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Evaluating the Effectiveness and Addressing Challenges of Drug Abuse Prevention and Control Policies in Afghanistan

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Background: Substance abuse, including alcohol and illicit drugs, poses significant health, financial, and social challenges globally. Afghanistan, a leading producer of illicit drugs, faces unique issues such as stigma, limited treatment facilities, and gender disparities in drug use. This study aimed to analyze Afghanistan's drug policies and explore solutions to its drug-related challenges.

Methods: A systematic policy analysis was conducted using Walt and Gilson's policy triangle framework. Multiple databases were searched with keywords such as "drug abuse" and "policy analysis in Afghanistan."

Results: Afghanistan's early drug policies were shaped by international actors, including the UNODC. The Afghan National Drug Action Plan prioritized reducing opium poppy cultivation and improving treatment services. Despite stringent measures, challenges persist due to political instability, regime changes, and increased opium cultivation.

Conclusion: Global drug policies often focus on supply and demand reduction, neglecting underlying issues. Afghanistan's multifaceted approach faces corruption, weak governance, and human rights violations. Evidence-based and rights-centered strategies, coupled with international collaboration, are essential to address drug-related challenges effectively.\

Keywords: Afghanistan, Collaboration, Drug Abuse, Harm Reduction, Policy Analysis

Introduction

Substance abuse refers to the detrimental use of mind-altering substances, including alcohol and illegal narcotics, with significant societal impacts such as adverse health outcomes and financial burdens on individuals and communities [1]. Health concerns related to drug use include the spread of diseases like HIV and hepatitis through shared needles,

increased cancer prevalence, and reduced quality of life [2,3]. The situation in Afghanistan is particularly complex due to the widespread availability of opium and sociopolitical factors such as conflict and instability [4].

Afghanistan's role as a major global opium producer has led to severe addiction problems, affecting public health and security [5]. The Afghanistan National Drug Use Survey (ANDUS) 2015 revealed that drug use affected one-third of households, with 2.9 to 3.6 million individuals testing positive for drugs. The adult drug use rate stood at 12.6%, far exceeding the global average of 5.2%. Opioids were the most used substances, except among urban women, who preferred cannabinoids. Barriers to accessing treatment are compounded by cultural norms, gender-based restrictions, and the country's ongoing conflicts [5, 6, 7, 8].

The global response to drug abuse often involves the "war on drugs" (WOD) approach, which implements severe punishments for drug-related offenses [9]. However, studies have indicated that this approach has failed to reduce substance abuse rates [10]. Consequently, harm reduction (HR) strategies, which emphasize mitigating the health and societal consequences of drug use without mandating abstinence, have emerged as alternative solutions [11, 7]. Rooted in principles of fairness and human rights, these strategies offer more compassionate and inclusive approaches [7].

Afghanistan adopted harm reduction measures in 2003, integrating them into its National Drug Control Strategy and later implementing the National Harm Reduction Strategy (2005). Despite the success of these measures, the Taliban's return to power in 2021 reversed these efforts, reintroducing harsh policies, forced detoxification, and crackdowns on drug users [12,13]. Limited access to healthcare and withdrawal support further exacerbated the challenges faced by individuals struggling with addiction. Current policies prioritize criminalization over harm reduction.

In 2015, Afghanistan had 123 Drug Treatment Centers (DTCs), rising modestly to 129 by August 2021 [6,7]. Despite improvements, these centers served only a fraction of the 1.3 to 1.6 million individuals needing treatment [4]. Studies found that DTCs offering various treatment methods positively impacted patients by reducing substance use and unlawful activities. However, there is a critical need to expand treatment capacity through medically assisted treatment (MAT) strategies and improved infrastructure [4, 7]. This study aims to evaluate Afghanistan’s drug abuse policies and recommend rights-centered solutions to address ongoing challenges comprehensively.

