



Islamic Republic of Afghanistan  
Ministry of Counter Narcotics

# AFGHANISTAN DRUG REPORT

## 2012

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# **AFGHANISTAN DRUG REPORT**

## **2012**

### **Executive Summary and Policy Implications**

## ACKNOWLEDGEMENTS

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## FOREWORD (Ministry of Counter Narcotics)

The first Afghanistan Drug Report (2012) which covers all aspects of counter narcotics in Afghanistan is prepared based on modern and scientific techniques in accordance to National Drug Control Strategy, Strategic Plan of Ministry of Counter Narcotics, Law Against Intoxicating Drinks and Drugs and their Control and other policies and programs of the MCN in collaboration with the Research Team of Afghanistan Country Office of United Nations Office on Drugs and Crime.

The Report is based on an overview of the key trends and conditions related to the production, consumption and regulation of illicit substances in the country which are as follows: The contents of the report presents counter narcotics efforts achieved through the creation of mechanisms, changes in structures and development of programs and new policies in order to respond to the drug problem in the country and illustrate the reasons for cultivation of illicit crops cultivation, drug production, smuggling and drug use as serious problems prevailing in Afghanistan which affect social, economic, health and political issues.

Considering the transition process and serious challenges related to drugs and organized crimes, effective responses are required by the country with support from the international community. Although most of the world's opium today comes from Afghanistan (74%), only a small proportion is seized either in country or by regional partners.

Along the borders of Afghanistan with neighboring countries, drug smuggling networks are carrying out their activities easily and drug, precursors and weapon laden vehicles are smuggled in large scale. Money derived from drug trafficking that annually flows to insurgents and warlords is estimated to reach between 200-400 million USD. In addition, the country is faces an increasing prevalence of drug users with almost one million drug users but limited current treatment capacity. The illicit drug economy is a key factor in shaping the current, short and long term development of Afghanistan. Counter narcotics have gained a status of regional challenge, thus making regional cooperation among neighboring countries unavoidable.

The first chapter of the Afghanistan Drug Report presents an overview of key factors for poppy cultivation, production, consumption and regulation in the country. The Ministry of Counter Narcotics in publishing this report intends to develop and strengthen its mandate for counter narcotics policy coordination in the country. A central pillar of activities of the Ministry of Counter Narcotics is sustainable institutional capacity building to facilitate the implementation of the National Drug Control Strategy based on evidence of national counter narcotics trends complemented by international cooperation. In this regard the Afghanistan Drug Report will serve as fundamental guide for the following issues.

The Afghanistan Drug Report tracks progress of National Drug Control Strategy, shares counter narcotics information among governmental organizations involved in CN and analyzes the data collected by different mechanisms from different sources. It also provides specific suggestions and recommendations based on current conditions and trends thus enabling the development of evidence based policies. The report is also related with the development of the Afghanistan Drug

Reporting System which will serve as the central source of counter narcotics data located in the Ministry of Country Narcotics.

This report is prepared with extensive technical support and guidance of the United Nations Office on Drugs and Crime in collaboration with Ministry of Interior, Ministry of Rural Rehabilitation and Development, Ministry of Agriculture, Irrigation and Livestock, Ministry of Public Health, Attorney General Office, and the Counter Narcotics Deputy Ministration of Ministry of Interior and Criminal Justice Task Force. Therefore, the Afghanistan Drug Report serves as an important policy and advocacy document for strengthening the counter narcotics efforts of the government of Afghanistan.

The main body of the *ADR* is organized in three main chapters. Chapter 2 reviews the supply of narcotics and the interventions which have been introduced to reduce this supply including eradication and alternative livelihoods, with a closer look at the Hilmand Food Zone Project (FZP). Subsequently the next chapter considers the human impact of drugs focusing on use, treatment and prevention trends and conditions based on national drug use surveys conducted in 2005 and 2009. In the same chapter findings from a study on access to drug treatment are also presented. The following chapter looks at trends in narcotics related offences and progress to date in addressing them. It also provides an overview of the multi-step process and procedures of case management in relation to narcotics-related crimes.

I hope that this report will serve as an effective step in capacity building of national institutions in the country in order to address the drivers of poppy cultivation, trafficking and drug use and effective ways for tackling drug dilemma which pose substantial problems in the country.

Zarar Ahmad Osmani

Minister of Counter Narcotics



## FOREWORD (United Nations Office for Drugs and Crime)

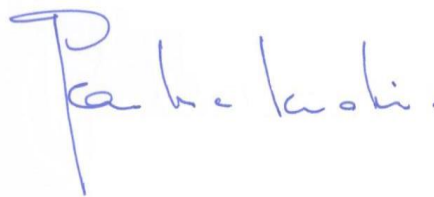
The launch of the first Afghanistan Drug Report instills pride not only within the Ministry of Counter Narcotics (MCN), the report's owner, but equally within UNODC, providing technical support to the report. Based on an expressed need by the Ministry to build its own capacity to undertake policy-relevant counter narcotics research, UNODC has been assisting the Ministry to develop its Research Directorate since 2011. The publication of the first Afghanistan Drug Report therefore symbolizes a major milestone in the Ministry's policy monitoring and coordination functions.

