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DRUG SITUATION IN AFGHANISTAN 2021

Latest findings and emerging threats



Acknowledgements

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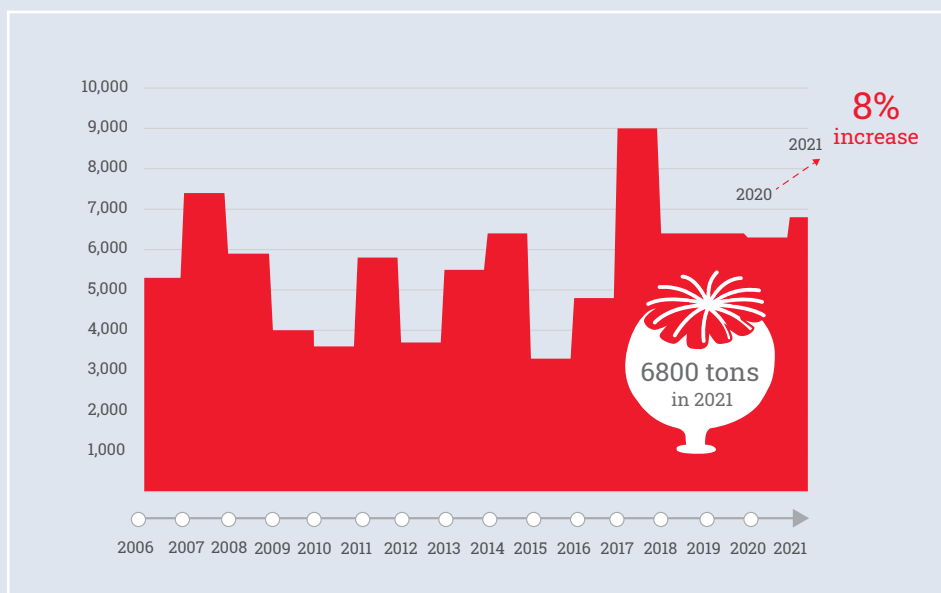
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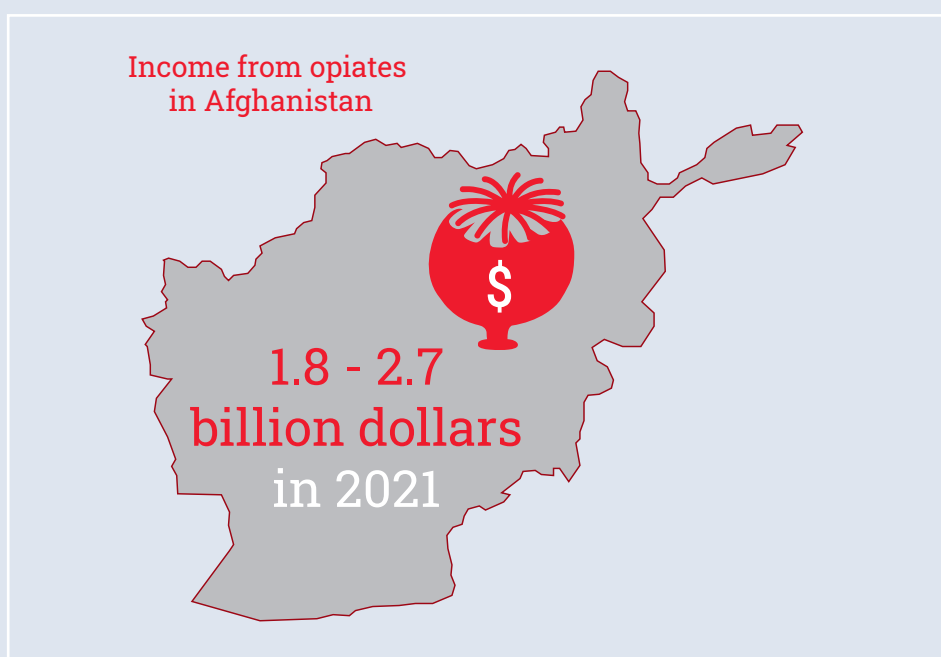
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KEY TAKE-AWAYS

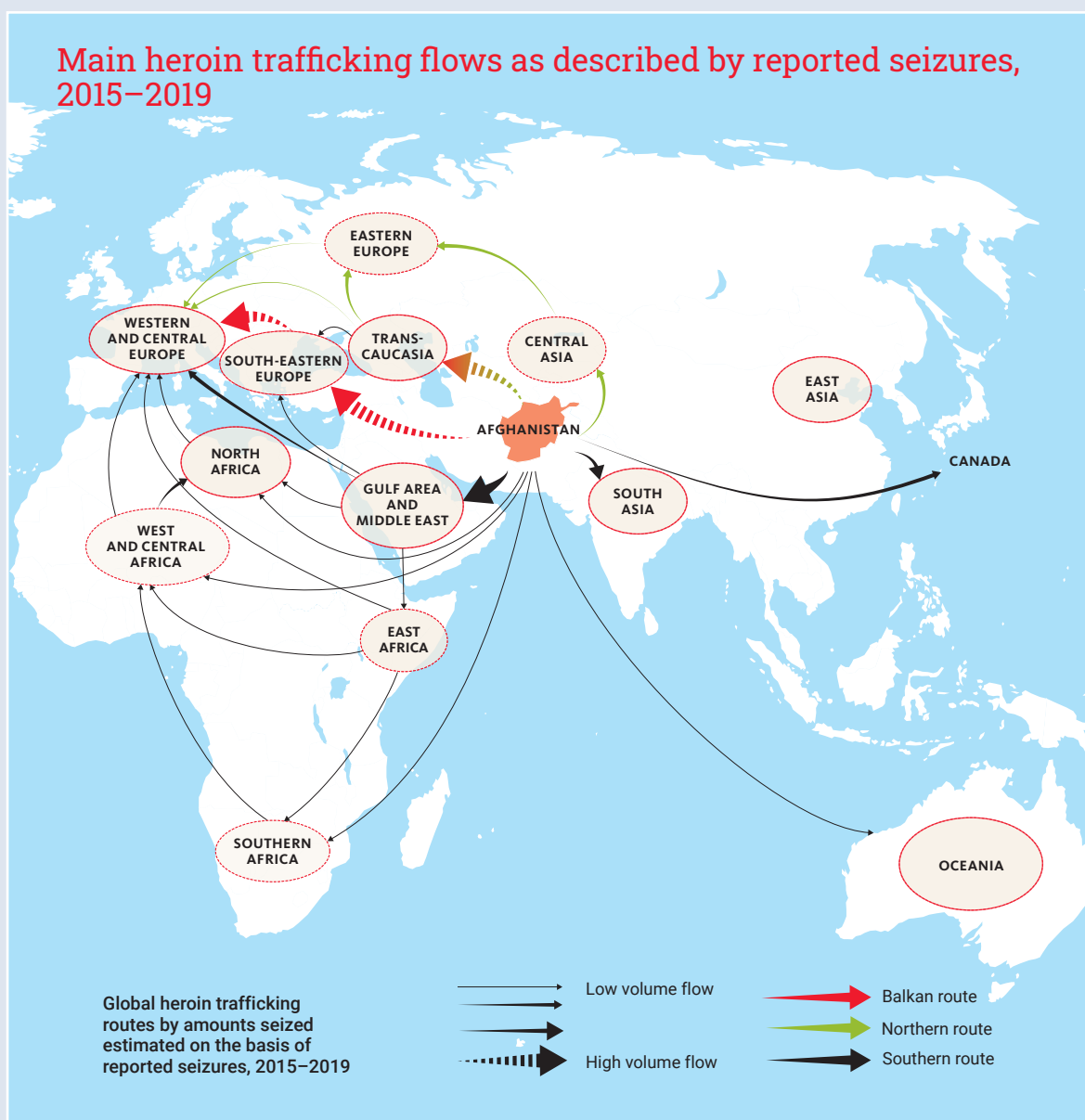
The 2021 opium harvest, completed in July, marked the fifth year in a row with production at historic highs of more than 6,000 tons, potentially yielding up to 320 tons of pure heroin to be trafficked to markets around the world.



Income from opiates in Afghanistan amounted to some \$1.8-\$2.7 billion in 2021. However, much larger sums are accrued along illicit drug supply chains outside Afghanistan. Taxes on opiates cultivation, production and trafficking represent a lucrative potential source of financing for non-state actors in the country.

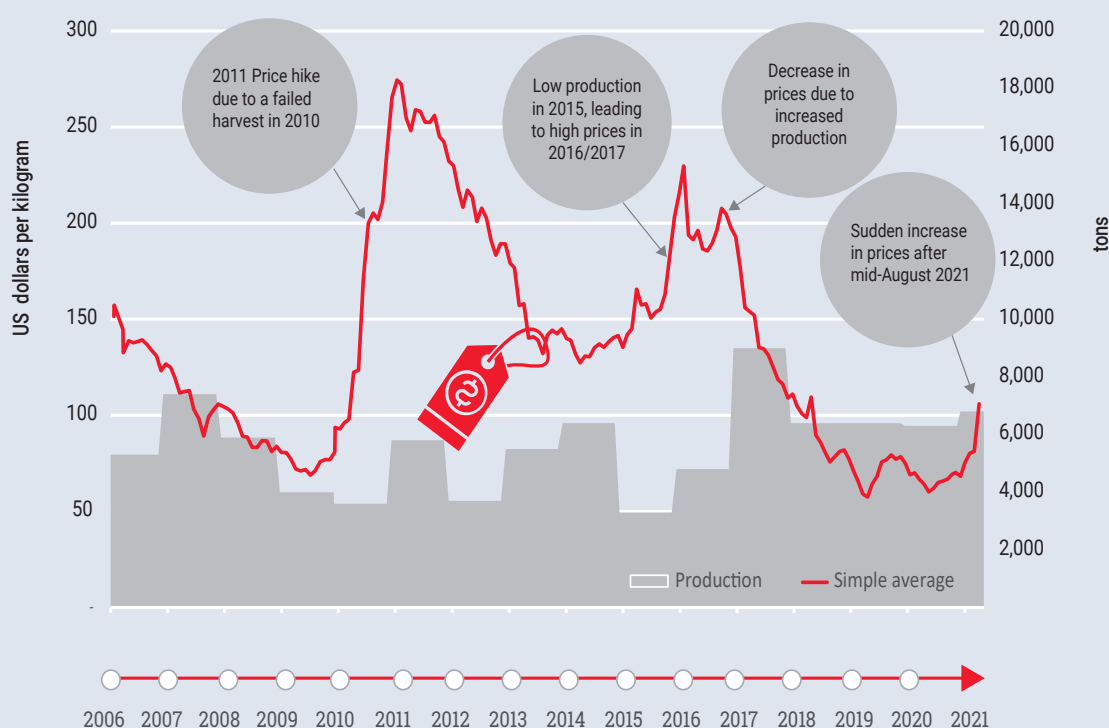


Shifting trends in opium cultivation and production in Afghanistan have far-reaching impact on global illicit drug markets and organized criminal activity. Afghanistan accounted for some 85 per cent of global opium production in 2020, supplying some 80% of all opiate users in the world.



