

# ORIGINAL RESEARCH: Socioeconomic factors associated with opioid drug use among the youth in Kabul, Afghanistan

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## Abstract

Drugs are known to have dangerous consequences, but many people still use them. This study seeks to identify the factors influencing the use of opioid drugs by young adults in Kabul, Afghanistan. A descriptive as well as an analytical study was undertaken in six sites of Kabul. The study included 100 drug users (cases), and 120 non-drug users (control) for the quantitative part, and 24 local informants and 12 professional drug demand reduction informants as sources for the qualitative part. Qualitative data were analyzed using a thematic coded keyword approach whereby the data collected from key informants were grouped under emerging themes of the research objectives. Quantitative data were analyzed using chi-square statistical test as well as basic descriptive statistics. The study revealed that drugs are easily available around the city and villages of Kabul and are inexpensive. Opioid drugs were found to be popular among the larger Kabul population, and may be obtained from drug dealers and other drug users. The study found personal, behavioral, social and economic factors associated with opioids use including easy access to drugs, drug use among household members and friends, history of cigarette smoking and/or use of snuff, early age (15-22 years), illiteracy and low education, use of opium as painkiller for treatment, family problems and poor family relationships, peer pressure and influence, lack of sports and entertaining facilities, nearby poppy cultivation, war-related tension and problems, lack of proper drug prevention programs and lack of treatment facilities, unemployment and lack of job security, migration and displacements, frequent exposure to drugs, hard work at strenuous jobs and poor participation in community activities.

**Keywords:** Afghanistan, Drug abuse, Kabul, Opioids, Poppy.

## Introduction

Humans have been using opium since ancient times. There is evidence that drugs such as opium were used from the Neolithic era in China, and opium appears to have been used in ancient Babylon both to relieve pain and induce sleep. The history of opium in Asia starts from the ancient period; by the eighth century A.D, opium had spread from the Eastern Mediterranean region to China, generating an Asian opium zone. Then, in the 16<sup>th</sup> century, India's Mughal Empire grew; the trade of drugs was primarily for use as entertainment. Then by the extension of European colonies in Asia, the European colonial system created and developed the Asian opium trade and encouraged a dramatically expanded production of opium in Asian countries (such as India, China, Burma, Philippines, Vietnam, and the Golden triangle countries such as Myanmar, Thailand and Laos) from the late 17<sup>th</sup> to early 20<sup>th</sup> century (McCony , 2000).

Opium has always affected human beings, particularly since this substance was used as a tool of war and illegal commerce in colonial regimes (Motte, 1981). During more recent historical times, opium and its derivatives have been widely used in medicine. Before the introduction of anesthesia during the 19<sup>th</sup> century, a mixture of opium and alcohol was extensively used to numb surgical patients and reduce the pain of operations. In 1874, Alder Wright, a chemist in London, first experimented and developed heroin (Taylor, 1963).

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The first move against opium use was taken by the Chinese government in 1839, known as the Opium War between the United Kingdom of Great Britain and China from 1839 to 1842 (UNODC, 2007). In 1909, the international community sat together in Shanghai, China to discuss how to deal with drug issues in the world. Subsequently, in 1912 on the basis of Shanghai conference the first agreement on the control of opium was endorsed (Ghodse, 2002, p. 381). Later, many conventions, regulations, protocols, and resolutions were issued by the United Nations. Much of the existing apparatus of international drug control is based upon the single convention on Narcotics Drugs in 1961; this international treaty covers the production and trafficking of 'narcotic drugs' (Taylor, 1963).

Drug use is still a major problem and threat to human beings in all parts of the world. In 2012 it was estimated that around 243 million people worldwide aged 15 to 64 year old (between 162 to 324 million, equal to 5.2 percent of the world population) had used an illegal drug. Currently, addiction to illegal drugs is one of the top 20 risk factors for health worldwide and among the top ten risk factors in low-income countries. Some health problems related to drug abuse are infection such as HIV, hepatitis, tuberculosis (TB) and other blood borne diseases (UNODC, 2014).