Effective counter narcotics policy oversight requires a strong empirical base founded on robust research and analytical practices. It is with this in mind that the Ministry, the Government lead on counter narcotics policy coordination, has produced this inaugural issue of the Afghanistan Drug Report with technical assistance from UNODC.

The report is an absolute pioneer in presenting a comprehensive overview of trends and conditions related to illicit substances in Afghanistan including new and emerging developments. It provides a valuable starting point for national and international stakeholders involved in counter narcotics to guide and review policy and processes but also engage in further research to enhance the evidence base for future policy and advocacy.

As the first issue of what will become a series of annual reports, the report is an example of Afghan institutions taking a lead in the transition process towards 2014 and the transformation post-2014. UNODC does trust that within the principle of international shared responsibilities, as embedded within the UN Conventions on Drug Control, the international community will continue extending and expanding its support towards capacity building of the counter narcotics institutions at large and the Ministry in particular.

It leaves me to express my sincere appreciation to the Governments of Canada, Germany, Japan and the United Kingdom - without their support, the preparation of the report would not have been possible. Most importantly though, I wish to congratulate His Excellency the Minister of Counter Narcotics, Ahmad Zarar Moqbel Osmani, whose vision and oversight was indispensable for the successful publication of the report.



Jean-Luc Lemahieu

Regional Representative for Afghanistan and Neighboring Countries

United Nations Office for Drugs and Crime (UNODC)

## EXECUTIVE SUMMARY

A number of key findings have emerged from the review of trends and conditions of drug supply, use and control in the *Afghanistan Drug Report 2012* and these are outlined below. The findings illustrate that achievements have been registered with respect to counter narcotics efforts in Afghanistan including through the creation of necessary institutional mechanisms and structures as well as policy frameworks to respond to the drugs problem. At the same time, the evidence shows that the cultivation, trafficking and use of illicit substances remains critical challenges facing Afghanistan resulting in significant negative social, economic, health and political impacts on the country. The need to strengthen and scale up counter narcotics policies and interventions is more pressing today than ever before especially in view of the political transition facing Afghanistan in the near future.

## DRUG SUPPLY AND SUPPLY REDUCTION

### Drug supply

#### *Poppy cultivation is highly concentrated in two regions but seems to be expanding*

Three quarters of the world's global illicit opium in 2012 (74%) originated in Afghanistan. The country is also a producer of cannabis. The South and West Regions of Afghanistan account for the majority of opium production in the country - in 2012, 72% of Afghanistan's opium was cultivated in the South alone with Hilmand, Uruzgan, Farah and Kandahar having the highest levels of cultivation. In 2012, there were 17 poppy-free provinces - an improvement from 2006, when there were just six poppy-free provinces, but representing deterioration from 2009 and 2010, when there were 20 poppy-free provinces. There is a similar regional shift in cannabis which has seen cultivation move from the North Region to the South.

#### *The size of the illicit economy is considerable*

In 2012, the total farm-gate value of the opium produced from poppy cultivation in Afghanistan was US\$ 717 million corresponding to four percent of the country's GDP. This represents a significant share for an illicit economy - in Colombia, the 2011 value of the coca crop expressed as a proportion of the licit GDP was just 0.2 per cent. In terms of the export value of opiates as a proportion of the overall Afghan GDP, this was 13.5 per cent in 2011 having declined from 50 per cent in 2003. This is not due to a reduction in the scale of the opium economy, but is rather a reflection of the increase of Afghanistan's GDP from US\$ 4.59 billion in 2003 to US\$19.18 billion in 2011.

#### *Illicit crops are lucrative cash crops*

Illicit crops are attractive for farmers most of whom identify high sales prices as one of the top three reasons for cultivating illicit crops. Households cultivating illicit crops in Afghanistan continue to tend to have higher incomes than households cultivating cereal crops. In 2009 and 2010, net income from cannabis was even higher than the net income from opium poppy cultivation. Wheat tends to be the most popular crop amongst non-illicit crop cultivating households; such households also rely more heavily on wage labour and remittances.



### *The opium market reacts strongly to supply shocks*

Reduced opium production - whether perceived or actual - has a strongly correlated effect on prices, which is that they increase. In turn, an increase in price seems to have a direct correlation to farmers' decision making process in planting poppy such that production increases at times of high prices.

### *Prices of illicit crops fluctuate with seasonal changes in supply*

Prices for both cannabis and opium fluctuate every year, but also consistently within each year. In both cases, prices are highest just before harvest and at their lowest during the harvest. The differences are more acute with cannabis than with opium - cannabis varies from +10% of yearly average to -6%. Opium varies from maximum +6% of yearly average to -4%. The reason for this is likely due to the storability of *hashish* vs opium: *hashish* does not store as well and reduces in quantity over time, so it is traded as quickly as possible after production. Opium seems to be retained more by farmers to sell when prices are more advantageous for them.

### *Poppy cultivation and insecurity go together*

Insecurity promotes lawlessness which in turn promotes opium poppy cultivation and trafficking. It also reduces the ability for the state law enforcement agencies to operate effectively against narcotic threats, as well as reducing the likelihood that alternative livelihood interventions can be successfully implemented.