Methods

Design

This study examines drug abuse policies in Afghanistan. We employed a methodical, sequential approach to search, select, and critically evaluate pertinent and credible sources from both grey literature and peer-reviewed publications. Our methodology seeks to reveal crucial matters of concern to stakeholders in enhancing practices. Through this investigation, we uncovered deficiencies in legal and policy structures, providing a solid and fair basis for dialogues and suggestions.

Data extraction and analysis

For data collection, we accessed electronic documents from the official websites of UNDP and UNODC. Additionally, we conducted a comprehensive search across several databases, including PubMed, Scopus, and Google Scholar. Our search strategy involved using a set of keywords, such as "drug abuse," "policy analysis," and "Afghanistan." In conducting our analysis, we utilized Walt and Gilson's triangle framework [8]. The health policy analysis utilized a

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specialized analytical framework. This straightforward approach concentrates on four essential aspects of health policy: the policy's context, content, and process, as well as the key actors crucial for successful health reform implementation (Figure 1). We conducted content analyses of two documents: the Afghan National Drug Action Plan (2015-2019) [14] and the Afghanistan Counter Narcotics Drug Law [15].

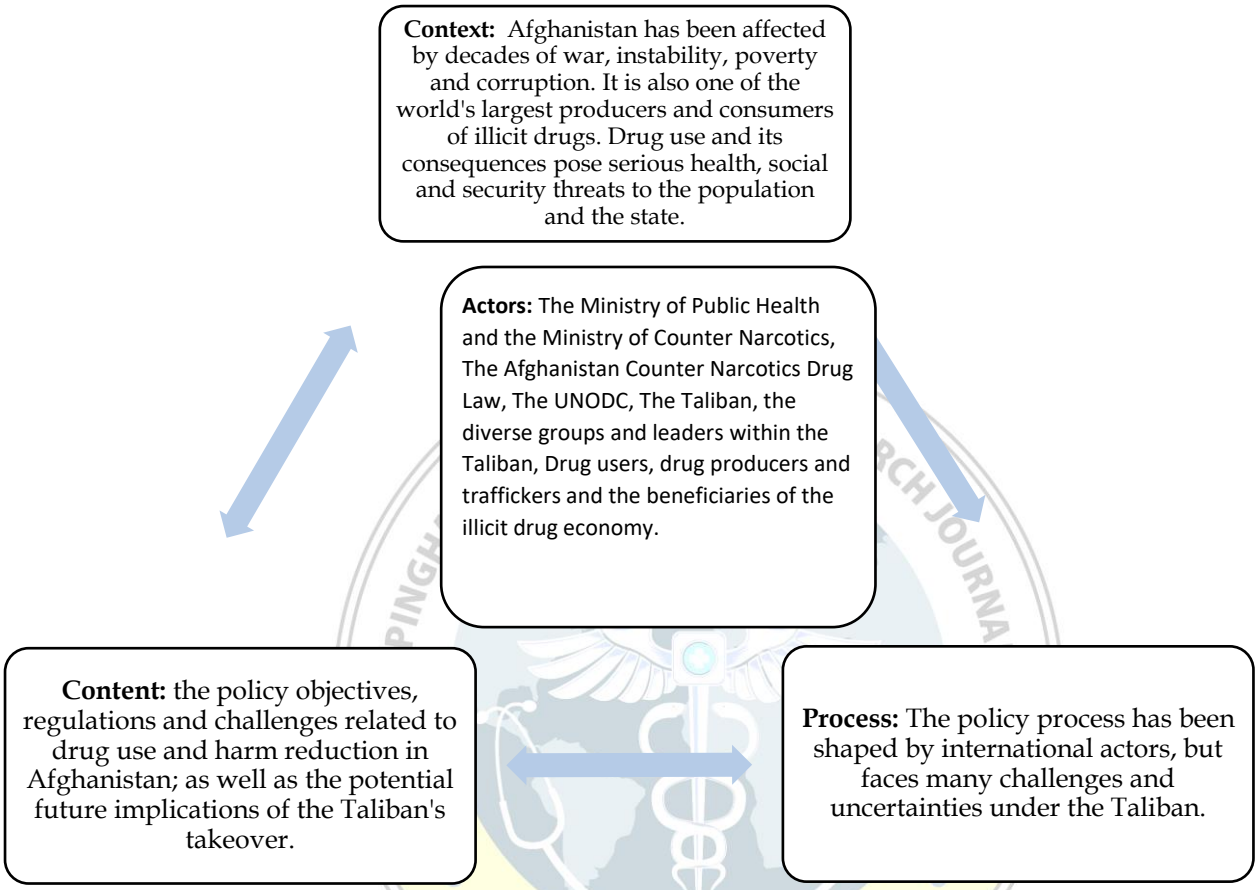

FIGURE 1. Examining Afghanistan's drug abuse policy using Walt and Gilson's policy triangle framework

Results

Evolution of Drug Policy Formulation

Early policy documents and regulations were shaped through a policy exchange process involving international actors. As an example, the UNODC played a key role in shaping Afghanistan's drug policy in 2002, with a focus on harm reduction. Subsequently, in May 2005, a National Harm Reduction Strategy was jointly approved by the Ministry of Public Health (MoPH) and the Ministry of Counter Narcotics. This strategy specifically targeted people who inject drugs and sought to prevent the spread of HIV/AIDS [7].

The Afghan National Drug Action Plan (2015-2019) outlines three primary goals [14].

1. Reduce opium poppy cultivation

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2. Minimize the manufacture and distribution of opiates