Globally, the main illegal drugs in consumption terms are opium, heroin, morphine, cannabis, amphetamine-type stimulants (ATS), Ecstasy (MDMA) and cocaine (UNODC, 2010). Opioids such as opium, morphine and heroin are at the top of the list of problem drugs, which cause the highest burden of disease and drug-related mortality (UNODC, 2014). Afghanistan, Iran, and the central Asian countries continue to be parts of the world with a higher incidence of opiate users than the global average. In the Islamic Republic of Iran, 1.5% of people use opium, heroin, and other opioids (UNODC, 2009). In Pakistan, 0.8% of the total population are regular heroin users, 0.3% of the total population is opium abusers, one percent of the total population is combined opioids abusers; approximately 1.5% of the population (nearly 1.6 million people) report non-medical abuse of opioids (UNODC, 2013).

In 1924, Afghanistan reported a very low level of poppy cultivation in some villages of the country to the League of Nations. However, from 1978 to present, throughout more than three decades of war, Afghan people have faced more drug related problems and cultivation gradually grew larger (UNODC, 2003). Due to opium production, Afghanistan became a member of the Golden Crescent (Iran, Afghanistan and Pakistan). The cultivation of opium has grown and increased in Afghanistan throughout this period and began rising gradually after 1979 due to the Soviet invasion, regional and international factors, and other tensions through the war (McCony, 2000).

The conflicts and war have affected the use of millions of hectares of arable lands and sent a lot of households over the border, mainly to Iran and Pakistan; few people stayed to work on the remaining farmland. On the other hand, the White House appointed the Central Intelligence Agency (CIA) to do a major project to support the Afghan opposition (*Mujahidin*). Operating through Pakistan's Inter Service Intelligence (ISI), the CIA started providing weapons and funding to the Afghanistan *Mujahidin*. While the *Mujahidin* got control over freed parts inside Afghanistan, they armed groups who pressed their supporters to grow opium as a progressive tax and processed it into heroin across the border in Pakistan's Northwest frontier province. During this decade of conflict, Afghanistan's opium production increased from 250 ton in 1982 to 750 ton in 1988. Under ISI protection, Pakistani traffickers and Afghan resistance leaders opened hundreds of heroin production laboratories along the Pakistan-Afghanistan border, and Pakistan was able to capture the world's heroin market in a short time (McCony, 2000).

After Soviet armies left Afghanistan and the Western States' financial support was cut, *mujahidin* commanders started competing for power in the new Afghanistan regime, which resulted in a civil war. The conflict continued between *mujahidin* until the 1990s, when they divided Afghanistan into several parts; in 1994 Taliban insurgents emerged and step by step captured most parts of Afghanistan and announced their unified government. The Taliban increased the cultivation of poppy, because their main income was through taxing opium production (Gretchen Peters, 2009). Currently, Afghanistan produces the world's largest amount of opium drugs; surveys show a large increase of poppy cultivation from 154,000 hectares in 2012 to 209,000 hectares in 2013 (UNODC, 2014).

Drug trafficking is a top illegal business for mafia networks; the UNODC estimated the global economy from the illegal drug business at 320 billion USD for one year, equal to 0.9 percent of world GDP, 68 billion of which belongs to the opiate market. Afghanistan produced 82% of total world opium in the same year, and the value of Afghanistan opium harvest was 438 million USD (UNODC report, 2009). Another survey shows the drug smugglers' and dealers' profits in neighboring countries in 2002 at about 4 billion USD of which 2.2 billion USD went to criminal groups in Central Asia (UNODC, 2003). A study published by Degenhardt in 2013, found that addiction to illegal substances was accountable for 3.5 million years of life lost throughout premature death and 16.4 million years of life lived with disability (UNODC, 2014).

Afghanistan has become the leading producer of opium in the world, and is now facing major and growing challenges associated with drug abuse problems. Around one million people (940,000) use drugs, particularly opiates by 8% of the entire population of Afghanistan; this rate is twice the global average of drug users (UNODC, 2010). The number of regular opioid drug users in Afghanistan is estimated at 290,000 to 360,000 people, or equal to 2.7% of the adult population between 15-64 years old. Around 133,000 drug users live in Kabul province. Opiate drugs have been reported with the highest frequency besides drugs such as cannabis and prescription opioids (UNODC and Afghanistan MCN, 2009). Nowadays, Afghanistan has one of the highest prevalence of opiate users in the world at 2.65 percent. Drug use in Afghanistan is a growing problem, particularly among refugees and the young generation, and has resulted in many problems in the society. Currently, Afghan people want to avoid from the cultivation of poppy. They continue to cultivate other crops, mainly food crops, but there is little attention by the state and international commitment to support them in cultivating other crops, instead of poppy and marijuana (UNODC, 2003, p. 21).

