

**Prevalence of Mental Health Problems among Injecting  
Drug Users in Areas Covered By SAF's (Solidarity for  
Afghan Families) Harm Reduction Services in Kabul and  
Balkh Provinces, Afghanistan**

**A dissertation submitted in partial fulfillment of the requirements**

**For the award of**

**Post-Graduate Diploma in Health and Hospital Management**

**By**

**SAULAT FATIMA**



**International Institute of Health Management Research**

**New Delhi -110075**

**MAY, 2012**



Solidarity for Afghan Families (SAF)

همبستگي خانواده های افغان

## Certificate of Internship Completion

Date: May 5, 2012

### TO WHOM IT MAY CONCERN

This is to certify that Ms. SAULAT FATIMA has successfully completed her 3 months internship in our organization from January 25, 2012 to April 25, 2012. During this intern she has worked on her dissertation titled "Prevalence of Mental Health Problems among Injecting Drug Users in Areas Covered By SAF's (Solidarity for Afghan Families) Harm Reduction Services in Kabul and Balkh Provinces, Afghanistan" under the guidance of me and my team at Solidarity For Afghan Families

..... (Any positive/negative comment please write in the space provided.)

We wish her good luck for her future assignments.

(Signature)

Dr. Faramarz (Name)

CD Director Designation

**Kabul Main Office**  
Add: House # 54, Badam Bagh Street,  
Close to Hassani Dowm, Kart-e-Parwan  
Square Kabul- Afghanistan  
Contact No: +93 (0) 752-046-977  
e-mail: info@saf.org.af  
**www.saf.org.af**

**Balkh Sub Office**  
Add: House of Ashraf Ramazan  
Guzar-e-Hajet Rawa  
Mazar-e-Sharif, Balkh-Afghanistan  
Mobile: +93 (0) 502-042-477  
e-mail: balkh@saf.org.af

**Faryab Sub Office**  
Add: Add: House #308, Street # 4  
Guzar-e- Tandorak, Maimana City,  
Faryab-Afghanistan  
Mobile: +93 (0) 799-250-991  
e-mail: faryab@saf.org.af

**Jowzjan Sub Office**  
Add: Opposite of Traffic Department,  
Bandar-e-Sarpul, Sheberghan City, Jawzjan-  
Afghanistan  
Mobile: +93 (0) 777-727-415  
e-mail: jawzjan@saf.org.af

### Certificate from Dissertation Advisory Committee

This is to certify that Ms. SAULAT FATIMA, a graduate student of the Post-Graduate Diploma in Health and Hospital Management, has worked under our guidance and supervision. She is submitting this dissertation titled "Prevalence of Mental Health Problems among Injecting Drug Users in Areas Covered by SAF's (Solidarity for Afghan Families) Harm Reduction Services in Kabul and Balkh Provinces, Afghanistan" in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.



Dr. Farmanz

Faculty Mentor

Organizational Advisor

Designation

Designation: *CD Director*

IIHMR

Organization *SAF*

New Delhi

Address: *Kabul, Afghanistan*

Date

Date *May 5, 2012*

## **Certificate of Approval**

The following dissertation titled "Prevalence of Mental Health Problems among Injecting Drug Users in Areas Covered By SAF's (Solidarity for Afghan Families) Harm Reduction Services in Kabul and Balkh Provinces, Afghanistan." is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post- Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **TABLE OF CONTENT**

<b>Acknowledgement</b>	<b>3</b>
<b>Abstract</b>	
<b>Part I: Internship Report</b>	<b>7</b>
<b>Part II: Dissertation Report</b>	<b>15</b>
<b>1. Background/Literature review</b>	<b>15</b>
<b>2. Rationale of the project</b>	<b>17</b>
<b>3. Importance of the project</b>	<b>18</b>
<b>4. Objectives</b>	<b>19</b>
<b>4.1. General Objective</b>	<b>19</b>
<b>4.2. Specific objectives</b>	<b>19</b>
<b>5. Case Definitions</b>	<b>20</b>
<b>6. Methodology</b>	<b>20</b>
<b>6.1. Study design</b>	<b>20</b>
<b>6.2. Study subjects</b>	<b>20</b>
<b>6.3. Sampling Techniques</b>	<b>21</b>
<b>6.4. Sample Size</b>	<b>22</b>
<b>6.5. Tools of data collection</b>	<b>23</b>
<b>6.6. Training for data collection</b>	<b>24</b>
<b>6.7. Data Analysis</b>	<b>27</b>
<b>7. Results/Findings</b>	<b>28</b>
<b>7.1. Drug consumption behavior</b>	<b>30</b>

<b>7.2. Mental health profile</b>	<b>36</b>
<b>7.3. Assessment Scale</b>	<b>40</b>
<b>8. Discussion</b>	<b>41</b>
<b>9. Conclusion</b>	<b>42</b>
<b>10. Recommendations</b>	<b>43</b>
<b>11. Work Schedule of the study</b>	<b>44</b>
<b>12. Ethical Considerations</b>	<b>44</b>
<b>13. Report Submission</b>	<b>45</b>
<b>References</b>	<b>46</b>
<b>List of figures</b>	<b>47</b>
<b>List of tables</b>	<b>48</b>
<b>List of Abbreviations</b>	<b>49</b>
<b>List of appendices</b>	<b>50</b>
<b>Appendix 1- Questionnaire</b>	
<b>Appendix 2- Consent Form</b>	
<b>Appendix 3- Assessment Scale</b>	
<b>Appendix 4- Training Manual</b>	

## **ACKNOWLEDGEMENT**

This project was only possible with the generous hospitality, guidance and support of the organization- **SOLIDARITY FOR AFGHAN FAMILIES (SAF), Afghanistan**. It has provided me with all the possible resources in terms of knowledge, exposure, guidance and support which have largely helped me to ingrain good knowledge of the subject and brought out the best from ourselves.

I would like to provide my sincere gratitude to the director of the organization, **Dr. Abdul Basir Mansoor** for giving me the enriching opportunity to have such an experience. I would also like to thank, **Dr. Faramarz Jahanbeen** and **Ms. Arunika Agarwal**, for excellent mentoring as well as boosting and encouraging me at every level and building their trust in me.

Also, I would like to acknowledge the efforts taken by my institute mentor, **Dr. Sangram Kishor Patel** for giving me the relevant feedback for our project and providing a sincere helping hand and guidance throughout the journey.

Lastly with full sincerity I would like to acknowledge the support of **Dr. Rajesh Bhalla** (Academic Dean, IIHMR) and **Dr. L. P. Singh** (Director, IIHMR) at every step during my journey with International Institute of Health and Hospital Management.

# **Abstract**

## **Prevalence of Mental Health Problems among Injecting Drug Users in Areas Covered By SAF's (Solidarity for Afghan Families) Harm Reduction Services in Kabul and Balkh Provinces, Afghanistan**

By

Saulat Fatima

Afghanistan is an impoverished war-torn country surrounded by neighboring countries with high levels of IDUs and escalating rates of drug-related problems including mental health. This is a matter of great national concern at a time when all indicators suggest increasing rates of drug addiction in several areas of Afghanistan, including the injection of heroin and a range of pharmaceutical medicines used as intoxicants, and only a few under-resourced services available for those with drug-related problems. If we talk about drug consumption in Afghanistan, the major reason for its high rates of consumption (Opium and Heroin) is its easy availability and low cost. On the other hand mental disorders like PTSD (post traumatic stress disorder), depression and anxiety are the most common in Afghanistan due to its high risk and vulnerable environment. Hence, drug abuse and mental health independently are major issues in Afghanistan.

Mental health problems although has been highlighted in the revised BPHS but not much evidence is there on the association between drug use and mental health problems in Afghanistan. This study will provide an evidence base for the above mentioned issue and will help in formulating strategies and policies directed towards managing the mental health problems in this vulnerable population.

The purpose of the study is to identify the mental health problems among these drug users, as it is observed that drug users are vulnerable towards mental health problems and vice-versa. Also, both drug consumption and mental health are important concerns of Afghanistan, and



this study will also identify and suggest various implementation models focusing mental health issues that can be included in the rehabilitation programs for drug users in Afghanistan.

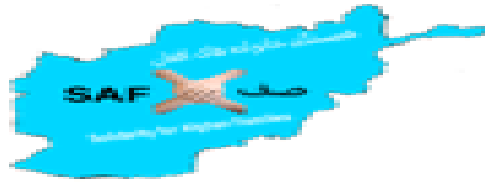
The major findings are as follows:

- Maximum of the participants said that the major reason for their drug consumption is Loneliness, and then next reason is assigned to peer pressure. We have also seen that the majority of the participants lie in the age range of 20-50 years, henceforth peer pressure at this age is the major source of influence positive or negative and majority of steps taken by an individual is peer driven.
- Maximum of the participants agreed that their drug consumption increased after having experienced, witnessed or had to deal with an extremely traumatic event with them or someone else. They were so much struck by the event, that they felt consuming drugs could relieve them from the pain and sorrows and they would be able to forget it.
- The majorities of the respondents are inclined towards or are showing the symptoms of Depression, followed by Anxiety, then schizophrenia and lastly PTSD. The prevalence of schizophrenia is more than PTSD which is a little deviated from the expected results.

The subjects that are included in this study are Injecting Drug Users who are covered under Harm Reduction Services of Solidarity for Afghan Families. The data collection tools included a quantitative questionnaire and a scale which were translated in the local language, and a consent form was also administered to take the permission from the subject regarding their voluntary participation in the study.

The study has been approved by the 'International Review Board' Afghanistan on technical and ethical grounds.

## PART I: INTERNSHIP REPORT



**Name of the organization-** SOLIDARITY for AFGHAN FAMILIES

**Address-** House# 54, Badam Bagh street, Near to Hessa-e-dowom, Kart-e-parwan square, Kabul,  
Afghanistan

Phone: 0752046966 or +93 700-042-611

Email: [general\\_director@saf.org.af](mailto:general_director@saf.org.af) [orgd\\_director@saf.org.af](mailto:orgd_director@saf.org.af)

**Branches-** The solidarity for Afghan Families (SAF) besides its main office which is in Kabul city has three sub offices in Balkh, Jawzjan and Faryab provinces.

The Solidarity for Afghan Families (SAF) is mainly working in health sector. SAF since its inception in 2005 has the experience of working with various international organizations (World Bank, GF/BRAC, USAID, UNFPA, UNODC, WFP, ARD, GIZ, SC-UK, Oxfam Novib, MI-Canada etc) and related ministries.

### **Vision**

“A developed and welfare society for Afghan families” .

### **Mission**

“Empowering and enabling Afghan families to combat against diseases, poverty, social injustice and illiteracy.

Currently, the **management board** of SAF consists of six highly qualified and experienced members namely Director General, Program Director (Deputy), Organizational Development Director, Operational Director, Organizational Development and Management Advisor and Finance Manager/Controller . The director general is elected by the general council (Only Afghan national can apply). Other members of management board are recruited through open

competition on the basis of merits and abilities. The director general will approve recruitment of management board members and the final decision will be shared with general council.

The members of management board are presenting their **reports** to director general on monthly basis.

The **executive board** consists of the managers of various sections and provincial/ regional managers who implement the programs.

Authorities of **executive board** are as below:

- Preparing working plan of related section.
- Project implementation according to the budget.
- Supervision and monitoring of related section.
- Providing technical support to staff.

## **DEPARTMENTS**

SAF has Central Office/Headquarter (CO/HQ) and Regional Offices (ROs). The main responsibility of Regional offices is to implement SAF's programs/projects at the related regions.

According to the current structure there are four functional departments in SAF as below;

### **PROGRAM DEPARTMENT**

#### **Purposes:**

- 1) To coordinate health and health related training activities within organization as well as stakeholders.
- 2) To develop and maintain a high quality standards of health program.

3) To design, plan and follow up the health program in the existing areas of work as well as in the new targeted areas.

4) To provide effective technical support to all SAF health projects on timely manner.

5) To facilitate opportunities for continuous capacity building of health staff.

This department is headed by program director who is under direct supervision of general director. Accordingly, below staff members come under direct supervision of program director:

- Program manager
- Regional /Provincial Managers
- Harm reduction manager
- MCH/Gender manager
- CDC/Nutrition manager
- Pharmacy manager
- Lab officer

#### ORGANIZATIONAL DEVELOPMENT DEPARTMENT

##### **Purposes:**

1) To provide facilities for overall organizational development in terms of fundraising, capacity building, program development and improved organizational structure.

2) To formulate organizational policies and plan in participatory manner.

3) To design programs/ projects for organizational mandated sectors (health, education agriculture and social development) and develop proposals using global information.

4) To process information in such a manner to present the organization in prestigious way with reference to external affairs.

5) To search donor market place.

This department is headed by organizational development director and has three following units.

- PME/MIS Coordinator
- PME/CBHC Coordinator
- IT Officer

### OPERATIONAL DEPARTMENT

#### **Purpose:**

To develop appropriate and efficient administrative, human resource and logistics rules and regulations as well as guidelines. This directorate is also responsible to provide effective and efficient support services to program staff on timely manner. This department is headed by operational director and has three following units:

- Admin/security unit
- HR unit
- Logistics unit

### FINANCE DEPARTMENT

The **finance department** is not operating under the supervision of operational director as it is directly reporting to the director general.

#### **Purposes:**

- 1) To develop and revise financial policy and guidelines in line with international standards.
- 2) To establish and maintain a smooth financial system within organization.

- 3) To ensure accuracy and completeness of financial information.
- 4) To ensure transparent financial transactions.
- 5) To inform the management of the organization on financial positions.
- 6) To develop financial planning and budget in consultation with relevant department/units.
- 7) To ensure fund safety and keep financial document safely.
- 8) To ensure all financial transactions are in line with available resources.
- 9) To advise financial course of action for project managers.

