# The Impact of Drug Addiction on Afghan Refugees in Pakistan: A Comprehensive Analysis

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**ABSTRACT:** Drug addiction and its associated consequences, such as long-term dependence, blood-borne illnesses, HIV, sexually transmitted diseases, social isolation, and criminal activity, are gradually being recognized as serious issues that need to be addressed, especially among displaced populations. Due to disputes and conflict in their country, around 1.44 million Afghan refugees (both registered and unregistered) are currently residing in Pakistan in a situation of protracted displacement and significant uncertainty, even though around 4 million Afghan refugees have been repatriated back to Afghanistan since 2002. There is a growing awareness that Afghan refugees, who are living in such humanitarian settings as long-term (protracted) displacement, may be subjected to the negative effects of substance use, which are like those experienced by other Pakistanis, due to socioeconomic disparities Since it is widely acknowledged that problematic substance use, and the harms associated with it are largely situational in nature, understanding and evaluating various localised factors and reasons should help policymakers develop interventions that are specifically tailored to the situation and through evidence-based practices.  This qualitative research study used key informant interviews with service providers to critically interpret the widespread usage of cannabis, opiates, and tranquillizers among Afghan refugees in Pakistan. The study also highlighted that crystal methamphetamine (CMA) use is on the rise and is a worrying trend in major cities including Islamabad, Peshawar, Karachi, and Lahore. Numerous local factors, such as stress, depression, anxiety, unemployment, gender inequality, and future insecurity, have contributed to the rise of addictive behaviour among Afghan refugees.

**Keywords |** **Afghan Refugees - Internally Displaced People (IDPs) – Cannabis - Crystal methamphetamine – Opium – Heroin - Substance abuse - Drug addiction – Afghanistan - Pakistan**

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## 1 INTRODUCTION

Any individual who is compelled to leave their hometown or environment—often because of war, civil strife, political unrest, human rights abuses, or natural hazard-induced disasters—becomes a displaced person. The United Nations High Commissioner for Refugees (UNHCR) estimates that 65.6 million people worldwide have been displaced by force, which is a record high (UNHCR 2016a). Among them, 22.5 million refugees have been forcibly moved across international borders. More than 80 percent of refugees live in low- and middle-income countries near active conflicts, with more than half of them being under the age of 18 (UNHCR 2016a). Most refugees are in long-term circumstances that last for more than five years, and the average period of displacement is more than ten years.

People who are displaced have several difficulties that raise their risk of psychopathology, illness, and death. They are more likely to be vulnerable to different challenging situations including exposure to violence, depression, stress, and anxiety, psychological health issues including post-traumatic stress disorder (PTSD), non-mental health issues, and injuries, especially if they are escaping a conflict (Toole and Waldman 1997; Lori and Boyle 2015; UNHCR 2016a), in addition to negative social and economic effects and hampered access to healthcare. The body of research reporting drug usage in groups of displaced people and refugees is however scarce. Most studies on this subject focuses on drug usage among refugees who have moved to stable, wealthy nations (Horyniak et al. 2016). Refugees who have moved to the new country of short- or long-term residency face a variety of experiences. Some immigrants, often those that have moved and settle in wealthy countries, can improve their physical and mental health experiencing less use of drugs as compared to the host populations (Spiegel et al. 2010), whilst many others experience comparatively higher rates of morbidity and mortality (Toole and Waldman 1997; Ezard et al. 2011; Lori and Boyle 2015). People who have been displaced may be more susceptible to drug use problems for a variety of reasons. These include stress and trauma experienced prior to or during migration, through violence, loss of homes and livelihoods, torturing, and separation from family. Unsurprisingly, displaced communities have higher rates of post-traumatic stress disorder, anxiety, and depression (Porter and Haslam 2005; Steel et al. 2009; Horyniak et al. 2016).

Over the past forty years, Pakistan has taken in millions of Afghan refugees fleeing war. Since 2002, more than four million individuals have been repatriated, but an estimated 1.44 million refugees—both those with and without documentation—remain in long-term displacement with major insecurity. Refugees are traditionally housed in areas near Pakistan's northern border with Afghanistan, but due to rapid urbanization, most refugees now reside in different cities of Pakistan. One of the well-known refugees' camps known as the Panian refugee camp is seen as representative of the Pashtun displaced communities along Afghanistan's northwest border. It was founded in 1981 and today houses over 80,000 migrants. There is a view that Afghan refugees experiencing long-term relocation share financial and socioeconomic disadvantages with their Pakistani counterparts, including effects of problem drug use. Cannabis and opium use are regarded as traditional practices by some Afghan people who cultivate opium, with Afghanistan having a higher rate of opiate usage than Pakistan. Over the past 20 years, the switch from heroin smoking to heroin injection, mostly among young males, has been recorded. The usage of crystal methamphetamine (CMA) is a recent development, corresponding with patterns of CMA use that have been seen across the world, but the scope of this issue is still unknown.