Using opiates has affected the academic progress of children in Afghanistan; some have left school and been forced to work because a family member was using drugs (UNODC Survey, 2014). Through a survey, the UNODC found that drug use has led to domestic violence too. Many employees have lost their jobs, and some of the families were forced by drug user members to borrow money. Therefore, families have faced financial problems as a result of drug use. Crime, premature death, corruption, workplace difficulties and security problems have increased due to drug abuse (UNODC survey, 2014, p. 9).

There are many more drug users and dealers among the arrested population than the general population in Afghanistan; among prisoners, one third has drug related crimes (UNODC, 2011, p. 3). The UNODC survey in 2009 found about 18,000-23,000 injecting drug users (IDUs) in Afghanistan. Based on the Johns Hopkins University survey conducted in Afghanistan, the prevalence of HIV among injecting drug users was about 7.2% (DDR/MCN, 2012). The UNAIDS and WHO found that HIV prevalence is mainly concentrated among injection drug users in Afghanistan. So, the main incidence and spread of HIV in the country are through injection drug users (World Bank, 2012).

A massive source of corruption results from drug-related activities, undermining government institutions or political systems, particularly in provinces where poppy cultivation exists (Mohseni.N). Drugs fund criminals, insurgents, and terrorists in Afghanistan and abroad. Corrupt government officials keep undermining public trust, security, and the law. The taint of money laundering is harming the reputation of banks in the Gulf and beyond (Gretchen, 2009).

One main consequence of the use of opioids in Afghanistan is the loss of potential productivity due to disability, and another big concern is premature deaths (UNODC, 2013). Government and the private sector have inadequate resources and poor infrastructure, with a limited capacity to treat only about 3% of the opioid users annually. Additionally, drug treatment is not incorporated as a priority in the agenda of the relevant ministries. The lack of an allocated budget through the government to respond to the problem and the absence of proper protocols and standards to treat drug addicts are major challenges (DDR/MCN, 2012).

## Methodology

This study was divided into two parts, quantitative and qualitative. For an analytical examination of the socioeconomic factors associated with drug use among 15-35 years old people in Kabul province, a case-control study was undertaken to investigate the associated risk factors among the subjects as compared with a control group. The prevalence or the level of exposure to a risk (or protective) factor was measured and compared between the two groups (Bailey, Vardulaki, Langham, & Chandramohan, 2006, p. 45). This study also included a Focus Group Discussion (FGD) meeting with Drug Demand Reduction (DDR) professionals and local informants to assess the socioeconomic factors contributing to the use of drugs in Kabul. The drug user interviews were part of the quantitative study while the focus group discussions were part of the qualitative study. The drug user interviews were part of the quantitative study while the focus group discussions were part of the qualitative study.

The study randomly picked opioid users to learn what factors influenced them to become drug users. The selection of control group was done to compare the two groups that live in the same socioeconomic conditions, but differ in drug use. Also, this study compared which kind of social and economic capital the control group had, to not become an opiate user, as compared with the case group. A face-to-face Interview technique was used with both drug users and non-drug users. In each site interviews were conducted with 20 drug users as well as 30 non-drug users, as the control group, from the same area, age and gender with similar socioeconomic conditions. This study was conducted in 6 districts of Kabul province: five city sites, and one out of city site. The study was conducted in the following sites of Kabul:

- 1- The Kalakan District; located in the north of Kabul province; I conducted FGD with local informants and interviews with drug users coming for treatment (as outpatient) and non- drug users living in this district with similar socioeconomic conditions.
- 2- The First District; these included interviews with drug users after consumption of opiates in the drug use site, back of Mashed-e- Eidga and FGD with local informants at the first district municipality hall.
- 3- The Third District; I conducted face to face interview with female opiate users in the Sanga Amaj women's drug treatment center and interview with control group subjects living around Kute-e-Sange square.