### *Potential links between poppy cultivation and development*

There appears to be a correlation between development indicators such as education and poppy growth cultivation. Data from 2009 shows that the southern region has the lowest school enrolment rates for boys and girls. In 2012, 90% of non-poppy-growing villages had a boys' school and almost 75% a girls' school while these proportions drop to 61% (boys' school) and 19% (girls' school) in poppy-growing villages. Potentially this is a developmental link: poppy-growing areas are less secure, which may inhibit the state's ability to provide the security and development assistance necessary to construct and maintain girls' schools. However, further research is required to determine the exact nature of the relationship between development indicators and poppy.

## **Drug supply reduction**

### *Public awareness is a potentially effective policy response*

Public awareness campaigns appears to have a significant effect in influencing decisions to cultivate opium poppy, but there need for more information about their effectiveness. MCN/UNODC surveys show that villages that were exposed to an awareness campaign seem to be less likely to cultivate poppy in the following season. Evidence from the Hilmand Food Zone also indicates that messaging has been an effective supply reduction technique. Specific research would be necessary to fully understand the effectiveness of CN messaging; such research would be dependent on improved monitoring of the messaging performance.

### *Maximizing the impact of eradication campaigns*

Eradication levels have varied over the years but in 2012, eradication increased markedly by 154% compared to the previous year, with 9,672 hectares eradicated. The ban by government was among the top two reasons cited by respondents in the 2011 and 2012 and annual opium surveys

for not cultivating poppy. Since eradication is closely associated with government bans on poppy, it can be assumed that government bans and by implication enforcement through eradication do influence farmer's decisions not to cultivate poppy. However, eradication can be responsible for insecurity and loss of government support. Furthermore, eradication needs to be coupled with development assistance in order to maximize its impact and better influence farmer decisions to cultivate licit crops instead of poppy. Thus, interventions designed to provide broader alternative development opportunities are a necessary complement to eradication strategies.

### *Building alternative livelihoods*

There have been substantial investments and interventions aimed at improving rural livelihoods. For instance, the MRRD has been a major player in this regard, spending over US\$ 1 billion on development projects since 2002. In terms of alternative crops, vegetables earn considerably more gross income than do cereals, with wheat, maize and cotton being the least valuable crops in terms of gross income earned per hectare. Saffron does have a very high gross income potential - the total yield of saffron products from a single hectare can be worth almost four times as much as the gross income from a hectare of opium poppy. Also, access to off-farm income can be a decisive factor in growing poppy: some areas, such as Nangarhar, have better access to off-farm income than others, such as Hilmand.

### *Impact of the food zone programme on poppy cultivation in Hilmand*

Following the introduction of the Food Zone Program in the autumn of 2008, Hilmand poppy cultivation levels dropped by 33% to 69,833 ha in 2009. When expressed as the share of total cultivation in Afghanistan, Hilmand contributed as much as 66% to total cultivation levels in 2008, but only 48% in 2011 and 49% in 2012. Inside the Food Zone, farmers rely less on poppy and more on wheat for their income than farmers outside the Food Zone.

## **DRUG USE, PREVENTION AND TREATMENT**

### **Drug use**

#### *Significant increase in opiate consumption*

Afghanistan has close to one million adult drug users with a particularly high annual opiate prevalence amongst the adult population of 2.7 %, similar to countries like Russia and Iran. Significant increases in the use of opium and heroin have been observed in the country in recent years and cannabis has emerged as the most widely used substance with over half a million users countrywide. Between 2005 and 2009, the numbers of regular opium and heroin users increased by 53% and 140% respectively

#### *Urban areas emerging as hot spots*

While drug use in rural areas is still prevalent, urban areas are fast becoming home to significant numbers of drug users with concentrated drug using 'hot spots' in cities like Kabul, Herat, Mazar, Farah, Nimroz, Kandahar and Nangarhar. The Central region, where the capital is located, has the highest number of drug users in the country.

#### *Injecting drug use on the rise*

There are 19,000 injecting drug users (IDUs) in country with Herat, Farah and Nimroz emerging as hot spots and Kabul city being home to the largest number of IDUs. High rates of risky behavior

have been observed amongst IDUs including sharing of needles and syringes, low condom use and exchange of sex for money and drugs.

#### *HIV/AIDS at risk of becoming a concentrated epidemic*

HIV may evolve into a concentrated epidemic, with returnee, prison and injecting drug user groups being especially vulnerable to infection due to risky behaviour. One study within prisons found that only 42% had heard about the disease and most did not connect condom use with protection from HIV/AIDS.

#### *Financial burdens of drug use are high*

Drug users are financially burdened by their addiction with total spending on drug use averaging 14.5 billion Afghanis (US\$ 300 million) annually in the country. Drug users in the southern parts of the country spend less on opium and heroin possibly due to widespread cultivation and production.

#### *Returnees and prison populations particularly vulnerable*

Existing evidence suggests regular drug use in prisons. Significant levels of injecting drug use were also found in different studies together with practices which increase HIV transmission. At the same time drug treatment and harm reduction services within prisons are insignificant. Drug use rates amongst returning refugees were high, especially amongst those from Pakistan and Iran.