3. Lower the demand for illegal substances in Afghanistan while expanding treatment options for users

Table 1 summarizes the evolution of drug policy, highlighting major policy documents, the year of implementation, key actors, and the primary focus of each initiative.

Year/Period	Event/Policy Document	Key Actors	Primary Focus/Goals
2002	UNODC Involvement	UNODC, International Partners	Initial emphasis on harm reduction through policy exchange
May 2005	National Harm Reduction Strategy	Ministry of Public Health (MoPH) and Ministry of Counter Narcotics	Targeting people who inject drugs; HIV/AIDS prevention
2015–2019	Afghan National Drug Action Plan	Government of Afghanistan	1. Reduce opium poppy cultivation 2. Minimize opiate manufacture/distribution 3. Lower demand for illegal substances while expanding treatment options

Table 1: Key Milestones in Afghanistan's Drug Policy Formulation

The Afghanistan Counter Narcotics Drug Law classifies potentially abused substances into four distinct categories referred to as groups:

Category 1: Illicit substances without approved medical uses.

Category 2: Strictly controlled botanicals and compounds with acknowledged therapeutic value.

Category 3: Monitored botanicals and compounds used in medicine.

Category 4: Materials frequently utilized in manufacturing narcotics and psychoactive substances (identified as precursor chemicals).

According to Article 27 of Afghanistan's Counter Narcotics Drug Law, the possession or use of substances categorized into these four groups for personal purposes, unless authorized for medical treatment, results in specified penalties:

a. For possession of heroin, morphine, cocaine, or their mixtures, penalties include incarceration ranging from 6 months to 1 year, along with fines between 20,000 and 50,000 Afs. B. Possession of opium or its mixtures carries a sentence of 3 to 6 months in jail and fines from 10,000 to 25,000 Afs. Operating a vehicle while under the influence of substances in categories 1 through 3 may result in imprisonment for six months to one year, coupled with fines ranging from 10,000 to 20,000 Afs. In cases where a physician confirms addiction to a prohibited substance on the list, the court has the option to waive imprisonment and fines, instead mandating attendance at a detoxification or treatment

