The Afghanistan National Urban Drug Use Survey 2012 (ANUDUS) was conducted by the United States Department of State, Bureau of International Narcotics and Law Enforcement Affairs (INL), with oversight by the Institutional Review Board of the Islamic Republic of Afghanistan’s Ministry of Public Health. The goal was to provide an objective assessment of drug use in the country of Afghanistan that helps its government, the United States Department of State and the international community develop strategies for illicit drug demand reduction. It is expected that the results of the survey can be used to design culturally specific drug abuse prevention and treatment programs that promote the long-term political, social, and economic stability of Afghanistan.

The nation’s estimated prevalence of urban drug use is based on data collected from the capitals of 11 provinces in four of the five regions of Afghanistan. The population of these 11 capitals represents 76% of Afghanistan’s total urban population, and produces a representative profile of national urban drug use. Only the south region was not included in the study due principally to poor security conditions in the region. An expanded study was also conducted in Kabul. Kabul is the major metropolitan center of Afghanistan with an estimated population representing 13% of the nation’s population and 54% of the total urban population.

ANUDUS is different from past national surveys in Afghanistan. It integrates state of the art hair, saliva and urine drug testing with a household survey that asked questions only about drug use in the household rather than the community at large. This approach provided the most reliable and technologically advanced profile of drug use in the urban centers of Afghanistan.

Methodology

The study surveyed 2,187 households and drug tested 5,236 people in households randomly selected from the general populations of 11 provincial capitals, including the expanded study of Kabul City, the largest population center of Afghanistan. The mean age of all residents surveyed was 22.9 years: 42.1 years for adult females, 44.7 years for adult males, and 6.4 years for children. Households averaged 8.7 residents. These numbers were relatively stable across all provinces studied.

**Key Findings:**

- **Afghanistan national urban drug use prevalence rates by:**
  - Total urban population: 5.3%
    - Household: 11.14%
    - Adult population: 7.5%
    - Adult males: 10.6%
    - Adult females: 4.3%
    - Children: 2.3%

- **Kabul urban drug use prevalence rates by:**
  - Total urban population: 5.1%
    - Household: 11.0%
    - Adult population: 6.9%
    - Adult males: 9.9%
    - Adult females: 3.7%
    - Children: 2.6%

- **Estimated urban drug use prevalence by population in other Afghan provinces:**
  - Bamyan, Bamyan: 1.2%
  - Charikar, Parwan: 4.6%
  - Faizabad, Badakhshan: 3.8%
  - Farah, Farah: 11.4%
  - Hirat, Hirat: 8.3%
  - Jalalabad, Nangarhar: 4.7%
  - Mazar-e-Sharif, Balkh: 4.3%
  - Mehananeh, Faryab: 4.3%
  - Sheberghan, Jawzjan: 2.9%
  - Zaranj, Nimroz: 13.1%

- **Rate for type of drugs used:**
  - Opioids: 2.6%
  - Cannabinoids: 1.7%
  - Benzodiazepines: 1.0%
  - Barbiturates: .3%
  - Alcohol: .3%
  - Amphetamines: <.1%

The female head of household, defined as the woman who knew most about the household, was asked a series of questions about drug use in the home. After the interviews, the survey team secured permission to sample the woman, the eldest male and the youngest child between the ages of 4 and 14 years present in the household. Samples were only collected from those who consented. The team attempted to collect hair, urine and saliva from those individuals. Most were able to provide all three types of samples; however some individuals were bald or had hair too short for collection and some could not produce a sufficient amount of urine or saliva needed for testing. The completed survey forms and samples were sent to the USA for analysis, as the analytic technologies were not available in Afghanistan. Confidentiality was maintained to protect the identity of all participants.

The hair, urine and saliva samples were tested for 10 different classes of drugs by an accredited USA research laboratory. The samples were first screened and if a particular class of drugs tested positive, that sample was tested again by an alternate methodology to confirm the results and to identify the specific drug and concentrations in the positive sample. The self-report data from the interviews and the test results were entered into a database and subsequently sorted and organized for analysis and reporting. The sample size and the number of positives for the national and Kabul prevalence rates are large enough that the margin of error calculated at the 90% confidence interval is small. Key results from the self-reported data and testing were also compared and analyzed to assess whether there was agreement between the two sources of information. The analysis showed strong agreement between self-reports of household drug use and drug testing, lending confidence to the validity of the information provided by the women interviewed.