According to the survey done by UNDOC in 2013 titled "Drug Use in Pakistan", there were 6.7 million Pakistani users who took any kind of substance in the year 2012, and 4.25 million people out of 6.7 million are dependent on substances and need treatment for their substance use disorder (UNODC, 2013). It was highlighted in the survey results that around 4 million users in the country used cannabis, which is the most used substance, following 860,000 people used heroin, some 19,000 people used methamphetamine, and approximately 1.6 million Pakistanis misused "prescription drugs for non-medical purposes". There are around 96 drug treatment and rehabilitation centers in Pakistan with the capacity to treat 30,000 addicts in a year (Rizwana, 2017). These treatment and rehabilitation centers are not only limited in capacity, but the quality of their facilities and services do not meet international standards and protocols. Most of the treatment centers are not applying evidence-based prevention and treatment methods, and addicts are not getting good treatment services (ibid).

Given that the drug situation among Afghan refugees living in camps is considered by these communities and Government departments who report on them to be not significantly different from that of the host country, a study was carried out by the authors to analyse the prevalence of drug use and to understand the local level factors that influence drug addiction among Afghan refugees in Pakistan. The findings were found to contribute to existing information and the wider use of the information can be used to rethink efforts to address the problem of drug use among communities displaced by conflict.

## 2 METHODS

The researcher's approach was to deploy "subjectivism" and epistemological "interpretivism" to explore the topic in a fully exploratory manner to develop a narrative based on inductive reasoning. This was considered suitable for understanding what was considered a hitherto misunderstood and underreported phenomena with the need for comprehension of complex social issues (Floyd 2012). This in turn allowed the researcher to understand and focus on the experiences of service providers who work directly with the Afghan refugees with respect to drug addiction behaviour. In total 14 service providers were interviewed through semi-structured interview questionnaire with 10 requested to fill the questionnaires offline. Due to geographic barriers and time constraints, the researcher, who was based in the UK at the time of data collection, conducted interviews online. All of the participants were working for different nonprofit organizations on different positions. The limited selection was carried out due to the non-availability of most of the staff who were also busy in the flood relief activities. During the time when interviews were held, Pakistan was facing the worse disaster of its history in the form of the mass flooding of 2022.

The study adopted a non-probability purposive sampling approach, and Key Informant Interviewers (KIIs) were identified through the Snowball technique. A call for interviews was disseminated through social media platforms such as LinkedIn and Facebook as well as by sending emails to the officials of non-profit organizations working on the subject in Pakistan to identify suitable participants for the study. The LinkedIn post alone garnered significant engagement, with 75 likes, 25 comments, and reaching 8,979 impressions. Subsequently, the study received responses from a total of 22 LinkedIn users and 14 from non-profit organizations out of which 14 were selected for online interviews, while 10 others were chosen to complete offline questionnaires. Semi-structured interviews served as the primary method for collecting data, while various articles, publications, and international reports were consulted to gather secondary data in alignment with the research aims and objectives.

The semi-structured interview questionnaire consisted of nine questions, adapted from the UNHCR-WHO's field guide on "Rapid Assessment of Alcohol and Other Substance Use in Conflict-affected and Displaced Populations," facilitating the collection of primary data. Prior to the interviews, the interview schedule along with a consent form was distributed to all key informant interviewers 48 hours in advance. Due to the researcher living in the UK while the study site was his own country Pakistan, interviews were conducted online using Microsoft Teams. The interviews, lasting approximately 30-40 minutes each, were recorded with the interviewers' consent. The interviews were conducted in Urdu, as the participants had a proficient understanding of the national language. They were later translated into English for analysis purposes. To ensure the accuracy and relevance of the data, transcripts of all interviews were shared with the interviewees for validation before proceeding with data analysis.

The study employed thematic analysis, following Boyatzis' (1998) methodology, to explore the data and derive findings. To streamline the analysis process, the Lichtman's (2014) model of Coding, Categorizing, and Concepts was adapted. After conducting online interviews via Microsoft Teams, the data was translated, transcribed, and manually coded using different colours to signify distinct codes. These codes were then organized into overarching categories, forming larger conceptual themes. While the study generally adhered to Lichtman's model, there were some deviations. Specifically, the researcher established concepts at the outset due to the predetermined interview questions. This enabled the researcher to highlight sections of the text relevant to the research questions beforehand. Subsequently, these highlighted segments were reassessed at the conclusion of the coding process.