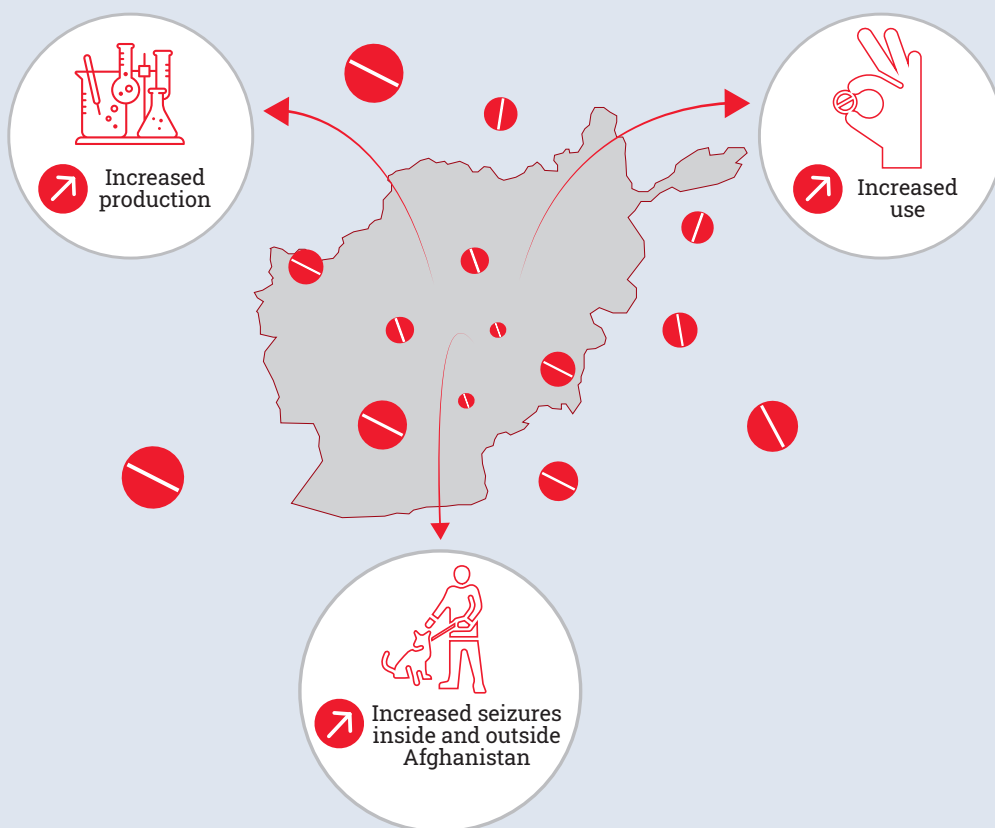
Continued uncertainty since August 2021 has driven up opium prices in August and September and is increasing incentives for cultivation, just as the crisis exacerbates poverty and food insecurity, potentially leaving more people vulnerable to drug use disorders. The 2022 opium harvest will be based on decisions that farmers will make in November 2021, when they are starting to sow opium poppy.

Opium production and average farm-gate price of opium



The illicit drug economy has become increasingly complex, with methamphetamine manufacture in Afghanistan sharply increasing in recent years. High regional and global demand for methamphetamine, coupled with a saturated market for opiates, could push further expansion of manufacture of methamphetamine and other synthetic drugs.

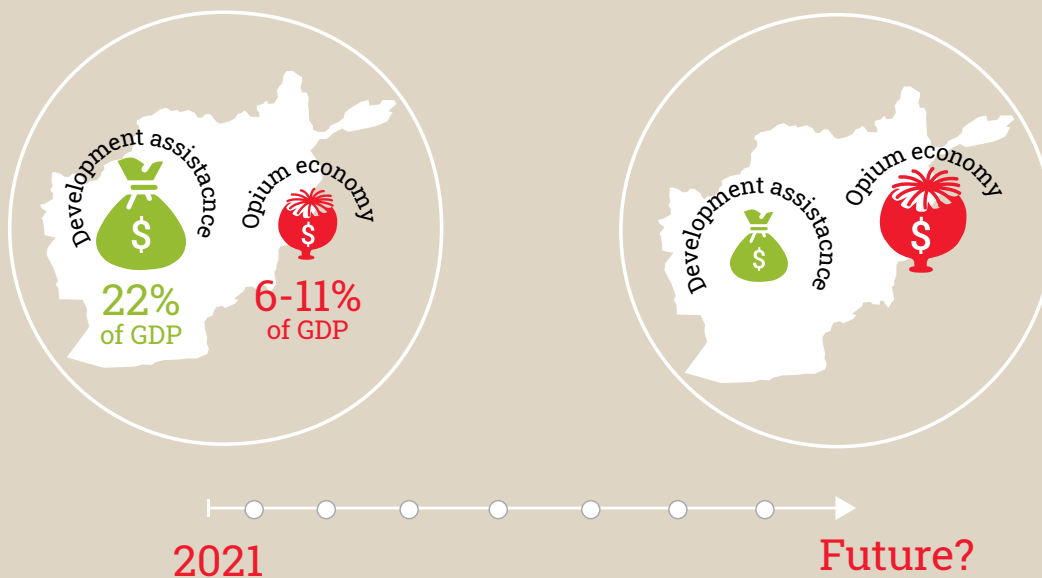
Methamphetamines from Afghanistan: the emergence of a global threat



IN VIEW OF THE VOLATILE SECURITY SITUATION, PROTRACTED ECONOMIC CRISIS AND HEALTH EMERGENCY, THE INTERNATIONAL COMMUNITY MUST URGENTLY PROVIDE BASIC NEEDS AND SERVICES TO THE PEOPLE OF AFGHANISTAN TO PROMOTE SUSTAINABLE REDUCTIONS IN ILLICIT DRUG CULTIVATION, PRODUCTION AND DEMAND AS PART OF OVERALL UN ASSISTANCE.

Shrinking of the licit economy can make drug markets a larger share of the national economy

The loss of development assistance might be offset by increased illegal activities





DATA SOURCES

Information and data contained in this brief, unless otherwise stated, are based on data collected by UNODC through surveys and other tools in Afghanistan and through global data collections on drugs– the Annual Report Questionnaire (ARQ) and the Drugs Monitoring Platform (DMP). In particular, data on opium cultivation and production are based on the Afghanistan Opium Survey 1994–2020 published by UNODC and the Government of Afghanistan, as well as the latest findings of the Afghanistan Opium Survey conducted in 2021. Data on cannabis cultivation and production are based on the Afghanistan Survey of Commercial Cannabis Cultivation Production 2012 (UNODC and Government of Afghanistan 2013). Data on drug trafficking are based on the ARQ and the DMP.

OPIUM PRODUCTION REMAINS AT HIGH LEVELS AND CONSTITUTES AN IMPORTANT PILLAR OF AFGHANISTAN'S ECONOMY

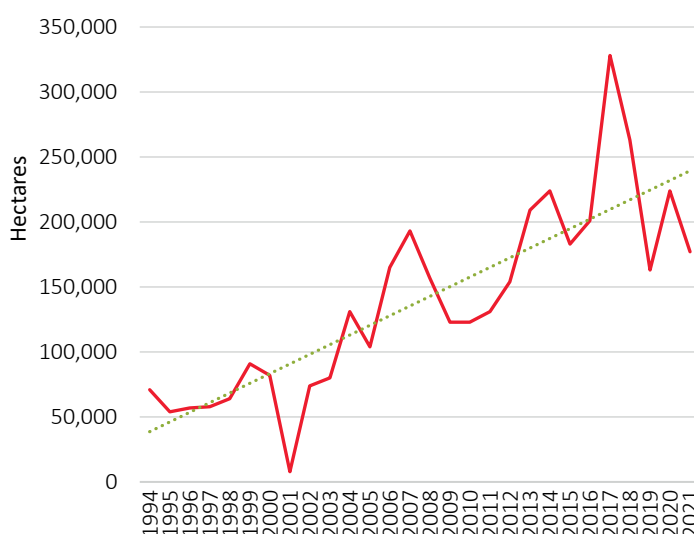
The production of opiates (opium, morphine, and heroin) is arguably Afghanistan's largest illegal economic activity. The gross output of the Afghan illicit opiate economy was estimated to be \$1.8-\$2.7 billion in 2021. The total value of opiates, including domestic consumption and exports, stood at between 9 to 14 per cent of Afghanistan's GDP, exceeding the value of its officially recorded licit exports of goods and services (estimated at 9 per cent of GDP in 2020).¹

At the end of the annual opium cultivation season in July 2021, the area under opium poppy cultivation in Afghanistan was estimated at 177,000 hectares. This was a 21 per cent decrease from 2020, representing a contraction of 47,000 hectares. Opium poppy cultivation has been increasing steadily over the past two decades, with an average rise of 4,000 hectares each year since systematic monitoring began in 1994 – albeit with strong yearly fluctuations.

The 2021 decrease in cultivation was offset by an increase in opium yield per hectare. Estimated opium production in 2021 was 6,800 tons or 8 per cent more than in 2020, meaning production has exceeded 6,000 tons for an unprecedented fifth consecutive year. This amount of opium could be converted into some 270-320 tons of pure heroin.

In some regions, opium poppy cultivation occupied a significant proportion of the overall agricultural land. For example, in Hilmand province 20 per cent of the land was dedicated to opium poppy, and in some districts the proportion was even higher. Opium poppy took away land from vitally important food crops including wheat. In its latest country assessment in July 2021, FAO predicted a below average cereal harvest, mainly because of below average production of rainfed crops in western, south-western and southern areas. These regions have suffered from unfavourable weather conditions and a lack of agricultural inputs. Cereal production for 2021 was forecasted at 4.6 million tons, about 20 per cent lower than 2020

FIG. 1: Afghanistan opium cultivation (ha), 1994–2021



levels.² Afghanistan is not food self-sufficient, – cereal imports have been almost as high as domestic production for the past five years.³ Current shortages of US dollars and other foreign currencies prevent traders from making payments, affecting the availability of imports.⁴ Food prices have increased, and many Afghans are facing food insecurity.⁵

Sustained high levels of production may have saturated the opium market, as average farm-gate prices at the 2021 harvest time remained very low. However, there was a dramatic spike in August 2021 – prices doubled from May 2021 levels – as an immediate reaction to the changed

¹ National Statistics and Information Authority (NSIA) of the Government of the Islamic Republic of Afghanistan.