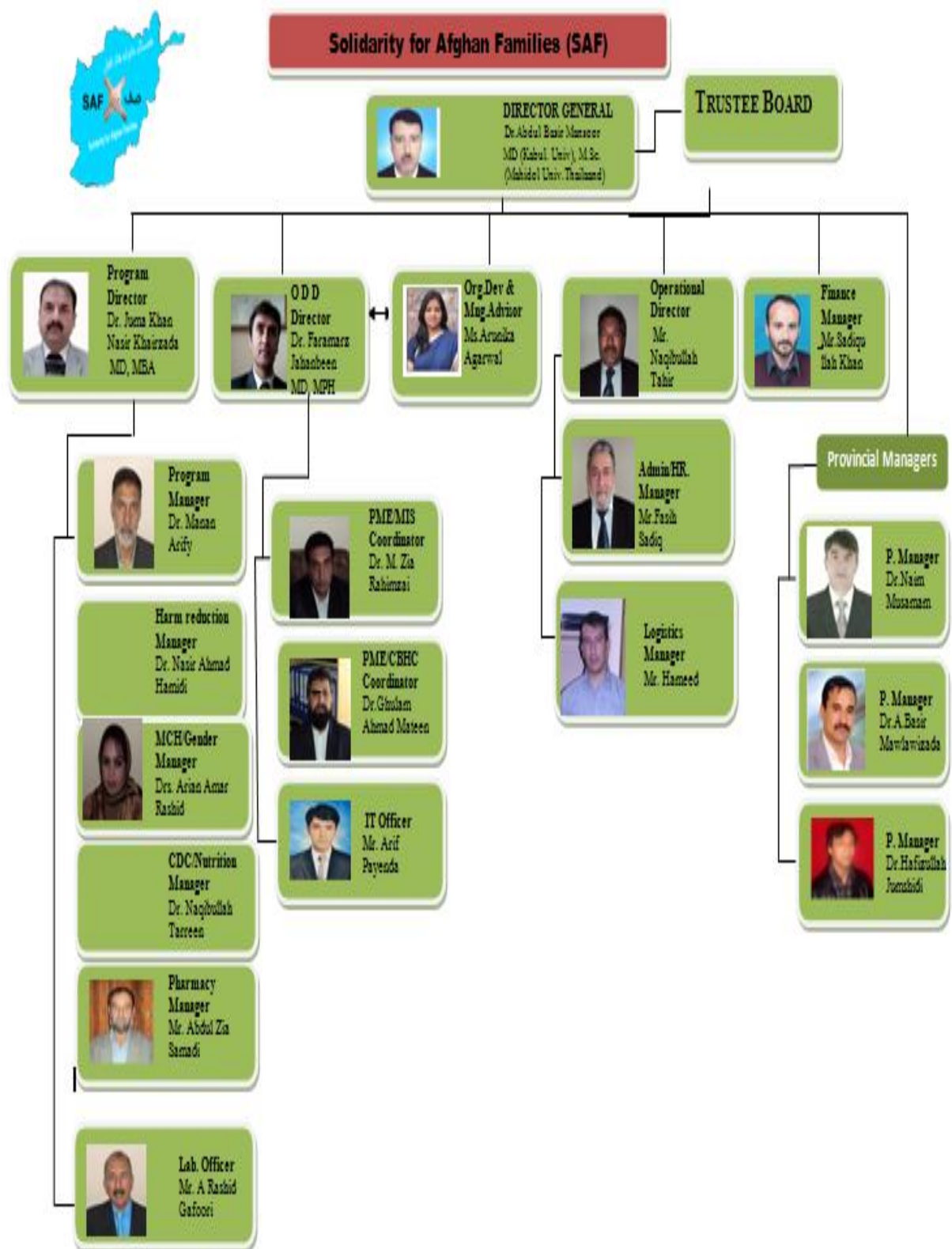
The unit is headed by Finance Manger/Controller who is under direct supervision of general director.

The following table incorporates the ongoing projects of SAF and their corresponding donors.

<b>Name of Project</b>	<b>Dates of project</b>	<b>Location</b>	<b>Donor</b>
• Partnership Contract for health Services	Nov 23, 2009 to Nov 23, 2012	• Faryab	• USAID / MoPH
• Sub Centres & Mobile Health Teams	June 01, 2009 to Feb 29, 2012	• Faryab	• GAVI
• IYCF/CMAM	Apr 01, 2011 to Mar 31, 2012	• Faryab	• Oxfam Novib
• Equipping Lab	Apr 01, 2011 to Sep 30, 2012	• Faryab	• Global Fund
• Partnership Contract for health Services	Nov 23, 2009 to Nov 23, 2012	• Jawzjan	• USAID / MoPH
• EPPH	Jun 06, 2010 to	• Jawzjan	• USAID-HSSP

	Jan 31, 2012		
• Result Based Financing	Aug 23, 2010 to Nov 23, 2012	• Jawzjan	• Multi-Donor SHARP
• Harm Reduction	Feb 11, 2011 to Jun 30, 2012	• Mazar	• IDA / World Bank
• SPHP	Apr 01, 2009 to Sep 30, 2012	• Mazar	• GIZ
• Better Future for Working Street Children	Jul 01, 2011 to Mar 31, 2012	• Mazar	• Save the Children
• FIDUS	Jun 15, 2011 to Apr 04, 2012	• Mazar	• UNODC
• Harm Reduction	Feb 11, 2011 to Jun 30, 2012	• Kabul	• IDA / World Bank

**ORGANOGRAM of the organization is below:**





## **ENGAGEMENTS AND REFLECTIVE LEARNINGS IN ORGANIZATION**

The organization is a dynamic one which is actively working in the field of healthcare and in the implementation of Basic Package of Health Services in various provinces of Afghanistan.

Since the organization has been only involved in implementing the BPHS, therefore it has very less experience of research.

Henceforth, our dissertation which was expected to be a research study came as a promising start for the organization and not just merely an experience for us.

SAF has an ongoing program on 'Harm Reduction' wherein they cater to injecting drug users by building detoxification centres in Kabul and Balkh provinces of the country, where many IDUs come for testing of HIV, and other sexually transmitted diseases, hepatitis etc. Also there were counseling sessions given to the clients, and they would be encouraged for quitting drug use. The drug users would get meals, facility of barber shop, entertainment etc, so that they don't feel depressed and would like to come again to the centre.

My study was inspired by this program, wherein, I have to identify the prevalence of mental health problems among drug users covered by SAF's harm reduction services.

I chose this topic because it has been debated that any person who is addicted to any kind of drug has the probability of mental health problems twice more than the person who has not abused drugs ever in their life.

But unfortunately, there are very minimal evidences and studies which showed the relation between drug use and mental health problems in Afghanistan. Henceforth, it became more motivating for me to go for this research as it was satisfying my interest area also, as well as, was need of the hour also.

To conduct this study I visited the detoxification centres, to get an idea of the various types of drug users, how they inject drugs, what they do throughout the day. I even talked to the counselors and the program managers there. After getting the background view I developed the questionnaire and the assessment scale which was then translated in the local language (Dari).

Besides my dissertation study, I was also involved in developing a proposal for the grants from Diakonie Katastrophenhilfe, Humanitarian Aid world. This involvement made me learn a lot of things from my mentors. From framing of practical and achievable objectives to making logical frameworks, developing budgets etc.

My dissertation has given me a lot of exposure and experience on various fronts. I could realize a lot of flaws I can work on and many opportunities that are coming up.

## **PART II: DISSERTATION REPORT**

### **1. Background/ Literature Review**

Afghanistan is a country with an approximate geographical area of 652,000 square kilometers and a population of 24.926 million people (WHO). The main languages used in the country are Pashto, Dari Persian and Turkic, and the main ethnic groups are Pushton, Tadjik, Hazara and Uzbeks. Religious groups include Muslims (Sunni and Shiaa) and a small group of Sikhs.

Drug dependency in Afghanistan, notably to opiates such as heroin, opium and opioid, Painkillers, continues to increase across rural and urban areas equally. With widespread and easy access to relatively low-cost drugs, more and more Afghan Citizens are becoming drug dependent and suffering debilitating mental, physical and social problems. <sup>[1]</sup>. Many drug users consume drugs by injection. According to a study it was found that around 6 per cent of drug users had injected at least once in their lifetime. Out of these nearly two thirds had injected in the past 12 months, and half of these were currently injecting. Many of those were either injecting daily or between 2 to 4 days in a week. Heroin, followed by opium were the two drugs most users injected in the past year of the survey.

Almost 6 per cent of opioid and tranquilizer users reported regularly injecting these substances in the past year of the survey. <sup>[1]</sup>.

There has been considerable debate around the appropriate terminology for the coexistence of substance use and mental health. Comorbidity is a term used more broadly in health and refers to a client who has two or more concurrent health concerns.

The definitions for comorbidity in relation to drug use and mental illness used by clinicians in existing data collections are: ‘Those clients who are drug dependent or using drugs at a level that is harmful to the stability of their mental illness, and whose drug use precipitates relapse of the psychiatric condition, increases the risk of suicide, or complicates management and retards progress <sup>[2]</sup>.

An American study <sup>[3]</sup> found the following rates:

- 30 per cent of people diagnosed with a mental health disorder will also have a substance use disorder at some time in their lives. This is close to twice the rate found in people who do not have a lifetime history of a mental health disorder.
- 37 per cent of people diagnosed with an alcohol disorder will have a mental health disorder at some point in their lives. This is close to twice the rate found in people who do not have a lifetime history of a substance use disorder.
- 53 per cent of people diagnosed with a substance use disorder (other than alcohol) will also have a mental health disorder at some point in their lives. This is close to four times the rate found in people who do not have a lifetime history of a substance use disorder.

Afghanistan has had a National Mental Health Plan, Policy and Legislation since 1987 which addresses the main mental health issues. A regular budget allocation does not exist for mental health. In 2004, 0.1 million USD (out of a 289.4 million USD total health budget) was directed for mental health. There is a national human rights body existing in Afghanistan which undertook a review/inspection of human rights protection for a patient in 2004.

There is no coordination body on mental health to oversee publications and awareness campaigns. The utilization mental health services depend on the availability of free medication, awareness of the community and trained and qualified staffs etc. In terms of research, 46% of all health publications in the country were on mental health. The research focused on Epidemiological studies in community samples. Details of research were not available. It is unknown if government agencies or international organizations have promoted public education and awareness campaigns in the last five years. Mental health is an issue

which requires strong research background with rigorous awareness services for the community, because it's an issue which is not easily accessible by the community, because they are not aware of it. The National Mental Health Policy and Plan should incorporate 'Mental Health Information System' and integration of services in Primary Health Care facilities (including training PHC staffs), together with public education on mental health, which would further help to increase access to mental health services in the country. A mental health awareness coordination body should be established in the 'Ministry of Public Health', along with the development of education materials for public awareness. Through this way the Information and Education Unit (IEU) of MOPH, would be able to enhance a greater understanding of mental health in the community. Also there should be rigorous awareness campaigns on mental health at the health facilities. There is no financial or legislative support for people with psychiatric problems. Also, very minimal attention is paid on the mental health issues among drug users in Afghanistan <sup>[4]</sup>. Henceforth, mental health policies, strategies and services should be revised and element of its association with drug abuse should be focused as it covers a large share of population.

## **2. Rationale of the Project**

Afghanistan is an impoverished war-torn country with high levels of Injecting Drug Users (IDUs). This is a matter of great national concern at a time when all indicators suggest increasing rates of drug addiction in several areas of Afghanistan, including the injection of heroin and a range of pharmaceutical medicines used as intoxicants, and only a few under-resourced services available for those with drug-related problems <sup>[1]</sup>.

Many chronic drug abusers- the individuals we commonly regard as addicts- often simultaneously suffer from a serious mental disorders. Drug treatment and medical professionals call this condition as a co-occurring disorder or a dual-diagnosis.

If we talk about drug consumption in Afghanistan, the major reason for its high rates of consumption (Opium and Heroin) is its easy availability and low cost.

On the other hand mental disorders like PTSD (post traumatic stress disorder); depression and anxiety are the most common in Afghanistan due to its high risk and vulnerable environment.

Hence, drug abuse and mental health independently are major issues in Afghanistan. Therefore, this project aims to capture the relationship between injecting drug abuse and mental disorders.

Afghanistan is considered the hub of opium production, and its post conflict traumatic conditions push many people towards harmful drug consumption. Mental health problems although has been highlighted in the revised BPHS but not much evidence is there on the linkages between drug use and mental health problems in Afghanistan. This study will provide an evidence base for the above mentioned issue and will help in formulating strategies and policies directed towards managing the mental health problems in this vulnerable population.

This study primarily focuses on the injecting drug users targeted by the Harm reduction program of Solidarity for Afghan Families in two provinces of Kabul and Balkh.

### **3. Importance of the Project**

✓ TO THE SERVICE PROVIDER

This study would provide a new dimension to the major issue of drug abuse in Afghanistan, and would enable them to identify as well as analyze the mental disorders associated with drug abuse. Hence, this study could lift the level of services from curative to psychotherapeutic as well.

✓ TO THE POLICY MAKERS

This research study would provide a baseline proof of the prevalent mental disorders among drug users, which will further enable and encourage the policy makers to design policies keeping in mind the association between drug abuse and mental disorders which would benefit the beneficiaries holistically.

✓ TO THE BENEFICIARIES

A more comprehensive approach can be adopted to benefit the drug users.

## **4. Objectives**

### 4.1. GENERAL OBJECTIVE

To identify and analyze the prevalence of mental health problems among injecting drug users, covered by SAF's harm reduction services in Kabul and Balkh provinces, Afghanistan.

### 4.2. SPECIFIC OBJECTIVES

- To analyze the consumption behavior of injecting drug users towards addictive drugs.
- To identify the prevalence of PTSD (Post Traumatic Stress Disorder) among injecting drug users covered under Harm reduction program of SAF.
- To identify the prevalence of Schizophrenia among injecting drug users covered under Harm reduction program of SAF.
- To identify the prevalence of Anxiety among injecting drug users covered under Harm reduction program of SAF.
- To identify the prevalence of depression injecting among drug users covered under Harm reduction program of SAF.

## **5. Case Definitions**

### DEPRESSION

Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities.

### SCHIZOPHRENIA

Schizophrenia is a severe mental disorder, characterized by profound disruptions in thinking, affecting language, perception, and the sense of self. It often includes psychotic experiences, such as hearing voices or delusions. It can impair functioning through the loss of an acquired capability to earn a livelihood, or the disruption of studies.

### ANXIETY

Generalized anxiety disorder is characterized by chronic feelings of excessive worry and anxiety without a specific cause. Individuals with generalized anxiety disorder often feel on edge, tense, and jittery. Someone with generalized anxiety disorder may worry about minor things, daily events, or the future. These feelings are accompanied by physical complaints such as elevated blood pressure, increased heart rate, muscle tension, sweating, and shaking.

### POST TRAUMATIC STRESS DISORDER

A psychological reaction that occurs after experiencing a highly stressing event (as wartime combat, physical violence, or a natural disaster) outside the range of normal human experience and that is usually characterized by depression, anxiety, flashbacks, recurrent nightmares, and avoidance of reminders of the events.

\*Source: [www.who.int](http://www.who.int)

## **6. Methodology**

### 6.1. STUDY DESIGN

Cross- sectional study design would be adopted to collect the required information from the drug users in Drop in Centers and its outreach areas.

### 6.2. STUDY SUBJECTS

The subjects for this study are MALE injecting drug users.

Specific criteria would be followed for selecting the subjects.

### *INCLUSION CRITERIA FOR THE SUBJECTS*

- Any person identified as a drug addict.
- Willing for the interview.

### *EXCLUSION CRITERIA FOR THE SUBJECTS*

- Any person came to visit the centre.
- Any person not willing to give the interview.