- 4- The Seventh District; here there were interviews with opioid users in Jangalak 300 beds drug residential treatment center.
- 5- The Ninth District; I conducted FGD with DDR professionals in the ministry of counter narcotics, drug demand reduction meeting room; I also conducted interviews with non-drug users working in industries.
- 6- The Fifteenth district; I conducted interviews with drug users and non-drug user subjects who lived around the Panjsaad Family cemetery.

The target population of this research study was opioid users under treatment in hospitals and drug treatment centers, the homeless, and opioid users in the drug use sites at the said locations of Kabul city. The control group was from young adults 15-35 years old as non-drug users, living in same socioeconomic areas and working in the same area around drug treatment centers. Opioid drug users included 120 people 15-35 years old, mainly male and a few female; 20 of them rejected the interview. The control group in the beginning consisted of 150 subjects, but 30 of them rejected the interview. Both groups were selected based on random sampling; multistage cluster sampling was used for male and female correspondents.

In the FGD, 12 community informants attended. Totally 3 focus group discussions were conducted. The informants invited for each focus group discussions were 12 local people. The following categories were invited as local informants: family of drug abusers, community elders, religious leaders, head of the community health association and police representative and drug treatment centers councilors or coordinators, school teachers and ex-drug users during the continuum of care. For FGD meeting with DDR experts the study invited drug demand reduction professionals. The study selected questions to examine personal, family, community and economic factors and questions to examine the main socioeconomic factors that influence the young generation to become opioids users in Kabul.

Qualitative data were analyzed using thematic coded key words approach whereby the data collected from FGDs key informants were grouped under emerging themes of the research objectives and then continued by summarizing and discussing the findings of the focus group discussions. The quantitative data were analyzed using chi-square statistic test along with descriptive statistics such as frequencies, mean and percentages.



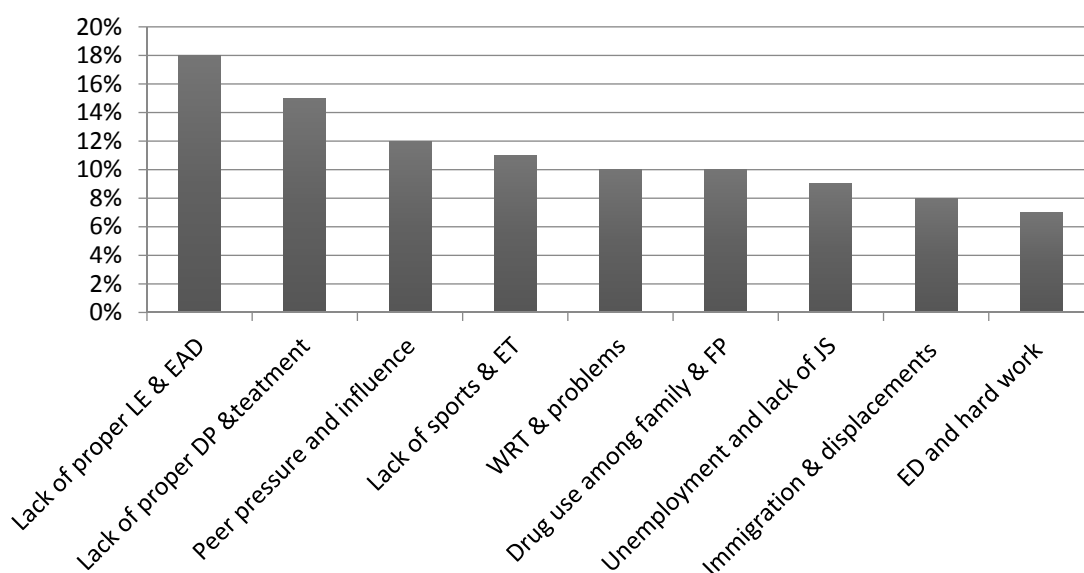
**Figure 1:** Focus group discussion meeting in *Kalakan* district, Kabul.