Results

National Urban Drug Use

The estimated national urban household prevalence of drug use is 11.4%. The definition of a positive household is that at least one person living in that household tested positive in hair, saliva, or urine for at least one substance: amphetamines, barbiturates, benzodiazepines, cannabinoids, alcohol, or opioids. On a household level, the most common drug class detected in hair, saliva, and/or urine samples was opioids. Figure 1 shows the percent of households by provincial capital with at least one positive drug test.

- The provincial capitals with the highest prevalence of household drug use were in the West region of the country, including Zaranj (28.0%), Farah (20.0%), and Hirat (18.2%).
- The provincial capitals with the lowest estimated prevalence of household drug use are Bamyan (3.0%) and Sheberghan (5.1%) in the North region, and Faizabad (7.1%) in the Northeast region.

The Afghanistan national urban population drug use estimate is 5.3%. Figure 2 shows the estimated drug use rates for the population of 11 provincial capitals. The three provincial capitals with the highest prevalence of household drug use also had the highest population rates of drug use, including Zaranj (12.8%), Farah (9.8%), and Hirat (8.7%). The lowest rates of drug uses were found in Bamyan (1.2%) and Sheberghan (2.6%)

Among adults older than 15 years of age, the estimated prevalence for drug use is 7.5%. The provincial capitals with the highest estimated rates of drug use among adults are Nimroz (20.9%), Farah (15.5%), and Hirat (12.6%). The provincial capitals with the lowest prevalence of drug use among adults are Bamyan (2.0%), Faizabad (4.0%), and Sheberghan (5.1%).

- The highest rate of adult drug use is among males (10.6%), compared with 4.3% of adult females.
- Drug use appears to be highest among the older population, those 45 and older, at approximately 9.0%, followed by 6.1% of the population between ages 25-44.
- Among the regions studied, the highest urban adult prevalence rate for any drug use is seen in the West region (Zaranj, Farah, and Hirat).
Types of Drugs Used

Among adult urban drug users, 46% use opioids (morphine, codeine, heroin, and synthetic pharmaceutical opioids), 32% cannabis, 22% benzodiazepines, 6% barbiturates, 6% alcohol, and less than 1% use methamphetamine.

**Opioids**

Opioids are the most prevalent drug used in the urban centers of Afghanistan, with 5.6% of households found to have at least one person testing positive for opioids. It is estimated that 2.6% of the total urban population and 3.5% of urban adults use some form of opioid.

- Opioid use was found to be highest in the western region capitals where the highest estimated prevalence rate of opioid use was found in Zaranj (10.0%), Farah (8.6%), and Hirat (4.1%).

- Opioid use among the urban male population is twice the rate found among females; 4.6% versus 2.3%, respectively. The highest adult prevalence rate is in the city of Zaranj where 17.2% of men and 14.0% of women are estimated to use opioids.

- Men predominantly use opioids in the form of opium and heroin, while women predominantly use codeine.

**Cannabis**

Cannabis appears to be the second most prevalent drug used in the urban centers of the country; in an estimated 3.2% of households, and by 1.7% of the population.

- Cannabis use varies by the provincial capitals. By household, Hirat (4.0%) and Kabul (3.9%) have the highest rates of cannabis use. By urban population, Charikar has the highest estimated cannabis prevalence at 2.7%, followed by Kabul at 1.9% and both Hirat and Mehaneh at 1.7%.

- Cannabis is used by 2.4% of adults, with men being the predominant cannabis users (4.7%). The highest prevalence of cannabis use among men is in Charikar at 9.1%. Evidence of cannabis among women and children was negligible.

**Benzodiazepines**

Benzodiazepines were detected in eight of the 11 provincial capitals with the highest prevalence among the population in Farah, Faizabad, and Charikar.

- Benzodiazepine use is more common among men than women; about 2.0% of the male population and 1.4% of women.