### 6.3. SAMPLING TECHNIQUE

- 1<sup>st</sup> Stage- SITE SELECTION

For the selection of site CONVENIENT SAMPLING METHOD will be used. The sites covered by 'Harm Reduction Services' of SAF that is Kabul and Balkh are included in the study.

- 2<sup>nd</sup> Stage- SUBJECT SELECTION

SIMPLE RANDOM SAMPLING METHOD would be adopted to draw the samples for the study.

- ✓ In Simple Random Sampling method, a sample is chosen randomly from the population in way that each possible sample has the same probability of being chosen as any other. Advantages of this method are that it is free of classification error, and it requires minimum advance knowledge of the population. It best suits in the situation where the population is homogenous (Injecting Drug Users in this study).
- ✓ The sampling would be done using the MS-EXCEL, wherein a list of all Subjects/clients is obtained. Such a list is termed as FRAME of the population.  
The sampling frame consisted of the ID numbers of all the regular clients of the respective DICs and Outreach areas of Kabul and Balkh.
- ✓ Then a list of random numbers is generated across the list of ID numbers of the clients.
- ✓ Then a list of ranks is generated across the random numbers in ascending order.  
Hence, the calculated numbers of samples are drawn from the list.



- **SAMPLE FRAME:** All Injecting Drug Users covered through Harm Reduction Programme at SAF.

#### 6.4. SAMPLE SIZE

Sample size for the study is calculated using the following formula.

$$n = t^2 \times p (1-p) / m^2$$

Where,

n = sample size

t = confidence level at 95% (standard value of 1.96).

p = estimated prevalence of mental disorders among drug users is around (standard value of 0.5).

m = margin of error of 5% (standard value of 0.05).

- 1<sup>st</sup> STAGE- Calculating Sample Size (S.S.)

$$n = (1.96)^2 \times 0.5(1 - 0.5) / (0.05)^2$$

$$n \text{ (S.S.)} = 385 \text{ subjects}$$

- 2<sup>nd</sup> STAGE- Probability Proportionate to Size

PROVINCES	Total Population of drug users in DIC & outreach areas
Kabul	405 drug users (a)
Balkh	580 drug users (b)

➤ **KABUL** (DIC & Outreach Areas)

$$P_1 = a \times S.S / a + b = 405 \times 385 / 405 + 580 = \mathbf{158 \text{ subjects/clients}}$$

➤ **BALKH** (DIC & Outreach Areas)

$$P_2 = b \times S.S / a + b = 580 \times 385 / 405 + 580 = \mathbf{227 \text{ subjects/clients}}$$

## 6.5. TOOLS OF DATA COLLECTION

- Structured Questionnaire

An in-depth structured questionnaire will be administered comprising of the following fields.

- Background of the patient.
- Duration of drug consumption
- Duration of rehabilitation.
- Reason for starting drug consumption.
- Type of drugs taken.
- Mode of drug consumption.
- Finances for drugs.
- Personal life.
- Questions related to each disorder.

Data collection will be stretched over a period of one month.

- Data collectors

Since the data would be collected from the DIC and outreach areas of each study provinces (Kabul & Balkh), hence, 4 interviewers/investigators for each province's DIC & outreach areas will be finalized and trained for the data collection.

Details regarding the interviewers are as follows:

✓ **KABUL:**

1. Laila – Counselor

2. Sharifa- Counselor
3. Ashooq Zaman- Social Worker
4. Abdul Qayum- Social Worker

✓ BALKH:

1. Abdul Aziz- Counselor
2. Wahida- Counselor
3. Abdul Wasay- Social Workers
4. Mumtaz- Social workers

The counselors would interview the DIC clients and the social workers would interview the clients of outreach areas.

#### 6.6. TRAINING FOR DATA COLLECTION

A group of field investigators were decided from both the provinces. 5 investigators were trained by me and further they trained the other interviewers. For the better understanding of the field investigators, '**training manual**' (Annexure 3) was made so that no confusion or problems arises during data collection.





The data collection instruments were translated in the local language (Dari) for the better understanding of the participants.



### 6.7. DATA ANALYSIS

- Data entry would be done in MS-EXCEL.
- Double entry of the data would be done to ensure the accuracy and quality of the data.
- Data analysis would be done in SPSS-16.

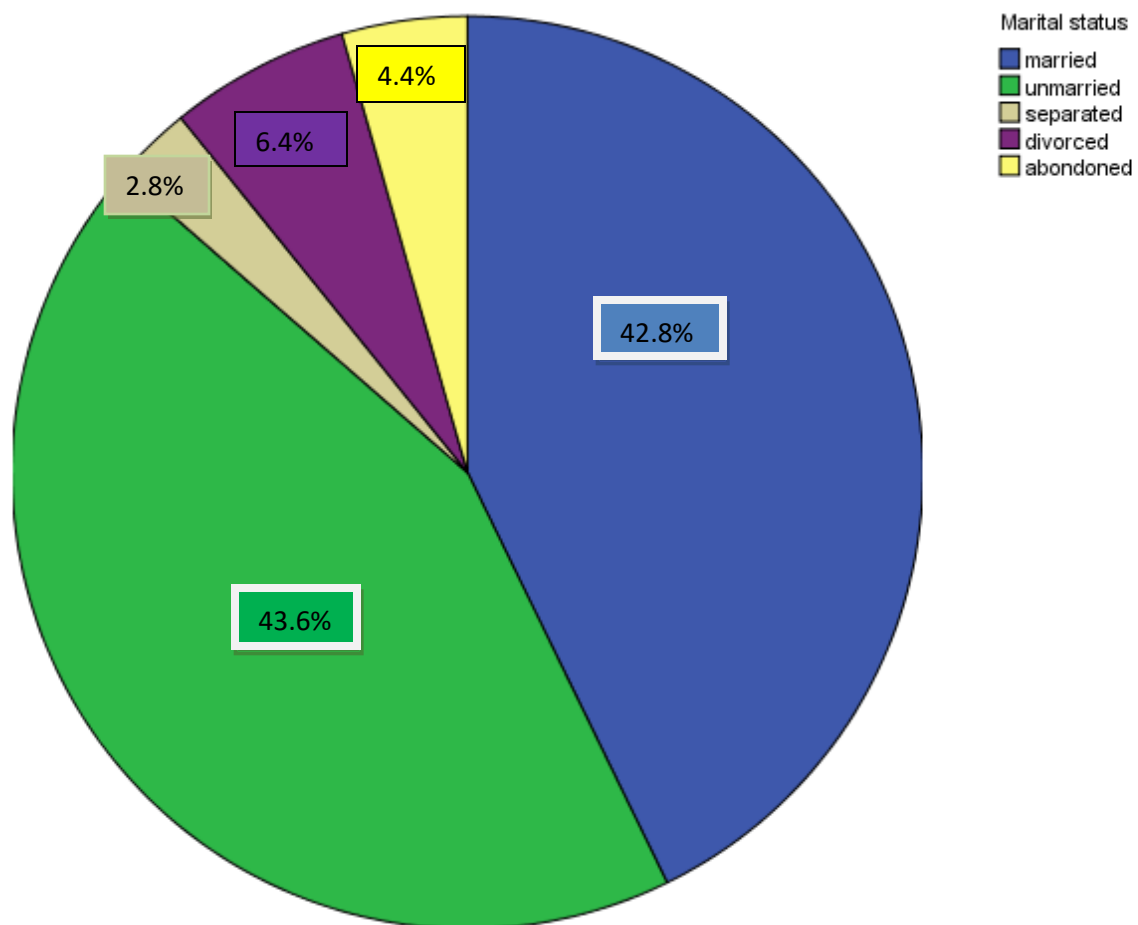
## 7. RESULTS/ FINDINGS

A total of 375 injecting drug users voluntarily participated in the study. 10 IDUs denied participating. Henceforth they were not forced to participate\_in the study, respecting their views.

All the respondents in the study were MALES and there were no female participant at all.

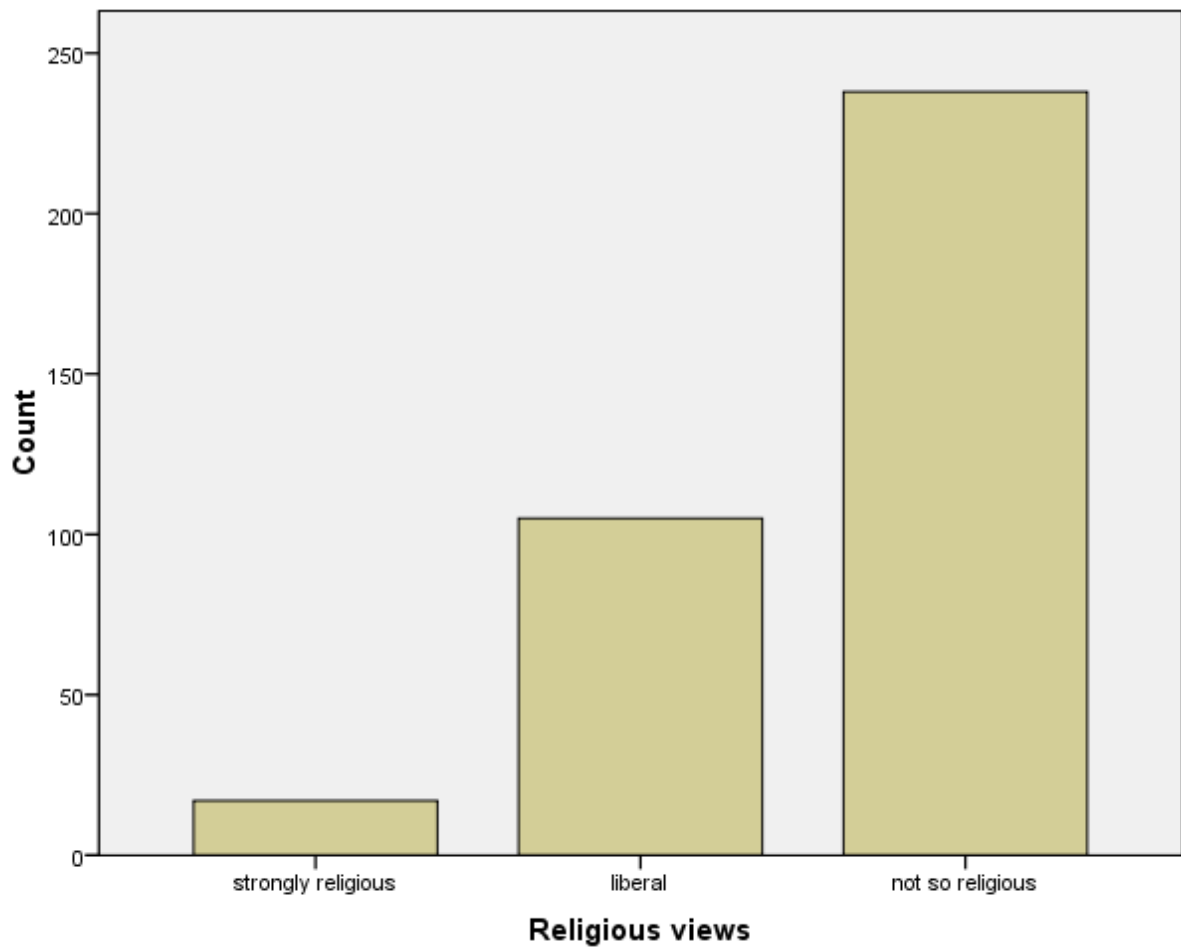
85% of the participant lies in the age range of 20-50 years. Therefore majority of the respondents were in the working age groups.

**Figure 1: Marital status of the participant**



A large section of the participants were married and were followed by the unmarried population.

**Figure 2: Religious views of the participant**

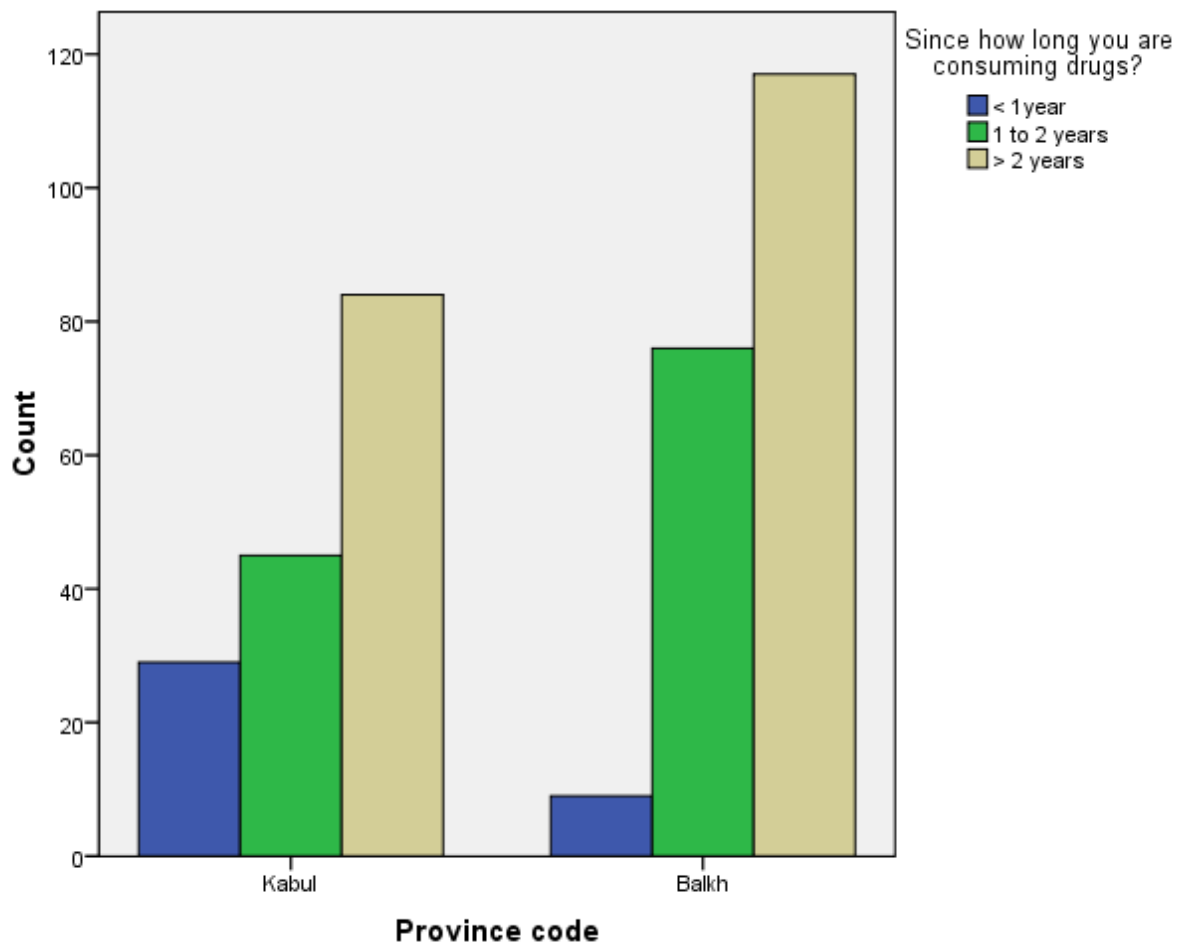


The majorities of the participants either had a liberal point of view or are not so religious.



