member of the Golden Crescent (Iran, Afghanistan and Pakistan). The cultivation of opium has grown and increased along the country throughout this period and began rising gradually after 1979 due to the Soviet invasion, regional and international factors, and other tensions through the war (McCony, 2000).

The conflict has affected millions of hectares of arable lands and sent a lot of households over the border, mainly to Iran and Pakistan; few people stayed to work on the remaining farmland. On the other hand, the White House appointed
the Central Intelligence Agency (CIA) to do a major project to support the Afghan opposition (*Mujahidin*). Operating throughout Pakistan’s Inter Service Intelligence (ISI), the CIA started providing weapons and funding to the Afghanistan Mujahidin. While the Mujahidin got control over freed parts inside Afghanistan, they armed groups who pressed supporters to grow opium as a progressive tax and process it into heroin across the border in Pakistan’s Northwest frontier province. During this decade of conflict, Afghanistan’s opium production increased from 250 tons in 1982 to 750 tons in 1988. Under ISI protection, Pakistani traffickers and Afghan resistance leaders opened hundreds of heroin production laboratories along the Pakistan-Afghanistan border, and Pakistan was able to take the world’s heroin market so fast (McCony, 2000).

Then, after Soviet armies left the country and Western states’ financial support was cut; *mujahedin* commanders started competing for their power in the new Afghanistan regime, which resulted in a civil war. The conflict started between *mujahedin* insurgents until the 1990s, when they divided Afghanistan into several different parts under varying groups; in this situation and environment, in 1994 Taliban insurgents emerged step by step and captured most parts of Afghanistan and announced their government in the country. The Taliban increased the cultivation of poppy, because the main income of them was through taxing opium production (Gretchen Peters, 2009). Currently, due to the above causes, Afghanistan produces the world’s largest amount of opium drugs; surveys show a large increase of poppy cultivation from 154,000 hectares in 2012 to 209,000 hectares in 2013 (UNODC, 2014).
1.6 Afghanistan Opium Economy

The global illicit opiate market was estimated at 68 billion USD in 2009, with heroin abusers contributing 61 billion USD. Afghanistan produced 82% of total worldwide opium in the same year, and the value of Afghanistan opium was 438 million USD (UNODC report, 2009). Another survey shows the drug smugglers’ and dealers’ profits in neighboring countries in 2002 at about four billion USD of which 2.2 billion USD went to criminal groups in Central Asia (UNODC, 2003).

In Afghanistan, around 15,000 opiate drug group dealers were active in the 1990s (one dealer per 13 farmers). The revenue made by opiate smugglers was estimated at about 2.2 billion USD in late 2004 (UNODC 2004). Additionally, in Afghanistan around 3.3 million people gain an income from poppy cultivation and related activities. These include 80,000 farmers and 48,000 laborers coming from other parts of the country, and around 20,000 threshers’ dealers and smugglers (Rubin, 2004).

Also, in 2010 the price of one gram of heroin was about 4 USD in Afghanistan. In western and central Europe, opiate consumers pay some 40-100 USD per gram; in America and northern European countries, 170-200 USD; and in Australia, the price is higher – between 230 and 370 USD (UNODC, 2011). It is necessary to know that opium has been and remains to be a far more essential source of income for the poppy cultivators and poor people (also the other

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2 During the lancing time they collect raw opium gum from poppy plants.
profiteers) compared with the international aid fund for Afghan poor people and farmers. This is because they did not receive any support and services from government and international aid for Afghanistan due to corruption, security problems, mismanagement, and a weak governance system. Afghan households get to spread risk by sending their sons outside of the country, mainly to Pakistan and Iran; women and adolescents work in carpet production, and fathers work in the land to cultivate poppy while other members of the family help their parents in the poppy field (Goodhand, 2005).

Currently, people want to avoid the cultivation of poppy. They continue to cultivate other crops, mainly food crops, but there is no attention of the state and international commitment to support them to cultivate other crops instead of illegal crops such as poppy and marijuana (UNODC, 2003, p. 21). UNODC claims that poppy cultivation and related activities will result in a decline of the Afghan economy. Poppy cultivation and trade are replaced with legal crops and business. In 2007, the value of the Afghanistan opium harvest was 3.1 billion USD (UNODC, 2008).

Almost 755 million USD the cost of opium was paid to Afghanistan labors and farmers. They cultivate poppy or work as labors in this activity, with the rest – approximately 2.5 billion from Afghan opium – goes to traders and traffickers who mostly live outside of the country. Raymond Baker, author of Capitalism’s Achilles Heel point out “Drugs drain money from a country, and they don’t bring the profits back home”. Mr. Delawari, President of Afghanistan Central Bank,
puts it another way: “We get called a Narco-state and the money ends up outside the country” (Gretchen, 2009, p. 35).

### 1.7 Key Challenges

Afghanistan is the leading producer of opium and heroin in the world. Afghanistan is confronted with major and growing challenges associated with drug abuse problems. Moreover, around one million people (940,000) are addicted to drugs, particularly opiates such as opium and heroin at 8% of the entire population of Afghanistan; this rate is twice the global average of drug user (UNODC, 2010).

#### 1.7.1 Addiction to Opioid Drugs

Prevalence of regular opioid drug users in Afghanistan is estimated at 290,000 to 360,000 people, or equal to 2.7 percent of the adult population between 15-64 years old (UNODC & MCN, 2009). Nowadays, Afghanistan has one of the highest prevalence of opiate user rates in the world at 2.65 percent. However, addiction has a negative physical, mental, social and economic impact on the health and function of the Afghanistan people. The vulnerable are most at risk: drug use in Afghanistan is a growing problem, particularly among refugees and the young generation. Related literature shows that the drug has contributed to many problems in the society. Opiate drug use is a serious risk factor for chronic and viral diseases, some mental disorders, and injuries worldwide (UNODC, 2009).
In 2012, an urban drug use survey was conducted in 11 provinces of Afghanistan, which included toxicological testing (such as hair, urine and saliva tests) and estimated that drug abuse prevalence among the urban population of Afghanistan was 5.3 percent. This nationwide drug use survey, conducted by the United State of America’s Department of State, Bureau of International Narcotics and Law enforcement affairs (INL), estimated the total number of drug users in Afghanistan to be between 1,351,600 and 1,612,400 people. This survey also showed the drug use problem in Kabul as the most populated city (with an estimated population of over 3.2 million people, more than half of the country's total urban population in Afghanistan). The drug was found in 5.1 percent of Kabul city’s population: the drug affected 6.9 percent of adults (9.9 percent of men and 7 percent of women) and 2.6 percent of children in Kabul. Moreover, this survey showed separate opioid drug use problems in Kabul:

- The prevalence of opioid abuse in Kabul is 4.9% of total households, 2.3% of the total population and 3% of adults. Also in Kabul, the number of women drug abusers was about half of that of men using opioids, and 1.4 percent of Kabul children are affected as well. Among adult drug abusers in Kabul city, 44% used opioids.

- Opioids are the most prevalent drug abused in the urban areas of Afghanistan.

- Over 80% of children tested positive for opioids, yet the majority of them are probably not active drug users. Most of them are exposed to second-hand opium and heroin smoke and third-hand remnant in the households.
40,000 children living in urban areas may be affected directly or indirectly from adult’s opioid use (ANUDUS, 2012).

1.7.2 Children Vulnerability to Using Opioids

The INL 2012 urban survey found: “The prevalence of positive drug tests among children under age 15 is 2.3%. Opioids were detected the most in children - about 56% of drugs detected with 1.3% of children testing positive for opium. The opioid results suggest that children who tested positive for opioids are most likely positive because they were given the drug by an adult or because of environmental exposure to opium and heroin in homes where adults smoke these drugs”. As a result of using opiates by adults, the academic progress of children in Afghanistan is very weak and low. Some of them have left school and been forced to work because a family member was using drugs (UNODC Survey, 2014, p. 8).

1.7.3 Social and Family Problems

Through a survey, the UNODC and Ministry of Counter Narcotics of Afghanistan (MCN) found that drug use led to domestic violence, many employees lost their jobs, and some of the families were forced by drug user members to borrow money. Therefore, the families faced financial problems as a result of drug use in the family. Crime, premature death, corruption, workplace difficulties and security problems have increased due to drug abuse (UNODC Survey, 2014, p. 9).
1.7.4 Criminal Justice Involvement

Drug users and dealers among the arrested population are much higher than the Afghanistan population in general; among prisoners, one third of them have drug related crimes (UNODC, 2011, p. 3).

1.7.5 Spread of HIV/AIDS

Based on United Nations program on HIV/AIDS (UNAIDS) report: “for the 49 countries for which data are available, the prevalence of HIV among people who injected drugs is at least 22 times higher than among the general population and, in 11 countries is at least 50 times higher. On the other hand the joint UNODC/WHO/UNAIDS / WORLD BANK global estimate for 2012 of the number of people who inject drugs living with HIV is 1.7 million, corresponding to an average prevalence of HIV among people who injected drugs of 13.1 percent” (UNODC report, 2014).

The UNAIDS and WHO identified that HIV prevalence is mainly concentrated among injection drug users in Afghanistan. So, the main incidence and spread of HIV in the country are through injection drug users (World Bank, 2012).

UNODC survey in 2009 found that about 18000- 23000 Injecting Drug Users (IDUs) are reported in Afghanistan. This has brought about many harmful effects such as: HIV/AIDS, TB, different types of hepatitis and mental disorders. Also, based on the Johns Hopkins University survey conducted in 2010, the
prevalence of HIV among the injecting drug users was about 7.2% (DDR/MCN, 2012).

1.7.6 Corruption

UNODC recent surveys reported that Afghanistan is the largest supplier of opium to the international black market. Afghanistan, with a massive drug activity such as production or traffic, is linked to organized crime groups involving different types of crimes connected to drug trafficking, such as human trafficking, kidnappings, money laundering, and corruption. And, a massive source of corruption comes from drug-related activities, like undermining government institutions or political systems, particularly in those provinces where poppy cultivation exists. Therefore the main reasons of corruption in Afghanistan are illicit cultivation of poppy and marijuana and the smuggling of their products (Mohseni.N).

1.7.7 Drug Related Deaths and Disability

A study published by Degenhardt in 2013, found that addiction to illegal substances was accountable for 3.5 million years of life lost throughout premature death and 16.4 million years of life lived with disability. Altogether, it is equal to 20 million years of DALYs, representing 0.8% of the world total disability adjusted life years. Addiction to opioids contributed utmost to the burden of disease; 55% of life is lost due to premature death and 44% of years of life is lost because of disability (UNODC, 2014).
One main consequence of the use of opioids in Afghanistan is the loss of potential productivity due to disability, and another big concern is premature deaths. According to the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), the main age drug related deaths for European countries are between 26 to 46 years old (UNODC, 2013).

1.7.8 Feeding Terrorism Networks

Afghan drugs still have catastrophic consequences. They fund criminals, insurgents, and terrorists in Afghanistan and abroad. Collusion with corrupt government officials keeps undermining public trust, security, and the law. The taint of money laundering is harming the reputation of banks in the Gulf and further afield (Gretchen, 2009).

1.8 General Overview on National Health System

Around four decades of war in Afghanistan has extremely affected the health system. In 2003, the Ministry of Public Health (MoPH) decided to establish essential primary health care services as the foundation of its health care system. Afghanistan’s international partners, such as the United States Agency for International Development (USAID), World Bank (WB) and European Commission (EC) and the United Nations, were supporting the approach. These are based on the approach of two programs, the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) that have been
established. The main purpose of the EPHS was to complement and support the BPHS.

Mostly, health services are delivered at five levels throughout the health system of Afghanistan:

- Community level through volunteer Community Health Workers (CHWs)
- Health Sub Centers (HSCs) and Mobile Clinics
- Basic Health Centers (BHCs), Comprehensive Health Centers (CHCs), CHC plus and District Hospitals (DHs)
- Provincial and Regional Hospitals
- National and Specialty Hospitals

Based on Afghanistan constitution, the MoPH has to provide free healthcare services to the entire country population. Though in the post-conflict context, Afghanistan has not been able to collect enough revenue to support health care services. As a consequence, supporters have taken responsibility to fund these services. Donors tend to concentrate their funds on primary health care services such as BPHS, Expanded Program on Immunization (EPI), and Communicable Disease Control, with limited external resources being applied to secondary health services (EPHS). So, for tertiary and specialty hospitals, MoPH allocated 26% of the total funds, which the ministry received from the government. Therefore, most of the tertiary hospitals are with poor facilities set-up, inadequate human resources, and lack of essential necessities. Mainly in Afghanistan, health programs are implemented by national and international Non-
Governmental Organizations (NGOs). MoPH has leadership and stewardship, and in three provinces MoPH has the responsibility for delivering services; also, there are ten hospitals where health service delivery is through the MoPH. Also, the private sector plays important roles in providing health care services, and their main focus is on curative services (hospitals, pharmacies, diagnostic services)(Afghanistan MoPH, 2011).