## Findings and Discussion

Through meetings with local informants and DDR professionals the following risk factors were found as probably associated with the use of opiates among young and adult of Kabul population: (1) easy access to drug and lack of proper law enforcement, (2) drug use among households and family problems, (3) peer pressure and influence, (4) lack of sports and entertaining facilities, (5) war related tension and problems, (6) lack of proper drug prevention programs and lack of treatment facilities, (7) unemployment and lack of job security, (8) migration and displacements and, (9) exposure to drugs and hard work at strenuous jobs e.g. in brick kilns (Figure 2).

The UNODC research on the impact of drug use on users and their family in Afghanistan, in 2014 found risk factors such as unemployment, economic problems, family problems, peer pressure, use of drug as a painkiller, having drug users among family members, depression, and drug use out of curiosity, as the reasons contributing to the abuse of drug among people (UNODC survey, 2014, p.107).

Lack of awareness about the harm of drugs and harmful consequences of addiction, particularly among adolescents and the young generation, is a leading risk factor toward drug addiction. Unfortunately, in Kabul there are very limited consultation and awareness services at schools, mosques and even on media to guide the young generation about hazardous effects of drugs. Whereas schools and mosques can play an important role, this is not happening now or is in very limited scale. Also the study identified that in Kabul province and surrounded provinces there are not enough treatment centers for treatment of addiction. In some districts drug treatment centers exist, but their services are not complete and standard; when they are discharged from treatment centers they use opioids again. Lack of comprehensive prevention programs is one reason why people use opiate and cannabis drugs.



**Figure 2:** The percentages of factors contributing to the use of drugs, based on the FGD meetings with local informants and DDR professionals. (“LE” means law enforcement, “DP” means drug prevention, “ET” means entertaining facilities, “WRT” means war related tension, “FP” means family problems, “JS” means job security, and “ED” means exposure to drugs.)

In Afghanistan most people are illiterate or low educated, and even those who have a high school education do not know about consequences of the opioids. Also, it is over three decades that the people of Afghanistan are facing war related problems and tension. Consequently, they may use drugs to relax but then become dependent on the drugs. Some Afghan people, particularly young laborers are working in illegal heroin production laboratories and poppy cultivation farms. Through contact with opium gradually they become addicted.

Based on face-to-face interviews with drug users and non-drug users, the study determined some socioeconomic, personal risk factors and adverse behaviors associated with the use of opiates in Kabul province. In order to examine them further the research selected a comparative methodology to quantify the risk factors of drug users and non-drug users from the same age group, gender and socioeconomic group. The risk factors included:

- (1) Personal and demographic factors such as age, illiteracy and education level.
- (2) Behavior factors such as; cigarette smoking & use of snuff, and drug use experience & reasons.
- (3) Family factors such as parents' education, having a drug user in the household, use of opium for treatment in the family, and poor family relationship.
- (4) Community factors such as drug use among friends, easy access to drugs, poppy cultivation in the community and poor participation in community activities.
- (5) Economic factors especially unemployment.

The study found that the average age of people who started to use opioid drugs was 20.7 years old. The range was between 14-32 years old. The majority of those who started to use opioids were very young. Most of them were under the age of 21, and one half was under age 22. On the other hand, the average non-drug users' age was 21.5 years old and ranged between 15 to 35 years old.

A study conducted in 1985 supports these findings and suggests that the risk of beginning to use drugs is higher between age 18 and 21 years old. It also suggests that the age of the highest risk for seeking to smoke cigarettes, drink alcohol, use cannabis, opiates and other substance peaks at 16 and 18 years old and the process ends by age 20 (Callen, 1985).

Drug dealers prepare an addictive set at lower prices for young people. The young people of Afghanistan do not have information, awareness and do not know how to protect themselves from harm and hazard of accessible drugs such as cannabis and opioids. Filled with curiosity, with the youthful desire to "try anything once," they become easy victims.

**Education:** The study indicates that 65% of cases were illiterate and 35% literate. Among literates, 68.5% had low education (only can read and write). On the other hand, among the control group (non-drug users), 46% were illiterate and 54 % literate. The P value (0.004) and Chi-Square value (7.9) suggest illiteracy and low education have a significant association with the use of opioids.