## **7.1. DRUG CONSUMPTION BEHAVIOR**

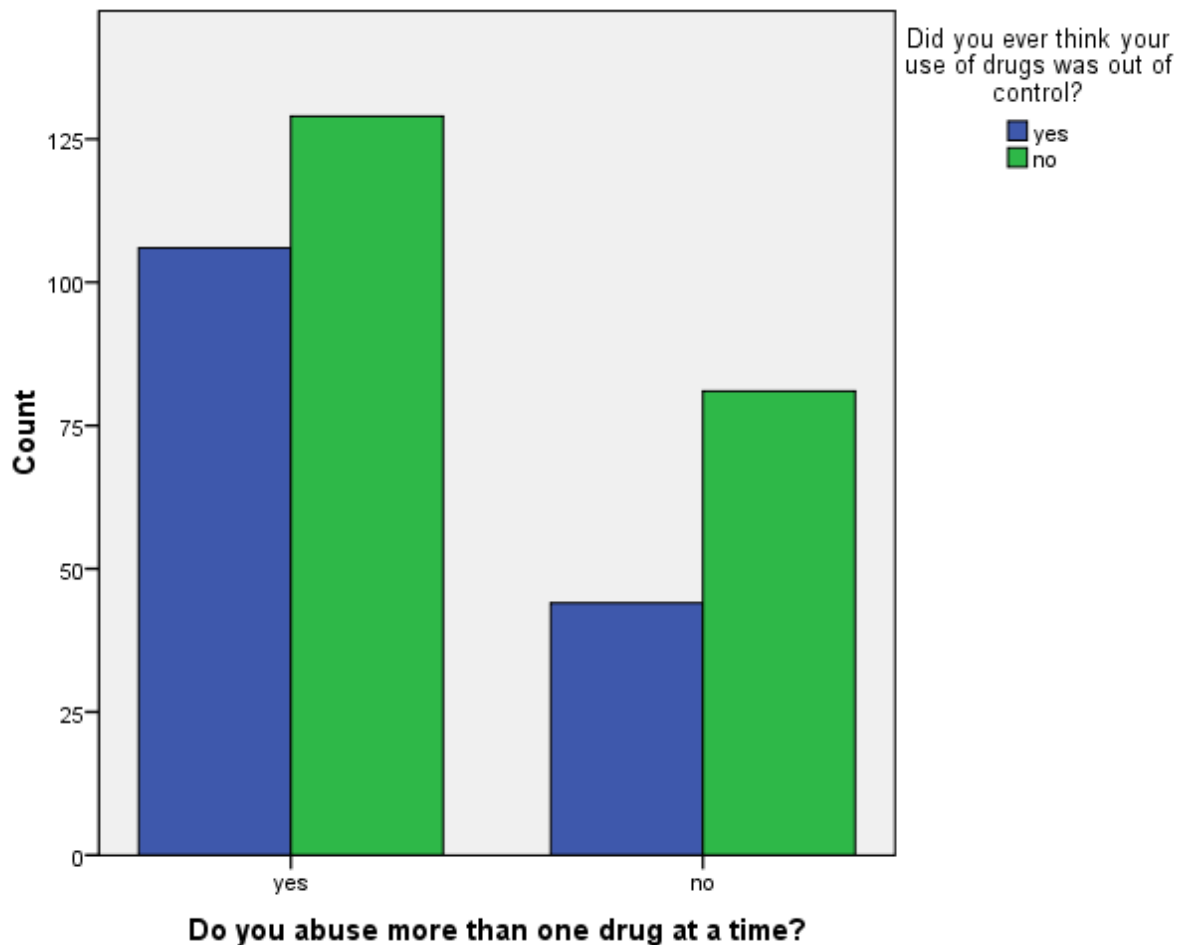
**Figure 3: Province wise drug consumption pattern.**



This graph depicts the length of the time period of the drug consumption according to the provinces- Kabul and Balkh. The numbers of participants who are consuming drugs for the past 1 year are more in Kabul as compared to Balkh. This is mainly due to more exposure in Kabul province than in Balkh, and less conservative culture. Henceforth, more young people are increasingly getting engaged in drug consumption and due to its easy availability. Also, the numbers of participants who are consuming drugs for more than 2 years are

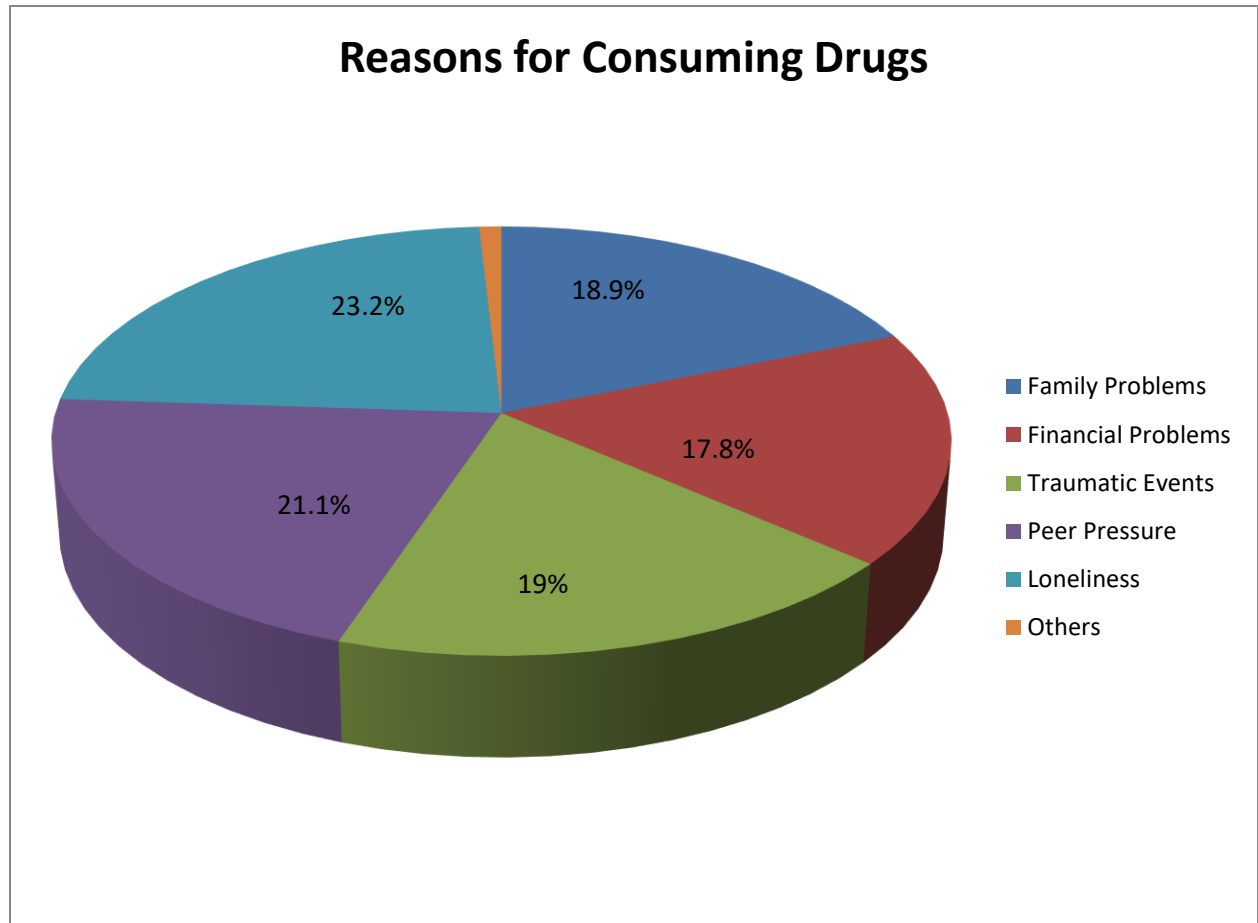
comparatively more in Balkh than Kabul. The basic reason behind this could be the less detoxification and rehabilitation centres in Balkh than Kabul. Hence, there is less probability of identification of IDUs in Balkh than in Kabul. Also, those who even want to go to detoxification centres for treatment and rehabilitation could not go due to its situation at far sites.

**Figure 4: Drug consumption behavior**



This graph depicts the drug consumption behavior of the participants. Majority of the participants agreed that they abuse more than one drug at a time but on the contrary they do not think that their drug consumption is out of control.

**Figure 5: Reasons for drug consumption.**



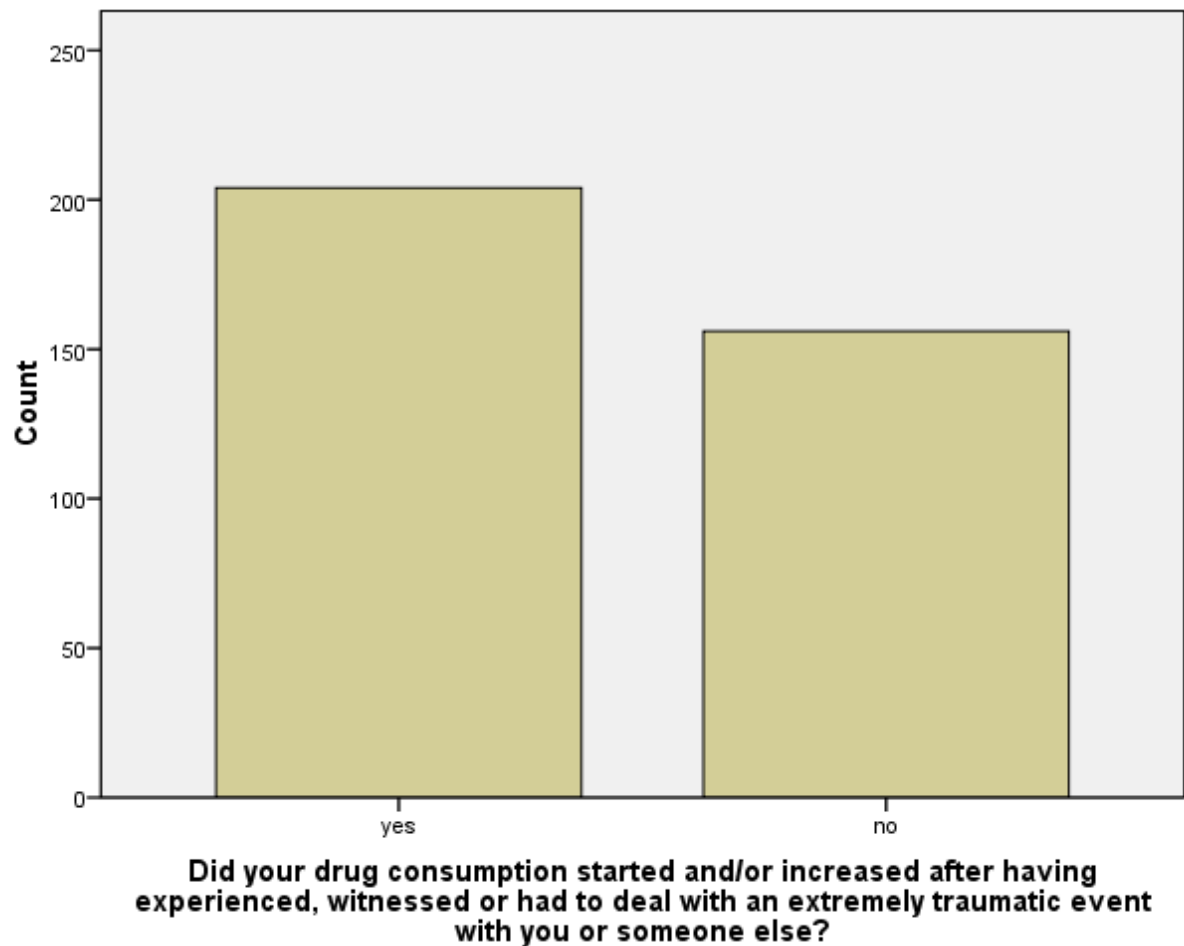
Maximum of the participants said that the major reason for their drug consumption is Loneliness, and then next reason is assigned to peer pressure. We have also seen that the majority of the participants lie in the age range of 20-50 years, henceforth peer pressure at this age is the major source of influence positive or negative and majority of steps taken by an individual is peer driven.

**Table 1: Medical problems due to drug consumption.**

		Responses	
		N	Percent
\$medical <sup>a</sup>	memory loss	101	35.7%
	Bleeding	9	3.2%
	Appetite loss	94	33.2%
	Convulsions	28	9.9%
	Rapid weight loss	51	18.0%
Total		283	100.0%

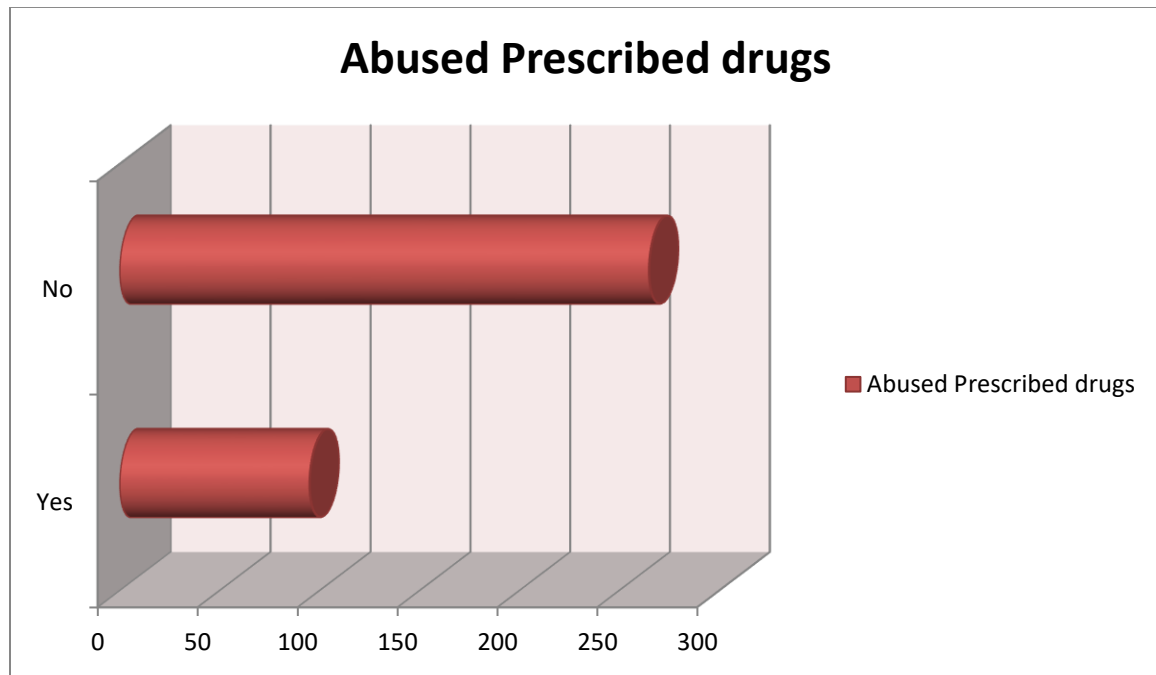
Majority of the participants complained that the major medical problems they faced due to drug consumption is memory loss. Around 36% of participants said that they suffer from severe memory loss, followed by appetite loss.