#### *Drug use within families is a significant challenge*

The use of opium within families is significant including amongst children, adolescents and women. A study in 2009 found that about 50 per cent of drug users interviewed gave drugs to their children. Children are given opium to numb hunger and drugs are generally used to deal with stress, health problems and other challenges in life within families.

### **Prevention and treatment**

#### *Continued expansion of prevention programmes needed*

Information about drug prevention, drug use and its negative effects are communicated within the country through a range of channels. MCN leads the coordination on drug prevention interventions with other relevant ministries. The main drug prevention activities include awareness programs in Drug Treatment Centers, school-based awareness programs, mosque-based awareness programs, youth congresses and vocational training. During 2012 an estimated 1,848,532 individuals benefited from such awareness interventions.

#### *Treatment capacity has increased but remains insufficient*

In 2012, an estimated 102 treatment centers were providing a range of services, up from 43 centers in 2009. However, treatment capacity remains low at an estimated 20,800. This covers only 5.9% of the opium and heroin users in the country. The central region has the highest number of treatment centers and variety of services compared to other regions, followed by the western and northern regions. The 2012 Drug Demand Reduction policy of MCN sets a target to increase drug prevention and treatment capacity by 30% for heroin and opium users between 2012 and 2016.

#### *Social support and cost of services influence access to treatment*

Results from a pilot study suggest that social support in the form of encouragement and advice from family and friends is important in users seeking access to treatment. The cost of accessing

treatment is another significant factor in users seeking treatment. In particular, free services are crucial in motivating users to seek access to those services. Also, the majority of users have not had any contact with outreach teams; and where outreach teams have had contact with users, their most effective contact has been in an advisory role, and not so much in a practical role (such as escorting patients to available centres or making appointments on their behalf).

## LAW ENFORCEMENT AND CRIMINAL JUSTICE

### Law enforcement

#### *Law enforcement agencies are meeting seizure targets*

Since September 2012, reporting indicates that law enforcement agencies have been successfully meeting targets, as assigned by the MCN, for several months. This is especially true in the case of high-value and low-value drug traffickers. Most of the arrests have been carried out by Counter Narcotics Police of Afghanistan followed by National Directorate of Security with the rest of the agencies reporting comparatively fewer seizures.

#### *The number of seizure cases is on the rise*

Significant increases have been observed in the number of seizure cases for most illicit substances. Between 1388 (March 2009-March 2010) and 1391 (March 2012-March 2013), the following increases in seizures were observed: heroin (250.4%), opium (212.6%), hashish (328%), morphine (88.9%) and alcohol (1900%).

#### *Extent of heroin production unclear*

Although heroin seizures account for the highest number of cases, half of them were smaller than 0.04kg. These small quantity heroin seizures appear to suggest street-level seizures. At the same time morphine seizures are on the rise suggesting that the initial steps of the heroin production could take place in Afghanistan, with the process finishing elsewhere. The small number of labs dismantled as well as the relatively low amounts of acetic anhydride seized also seems to support this theory. However, ultimately it is unclear how much heroin is produced in the country. This highlights the need for greater regional support and cooperation involving countries where labs may exist.

#### *Methamphetamine possibly an emerging substance*

Since the first seizure in 2008, the number of methamphetamine seizure samples tested by the CNPA forensic lab has been increasing, rising by 300% from 2011 to 2012. In 2012, the CNPA Forensics Laboratory reported having received seizures from Herat, Farah, Faryab, Kandahar, Balkh and Kabul provinces--the largest of which was from Faryab province which contained 530 grams of methamphetamine and the second largest seizure was in Kandahar province comprising 240 grams of the drug.

#### *Hashish seizures increased substantially*

Between 1388 (March 2009-March 2010) and 1391 (March 2012-March 2013), there was a 328% increase in the number of hashish seizures. During this same period, a 785% increase was seen in the amount of hashish seized, highlighting an important problem for authorities to address.

### *Drug and precursor seizures predominantly in the West and South*

Geographically speaking, heroin is being seized mainly in the western and southern provinces of Hirat, Nimroz and Hilmand. Morphine seizures are also occurring mainly in the southern provinces of Kandahar and Hilmand. Additionally, the largest amounts of precursors seized and the largest percentage of labs destroyed (68%) were also in the southern provinces. Precursors are not produced in Afghanistan but rather originate from outside the country further highlighting the need for greater regional and international cooperation.

## **Criminal justice**

### *Number of Criminal Justice Task Force (CJTF) cases on the rise*

The total number of incoming cases at the CJTF has been increasing continuously from 395 in 1388 (March 2009-March 2010) to 588 in 1391 (March 2012-March 2013) representing a significant rise of 48.8 %. Overall increases during this period were observed across all regions of the country. The Southern region accounts for the highest proportion of the incoming cases followed by the Western and Central regions.

### *Number of suspects at Primary and Appellate courts increased*

The number of suspects at the Primary Court level increased from 1388 (March 2009-March 2010) to 1391 (March 2012-March 2013) while the number of acquittals decreased during the same period.