The result of a study conducted in Afghanistan by UNODC suggests that illiteracy and low education are risk factors in the use of drugs. The study estimated that among correspondents, 55.9% were illiterate, 18% primary school, 12.3% secondary school, 9.7% had high school and the rest (4.1%) had higher education level. The study believed that education could play an important role in drug use (UNODC Survey, 2014, p.18). The findings of UNODC survey may be a little different, because it was conducted with many more samples in the entire country. According to the central statistical office (CSO) estimations, about 70% of the Afghan population is living in rural areas (CSO, 2013). During the three decades of war

between 1970 and 2000 years, only cities were under the control of government and the rural area was under control of the government opposition. All schools and education services were closed in rural areas.

**Cigarette smoking and use of snuff:** In the case group, 26 of respondents had never smoked a cigarette and used snuff before starting the use of opioids and 74 had experience with cigarette smoking and use of snuff before the use of opioids. The chi-square test value = 52.54 and P value of 0.00 revealed a statistically significant strong correlation between cigarette smoking, use of snuff and the use of opioids.

A study in USA describes that the younger generation tends to start with some gate entry substances, for instance smoking cigarette and alcohol consumption, then gradually progresses to cannabis and step by steps other drugs (Schilling & McAlister, 2000).

In Afghanistan culture and context, the main responsibilities for the family belong to fathers. During the war, fathers were busy with war, or left the country for work. The young generation smoked cigarettes or used snuff because there was no one to look after them. And due to war, most of the young generation remains illiterate.

**Drug use experience & reasons:** The main reasons for using opiates among 100 drug users were peer encouragement and for recreation; 40 percent responded that their friends encouraged them to use drugs, 25% used drugs for fun, and 14 percent for pain relief. Finally, data show a strong association of addiction to peer encouragement and influence, recreational use, and using of opioids as painkillers. On the other hand, in the control group some of them used drugs once or a few times, 52.5% used it for fun and 26.5% used it because of peer encouragements.

In line with this study, UNODC research on the impact of drug use on users and their family in Afghanistan suggests that risk factors such as unemployment, economic problems, family problems, peer pressure, use as a painkiller, having drug users among family members, depression, and use out of curiosity were the main reasons (UNODC survey, 2014, p.107).

Compared to UNODC 2014 survey, some findings of this study are new, for instance use of drugs for fun. Enjoyment and fun is part of human nature, particularly young people want to have recreational programs and sports facilities to enjoy themselves after work. Unfortunately during the last three decades, these kinds of activities and events have been affected due to war and conflicts. Nowadays, the environment is not suitable for young people, to have fun in proper places. On the other hand, only one chance remains for youth to smoke cigarettes and use snuff in parties and gatherings and step-by-step through peer influence they may use cannabis as a gate for other drugs including opium and heroin. Also in Kabul there are no sport and recreation facilities for the youth and teenagers to spend their additional time with useful activities.

**Parents' education:** This study found that 71% of parents of drug users were uneducated but only 51% of the parents of control group subjects were uneducated. Also among educated parents of non-drug users, 52% had higher education but in the case group among parents who were literate, 35% had higher education. Father's illiteracy with a P value of 0.00023 and Chi square value of 9.24 had a strong and statistically significant association with the use of opiate drugs. Therefore, the study approves the hypothesis that parental illiteracy and low education have association with drug use. This study indicates that a father plays an important role in growing and upbringing of their adolescents and young generation. However, if a father was illiterate, he would not know about the harm of drugs. Therefore, it is highly probable that he would not teach his children how to avoid drug addiction.



***Drug use in the household:*** Drug users were about eight times more common among families of case group compared with the control group. In the study group (drug users), 46% had drug users in the household, but in the control group only 6% (7 people). So it shows that the use of drugs in the household has association with drug use, with a chi-square value of 48.12, and statistically significant.

According to the household survey in Afghanistan National Urban Drug Use Survey the occurrence of positive drug tests among Afghanistan children under age 15 was 2.3 %. Opioids were the most common find, found in 56 percent of the test positive children. The results of positive tests for opioids suggest that they were given the opioid drugs by an adult or because of environmental exposure to opium and heroin in homes where adults smoke opiates (UNUDUS, 2012). Another study conducted by UNODC in Afghanistan, suggests that risk factors such as having drug users among family members is the reason that increases the use of drug among people (UNODC survey, 2014, p.107).