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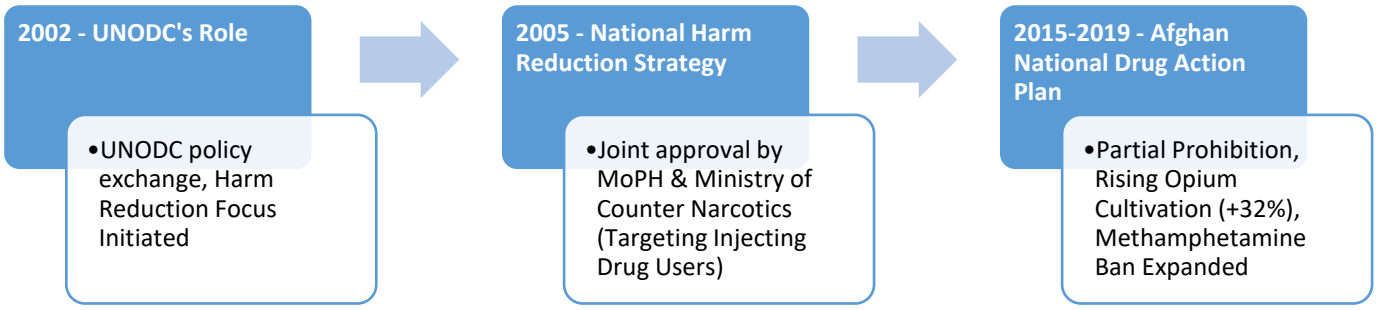
facility. These facilities provide health updates on individuals every 15 days, enabling the court to modify the duration of detention and treatment based on the person's progress [15].

Table 2 categorizes substances as defined in the law and summarizes the associated penalties. It also notes alternative measures when addiction is medically confirmed.

Category / Provision	Substance Examples	Penalties (Imprisonment & Fines)	Additional Provisions
Category 1	Heroin, Morphine, Cocaine	6 months to 1 year; fines between 20,000 and 50,000 Afs	—
Category 2	Strictly controlled botanicals/compounds with therapeutic value	*Not specifically detailed*	—
Category 3	Monitored botanicals/compounds used in medicine	*Not specifically detailed*	—
Category 4	Precursor chemicals	*Not specifically detailed*	—
Opium (special note)	Opium and its mixtures	3 to 6 months; fines between 10,000 and 25,000 Afs	—
Operating a Vehicle under the Influence	Substances from Categories 1–3	6 months to 1 year; fines between 10,000 and 20,000 Afs	—
Addendum	—	—	If a physician confirms addiction, penalties may be waived in favor of mandated treatment (detoxification) with periodic health updates.

Table 2. Classification and Penalties under Afghanistan's Counter Narcotics Drug Law

Figure 1. Timeline of Drug Policy Evolution in Afghanistan



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Challenges and Policy Dynamics Under Taliban Rule

Following the change in government, deciphering the policies of the new leadership has proven difficult. The Taliban's declaration to apply Sharia law across all domains further obscures the policy environment. The Taliban comprises various factions aligned with different leaders, each with distinct values and goals. The results of internal power struggles within the Taliban significantly shape policy choices. Although Islamic law (haram) prohibits both the use and production of illicit substances, there hasn't been a coordinated effort to stop opium cultivation. While strict measures are implemented to curb local drug use across various categories, it's noteworthy that UN data shows a 32% rise in opium cultivation compared to the previous year. This makes the 2022 harvest the third-largest cultivated area since monitoring began [7]. The Taliban's prohibition on opium was declared shortly before the harvest season, raising worries that farmers who had already made substantial investments in the crop might be reluctant to comply. Following the implementation of the ban, opium prices have escalated from $116/kg in March 2022 to $203/kg in April 2022, causing financial hardship for many involved in the opium industry. This regulation could potentially redirect drug production in Afghanistan from opium to methamphetamines. Aware of this possibility, the Taliban expanded the prohibition to encompass ephedra, a plant utilized in the production of amphetamines, and ultimately extended the ban to cover all drugs [12,13]. Nevertheless, concerns about sparking opposition and internal pushback appear to have led the Taliban to implement a partial and selective prohibition on opium cultivation.

