



**Ministry of Public Health
Preventive Medicine General Directorate
Mental Health and Substance Abuse Department**

Strategic Plan for Prevention of Substance Abuse

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List of Abbreviations

BPHS	Basic Package of Health Services
CBHS	Community Based Health Services
CBR	Community Based Rehabilitation
CHW	Community Health Workers
DDR	Drug Demand Reduction
DP	Development Partners
DRD	Disability Rehabilitation Department
EPHS	Essential Package of Hospital Services
EU	European Union
HMIS	Health Management Information System
IDP	Internally Displaced Population
INL	International Counter Narcotic law Enforcement
M&E	Monitoring and Evaluation
MCN	Ministry of Counter Narcotics
MH	Mental Health
MHD	Mental Health Directorate
MoE	Ministry of Education
MoHE	Ministry of Higher Education
MoIC	Ministry of Information and Culture
MoLSAMD	Ministry of Labour, Social Affairs Martyr and Disabled
MoPH	Ministry of Public Health
MoWA	Ministry of women Affaires
NGO	Non-Governmental Organization
SID	Substance Induced Disorders
SUD	Substance Use Disorder
TOT	Training of Trainers
ToR	Terms of References
UNFPA	United Nations Population Fund
UNODC	United Nation Office for Drug and Crime
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organization

Acknowledgement:

I would like to express my gratitude to the technical team of mental health and drug demand reduction department that have developed and prepared a credible technical document (Strategic Plan for Prevention of Drug Abuse) which is offered to be used by the stakeholders of mental health and drug demand reduction.

Mental health including drug demand reduction has been accepted as one of Public Health Ministry's priorities; Mental Health became a part of BPHS in 2003 and also the psychosocial counselling was incorporated in 2010.

These measures have been taken based on the public needs who have suffered from three decades of war in Afghanistan. During these conflict years major detriments in social-economy and mental health areas have been taken place as well as health care system and public health, which have been seriously devastated because of war. Therewith, years of war affected the mechanisms of compatibility and also problems made people under pressure. They lost their family, relatives or became disabled. Their socio economic status collapsed and most Afghans immigrated to other countries. All these led to increase in mental health and psychosocial problems as well as drug addiction and substance abuse between the general populations. In recent survey conducted by INL (2012) it shows high number of substance abuse are around 1,300,000 to 1,600,000 which guide us that preventive weakness and the number of new drug users especially young and adolescence are increasing

Globally, the use of psychoactive substances and related problems pose difficult challenges to public health hence following DDR national policy which emphasizes on prevention measures, the MoPH has decide to develop this strategic plan in light of DDR national policy.

Ones again I want to express my appreciation and gratitude to the General Director for Preventive Medicine, MoPH, whom facilitate and oversees this activity. Also, to the director, staff and the advisers of mental health and drug abuse department, who participated in development process, as well as to the Technical Cooperation Programme to The Ministry of Public Health, which is implemented by EPOS and funded by the European Committee, that has technically supported the development of this plan. Finally I wish more prosperity and success in this field.

Regards

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Minister of Public Health,
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Executive Summary:

Globally, the use of psychoactive substances and related problems pose difficult challenges to public health (United Nations International Drug Control Programme 1999). (The term “psychoactive substance” refers to any substance that modifies perception, mood, cognition, behaviour and motor functions when taken by a person. Examples are alcohol, tobacco and marijuana (World Health Organization 2000).

In recent survey conducted by INL (2012) it shows high number of substance abuse around 1,600,000 which guide us that preventive weakness and the number of new drug users especially young and adolescence are increasing

Following DDR national policy which emphasizes on prevention measures the MoPH has decide to develop this strategic plan in light of DDR national policy.

The aim of this strategic plan is to prevent and therefore reduce the abuse of psychoactive substances and related problems among the general population and particularly in vulnerable people like children, adolescent and youth through the mobilization of communities and the development and sharing of good practices on primary prevention, in a range of geographical, cultural, social and economic settings where rapid change in progress especially for adolescents.