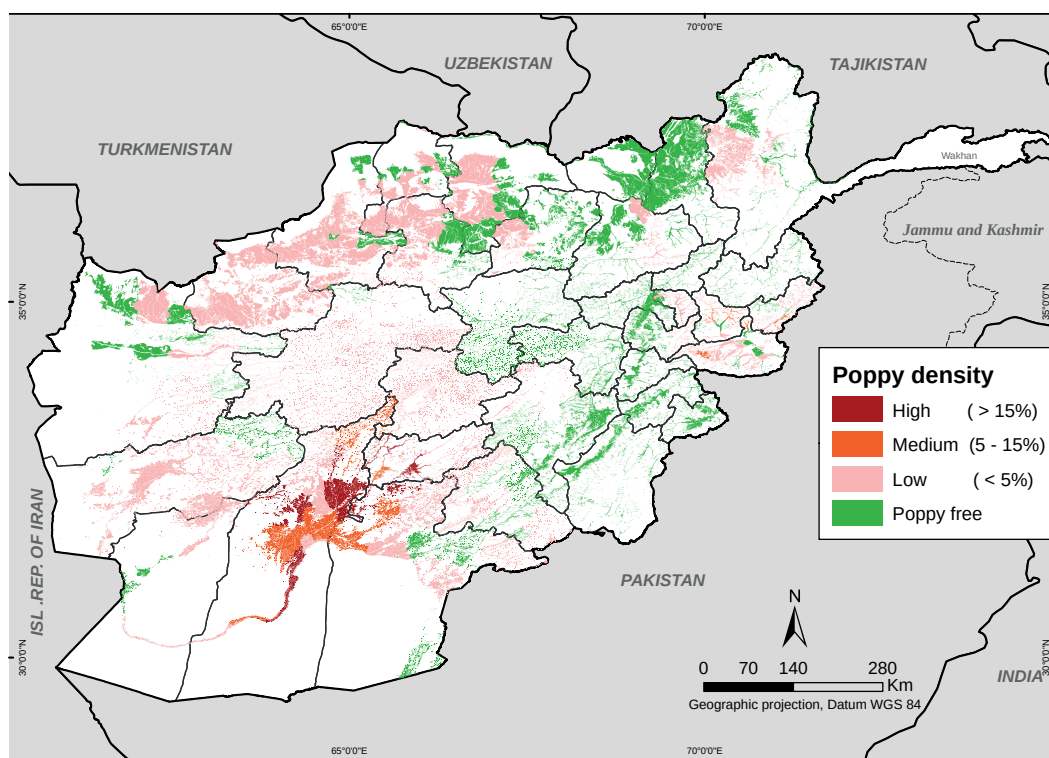
² UN Food and Agriculture Organization (FAO). July 15, 2021. Global Information and Early Warning Systems. Country Briefs. Afghanistan. Accessed: November 07, 2021 <https://www.fao.org/giews/countrybrief/country.jsp?code=AFG&lang=en>.

³ The latest FAO's official cereal import dependency ratio (3-year average, 2016-2018) for Afghanistan is 41 per cent (meaning 41 per cent of all the cereal consumed in Afghanistan is imported). No official data available for the period 2019-2021 (see FAO. Suite of Food Security Indicators. Afghanistan. Accessed November 07, 2021 <https://www.fao.org/faostat/en/#data/FS>.)

⁴ The World Bank. The World Bank in Afghanistan. Overview. Country Context. Accessed: November 07, 2021 <https://www.worldbank.org/en/country/afghanistan/overview#1>.

⁵ UN World Food Program (WFP). Afghanistan Emergency. Accessed: November 07, 2021 <https://www.wfp.org/emergencies/afghanistan-emergency>.

MAP 1: Density of opium poppy cultivation in agricultural land in Afghanistan as proportion of agricultural land used for opium poppy cultivation, 2021

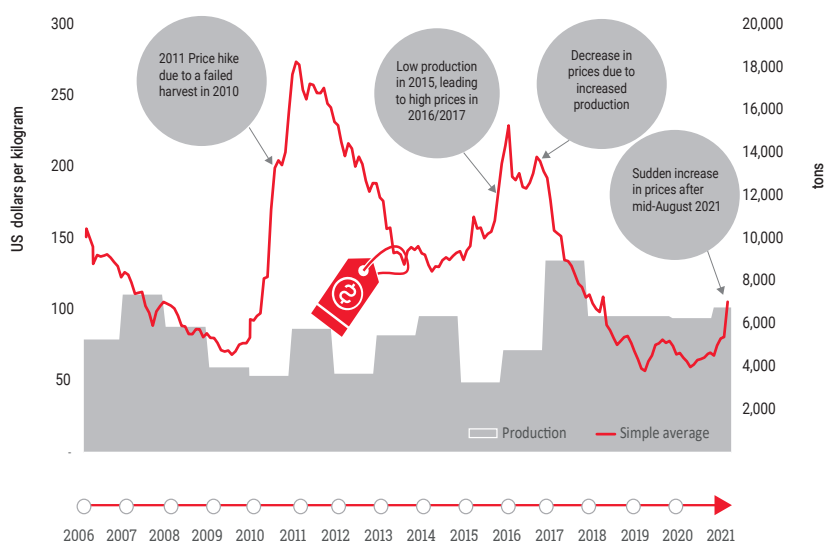


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Opium poppy secures the livelihoods of many Afghans. In 2019, for example, opium poppy was cultivated in about a third of rural villages in Afghanistan and created the equivalent of roughly 190,700 full-time jobs.

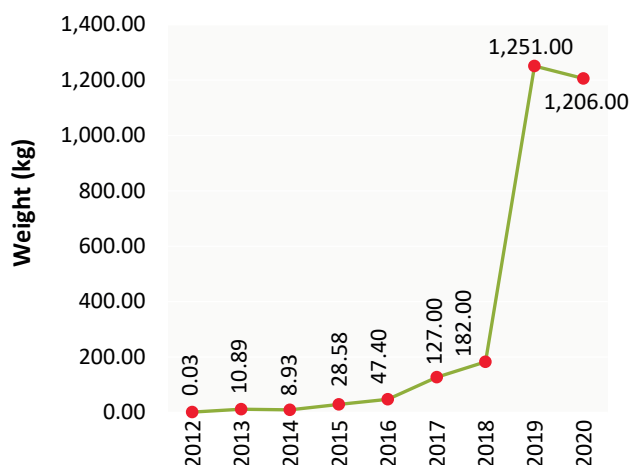
political situation. This may have been an indication of uncertainty over the future of the market rather than a shortage of opium. The situation stabilized during the following month but prices remained at higher levels than before August, which may have implications for the next growing season. Planting starts in November and prices considerably higher than other crops can be an incentive to cultivate opium.

FIG. 2: Opium production and average farm-gate prices of opium, 2006–2021



AFGHANISTAN'S DRUG ECONOMY EXTENDS BEYOND OPIUM: METHAMPHETAMINE AND CANNABIS

FIG. 3: Methamphetamine seizures in Afghanistan 2012–2020



Source: Ministry of Interior Affairs, Counternarcotics Police of Afghanistan Tactical Operations Centre (TOC) Daily Report.

Note: The data reported are based upon the presumptive identification results and weights obtained at the time of seizure (the exact weights and materials present can only be established by laboratory analysis).

The expansion of methamphetamine manufacture in recent years has added another layer of complexity to the illicit drug economy of Afghanistan and has increased the threat to countries in the region and beyond.

Seizures inside and outside the country point to a sharp increase in methamphetamine manufacture in Afghanistan during the last few years. An analysis of significant individual drug seizures shows that an increasing percentage of methamphetamine seized in neighbouring countries originated in Afghanistan between the periods 2014–2018 and 2019–2021. This indicates that Afghan traffickers were able to capture an increasing share of the methamphetamine market in the region and beyond. Seizures within Afghanistan also reflect the expansion of the methamphetamine market. In 2020, methamphetamine seizures made up a notable share of total weight of seized drugs in many provinces.

In most Asian countries, methamphetamine manufacture largely relies on synthetic pseudoephedrine or ephedra

as precursors.¹ But most reports from Afghanistan suggest there has been a shift from imported over-the-counter (OTC) pseudoephedrine preparations to the ephedra plant², which grows wild in the country.^{3,4} By 2018, most of the methamphetamine in Afghanistan was reportedly produced using ephedra.⁵ However, the plants are bulky and it has been speculated that they may not be sustainable for large production. If this holds true, synthetic precursors may once again become more attractive.

An open question remains whether methamphetamine manufacture will evolve as complementary to the opiate economy or as a substitute, to the point of displacing opiate production. Methamphetamine production is concentrated in western parts of the country and there is little overlap with opium cultivation. There are also no apparent strong geographical links between opium cultivation and ephedra availability.⁶ But the situation may be different at the trafficking level. Methamphetamine has been seized with heroin in Kandahar in the south and Nangarhar in the east, suggesting that trafficking in the two drugs may be done by the same networks.⁷ This highlights the potential for methamphetamine to become a substitute for opiates – and vice versa – in response to changes in the market.

Afghanistan is a major producer of cannabis resin ('hashish'). It is the second country most frequently reported as the origin of seized cannabis resin worldwide, accounting for 18 per cent of all reports on the main "country of origin" in the period 2015–2019.⁸

¹ UNODC, *World Drug Report 2021*.

² EMCDDA, *EU4MD SPECIAL REPORT, Methamphetamine from Afghanistan: signals indicate that Europe should be better prepared*, (Lisbon, September 2021).

³ EMCDDA, *Emerging evidence of Afghanistan's role as a producer and supplier of methamphetamine*, (Lisbon, November 2020).

⁴ UNODC, *The Wild Shrub at the Root of the Afghan Meth Epidemic* (20 May 2020).