Discussion

Global Drug Policy Challenges

In today's world, it is crucial to prioritize comprehensive policies and strategies that understand the various facets of drug use: political, economic, cultural, and social. This approach should go beyond the conventional focus, solely on reducing drug supply or demand. Misguided policies have the potential to cause more harm than the substances they aim to control. Despite these concerns, substantial public resources continue to target reducing both supply and demand, wrongly assuming that eliminating drugs from communities would eradicate the associated criminal activity. However, these current policies not only fall short of addressing the harms linked to drug use but also inadvertently drive drug users toward riskier behavior [16].

Shift toward Harm Reduction Policies

In countries involved in the War on Drugs (WOD), escalating HIV outbreaks, international pressures, and the inefficacy of prohibition approaches have led to a paradigm shift towards Harm Reduction (HR) policies. Nevertheless, the prevailing view in these nations revolves around eradicating drug abuse and fostering drug-free communities. As a result, policymaking in these countries is driven by ideology, emphasizing medical treatment and adopting a prohibitionist stance. Regrettably, these nations have not only failed to decrease addiction rates but have also experienced heightened violence, opportunity costs, and a rise in incarcerated populations due to drug-related law enforcement practices. In China, for example, police officers, rather than medical professionals, are tasked with evaluating an individual's drug dependence, resulting in suboptimal treatment. Additionally, the criminal justice approach can lead to human rights abuses. Nations with more robust political, economic, and social standings tend to align more closely with HR policies. These HR-focused countries prioritize community health promotion and aim to reduce addiction-related stigma. The Netherlands, for instance, imposes minimal penalties for personal drug possession and bases its policymaking on evidence that incorporates medical and psychological interventions. Generally, German and Dutch policies emphasize treatment and rehabilitation. However, in nations like China and

Malaysia, despite implementing HR strategies, the primary focus remains on preventing drug use and enforcing complete abstinence [17].

The global debate on drug policy revolves around two primary approaches: prohibition and HR. Countries such as Sweden and Russia adhere strictly to prohibitionist models, prioritizing criminalization and abstinence, whereas nations like Portugal, the Netherlands, and Germany favor HR strategies focusing on minimizing harm while integrating medical and social interventions [18]. The Swedish model emphasizes strict criminal penalties to deter drug use but has been criticized for high incarceration rates and increased HIV transmission among drug users [19].

In contrast, Portugal's decriminalization model has yielded positive outcomes by shifting the focus from punitive measures to public health solutions. Since implementing HR policies in 2001, Portugal has seen a decline in drug-related deaths and a reduction in HIV transmission rates among injecting drug users [20]. Prison-based harm reduction policies vary significantly across countries. In Western Europe, initiatives such as needle exchange programs and opioid substitution treatments have been introduced in some correctional facilities to mitigate health risks. However, in many Eastern European and Asian nations, HR services remain limited due to ideological resistance and punitive legal frameworks [21]. In Russia, for example, HR policies have been largely excluded from prison systems, contributing to high rates of HIV and tuberculosis among incarcerated drug users [22].

Ultimately, the comparison of global drug policies reveals that HR approaches yield better public health and social outcomes than strict prohibitionist measures. While prohibitionist policies may temporarily suppress drug availability, they often lead to negative consequences such as increased incarceration, violence, and disease transmission. HR policies, by contrast, emphasize treatment, education, and rehabilitation, demonstrating long-term effectiveness in reducing harm while addressing the root causes of drug dependency [23]. Future drug policy reforms should consider balancing enforcement with HR strategies to ensure a more effective and humane approach to drug-related challenges.

Comparative Analysis of Afghanistan with International Drug Policies

The experience of Latin America further underscores the limitations of prohibitionist policies. Countries such as Colombia and Mexico have waged aggressive wars on drugs, leading to extensive violence, corruption, and human rights abuses. The prioritization of military-led interdictions over public health interventions has exacerbated the social consequences of drug criminalization [24]. By contrast, Uruguay, which has legalized cannabis and adopted HR strategies, has experienced a decrease in drug-related violence and improved health outcomes [25]. The lower rate of drug-related deaths in Germany and the Netherlands than in other countries underscores the success of their approaches in managing drug abuse [26].