**Figure 6: Drug consumption increased due to traumatic events.**



Maximum of the participants agreed that their drug consumption increased after having experienced, witnessed or had to deal with an extremely traumatic event with them or someone else. They were so much struck by the event, that they felt consuming drugs could relieve them from the pain and sorrows and they would be able to forget it.

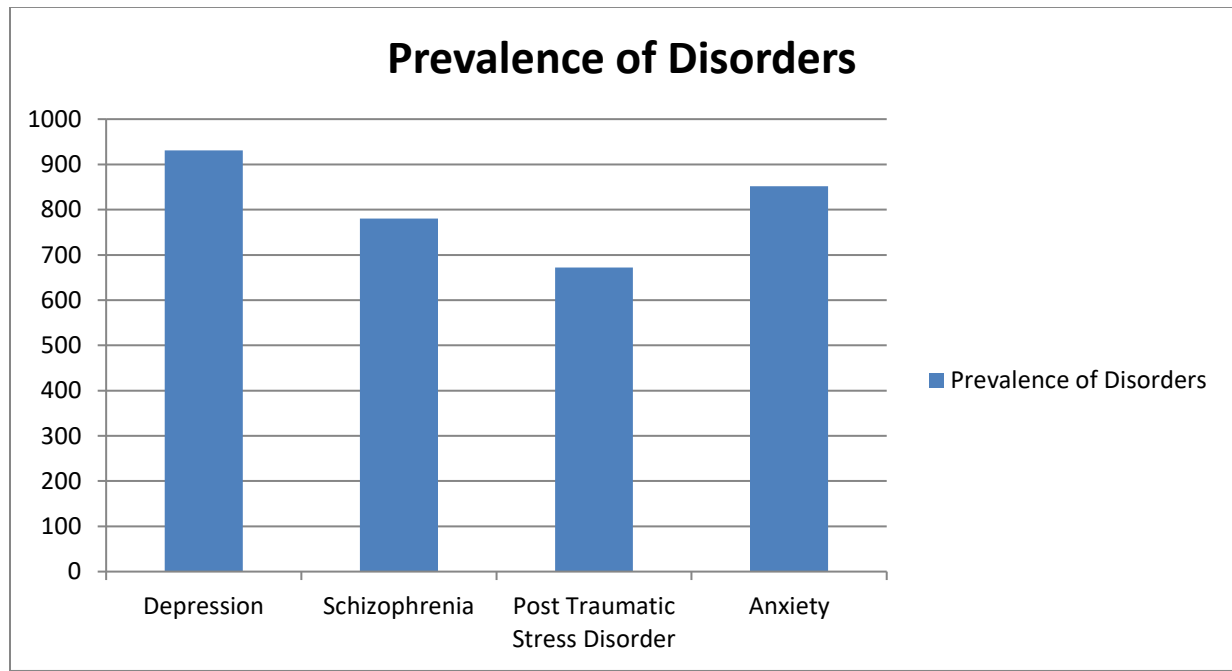
**Figure 7: Abuse of prescribed Drugs**



This bar diagram shows that the majority of the participants do not abuse prescribed drugs. There can be various reasons following this result, like for example, the prescribed drugs are comparatively expensive and is difficult to acquire in large amounts. Secondly, other drugs like opium and heroin are much cheaper and easily available. Hence, the drug users usually opt for these drugs rather prescribed drugs.

## **7.2 MENTAL HEALTH PROFILE**

**Figure 8: Prevalence of Disorders.**



As it is reviewed and evident from previous literatures, mental health problems is one of the major issues in Afghanistan. The reasons behind this fact could be various such as its vulnerable environment, frequent traumatic events, conservative society and many more. It was also published that the major mental disorders prevalent in Afghanistan are Depression, PTSD and Anxiety. This study is conducted on Injecting drug users to identify the prevalence of these three disorders with schizophrenia which is a psychotic disorder and is basically difficult to identify. But the results are showing a different picture altogether. The majorities of the respondents are inclined towards or are showing the symptoms of Depression, followed by Anxiety, then schizophrenia and lastly PTSD. The prevalence of schizophrenia is more than PTSD which is a little deviated from the expected results. There are no previous studies stating prevalence of Schizophrenia in Afghanistan. This study is evidently stating that schizophrenia may be a prevalent mental disorder among drug user. There can be various

reasons for its prevalence, like, drug consumption can lead to hallucinations (auditory and visual), which can further become a symptom for schizophrenia.

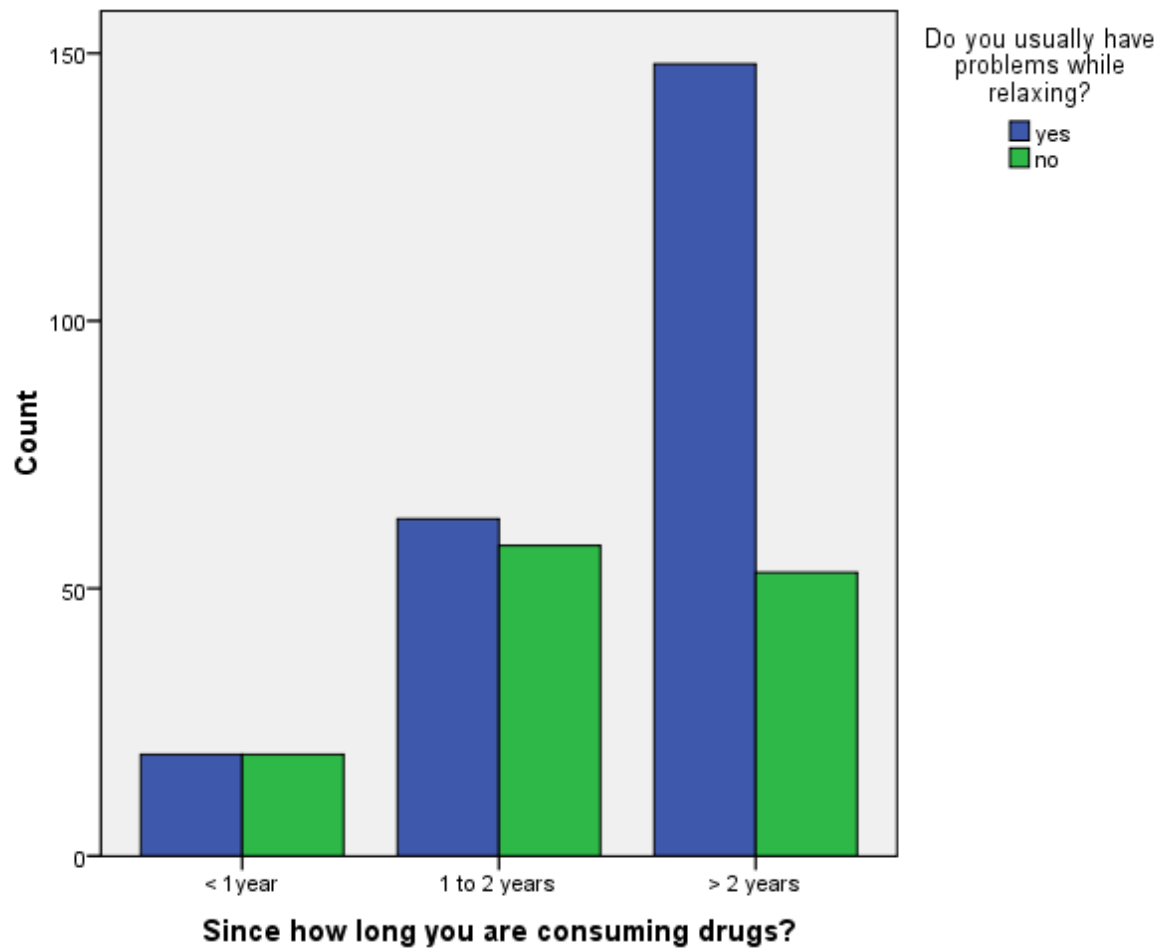
**Figure 9: Feeling bad or Guilty due to drug consumption**



Around 73% of the respondents said that they feel bad or guilty for their drug consumption behavior. It is one of the symptoms of depression. Hence, continuous counseling should be given to the clients so that they do not get inclined towards depressive behavior.



**Figure 10: Length of Drug Consumption**



This graph depicts that as the time of drug consumption increases the problems of the drug user increases in terms of physical as well as mental. That is, those who are consuming drugs for more than 2 years face much more problems while relaxing than others.

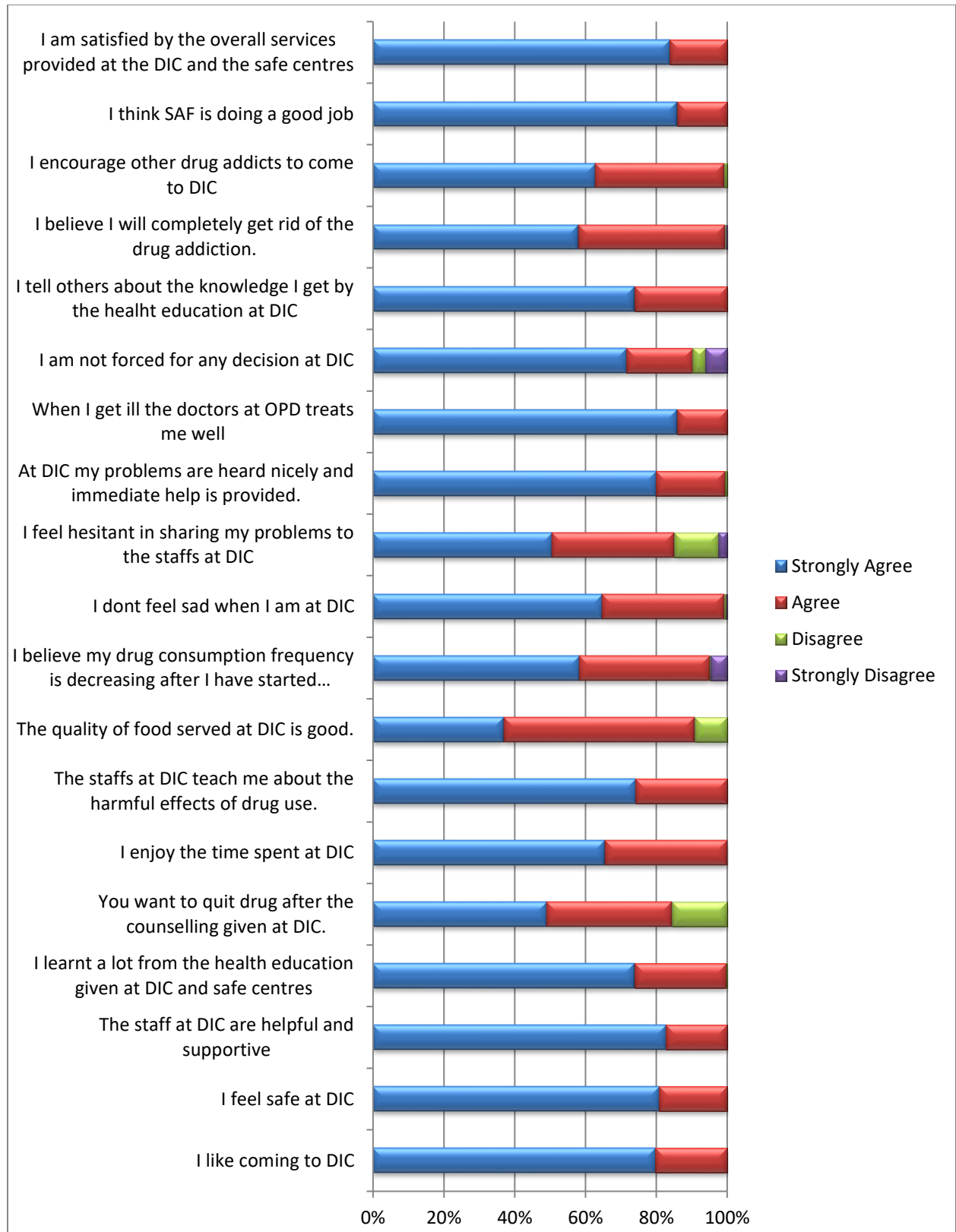
**Table 2: Since how long you are consuming drugs? \* Do you hear or see things that others cannot hear or see? Cross tabulation**

Count				
		Do you hear or see things that others cannot hear or see?		
		yes	no	Total
Since how long you are consuming drugs?	< 1year	8	30	38
	1 to 2 years	52	69	121
	> 2 years	135	66	201
Total		195	165	360

	Value	df
Pearson Chi-Square	36.566 <sup>a</sup>	2

The tabulated value for the above table came to be 5.99 corresponding to 2 degrees of freedom, which very less than the calculated value, that is, 36.566. Henceforth, we reject the null hypothesis. Therefore, we can conclude that as the drug consumption time increases the drug addicts usually hear or see things which others cannot hear or see. These kinds of symptoms are evident in Schizophrenia and are categorized as hallucinations (auditory and visual) and it is a major concern as the value is really high and it shows a significant relationship.

### 7.3. ASSESSMENT SCALE – Figure 11.



The assessment scale was administered to identify the feedback of the regular injecting drug users associated with Harm Reduction Services of SAF. Majority of the clients are satisfied with the services and the behavior of the service provider. Overall, the services of SAF are highly appreciated and the clients are satisfied.

## **8. Discussion**

The objectives of this study were to understand the drug consumption pattern of injecting drug users in Afghanistan, and prevalence of mental disorders like depression, post traumatic stress disorders, schizophrenia and anxiety. A questionnaire was designed in order to ask questions to the participants in order to fulfill the objectives. The results of the study were analyzed in two parts, one- drug consumption behavior and two- mental health profile.