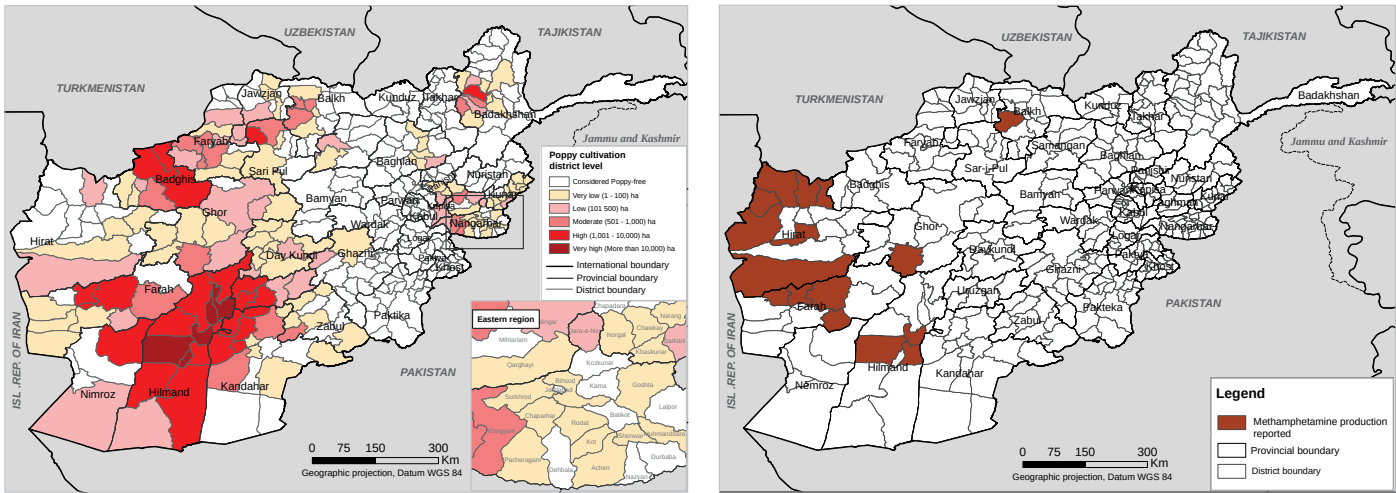
⁵ Lynzy Billing, "Afghanistan's crystal meth boom is rooted in this plant – A shift to making the illicit drug from ephedra has caused output to soar", *Chemical and Engineering News*, (Volume 99, Issue 132, April 22, 2021).

⁶ The ephedra plant grows in the mountainous central highlands, typically at an altitude of over 2,500 meters – which contrasts poppy cultivation, which can be cultivated in virtually all parts of the country where there is agricultural land.

⁷ UNODC, *Drugs Monitoring Platform*, 2020.

⁸ While cannabis herb is widely cultivated and sold in virtually all countries, the production of cannabis resin is more concentrated in a few countries (UNODC, *World Drug Report 2021*, Booklet 3).

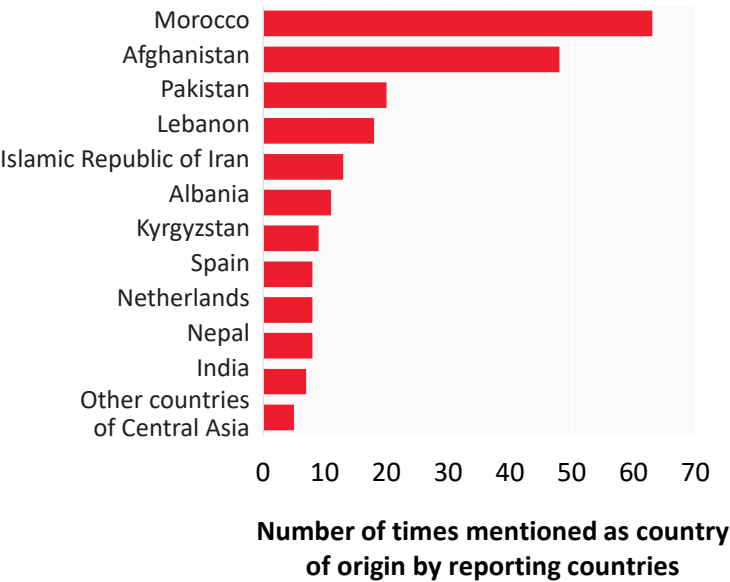
MAP 2: Opium poppy cultivation by district (left), and districts where methamphetamine production has been reported (right), 2021



Source: Government of Afghanistan, Ministry of Interior Affairs, May 2021.

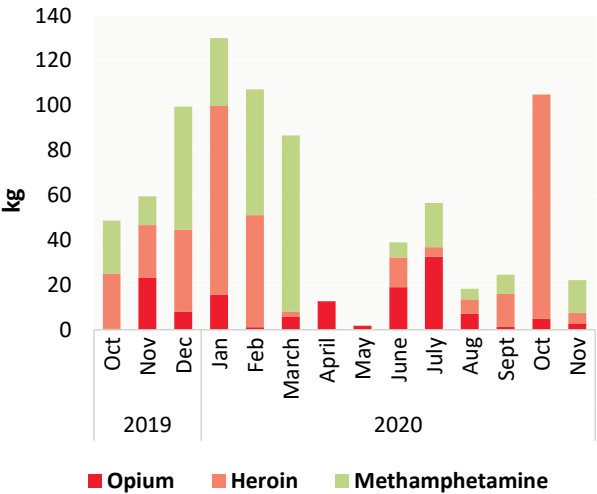
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FIG. 4: Main countries of origin of seized cannabis resin, as reported by Member States, 2015–2019



Source: UNODC, World Drug Report 2021.

FIG. 5: Methamphetamine, heroin and opium seizures (kg) in Kabul, October 2019–November 2020



Source: UNODC Drugs Monitoring Platform.

Cannabis cultivation in Afghanistan



***Cannabis is financially attractive:
with latest available prices (2021), income from cannabis resin
amounted to up to \$7,400/ha while income from opium amounted to \$2,200/ha.***

Between 2009 and 2012, UNODC, jointly with the Afghan Ministry for Counter Narcotics, conducted annual surveys on commercial cannabis production in Afghanistan. The 2012 survey estimated the total area under cannabis cultivation at 10,000 hectares, enough to produce 1,400 tons of cannabis resin. These figures only included commercial, mono-crop cannabis cultivation and did not capture small-scale “kitchen garden” cultivation of cannabis. In 2012, farmers potentially achieved a gross income of \$6,400 per hectare from cannabis resin, which was higher than the gross income from opium (\$4,600 per hectare in that year). Updating the 2012 survey information with the latest available price data in 2021 shows that cannabis remains more profitable than opium.⁹ However there is no indication that the extent of cannabis cultivation has become larger than opium cultivation. Reasons are not clear, this may relate to issues such as different levels of international demand and land management, or other.

Cannabis cultivation was found to be linked to opium poppy cultivation. In 2011, when the last dedicated cannabis village survey took place, 58 per cent of cannabis-growing households reported also cultivating poppy. Moreover, historical price data showed that cannabis prices and opium prices were strongly correlated. However, the link has lost some of its importance over the past five years, which may point to a smaller overlap between cannabis and opium markets inside Afghanistan.

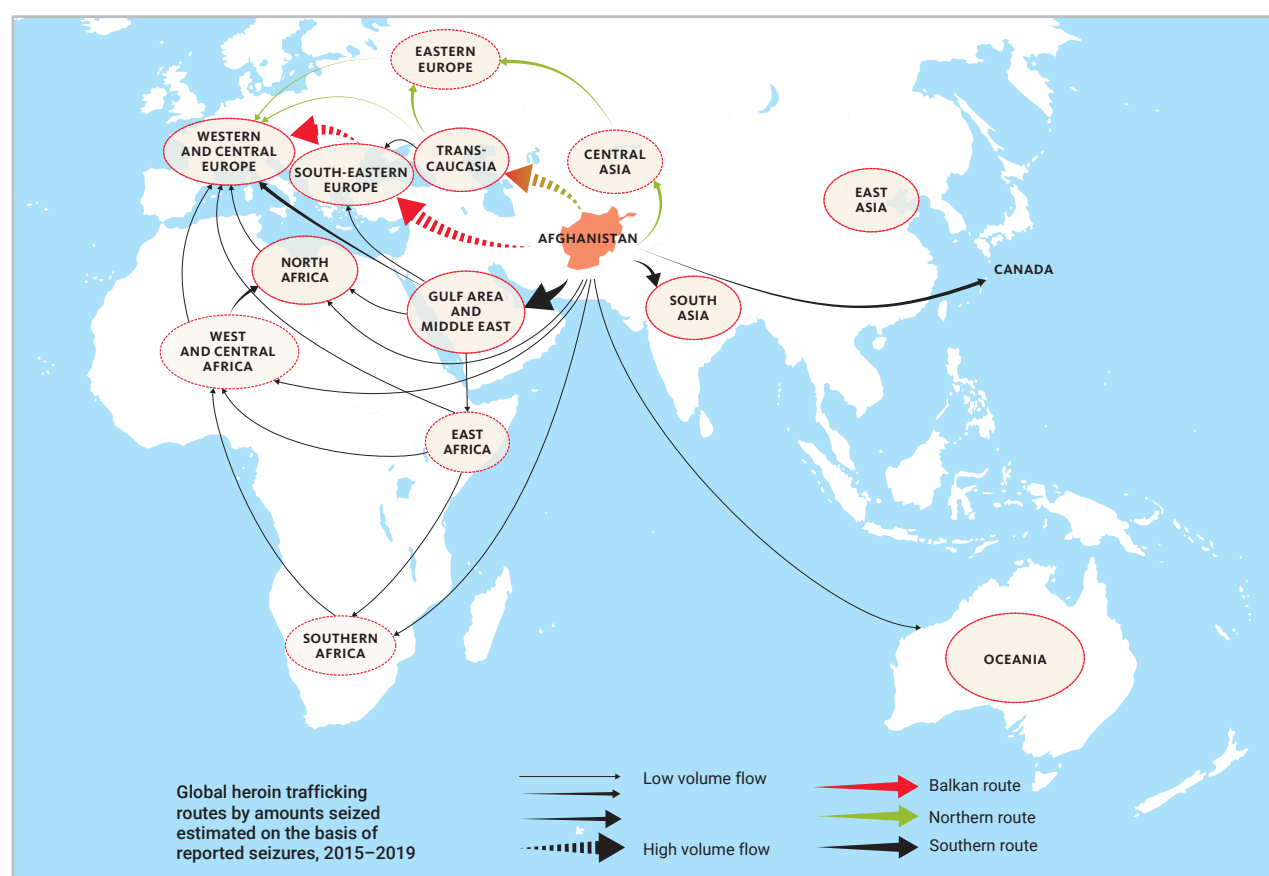
⁹ Calculation based on cannabis resin prices for May 2021, cannabis yield data from the 2012 Cannabis Cultivation Survey, and 2021 income per hectare for opium.

DRUGS OF AFGHAN ORIGIN REACH REGIONAL AND GLOBAL MARKETS

Accounting for an estimated 85 per cent of global opium production in 2020, **opium produced in Afghanistan supplies heroin to large consumption markets** in neighbouring countries, Europe, the Near and Middle East, South Asia, and Africa. It reaches destinations as far as North America (notably Canada) and Oceania. Opiates of Afghan origin supply roughly 25 million users around the globe, or about 80 per cent of all users in the world.¹ Close to

4 million regular opiate users reside within South West Asia.² Changes in the opiate market in Afghanistan have far-reaching consequences for trafficking activities and illicit financial flows related to opiate trafficking and the use of heroin and opium. Considering the high level of dependence resulting from heroin use, any changes in the availability of heroin can have a major impact on drug users.