1.8.1 Drug Demand Reduction

The surveys shows, around one million drug users are existed in Afghanistan. Government, along with the private sector that have inadequate resources and poor infrastructure, have limited capacity and treat only 2.86% of the opioids users annually. With these resources, it is difficult to have control over drug problems in the country. Additionally, drug treatment is not incorporated as a priority in the agenda of relevant ministries. On the other hand, lack of an allocated budget through the government to respond to the problem and the absence of proper protocols and standards to treat drug addicts are major challenges (DDR/MCN, 2012).

The Afghanistan DDR national policy points out that “there are several issues such as; absence of a licensing system for treatment facilities and certification mechanism for addictions counselors, the 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” (DDR/MCN, 2012).

1.9 Statement of Problem

As the 2009 UNODC survey shows, the number of drug abusers is increasing compared with the 2005 survey in the country of Afghanistan; especially, the number of heroin and opium abusers has increased to an alarming rate (heroin abusers increased 140% and opium abusers increased 53% within four years), and most of drug abusers are aged between 15 to 64 years (UNODC survey 2009). It means the target of this phenomenon overall is the young generation who are the backbone of their families in Afghanistan.

The problems related with drug users are:

1. Socioeconomic problem: Most of the drug abusers are young people who are more proactive economically and are the backbone of the family and society. Thus, they become burdens on family and society.

2. Health care cost increased due to drug abuse because of overdose, accidents and vulnerability to serious infections such as HIV/AIDS, Hepatitis B&C and TB.

3. Crimes: drug abuse increases the crime level in the community.

Most of the studies conducted have mainly focused on the prevalence and impact of drug use in Afghanistan. There is very little that has been studied on
those factors that may be correlated with opioid drugs use. This study consequently wanted to fill in this knowledge gap by studying those factors that are associated with opioid use so as to be able to adopt the right approach in curbing the problem. It is from this perspective that the study concentrated on understanding the factors correlating with opioids usage in selecting districts in Kabul.

1.10 Significance of the Study

Dependence on drugs has gigantic costs to society in terms of direct and indirect health and social consequences. Human and financial resources lost due to the workplace, road and domestic accidents related to drug abuse. Health care cost increases related to diseases that develop in relation due to drug dependence (HIV, Hepatitis and other diseases including mental disorders); and social problems including drug-related crimes and deaths due to overdose.

Drugs – especially the opioids group (Opium and heroin) and cannabis – are easily available at a low price in Afghanistan because of illegal Poppy and Marianna cultivation; according to the UNODC 2014 worldwide report, for the third consecutive year, Afghanistan is the world’s largest opium cultivator country; the area under cultivation increased from 154,000 hectares in 2012 to 209,000 hectares in 2013 (UNODC, 2014). Also, the number of drug users in Afghanistan is increasing year by year (UNODC, 2009). Therefore, it is very important to find the social and economic factors associated with opioids abuse among young people in Kabul, to have scientific outcome and recommendations
for Afghanistan government to develop evidence based policies, strategies and interventions to control drug abuse phenomena in the country.

1.11 Benefit of Study

• Finding factors associated with opioids use.

• Evidence-based recommendations for Kabul drug demand reduction to design logical intervention for drug abuse prevention program.

• Enable the policy makers to tackle this phenomenon with a better understanding of its roots.

1.12 Objectives of the Study

The objectives that guided this study are as follows:

1.12.1 General Objective

The purpose of this study was to explore the socioeconomic factors associated with opioid use among young adults (15-35 year old) in Kabul, Afghanistan.

1.12.2 Specific Objective of the Study

✓ To determine the association of individual and demographic factors (e.g., age, education, etc.) in addiction to opiate use.

✓ To determine the association of family factors (e.g., spouse education, parent education level, drug user among households, use of opium for treatment in the family and family relationship) and opiate use.
To determine the association of social factors (e.g., having friends who use drugs, easy access to drugs, poppy cultivation in the community and poor participation in the community activities) and opiate use.

To determine the association of economic factors (e.g., joblessness, father job, etc.) and opiate use.

To determine the association of behavioral factors (e.g., smoking cigarette, use of snuff (Nasvar)\(^3\), drug use experience, reasons, etc.) and opiate use.

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\(^3\) Nasvar: Nasvar or Nas is the name of an addictive substance that is made with tobacco leaves and calcium carbonate. It is green and very strong smell and taste.
1.13 Conceptual Framework of the Study

A related concept is an idea, a symbol, and a representation of an objective or one of its behavioral facts (Nachmias & Nachmias, 1996). The conceptual framework is a design of the main variables and their relationships.

Independent variables

- Personal factors: Age and education
- Behavior factors: Use of snuff and cigarettes, smoking and early use of cannabis, and drug use experience
- Family factors: Spouse education, parent education level, drug user among households, use of opium for treatment in the family and family relationship
- Social factors: Drug users among friends, poppy cultivation in the community, and poor participation in the community activities
- Economic factors: Joblessness and father job

Dependent Variable

- Opioids drugs group use among Young and Adult People of Kabul (15-35)

Figure 1-1 Conceptual framework schema
In the above schema, an association of opioids abuse could be attributed to personal, behavior, family, community and economic factors. These make up the independent variables.

1.13.1 Personal and Behaviors Factors

These are characteristics of a population stated statistically, such as age and education. Behavioral factors mean issues that identify whether an individual will be involved in a specific behavior, such as the use of snuff and cigarette-smoking and early use of cannabis that can lead to use of opioid drugs. The concept indicates that these characteristics play a role in determining whether to use opioids or not.

1.13.2 Family Factors

Family factors are also hypothesized as the other factors that contribute to opioids abuse among Kabul young people. Family features are those factors that are unique to each person, such as spouse education, parent education level, drug users among households, use of opium for treatment in the family and family relationship.

1.13.3 Social and Economic Factors

Socio-economic factors are a general set of factors that cut across community and economic activities. For the aim of this study, these factors
include having friends who use drugs, poppy cultivation in the community, easy access to buy drugs, and poor participation in the community activities.

This study concept is that opioid use among young people in Kabul has a relation to the above factors, namely personal factors, family factors, community and economic factors. Therefore, the study considers causes through the mentioned factors as the independent variable and the effect that is the use of opioids as the dependent variable.

1.14 Theoretical Framework of Study

The study theory was adopted based on the following theoretical framework:

1.14.1 Social Learning Theory

The idea of this theory explains that human beings learn from one another, throughout modeling, observation, reproduction, and exposure. This concept has regularly been called a link with behavioral and cognitive learning theories, which include memory, attention and motivation. According to this theory, people act in terms of sustainable mutual interaction between behavioral, cognitive and social effects.

This also states that, throughout observation and learning, people look to take or not to take drugs. If young people see peers, friends, parents, and other family members using drugs, they seem to become more curious to the use of drugs. In this study, both the immediate and macro environments hold the young
generation. The immediate social environment is the household and the workplace while the macro environment is the larger society in which young people interact. This means that if a given society embraces abuse of drugs or drug abuse is high, then young people are more vulnerable to copy them. This is called social learning theory (Bandura, 1977).

1.15 Study Approach

The approach of this study is a descriptive and analytical approach: based on a study approach in advanced analysis, this study’s findings are described and analyzed over the factors behind the opioids abuse among young and adult people aged 15 to 35 years old.

1.16 Study Hypothesis

The study tested the hypothesis that young people with low socioeconomic status, low or no education, and personal behavioral problems have a higher risk for drug addiction than the rest.

Potential factors related to socioeconomic problems and personal behaviors that are studied in this research include:

- Personal, demographic and behaviors factors such as age, education, cigarette smoking and use of snuff.
- Family factors such as spouse education, parent education, drug users among households, use of opium for treatment in the family, and family relationship.

- Social factors such as having friends who use drugs, easy access to drugs, poppy cultivation in the community, and poor participation in the community activities.

- Economic factors such as unemployment and the father’s job and income.

1.17 Research Questions

The study answered the following questions:

1.17.1 Main Question

What are the socioeconomic factors associated with opioid abuse among people aged 15-35 years old in Kabul?

1.17.2 Sub Questions

2. Are joblessness and father’s job status contributing factors to opioids use?

3. Is illiteracy and low education contributing to opioids use?

4. Does having friends, neighbors and relatives who use drugs, contribute to opioids use?

5. Does place of living contribute to opioids use?
6. Are smoking cigarette and use of snuff contributing to opioids use?

1.18 Definition of Terms

Addiction: is a chronic, relapsing brain disease that is characterized by compulsive substance seeking and use, despite harmful consequences (APA, 1994).

Substance use disorders: a general category that includes substance abuse, psychological dependence and addiction (APA, 1994).

Opium: opium means the coagulated juice of the poppy plants (UN Convention, 1961).

Cannabis: means the flowering or fruiting tops of the cannabis plants (excluding the seeds and leaves when not accompanied by the tops) from the resin that has not been extracted, by whatever name they may be designated (UN Convention, 1961).

Amphetamine Type Stimulants: stimulants refer to a group of drugs whose principal members include amphetamine and methamphetamine. However, a range of other substances also falls into this group, such as methcathinone, fenetylline, ephedrine, pseudoephedrine, methylphenidate and MDMA or ‘Ecstasy’ – an amphetamine-type derivative with hallucinogenic properties (WHO, website).

“the term ‘opioid’ has come to be used as the collective description of the naturally occurring alkaloids, semisynthetic derivatives and totally synthetic drugs. However, in general usage ‘opiates’ and ‘opioids’ are often used interchangeably. The parent drug of this class is opium, obtained from the opium poppy *Papaver somniferum* (Ghodse.H, 2002, p. 95).

**Drug**: any substance, other than those required for the maintenance of normal health, which, when taken into the living organism, may modify one or more of its functions (WHO, 1969).

**Drug Abuse**: in DSM-IV, drug abuse or psychoactive substance abuse is defined as a “maladaptive pattern of use indicated by continued use despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use or by the recurrent use in situations in which it is physically hazardous. It is a residual category, with dependence taking precedence when applicable. The term ‘abuse’ is sometimes used disapprovingly to refer to any use at all, particularly of illicit drugs (APA, 1994).

**Blood Borne Disease**: the diseases that can be spread through contamination by blood such as HIV, Hepatitis B, C and Viral hemorrhagic fever. (WHO, 1969).

**Poppy Plant**: means the plant of the species *Papaver Somnifeum* (UN Convention, 1961)
1.19 Scope and Limitations of the Study

The study was limited to only some districts of Kabul province in Afghanistan. The extent to which this study was applied is limited to some districts of Kabul and other provinces of Afghanistan as well. The study was also chosen to determine socioeconomic, personal, demographic, and behavior factors associated with opioids use. The target population was mainly 15-35 years old; people posed one of the study limitations. Also the study, selected variables were too many. The study was also limited to opioids group drug that is making social and economic problems in Afghanistan.

1.20 Outline of Study

This study covers all information in six chapters as below:

- First chapter: introduction
- Second chapter: literature review
- Third chapter: methodology
- Forth chapter: results
- Fifth chapter: discussion
- Sixth chapter: conclusion and recommendations
CHAPTER -TWO

2 LITERATURE REVIEW

2.1 Introduction

This chapter presents a critical and analytical review of the available literature on factors, which has association to use of illegal drugs, mainly opioids. Also, a brief overview about the drug issues; neurobiology of addiction; type of addicts; opioid use issues and the summary of the related literature review.

2.2 Drugs Issue Overview

As noted in chapter one, humans have been using psychoactive drugs since ancient times. There is evidence that drugs such as opium and cannabis (marihuana/marijuana) were used from the Neolithic era in China, and opium appears to have been used in ancient Babylon both to relieve pain and induce sleep. During more recent historical times, opium and its derivatives (such as laudanum) have been widely used in medicine. Before the introduction of anesthesia during the nineteenth century, a mixture of opium and alcohol was extensively used to stupefy surgical patients and to shield them from the pain of operations.

In 1874, Alder Wright, a chemist in London, first experimented and developed heroin. Even though the analgesic qualities of heroin have long been evident, its medical use in the USA is forbidden. This appears paradoxical to
some observers since it is widely available illegally for recreational use. Much of the existing apparatus of international drug control is based upon the single convention on Narcotics Drugs (1961). This international treaty covers the production and trafficking of ‘narcotic drugs’ (Taylor, 1963).

Drugs are a worldwide problem, particularly illegal drugs. The drug problem is extended to all parts of society; in some cities, people snort cocaine in the night clubs; some street adolescents and children in some parts of cities of low income countries sniff glue; the former use the opium which they cultivate; and some of the youth use Ecstasy in comfortable places. Addiction to drugs is the cause for some social problems such as loss of jobs, broken households and relationships, rising healthcare costs, and other community-related issues. Injection drug use is also the main cause for the spread of HIV/AIDS and hepatitis. It’s also evident that economic, social and political changes promoted the widespread adoption of an unprecedented array of natural and synthetic psychoactive drugs. These include cannabis, cocaine, opioids, amphetamine, mescaline and LSD\(^4\). The use of such substances has become more and more normalized in many cultures, especially by teenagers and other young adults, but also by older individuals (Taylor, 1963).