## 3 RESULTS

Pakistan has not signed either the 1967 Protocol Relating to the Status of Refugees or the 1951 UN Convention on Refugees. The 1946 Foreigners Act governs the treatment of those who ask for protection. The Pakistani government has made it a priority to register Afghan refugees and issue them with Proof of Registration cards since 2007. With these cards, one can travel freely, temporarily obtain a Pakistani visa, and escape the Foreigners Act. Since 1979, Pakistan has taken in refugees trying to escape the turmoil in nearby Afghanistan. There are reportedly between 600,000 and 1,000,000 unregistered migrants in Pakistan in addition to the roughly 1.4 million registered refugees (UNHCR 2017b). Nearly majority of them are from Afghanistan or are descended from Afghans, although more than half of Afghans living in Pakistan now were born there (Kronenfeld, 2008).

Over the past forty years, the majority have entered Pakistan over its border with Afghanistan and now reside in the north of the nation. Approximately 42% of registered Afghan refugees reside in 85 refugee settlements, the most of which are found in Khyber Pakhtunkhwa and Balochistan along or close to the Afghan border. However, most Afghan refugees reside in cities. Additionally, there is evidence of Afghanis repeatedly crossing the border, making a census of this community difficult (Kronenfeld, 2008), the majority (85%) of the population is Pashtun in origin. Tajiks make up around 6% of the population, with smaller concentrations in Uzbekistan, Turkmenistan, and Pashay. Most locals speak Pashto and Dari, although fewer people speak Pashay and Uzbeki. Nearly 58% of Afghan refugees in Pakistan reside in cities, mostly in Peshawar, Quetta, Karachi, and Islamabad.

There is little data regarding the drug usage habits of Afghanis in the country because this subgroup was not identified in the 2013 national survey data (Rizwana 2017). Although it was based on qualitative data, a 2005–2006 UNODC assessment of drug usage in 18 villages of Afghan refugees in Khyber Pakhtunkhwa region estimated the prevalence of drug use to be 2.6% (UNODC 2006). Although the underlying cause of this remained unknown, another study revealed that high-risk injecting behaviour was more common among returning refugees than it was among non-displaced injectable drug users in Afghanistan (Todd et al. 2007).

According to the UNODC research from 2005–2006, marijuana usage was widespread throughout all 18 villages examined. About half of those polled said peer pressure was what first prompted them to start using marijuana, and 31% of them were young people (Hussain and Qayum 2005). The service providers' replies to the study's interviews were consistent with the report's conclusions that heroin, opium, and cannabis continue to be the most popular drugs among Afghan refugees. When one of the interviewees (who works for a non-profit organization in Islamabad) was asked online *"what is the most common drug use among the Afghan refugees?"*. He said that *"we receive many cases of heroin and cannabis users. Since January 2022, we referred around 52 cases to our rehabilitation partner organizations, in which 30 cases were of cannabis, opium, and heroin users".* Another interviewee who was a psychologist and works for a nonprofit organization in the Haripur district of KPK province where most of the Afghan refugees are currently living reiterated the same phenomenon and said that *"in my experience, mostly youth among Afghan refugees aged 18 – 30 years is badly affected by the drug use....the high percentage use is of cannabis (local name charas) follows by the Heroin use".* Survey participants who filled the questionnaires offline in Pakistan also highlighted the use of cannabis, opium, and heroin among the Afghan refugees However, just 2 of 18 refugees were found to have used heroin in the 2005–2006 UNODC study (UNODC 2006).

**Table 1 |** Demographic Distribution of Service Providers in Qualitative Data Collection

| Location | Number of Participants | Interview Type | Professionals |
|---|---|---|---|
| **Lahore** | 4 | Online Interviews | NGO Staff, Psychologist |
| **Islamabad** | 5 | | Rehab specialists, social service providers |
| **Peshawar** | 3 | | Social worker, health workers |
| **Karachi** | 2 | | |
| **Lahore** | 3 | Offline Questionnaire | Social worker |
| **Islamabad** | 2 | | Psychologist, health professionals |
| **Peshawar** | 3 | | Refugee assistance officers |
| **Karachi** | 2 | | NGO Staff |

Online interviews: 14
Offline questionnaires: 10

CMA-related worries are a recent public health concern. Neither the previous WHO/UNHCR brief assessment nor the earlier UNODC survey on drug use in refugee communities (2005–2006) reported any stimulant usage (2007). The 2013 UNODC report on drug use in Pakistan also raised concerns over developing CMA usage, and worldwide trends show rising CMA use prevalence in neighbouring nations (Chomchai and Chomchai 2015; Ezard et al. 2011; UNODC 2006; Rizwana 2017). Pakistan is ranked as having the fourth-highest annual genuine ephedrine need by the International Narcotics Control Board (International Narcotics Control Board 2012) - a precursor chemical that is diverted to produce amphetamines in addition to its legal uses, such as in cold remedies (Rizwana 2017).