MAP 3: Main trafficking flows of opiates originated in Afghanistan, 2015-2019



Sources: UNODC.

The size of the route is based on the total amount seized on that route, according to the information on trafficking routes provided by Member States in the annual report questionnaire, individual drug seizures and other official documents, over the 2015–2019 period. The routes are determined on the basis of reported country of departure/transit and destination in these sources. As such, they need to be considered as broadly indicative of existing trafficking routes while several secondary routes may not be reflected. Route arrows represent the direction of trafficking: origins of the arrows indicate either the area of departure or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking. Therefore, the trafficking origin may not reflect the country in which the substance was produced. Please see the Methodology section of this document.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

¹ Calculations based on the *World Drug Report 2021*, Fig 74, booklet 3, and Table 4 in the Annex of booklet 3.

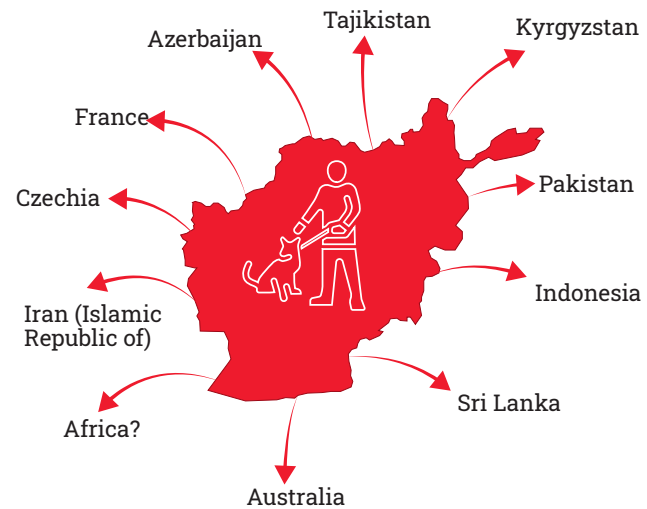
² Based on UNODC regional estimates of opiate users, *World Drug Report 2021*.

The joint trafficking of opiates and methamphetamine poses a cross continental threat and may result in a supply-driven development of new methamphetamine markets

Regular users may react to shortages in heroin supply by switching to more harmful patterns of behaviour – using other opioids such as fentanyl and buprenorphine, stimulants including amphetamines and NPS stimulants, and switching to injecting, with accompanying risks of HIV and hepatitis C infections.

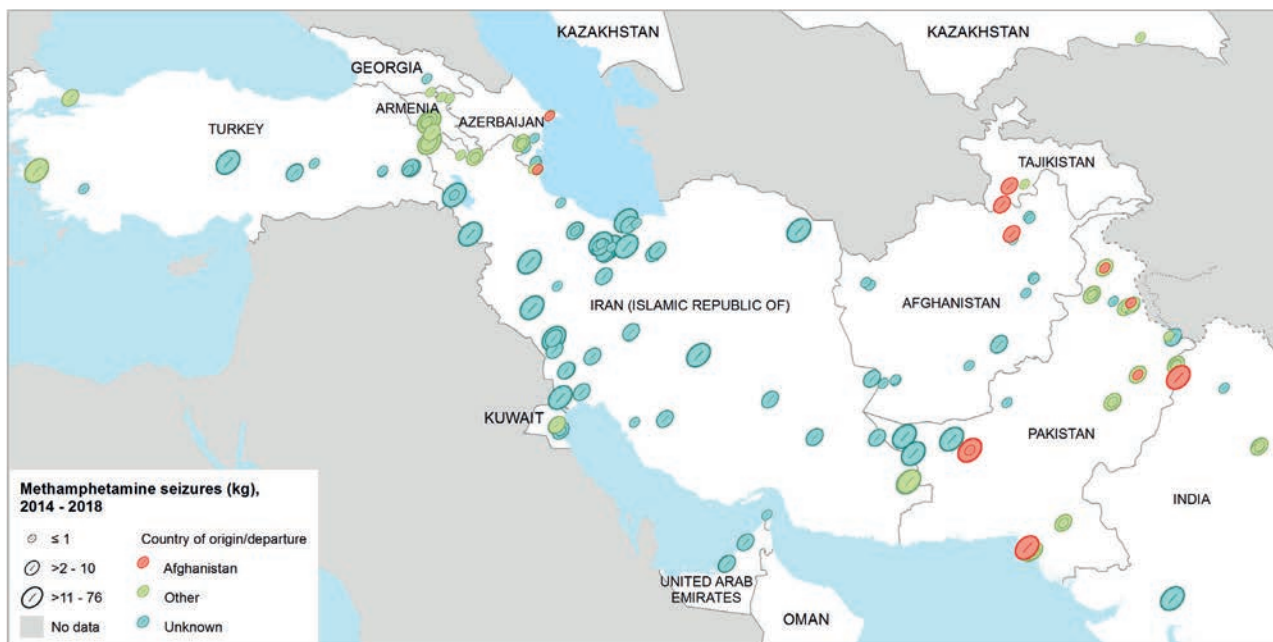
Methamphetamine originating in Afghanistan has been reported over the period 2019 - 2021 in neighbouring Iran (Islamic Republic of) and Pakistan, Central Asia and Transcaucasia (Azerbaijan, Kyrgyzstan and Tajikistan), and as far afield as Europe (Czechia and France), South-East Asia (Indonesia), South Asia (Sri Lanka), and Oceania (Australia). Some countries in Africa have also reported methamphetamine coming from South-West Asia that could have originated in Afghanistan. Trafficking has intensified and extended its geographical reach in the last few years. The joint trafficking of opiates and methamphetamine has the potential to push Afghan methamphetamine across con-

FIG. 6: Countries that have reported seizures of methamphetamine originating from Afghanistan between 2019–2021



tinents, benefiting from the wide reach of criminal networks already established for heroin trafficking inside and outside Afghanistan. This can develop or expand a supply-driven market of methamphetamine where demand is now limited, for example in Western, Central, and Eastern Europe and in heroin transit regions such as East and Southern Africa, and South Asia.³

MAP 4: Significant seizures of methamphetamine in selected countries of the Near and Middle East/South-West Asia, South Asia, Central Asia, Caucasus and Turkey by origin, 2014–2018

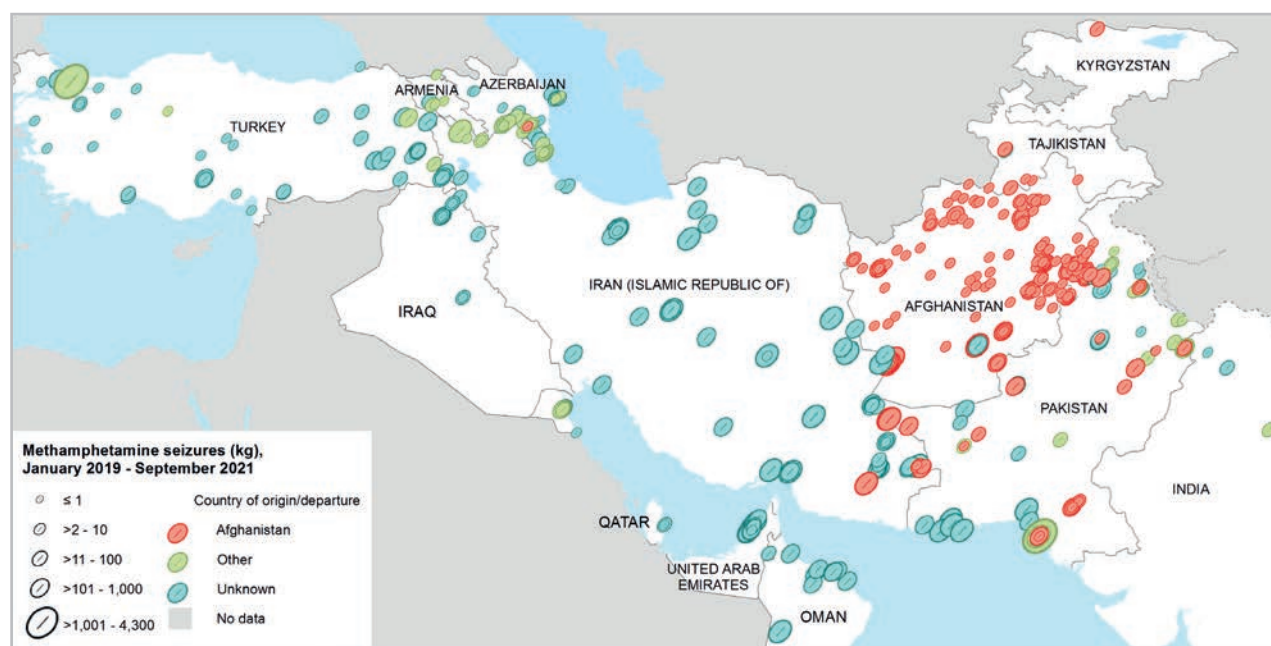


Source: UNODC Drugs Monitoring Platform.

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³ UNODC, Drugs Monitoring Platform, 2020.

MAP 5: Significant seizures of methamphetamine in selected countries of the Near and Middle East/South-West Asia, South Asia, Central Asia, Caucasus and Turkey by origin, January 2019–September 2021



Source: UNODC Drugs Monitoring Platform.

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Cannabis resin originating in Afghanistan has been found in neighbouring regions, but also in the Near and Middle East, in Central, Eastern, and Western Europe as well as in Central Asia and the Caucasus.⁴

However, cannabis resin exports from Afghanistan to countries outside of South-West Asia appear to play only

a secondary role in many of these markets. Western and Central European markets receive their supply predominantly from North Africa, and markets in the Near and Middle East and in Central Asia are supplied by production within the respective regions.

MAP 6: Countries reporting Afghanistan as source of seized cannabis resin, 2015–2019



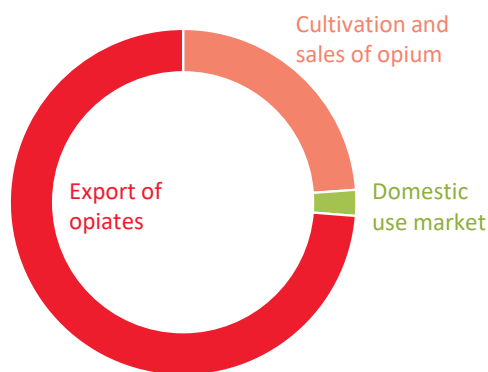
Source: ARQ.

⁴ UNODC, responses to annual report questionnaire.