In 2012 it was estimated that around 243 million people worldwide aged 15 to 64 year old (between 162,000,000 to 324,000,000 – or equal to 5.2 percent of the world population) had used an illegal drug. However, the levels of use of

\(^4\) LSD is a hallucinogen class drug. It is manufactured from lysergic acid, which is found in the ergot fungus that grown on rye and other grains.
illegal drugs are different from society to society among males and females in term of type of drugs they used. Usually males are more likely to have used drugs compared to females. Also, the regional trends of illegal drug abuse are different. Generally the prevalence of global drug use is considered to be stable. Likewise, the total problems of drug abusers and regular drug users remain stable at about 27 million people. However, drug abuse continues to take a significant toll, with clear human lives and productive years of many people being lost. Drug related death is the most extreme form of harm that can result from drug abuse (UNODC report, 2014).

The United Nation Office on Drug and Crime (UNODC) estimated that there were 183,000 drug related deaths in 2012, and the opioids group is at the top of the list of problem drugs that cause the most burdens of diseases and drug related deaths in the world (UNODC report, 2014).

In Afghanistan, poppy cultivation farms are a major risk both on the national and international level. Besides the increase in poppy cultivation, opioid users have also increased dramatically in recent years in all parts of Afghanistan (UNODC Survey, 2009).

2.3 Neurobiology of Addiction

According to the American Psychiatric Association, 1994 “addiction or substance use disorders is a chronic relapsing disorder that is characterized by compulsion to seek and take the drug with harmful consequences and emergence
of a negative emotional state (e.g., euphoria, anxiety, irritability)” (Koob & Le Moal, 2006).

Substance use disorders will refer to a final phase of the drug use process, which interchanges from use of drug to abuse of drug. Addiction to drugs is a chronic disease (Meyer, 1996). Usually, it is defined through its etiology, pathophysiology, and diagnosis as a chronic relapsing disease. The related social, medical, and job-associated problems, which generally develop throughout the course of dependency on drugs, never disappear (except for detoxification). Addiction to drugs typically creates some changes in the brain of the patient that still appear a long time after he or she stops taking them. These same changes in the brain and the correlated individual and community problems put the person at risk of relapse (O'Brien & McLellan, 1996).

2.4 Types of Addicts and Paths Taken

Three types of addicts are now recognized: street addicts, middle class addicts and situational addicts. In this study, I would like to discuss briefly the different paths each of these types takes:

The first type to be discussed is the situational type; that is persons who use drugs in specific situations but when that situation changes they stop using. This type is usually comprised of Vietnam veterans. The second type is the middle class addict. They are often poly-drug users who use more than one substance. The only thing researchers did not observe for this group were environmental
change and retirement. This field researcher noted the career for such addicts was not interrupted with as much incarceration as the street addict. Researchers expect that the resources of this group – such as their education, skills and social support networks – were instrumental in their recoveries. The third type is the street user. In general, the ubiquitous working class street addicts have the hardest time trying to recover. Growing up in communities with a high incidence of drug users and criminal activities, having reduced resources, and experiencing blocked opportunity may all act to solidify the addict lifestyle in ways the middle class or situational addicts never approach. One of the best repeatable findings in the epidemiology of addiction is a developmental sequence of involvement in the use of drugs.

The level of development in the use of tobacco and other legal drugs such as alcohol proceeds to the use of hashish; in turn, the use of hashish precedes the use of opioids group and other illegal substances. This has been observed in most parts of the world, particularly in western countries (Plant & Plant, 2008, p. 116).

2.5 Addiction Pattern

Substance use disorders are complex phenomena when compared with the previous concept, and now it is acknowledged that substance users are characterized as very heterogeneous. The features developing to addiction are different. Also, relevant features of each person in nature, development in the different society, comorbidity, protecting elements, and extended genetics factors as well as place of conducting research. Furthermore, all mentioned patterns
probably have relations with the neurobiological development and processes. A rational claim is that in the beginning of substance use disorders, there is a high correlation with social and environmental elements, although the path to drug use and dependency are likewise correlated with neurobiological pattern (Glants & Pickens, 1992).

2.6 Drug Use and Related Risk Factors

During the past four decades, mental health and addiction professionals have tried to find out how SUDs start and progress. Several factors are association to an individual risk for addiction to drugs. Generally, risks can increase an individual chance for opioids abuse or other kinds of drugs, whereas prevention elements reduce the risk of drug abuse.

Base of Schulenburg study: “Majority of people at risk for drug abuse does not start drugs to become addicted. Also, a risk factor for one person may not be for another. He further claims that risk factors can affect children at different stages of their lives. The early childhood risks, such as aggressive behavior, if not addressed can lead to more risks, such as academic failure and social difficulties, which put children at additional risks for later drug use. Risk factors can influence drug abuse in many ways. The economy cost to society of drug use and indirect costs related with secondary medical events, social problems, and loss of productivity” (Schulenberg, 1996).
The UNODC study “the impact of drug use on user and their family in Afghanistan”, identified the following risk factors: unemployment, economic problems, family problems, peer pressure, use as a painkiller, drug users among family members, depression, and use out of curiosity. These are the identified reasons that increase the use of drugs among people.

Moreover, this survey found that a significant element of the problems of drug use in Afghanistan is the involvement of people in poppy cultivation and opiate illegal activities. Also, the other possibility was that poppy cultivators and drug smugglers were become drug users. The survey found that 18% of drug users in Afghanistan participated in poppy lancing to obtain raw opium gum. Among them, 49.1% had participated in the poppy lancing before they started using drugs, and 50.9% indicated that they worked in poppy lancing during the addiction. Also, the survey identified that 2% of their subjects worked in clandestine drug production laboratories; among them, 36.8% reported they had worked in heroin processing laboratories prior to using drugs (UNODC survey, 2014).

2.7 Opioids Use and Related Issues

Studies have reported that opioids use has a strong association to some problems, for example: use of other substances, criminal activity, accidental injuries, gangs’ fights, suicidal ideation and attempts, the risk of HIV and hepatitis (UNODC, 2014). Social factors have a great impact on drug use, including drug dependence (Woldorf, 1983).
Some publications mainly focus on social and psychological factors that have a correlation with opioid use. Specifically, there is a connection between intravenous use of opioids drugs and the spread of infectious disease such as immunodeficiency virus (HIV) and hepatitis B and C (Des Garleis et al., 1987). HIV/AIDS professionals are deal with much of the debate about drugs. This fact also presented drug treatment agency staff with something they had rarely encountered previously, in the form of incurable illness. Another closely related issue that must be considered is that of drug use and HIV risks within particular groups – such as the sex industry and injection drug users. Concern about drug use, especially by young people, has led to great interest in the prospect of discouraging or preventing this type of behavior by educating. In fact, the track record of drugs education and related activities has been extremely poor (Darrow et al., 1990).

American statistics department estimated that most people who acquired the drug addiction do so in early youth. One third had become addicted below the age of 20 and one half whilst they were under the age of 25. So, these young generations, for whom the drug dealer dangerously targets a majority of them, are mostly unaware and inexperienced. Older people are too wary, as a rule, to be enticed so easily. Most of older people know the danger involved of accepting a tweak of white powder at a pleasant party. But young people do not have the protection of wisdom and experience. Filled with curiosity, with the youthful desire to “try anything once,” they become easy victims. A tweak of heroin snuffed up the nose is followed by an extraordinary feeling of exhilaration, the
dropping of fatigue, or release from boredom. If older people seek this sort of release, it is more or less understood. But to young people it is a new and highly exciting game, with no knowledge as to what may happen when the game is continued. Therefore it is to the youth that a drug dealer makes his subtle attraction, and these young people cannot be classed with hardened drinkers whose alcohol supplies have been reduced by prohibition (Ellen N. La Motte, 1981).

2.8 Factors Associated with Drug Abuse

The evidence shows a number of factors that play a role in contributing towards the predisposition of a person to use drugs. These studies have identified that factors can lead people – particularly the young generation – to use drugs. A study investigated three main risk factors: demographic, socioeconomic, and behavior (Johnson, et al., 2003). Another study described which individual features of people are involved in the inception of drug use (Lang, 2001).

A study suggests many risk factors could increase the likelihood that people will use drugs, which include: early use of tobacco or alcohol, separation from households, school, religious institutions, and community, antisocial behavior, and drug users among friends and member of households (Martinez, 2004).

These risk factors are discussed briefly in the following sections:
2.8.1 Demographic & Personal Factors

Investigators determine that age and gender could be risk factors for SUDs. They also suggest that the risk of beginning the use of drugs is high between the ages of 18 and 21 years old. Another investigation in demographical factors proposed that there are “ages of vulnerability” to use drugs. Generally, the age of high risk of the person seeking to smoke cigarettes, drink alcohol, use cannabis, opioids and other substances peaks between 16 and 18 years old and the process ends by age 20 (Callen, 1985). Another study had found that men have higher rates of drug abuse than women. This study also suggests that the period of major risk for trying drugs is between the ages of 16 and 18, and it will culminate by age 20 (Johnson et al., 2003).

Another study has found that sex is also a factor that supports the chance of involvement in the use of drugs. Many surveys conducted in senior grade students in high school from 1975-1979 determined that men reported higher abuse of drugs compared with women. Also, this study added that, “despite this evidence of differences by sex, little attention has been paid to the origin of these differences” (Thorne & DeBlassie, 1985).

In 2014, a study conducted by UNODC in Afghanistan suggests that illiteracy and low education are risk factors, which lead young people to use. The study described that, among total correspondents, 55.9% were illiterate, 18% primary school, 12.3% secondary school, 9.7% had high school, and the remaining 4.1% had higher education level. The study postulated that education
could play an important role in prevention of drug use (UNODC Survey, 2014, p.18).

### 2.8.2 Socioeconomic Factors

Some risk factors include the family environment, peers and friends influence, and the social environment. Several researchers reported that in households where an adult member of the family uses drugs, some of the young generation also become addicted and involved (Johnson et al., 2003).

Another study has determined that young generations from dysfunctional households are more under risk of addiction. Young people whose peer or friends are involved in drugs, they are also more likely to become involved. Many environmental risk factors also have been considered, such as a lack of proper law enforcement and easy access to drugs (Angello-Linden, 2001).

The household has a strong effect on whether the young generation will become involved with drug use, as the survey shows that of 82 percent of parents who used drugs, their adolescents’ children also used them. 72 percent of parents whom abstained from the use of drugs had young generation who also abstained (Kandel et al., 2001). The use of hashish by adult members of family increased the risk of hashish among their young children. This matter has been described in various ways. Firstly, young people may be simply copying the attitude and habit of their household’s adult members. Secondly, in the family that we acquire and learn what kind of behaviors and attitudes from society are acceptable and which
kinds are not. A household, which usually abuses drugs, sends a message to their young generation, which is a common and normal performance and attitude. Conclusively, a household or family in which elders are using a kind of drug is likely to encourage the young generation to use of drugs (Goddard & Butler, 2000).

The structures of households play important roles in the development of the young generation. Also not having parents and the absence of the father or mother from the household plays an important role on the attitude of young children; the outcome is the use of drugs among their young children. Parents who have little attachment with their kids and parents who have a poor or inadequate relationship with their children tend to have more young children who use drugs. A study on the relationship between a father’s alcohol use and their children’s alcohol use, the findings point out a statistically significant positive relation between the two. While all factors were measured, young children whose parents use alcohol are 2.7 times more likely to have used alcohol at least once in the past year, compared with adolescents whose parents do not consume alcohol. Likewise, adolescents whose parents currently use drugs are 2.6 times more likely to have used drugs compared with their classmates of the same age group whose parents are non-drug users (Stern, Northman, & Van Slyck, 1984).

A study conducted by Hirschi in 1969 found that a person with less social attachment supposedly does not mind the hopes of other people and so is motivated to turn away from the community beliefs and expectations. Therefore,
if a person is attached to households, peers, and social institutions (such as the Mosque and church), a person is less intentionally involved in activities that would damage or harm the attachments. However, are people with sustainable and strong family and social connections likely to use drugs? The study concept suggests that they avoid abnormal activities and make strong commitments their decisions. Commitment means the physical capital a person has in the community and institution. Commitment is based on the idea that there is a correlation within the stage of commitment and the tendency for deviation. Accordingly, people who have allocated and spent energy, time, and resources into selecting community values and norms (such as following education goals) are less likely to turn to drugs than someone who has not made such capital. The study claims that each individual who has seriously capitalized their commitment have more to lose in from career path than those who have temporarily invested or not invested at all. Therefore, unexpected habits such as substance abuse are less appealing to persons with high commitments (Hirschi, 1969). And, a study pointed out that drug use was widespread and mostly affected the young, but it also noted that it cuts through entire social groups. Peers also have a significant influence on whether a young person will use drugs. This study also suggested that a young generation is more likely to use drugs if his or her friends had used it (Kwamanga, Odhiambo, & Amukoye, 2003).