The previous Afghan government's strategies aimed at combating the widespread cultivation of the opium poppy reflected a comprehensive approach. The core focus involved prioritizing sustainable alternative development and agriculture, while intensifying eradication efforts to address the root causes of poppy farming and confront its production. Within this framework, specific objectives were outlined, placing strong emphasis on diversifying and strengthening legitimate alternatives for farmers and rural communities. This encompassed providing essential assistance, improving access to land and water resources, supporting local producers, integrating counter-narcotic goals into agricultural programs, and enhancing rural infrastructure [14].

A second key aspect of the government's approach was a concerted effort to escalate targeted eradication activities in tandem with law enforcement. This aimed to deter future poppy cultivation through annual, province-specific

eradication plans and reinforced coordination efforts. These strategic measures signified a comprehensive approach toward curbing opium production and promoting sustainable development in affected regions. Moreover, the previous Afghan administration focused on strengthening measures against money laundering and improving the confiscation of drug-related assets. This effort included completing an Anti-Money Laundering/Combating the Financing of Terrorism (AML/CFT) strategy with the Financial Action Task Force (FATF), backing investigative teams, strengthening global cooperation on financial intelligence, boosting sector adherence to AML/CFT regulations, forming a national coordination committee, and establishing an Asset Forfeiture Fund for transparent asset administration and joint recovery efforts with international allies.

Furthermore, in their efforts to bolster international collaboration in counternarcotics, the government focused on enhancing partnerships with regional countries in border control, precursor chemical interception, and interdiction. This strategy included establishing bilateral agreements, seeking multilateral support for their National Drug Action Plan, and advocating the inclusion of counter-narcotics indicators in global governance frameworks such as the Tokyo Mutual Accountability Framework (TMAF). Acknowledging the transnational nature of the drug trade, this approach recognized the necessity for joint efforts beyond Afghanistan's borders to effectively combat it. Furthermore, the preceding administration sought to broaden the scope and longevity of a country-wide comprehensive drug treatment program. This initiative emphasized early intervention strategies for drug prevention and implemented public education campaigns timed to coincide with the poppy cultivation period.

The 2022 Corruption Perceptions Index, published by Transparency International, ranks Afghanistan 150th out of 180 nations, illustrating the country's ongoing battle with corruption. This ranking system, where the least corrupt country occupies the top spot and the most corrupt is placed at 180th, demonstrates the severity of Afghanistan's corruption problem [27]. The inefficiency of drug abuse policies in Afghanistan can be directly linked to complexities arising from corruption and weak governance. Pervasive corruption within various governmental institutions has significantly obstructed the effective implementation of anti-money laundering measures. Moreover, the presence of feeble governance structures and inadequate institutional capacity posed substantial hurdles, potentially leading to the mismanagement or diversion of funds intended for counternarcotic efforts. Collectively, these issues greatly undermine the effectiveness of drug abuse policies in the nation.

The Path Forward for Drug Policy Reforms

The past ten years of opium growth and manufacturing in Afghanistan highlight the ineffectiveness of attempts to enforce drug laws [16]. Documentation from the former Afghan government's Aviceena Medical Hospital for Drug Treatment reveals grave violations of human rights. Patients were reportedly subjected to involuntary 'cold turkey' detoxification, forcible confinement, and abuse [7].

The potential ban on opium cultivation enforced by the new Islamic Emirate of Afghanistan in April 2022 could disrupt global drug supply chains, leading to a drug-related health crisis. Recent data indicate a reduction in operational harm reduction sites in Afghanistan, posing challenges to delivering international standards within the country's context [7].

The global community is currently engaged in discussions about the most effective way to interact with Taliban leadership, especially regarding matters of human rights [7]. Some factions within the Taliban demonstrated unexpected positive initiatives in drug treatment. For instance, in January 2023, the Afghanistan National Program for AIDS, STI, and Hepatitis C (ANPASH) supported UNODC's training with harm reduction NGOs in Kabul [28]. However,

recent years have witnessed the emergence of harm reduction movements advocating for tobacco harm reduction [29].