The main objectives of the strategic plan are preventing vulnerable groups not to become narcotic users and reduce substance abuse among the vulnerable groups. In addition to establishing a national coordination system to standardize all demand reduction related activities and evaluate the implementation of these programs. Also, to establish an epidemiological centre to collect, analyze and disseminate the data related to demand reduction activities.

The components of the strategic plan for Prevention of Substance Abuse are:

- Component 1: Capacity building
- Component 2: Public Awareness & Education
- Component 3: Preventive Services Delivery
- Component 4: Monitoring, Evaluation & Coordination
- Component 5: Research
- Component 6: Advocacy

Each component has its strategic approaches and activities, which will be discussed.

Introduction:

Globally, the use of psychoactive substances and related problems pose difficult challenges to public health (United Nations International Drug Control Programme 1999). (The term “psychoactive substance” refers to any substance that modifies perception, mood, cognition, behaviour and motor functions when taken by a person. Examples are alcohol, tobacco and marijuana (World Health Organization 2000).

Based on UNODC 2005 number of substance abuse estimated around 920,000 and in 2009 this number increased around one million people with problem drug abuse (with 140% increase in Heroin and Opium users and also among the children.

In recent survey conducted by INL (2012) it shows high number of substance abuse around 1,600,000 which guide us that preventive weakness and the number of new drug users especially young and adolescence are increasing

From the other hand, evidence in other country shows that preventive interventions are effective and cost effective and need multi-sectorial efforts and collaboration

Hence following DDR national policy which emphasizes on prevention measures the MoPH has decide to develop this strategic plan in light of DDR national policy. It is worthy to mention that some activities were already run in this area by multi-sectorial approach. These activities including:

1. Developing teacher guide on life skill education
2. Education to prevent Substance Abuse from 4th up to 12 class
3. Provision of Substance Abuse from Islamic point of view
4. LSE (life skill education) for student and teachers
5. Inclusion of Substance Abuse messages in curricula of M&E
6. Developing guideline on prevention of Substance Abuse by MCN
7. Public awareness campaign program on cultivation of Opium
8. TV spots on Substance Abuse

The aim of this strategic plan is to prevent and therefore reduce the use of psychoactive substances and related problems among the general population and particularly in vulnerable people like children, adolescent and adults (between approximately 7 and 24 years) through the mobilization of communities and the development and sharing of good practices on primary prevention, in a range of geographical, cultural, social and economic settings where rapid change in progress especially for adolescents. Community mobilization is central in ensuring the sustainability, cultural relevance/acceptability and feasibility of the prevention actions.

The strategic plan, which will guide the implementation consisting of interrelated and logically ordered activities that included

1. A situation/needs assessment
2. Coordination among different stakeholders(donors, line ministries, NGOs, community network)

3. Training of local partners
4. Primary prevention action and documentation of the activities
5. Sharing of experiences on good practices
6. Process monitoring and outcome evaluation

Main Objectives of the Strategic Plan:

1. Preventing vulnerable groups not to become narcotic users and reduce substance abuse among the vulnerable groups especially children, adolescents in affected communities
2. Establishing a national coordination system to standardize all demand reduction related activities and evaluate the implementation of these programs
3. Establishing epidemiological centre to collect, analyze and disseminate the data related to demand reduction activities including data collection about the Interventions, conducting surveys and researches

Rules and Principles:

1. Preventive intervention must be provided to the all people based on their cultural prospective
2. Preventive intervention should be designed and implemented with a shared vision, common methods and clear messages for a narcotics free community
3. Preventive programs must bring positive behaviour change in individuals, families and communities and to serve a key role for demand reduction
4. Success of a substance preventive intervention have direct link with the participation of recovered individuals, their families, friends and other people in the communities
5. Centralized community based programs and shared action of all stakeholders involved in the demand reduction are fundamental especially when these actions are done in a synchronized fashion according to the national structural framework and the context of preventive, therapeutic and rehabilitation
6. Regular supervision and monitoring have key roles in achieving desired results
7. Financial, human and contemporary technological resources are also necessity for any substance abuse preventive intervention.