Another survey found that the few main variables in which, young people may use drugs that is offered by the peer where the young person selects to have relationship. This study believes that drug abuse is often nearly directly linked to a
friend relation. Friends’ character behavior regarding drugs offers the community particular situations toward drug abuse, and this transfer of opinions and thought can develop motivations that lead to abuse of drugs. During this period of life, getting along with one’s peers is very essential. Young people who are in a peer group involved in drug use may also use drug. Also, this is a stage of a change in lifestyle, cognitive abilities, and family and social relationships. Young people are confronted with a different context if a member of their family or community is involved with the use of drugs. They may try to use the same substance to relieve their tension, which is correlated with a stage of change to deal with the peer group or copy the action or attitude of a household member (Odejide, 2006).

2.8.3 Behavioral Factors

Behavioral factors also play a role in young people’s drug use. A study determined that the use of certain drugs – for instance, cannabis and alcohol – can lead to an increased use of another drug (Johnson et al., 2003). A study found that the younger generation tend to start with some gate entry substances – for instance, smoking cigarette and alcohol consumption – then gradually progresses to cannabis and, step-by-step, to other drugs. Moreover, most substance users do not bind themselves to one certain substance (Schilling & McAlister, 2000). Another study described the probability that people who certainly do not use cannabis will pledge that their use of other illegal substance is very low (Callen, 1985).
CHAPTER - THREE

3 METHODOLOGY

3.1 Introduction

This section describes the methods that were used in obtaining and producing the study data. The main topics discussed here include: description of the study design, research areas, target population, sample size, instrumentation, timeliness of the research, authorization letter for data collection, process of data collection, and data analysis.

3.2 Study Design

In order to do an analytical observation of the socioeconomic factors for drug use among 15-35 years old people in Kabul province, a case-control study is the most appropriate epidemiological methodology to investigate the association between risk factors and the outcome interest between the case group compared with a control group who do not have the outcome of interest. In a case – control study, a group of cases (individuals who have the disease or outcome of interest) and a group of controls (individuals who do not have the disease or outcome of interest) are identified. Then the prevalence of or level of exposure to a risk (or protective) factor is measured and compared between the two groups (Bailey, Vardulaki, Langham, & Chandramohan, 2006, p. 45). Also, this study included a Focus Group Discussion (FGD) meeting with drug demand reduction professionals and local informants to assess the socioeconomic contributing
factors to use of drugs in Kabul. Based on the UNODC 2009 drug use survey compared with their 2005 drug use survey, the incidence of addiction to opioids drugs group has gone very high among the young people in Kabul province (UNODC survey, 2009).

These are the main points of this study analysis:

A. Opioid drugs users (The Case)
B. Non-Drug Users (A Control Group)
C. FGD with local informants and drug demand reduction experts

This study has selected opioids users to know; what factors influenced them to become drug users. The selection of control group was done to compare the two groups that live in same socioeconomic conditions, but differed in not becoming drug users. Also, this study would like to compare which kind of social and economic capital the control group have compared with the case group that, did not become opiate abusers. Also, this study would like to deeply know which socioeconomic factors have correlations to becoming opioid users for this reason selected to conduct two types of FGDs meetings; first two meetings of FGDs with local informants and second FGDs meeting with DDR professionals.

A face-to-face Interview technique was used with study subjects (both drug users and non-drug users). In each city and rural district interviews were conducted with twenty subjects of drug users as a case group and thirty of subjects’ non-drug users as a control group in the same area, age and same gender
with similar socioeconomic conditions. In the FGD, twelve community informants were attended. Totally three focus group discussions were conducted. The drug user interviews focus on the quantitative while the focus group discussions were mainly meant for qualitative purposes.

The local informants and DDR professionals, provided information on main factors associated with drug addiction. During the focus group discussion, participants were encouraged to talk about real life experience, whereas in the face-to-face interview with opioids users were asked question base of the questionnaire with closed questions. Also, interview with control group subjects used the same questionnaire.

3.3 Study Area

This study was conducted in six districts of Kabul province: five city sites, and one out of city site.

Figure 3-1 Map of Kabul districts with study area

The study was conducted in following sites of Kabul:

1- The Kalakan District; located in the north of Kabul province, the place conducted FGD with local informants and Interview with drug users coming for treatment as an outpatient and non – drug users living in this district with the same socioeconomic condition.

2- The First District; these included interviews with drug users after consumption of opiates in the drug use site, back of Mashed –e- Eidga and conducting FGD with local informants at the first districts municipality hall.

3- The Third District; the study conducted face to face interview with female opiate users in the Sanga Amaj women’s drug treatment center and interview with control group subjects living around Kute –e-Sange square.

4- The Seventh District; here there were interviews with opioids user subjects in Jangalak 300 beds drug residential treatment center.

5- The Ninth District; conducted FGD with DDR professionals in the ministry of counter narcotics, drug demand reduction meeting room, also conducted interviews with non-drug users working in industrial manufacturers.

6- The Fifteenth district; where, the study conducted interviews with drug users and non-drug users’ subjects who, lived around the Panjsaad Famili:\(^5\)-cemetery.

\(^5\) The Panjsaad Famili area is a society in the north of Kabul city that a famous cemetery located there.
The city districts were selected based on the criteria of having the most drug users inhabited. In addition, one rural district was also selected to carry out the study; the rural district was chosen as the base of the criteria of numbers of drug users and security situation.

3.4 Population of the Study

The target populations of this research study were mainly opioid users during the treatment in the hospitals and drug treatment centers, homeless, in the house and the opioids users who used drugs in the drug use site at the same location of Kabul city. Second young and adult people between 15 and 35 years old as non-drug users, living in same socioeconomic areas and working in the same area around drug treatment centers were the target population for a control group of this study.

In the FGD with local informants, following categories of people was invited; family of drug abusers, community elders, religious leaders, head of the community health association and police representative and drug treatment centers councilors or coordinators, school teachers and ex-drug users during the continuum of care. And for FGD meeting with Drug Demand Reduction (DDR) professional following categories of people participated in one meeting: DDR professionals from the Ministry of Counter Narcotics, specialist and professional from the Ministry of Public Health DDR section and councilors from different treatment centers in order to discuss the factors associated with drug abuse.
This study selected questions base of study objectives such as personal, family, community and economic factors and study questions to find the main socioeconomic factors are a risk factor that the people especially young generation becomes opioids users in Kabul province context.

Exclusion criteria for this study were different to each category of study populations. For interview with opioids users, those drug users they actually didn’t consume opioid drugs they used others drug such as cannabis, amphetamine type stimulants and alcohol, less than 15 years old and over 35 years old opioids users were excluded. Then interview with non-drug users as control group the subjects under 15 years old and over 35 years old were excluded.

3.5 Study Sample Size

The main samples of this study were opioid drugs users that included 120 people aged between 15 and 35 years old mainly male and female which 20 of them rejected the interview. And the second study sample was 150 subjects the control group subjects that 30 of them reject interview, which was selected from same socioeconomic groups among 15, and 35 years old Kabul citizens. Both group subjects selected bases of random sampling in this case multistage cluster sampling were used for male and female correspondents. The informants invited for each focus group discussions were twelve local people. The total sample size of this research study was 306 subjects. The face-to-face interviews simultaneously conducted with case and control group subjects. Finally the study conducted three FGDs with local informants and DDR professionals.
3.6 Instrumentation

A study questioner, which covers below sections, designed:

Section A: questions on personals and behavior factors; such as age, education, cigarette smoking, and drug use experience.

Section B: questions of family factors.

Section C: questions about community factors.

Section D: questions about economic factors.

Same questionnaire used for face-to-face interviews with both the opioids users and non-drug user's subjects. A separate questionnaire was prepared for the focus group discussion (FGD) meetings with local informants and drug demand reduction professionals. The questions were focused on the socioeconomic, demographic and behavior factors by using drug that's why people using opioids in Kabul province. The tools tested before execution of the main program with a few people find out how much time each interview needed then to know technical problem of instruments. Furthermore, this study used a consent letter to conduct for each individual interview with case and control subjects in order to convince them to participate in an interview.
3.7 Period of Study

From second of October 2013 to Jun 2014; wrote, developed and designed of study proposal, action plan, tools (such as questionnaires and checklists) and consent letter with translation in local language and their approval by in charge supervisor and faculty office of Ritsumeikan Asia Pacific University (APU). From the fifth of July to 12 of July polite study implemented to know the time of each interview needed, then, to check the questions on each section of the questionnaire.

Adjusting methodology after pilot study was from 15 of July until 18 of July 2014 by instruction of in charge public health management division professors of university (professor GHOTBI Nader and professor MEIRMANOV Serik).

The physical period of data collection was from August 2014 to September 2014. During this period of data collection the researcher was assisted by three expert people who received training about technique, methodology of the interview and what kind of data was needed then how they would conduct interviews with target population. The remaining steps of study such as; data analysis, finding and discussion was finished in end of June 2015.

3.8 Authorization Letter for Data Collection and Ethical Issues

In advance the study proposal was approved by Ritsumeikan Asia Pacific University (APU), before conducting data collection, the first meeting was held
with the deputy minister of policy and coordination ministry of counter narcotics which is chairman of drug demand reduction national working group (MCN). According to the DDR national policy the DDR national working group is the first authorized board in national level to lead and organize the drug control sector researches in Afghanistan.

The second meeting was conducted with the director of DDR and a drug demand reduction team of the ministry of counter narcotics, which is responsible for the secretariat of the national DDR working group. Likewise, a meeting was held with the director of DDR section ministry of public health which base on national DDR policy is main partners of drug demand reduction in Afghanistan. Consequently, after submission of research proposals and its instruments to the MCN, this study approved. After the permission procedure, the researcher officially introduced to those drug treatment centers that were the target for a study program.

Finally, for purposes of ensuring the privacy of data from the drug treatment centers, a consent letter was prepared and distributed to the drug treatment centers. It was assured that all data had to collect and used just for this study objective.

3.9 Procedure of Data Collection

All steps of data collection were conducted the base of selected sample size, study timetables and purposes.
After the official instruction of research to the drug treatment centers and local government, the data gathering was conducted in four levels:

1. Interview with patients during recovery: face to face of interview with indoor patient department (IPD) and outdoor patient department (OPD) in three hundred hospitals (Jangalak), Sanga Amaj women's drug treatment centers and Kalakan drug treatment Centre.

2. Interview with opioids users out of treatment centers: the researcher conducted interview with opiate users to the three sites of Kabul city such as under pul-e-sukhata location, Bagh-e- Ali Mardan and Panjsaad famili which located in districts 1, 3 and 15 of Kabul city.

3. Interview with control group subjects bases of study design, around Pul-Sokhata area and other area of the district first, seventh, ninth and fifteenth.

4. In order to conduct focus group discussions, first researcher visited the Colombo-Plan national office in Kabul for their permission for conducting FGDs in Kalakan DTC hall. Then, the study conducted FGDs in their clinic-meeting hall.

The collected data were mainly divided into two categories: interview with case-control subjects and FGDs with local and DDR professionals’ informants.

3.10 Data Analysis

This study was divided into two parts, quantities and qualitative. Qualitative data were analyzed using thematic coded key words approach
whereby the data collected from FGDs key informants were grouped under emerging themes of the research objectives and was done by summarizing and discussing the findings of the focus group discussions while the quantitative part analyzed and described separately. In the order of quantity part, after data collection and data entry into database of study methodology and supervisor recommendations, in order to get a scientific result this study in prior preparations and arranged data for software, then for better interpretation the quantitative data were analyzed using chi-square statistic test also using descriptive statistic such as frequencies, mean and percentages. Also, data were presented with the results of the chi-square test in the form of figures and tables.
CHAPTER – FOUR

4 RESULTS

4.1 Introduction

This chapter of study presents the findings and analysis of research data. The study is in two parts; qualitative and quantitative: for qualitative purposes the study conducted three focus group discussions with local and drug demand reductions informants. And quantitative purpose the study-conducted survey through the questionnaire with drug users and non-drug user's subjects, which sought to establish the factors contributing to opioids use among young and adult people in Kabul-Afghanistan.

4.2 The FGDs Findings

Base on the FGD meetings with local informants and DDR professionals the study finds some correlation between socioeconomic factors and use of opioids among young adult people in Kabul (figure 4.2).

4.2.1 Easy Access to Drug and Lack of Proper Law Enforcement

The FGD informants revealed that the drug is easily available in every corner of the Kabul. And, government has not been successful in arresting the local dealers. The head of local Shura in Kalakan district believes that there is organized networks around the country that supplied the local demand. He added
that these networks have started penetrating to the local villages and their primary targets are the local youth villagers.