At the time of their initial exodus from Afghanistan, Afghan refugees were known to consume cannabis and opium. Most narcotics are still used in Afghan communities. Many Afghan immigrants believe that interaction with the local Pakistani community over time, especially after the camps opened, is linked to their switch to injectable heroin and, more recently, their use of crystal methamphetamine (CMA), which has the "other name of "ICE". Cannabis and opium usage were permitted but not encouraged, whereas CMA use and injectable drug use were forbidden, with recognized users being socially shunned. All key informant interviewers emphasized the changing pattern of Afghan refugee use of CMA. For example, one of the interviewees reported that out of 52 referral cases his organization received since January 2022, around 22 cases were related to the CMA. He went on to explain that *"ICE availability in Islamabad and surrounding areas has increased in the last few years and is being penetrated through different networks………it is difficult to recognize the symptoms of ice drug use as compared to cannabis and other drugs".* Similarly, another interviewee highlighted that easy availability of ICE, in big cities such as Islamabad and Peshawar, is a good opportunity for Afghan refugees living there (outside of their camps and studying at the universities) to use ICE without fear as they can't easily avoid legal proceedings and police interrogation in small cities.

One more interviewee from Peshawar who also had a good experience of working with Afghan refugees and recently completed one data collection project to study the challenges with respect to education and health facing by the Afghan refugees highlighted the use of one more drug other than ICE known as Naswar (local name) – this is a moist, powered tobacco dip. The use of Naswar is very famous among both the host country and the Afghan refugees. He further explained that *"to my knowledge, Afghan refugees are mostly involved in the supply of drug……. because they are already in a challenging situation, the use of drug is comparatively less".* This view of being Afghan refugees as drug suppliers instead of drug users was further highlighted by additional interviewee who works with a nonprofit organization as its Country officer and provides legal support to Afghan refugees including extending support for getting proof of registration from the government of Pakistan. According to him *"Afghan refugees may be involved in such use, and that the situation might be like the host country, whereby a few of them might be involved in the supply of drugs. Alternatively, they might be victimized and mistreated with false allegations because of their refugee status as they are often being labelled as drug traffickers and handlers of illegal arms and weapons".* Over 50% of Pakistan's frequent opiate users had been detained at some point, according to the UNODC 2013 data (Rizwana 2017). He further highlighted that neither he nor his organization is aware of any such information that shows the use of cannabis, heroin, opium, and ICE among Afghan refugees despite working with them since 2015. Though, he further mentioned that *"unrelatedly, our own children at college and university levels including both boys and girls are involved in the use of different kinds of drugs including cannabis, heroin, and now there is high use of ice".*

Although both men and women use opiates and cannabis, males are more likely to take drugs than women are. Cannabis, heroin, and CMA usage among men solely was recorded by all key informant interviewees, along with injectable drug use. Informants identified garbage collectors and homeless Afghan youngsters as being particularly susceptible to drug abuse, especially regarding inhalants and cannabis. Children living in metropolitan Pakistan, both refugees and non-refugees, have been shown to misuse inhalants (Rizwana 2017; UNODC 2006). For example, when interviewers were asked about the situation of drug use among women and children living in refugee camps, one of the interviewees explained that *"we received very few cases of female users……. including one case of child drug use who was 11 years old…… was peer influenced for ice use and then started using chemical adhesive (local name "Samad Bond") and became addicted. Female drug use is likely to report less because of stigma and low level of understanding about drug treatment".* It was highlighted by another responder that cultural barriers as being a difficulty to know the real numbers of female drug users among the Afghan refugees.