### *Changes to illicit substance thresholds would require careful consideration*

There is an on-going policy discussion surrounding the thresholds of narcotics and intoxicants in Afghanistan. Cases below the threshold (as classified by substance) are dealt with at the provincial level, cases above the threshold are referred to the CJTF in Kabul. Only a significant change of the thresholds by more than 50% would lead to a substantial increase in cases for the CJTF. Minor changes of the threshold would not lead to a re-classification of a large proportion of narcotics-related cases.

### *Number of prisoners incarcerated for narcotics-related crimes on the rise*

There was a slight increase in the number of prisoners incarcerated for narcotics-related crimes between 1388 (March 2009-March 2010) and 1389 (March 2010-March 2011), but a much larger increase in prisoners incarcerated for narcotics-related crimes between 1390 (March 2011-March 2012) and 1391 (March 2012-March 2013) when compared to 1388 (March 2009-March 2010) and 1389 (March 2010-March 2011).

### *Most prisoners convicted for narcotics crimes from western region*

Between 1388 (March 2009-March 2010) and 1391 (March 2012-March 2013), the number of prisoners convicted for narcotics crimes are highest in the Western region followed by the Southern region, Northern region, Eastern region, North-eastern region with the fewest number found in the Central region. Over the period of 4 years, the most significant increase in the number of cases by year and the total number of cases countrywide happened in the Western region.

### *Increased number of juveniles incarcerated for narcotics-related crimes*

From 1387 (March 2008-March 2009) to 1391 (March 2012-March 2013), there was a gradual increase in the total number of juveniles incarcerated each year. The total number of juveniles in 1391 (March 2012-March 2013) is over double the total number of juveniles in 1387 (March 2008-March 2009). However, juveniles incarcerated for narcotics-related crimes still represents a fairly small percentage of those incarcerated for overall crimes. The Western region appears to have the largest problem with juveniles detained for narcotic-related offences.

### *Expanding coverage of Case Management System*

Significant progress is observed with respect to case management or the multi-step process and procedures for handling narcotics-related crimes as defined in the Afghan Counter Narcotics and Intoxicants Law and the Interim Criminal Code for Courts. However, the current system does not cover all stages of case management in all provinces as it has been only implemented in three provinces (Kabul, Herat and Balkh). In the remaining 31 provinces, the system is only implemented at detention and prison facilities.



## POLICY IMPLICATIONS

### INTRODUCTION

The first issue of the *Afghanistan Drug Report* has reviewed key elements of the counter narcotics policy sphere in line with the thematic priorities of the National Drug Control Strategy. By jointly examining trends and conditions with respect to the supply and use of illicit substances as well as measures taken in response, the report provides an insight into the state of affairs with respect to the drugs challenge in Afghanistan. Not only does this provide the evidence-base to guide counter narcotics policies and interventions but it will also facilitate the monitoring a policy coordination mandates of the Ministry of Counter Narcotics across relevant governmental and non-governmental actors.

The production and consumption of illicit substances remains perhaps the most critical challenge for the country with complex linkages with the social, economic and political fabric of the country in turn complicating counter narcotics efforts and interventions. Creating the knowledge and evidence base to guide both policy and operational strategies to respond to this challenge should form and key pillar of the country's counter narcotics framework. The publication of the *Afghanistan Drug Report* is based on recognition of this requirement.

Despite substantial efforts and resources that have gone into counter narcotics efforts in the last decade, the country remains the world's top supplier of opium poppy. The size of the illicit economy is still considerable with direct implications for national economic development planning. A two way relationship exists between poppy cultivation and insecurity which is a cause for concern especially at the time when the country is experiencing the transition from ISAF to Afghan security forces. Of particular concern is the human cost incurred with close to a million drug users, and a growing phenomenon of use within families and by children within a context of inadequate capacity for treatment nationally. Whilst gains have indeed been registered in some provinces that are now poppy-free in terms of law enforcement and criminal justice responses to the challenge, there is still a long way to go before considerable and sustainable impacts can be recorded.

Importantly the analysis in this report has also identified knowledge gaps which require further research and examination some of which will be undertaken as part of the preparatory process of future issues of the *Afghanistan Drug Report*. As such, this further justifies the need for regular and systematic monitoring of drugs trends, conditions and drivers of change by the Ministry of Counter Narcotics to guide policy implementation. Towards this end, the Ministry is currently establishing the Afghanistan Drug Reporting System to serve as a central repository consolidating counter narcotics data across relevant government Ministries and institutions.

As a cross cutting issue with widespread implications for development in general, counter narcotics cannot be considered in isolation from the existing framework for national development policy. In this respect, the Ministry of Counter Narcotics together with the UNODC has applied considerable efforts to integrate counter narcotics into the overarching framework for development policy and planning in Afghanistan, namely the Afghanistan National Development Strategy and its National Priority Programme clusters (Box 5.1).

### **Box 5.1: Mainstreaming Counter Narcotics into the National Priority Programmes**

Approved during the Kabul Conference of 2010, the NPPs aim to streamline development projects and investments under a coherent and focused framework emphasizing prioritization and longer term sustainability. Accordingly 22 NPPs identified as part of this process are clustered into the following clusters to facilitate coordination: Infrastructure Development, Private Sector Development, Human Resource Development, Agriculture and Rural Development, Governance and Security.