Figure 4-1 Focus group discussion meeting in Kalakan district

An informant from DDR experts mentioned while we go to the drug use site, drug dealers easily purchasing and distributing every kind of drugs there and in some areas police saw them but did not stop their activities.

Other factors mentioned by key informants during FGDs are weak law enforcement. They pointed out we have law in Afghanistan, but unfortunately there no commitment to implement it properly. In those provinces, which cultivation of illegal plants exists, we know thousands of international community army and Afghan army exists, they just observe them.
4.2.2 Drug use Among Households and Family Problems

According to the FGD meeting's findings, family, as the backbone of the society, plays a very key role in order to development and growing of their younger members. Likewise, family environment plays a very important role in shaping the personality and social identity of a person. Moreover, drug use among family members that encourage a person to use drugs and be involved in illegal activities. Lack of family responsibility and carelessness toward the children, family violence and depression, family disorganization is to name a few of the family problems that lead to drug use. In some families, the communication problem between young and older members causes serious problems. As a result, sometimes, young family members turn to drugs.

4.2.3 Peer Pressure and Influence

As informants mentioned during FGD, friends influence and peer pressure also play a significant role in the incidence of drug use among the young generation in their society. A lot of people began use of drugs because, they had a friend who used drugs and in order for the person to be accepted to the group, he uses drugs otherwise, he would be rejected from the group; therefore, peer pressure is one of the leading reasons for addiction.

Khaliq, 31 years old and a local informant, raised his history during FGD, he says that first time when I joined with a group of young people in my village seven years ago, and his colleagues were using Hashish. After a week, they asked
me to join the party but I refused. Another day, I notice that my friends have a
different behavior toward me and somehow I would isolate. In fear of losing my
friends and in attempting to be accepted to the group, I joined the party and started
using hashish. Then I used hashish for two years after that I had been using heroin
until last year. He says that I stopped all drugs with the help of my family and
drug treatment center and my life changed now.

4.2.4 Lack of Sports and Entertaining Facilities

Some of the informants point out, before the war Kabul city had proper
facilities such as cinema, clubs, parks, swimming pools, and sport gymnasiums.
Also, people from the provinces, even from other countries came here for
sightseeing. But, during the war all facilities destroyed. Nowadays, there are not
sports or entertaining facilities, that the people, particularly youth use them. Just
one chance remains for the young to have gathered parties inside the housed or
close places with their age group and smoking cigarette or cannabis and alcohol
consumption, then gradually progress to cannabis and step by steps other drugs.

4.2.5 War Related Tension and Problems

The subjects of FGD mentioned that war has strong associations with
using of drugs in our society. Throughout over three decades of war our people
directly and indirectly faced with armed conflicts related problems and tensions.
We lost our children, houses and our social and physical capital. The mortality
and morbidity rates are very high in our country because of war. Therefore, the
addiction is one of indirect cause of war in our land. Until this dangerous phenomenon was present in our country, it is very difficult to control drug addiction in Kabul or other parts of Afghanistan.

4.2.6 Lack of Proper Drug Prevention Program and Treatment Facilities

Most of local informants in FGD meetings highlighted that lack of awareness, about the harms of opioids is a leading cause of drug addiction, particularly among the young people and adolescence. Unfortunately, in Afghan communities neither parent nor the public institutions provide enough and regular awareness about the harms of drug use to their children. There are no or very limited consultation and awareness services at schools, mosques and even on media to guide a young generation about harm consequences of drugs. Whereas schools and mosques can play a very important role, this is not happening at this moment or in very limited scale and seems vital to have it implemented as a mechanism to stop increasing drug use among youth. Some of the key informants pointed out that there are no enough treatment centers for treatment of addiction, which, drug users want to quit opioids. In some cities we have drug treatment centers, but their services not complete and standard, because when they discharge from treatment centers again they used opioids.

During FGDs, most of DDR experts and some of local informants pointed out that lack of comprehensive prevention programs is one cause which people use opioids group drugs and cannabis, because in our communities most of people are illiterate or low educated, even those people have high school education they
do not know about harm and bad consequences of the opioids. Also in our communities there are not sport and recreation facilities for youth and teenagers they spend their additional times with useful activities.

4.2.7 Unemployment and Lack of Job Security

The unemployment is another factor, which pointed out during FGDs by local and DDR informants. Joblessness is one of the main reasons for drug use and its related crimes. They raised that, due to the jobless and its tension young people may have a relationship with young groups which they use drugs and then start using drugs base of their influence, the unemployment is not only limited to the uneducated people. Even the educated youths have difficulty finding a job, which causes a lot of social problems. And, if some of people find a job, so the job would be for a short period of time and no assurance of continuity of it. After a couple of months they may lose their jobs, and no expectation that the job could be for a long time.

4.2.8 Migration and Displacements

Base of FGDs information that this study finds out, migration is also one of the contributing factors to use of opioids. Also, informants point out, some of opioids abusers started using drugs while they were refugee in neighboring countries of Afghanistan. Being away from family, stress, and hard work, and exposed to drug users of the reasons for drug use while in migration.
During the FGD in first district area a schoolteacher said a history about a family; they had immigrated to Iran and returned back to Kabul:

“Engineer Anwar Khan was an educated man in our street, he had 7 young children, 6 of them were male and one was a girl, they had a normal life without using any kinds of drugs, even cigarettes in our society. After 1972 due to war in Kabul, he left everything in Kabul and went to his original province. Due to economic problems I heard he went to Iran with his respected family and after 4 years he died due to stomach cancer there and his family remain alone. Anwar Khan’s young children had to work. So, they confronted with many social and economic problems and as I heard through his wife, when they come back from Iran in 2003, their 5 young children were opium and heroin users. She mentioned only my daughter and one of my youngest sons are free of drug and they did not use any kinds of drugs. Anwar Khan two young sons disappear, as their mother mentioned, “May they dead or could be in jail, because they were isolated from our family and sometimes they committed crimes there, so now I do not have information about them.” Anwar Khan’s three young children still use heroin. Every day, they go to drug use sites and use heroin with other thousands of people there. Two times they introduced them to a drug treatment center, but they avoid for while than they use again. The Shura’s members decided to go to Anwar Khan’s house and convince their mother to take her sons to a treatment center to quit drugs. He also believed that the war and immigration was the main reason, which they become drug user.
4.2.9 Expose with Drug and Hard Work

Based on FGD informants’ information; some of the people working hard such as working in brick kilns, ice production companies as a worker and also working in poultry. To do their jobs properly use drugs. And, some people working in heroin production clandestine labs and poppy cultivation fields and exposed with opioids directly. Therefore, through inhalation and skin contact they become depends on opioids.

Figure 4-2 The percentages of factors contributing to use of drugs

4.3 Results of Survey

The study conducted face-to-face interviews with 100 drug users and 120 non-drug user's subjects to establish factors associated with the use of drugs.

4.3.1 Personal Factors

The study selected following personal factors as research variables to determine whether, these factors have any relationship to the use of opioids:

4.3.1.1 Age (at the time of interview and age at the time of starting use of opioids)

This study is based on the primary data sample, one hundred samples of opiates addicted as a case group and one hundred twenty samples of not-addicted, but highly vulnerable to start using opiates, are drawn from Kabul, the capital city of Afghanistan.

Table 4-1 Age of case & control groups' subjects

<table>
<thead>
<tr>
<th>Cases</th>
<th>Age (range) at interview</th>
<th>Age when started opioids</th>
<th>Controls &amp; their age at interview time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>76 (15-35)</td>
<td>15-32 years old</td>
<td>Male 90 15-35 years old</td>
</tr>
<tr>
<td>Female</td>
<td>24 (17-35)</td>
<td>15-25</td>
<td>Female 30 15-27</td>
</tr>
<tr>
<td>Total</td>
<td>100 28.7 (15-35)</td>
<td>15-32 (Mean 20.7)</td>
<td>Total 120 15-35 (Mean 21.34)</td>
</tr>
</tbody>
</table>
Figures 4-3 Comparison-age distribution of case subjects at interview & at the time they begun use of drugs

Figure 4-4 Age distributions of control subjects
The average age of the case group, shows that those who started using opioids at the age of 20.7 years and the range is between 15-32 years. It shows that the majority of people acquire the opioids addiction in their early age. Two thirds had acquired it under the age of twenty, and one half under the age of 22. On the other hand, the average age of non-drug users is 21.5 years and it ranges between 15 to 35 years old.

4.3.1.2 Illiteracy & Level of Education

The main purpose of selecting this variable was to determine whether the levels of education have any correlation with the use of opioids or not? In the below figures: “No” represents the situation where respondents were not able to read and write and “Yes” explains the acquisition of education. The level of primary school education means the respondents’ can only read and writes. The figures 4.5 and 4.6 show a comparison of drug users’ education with the education of non-drug users.

![Figure 4-5 Literacy & education levels of case subjects](image)
Data’s of figures 4.5 and 4.6 shows 65 percent of case subjects are illiterate and 35% literate. Among those they have education, 68.5 percent were with low education (can read and write only). On the other hand, among the control group (non-drug users), which was randomly selected from the same socioeconomic group, 46% were illiterates and 54% literate. The statistically significant p- value (0.004) and Chi-Square value (7.9) indicate that the illiteracy and low education have any significant association with the use of opioids. Also, this study identified that among the female study group (case) 83% are illiterate and remaining 13% have a primary school education only. But in the control group, 54% literate and among them 51% have low education.

Among drug users compared with non-drug users, awareness and knowledge are very low to know about the hazards and dire consequences of opioids, because they were unaware that the drugs have dependency and harmful consequences. This study signifies that the education plays an important role to
curb the potential use of drugs and illiteracy is a serious risk factor for the addiction of opioids use.

4.3.2 Behaviors Factors

The study selected following behavior factors as research variables to determine whether, these are a contributing factor to the use of opioids:

4.3.2.1 Smoking Cigarettes and Use of Snuff

Through this variable the study would like to determine that cigarette smoking and use of snuff could increase the use of opioids or not. Thus, the study compared 100 subjects of the case group with 120 subjects of the control group.

Figure 4-7 Cigarette smoke & use of snuff of case and control subjects

The graph in figure 4.7 shows that 74 subjects of study group (case) had the experience of smoking cigarette and use snuff before they use opioids, compared to 30 subjects of control group who smoke cigarette and used snuff. The empirical analysis shows that in the case group, 26 of respondents have never used the cigarette or snuff before starting the use of opioids and 74 of them had an
experience with cigarette smoking and use of snuff before the actual use of opioids. The Chi-square test value = 52.54 (Table 4.2) and P-value of 0.00 revealed that there is a statistical significant positive correlation between cigarette smoking and use of snuff and the use of opioids. Subsequently, the study cannot accept the null hypothesis that smoking cigarette does not have an association with drug use.

Table 4-2 Contingency table of cigarette smoking and use of snuff

<table>
<thead>
<tr>
<th>Observed</th>
<th>Expected</th>
<th>Chi-square</th>
<th>P-value</th>
<th>DF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>52.72727273</td>
</tr>
<tr>
<td>26</td>
<td>90</td>
<td>52.72727273</td>
<td>63.27272727</td>
<td>52.54</td>
</tr>
<tr>
<td>74</td>
<td>30</td>
<td>47.27272727</td>
<td>56.72727273</td>
<td>52.54</td>
</tr>
</tbody>
</table>

4.3.2.2 Drug Use Experience & Reasons

The purpose of study, through the selection of this deceptive question was to determine the reasons why some people use drugs. Here “Pain relief” means some of them started use of drug for the first time for pain relief as a painkiller. “Hard working” means some of the subjects used drugs to deal with hard work environment. “Recreational use” means the subjects started to use drugs for fun and enjoy for the first time. “Someone encourages” means due to the influence and encouragements of friends and peers some of the subjects started use of drugs, “Curious” means due their own interest some of the subjects started use of drugs. “Other reasons” mean for extra reasons such as war related tension, and deal with
problems, some of the subjects began use of drugs then gradually they become addicted.

Figure 4-8 Drug use reasons of case subjects

Figure 4-9 Drug use reasons of some control subjects had experience of drug use

Among drug users the main reason for using opioids are peer encouragement and recreational use, because 40 percent responded that their friends encouraged them to use in other words, the peer pressure caused to use drugs, 25% use of drug for fun and 14 percent for pain relief, because they did not understand that they couldn’t quit them. Finally data show a strong association of addiction to peer encouragement such as friends and family members influence,
recreational use and using of opioids as painkillers. On the other hand, in control group some of them used drugs for one or few times, 52.5% used for fun and 26.5 used because of peers encouragements.

4.3.3 Family Factors

The study selected following family factors as research variables to determine whether, these factors have any relationship to the use of opioids or not:

4.3.3.1 Spouse Education

In table 4.3, “No” means the correspondents declared which their spouse cannot read and write, “Yes” means their spouse have education, primary school education means their spouse only can read and write (very low education) and rest such as high school, college and university education means their spouse has higher education.