DRUG PRODUCTION AND TRAFFICKING BRING FINANCIAL BENEFITS TO A MULTITUDE OF ACTORS

From cultivation and production to local distribution and international trade, all activities related to drug supply chains yield financial benefits for those involved.

FIG. 7: Income from opiates in Afghanistan by activity (2021)

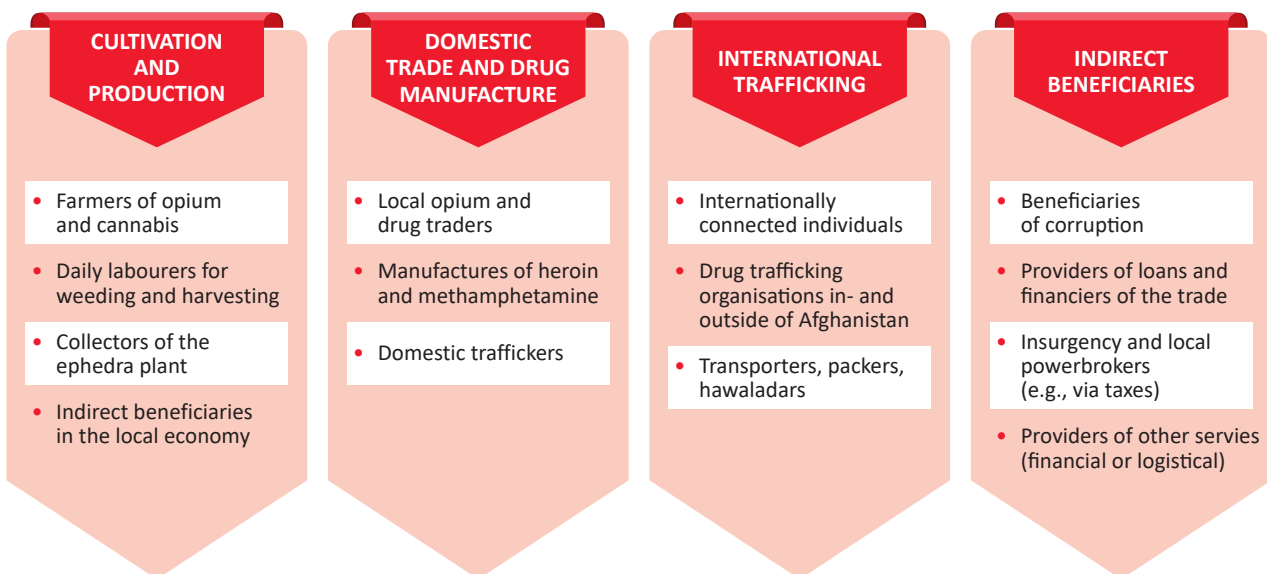


The largest share of Afghan income from opiates is accrued by the manufacture and international export (\$1.7 to \$2.5 billion in 2021). The domestic use market (\$43 million in 2021) and the income made by farmers (\$425 million in 2021) are much smaller.

Non-state actors have benefited from opiates. In 2019, more than one-third of headmen in poppy villages reported to the UNODC village survey that their farmers paid taxes to non-state actors of roughly 6 per cent on sales of opium. Tax rates varied widely, with most values reported being between 2 and 10 per cent of the sales value. In 2019 (latest available data), this corresponded to roughly \$14.5 million paid in taxes on opium by farmers. If the revenues from manufacturing and trafficking of opiates were taxed in the same way, it could have yielded a total of \$61 – \$113 million for non-state actors in 2019.

Although some Afghan traffickers have been arrested in Europe, most Afghans linked to large heroin seizures operate in and around their own country. This suggests other groups engage in bulk heroin trafficking across regions and continents.¹ Trafficking profits that remain in the country represent only a small fraction of the profits made

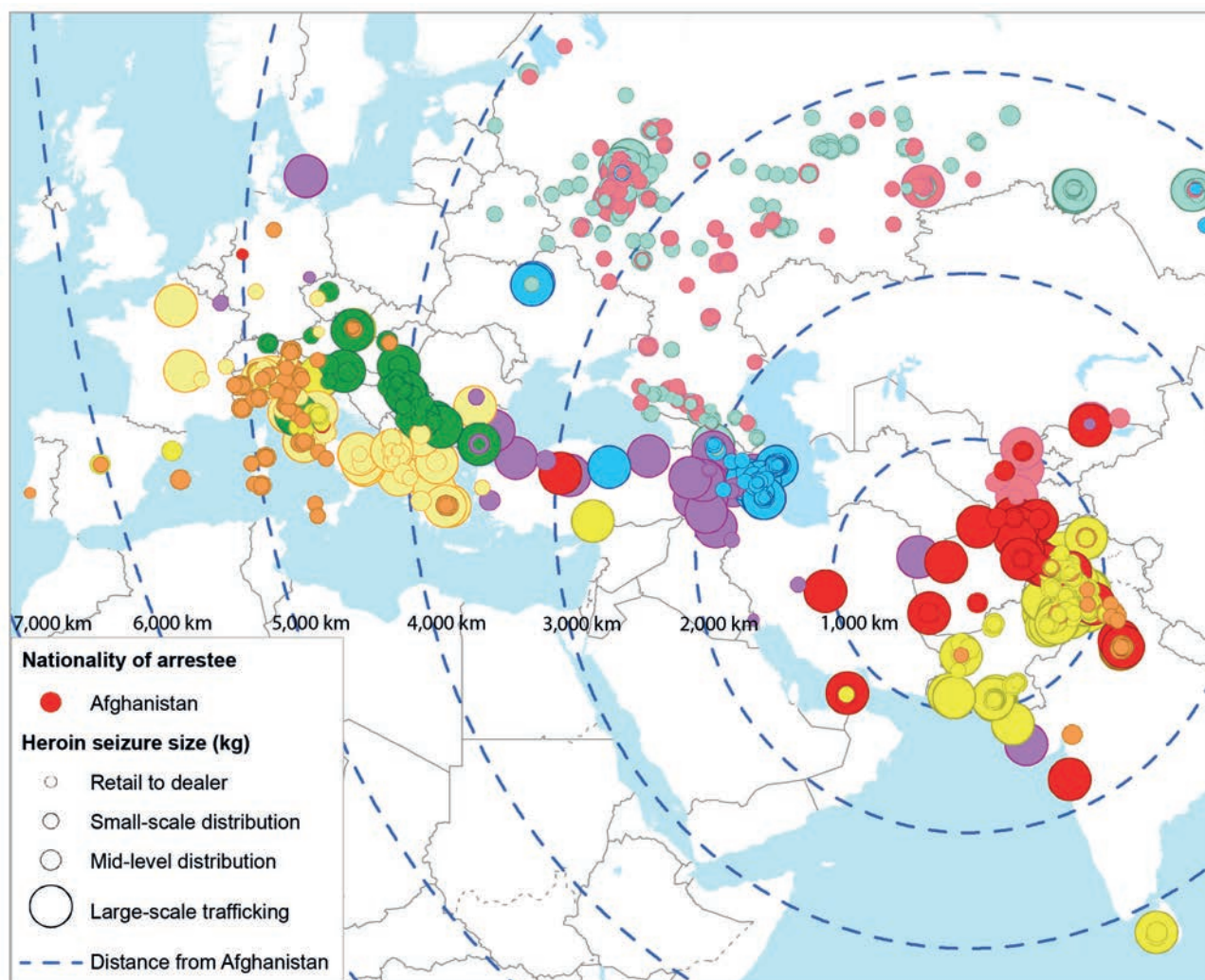
FIG. 8: Beneficiaries of the drugs trade



¹ UNODC Drugs Monitoring Platform Brief: *The reach of nationally linked trafficking groups across Afghan opiate trafficking routes* (September 2021).

outside Afghanistan in the markets where Afghan heroin is consumed. For example, the total monetary value of illicit opiates trafficked on the Balkan route amounted to an average of \$28 billion each year in 2009-2012.² The Balkan route accounts for only a share of all the opiates trafficked from Afghanistan, but this sum was still roughly a third higher than Afghanistan's annual GDP (\$21.2 billion in 2014).

MAP 7: Nine most common traffickers by nationality involved in individual heroin seizures according to distance from Afghanistan and level of trafficking, January 2018–March 2021



Source: UNODC Drugs Monitoring Platform.

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² UNODC, *Drug money: the illicit proceeds of opiates trafficked on the Balkan route* (Vienna, 2015).

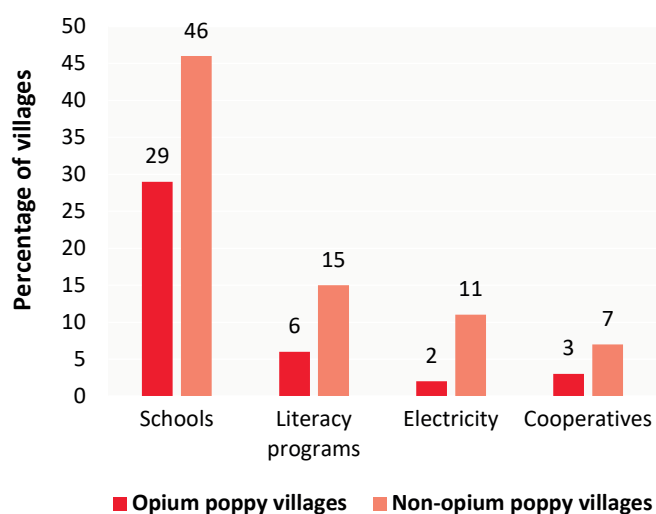
ILLICIT CULTIVATION IS DRIVEN BY SOCIOECONOMIC AND SECURITY-RELATED FACTORS

The cultivation of opium poppy is driven by many socioeconomic and security-related factors, including multi-dimensional poverty, lack of licit economic opportunities, and limited access to markets. Most of the farmers who cultivate opium poppy live in villages with lower quality infrastructure, and with less advantaged living conditions. Opium poppy villages tend to have less access than non-poppy villages to functioning public electricity grids, schools, literacy programs, and agricultural cooperatives. In addition, farmers in opium poppy villages have on average 40 per cent less available agricultural land and face 20 per cent longer journeys to markets for selling legal crops, as well as 23 per cent more road closures each year owing to security conditions.¹

Opium farmers showed higher multi-dimensional poverty and economic vulnerability than farmers not cultivating opium poppy. Factors associated with opium poppy cultivation include lower earnings from legal crops, higher number of household members, lower crop and income diversification, and less access to credit.²

There is a strong association between opium poppy cultivation, deteriorating security and distrust of farmers towards communities and institutions. Female-headed households cultivating opium poppy showed even higher levels of insecurity and distrust than male-headed households.