Strategy Components

Component 1: Capacity building

Strategic approach 1.1: Life Skills Education in Schools

- *Activity 1.1.1:* Review/Gap assessment the current Life skills activities/education curriculum in secondary schools
- *Activity 1.1.2:* Update the life skills curriculum from 4- 12grades
- *Activity 1.1.3:* Training of trainers (TOT) on the updated life skills curriculum and training of the teachers
- *Activity 1.1.4:* Assigning a coordination team for the life skills education
- *Activity 1.1.5:* Training of school teachers on life skills education
- *Activity 1.1.6:* Intersectoral (MoCN, MoPH, MoE, MoWA, Ministry of Work, Ministry of Information and Culture, Ministry of Religious Affair) advocacy for life skills education
- *Activity 1.1.7:* Follow up the training about life skills in the schools

Strategic approach 1.2: Capacity Building for Health Care Providers (Community Health Workers, Supervisors, and Social Workers)

- *Activity 1.2.1:* Review the available training guidelines for the service providers
- *Activity 1.2.2:* Update the training curriculum for different service providers
- *Activity 1.2.3:* Training of trainers (TOT) to have trainers from different staff categories to train the service providers
- *Activity 1.2.4:* Train the service providers in the different provinces
- *Activity 1.2.5:* Follow up the training

Strategic approach 1.3: Youths Educational Programs

- *Activity 1.3.1:* Develop a training/ orientation guideline about substance abuse prevention for adolescents and youths in consultation with MoE and MoIC
- *Activity 1.3.2:* Establish the youths volunteers group or associations
- *Activity 1.3.3:* Improve the capacity of youth volunteers and associations

Strategic approach 1.4: Media Education Program

- *Activity 1.4.1:* Develop a media education guideline about substance abuse prevention in consultation with MoIC
- *Activity 1.4.2:* Develop a plan to implement the media programmes

- *Activity 1.4.3:* Follow up the implementation of the media programmes

Strategic approach 1.5: Inclusion of Substance Abuse Prevention Education Program in Higher Education Program

- *Activity 1.5.1:* Review the current prevention programmes in the higher education institutions (Public and Private) with MoHE
- *Activity 1.5.2:* Strengthen the current prevention programmes in the Higher Education institutions
- *Activity 1.5.3:* Follow up the of prevention education program in higher education institutions
- *Activity 1.5.4:* Develop SIDs/draft guidance

Component 2: Public Awareness & Education

Strategic approach 2.1: IEC Materials/Key Messages Development

- *Activity 2.1.1:* Identify the target/vulnerable groups
- *Activity 2.1.2:* Development of Key messages
- *Activity 2.1.3:* Develop leaflet, brusher, newsletter, magazine, messages, posters, pictures.
- *Activity 2.1.4:* Develop family skills posters/booklets

Strategic approach 2.2: Public Awareness and Education Activities

- *Activity 2.2.1:* Organize and conduct Counter Narcotics Celebration day
- *Activity 2.2.2:* Mass media campaigns through TV, Radio, printing materials on biannual base
- *Activity 2.2.3:* Integrate substance abuse prevention into the sports and other youths activities/events
- *Activity 2.2.4:* Increase public awareness through religious/cultural events

Strategic approach 2.3: Strengthen of Substance Abuse Awareness in BPHS and CHWs' Programs

- *Activity 2.3.1:* Review of BPHS health education activities in substance abuse prevention program
- *Activity 2.3.2:* Develop substance abuse prevention protocol
- *Activity 2.3.3:* Increase the capacity of BPHS and CHW staff on prevention of SUDs

Component 3: Preventive Services Delivery

Strategic approach 3.1: Implementation of Primary Prevention

- *Activity 3.1.1:* Develop guidelines and standards for primary prevention of substance abuse
- *Activity 3.1.2:* Guidelines and standards on substance prevention for schools