- While benzodiazepine is probably the third most often used drug by male drug users, it is the second most often used drug by women drug users.

**Other Drugs**

Barbiturates, alcohol and amphetamines were detected in less than 1.0% of the urban households.

**Poly-drug Use**

Only 0.5% of those tested and 1.7% of adults are poly-drug users. Among adult drug users, about 10% use more than one drug; about half of these use a combination of opioids and benzodiazepines; about one-third use opioids and cannabis.

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### Prevalence of Types of Drugs Used In Urban Afghanistan by Household and Population

<table>
<thead>
<tr>
<th>Type of Drug</th>
<th>Percent of Households</th>
<th>Percent of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Positive</td>
<td>11.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Opioids</td>
<td>5.6%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>3.2%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>2.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>0.6%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>0.7%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>0.1%</td>
<td>&lt;0.1%</td>
</tr>
</tbody>
</table>
Drugs Affecting Children

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.

- Opioids were detected in children in six of the 11 provincial capitals. In four capitals, opioids were the only drug detected.
- The highest percentage of positives among children was in Farah City (5.7%) and Mazar-e-Sharif (3.6%). No drugs were detected in children in four of the 11 capitals: Mehmeneh, Sheberghan, Charikar and Bamyan.

Kabul-specific Results

Kabul is the largest and most populated city in Afghanistan with an estimated urban population of over 3.2 million people; more than half of the country’s total urban population. At least one person tested positive for drug use in 11.0% of the Kabul households surveyed. Drug use was found in 5.1% of the Kabul population; 6.9% of adults, 9.9% of men, and 3.7% of women; with 2.6% of children in Kabul affected by drug use.

- The prevalence of opioid use in Kabul is 4.9% of households, 2.3% of the population, and 3.0% of adults. In Kabul, about half as many women as men use opioids: 4.1% of the male population and 1.9% of the female population. Opioids were detected in 1.4% of Kabul’s children.
- The prevalence of cannabis use in Kabul is 3.9% of households, 1.7% of the population, and 2.0% of adults. While: 4.9% of men used cannabis, us by women was negligible.
- Among adult drug users in Kabul, 44% used opioids, 37% used cannabis, 23% used benzodiazepines, 6% used alcohol, and 5% used barbiturates.
- Kabul was also examined by four quadrants: northeast, northwest, southwest and southeast quadrants. The northeast quadrant of Kabul has the highest estimated prevalence of the four at 13.1% of households, 5.9% of the population and 8.1% of adults. The northwest has the lowest estimated prevalence at 8.0% of households, 3.6% of the population and 4.6% of adults.

Conclusions

The population of Afghanistan has been estimated at about 25.5 million to 30.4 million people. About 24% of Afghanistan’s people live in urban areas of the country (about 6 to 7 million people). Based on the ANUDUS results it is estimated that there are as many as 384,100 individuals who use drugs in the urban areas, including 262,900 to 313,600 adult drug users and 59,100 to 70,500 children affected by drug use.

Over 80% of children testing positive for opioids are most likely not active drugs users. Most are innocent victims probably being provided opioids by adults or exposed to second-hand opium/heroin smoke and third-hand residues in the home. As many as 40,000 children living in urban areas may be affected directly or indirectly from adult opioid use.

When the results of the urban drug use study are extrapolated to the total population of Afghanistan the number of adult drug users could exceed 1.3 million, and nearly 300,000 children may be affected by this drug use.

In a separate study of two rural villages in Balkh province it was found that over 30% of the adults 18 and older tested positive for opioids. Further, over 30% of children 12 and under also tested positive for opioids. With three quarters of Afghanistan’s population living in rural areas of the nation adult drug use and the percentage of children affected by opioids is suspected to be higher in rural areas than what was found in urban parts of the country. This finding alone is a significant public health and safety issue. Based on the ANUDUS results the following recommendations are made:

- Develop and implement education and prevention programs focused on drug use and abuse
- Increase treatment services for adults and families
- Protect children from exposure to drugs used by adults
- Develop programs to motivate teens not to use opium
- Conduct further surveys to better understand the prevalence of drug use in rural Afghanistan