FIG. 9: Availability of services in opium poppy and non-opium poppy villages, 2017



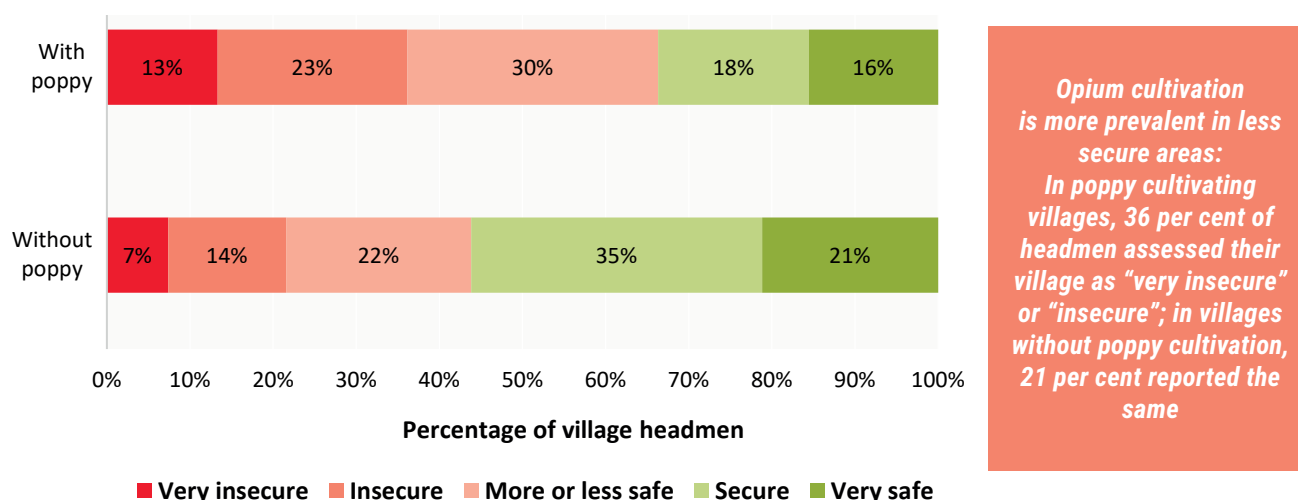
Source: Needs assessment survey conducted by UNODC with 16,000 households in 13 provinces in Afghanistan in 2017.

Opium farmers also face higher levels of insecurity and distrust than farmers not engaging in opium poppy cultivation. Those cultivating opium poppy had a 14 per cent lower perception of unity among the members of their community, 13 per cent lower trust in their neighbours, 20 per cent lower levels of confidence that authorities (state and non-state) could protect the citizen and guard them against corruption and 12 per cent higher levels of feeling unsafe than those not cultivating opium poppy. This association is even more pronounced for the small percentage of female-headed households (representing 5 per cent of all households). Female-headed households cultivating opium poppy showed even higher levels of insecurity and distrust than male-headed households cultivating opium poppy.

¹ Based on a UNODC needs assessment survey conducted with 16,000 households in 13 provinces in Afghanistan in 2017; and national annual rural socioeconomic surveys (2018-2020).

² Based on structural equation model results from the 2017 UNODC needs assessment survey for alternative development in 13 provinces in Afghanistan.

FIG. 10: Security assessment by village headmen, by opium poppy cultivation status, 2019



Source: Needs assessment survey conducted by UNODC with 16,000 households in 13 provinces in Afghanistan in 2017.

DRUG USE IN THE YOUNG POSES A CHALLENGE IN A COUNTRY WITH LIMITED DRUG TREATMENT OPTIONS

The past three decades of conflict and instability in Afghanistan have put considerable strain on traditional coping mechanisms and survival strategies. Displacement of populations within and outside the country has largely destroyed extended family structures and clans.¹ Consequently, the population has been left vulnerable to a wide range of mental health problems such as anxiety, depression, and post-traumatic stress disorder (PTSD) – common risk factors for initiation of drug use and development of drug use disorders.²

While use of drugs such as cannabis and opiates is well established in Afghanistan, the past decade has seen an expansion of the drug market with the production and use of synthetic drugs such as methamphetamine. Epidemiological data on drug use in Afghanistan are patchy but what is clear is that drug use, notably opiate use, is among the highest in the world. Three national drug use surveys have been conducted since 2009, but their findings are not comparable since they covered different population groups

and employed different methodologies. In 2020 a survey was conducted among the young people,³ while in 2015⁴ a survey was conducted among Afghan households and in 2009⁵ a survey targeted adult regular drug users and key informants.

Based on the surveys carried out in 2009 and 2015, it is likely that between 1 and 2 million Afghans use alcohol and drugs, including pharmaceutical drugs for non-medical purposes. The national survey on drug use in 2009 estimated that around 800,000 people had regularly used drugs (excluding alcohol) in the past year.⁷ The 2015 survey looked at the presence of drugs in biological samples of the survey participants, and estimated that between 1.9 million and 2.3 million people had used alcohol and other

1 UNODC and Government of Afghanistan, *Drug use in Afghanistan: 2009 survey* (2009).

2 Joel Swendsen and others, "Mental disorders as risk factors for substance use, abuse and dependence: results from the 10-year follow-up of the National Comorbidity Survey", *Addiction*, (2010) vol 105, no 6, pp 1117-1128.

3 UNODC, UNICEF and Government of Afghanistan, "Youth study on substance use and health", Afghanistan 2020.

4 The Colombo Plan, "Afghanistan national drug use survey 2015", implemented with support of United States Department of State and the Government of Afghanistan.

5 Owing to different methodologies the results of the 2009 and 2015 surveys cannot be compared or considered as showing a trend in drug use.

6 UNODC and Government of Afghanistan, "Drug use in Afghanistan: 2009 survey", 2009.

7 UNODC, *Drug use in Afghanistan: 2009 survey: Executive summary*. These estimates were based on interview with regular drug users and key informants in community settings and built on the number of drug users known by each category of the respondents.

drugs in that year, including some medical use of opioids.⁸

The 2015 survey concluded that almost 31 per cent of the 2,757 households sampled in the study had at least one person tested positive for one or more drugs. Overall, the percentage of population that tested positive for at least one drug was 11 per cent.⁹

Cannabis and opiates (opium and, to a lesser extent, heroin) are the two most used substances in Afghanistan. Alongside opium production, opium use was especially widespread among the rural population in 2019. The prevalence of opiate use (2.7 per cent estimated in 2009) put Afghanistan among the countries with the highest prevalence of opiate use globally.

Of particular concern in Afghanistan is the extent to which people using opium report giving opium to their children. In 2009, for example, nearly 80 per cent of women who had used opium also reported giving opium to their children.¹⁰ Similarly, biological samples from two-thirds of children in rural areas involved in the 2015 survey were found to contain opium (metabolites), suggesting they had either been administered the drug, or “exposed” to it.

In the absence of or lack of access to adequate health care services across the country, more so in the rural areas, some use of drugs in Afghanistan also occurs in the context of self-medication for treatment of physical ailments (common cough, cold, acute and chronic pain, etc) as well as in case of psychological issues such as stress, anxiety, depression or trauma.

The use of cannabis and heroin is much higher among the adult male population than among females. In 2009 for instance, around 8 per cent of males were estimated to have regularly used cannabis, compared with 0.2 per cent of females; and 1.6 per cent of males had regularly used heroin, compared with 0.2 per cent of females. The non-medical use of pharmaceutical opioids and tranquilizers is also commonly reported among the adult population. However, unlike the use of traditional drugs, the non-medical use of tranquilizers is at comparable levels among men and women – a pattern observed in other parts of the world.¹¹ In 2009, 0.4 per cent of both men and

**More than ten per cent
(11%) of the sampled
population had tested positive for one or more drugs
in 2015, with the rural population rate almost three
times greater: 13% rural versus 5% urban**

women were estimated to be regular users of tranquilizers in Afghanistan.

In recent years, the use of synthetic drugs such as methamphetamine has also been increasingly reported in different assessments and in demands for treatment of drug use disorders.¹² The most recent drug use survey in Afghanistan, conducted in 2020 among people aged 13-18 years in 2019, showed considerable use of different drugs among school secondary students. Some 12 per cent (14 per cent of boys and 8.5 per cent of girls) reported using any substance (including alcohol) at least once in the past 12 months.¹³

Similar to the pattern observed among the adult population, the use of cannabis, heroin and opium was reported higher among boys than girls, whereas the use of tranquilizers or pharmaceutical opioids was at comparable levels.¹⁴ As an indication of the prevalence of synthetic drugs, past-year use of methamphetamine and Tablet K¹⁵ was at the same level as heroin among adolescents. Overall, 1.3 per cent of the students reported using heroin, the same percentage as used methamphetamine, with 1.8 per cent using Tablet K. In contrast to many other countries, there was no significant difference in the extent of drug use among people aged 13-18 years between urban and rural areas.

The school survey also showed that young adolescents were more likely to self-report drug use if they had smoked cigarettes in the past 12 months, had friends who used drugs, perceived lower risk from substance use, perceived easier availability of substances, did not disapprove of other people using drugs, skipped school without a medical or valid reason, and displayed antisocial behaviours. These factors have all been observed in the literature on substance use among adolescents.¹⁶

8 The Colombo Plan, “Afghanistan national drug use survey 2015”, implemented with support of United States Department of State and the Government of Afghanistan. These estimates were primarily based on the per cent of the population that tested positive for the presence of drugs in biological samples (hair, urine, and/or saliva) as a result of active or intentional drug use. The biological samples were collected from people in randomly selected households in urban and rural areas.