The family environment when a drug user is in the household has an effect on other members of the family who may become drug users. Also, smoking drugs in front of household members, particularly young generation leads a person to use drugs and become addicted to drugs.

***Use of opium for treatment in the family:*** The study results show that 21% of the study subjects households used opioids for treatment or as painkillers without prescription by a doctor; with a chi-square value of 9.79 and  $p=0.0017$  which is statistically significant. Thus the use of opiates for treatment has an association with opiate use.

Although the use of narcotics is forbidden in Islam, due to a lack of access to health facilities and services in Afghanistan, the elders recommend opium for the treatment of some diseases such as arthritis, diabetes, hepatitis, dental problems, respiratory diseases and other chronic diseases. Children who use opium from their childhood gradually become drug addicts.

***Poor family relationships:*** Among the study group 20 subjects had poor family relationships compared with 9 subjects in the control group. Also  $p$ -value = 0.0064 and chi-square value of 15.5 indicates there is a statistically significant correlation between poor family relationships and use of opioids.

A similar study in other countries found that the structure of households plays an important role in the development of young generation. There are more young children who use drugs if parents have little attachment with their kids, or have poor or inadequate relationships with their children (Stern, Northman & Van Slyck, 1984).

A family system is defined as the unique interaction and relationship of each family member to one another (ACCE, 2011). Functional families have rules, standards, and guidelines for behavior that are explained and consistently enforced (everyone knows what to expect) and normal families have adults who are close, share authority, support one another and offer growth opportunities for members. When a family member has a mental or other problem such as addiction, functional family characteristics change, making the family system dysfunctional. Therefore, weak attachment with household members makes family dysfunctional and with dysfunction risk of addiction is higher compared with functional families.

***Drug use among friends:*** In the case group, there were 87 drug users among friends, but in the control group, only 20 cases; it means having drug users among friends is strongly associated with opiate addiction and the risk of drug use is about 5 times higher among case group subjects compared with the control group. Therefore, drug users among friends and peers are a significant risk factor to the incidence of opiate addiction in Kabul.

In line with this study, another survey in 2006 found that the friends' and community's behavior regarding drug use, and the transfer of opinions and thoughts, influence on motivational factors to abuse of drugs. People with friends involved in drug use may also use drugs (Odejide, 2006).

Friends play an important role in the behavior of each other; based on social learning theory the people learn from each other (Bundara, 1977). In Afghanistan context, peer pressure may be the main cause for the use of drugs. Also, in most cases when people have low self-confidence and are afraid of being rejected from the group, they accept the pressure and start using drugs, which finally turns into addiction.

**Easy access to drug:** The study found that among the case subjects, 90% did not have problems in obtaining any types of drugs. It means that both in and outside Kabul, drugs were available for them. On the other hand, among control group subjects, 27% mentioned that it was easy to find drugs in their communities. Therefore the access of people, particularly the young generation to buy drugs easily, has a significant correlation with the use of drugs. Although Afghanistan has counter narcotics laws and regulations, but unfortunately, it is very easy to buy any types of drugs. Easy access to drugs and cultivation of poppy in Afghanistan and also the low price have contributed significantly to increasing opioid use in Kabul. This is more significant in areas where poppy is being cultivated and opiates are being produced.

**Poppy cultivation in the community:** In this study, 27 subjects from the case group declared that there was poppy cultivation in their neighbor community before they started to use opioids. However, only 3 subjects among the control group stated that some of their relatives and villagers cultivated poppy. The chi-square value is equal to 28.606 and the association of poppy cultivation in the community with use of opiates is statically significant.

According to 2014 UNODC worldwide report Afghanistan is the world's largest opium producer (UNODC, 2014). Another survey, conducted in 2009 by UNODC, described that the poppy cultivation setting is a major threat both at the national and international level. Beside an increase in poppy cultivation, the number of opioid users has also increased dramatically from recent years in all parts of Afghanistan (UNODC survey, 2009). Poppy cultivation is a significant challenge for Afghan society affecting all people. Therefore, this study suggests that the existing risk factor could increase drug addiction in Kabul.