Table 4-3 Spouse literacy and education levels

<table>
<thead>
<tr>
<th>Spouse education</th>
<th>Marriage</th>
<th>No</th>
<th>Yes</th>
<th>Primary school</th>
<th>High school</th>
<th>College</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 100</td>
<td>51%</td>
<td>69%</td>
<td>31%</td>
<td>56%</td>
<td>25%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Control 120</td>
<td>22%</td>
<td>72%</td>
<td>28%</td>
<td>58%</td>
<td>30%</td>
<td>12%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Based on p-value of 0.676, the study cannot reject the null hypothesis and cannot say there are some association with spouse education and addiction. The table 4.3 indicates, among case group subjects those who have spouse, 69% do not
have the education and among control group subjects those who has spouse, 72% do not have education.

4.3.3.2 Father Literacy and Education Level

The purpose of the study for selection of this variable was to determine whether the education and the education levels of parents have correlated with the use of opiates or not. “No” or “illiteracy” means not able to read and write. “Yes” or “literacy” means the subjects have education. But primary school education means can only read and write.

Table 4-4 Father's literacy & education levels

<table>
<thead>
<tr>
<th>Parents</th>
<th>education</th>
<th>No</th>
<th>Yes</th>
<th>P. School</th>
<th>High school</th>
<th>Collage</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case</td>
<td></td>
<td>71%</td>
<td>29%</td>
<td>65%</td>
<td>17.5%</td>
<td>10.5%</td>
<td>7%</td>
</tr>
<tr>
<td>Control</td>
<td></td>
<td>51%</td>
<td>49%</td>
<td>48%</td>
<td>29%</td>
<td>13%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Figure 4-10 Fathers’ education of case & control subjects
The table 4.4 and the figure 4.10 show that 71 fathers of drug users were uneducated but the fathers of control group subjects, 61 of them were uneducated. The level of education is important because, among educated parents of non-drug users, 52 percent have higher education but in case group, among their fathers are literate, 35 percent have a higher education. Also, father’s illiteracy with a p-value of 0.00023 and Chi-square value of 9.24 is statistically significant, and it has a strong association with the use of opioids drugs. Therefore, the null hypothesis is rejected and the study accepts the alternative hypothesis that the fathers’ illiteracy and low education has an association with the drug use (Table 4.5).

Table 4-5 Contingency table of parents’ literacy status

<table>
<thead>
<tr>
<th>Observed</th>
<th>Expected</th>
<th>Chi –square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>59</td>
<td>40</td>
<td>48</td>
<td>9.24</td>
</tr>
<tr>
<td>71</td>
<td>61</td>
<td>60</td>
<td>72</td>
<td></td>
</tr>
</tbody>
</table>

4.3.3.3 Drug Users among Households

Through this variable, the study would like to determine which use of drugs among family increase the risk of addiction or not and here “Yes” means, among study subjects households at least one person use drug and “No” means there is no one among households to use drugs.
Figure 4-11 Drug use among case & control subjects households

Based on the figure 4.11, the study indicates that the drug users in families of case group are eight times higher than the control group. Among the study group (drug users), 46 of subjects had drug users in their households, but in the control group, there are only 7 subjects, they have drug users among their families. It shows that the use of drugs among households have a positive association, confirmed by Chi-square value of 48.12, which is statistically significant. Thus, the null hypothesis that drug users among family do not have correlation with drug use is statistically rejected and the study can accept the alternative hypothesis, which says the use of drugs among households increased eight times the risk of use of drugs among other family members (Table 4.6).

Table 4-6 Contingency table of drug users among family

<table>
<thead>
<tr>
<th>Observed</th>
<th>Expected</th>
<th>Chi-square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Users 100</td>
<td>Non-Drug Users 120</td>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>Value</td>
</tr>
<tr>
<td>46</td>
<td>7</td>
<td>24.090909</td>
<td>28.9090909</td>
<td>48.12</td>
</tr>
</tbody>
</table>
4.3.3.4 Used of Opium to Treat an Illness or Pain

This variable determines the use of opioids particularly opium without prescription of a medical doctor, increases the risks of addiction or not? The figure 4.12 shows a comparison of both group’s subjects regarding the use of opium for treatment of some diseases or as a painkiller. Here “Yes” means that their households used to use opium as a painkiller, “No” means their families have never used opium for treatment purposes or as painkiller.

The figure (4.12) drug user group compared with the non-drug user group shows that 21 subjects their households use opioids for treatment or as painkillers without prescription of a certified doctor. The chi-square value of 9.79 with 1 degree of freedom (df) and p value 0.0017 are statistically significant. On the basis of 2×2 table’s result, we can reject the null hypothesis and accept the alternative hypothesis that the use of opiates for treatment has association with the outcome of interest (Table 4.7).
Table 4-7 Contingency table use of opioid for treatment

<table>
<thead>
<tr>
<th>Observed</th>
<th>Expected</th>
<th>Chi-square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>8</td>
<td>13.18181818</td>
<td>15.81818182</td>
<td>9.79</td>
</tr>
<tr>
<td>79</td>
<td>112</td>
<td>86.81818182</td>
<td>104.1818182</td>
<td></td>
</tr>
</tbody>
</table>

4.3.3.5 Poor Family Relationships

We have developed some of the variables for this study according to the social control concept (Hirschi, 1969), which says, that a weak attachment with family and community made problems for human being, and it changes human behaviors in some cases. The purpose of study through comparison of both study groups’ subject was to identify the association of family relationships. The figure 4.13 below shows that “Yes” means the correspondents of study have a normal relationship with their families and “No” means their relationships is weak or worst with their family members.

Figure 4-13 Case & control subjects’ family relationships
The figure 4.13 indicates that, among study group, 20 respondents had a poor family relationship compared with control group that shows 9 subjects. Also, p-value = 0.0064 and Chi-square value of 15.5 indicates there are statistically significant correlation between poor family relationships and use of opioids (Table 4.8).

<table>
<thead>
<tr>
<th>Observed</th>
<th>Expected</th>
<th>Chi-square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users</td>
<td>Non-drug users</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>120</td>
<td>100</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>111</td>
<td>86.81818182</td>
<td>104.1818182</td>
<td>15.5</td>
</tr>
<tr>
<td>20</td>
<td>9</td>
<td>13.18181818</td>
<td>15.81818182</td>
<td></td>
</tr>
</tbody>
</table>

4.3.4 Community Factors

The study selected some community factors, as a research variable such as; drug users among friends, access to drugs, poppy cultivation and poor participation in the community activities to determine whether, these variables have any relationship to the use of opioids.

4.3.4.1 Drug Users between Friend and Peers

The study would like determining influence of friends and peer drug users has an association with incidence of drug addiction or not. In the figure 4.14, “Yes” indicates drugs users among the friends of case group subjects before they started the use of opioids, but for the control group “Yes” means, among subject's friends who use drugs are existed, “No” means there is no drug users friends
among both group subjects and “DN” means the correspondents do not have information about cases of addiction to drugs among their friends.

Figure 4-14 Drug use among friends and peers of case & control subjects

The figure 4.14 shows drug users among friends in case group are 87 cases but in control group 20 cases, so its means drug users among friends has strongly association with opiates addiction and the risk of drug use about 5 times higher among case group subjects compare by control group. Therefore, drug users among friends and peers are a significant risk factor to increase the incidence of opiate addiction in Kabul situation.

4.3.4.2 Easy Access to Buy Drugs

Through the “easy access to drugs” variable, the study attempt to analysis the correlation between access to drug and drug use. In the figures 4.15, “Yes” means the subjects have easy access to buy drugs in Kabul, “No” means they do not have access to drug and “DK” means they do not have information about.
Among the case subjects, 90% of them interviewed, they did not have problems while they obtained opioids drug. The results suggest that in Afghanistan in general and Kabul in particular, the access of opioids was easy and one can find the drug at every corner of the villages and cities. Also, during the interviews most of the drug users mentioned, it is very easy to buy any types of drugs like foods, there is no one to stop their activities, and even law enforcement staff support drug dealers to do anything they want. The drug users have also complained that whenever they try to stop using opioids, to recover from addiction, the drug dealers unfortunately induced them again and again and as a matter of fact drugs are easily available in each part of cities, so like a trigger, they encouraged us to use drugs again and our recovery treatment eventually failed.

4.3.4.3 Poppy Cultivation in the Community

The figure 4.16, “Yes” specify poppy cultivation in the community of case group subjects before they started the use of opioids, but for the control group
“Yes” means in their community cultivation of poppy existed, “No” means there is no poppy cultivation among both group subjects and “DN” means the correspondents do not have information about this case.

Figure 4-16 Poppy cultivation in the community

Base of the chart 4.16, 27 subjects among case group claimed before they started the use of opioids, their villagers, neighbors and their own families cultivate poppy then and 3 subjects among control group mentioned some of their relatives and villagers cultivate poppy. Its mean cultivation of poppy is a big challenge and risk factor to increase the incidence of opiate addiction in Afghanistan. Also, chi-square value contingency table this variable is = 28.606. Thus, the study can reject the null hypothesis, and this chi-square test support, which the association of poppy cultivation in the community with use of opiates is statically significant.
### 4.3.4.4 Poor Participation in the Community Activities

In the below figure 4.17, “Yes” means the subject participation in the community activities such as; sport clubs, community associations, Mosque, community parties and cultural programs is very good. “No” means the subject never participated in the community activities and “DN” means, the both group subjects do not have information about community activities.

![Bar Chart](image)

**Figure 4-17 Case & control subjects’ poor participation in the community**

The data of figure 4.17, shows both group subjects participation in community activities are a little different, 21 subjects from the case group claimed they never participate in community activities, on other hand 8 subject from the control group mentioned they never participated in the community activities. Also, p-value = 0.00641 and Chi-square value of 10.09 indicates there are statistically significant correlation between poor community participating and use of opioids weak attachment to the community and their activities, making people...
isolated from their society and this isolation has negative consequences of the use of drug and some other harmful behaviors (Table 4.9).

Table 4-9 Poor participation in community activities

<table>
<thead>
<tr>
<th>Observed</th>
<th>Expected</th>
<th>Chi –square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>102</td>
<td>78.18181818</td>
<td>93.81818182</td>
<td>10.09</td>
</tr>
<tr>
<td>21</td>
<td>8</td>
<td>13.18181818</td>
<td>15.81818182</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>10</td>
<td>8.6363636</td>
<td>10.3636364</td>
<td>1</td>
</tr>
</tbody>
</table>

4.3.5 Economy Factors

The study selected some economic factors, as a research variable such as; unemployment’s and father's job and income to determine whether, these variables have any relationship to the use of opioids.

4.3.5.1 Unemployment

According to the study FGDs, informant’s unemployment’s is a risk factor in order to increase the incidence of drug users in the community. Therefore the study asked from case and control groups’ subjects about their job status. Here “Yes” means the subjects of both study groups have regular job and “No” means thy do not have any job.
Figure 4-18 Case & control subjects’ job status

The figure 4.18 shows that after addiction, 64 subjects of the case group do not have job as compared to control group, 47 subjects do not have regular jobs. It means unemployment has an association with the continuity of addiction in case group. The chi-square value of 7.346 with 1 degree of freedom and p-value of 0.0014 are statistically significant. On the basis of the table 2×2 result, the study can reject the null hypothesis and accept the alternative hypothesis that the unemployment has an association with drug usage (Table 4.10).

Table 4-10 Contingency table of case & control subjects’ job status

<table>
<thead>
<tr>
<th></th>
<th>Observed</th>
<th>Expected</th>
<th>Chi Square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>Drug users 100</td>
<td>Non-drug users 120</td>
<td>7.346</td>
</tr>
<tr>
<td>Drug Users</td>
<td>36</td>
<td>63</td>
<td>45</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Non-Drug Users</td>
<td>64</td>
<td>57</td>
<td>55</td>
<td>66</td>
<td></td>
</tr>
</tbody>
</table>
4.3.5.2 Father’s Job Status

In the below figure “Yes” means the subjects, fathers have regular jobs and “No” means their fathers do not have jobs.

![Figure 4.19 Case & control subjects’ fathers’ job status](image)

Based on figure 4.19, among the case group, 41 drug users, their fathers had jobs when they started to use opioids compared with control group, 61 of them stated that their fathers has regular job. The statistical P-value and chi-square value of contingency table (Table 4.11) cannot reject the null hypothesis and verifies there are no association between parents' job and use of drugs.