In order to mainstream counter-narcotics in the National Priority Programs, the Counter Narcotics Monitoring Mechanism (CNMM) was created. The overall goal of the CNMM is to ensure genuine mainstreaming of CN in the NPPs so that the Government of Afghanistan delivers on its Kabul Conference commitments and to monitor, evaluate and document the impact of NPPs on CN outcomes.

To date, the CNMM has reviewed and analysed all NPPs and identified specific activities through which CN can be mainstreamed. It has also succeeded in the incorporation of counter narcotics and alternative livelihoods objectives in NPP 1 (National Water and Natural Resource Development Program) and NPP 2 (National Comprehensive Agriculture Production & Market Development Program). The Food Zone Concept has been integrated under the Food for Life Component of NPP 2. MCN and MRRD are also considering how Alternative Livelihood objectives can be integrated into NPP 4 (Strengthening Local Institutions).

*Source: MCN (2013) "Introduction of the Counter Narcotics Monitoring Mechanism", XIX Joint Coordination and Monitoring Board Meeting; <http://www.thekabulprocess.gov.af/>*

The findings of the report point to a number of more specific policy implications which can usefully guide ongoing and future counter narcotics interventions and strategies. A number of these are aligned with the recommendations made by the CNMM to mainstream counter-narcotics into broader development processes.

## **DRUG SUPPLY AND SUPPLY REDUCTION**

### **Drug supply**

#### ***Injecting risk into opium value chains***

Levels of poppy cultivation show a high sensitivity towards opium prices, and a high sales price of opium was named by farmers among the top three reasons for opium cultivation in recent years. Indeed, occasional reductions in poppy cultivation may be attributed to market corrections in the face of abundant supply during the years 2006 to 2008. Policies and interventions aimed at sustainable reduction of opium poppy cultivation could also consider the price mechanism of opium cultivation rather than solely on reducing the area under cultivation. Specifically, injecting risk into opium cultivation processes through eradication can be complemented by the injection of risk into the value chain through interdicting opium just after it has left the farm gate. For example, interdicting opium just after it has been bought at the farm-gate will inject risk into the traffickers' complex of purchasing decisions, with the anticipated result that prices will have to remain depressed in order for traffickers to accept this ratio of risk and return. This way, the risk is transferred to the trafficker - and in order to lessen the potential consequences of interdiction,

traffickers would be thereby influenced into offering lower prices for opium to minimize the financial burden in the case a consignment is seized.

### *Linking cannabis and opium interventions*

Drug supply reduction policies should holistically examine the implications of reducing the drug supply from *all* illicit crops. Policies aimed at opium cultivation reduction should also be aimed at cannabis cultivation reduction - and vice versa. This might have the specific element of tackling the farm-gate prices of both illicit harvests - i.e. having a greater emphasis not so much on the direct reduction of cannabis/opium cultivation, but on the sustained reduction of the value of cannabis/opium to make for a more natural economic disincentive to Afghan farmers.

## **Drug supply reduction**

### *Improve the tracking of CN messaging campaigns*

Although there are a number of CN messaging campaigns and efforts at work in Afghanistan there is limited understanding of their effectiveness. In order to adequately track the effectiveness of such messaging, it is first required to know the performance of such messaging. Towards this end, it would be advantageous to establish a consolidated database of CN Public Awareness initiatives, which details the ownership of messaging campaigns, their geographic spread, their messages and slogans, their intended target audiences, the type of media employed to reach the audience, etc. With such a database set up to allow for the tracking of such messaging campaigns, the next step - measuring the effect of such campaigns - could be done on a far more consistent basis year-on-year. Such a messaging tracking system would require coordination across a number of ministries (such as MoPH, MRRD, MAIL - i.e. Line Ministries with thematic input to the messaging campaigns; but also MoIC, MoE and the other ministries with a coordination/approval function) as well as across a number of actors (such as the Colombo Plan, ISAF and other NGOs who are also directly promulgating CN awareness products).

### *Eradication coupled with development assistance*

The achievements registered through eradication campaigns should be sustained through the uptake of lessons and best practices in future interventions. In particular, eradication should be accompanied by development assistance to create tangible alternative livelihood opportunities if its impact is to be maximized. The linkages between eradication and security also require careful consideration given the evidence so far that the two are closely associated.

### *Alternative livelihood policies*

A household's livelihoods strategy will evolve as fast as the conditions on the ground are changing. Therefore, it is recommended that as a general approach to designing Alternative Livelihood strategies, flexibility and resilience are core features of the policy. Alternative livelihood policy interventions must thus be flexible enough to cope with new developments on the ground, and resilient enough to stay relevant over a long period of time. This would allow the policy to maintain its effectiveness over the cycle of its design, implementation, review and modification. In general, a successful alternative livelihood program should enhance the access of farmers and rural labourers to markets, land, water, credit, food security and employment - at least in adequate measure to provide a minimum legal livelihood.