**Poor participation in community activities:** The study found that 21 subjects from the case group and 8 subjects from the control group never participated in community activities. The p-value (0.00641) and chi-square value of 10.09 verify that there is a significant correlation between poor community participation and the use of opioids.

The findings are in line with studies by Hirschi that a person attached to social institutions and activities gets less involved in activities that would damage or harm the attachments. People who have allocated and spent energy, time, and resources into selecting community values and norms are less likely to turn against it than someone who has not made such a capital. Therefore, unexpected habits such as substance abuse are less appealing to persons with high commitments (Hirschi, 1969).

Weak attachment to the community and their activities make people to become isolated from their society and this isolation has negative consequences for the use of drug and some other harmful behaviors.

**Unemployment:** In this study, 64% of the case group subjects did not have jobs compared with 47% in the control group who did not have a regular job. Thus joblessness has an association with continuous addiction in the case group and drug use in Kabul. The chi-square value was 7.346 with 1 DF and  $p= 0.0014$ ,

statistically significant. The study approves the alternative hypothesis that joblessness has an association with opiate use.

The findings are in line with the study conducted by UNODC in 2014, suggesting that unemployment is the first reason that people use drugs. The study believed that joblessness could play an important role in drug use (UNODC Survey, 2014, p.107).

In Kabul, some of the mafia networks use this opportunity and hire unemployed youths to smuggle drugs and sell drugs in which some of these youth end up using drugs through exposure to drugs and drug dealer's encouragement. The government has not been able to provide more job opportunities for young people. Some of the young people also go to neighboring countries to work there; some of them started using drugs during this period.

## **Conclusion**

The purpose of this study was to explore the socioeconomic factors associated with opioid use among young adults (15-35 year old) in Kabul, Afghanistan. The study tested the hypothesis that young people with low socioeconomic status, low or no education, and personal behavioral problems have a higher risk for drug addiction than the rest.

The findings of the study revealed a correlation between some socioeconomic factors and opioid use. These factors are influential in increasing the risk of addiction with opioids in Kabul, Afghanistan. The study utilized both qualitative and quantitative methods. Focus Group Discussions (FGDs) were used as data collection tools for qualitative analysis, while a case and control design was utilized to collect and analyze data for the quantitative section of the paper. The chi-square test was used for the comparative analysis of the socioeconomic risk factors of case and control subjects of the study.

The results of the study identified the complexity existing between the use of opioids and other factors among people aged between 15 and 35 years old. As stated by FGDs informants, opium and heroin activities such as poppy cultivation and trafficking are dangerous phenomena in the country. FGDs and in-depth interviews of the respondents of the study, including local informants and DDR, revealed that the following factors have important roles in drug addiction in the country: lack of proper law enforcement, easy access to drugs, peer pressure, lack of proper drug prevention, treatment and control initiatives, lack of sports and recreational environment and facilities, war related psychological problems, having a drug user in the household, friends and society, high unemployment rates among the youths, immigration, exposure to drugs, illiteracy and low education, and lack of awareness about the harm of drugs.

The study identified many factors increasing the risk for addiction. These risk factors were: age, illiteracy/education level, use of snuff, cigarette smoking, parents' education, drug user among households, drug use of opium for treatment in the family, poor family relationship, drug use among friends, easy access to buy drugs, poppy cultivation in the community and poor participation in the community activities, and unemployment.

It appears that the majority of people who acquired opioid addiction were more exposed to addiction in early ages between 15 and 21 years. Therefore, the young population of the country is more vulnerable to drug addiction. Moreover, they are more commonly the targets of drug circles, including drug dealers. Based on the study results, socioeconomic problems and risk factors play an important role towards the use

of opioids by young adults. Likewise, family and societal factors such as having drug users in the household and easy access to drugs play a crucial role in the addiction of young people.

Another factor that was identified by the respondents and key informants was socialization. Socialization includes poor family relationship, drug users among friends, peer pressure and poor participation in the community activities, which are also significant risk factors in the Kabul population. Economic factors were also identified as crucial for drug use including unemployment, which has an association with drug use. Finally, personal and behavioral features such as age, illiteracy and low education, smoking cigarette and use of snuff, are risk factors that have led to young adults using opioids. While the presence of these factors does not guarantee that people will use drugs, it does make them more susceptible.

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