- *Activity 3.1.3:* Develop guidelines for prevention of substance abuse among health personnel
- *Activity 3.1.4:* Develop guideline for weekly five-minute discussion on substance abuse prevention in classes (school)
- *Activity 3.1.5:* Guidelines for rational use of prescription medicine abuse prevention
- *Activity 3.1.6:* Strengthen school retention programs
- *Activity 3.1.7:* Integrate substance abuse prevention into behavioral health Initiatives (Behavior change) e.g. hand washing and other health messages
- *Activity 3.1.8:* Establish school mental health promotion and substance prevention team
- *Activity 3.1.9:* Organize school Anti-drug sports competition
- *Activity 3.1.10:* Mobilize youth associations for substance abuse prevention
- *Activity 3.1.11:* Empowerment of “no drug rules” in schools
- *Activity 3.1.12:* Develops guideline for school violence and school dropout reduction
- *Activity 3.1.13:* Training of teachers and families regarding school violence and dropout reduction
- *Activity 3.1.14:* Support and strengthen to the School Norms
- *Activity 3.1.15:* Guidelines for parenting skills related to substance abuse prevention at the family level
- *Activity 3.1.16:* Integrate prevention of substance abuse for women through safe motherhood/family guidance initiative(cultural use of opium among families)
- *Activity 3.1.17:* Guidelines on positive and developmentally appropriate disciplining through MoWA initiatives(implementing discipline on children in families)

Strategic approach 3.2: Occupational Opportunity, Vocational Trainings and Employment for Youth

- *Activity 3.2.1:* Support to the existing vocational training centers through advocacy and awareness programs
- *Activity 3.2.2:* Strengthen and expand the link substance abuse prevention activities to MOLSA vocational training programs
- *Activity 3.2.3:* Encourage the Youth friendly employment services (% youth as % of all people)
- *Activity 3.2.4:* Motivated the youth without drug employment scheme(motivate privileges for drug free persons)
- *Activity 3.2.5:* Staff association for substance prevention(Etihadia Karmandan to mobilize people))
- *Activity 3.2.6:* Identify youth with need for vocational trainings
- *Activity 3.2.7:* Referral line with vocational training centers (MOLSA, etc.)

- *Activity 3.2.8:* Family/parenting skills training workshops through literacy class for women
- *Activity 3.2.9:* Interpersonal skills training for family with substance problems (e.g. relation between father and son)
- *Activity 3.2.10:* Parenting Skills for pregnant women during checkup visit
- *Activity 3.2.11:* Design family skills training programs
- *Activity 3.2.13:* Early childhood substance prevention intervention(prohibit use of tobacco/hashish in home or providing by children)
- *Activity 3.2.14:* Pills for kids family intervention(alternatives e.g. syrups or pills for cultural use of opium)
- *Activity 3.2.15:* Establish family support groups for substance abuse prevention(through women networks)
- *Activity 3.2.16:* Develop family-based guidelines for substance abuse related violence

Strategic Approach 3.3: Community Mobilization

- *Activity 3.3.1:* Selective mentoring program for community leaders (familiarity with prevention intervention)
- *Activity 3.3.2:* Entertainment events e.g. sports, special day's celebration e.g. religious, independent day, New Year etc. With "No drug" themes
- *Activity 3.3.3:* Mobilization through Friday/Eid Sermons
- *Activity 3.3.4:* Involvement of human rights activists organization(in their agenda)
- *Activity 3.3.5:* Involve women societies for substance abuse prevention
- *Activity 3.3.6:* Mobilize village leader for Drug Free Villager initiative
- *Activity 3.3.7:* Substance-free week celebration (national) attached with world substance abuse day
- *Activity 3.3.8:* Strengthen involvement of parliament for substance abuse prevention program
- *Activity 3.3.9:* National Ex-Addicts Day (celebration- media interview)
- *Activity 3.3.10:* Partnership with other Initiatives (e.g. solidarity project)
- *Activity 3.3.11:* Truth about Drug for Villagers (explain the realities rather than promises)
- *Activity 3.3.12:* Identify and engage concerned people(families who have concern about the prevalence of substance abuse among their family members)
- *Activity 3.3.13:* Emerging leaders Initiative(New leaders and faces)