### *Hilmand Food Zone Program*

The lessons learnt from the implementation of the Hilmand Food Zone Program as well as best practices from other countries as captured through the new Food Zone Concept will help to enhance the effectiveness of future similar programs. Some of the observations from the Hilmand FZP have led to the following potential recommendations:

- Other agricultural zoning initiatives might do well to be vague in the geographic delineation of the project to avoid the polarization of “haves” and “have-nots” inside and outside the project.
- Aligned or integrated interventions both inside and outside targeted areas of Food Zone to eliminate the “balloon effect” if faced on the ground will be important
- Agricultural assistance should be given to both poppy-cultivating and non-poppy-cultivating districts, to avoid setting up the impression that only cultivating districts receive assistance (and thereby perversely encourage poppy cultivation).
- “Livelihoods” should not be deemed purely in terms of agrarian interventions. Security, educational opportunities and availability of off-farm income are other livelihood aspects that should be addressed by such interventions.
- Security appears to be one of the main drivers for poppy cultivation reduction, and other interventions would do well to place security improvement measures as a leading principle of the intervention.

## **DRUG USE, PREVENTION AND TREATMENT**

### **Drug prevention**

#### *Broadening scale and scope of prevention efforts*

- There is continued need for further expansion of drug prevention efforts and interventions in the country. It would also be beneficial to strengthen monitoring and evaluation of preventive measures to enable evidence based assessment of their impact and sustainability. With the necessary evidence, strategies to specific measures to enhance preventive efforts can be determined. The national Drug Demand Reduction Policy has a section on drug prevention, but focuses on public awareness. Drug prevention goes beyond public awareness with scientific evidence demonstrating that raising awareness and basic knowledge does not prevent drug use. Preventing drug use requires addressing vulnerabilities, developing skills in individuals and families and changing community norms to reflect a prevention message. Current drug prevention efforts would benefit from incorporating these elements.

### **Drug treatment**

#### *Enhancing access to treatment*

- Drug dependence and its associated social and health problems can be treated effectively in the majority of cases if people have access to a continuum of available and affordable treatment and rehabilitation services in a timely manner. One of the main elements of the National DDR policy is to increase drug prevention and treatment capacity by 30% for heroin

and opium users between 2012 and 2016. To this end, barriers limiting accessibility to treatment services need to be minimized for people to have access to the treatment that best fits their needs. Given the scale of the problem in Afghanistan and the limited resources available, a clear and coherent approach to service planning is required. There is a need to develop services that can reach the maximum number of individuals and have the greatest impact at lowest cost<sup>1</sup>.

### *Drug treatment as a component of national healthcare focus*

- Drug treatment needs to be identified as a basic package of healthcare and be implemented into the BPHS and EPHS(Essential Package of Health Services) in Afghanistan to ensure sustainability. Under NPP5 - Health for all Afghans - the effort is being made to mainstream DDR and HIV prevention and care services into the health care framework. Continued discussions are taking place with the Health Management Information System (HMIS) in Afghanistan to ensure that this happens.

### *Diversified and comprehensive treatment services*

- While the type of treatment available in Afghanistan has increased, diversified and expanded over recent years, it is still limited. Treatment provision is mostly dominated by residential and home-based approaches. These tend to focus on detoxification, residential rehabilitation and aftercare which happens to be of low intensity and infrequent. Other models of treatment are available in only very few centres. Treatment services should include a comprehensive package of evidence-based and integrated drug treatment (both long acting opioid agonists and psychosocial therapies) at both the community (structured psychosocial interventions, outreach and low-threshold outpatient services) and residential (initial detoxification followed by structured inpatient) level. In addition, adopting a tiered approach to drug treatment ensures that a comprehensive package of evidence based drug treatment is available. When treatment services are delivered in a structured tiered way, there is clear distinction and referral pathway between different modalities.

### *Continued need for targeting returnees and refugees*

- There are an estimated 30,000 recent heroin users among the returnee population. The prevalence of drug use and associated risks amongst this population is ever increasing and more services need to be implemented to address this need. Currently there a sub-regional project providing DDR services to Afghan returnees in Herat and Badakshan and similar projects provide DDR services to Afghan refugees in Iran and Pakistan. The recommendation is that further research needs to be conducted in the area of drug use amongst refugees, returnees and IDPs and DDR projects need to be designed to meet the need.

### *Streamlining drug use monitoring*

- At present drug use monitoring system is very weak. Different drug treatment providers have individual data recording and monitoring systems, which can be used to monitor drug users who attend their clinic but these remain local and specific to either that treatment centre or organization. The data that is recorded by individual governmental and non-governmental organizations is generally used locally, and does not provide a comprehensive picture of drug use in Afghanistan. There is a need for a streamlined process of data collection and analysis on

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<sup>1</sup> Discussion paper on the principles of drug dependence treatment, WHO & UNODC March 2008

a scientific basis, which will provide a better understanding of drug use nationally and assist in future planning for decisions makers. MCN's recently published Drug Demand Reduction (DDR) policy <sup>2</sup> has proactively highlighted the need for drug treatment to be identified as a basic primary health care service in Afghanistan, and already advocated its inclusion on the Basic Package of Health Services (BPHS). Furthermore, MCN's Afghanistan Drug Reporting System will contribute to improved data reporting in this respect.