Table 4-11 Contingency table of parents’ job status

<table>
<thead>
<tr>
<th></th>
<th>Observed</th>
<th>Expected</th>
<th>Chi Square</th>
<th>P-value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug users</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100</td>
<td>59</td>
<td>59</td>
<td>53.63636364</td>
<td>64.36363636</td>
<td></td>
</tr>
<tr>
<td>Non-drug</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>users 120</td>
<td>41</td>
<td>61</td>
<td>46.36363636</td>
<td>55.63636364</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.1209</td>
<td>0.145</td>
<td>1</td>
</tr>
</tbody>
</table>
5 DISCUSSION

5.1 Introduction

The main topics to be discussed include: major findings of the study that determined socioeconomic factors associated with the use of opiates in Kabul, throughout FGDs meeting with key informants and also revealed through case-control group subjects and analyzed by chi-square statistic test in line with social learning theory (Bandura, 1977) and previous studies which discussed in the literature review chapter of this study. Describing the main arguments supporting the personal, behavior, family, community, and economic risk factors, which have an association with the use of opiates and increase the drug use incidence of Kabul population, will end the discussion.

5.2 Major Finding of Study through FGDs

Through FGDs meeting with local informants and experts the study finds following risk factors that have association with the use of opiates among young and adult of Kabul population: (1) Easy access to drug and lack of proper law enforcement, (2) drug use among households and family problems, (3) peer pressure and influence, (4) lack of sports and entertaining facilities, (5) War related tension and problems, (6) lack of proper drug prevention programs and
lack treatment facilities, (7) unemployment and lack of job security, (8) migration and displacements and, (9) expose to drugs and hard working.

The UNODC research “on impact of drug use on user and their family in Afghanistan”, in 2014 also found out that risk factors such as; unemployment, economic problem, family problems, peer pressure, as a painkiller, drug users among family members, depression, and out of curiosity, are the reason that contributing the use of drug among people (UNODC survey, 2014, p.107).

The study finding, which is new from UNODC 2014 research, is included:

1) Easy access to drug and lack of proper law enforcement.
2) Lack of sports and entertaining facilities.
3) Lack of proper drug prevention programs and lack treatment facilities.
4) Migration and displacements.
5) War related tension and problems.
6) Expose to drugs and hard working.

Lack of enough awareness about the harm of drugs, and harmful consequences of addiction; particularly among adolescence and the young generation, is a leading risk factor toward to drug addiction. Unfortunately, in Kabul there are no or very limited consultation and awareness services at schools, mosques and even on media to guide a young generation about hazardous effects of drugs. Whereas schools and mosques can play a very important role, this is not happening at this moment or in very limited scale and seems vital to have it implemented as a mechanism to stop increasing drug use among youth. Also the
study identified that in Kabul province and surrounded provinces there are no enough treatment centers for treatment of addiction, which, drug users wants to quit opioids. In some districts of province drug treatment centers exist, but their services not complete and standard, because when they discharge from treatment centers they used opioids again. Lack of comprehensive prevention programs is one cause which, people use opiate and cannabis drugs. Because in our communities most of the people are illiterates or low educated, even those people have a high school education they do not know about harm and bad consequences of the opioids.

It is over three decades the people of Afghanistan, particularly the young and adult are faced with war and related problems and tension. The young people of Afghanistan always involved and tackled with war matters directly and they have to deal with war tension, thrums and other related adverse consequences. Consequently, they use drugs to be relaxed but unfortunately they become depends on the drugs. Some of the Afghan people, particularly young labors are working in the heroin production illegal laboratories and poppy cultivation farms. Through the sustainable contact with opium gradually they become addicted.

5.3 Major Finding of Study through Survey

Based on face-to-face interview with drug users and non-drug user's subjects and its results, the study determines some socioeconomic, personal risk factors and adverse behaviors, which has associated with the use of opiates in Kabul province. In order to mentioned purposes the research team selected a case-
control study methodology to compare risk factors of drug users and non-drug user's subjects from the same age group, gender and, socioeconomic group. These risk factors, which the study identified, include:

(1) Personal and demographic factors such as; age, illiteracy and education level.

(2) Behavior factors such as; cigarette smoking & use of snuff and, drug use experience & reasons.

(3) Family factors such as; parents education, drug user among households, drug use of opium for treatment in the family, and poor family relationship.

(4) Community factors; drug use among friends, easy access to buy drugs, poppy cultivation in the community and poor participation in the community activities.

(5) Economic factors; unemployment.

Some factors which study could not prove to increase the risk of drug use among Kabul population are included: spouse education and parents' job.

5.3.1 Personal Factors

Those personal factors, the study found that has an association statistically with the use of opioids includes:

5.3.1.1 Age
The study found that, the age of the people, those started to use opioid drugs at 20.7 years old. The range is between 14-32 years old. Also, this research shows the majority of people, who started to use the opioids, were early young. Most of them were under the age of twenty-one, and one half while under age 22. On the other hand, the average of non-drug users’ age is 21.5 years old and ranges between 15 to 35 years old.

A study conducted in 1985, also supports this study finding and suggests that the risk of beginning to use of drugs is high between age 18 and 21 years old. Also described the age of the highest risk of the person seeking to smoke cigarettes, drink alcohol, use cannabis, opiates and other substance peaks at 16 and 18 years old and the process ended by age 20 (Callen, 1985).

The drug dealers prepare an addictive set at lower prices for young people. Adult or older people are too wary, as a rule, to be inveigled so easily and most of the older people know the danger or the hazard of opioid drugs. But the young people of Afghanistan did not have information, awareness and they do not know have protect their self from harm and hazard of accessible drug such as cannabis and opioids group drugs. Filled with curiosity, with the youthful desire to “try anything once,” they become easy victims.

5.3.1.2 Education

The study indicates 65% of study subjects are illiterates and 35% literate. Among those they have education, 68.5 % were with low education (only can read
and write). On the other hand, among the control group (non-drug users), 46%, was illiterates and 54 % literate. The P-value (0.004) and Chi-Square value (7.9) suggest illiteracy and low education has a significant association with the use of opioids.

The result of the study, which conducted in Afghanistan by UNODC, suggests that, the illiteracy and low education are risk factors toward the use of drugs. The study estimated among correspondents, 55.9% were illiterate, 18% primary school, 12.3% secondary school, 9.7 had high school, and rest 4.1 % had higher education level. The study believed that education could play an important role in drug use (UNODC Survey, 2014, p.18). The findings of UNODC survey are a little different, because the UNODC survey conducted their study in the entire country with a high number of samples.

According to central statistical (CSO) estimations about, 70% of the Afghan population is living in rural areas (CSO, 2013). During the three decades of war between 1970 and 2000 years, only the cities were under control of government and the rural area was under control of the government opposition. All schools and education service were closed in rural areas. The two and three generations were grown without education.

5.3.2 Behavior Factors

Those behavior factors, the study found that has an association statistically with the use of opiates includes:
5.3.2.1 Cigarette Smoking and Use of Snuff

The result of the study shows that in the case group 26 of respondents have never smoked a cigarette and used snuff before starting the use of opioids and 74 of them had experience with cigarette smoking and use of snuff before the actual use of opioids. The Chi-square test value = 52.54 revealed that there is a statistical significant positive correlation between cigarette smoking and use of snuff and the use of opioids.

A study, which conducted in America, described that younger generation tends to start with some gate entry substances, for instance; smoking cigarette and alcohol consumption, then gradually progress to cannabis and step by steps other drugs (Schilling & McAlister, 2000).

Based on Afghanistan culture and context the main responsibilities for the family belong to fathers. During the war, fathers almost were busy with war activities and matters, such as going to the Jahad and outside of the country for work. The young generation smoked cigarettes or used snuff because there was not any one to care them. And due to war, most of the young generation remains illiterates.

5.3.2.2 Drug use Experience & Reasons

The study finds out that the main reasons for using opiates among 100 subjects of drug users are peer encouragement and recreational use, because 40 percent responded that their friends encouraged them to use drugs, 25% use drugs
for fun, and 14 percent for pain relief. Finally, data show a strong association of addiction to peer encouragement and influence, recreational use, and using of opioids as painkillers. On the other hand in control group some of them used drugs for one or few times, 52.5% used for fun and 26.5 used because of peers encouragements.

In line with this study, UNODC research on impact of drug use on user and their family in Afghanistan suggests that that risk factors such as; unemployment, economic problem, family problems, peer pressure, as a painkiller, drug users among family members, depression, and out of curiosity are the main reasons that people use drugs (UNODC survey, 2014, p.107).

Compared to UNODC 2014 survey some findings of this study are new, for instance use of drugs for fun. Enjoyment and fun is one of instinct of human being, particularly young people wants to have recreational programs and sports facilities to enjoy after whole day hard work, unfortunately during the recent three decades, these kinds of activities and events affected due to war and conflicts. Now days, the environment is not suitable for young people, to have fun in proper places. On the other hand, only one chance remains for youth to smoke cigarettes and use snuff in the parties and gathering and step-by-step through peer influence they use cannabis as a gate for all drugs and then opium and heroin. Also in Kabul communities there are not sport and recreation facilities for youth and teenagers to spend their additional times with useful activities.
5.3.3 Family Factors

Those family factors, which the study addressed, based on study results and have statistically associated with the use of opiates, are included:

5.3.3.1 Parents Education

This study found out that, 71% fathers of drug users were uneducated but the parents of control group subjects 51% of their fathers were uneducated and level of education of important because, among educated parents of non-drug users, 52% has higher education but in case group among their parents those were literate, 35% have high education. Also, father’s illiteracy with P-value of 0.00023 and Chi-square value of 9.24 is statistically significant and has a strong association with the use of opiate drugs. Therefore, the study accepts the hypothesis that, parental illiteracy and low education has association with the drug use. As in previous discussion this study indicates family, particularly a responsible one, wherein father plays an important role in growing and upbringing of their adolescents and young generation. Nevertheless, if the father was illiterate, he himself does not know about the harm of drugs. Therefore, it is highly probable that such kind of father can’t teach his children how to avoid the drug addiction.

5.3.3.2 Drug Use Among Households

Based on this study finding that drug users among families of case group about eight times higher compared with the control group. The study group (drug users), 46 percent of them had drug users among their households, but in the control group only 6 percent (7 people). So it shows use of drugs among
households has associations to drug use with Chi-square value of 48.12 statistically significant.

According to the Afghanistan National Urban Drug Use Survey, the occurrence of positive drug tests among Afghanistan children under age 15 is, 2.3%. Opioids were found the most in children around 56 percent of drugs discovered. The results of positive tests for opioids suggest that they were given the opioid drugs group by an adult or because of environmental exposure to opium and heroin in homes where adults smoke the opiates (UNUDUS, 2012). Another study conducted by UNODC in Afghanistan, identified that risk factors such as drug users among family members is the reason that increase the use of drug among people (UNODC survey, 2014, p.107).

The family environment, for example, drug users among family members has an effect on other members of the family to become drug users. Also, through direct smoking drugs in front of others households’ members, particularly young generation that leads a person to use drugs and become addicted to drugs.

5.3.3.3 Use of Opium for Treatment in the Family

The study result shows, 21% of the study subjects’ households use opioids for treatment or as painkillers without prescription of doctor. The chi-square value of 9.79 with 1 DF and \( p= 0.0017 \) statistically significant. The basis of statistic chi-square test, the study can accept the alternative hypothesis that the uses of opiates for treatment have an association with the outcome of interest, which is opiates use. This study did not find any results from other studies to describe any
association with the use of opium for treatment of diseases without the prescription to drug abuse.

Despite the fact that the use of Narcotics is strictly forbidden in Islam (revealed in the Quran, the holy book of the Muslims), but from ages, due to a lack of access to health facilities and services in Afghanistan, the elder recommends opium for the treatment of some diseases such as arthritis, diabetes, hepatitis, dental problems, respiratory diseases and other chronic diseases. It is prevalent that children are used to use opium from their childhood gradually become the drug addicts.

5.3.3.4 Poor Family Relationship

This study, identified, among study group 20 subjects had poor family relationships compared with control group 9 subjects. Also, p-value = 0.0064 and Chi-square value of 15.5 indicates there are statistically significant correlation between poor family relationships and use of opioids.

A similar study in other countries found that, the structures of households play important roles in the development of young generation. Whose parents have little attachment with their kids, and parents who have a poor or inadequate relationship with their children are more young children who use drugs (Stern, Northman, & Van Slyck, 1984). Addiction is both an individual disease and a family disease. A family system is defined as the unique interaction and relationship of each family member to one another (ACCE, 2011). Families are perhaps the most complex social system we have. A functional family system may
vary significantly from culture to culture. Also functional families have rules, standards, and guidelines for behavior that are explained and consistently enforced for as long as they are deemed appropriate and developmentally necessary (everyone knows what to expect) and normal families have adults who are close, share authority, support one another and offer growth opportunities for members. When a family member has a mental or other problem such as addiction, functional family characteristics change, making the family system dysfunctional. Therefore, weak attachment with households making family dysfunction and in the dysfunction household's case of addiction higher compare by function families. And those people, they have not normal relationship with their families, their behavior change and made relationship with people, which their behavior are different, and through new friend and society influence and pressure people use drugs.