Strategic approach 3.4: Prevention Programs for Vulnerable Populations (prisons, juvenile centers, returnees, IDPs and shelters)

- *Activity 3.4.1:* Resiliency and healthy attitude training for adolescent in Reformatories/Juvenile Centers

- *Activity 3.4.2:* Integrate behavioral health promotion through school health program
- *Activity 3.4.3:* Initiate Prison Exercise Program
- *Activity 3.4.4:* Mental health promotion for prisoners
- *Activity 3.4.5:* Positive coping skills training for Youth

Component 4: Monitoring, Evaluation & Coordination

Strategic approach 4.1: Strengthen Coordination among the Stakeholders

- *Activity 4.1.1:* Identification/analysis of the different stakeholders
- *Activity 4.1.2:* Establishment of an advisory committee from the different stakeholders to support the implementation of the plan
- *Activity 4.1.3:* Develop TOR for the advisory committee to clarify the roles and responsibilities
- *Activity 4.1.4:* Conduct quarterly meetings for the advisory committee

Strategic approach 4.2: Develop Monitoring Tools/Methodology

- *Activity 4.2.1:* Review the available monitoring /mechanisms/tools
- *Activity 4.2.1:* Develop/update the monitoring checklist/tools and a guideline
- *Activity 4.2.3:* Conduct a consensus workshop for the approval of the developed monitoring tools/mechanisms
- *Activity 4.2.4:* Conduct an orientation/training workshop for the developed monitoring mechanism/system
- *Activity 4.2.5:* field test of tools

Strategic approach 4.3: Regular Joint Monitoring from the Program

- *Activity 4.3.1:* Develop a schedule to conduct the monitoring activities among stakeholders
- *Activity 4.3.2:* Implement the monitoring activities as per the developed schedule

Strategic approach 4.4: Support Reporting and Feedback

- *Activity 4.4.1:* Design special registers for the activities
- *Activity 4.4.2:* Develop different reporting forms (statistical - feedback forms)
- *Activity 4.4.3:* Field test the forms
- *Activity 4.4.4:* Start using the forms and the reporting tools
- *Activity 4.4.5:* Follow up the quality of the reporting tools

Component 5: Research

- *Activity 5.1:* Identify the priority research areas (e.g. risk factors, protective factors etc.)
- *Activity 5.2:* Conduct/ Publish/disseminate the researches results

Component 6: Advocacy

Strategic approach 6.1: Advocacy for Fund Raising for Prevention Program

- *Activity 6.1.1:* Assessment for available advocacy activities
- *Activity 6.1.2:* Establishment of an advocacy group/body from different stakeholders both health and social affairs
- *Activity 6.1.3:* Development of specific advocacy ToR and action plan mainly focused on fund raising for substance abuse preventive programs through governmental and non-governmental channels
- *Activity 6.1.4:* Implementation of advocacy action plan

Strategic approach 6.2: Encouragement of User and Family Associations in Prevention Program

- *Activity 6.2.1:* Review for availability of users and family associations throughout the country
- *Activity 6.2.2:* Coordinate with ex-drug users and their family members for establishment of support associations
- *Activity 6.2.3:* Inclusion of users and their families' associations in advocacy for substance abuse preventive program

Strategic approach 6.3: Involvement of Implementers in the Prevention Program

- *Activity 6.3.1:* Identifying drug de-addiction implementer organizations
- *Activity 6.3.2:* Advocating with implementer organization to include drug de-addiction prevention program into their action plans
- *Activity 6.3.3:* Inclusion of implementer organizations into advocacy group/body

Strategic approach 6.4: Advocacy with the International Donors and Organizations for Supporting of Program

- *Activity 6.4.1:* Identifying international donors interested and/or working in DDR programs linked with each governmental sectors
- *Activity 6.4.2:* Gathering /providing reliable evidence and data about needs and effectiveness of DDR prevention program

- *Activity 6.4.3:* Convincing donors and fund raising for funding prevention program through advocacy activities by advocacy group/body using governmental national policies and priority strategies