### *Drug use in prisons and drug related harms*

- HIV surveillance system is in its initial stages and surveillance coverage is limited. There have been two Integrated Behavioural Biological (IBBS) studies conducted in Afghanistan in 2010 and 2012 . In order to determine prevalence and most importantly new infections a comprehensive surveillance system needs to be implemented. The Health Management Information System (HMIS) team is currently working to have all health related data stored in a new warehouse. The recommendation is that HIV and DDR data should also be stored in this warehouse and the vehicle used to gather this data should be the DDRIS.
- Research to date has largely described behaviour and sero-prevalence of syphilis, HIV and hepatitis B and C among urban populations in Kabul, Herat, and Mazar-i-Sharif, with little information for eastern and southern Afghanistan. There has been little attempt at enumeration of urban populations of non-injecting drug users in Afghan urban settings and there is no sero-prevalence or behavioural data specifically of non-injecting drug users in Afghanistan. A recommendation is to conduct some research into behaviour of urban non-injecting drug users.
- HIV prevention and care services are available in very few prisons in Afghanistan - Kabul, Herat, Balkh, Kunduz, Badakshan, Jalalabad, Ghazni and Kandahar. UNODC is providing a comprehensive package for the prevention, treatment and care of HIV services for female drug users in 6 female prisons (not including condoms, Needle Syringe Exchange Programme and opiate agonist treatment). Such provision of HIV prevention, treatment and care services needs to be up scaled in prison settings.

### *Institutional coordination and capacity*

- According to the Afghanistan Counter Narcotics Law, MCN has the leading role in counter narcotics policy coordination including with respect to DDR. This involves coordination amongst relevant Ministries and other actors in the role of developing networks of DDR and HIV services. There is need for further strengthening such co-ordination. Drug treatment efforts would also benefit from capacity development efforts. Although there is regular ongoing training on evidenced based intervention on DDR/HIV prevention and treatment in Afghanistan, it would be beneficial to develop government owned national resource centers as already highlighted in MCN's National DDR policy to not only function as learning centres but also as resource libraries affiliated to national medical universities, where possible. This would assist in the long-term development and sustainability of learning in the field of DDR/HIV prevention, treatment and care. Furthermore, national treatment guidelines need to be reviewed and updated to ensure they are in-line with international standards and evidence



based as indicated in MCN's National DDR policy. With respect to capacity, while there have been great improvements in government and civil society treatment capacity, further efforts and investments will be necessary including with respect to professional staff, training, infrastructure and coordination mechanisms across different actors and interventions.

## LAW ENFORCEMENT AND CRIMINAL JUSTICE

### *Seizure targets*

- Since September 2012, law enforcement agencies have been meeting set targets for seizures as per the Anti-drug Trafficking Policy developed by MCN and its monitoring initiated by MCN. It may thus be useful for law enforcement agencies to revisit set targets for seizure to ensure that they are not set too low.

### *Planning responses to the emergence of synthetic substances*

- The rise in Methamphetamine seizures suggests that it will potentially become a challenge in Afghanistan in the near future. In order to stem the problem before it gets out of control, training should be provided for addressing this issue

### *Revisiting narcotics case thresholds*

- There is currently a debate in the Government of Afghanistan whether the thresholds should be raised, meaning fewer cases would be referred to CJTF, whether the threshold should be lowered resulting in more cases sent to CJTF or whether the thresholds should remain as they are. Lowering the threshold would greatly increase the caseload for CJTF but also preventing local-level corruption in the prosecution of cases. Thus, the capacity of CJTF would need to be increased to must match the number of cases received by the organization. Also, it seems that only a substantial change in the threshold would affect the overall number of cases in the CJTF courts. Smaller changes may be a political signal but would not strongly affect the actual number of cases.

### *Capacity of criminal justice institutions*

- The number of CJTF cases as well as number of suspects at the primary and appellate court levels has been steadily rising. Likewise, the number of prisoners incarcerated for narcotics-related crimes has been increasing, most coming from the Western region. This will need to be matched by commensurate increases in the capacity of these institutions—both in terms of personnel and space.

## LOOKING AHEAD

As a key pillar of effective counter narcotics policy and operations, the Afghanistan Drug Report will be published annually from now on and form an important mechanism for the Ministry of Counter Narcotics to fulfill its mandate to monitor drug trend and conditions nationally. The report will be supported by the Afghanistan Drug Reporting System which is currently being established within the Ministry to consolidate counter narcotics data into a central repository. This

will greatly facilitate the accurate compilation and sharing of counter narcotics data across key governmental actors but also inform the work of other stakeholders and actors engaged in counter narcotics efforts in the country.

The coming year entails significant changes to the political landscape of Afghanistan. Given the evidence of complex linkages between the drugs challenge and security, governance and stability, even greater attention and strategic investments are required with respect to counter narcotics. A heightened focus on counter narcotics is necessary to avoid far reaching governance, economic and social repercussions. The gains that have already been made should be consolidated rather than eroded and used as platform to scale up counter narcotics efforts for a poppy free future in Afghanistan. The sustainability of counter narcotics efforts is also intricately linked to regional and international dynamics and drivers. It is thus important for actors beyond Afghanistan to equally sustain commitment to counter narcotics efforts within Afghanistan and the region.

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