The drug consumption behavior analysis depicted that majority of the respondents started their drug consumption either due to peer pressure or the feeling of loneliness. The individual starts the drug consumption firstly casually and under the influence and pressure of friends but gradually gets addicted to it in such a way that they can't come out of it alone. Loneliness can be due to no family or other support. Many beggars, labors, cobblers etc are drug addicts and either has no family or is abandoned due to some reason. Many respondents also accepted that their drug consumption are the result or have started due to any previous traumatic event experienced by them or any other known to them. Afghanistan is a country wherein traumatic events which involved destruction of lives, infrastructure, and other resources are very frequent. Security of life is a big question there. Hence, in this condition many people get involved in drugs consumption in order to relieve their pain and try to forget the trauma. They feel better while in the influence of drugs but gradually with time they realize that their drug consumption is inevitably beyond normal. The results also shows that majority of the respondents did not abuse prescribed drugs due to its difficulty in availability, price and easy availability of other drugs, as the financial standing of drug users are usually not good.

The mental health profile of the respondents have resulted that majority of the respondents are inclined towards depression as it constitutes highest percentage of the four disorders in

this study. As it is reviewed and evident from previous literatures, mental health problems is one of the major issues in Afghanistan. The reasons behind this fact could be various such as its vulnerable environment, frequent traumatic events, conservative society and many more. It was also published that the major mental disorders prevalent in Afghanistan are Depression, PTSD and Anxiety. This study is conducted on Injecting drug users to identify the prevalence of these three disorders with schizophrenia which is a psychotic disorder and is basically difficult to identify. But the results are showing a different picture altogether. The majorities of the respondents are inclined towards or are showing the symptoms of Depression, followed by Anxiety, then schizophrenia and lastly PTSD. The prevalence of schizophrenia is more than PTSD which is a little deviated from the expected results. There are no previous studies stating prevalence of Schizophrenia in Afghanistan. This study is evidently stating that schizophrenia may be a prevalent mental disorder among drug user. There can be various reasons for its prevalence, like, drug consumption can lead to hallucinations (auditory and visual), which can further become a symptom for schizophrenia. Also the test of significance have depicted that there is a significant relationship between time period involved in drug consumption and development of disorders.

## **9. Conclusion**

This study raises a very serious issue relating to the relationship of drug use and mental health problems as the results of this study much evidently points towards the significant results of the study with high prevalent disorders and a surprising prevalence of schizophrenia. This study provides a base for other studies to understand the reasons and various confounding factors that elate the occurrence. Mental health being such big issue on papers and journals especially in Afghanistan, where it has been included in the revised basic package of health services, now needs a practical implementation, from baseline studies to control trials so that correct and immediate measures can be taken by the government in terms of mental hospitals, rehabilitation and counseling centres, awareness programmes etc.

## 10. Recommendations

- Rigorous and exhaustive research efforts are needed in this area as without research evidences implementation strategies cannot be made and executed.
- More mental hospitals should be set up and referrals be made for better treatment.
- Since mental health has been included in revised BPHS package, hence the government should increase the budget allocated in this area, as there have been next to none studies done on mental health, and very minimal implementation strategies are there.
- Stringent rules should be made on drugs availability.
- There should be increased awareness campaigns with the collaborative efforts of MoPH (Ministry of public Health), International and local NGOs. Standard posters and television advertisements can be made by MoPH which can be distributed throughout the country.
- It is highly recommended that there should be drug awareness campaigns along with the element of mental health in that through community sessions, focus group discussions and psycho therapeutic sessions.
- Utilization of religious scholars, mosques, influential and activists etc for supporting drug demand reduction services in refugee camps and among internally displaced people.
- Construction of shelter homes for drug users and assessment of mental health in those shelter homes and referral of serious cases.

## 11. Work Schedule of the Study

Expected duration of study is 4 months in total.

Activities	January				February				March				April			
Literature review																
Preparation of research protocol, data collection tools, consent form																
IRB Approval																
Training to investigators																
Data collection																
Data entry, data validation, data edition																
Data analysis																
Report writing																
Dissemination of report and presentation																

## 12. Ethical Considerations

- The research project aimed for the approval of International Review Board (IRB), Afghanistan. It took into strict consideration, every suggestions made by IRB.
- INFORMED CONSENT of the subjects was taken, without which the administration did not proceed, the participation of the subjects was voluntary .and no subject were forced to participate in the study
- CONFIDENTIALITY of the subjects was taken into consideration and the data of the study was only used for the research purpose.
- Any question that raises any religious, cultural or any other sensitive issues were NOT asked from the subject.

### 13. Report Submission

- The final report would be submitted to both the institute and the organization.

- INSTITUTE

International Institute of Health/ Hospital Management and Research (IIHMR), New Delhi, India.

Mentor- Dr. Sangram Kishore Patel

Director- Dr. L.P. Singh

- ORGANIZATION

Solidarity for Afghan Families (SAF), Kabul, Afghanistan.

Mentor(s) - Ms. Arunika Agarwal, Dr. Faramarz Jahanbeen

Director- Dr. Abdul Basir Mansoor



# REFERENCES

## ARTICLES FORM JOURNALS

1. HIV/AIDS Unit, Ministry of Public Health Demand Reduction Section, Ministry of Counter Narcotics(2005); *Harm Reduction Strategy for IDU (Injecting Drug Use) and HIV/AIDS Prevention in Afghanistan* ; Afghanistan.
2. NSW Department of Health (2008); *Comorbidity Framework for Action*; ISBN; Australia.
3. Reiger, D.A., Farmer, M.E. & Rae, D.S. (1990); *Co-morbidity of mental disorders with alcohol and other drug abuse, Results from the Epidemiological Catchment Area (ECA) study*; Journal of the American Medical Association, 264, 2511–2518.
4. World Health organization (2006); *Who-Aims Report On Mental Health System In Afghanistan*; ISBN; Kabul, Afghanistan.
5. Maddux, J. F., and D. P. Desmond. 1992. “Methadone Maintenance and Recovery from Opioid Dependence.”*American Journal of Drug and Alcohol Abuse* 18 (1): 63–74.
6. McCann, U. D., and G. A. Ricaurte. 2000. “Drug Abuse and Dependence: Hazards and Consequences of Heroin, Cocaine, and Amphetamines.” *Current Opinion in Psychiatry* 13: 321–25.

## BOOK

1. Rouse BA (ed) (1995). *Substance Abuse and Mental Health Statistics Sourcebook*. (DHHS Publication No. SMA 95-3064). Washington, DC, U.S. Government Printing Office.

## WEBLINK

1. <http://www.who.org>

## **LIST OF FIGURES**

<b>FIGURE NUMBER</b>	<b>DESCRIPTION</b>	<b>PAGE NUMBER</b>
<b>1</b>	<b>Marital status of participants</b>	<b>18</b>
<b>2</b>	<b>Religious views of participants</b>	<b>19</b>
<b>3</b>	<b>Province wise drug consumption pattern</b>	<b>20</b>
<b>4</b>	<b>Drug consumption behavior</b>	<b>21</b>
<b>5</b>	<b>Reasons for drug consumption</b>	<b>22</b>
<b>6</b>	<b>Drug consumption increased due to traumatic events</b>	<b>24</b>
<b>7</b>	<b>Abuse of prescribed drugs</b>	<b>25</b>
<b>8</b>	<b>Prevalence of disorders</b>	<b>26</b>
<b>9</b>	<b>Feeling bad or guilty due to drug consumption</b>	<b>27</b>
<b>10</b>	<b>Length of drug consumption</b>	<b>28</b>
<b>11</b>	<b>Assessment Scale</b>	<b>30</b>

## **LIST OF TABLES**

<b>TABLE NUMBER</b>	<b>DESCRIPTION</b>	<b>PAGE NUMBER</b>
<b>1</b>	<b>Medical problems due to drug consumption</b>	<b>23</b>
<b>2</b>	<b>Chi square table</b>	<b>29</b>

## **LIST OF ABBREVIATIONS**

1. **PTSD**- Post Traumatic Stress Disorder
2. **SAF**- Solidarity for Afghan Families
3. **BPHS**- Basic package of health services
4. **IDU**- Injecting Drug User
5. **DIC**- Drop in Centre

# LIST OF APPENDICES

## APPENDIX 1

### QUESTIONNAIRE

#### SECTION A: FORM AND INTERVIEWER CODES

A-1	FORM ID NUMBER		
A-2	INTERVIEWER NAME/CODE		
A-3	DIC CODE		
A-4	PROVINCE CODE	KABUL ----1 BALKH----2	

#### SECTION B: RESPONDENT'S SOCIO-DEMOGRAPHIC PROFILE

B-1	Full name of <b>PROJECT PARTICIPANT</b> (OPTIONAL)		
B-2	Sex	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	
B-3	Age	1. <input type="checkbox"/> Under 20 2. <input type="checkbox"/> 20-50 3. <input type="checkbox"/> 50 or over	
B-4	Marital status	1. <input type="checkbox"/> Married	

		2. <input type="checkbox"/> Unmarried 3. <input type="checkbox"/> Separated 4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Abandoned	
B-5	Are you living with your family?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
B-6	Religious views	1. <input type="checkbox"/> Strongly Religious 2. <input type="checkbox"/> Liberal 3. <input type="checkbox"/> Not So Religious	

B-7	Education Status	1. <input type="checkbox"/> Higher education 2. <input type="checkbox"/> Secondary Education 3. <input type="checkbox"/> Primary education 4. <input type="checkbox"/> Maqtab education 5. <input type="checkbox"/> No education at all	
-----	------------------	---	--

B-8	What is your main occupation?	1. <input type="checkbox"/> Agriculture 2. <input type="checkbox"/> Animal Husbandry 3. <input type="checkbox"/> Labor 4. <input type="checkbox"/> Unemployed 5. <input type="checkbox"/> Remittance 6. <input type="checkbox"/> Others Specify..... .....	
<b>SECTION C: RESPONDENT'S DRUG CONSUMPTION PROFILE</b>			
C-1	Since how long you are consuming drugs?	1. <input type="checkbox"/> < 1 year 2. <input type="checkbox"/> 1 to 2 years 3. <input type="checkbox"/> > 2 years	
C-2	Do you abuse more than one drug at a time?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-3	Have you abused prescribed drugs?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-4	Do you ever use drug to relieve the effect of another drug?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-5	What are the reasons for consuming drugs? (can choose more than one option)	A. <input type="checkbox"/> Family problems B. <input type="checkbox"/> Financial problems C. <input type="checkbox"/> Traumatic events	

		D. <input type="checkbox"/> Peer pressure E. <input type="checkbox"/> Loneliness F. <input type="checkbox"/> Others Specify..... .....	
C-6	Did you ever consume drugs alone?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-7	Did you ever think your use of drugs was out of control?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-8	Have you ever lied to a doctor to obtain prescription drugs?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-9	How do you raise the funds for purchasing drugs? (can choose more than one option)	A. <input type="checkbox"/> Salary B. <input type="checkbox"/> Stealing C. <input type="checkbox"/> Illegal means D. <input type="checkbox"/> Others Specify .....	
C-10	Have you stolen drugs or stolen to buy drugs?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-11	Does the purchase of drugs affect your financial stability?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
C-12	Have you had any medical problems as a result of drug use?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	If response is 2, then skip to C-14.



C-13	If yes, what kind of medical problems you faced? (can choose more than one option)	A. <input type="checkbox"/> Memory loss B. <input type="checkbox"/> Bleeding C. <input type="checkbox"/> Appetite loss D. <input type="checkbox"/> Convulsions E. <input type="checkbox"/> Rapid weight loss F. <input type="checkbox"/> Others Specify.....	
C-14	Since how long you are associated with 'Harm Reduction Services' of SAF?	1. <input type="checkbox"/> < 1 year 2. <input type="checkbox"/> 1 to 2 years 3. <input type="checkbox"/> > 2 years	
<b>SECTION D: RESPONDENT'S MENTAL HEALTH PROFILE</b>			
D-1	Have you had "flashback" or "blackout" as a result of drug use?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-2	Do you usually have problems while relaxing?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-3	Do you experience a loss of interest and/or pleasure in most things, like work, hobbies and other things you usually enjoy?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-4	Did your drug consumption started and/or increased after having experienced, witnessed or had to deal with an extremely traumatic event with you or someone else? (Eg; serious accident, sexual/ physical assault, terrorist attack, kidnapping, fire, unexpected death, natural disaster etc).	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-5	Do you have any of the following symptoms when NOT under drug influence?	A. <input type="checkbox"/> Rapid/ pounding heartbeat. B. <input type="checkbox"/> Sweating	

	(can choose more than one option)	C. <input type="checkbox"/> Breathlessness D. <input type="checkbox"/> Nausea E. <input type="checkbox"/> Numbness F. <input type="checkbox"/> Dizziness/ Faintness	
D-6	Did you ever felt “bad” or “guilty” about your drug use?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-7	Have you ever experienced withdrawal, incompleteness or loneliness, when you stopped taking drugs?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-8	Do you get dreams related to some traumatic events that had happened?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-9	Have you avoided social gatherings for fear that attention might be on you?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-10	Do you think others are plotting against you?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-11	Do you sometimes re-experience or re-live any traumatic event?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-12	Do you think that your thoughts and actions are controlled by some outside forces?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-13	Do you feel anxious much of the time?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-14	If yes, which of the following symptoms have you been experiencing? (can choose more than one option)	A. <input type="checkbox"/> Restlessness B. <input type="checkbox"/> Fatigue C. <input type="checkbox"/> Irritability D. <input type="checkbox"/> Muscle Tension E. <input type="checkbox"/> Sleep Disturbance	If response is 2, then, skip to D-15.
D-15	Do you feel it is very difficult for you to express	1. <input type="checkbox"/> Yes	

	yourself in words that others can understand?	2. <input type="checkbox"/> No	
D-16	Do you often avoid thoughts, conversations or feeling that remind you about any traumatic event?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-17	Do you find it difficult to control your thoughts?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-18	Do you often avoid people, places, or, activities that remind you of any traumatic event?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-19	Do you hear or see things that others cannot hear or see?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
D-20	Do you feel you share absolutely nothing in common with others, including your friends and family?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

**INFORMED CONSENT FORM**

This is a study initiated by ‘Solidarity for Afghan Families’ (SAF), prevalence of mental health problems among injecting drug users in areas covered by SAF’s harm reduction services in Kabul and Balkh provinces, Afghanistan.

**Title:** Prevalence of mental health problems among injecting drug users in areas covered by SAF’s harm reduction services in Kabul and Balkh provinces, Afghanistan.

**Information about the study:**

I am-----from Solidarity for Afghan Families, we want to conduct a study on prevalence of mental health problems among injecting drug users, because drug users belong to a group that is very much vulnerable to develop mental health diseases, as well as people with mental health problems easily get inclined towards consuming drugs in order to avoid the symptoms. Hence, this study will try to highlight strength of association between mental disorders and drug use.