The ongoing conflict and military presence in Afghanistan have intensified substance abuse problems, creating an urgent societal challenge. The path forward for drug treatment programs in the country remains unclear. While banning specific substances and implementing strict law enforcement measures may show immediate results, they could unintentionally promote drug trafficking. This was demonstrated by Iran's 1955 ban on opium production, which led to increased production in neighboring Afghanistan and Pakistan. Imprisonment not only fails to address substance abuse issues but also heightens the risk of HIV/AIDS transmission and worsens economic and psychological hardships for families. To effectively tackle drug-related problems, it is essential to address significant knowledge gaps in legislative and healthcare systems regarding the fundamental causes of opiate use. This includes gaining a deeper understanding of the factors leading to initial drug use, continued consumption, progression to injection drug use, and its broader economic and social consequences [16].

Conclusion

The findings of this study highlight the complex challenges Afghanistan faces in addressing drug abuse, exacerbated by political instability, corruption, and inadequate healthcare infrastructure. While harm reduction strategies have demonstrated success in reducing the negative health and social consequences of drug use, their implementation in Afghanistan remains hindered by ideological opposition and resource constraints. Global examples, such as Portugal's decriminalization model and Germany's treatment-focused approach, illustrate that policies prioritizing public health over punitive measures can lead to better long-term outcomes. However, Afghanistan's reliance on strict prohibitionist policies has not only failed to curb drug dependency but has also led to significant human rights violations and worsening public health crises.

Despite growing evidence supporting harm reduction, significant research gaps remain. Future studies should focus on evaluating the long-term impact of harm reduction initiatives in Afghanistan, assessing the effectiveness of alternative development programs in reducing reliance on opium cultivation, and examining the socio-economic determinants of drug use. There is also a need for comparative policy analyses between Afghanistan and other conflict-affected nations to identify feasible intervention strategies. Additionally, research should explore the intersection of gender, mental health, and substance abuse to better tailor interventions for vulnerable populations. Addressing these knowledge gaps will be crucial in formulating policies that are both effective and contextually appropriate. Ultimately, Afghanistan's drug crisis requires a holistic and adaptive response that balances law enforcement with public health interventions while ensuring sustained international collaboration and investment in evidence-based programs.

Recommendations

Strengthening Harm Reduction Policies: Afghanistan should prioritize harm reduction interventions, including the expansion of opioid substitution therapy, supervised consumption sites, and evidence-based treatment programs. These approaches have proven effective in reducing overdose deaths and the spread of infectious diseases.

Expanding Treatment Accessibility: Increasing the number and capacity of Drug Treatment Centers (DTCs), particularly in rural and underserved areas, is crucial to ensuring equitable access to care for all individuals struggling with substance abuse. Strengthening training programs for healthcare professionals and integrating mental health services will further improve patient outcomes.

Addressing Corruption and Governance Issues: Effective drug policy implementation requires greater transparency, stronger institutional oversight, and international cooperation to combat corruption and ensure resources are allocated efficiently. Governance reforms must focus on reducing illicit financial flows that sustain drug trafficking networks.

Enhancing International Collaboration: Strengthening partnerships with international organizations and neighboring countries can facilitate the adoption of best practices in harm reduction and law enforcement while ensuring sustainable funding for treatment programs. Lessons from Latin American and Southeast Asian nations highlight the value of regional cooperation in tackling transnational drug issues.

Shifting Toward a Public Health Approach: Rather than criminalizing drug users, Afghanistan should consider treating substance use as a public health issue. Decriminalization policies, as implemented in Portugal, have demonstrated significant success in reducing drug-related deaths and improving access to treatment.

Declarations

Conflict of Interest statement

The authors declare that they have no conflicts of interest.

Authors' contributions

AR, MQA, EA, and MFW conceptualized the manuscript. MQA and EA wrote the original draft. DELP, AR, and BAH supervised the process. AR, QA, EA, MFW, EE, and DELP reviewed and edited the manuscript.

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