Implementing Harm Reduction in Afghanistan

« The bullets price »

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Drug is a major problem in Afghanistan

2 figures:

- 93% of worldwide opium production
- At least 1 million drug users in Afghanistan (among 28 million inhabitants)
Main reasons

• 30 years of war and social disintegration:
  Soviet invasion (1 million Afghans lost their lives and hundred thousands were wounded and disabled), civil war, Taliban rule, international intervention since Nov 2001 and ongoing military process (« Enduring Freedom » and ISAF) and durable insurrection.

• Some consequences:
  – 70% of mental health problems
  – 10 millions refugees (Iran, Pakistan, …)
  – State failure and warlords/criminal activities
  – …
DUs’ number is rising

- Support life (tragic stories)
- Returnees
  - New drugs and new routes
  - HIV
- Social and economic unfair development
- Opium and heroïne are widely affordable
Figures in Kabul

- Central region (Kabul province): 45% of the all heroine users in the country
- Kabul city: 1 200 to 3 500 heroine IDUs (official data → underestimated figure)
- Kabuli IDUs prevalence & behavioral survey:
  - HIV=3%, HCV=36,6%
  - Sharing syringes: 50,4%

HIV/AIDS: an arising concern

• An early epidemic phase with low HIV prevalence in general population …
• … but already settled in high risk groups (IDUs, SWs, truckers)
2005 assessment

• June 2005: MDM exploratory mission in Kabul
• Findings out:
  ✓ Detoxification and Drug Demand Reduction (DDR) – No basic care for DUs (abscess dressing, etc.)
  ✓ DUs stigmatization (social level and access to health services)
  ✓ No HIV answer (ART, OI)
  ✓ Authorities and stakeholders awareness on the drug problem as an essential arising issue for the country
2005 assessment

- At this time, HR was an approach endorsed by authorities and support explicitly in national policy documents...
  - December 2005 Counter narcotic law
  - National Counter Narcotic strategy and national HIV/AIDS strategy on progress
- … but a concept directly translated from international guidelines with no skill neither experience
- Minister of Counter Narcotic versus MoPH
MDM program to address HR Challenges for the country

- To explain what is HR through an example (and not a pilot program) (“the showcase”).
- To train further Afghan HR teams and policy makers as soon as possible (scale up).
- To advocate for a health and social approach on drug use under MoPH umbrella (OST).
- To contribute to national HIV/AIDS response (community involvement).

Background: “The entire population is considered to be at risk of drug abuse requiring development of universal prevention strategy to be targeted for DDR (drug demand reduction) programmes.”
Strategy definition

• 3 key points:

1°) A DIC and Training and Resource Centre (TRC) in the same place

2°) The choice of Kabul city

3°) Active involvement of Dus in the team
First results

- May-June 2006: RAR
- July 2006: HR outreach team recruitment and training process
- August 2006: DIC settlement
- September 2006: outreach work beginning
- October 2006: DIC opening
- November 2007: national OST conference
On going

• OST implementation: on-going
• TRC activity implementation
• Self support and drug users’ organization, HIV CBO
• Regional cooperation (INCAS Partnership and MENAHRA)
Challenges for the country

- HR Scale up
- Mental health
- Evaluation & research
- The meaning and the efficiency of reconstruction process if country (poppy crop and traffic) and people (addicts) are under drugs?
Challenges for HR

• Afghanistan: international laboratory for opium tincture?
• Afghanistan: an HR implementation model for post-conflict countries?
• Afghanistan: place of a new advocacy on international regulation regarding psychoactive products?
The bullets price

• 2007-2008: 298 millions USD for old Chinese military bullets
  ➔ 149 millions USD per year for useless bullets for the country

• 2007-2011: 20 millions USD for Afghan HIV/AIDS program including treatment (ART and OST)
  ➔ 5 millions USD per year for useful bullets
In memory of Hussain Jafary

- Hussain was one of the first MDM outreach worker involved in this HR program and in the nascent self support group.
- He couldn’t live enough time to benefit from a maintenance substitution treatment in Afghanistan.
Tachakor!

- Afghan staff (12 people directly on the program, 13 on overhead tasks)
- Program managers on the field (Guive Rafatian, Miodrag Antanasijevic, Carole Berrih, Julien Klisnick)
- MDM colleagues (Patrick Beauverie, Béatrice Stambul)