Afghanistan is considered the hub of opium production, and its post conflict traumatic conditions push many people towards harmful drug consumption. Mental health problems although has been highlighted in the revised BPHS but not much evidence is there on the association between drug use and mental health problems in Afghanistan. This study will provide an evidence base for the above mentioned issue and will help in formulating strategies and policies directed towards managing the mental health problems in this vulnerable population. Therefore, we invite you to participate in this study and will ask some questions and fill a questionnaire.

**Confidentiality:**

We ensure that all measures will be taken to maintain the confidentiality and anonymity of data. Also there are no risks to you, and your name will not be used anywhere. The questionnaire will remain totally nameless and no one will be able to trace any information back to you.

**Risk/benefits:**

It is mentionable that the result of the study will be used, to make recommendation for better health (physical and mental) in the future.

Participation in this study is voluntary. If you do not wish to participate in this study, you are free to do so. You may also withdraw from the study at any point. If you refuse from participation in the study, this will not have any positive or negative effect on you.

Hopefully by now you might have understood about the study.

If you have still any questions please feel free to contact:

**Primary investigators:** Ms. Saulat Fatima

**Co- Investigators:** Ms. Arunika Agarwal, Dr. Faramarz Jahanbeen

Now if you would like to participate in the study please sign this paper.

I certify that I have explained the above to \_\_\_\_\_ that she/he understood what I said and she/he agreed to participate in the study.

Health Worker Signature .....

Date \_\_\_\_\_

[Name]

---

I have understood the explanation given to me by \_\_\_\_\_ and I agree to join the study.

I am agreeing to answer to questionnaire.

Signature or Mark .....

Date \_\_\_\_\_

**ASSESSMENT SCALE**

This is a checklist to find out more about how you feel and think about the services provided at the DIC and the safe centers and how much is your satisfaction level. Read each sentence and indicate how much you agree with it by putting an 'X' in the box that describes best about your agreement. Remember to mark only one cross for each sentence. There is no Right or Wrong answer. This checklist only aims to understand your views towards the services.

S.NO	ASSESSMENT STATEMENTS	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	I like coming to DIC.				
2.	I feel safe at DIC.				
3.	The staffs at DIC are helpful and supportive.				
4.	I learnt a lot from the health education given at DIC and safe centres.				
5.	You want to quit drug use after the counseling given at DIC.				
6.	I enjoy the time spent at DIC.				
7.	The staffs at DIC teach me about the harmful effects of drug use.				
8.	The quality of food served at DIC is good.				

9.	I believe my drug consumption frequency is decreasing after I have started coming to DIC.				
10.	I don't feel sad when I am at DIC.				
11.	I feel hesitant in sharing my problem to the staffs at DIC.				
12.	At DIC my problems are heard nicely and immediate help is provided.				
13.	When I get ill the doctors at OPD treats me well.				
14.	I am not forced for any decisions at DIC.				
15.	I tell others about the knowledge I get by the health education at DIC.				
16.	I believe I will completely get rid of the drug addiction.				
17.	I encourage other drug addicts to come to DIC.				
18.	I think SAF is doing a good job.				
19.	I am satisfied by the overall services provided at the DIC and the safe centres.				



## **TRAINING MANUAL FOR FIELD INVESTIGATORS**

### **Prevalence Of Mental Health Problems Among Injecting Drug Users In Areas Covered By SAF's Harm Reduction Services In Kabul And Balkh Provinces, Afghanistan.**

#### **Background/ Literature Review**

Drug dependency in Afghanistan, notably to opiates such as heroin, opium and opioid, painkillers, continues to increase across rural and urban areas equally. With widespread and easy access to relatively low-cost drugs, more and more Afghan Citizens are becoming drug dependent and suffering debilitating mental, physical and social problems. <sup>[1]</sup>.

Many drug users consume drugs by injection. According to a study it was found that around 6 per

Cent of drug users had injected at least once in their lifetime. Out of these nearly two thirds had injected in the past 12 months, and half of these were currently injecting. Many of those were either injecting daily or between 2 to 4 days in a week. Heroin, followed by opium were the two drugs most users injected in the past year of the survey.

Almost 6 per cent of opioid and tranquilizer users reported regularly injecting these substances in the past year of the survey. <sup>[1]</sup>.

There has been considerable debate around the appropriate terminology for the coexistence of substance use and mental health. Comorbidity is a term used more broadly in health and refers to a client who has two or more concurrent health concerns.

The definitions for comorbidity in relation to drug use and mental illness used by clinicians in existing data collections are: ‘Those clients who are drug dependent or using drugs at a level that is harmful to the stability of their mental illness, and whose drug use precipitates relapse of the psychiatric condition, increases the risk of suicide, or complicates management and retards progress <sup>[2]</sup>.

An American study <sup>[3]</sup> found the following rates:

- 30 per cent of people diagnosed with a mental health disorder will also have a substance use disorder at some time in their lives. This is close to twice the rate found in people who do not have a lifetime history of a mental health disorder.
- 37 per cent of people diagnosed with an alcohol disorder will have a mental health disorder at some point in their lives. This is close to twice the rate found in people who do not have a lifetime history of a substance use disorder.
- 53 per cent of people diagnosed with a substance use disorder (other than alcohol) will also have a mental health disorder at some point in their lives. This is close to four times the rate found in people who do not have a lifetime history of a substance use disorder.

Afghanistan has had a National Mental Health Plan, Policy and Legislation since 1987 which addresses the main mental health issues. A regular budget allocation does not exist for mental health. In 2004, 0.1 million USD (out of a 289.4 million USD total health budget) was directed for mental health. There is a national human rights body existing in Afghanistan which undertook a review/inspection of human rights protection for a patient in 2004.

There is no coordination body on mental health to oversee publications and awareness campaigns. There is no financial or legislative support for people with psychiatric problems. Also, very minimal attention is paid on the mental health issues among drug users in Afghanistan <sup>[4]</sup>. Henceforth, mental health policies, strategies and services should be revised and element of its association with drug abuse should be focused as it covers a large share of population.

## **Rationale of the Project**

Afghanistan is an impoverished war-torn country with high levels of Injecting Drug Users (IDUs). This is a matter of great national concern at a time when all indicators suggest increasing rates of drug addiction in several areas of Afghanistan, including the injection of heroin and a range of pharmaceutical medicines used as intoxicants, and only a few under-resourced services available for those with drug-related problems <sup>[1]</sup>.

Many chronic drug abusers- the individuals we commonly regard as addicts- often simultaneously suffer from a serious mental disorders. Drug treatment and medical professionals call this condition as a co-occurring disorder or a dual-diagnosis.

If we talk about drug consumption in Afghanistan, the major reason for its high rates of consumption (Opium and Heroin) is its easy availability and low cost.

On the other hand mental disorders like PTSD (post traumatic stress disorder); depression and anxiety are the most common in Afghanistan due to its high risk and vulnerable environment.

Hence, drug abuse and mental health independently are major issues in Afghanistan. Therefore, this project aims to capture the relationship between injecting drug abuse and mental disorders.

Afghanistan is considered the hub of opium production, and its post conflict traumatic conditions push many people towards harmful drug consumption. Mental health problems although has been highlighted in the revised BPHS but not much evidence is there on the linkages between drug use and mental health problems in Afghanistan. This study will provide an evidence base for the above mentioned issue and will help in formulating strategies and policies directed towards managing the mental health problems in this vulnerable population.

This study primarily focuses on the injecting drug users targeted by the Harm reduction program of Solidarity for Afghan Families in two provinces of Kabul and Balkh.

### **Importance of the Project**

✓ TO THE SERVICE PROVIDER

This study would provide a new dimension to the major issue of drug abuse in Afghanistan, and would enable them to identify as well as analyze the mental disorders associated with drug abuse. Hence, this study could lift the level of services from curative to psychotherapeutic as well.

✓ TO THE POLICY MAKERS

This research study would provide a baseline proof of the prevalent mental disorders among drug users, which will further enable and encourage the policy makers to design policies keeping in mind the association between drug abuse and mental disorders which would benefit the beneficiaries holistically.

✓ TO THE BENEFICIARIES

A more comprehensive approach can be adopted to benefit the drug users.

## **Objectives**

### GENERAL OBJECTIVE

To identify and analyze the prevalence of mental health problems among injecting drug users, covered by SAF's harm reduction services in Kabul and Balkh provinces, Afghanistan.

### SPECIFIC OBJECTIVES

- To analyze the consumption behavior of injecting drug users towards addictive drugs.
- To identify the prevalence of PTSD (Post Traumatic Stress Disorder) among injecting drug users covered under Harm reduction program of SAF.
- To identify the prevalence of Schizophrenia among injecting drug users covered under Harm reduction program of SAF.
- To identify the prevalence of Anxiety among injecting drug users covered under Harm reduction program of SAF.
- To identify the prevalence of depression injecting among drug users covered under Harm reduction program of SAF.

### **Role of Field Investigators**

Any study that is needed to be conducted in the community or that involves beneficiaries cannot be completed successfully without the active participation of field investigators. They are the ones who will collect the data from the participants. Henceforth, the field investigators should be updated about the concept of the study, its rationale, purpose and its importance. Also the investigators should be well-versed with the research tool/instrument that is to be used to collect data from the beneficiaries, because any discrepancy while collecting the data can lead major biases in the study, it can also hamper the results of the study in a big way. Therefore, to combat and avoid this problem training of the investigators is very necessary. Hence, taking into considerations all these factors this training manual would provide knowledge about the purpose and objectives of this study and facilitate them in collecting data from the participants.

### **Training of the Research Instrument**

The purpose of this study is to collect quantitative data regarding prevalence of mental health problems among injecting drug users. Therefore, the data collection tools that will be used in this study are a 'Questionnaire' (Annexure 1) and an 'Assessment Scale' (Annexure 2). The questionnaire is divided into 4 sections:

Section A: Form and interviewer codes

Section B: Respondent's Socio-demographic Profile

Section C: Respondent's Drug Consumption Profile

Section D: Respondent's Mental Health Profile.

And the 'Assessment Scale' consists of **19 Statements** and the instructions about its conduction are written in the scale itself. The investigator is expected to read the instructions from the scale itself.

## **QUESTIONNAIRE**

The questions in each section are quantitative and comprises of options which may either

A-1	FORM ID NUMBER		
-----	----------------	--	--

choosing sing single option or multiple choices. The investigator has to inform the respondent beforehand about the nature and demand of each question. To give the answer for each questions the investigator should put a cross ‘X’ against answer given by the respondent against each question.

- **SECTION A: Form and Interviewer Codes**

This section is the introductory section wherein information regarding form number, interviewer id or name, DIC code, and the name of the province is required- Balkh or Kabul. This section should be filled before the interview starts by the investigator only.

Let us focus on each question and the method to ask them for the better understanding of the investigators.

In this question the investigator have to fill in the ID number of the form or we can say that the serial number of the form. No A-1 column in any form should be left blank.

A-4	PROVINCE CODE	KABUL ----1  BALKH----2	
-----	---------------	-------------------------------	--

In this column the investigator/interviewer have to write his/her name or code (if any).

A-2	INTERVIEWER NAME/CODE		
-----	-----------------------	--	--

In this column the investigator have to write the DIC code number. This column should not be left blank because it will help in further analysis according to the DICs.

A-3	DIC CODE		
-----	----------	--	--

In this column the investigator have to mark the province in which he/she is doing the data collection.

- SECTION B: Respondent's Socio-demographic Profile

This section caters to the socio-demographic information of the respondents. This section comprises of questions related to name of the respondents which is not compulsory on the respondent to tell and the investigator should tell the respondent that if they wish to give their names then only they should tell. This is done to maintain the confidentiality of the identity of the participants. Other questions that are included in this section are regarding age, sex, marital status, education status, residing with family and main occupation. The question related to the religious views of the respondent should be asked very humbly due to its sensitive nature.

There are no multiple choice questions in this section. All questions would have one answer each.

Let us focus on each question and the method to ask them for the better understanding of the investigators.

B-1	Full name of <b>PROJECT PARTICIPANT(OPTIONAL)</b>		
-----	---	--	--

For this question the investigator have to ask the name of the respondent and have to mention it to him/her that he/she can disclose their names only if they wish to and they are under no compulsion. The investigator should not force the participant.

B-2	Sex	3. <input type="checkbox"/> Male 4. <input type="checkbox"/> Female	
-----	-----	--	--

In this column the investigator have to mark the sex of the participants. The mark should be across the correct option and should be clearly visible.



B-3	Age	4. <input type="checkbox"/> Under 20 5. <input type="checkbox"/> 20-50 6. <input type="checkbox"/> 50 or over	
-----	-----	---	--

For this column the investigator have to ask the correct age of the participant and have to mark across the correct option.

B-4	Marital status	6. <input type="checkbox"/> Married 7. <input type="checkbox"/> Unmarried 8. <input type="checkbox"/> Separated 9. <input type="checkbox"/> Divorced 10. <input type="checkbox"/> Abandoned	
-----	----------------	---	--

For this column the investigator has to ask the participant about his/her marital status. This question should be asked very politely and investigator should humbly probe the participant in order to know the correct status of whether the participant is unmarried, separated, divorced or abandoned, because the participant may feel hesitant to disclose if he/she is separated, divorced or abandoned.

B-5	Are you living with your family?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	----------------------------------	---	--

For this column the investigator has to ask the participant, whether he/she is living with his/her families or not. The investigator has to mark clearly across the correct option.

B-6	Religious views	4. <input type="checkbox"/> Strongly Religious 5. <input type="checkbox"/> Liberal 6. <input type="checkbox"/> Not So Religious	
-----	-----------------	---	--

For this column the investigator have to ask the participant about their religious views. If the participant does not know how to respond to this question then the investigator can paraphrase the question and ask in the following way- “ *How many times you pray in a day?*” . This way the investigator can have an idea about the religious views of the participant.

B-7	Education Status	6. <input type="checkbox"/> Higher education 7. <input type="checkbox"/> Secondary Education 8. <input type="checkbox"/> Primary education 9. <input type="checkbox"/> Maqtab education 10. <input type="checkbox"/> No education at all	
-----	------------------	--	--

For this column the investigator has to ask about the educational status of the participant.

Higher education is ‘above 10<sup>th</sup> grade’, secondary education is ‘till 10<sup>th</sup> grade’, primary education is ‘till 5<sup>th</sup> grade’, and maqtab is the religious education.

B-8	What is your main occupation?	7. <input type="checkbox"/> Agriculture 8. <input type="checkbox"/> Animal Husbandry 9. <input type="checkbox"/> Labor 10. <input type="checkbox"/> Unemployed 11. <input type="checkbox"/> Remittance 12. <input type="checkbox"/> Others Specify..... ....	
-----	-------------------------------	---	--

For this column the investigator has to ask the participant about his/her main occupation. The participant may give multiple answers for this question but the investigator has to probe and ask the main occupation of the participant. Only one answer should be marked for this question across the correct option. Also, if the answer given by the participant is not mentioned in the above options, then the investigator have to mark option 6 and write the answer given by the participant below it.