5.3.4 Community Factors

Those community factors, which the study addressed, based on study results and have statistically associated with the use of opiates, are included:

5.3.4.1 Drug use Among Friends

This study, shows in the case group, drug users among friends is, 87 cases, but in the control group, 20 cases, so its means drug users among friends has strongly associated with opiate addiction and the risk of drug use about 5 times higher among case group subjects compare by the control group. Therefore, drug
users among friends and peers are a significant risk factor to increase the incidence of opiate addiction in Kabul situation.

In line with this study, another survey in 2006 also, found friend behavior regarding drugs, offer the community situations toward drug use, and transfer opinions and thought, which develop motivation factors in order to abuse of drugs. The people who’s their friends involved in drug use may also use drugs (Odejide, 2006).

Friends play an important role in the behavior of each other’s, based on social learning theory the people learn from each other’s (Bundara, 1977). In Afghanistan society context where the peer pressure is the main cause for use of drugs, the people definitely use hashish or opium. Also, in most, cases when people had lower self-confidence and are afraid of being rejected from the group. They should accept the pressure and start using drugs, which finally turn to addiction.

5.3.4.2 Easy Access to Buy Drug

The study found out that among the case subjects, 90 % of them revealed, they did not have problems while they obtained any types of drugs. Its means in Kabul even outside of Kabul and the country where they started the use of opioids, drugs were available in every corner of cities and villages. On the other hand, among control group subjects, 27 % mentioned that it is easy to find drugs in their communities. Therefore the accessibility of people, particularly the young generation to buy drugs easily, has a significant correlation with the use of drugs.
Despite, Afghanistan has counter narcotics law and related regulation, but unfortunately, it is very easy to buy any types of drugs in each part of the country. Easy accessibility to drugs and cultivation of poppy in Afghanistan and also low price had contributed significantly increasing opioids use in Kabul. This is more significant in the areas where poppy is being cultivated and opiate is being produced.

5.3.4.3 Poppy Cultivation in the Community

According to the study result, 27 subjects among case group declared before they started the use of opioids, their society, people, neighbors and their families cultivate poppy. Then, 3 subjects among control group stated that some of their relatives and villagers cultivate poppy. The chi-square value is equal to 28.606. Therefore, statistical test support, which the association of poppy cultivation in the community with use of opiates is statically significant. According to 2014 UNODC worldwide report Afghanistan is the world largest opium producer (UNODC, 2014). Another survey, which conducted in 2009 by UNODC, described which poppy cultivation sitting is a major threat both on the national and international level. Beside with an increase in poppy cultivation, opioids users have also increased dramatically from recent years in all parts of Afghanistan (UNODC survey, 2009).

Poppy cultivation is a significant challenge for Afghan society; this phenomenon affects all parts life of the people. Therefore, this study would like to
say that the existing of this risk factor could increase drug addiction problem in Kabul.

5.3.4.4 Poor Participation in the Community Activities

The study, find out that, 21 subjects from the case group and 8 subjects from the control group declared they never participated in the community activities. Also, p-value (0.00641) and Chi-square value of 10.09 verify that, there is a significant correlation between poor community participating and the use of opioids.

The findings are in line with studies of by Hirschi’s, which found that, if a person is attached to households, peers, and social institutions and activities, a person is less intentionally involves in activities that would damage or harm the attachments. Accordingly, the people who have allocated and spent energy, time, and resources into selecting to community values and norms is less likely to turn than someone who has not made such a capital. Therefore, unexpected habit such as substance abuse is less appealing to the person with high commitments (Hirschi, 1969).

Weak attachment to the community and their activities, making people isolated from their society and this isolation has negative consequences of the use of drug and some other harmful behaviors.

5.3.5 Economic Factors

Those economic factors, the study addressed is included:
5.3.5.1 Unemployment

The study identified, 64% of the case group subjects did not have jobs compared with the control group, 47% did not have a regular job, it's mean, joblessness has an association with continuous of addiction, in the case group and drug use in Kabul. The statistic, chi-square value of 7.346 with 1 DF and p=0.0014 statistically significant. The study accepts the alternative hypothesis that the joblessness has an association with the opiate use.

The findings are in line with the study, which conducted by UNODC in 2014. Suggest that unemployment is the first reason that people use drugs. The study believed that joblessness could play an important role in drug use (UNODC Survey, 2014, p.107).

In Kabul, some of the mafia networks use this opportunity and hire unemployed youths to smuggle drugs and sell drugs in which some of these youth ends up using drugs and through exposing with drugs and drug dealer’s encouragement and influence most of them become addicted. The government has not been able to provide more job opportunities for the young people. Some of the young people also go to neighboring countries to work there. Some of them started using drugs while on migration.

5.3.4.2 Father Job Status

The study determined among case, subjects 59%, their fathers did not have jobs when they started to use opiates compared with the control group, 49.2% of them stated, that their fathers do not have regular job. The statistical P-
value = 0.145 and chi-square value = 2.12 cannot reject the null hypothesis and verifies there are no association between parents' job and use of drugs. In Afghanistan, it is very common that the sole source of earning of the family is father to cover the expenses of the whole family and women usually work inside the house as a housewives with no income. Therefore, during the interview with both study group subjects the researchers asked only about the job of their fathers.
CHAPTER-SIX

6 CONCLUSION & RECOMMENDATIONS

6.1 Conclusion

The purpose of this study was to explore the socioeconomic factors that are associated with the opioids use among the young and adult (15-35 year old) in Kabul, Afghanistan. The study tested the hypothesis that young people with low socioeconomic status, low or no education, and personal behavioral problems have a higher risk for drug addiction than the rest.

The main questions of the research were: (1) what are the social-economic factors associated with opioids abuse among people aged 15-35 years old in Kabul, (2) is employment status and parents income associated with opioids use, (3) Is illiteracy and low education level associated with using opioids, (4) Are drug-addicted friends associated with opioids abuse, (5) Does place of living have a relation to opioids abuse, and (6) Is smoking cigarettes and the use of snuff associated with addiction to opioids?

The findings of the study revealed a correlation between some socioeconomic factors and opioids use. These factors are influential in increasing the risk of addiction with opioids in Kabul, Afghanistan. The study utilized both qualitative and quantitative methods. Focus Group Discussions (FGDs) were used as data collection tools for qualitative analysis, while case and control design was utilized to collect and analyze data for the quantitative section of the paper. The
Chi-square test was used for the comparative analysis of the socioeconomic risk factors of case and control subjects of the study.

The results of the study identified the complexity existing between the use of opioids and other factors among the people aged between 15 and 35 years old. As stated by FGDs informants, opium and heroin activities such as poppy cultivation and trafficking are dangerous phenomena in the country. Many powerful actors, including high-profile smugglers and grassroots level dealers, are playing important roles in running the opium machinery in Afghanistan. Among other offshoots, the opium industry casts the country with more than a million drug users. FGDs and in-depth interview respondents of the study, including local informants and DDR, revealed that the following factors have important roles in drug addiction in the country: Lack of proper law enforcement; easy access to drugs, peer pressure; lack of proper drug prevention; treatment and control initiatives; lack of sports and recreational environment and facilities; war related psychological problems; drug user among households; friends and society; high unemployment rates among the youths; immigration, exposure to drugs; illiteracy and low education; lack of awareness about the harm of drugs.

The study identified many factors associated with increasing the risks for addiction. These risk factors were: age, illiteracy/education level, use of snuff, cigarette smoking, parents education, drug user among households, drug use of opium for treatment in the family, and poor family relationship, drug use among friends, easy access to buy drugs, poppy cultivation in the community and poor participation in the community activities, and unemployment.
It appears that the majority of people who acquired opioids addiction were more exposed to addiction in early ages between 15 and 21 years. Therefore, the young population of the country is more vulnerable to drug addiction. Moreover, they are more the targets of drug circles, including the drug dealers. Based on the study results, it emerges that socioeconomic problems and risk factors play an important role towards the use of opioids by young and adult people. Likewise, family and societal factors such as drug users among households and easy access to drugs play a crucial role in addiction of young people. Another factor that was identified by the respondents and key informants was socialization. Socialization includes poor family relationship, drug users among friends, peer pressure and poor participation in the community activities, which are also significant risk factors in the Kabul population. Accordingly, economic factors identified as crucial for drug use include unemployment, which has association with drug use. Finally, personal and behavioral features such as age, illiteracy and low education, smoking cigarette and use of snuff, are risk factors that have been found to lead to young and adults using opioids. While the presence of these factors does not guarantee that people will use drugs, it does make them more susceptible.

6.2 Recommendations

Based on the findings, discussion and conclusion of the study, this research study makes the following recommendations aimed at reducing opiate use among young and adult population in Kabul, Afghanistan.
1 - The government of Afghanistan should take stronger action to facilitate and prepare job opportunities as well as sport and recreation facilities for the young and adult people.

2 - A sustained public awareness campaign should be organized in Kabul to educate people about the harmful consequences of drugs. These efforts need to be implemented in different and sustained strategy plans (for instance, involvements of Mosques Mullah, schoolteachers, media and community leaders).

3 - The Afghanistan government, to prevent the adverse behaviors of people, should issue a particular policy on cigarette smoking and cannabis use. This is because the study found that these substances are a gate entry for use of harmful drugs such as opium and heroin among Kabul young generations.

4 - Afghanistan MoPH should increase their health service in the entire country to prevent people from the use of opium for treatment of some diseases.

5 - Law enforcement organizations, particularly counter narcotics police, should take serious action agonist drug traffickers, whole sellers, street dealers and poppy cultivation to stop their activities for preventing easy access of drugs to people.

6 - Drug prevention and treatment coverage should be increased in Kabul province. To treat, drug users from addiction and prevent the drug addiction incidence.

7. The study also calls for further in depth research into how the identified factors lead to the use of drugs among the young generation of Afghanistan.
6.3 Recommendation for further study research

This study was a simple model to determine and analyze socioeconomic risk factors associated to opiate use. Further recommendation includes a future study of one specific set of determined factors, for instance, socioeconomic, individual, behaviors or demographic factors.
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APPENDICES

Appendix 1: Case & Control Subjects Survey Questionnaire

I am a public health management student at the Ritsumeikan Asia Pacific University of Beppu, Japan. Carrying out a research project to establish the socioeconomic factors associated with opioids use in Kabul, Afghanistan. This is part of my academic requirements.

Answer all questions honestly by filling blank spaces or ticking O where applicable. The information you will give will be confidential and is only for research purposes.

START TIME _____:______ AM / PM

Section A. Personal Information

A1. What is your age?

__/__

A2. Gender?

O Male
O Female

A3. Are you literate?

O NO
O YES ➔ If yes, your education level:

O Primary School
O High School
O College
O University
A4. Do you smoke cigarettes or use snuff?

O NO
O YES →
If yes how long __________

A5. Are you using or have experience use of drugs?

O NO
O YES →
If yes which kind __________

O Opium  O Heroin
O Morphine  O Tramadol
O Codeine  O Others
SPECIFY __________

A6. In what age you started use of drugs?

__/__

A7. What was the reason you used drugs for first time…

O For pain, relief (medical)?
O Because of hardworking?
O For recreational?
O Because someone encouraged you?
O Because I was curious?
O For some other reason?
    SPECIFY REASON_________________

A8. Do you have a permanent job?

O YES
O NO
Section B. Family Factors

B1. Father education level?

- O illiterate
- O primary school
- O high school
- O college
- O university

B2. Spouse education level?

- O illiterate
- O primary school
- O high school
- O college
- O university

B3. Do anyone in your household used drugs?

- O NO
- O YES if yes before you started the use of drugs after ?

………………………………………………

B4. Do you have a friendly relationship with your household members?

- O YES
- O NO if not while started use of drugs or now?

…………………………………………………………………………………

C. Community factors

Note: please ask this section question with control subjects about present time.

C1. When you started the use of drug anyone among your friends was drug user?

- O NO
O YES
O DK

C2. When you started the use of drugs anyone among your neighbors was drug user?
O NO
O YES
O DK

C3. Did anyone in your community, cultivate poppy while you started to use narcotics?
O NO
O YES
O DK

C4. Did some kind of narcotic were available to you at that time when you started using drugs?
O NO
O YES
O DK

C5. Do you actively participate in the community activities?
O NO
O YES
O DK

Section D. Economic factors

D1. Do you have a regular job?
O YES
O NO

D5. Does your father have a regular job?
O NO
O YES

END TIME _____:_____ AM / PM
Appendix 2: Interview Guide for FGD meetings

1- Based on your experience, which kinds of personal factors could contribute, to use of drugs among your community people, particularly the young generation?

2- What are the sources of drug use by addicted people in your community?

3- Which factors correlated with use opioids in your community? How do lead to opioids usage?

4- Which social factors correlated with use opioids in your community? How do lead to opioids usage?

5- Based on your experience, which economic factors, is the cause of drug use in your community? How do lead to drug usage?

6- Could you please tell us what other factors could have associated with the use of opioids among young and adult people of Kabul?