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Afghan drug addicts struggle for help

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Shah Begam's eyes are sad. Her lined face looks far older than her 45 years. She's come to a tiny clinic above a shop in the old town of Kabul for a regular checkup. She is one of Afghanistan's 700,000 chronic drug users. Begam began smoking opium more than two decades ago. Her children introduced it to her. She had back pain and they offered her some of their drugs. From opium she turned to heroin. She has been trying to kick that habit for nearly a year, with the help of the local clinic. She was taking methadone to wean her off the heroin, but says she has been too sick in recent months to travel across Kabul to get her dosage. "So I went back to taking heroin," Begam said, her eyes lowered. "But not as much as before."

About one in seven of Afghanistan's drug users are women. And often as in the case of Begam, the addiction involves whole families. Usually it is the parents who get the children hooked. In rural areas, mothers sometimes give small children the paste from opium poppies to keep them quiet during the day so they can work. Afghanistan supplies more than 90 per cent of the world's opiates, according to the United Nations. And production has been on the rise.

Said Mohammad is an addict from Logar province. "There are so many drugs around," he said. "They are easy to get, they are available everywhere, everyone is selling them." Mohammed is also trying to quit. Across Afghanistan there are only about 10,000 beds to treat drug abusers. Most of those are in urban areas or provincial capitals, so the rural population has little access to any care. Women, too, are underserved.

"There are a very limited number of services available for women and what is available is also not sometimes acceptable," said Ashita Mittal, the deputy representative of the United Nations office on Drugs and Crime or UNODC. "It doesn't provide the full package of services that are required for a drug using populations."

Mittal said Afghanistan has one of the highest rates of young drug users in the world. Sharing needles, and a high frequency of sexual activity among that population is causing other problems she says.

"In Afghanistan we have a concentrated HIV epidemic amongst injecting drug users. Over seven per cent of injecting drug users are HIV positive."

The drug problem and its consequences are likely to get worse. Rahmat Ullah is one of the thousands of drug users who became addicted in the refugee camps in Iran.

"I arrived addicted. Since then, for 13 years, I have been addicted. I gave up once. This is my second time in hospital," he says. There are more than one million Afghan refugees in Iran, and a high number of migrant workers, another two million Afghans live in Pakistan, both countries are threatening to expel them. A large refugee influx would likely include a high number of drug users, Mittal said.

The Nejat center only accepts patients who come of their free will. The men we spoke to seemed determined to quit using drugs. When they are first admitted, some go through a difficult withdrawal and detoxification process they openly said was very difficult. After that, their daily routines include drug counseling, group sessions, skills training and music therapy, where they gather, play music sing and dance. The mood is jovial, and the men seem optimistic.

While the men are drug-free at the centre, counsellor Javid Afzalli said the eventual failure rate is high, because there is little or no aftercare.

"It is [a] very [big] problem for Afghanistan. When the patients are discharged from this hospital, they don't have jobs, don't have a place to live or other support and often they relapse."

The Afghan government does not have the finances or the infrastructure in place to help the country's addicts, an estimated three per cent of the population. The UN says that without a sustained, long-term plan to help Afghanistan's drug users, the problem will only get worse.