- SECTION C: Respondent’s Drug Consumption Profile

This section focuses on the drug consumption behavior of the participants. All the questions are important to be filled, and the questions should be asked exactly the way they are written. The investigator can paraphrase the question without changing the its purpose.

Questions that are having options of ‘A’, ‘B’, ‘C’, etc are multiple choice questions and the respondent can give more than one answer.

Let us focus on each question and the method to ask them for the better understanding of the investigators.

C-1	Since how long you are consuming drugs?	4. <input type="checkbox"/> < 1 year 5. <input type="checkbox"/> 1 to 2 years 6. <input type="checkbox"/> > 2 years	
-----	---	---	--

For this column the investigator has to ask the participant regarding the duration of his/her drug consumption. The answer should be very clearly marked across the correct option.

C-2	Do you abuse more than one drug at a time?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
-----	--	---	--

In this column the investigator has to ask the participant that whether he/she abuses more than one drug at a time. The answer given by the participant should be marked across the correct option very clearly.

C-3	Have you abused prescribed drugs?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	-----------------------------------	---	--

In this column the investigator has to ask whether the participant is abusing prescribed drugs. Prescribed drugs are those which are suggested by the doctor and are easily available at the pharmacies. Over consumption of some prescribed drugs can be addictive. The answer given by the participant should be marked across the correct option.

C-4	Do you ever use drug to relieve the effect of another drug?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	---	---	--

In this column the investigator has to ask the participant whether he/she uses drugs to mitigate the effect of any other drug. The answer given by the participant should be marked across the correct option.

C-5	What are the reasons for consuming drugs? (can choose more than one option)	G. <input type="checkbox"/> Family problems H. <input type="checkbox"/> Financial problems I. <input type="checkbox"/> Traumatic events J. <input type="checkbox"/> Peer pressure K. <input type="checkbox"/> Loneliness L. <input type="checkbox"/> Others Specify..... .....	
-----	--	---	--

In this question the reason of the participant for consuming drugs can be many. Hence this question has 6 options regarding the major reasons for consuming drugs. The respondent can choose multiple options or if he has any answer that is not written in the options then he can specify it.

C-6	Did you ever consume drugs alone?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	-----------------------------------	---	--

In this column the investigator has to ask the participant that whether he consumes drugs alone or with others. The answer given by the participant should be very clearly marked across the correct option.

C-7	Did you ever think your use of drugs was out of control?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	--	---	--

In this column the investigator has to ask the participant that whether his/her drug consumption is beyond normal or excessive. The answer given by the respondent should be very clearly marked across the correct option.

C-8	Have you ever lied to a doctor to obtain prescription drugs?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	--	---	--

In this column the investigator has to ask the participant whether he/she have lied to the doctor to get the prescription drugs. The answer given by the participant has to be very clearly marked across the correct option.

C-9	How do you raise the funds for purchasing drugs? (can choose more than one option)	E. <input type="checkbox"/> Salary F. <input type="checkbox"/> Stealing G. <input type="checkbox"/> Illegal means H. <input type="checkbox"/> Others Specify .....	
-----	---	--	--

In this column the investigator has to ask the participant about their means for raising funds in order to purchase drugs. This is a multiple choice question; hence the respondent can give more than one answer.

C-10	Have you stolen drugs or stolen to buy drugs?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	---	---	--

In this column the investigator has to ask the participant whether he has indulged into stealing drugs or money to buy drugs. The answer given by the participant should be marked across the correct option.

C-11	Does the purchase of drugs affect your financial stability?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	---	---	--

In this column the investigator has to ask the participant that whether the purchase of drugs affect their financial status. The answer given by the participant should be very clearly marked across the correct option.

C-12	Have you had any medical problems as a result of drug use?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	If response is 2, then skip to C-14.
------	--	---	--------------------------------------

In this column the investigator has to ask the participant that whether he/she faces any medical problem due to the drugs consumption. If the response of the participant is 'yes' then the investigator will ask the very next question, but, if the participant's response is 'no' then the investigator has to skip the next question and ask the further question. In these types of questions the investigator has to be alert to skip the question and ask the next question. Wherever the question has to be skipped, it would be mentioned in the third column.

C-13	If yes, what kind of medical problems you faced? (can choose more than one option)	G. <input type="checkbox"/> Memory loss H. <input type="checkbox"/> Bleeding	
------	---	---	--

		I. <input type="checkbox"/> Appetite loss J. <input type="checkbox"/> Convulsions K. <input type="checkbox"/> Rapid weight loss L. <input type="checkbox"/> Others Specify.....	
--	--	---	--

In this column the investigator has to ask the participant regarding the medical problems they face as a result of drug consumption. It is a multiple choice question; hence the respondent can give more than one answer to this question. It should be taken into strict consideration that the investigator will ask this question only when the participant has responded 'yes' to the previous question.

C-14	Since how long you are associated with 'Harm Reduction Services' of SAF?	4. <input type="checkbox"/> < 1 year 5. <input type="checkbox"/> 1 to 2 years 6. <input type="checkbox"/> > 2 years	
------	--	---	--

In this column the investigator will ask the duration of participant's association with 'harm reduction services' of SAF. The answer given by the participant should be marked very clearly across the correct option.

- SECTION D: Respondent's Mental Health Profile

This section focuses on the mental health profile of the respondents. All the questions in this section comprise questions that are basically related to four types of mental disorders- depression, schizophrenia, post traumatic stress disorder and anxiety disorder. The questions should be asked without making the respondent uneasy. The respondent may not understand the questions in the first time as they may find it difficult to associate with the questions, then in this case the investigator is free to



elaborate the question or paraphrase it so that the respondent can answer it to the best of his understanding.

Let us focus on each question and the method to ask them for the better understanding of the investigators.

D-1	Have you had “flashback” or “blackout” as a result of drug use?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	---	---	--

In this column the investigator has to ask the participant that whether he/she had any flashback or blackouts as a result of drug consumption.

D-2	Do you usually have problems while relaxing?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	--	---	--

In this column the investigator has to ask the participant that whether he/she usually has problems while relaxing. If the respondent faces problems in understanding the context of the question then the investigator can ask in the following way- *“Do you feel your heartbeats are fast most of the time, you usually feel uncomfortable?”*

D-3	Do you experience a loss of interest and/or pleasure in most things, like work, hobbies and other things you usually enjoy?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	---	---	--

In this column the investigator has to ask the participant that whether he/she feels a loss of interest, bored, not feeling to do things, even their hobbies etc.

D-4	<p>Did your drug consumption started and/or increased after having experienced, witnessed or had to deal with an extremely traumatic event with you or someone else?</p> <p>(Eg; serious accident, sexual/ physical assault, terrorist attack, kidnapping, fire, unexpected death, natural disaster etc).</p>	<p>3. <input type="checkbox"/> Yes</p> <p>4. <input type="checkbox"/> No</p>	
-----	---	--	--

In this column the investigator has to ask the participant that whether his/her drug consumption started or increased after experiencing some traumatic event. The investigator can probe some examples like serious accident, sexual/physical assault etc.

D-5	<p>Do you have any of the following symptoms when NOT under drug influence?</p> <p>(can choose more than one option)</p>	<p>G. <input type="checkbox"/> Rapid/ pounding heartbeat.</p> <p>H. <input type="checkbox"/> Sweating</p> <p>I. <input type="checkbox"/> Breathlessness</p> <p>J. <input type="checkbox"/> Nausea</p> <p>K. <input type="checkbox"/> Numbness</p> <p>L. <input type="checkbox"/> Dizziness/ Faintness</p>	
-----	--	---	--

In this column the investigator has to ask the participant whether he/she feels any of the given symptoms that have been mentioned in the options under the drug

influence. This is a multiple choice question; hence the participant can choose more than one option.

D-6	Did you ever felt “bad” or “guilty” about your drug use?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	--	---	--

In this column the investigator has to ask the participant that whether he/she felt bad or guilty about their drug use. The answer given by the participant should be marked across the correct option.

D-7	Have you ever experienced withdrawal, incompleteness or loneliness, when you stopped taking drugs?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	--	---	--

In this column the investigator has to ask the participant that whether he/she has experienced any symptoms of withdrawal, incompleteness, and loneliness, when stop taking drugs.

D-8	Do you get dreams related to some traumatic events that had happened?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	---	---	--

In this column the investigator has to ask the participant that whether he/she get dreams related to some traumatic event that have taken place in the past of the participant.

D-9	Have you avoided social gatherings for fear that attention might be on you?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
-----	---	---	--

In this column the investigator has to ask the participant that whether he/she avoids social gatherings because they feel that the attention of all the people might be on them.

D-10	Do you think others are plotting against you?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	---	---	--

In this column the investigator has to ask the participant that whether he/she feels that other people are plotting against them, or, they are conspiring against them.

D-11	Do you sometimes re-experience or re-live any traumatic event?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	--	---	--

In this column the investigator has to ask the participant that whether he/she sometimes re-experience or re-live any traumatic event that has occurred in the past. This question is asked to analyze the prevalence of Post traumatic Stress Disorder. Herein, if the respondent didn't understand the question then the investigator can ask that *'Do you feel that the traumatic event that has taken place in the past is happening again, as if you are again experiencing that phase?'* This way the respondent may be able comprehend the question and answer to the best of his understanding.

D-12	Do you think that your thoughts and actions are controlled by some outside forces?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	--	---	--

In this column the investigator has to ask the participant that whether he/she think that their thoughts and actions are controlled by some outside forces, as in some outside power, and their thoughts and actions are not in their control.

D-13	Do you feel anxious much of the time?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	---------------------------------------	---	--

In this column the investigator has to ask whether he/she feel anxious much of the time, whether he/she feels anxiety usually.

D-14	If yes, which of the following symptoms have you been experiencing? (can choose more than one option)	F. <input type="checkbox"/> Restlessness G. <input type="checkbox"/> Fatigue H. <input type="checkbox"/> Irritability I. <input type="checkbox"/> Muscle Tension J. <input type="checkbox"/> Sleep Disturbance	If resp ons e is 2, then , skip to D-
------	--	--	--

			15.
--	--	--	-----

In this column the investigator has to ask the participant about various symptoms they experience. This question will be answered only when the participant responds 'yes' to the above question, otherwise this question has to be skipped.

D-15	Do you feel it is very difficult for you to express yourself in words that others can understand?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	---	---	--

In this column the investigator has to ask whether the participant feels it is very difficult for him/her to express themselves in words that other can understand. In other words that whether they feel that they don't have the right words that others can comprehend.

D-16	Do you often avoid thoughts, conversations or feeling that remind you about any traumatic event?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	--	---	--

In this column the investigator has to ask that whether the participant often avoid thoughts, conversations or feelings that remind them about any traumatic event that has taken place earlier.

D-17	Do you find it difficult to control your thoughts?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	--	---	--

In this column the investigator has to ask that whether the participant find it difficult to control their thoughts.

D-18	Do you often avoid people, places, or, activities that remind you of any traumatic event?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	---	---	--

In this column the investigator has to ask that whether the participant avoid people, places or, activities that remind them of any traumatic event.

D-19	Do you hear or see things that others cannot hear or see?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
------	---	---	--

In this column the investigator has to ask that whether the participant hear or see things that others cannot hear or see.

D-20	Do you feel you share absolutely nothing in common with others, including your friends and family?	3. <input type="checkbox"/> Yes 4. <input type="checkbox"/> No	
------	--	---	--

In this column the investigator has to enquire that whether the participant feels that he/she shares nothing in common with others, including friends and family.

The questionnaire will take around 15-20 minutes on each participant. Therefore, the investigators are instructed not to conduct the interview in hurry as it may hamper the quality of data.

## TRAINING PLAN

This document defines the Training Plan for the data collection for the study “*Prevalence Of Mental Health Problems Among Injecting Drug Users In Areas Covered By SAF’s Harm Reduction Services In Kabul And Balkh Provinces, Afghanistan.*” The Training Plan is a working document. It is revised on a continuous basis as decisions are made and issues are resolved. The objective of the Training Plan is to define the strategies, tasks, and methods that will be used to meet the training requirements. The objectives of the training for the field investigators are as follows:

### Objectives

- To increase the understanding of field investigators regarding the questionnaire and likert scale to be used for data collection.
- To minimize the errors occurring during data collection.
- To increase the knowledge and understanding of the field investigators regarding the context and scope of the study.
- To make the investigators aware of the work schedule and plan of the study.

### Training Offerings

The training sessions will aim towards offering an enriching and comprehensive environment and understanding of the field investigators regarding the goals, objective and scope of the study.

TRAINING APPROACH	
Training Group	DIC staffs
Training Title	Training of Data collection tools
Method	Participative Method
Medium	Trainer



<b>Tools</b>	Training Manual, questionnaire, likert scale and consent form
--------------	---

### **Training & Data Collection Schedule**

The training sessions would take place at both the DICs (Kabul and Balkh provinces), for the respective field investigators of each DIC. The training of the field investigators would stretch to maximum 4 days for each DIC (inclusive of all the contingencies).

<b>Study Site</b>	<b>DIC 1 (Kabul)</b>	<b>DIC 2 (Balkh)</b>
<b>Schedule</b>		
<b>Sample size</b>	110 clients	310 clients
<b>No. of teams</b>	1 team( minimum 4 members/team)	1 team(minimum 4 members/team)
<b>Total duration of data collection</b>	1 month	
<b>Days Allotted for training</b>	2 days	2 days
<b>Training Time allotted per day</b>	4 hours per day	4 hours per day
<b>No. of trainers</b>	1 trainer + 1 translator	1 trainer + 1 translator

<b>Training tools</b>	Training manual, questionnaire, likert scale and consent form	Training manual, questionnaire, likert scale and consent form
-----------------------	---	---

### Training Sessions for the Field Investigators

- In these training sessions all the questions in the questionnaire and the assessment scales would be discussed.
- Mock interviews would be done among the investigators, so that they can understand how to ask each question.
- All the problems that can hinder the conduction will be look into.
- Lastly, any assistance needed during the data collection would be given briskly.

### References

1. HIV/AIDS Unit, Ministry of Public Health Demand Reduction Section, Ministry of Counter Narcotics(2005); *Harm Reduction Strategy for IDU (Injecting Drug Use) and HIV/AIDS Prevention in Afghanistan* ; Afghanistan.
2. NSW Department of Health (2008); *Comorbidity Framework For Action*; ISBN; Australia.
3. Reiger, D.A., Farmer, M.E. & Rae, D.S. (1990); *Co-morbidity of mental disorders with alcohol and other drug abuse, Results from the Epidemiological Catchment Area (ECA) study*; Journal of the American Medical Association, 264, 2511–2518.

4. World Health organization (2006) ; *Who-Aims Report On Mental Health System In Afghanistan* ; ISBN ; Kabul, Afghanistan.