9 Ibid.

10 UNODC and Government of Afghanistan, “Drug use in Afghanistan: 2009 survey”, 2009.

11 See for instance *World Drug Report 2020*.

12 UNODC, Afghanistan synthetic drugs situation assessment, 2017.

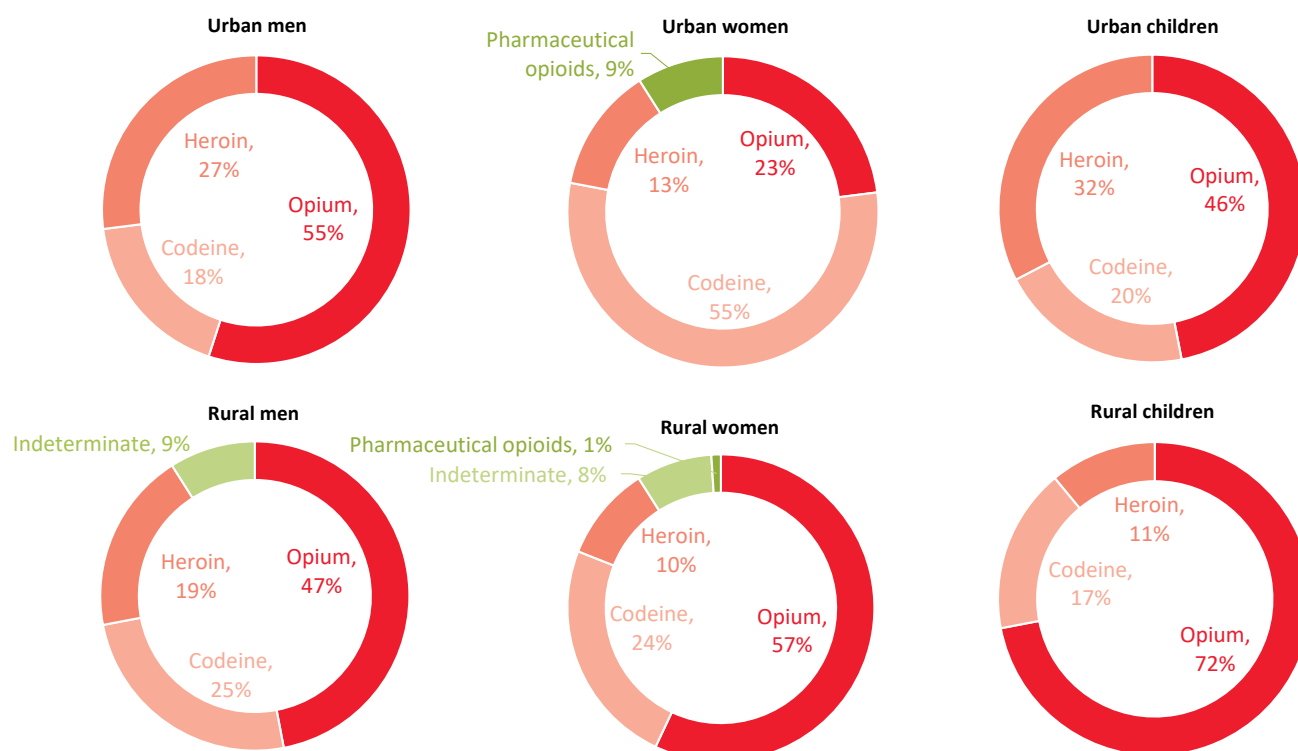
13 UNODC, UNICEF and Government of Afghanistan, *Youth study on substance use and health* (Afghanistan 2020).

14 The self-reported use of tranquilizers and pharmaceutical opioids included “for medical purposes” though it was not well defined.

15 “Tablet K” is the street name for a drug with (perceived) stimulant effects sold in Afghanistan. The name seems to be used for a range of tablet products sold on the drug market. It is possible that tablets sold under the street name “tablet K” contain methamphetamine, MDMA, or a range of other substances.

16 NIDA, “Preventing drug use among children and adolescents. A research-based guide, 2nd edition”, Rockville, MD: Department of Health and Human

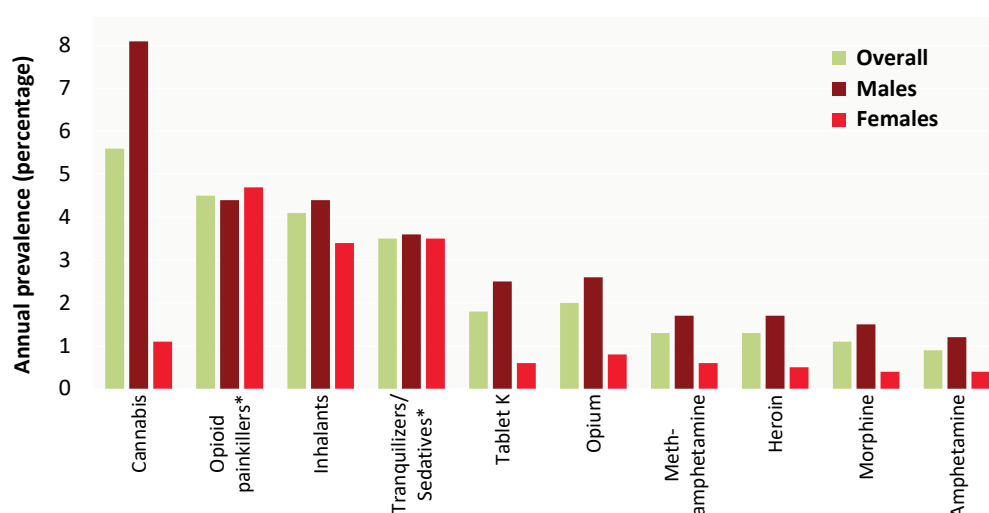
FIG. 11: Share of opioid types among the population groups that tested positive for at least one drug in Afghanistan, 2015



Source: The Colombo Plan, "Afghanistan national drug use survey 2015", implemented with support of United States Department of State and the Government of Afghanistan.

Note: These estimates are based on the per cent of the population that tested positive for the presence of drugs in biological samples (hair, urine, and/or saliva) as a result of active or intentional drug use. In case of samples that showed use of pharmaceutical opioids or those that contained codeine, it was difficult to determine their purpose. Some possible purposes in the use of codeine could have been in a medical context or in a non-medical context where codeine is available as one of by-products of heroin manufacturing that are sold as a low-grade form of opium, or other over-the-counter medications (e.g. cough syrups) containing codeine.

FIG. 12: Self-reported use of drugs in the past year among secondary school students in Afghanistan, 2020



Source: UNODC, UNICEF and Government of Afghanistan, 'Youth study on substance use and health', Afghanistan 2020.

Note: The use of opioid painkillers and tranquilizers includes possible medical and non-medical use.

OUTLOOK AND FUTURE CHALLENGES

Afghanistan is in a state of constant crisis, with a precarious economy and wider instability enabling illicit markets. Rapid reductions in international grant support, loss of access to offshore assets, and disruption of financial linkages are expected to lead to a major contraction of the economy, increasing poverty, and macroeconomic instability.¹ Up to 97 per cent of the population is at risk of sinking below the poverty line.²

This extreme situation comes after the COVID-19 pandemic and a string of atypical weather years, with severe drought being followed by high seasonal floods. Even before these difficulties, roughly 18 million Afghans – almost half of the population – needed aid. More than 550,000 people have been displaced since January 2021; one in three Afghans are experiencing crisis or emergency level of food insecurity, and more than half of children under the age of five have faced acute malnutrition.³

The current contraction of licit economic opportunities makes households even more vulnerable to engaging in illicit activities such as opium and cannabis cultivation, and heroin and methamphetamine manufacture and trafficking.

The evolution of the drug situation in Afghanistan will be influenced by factors including socioeconomic development, interventions on drug demand and supply, and eventually by changes in national and international drug markets.

The low level of opium prices observed in the last 3 years indicates that the international market of Afghan opiates is saturated for now, with little space to grow – unless more Afghan opiates are actively pushed into existing markets or new markets are established. The spike in prices observed after August is most likely due to a perception of uncertainty as it is too sudden to suggest that it reflects a change in the international market.

The methamphetamine market, however, is experiencing a global rise in demand. The largest markets in South-East Asia and North America are growing, with signs of

expansion in the regions neighbouring Afghanistan.⁴ High demand may push an increase in methamphetamine manufacturing in Afghanistan. The fast-evolving market of synthetic drugs in the Russian Federation and Central Asia⁵ may also create conditions to expand methamphetamine manufacturing in Afghanistan to other synthetic drugs.

Production and trafficking of opiates and synthetic drugs may evolve separately rather than substituting each other. In this case, they would pose two distinct threats. However, if they are managed by the same groups, the two drug markets could form a tight relationship. If demand declines for one drug, production of the other drug could be ramped up. This situation has been observed in South-East Asia, where methamphetamine manufacture has expanded along with a contraction of opium production.

The current evidence on this type of relationship between opiates and methamphetamine is not definitive. On the production side, opium farming still seems to be carried out in different geographical areas to the collection and processing of the ephedra plant. But if methamphetamine manufacturers were to replace again the ephedra plant with synthetic precursors, they could easily shift their operations closer to opium production areas if it became more convenient. On the trafficking side, mixed seizures made outside Afghanistan suggest that some groups manage the trafficking of the two substances together at a certain point in the supply chain. This in turn supports the idea that they could drive an expansion of one drug market if drastic changes happen to the other. In such a situation, any decline in opium production could be accompanied by an increase in methamphetamine manufacture.

There is a precedent for the integration of drug markets in Afghanistan. Cannabis and opiate markets have shown highly correlated prices in the past, indicating that developments in one market affected the other.⁶ More recent price data suggests this link has weakened, although pressure on one market may still encourage more activity in the other. In fact, the gross income from cannabis cultivation per hectare remains higher than for opium cultivation.

1 World Bank, "The World Bank in Afghanistan", 8 October 2021, <https://www.worldbank.org/en/country/afghanistan/overview#1>

2 UNDP, "97 per cent of Afghans could plunge into poverty by mid-2022, says UNDP", 9 September 2021, <https://www.af.undp.org/content/afghanistan/en/home/presscenter/pressreleases/2021/UNDP-press-release/>

3 OCHA, "High-level ministerial meeting on the humanitarian situation in Afghanistan 2021: Concept note", 12 September 2021, https://www.unocha.org/sites/unocha/files/20210912%20HLM%20Afghanistan%202021_Concept%20Note.pdf

4 UNODC, *World Drug Report 2021*.

5 UNODC, *World Drug Report 2021*.

6 See UNODC/MCN cannabis cultivation survey 2012.

The evidence suggests that addressing the production problem in Afghanistan will require holistic interventions that tackle more than one drug, and take account of market dynamics. Drastic reductions in drug output may not be sustainable and may trigger opposite results. A sudden decrease in opium cultivation after the 2001 opium ban led to a fourfold increase of average opium farm-gate prices, from \$87 per kilogram in 2000 to \$385 in 2002. This gave farmers a greater incentive to resume opium cultivation.

While Afghanistan is central to global opiate production, the country also has huge problems with drug use. Afghans face an increased risk of accelerated progression to drug use disorders when drug treatment options have been curtailed and may be further reduced.

Difficult socioeconomic conditions and wide availability of substances help to fuel domestic use. Decades of conflict and instability have left many Afghans vulnerable to mental health problems such as anxiety, depression, and post-traumatic stress disorder (PTSD) – all risk factors for drug use and drug use disorders.⁷ Drug use is known to affect people during their most productive years. Entrapment of young people in Afghanistan in drug use and the illicit drug trade removes them from legitimate employment and education, posing barriers to the development of individuals and of society in general.⁸

7 Joel Swendsen and others, "Mental disorders as risk factors for substance use, abuse and dependence: results from the 10-year follow-up of the National Comorbidity Survey", *Addiction*, (2010) vol 105, no 6, pp 1117-1128.

8 Ibid.