Refugees are less likely to have access to education, are socio-economically disadvantaged, and are disenfranchised; a 2013 research that examined the socioeconomic situation of Afghan refugees in Khyber Pakhtunkhwa Province (KPK) discovered that 46% of the 544 participants were illiterate. According to more than one-third (36%) of respondents, the most common reasons for not working in the previous month were chronic illness or a disability (Danish Refugee Council 2013). High unemployment rates in rural and urban areas have also come to the attention of policymakers and the general-public. The high rates of unemployment among males, especially young men, tended to exacerbate domestic strife and raise the risk of family violence. Women who maintain bigger families and those who are under a lot of stress are more likely to misuse prescription drugs like benzodiazepines and opioids, as well as use opium for both personal use and to calm or medicate their children.

Opium is used medicinally by community members in the absence of access to medications to treat minor illnesses (Hussain and Qayum 2006). When questioned about the local triggers that lead to drug usage among Afghan refugees throughout the course of an interview with care providers, they noted things like the host nation. Such as one of the interviewees highlighted that *"mental stress, easy availability and access to drugs as well as availability at cheap rate, recreational use, and peer influence"* as the trigger factors. This result was shared by most Pakistanis (Rizwana 2017). Interviewee went on to explain that for example one can easily get a processed form of 10gm Marijuana at 2 – 3 pounds only (ibid). Another interviewee emphasized that stigma, a lack of emotional support, social pressure, a lack of trust, financial constraints, separation from native people, or isolation, poverty, easy access to drugs and money (daily wage), peer pressure, sexual abuse, and blackmailing (especially with children), are the main factors that lead Afghan refugees to start using drugs. This was also true for most Pakistanis (Rizwana 2017). One of the interviewees went on to explain that *"Afghan refugees are using drug because of poverty, unemployment, fewer business opportunity, and no social / skills development program"*. This conclusion is consistent with earlier information from refugee communities in KPK (Ezard et al. 2011). Most Afghan refugees, according to interviewers, rely on self-support and operating their own small enterprises to make a living. Examples of these include fruit and vegetable stands, work as grocery store salespeople, or via children who aren't in schools but work as garbage collectors on the streets. Due to these factors, their living conditions aren't getting any better, which greatly increases

**Table 2** | Thematic Insights on Substance Use and Associated Challenges Among Afghan Refugees

| Theme | Sub-themes | Key Findings |
|---|---|---|
| Prevalence of Drug Use | Types of Drugs Used | – Thematic Insights on Substance Use and Associated Challenges Among Afghan Refugees Widespread use of cannabis, heroin, and opium among Afghan refugees.<br>– Cannabis (local name: charas) is particularly popular among youth aged 18-30.<br>– Recent rise in use of Crystal Methamphetamine (CMA or ICE) and injectable heroin. |
| | Gender Differences | – Drug use is predominantly higher among males compared to females. Female drug use is underreported due to stigma and cultural barriers. |
| | Historical Context | – Initial drug use among Afghan refugees was limited to cannabis and opium during their migration from Afghanistan, but patterns have changed with increased exposure to local communities. |
| Influencing Factors | Peer Pressure | – Approximately 50% of participants reported that peer pressure was a primary reason for starting drug use. |
| | Socioeconomic Factors | – High levels of unemployment, poverty, and lack of education contribute to drug use.<br>– 46% of Afghan refugees in KPK were reported as illiterate; chronic illness and disabilities also hinder employment opportunities. |
| | Accessibility and Availability | – Drugs are easily accessible and inexpensive in Pakistan, leading to higher consumption rates.<br>– Local triggers such as mental stress, social isolation, and lack of support networks drive refugees toward drug use. |
| Cultural and Social Dynamics | Social Stigma and Isolation | – Afghan refugees face social stigma associated with drug use, leading to underreporting.<br>– Cultural barriers limit understanding and acknowledgment of female drug use.<br>– Many refugees are perceived as drug suppliers rather than users, complicating their social identity. |
| | Community Interaction | – Interaction with local communities has led to changes in drug use patterns among Afghan refugees.<br>– There are reports of Afghan refugees being falsely accused of drug trafficking due to their refugee status. |
| Health and Treatment Issues | Lack of Treatment Access | – Limited access to healthcare and drug treatment services exacerbates the situation.<br>– Stigmatization further prevents refugees from seeking help for drug-related issues. |
| Public Health Concerns | Emerging Drug Trends | – Rising prevalence of CMA use noted in 2013 UNODC report and contemporary trends in neighbouring countries.<br>– The emergence of new drug use trends poses a growing public health risk among vulnerable refugee populations. |

the likelihood of drug usage among them. Interviewees also mentioned relocation, living apart from family members who had already flown back to Afghanistan, and political unrest in their own country as local trigger factors.

## 4 DISCUSSION

This research aimed to explore how drug addiction affects long-term Afghan refugee communities in Pakistan. It also focused on identifying the local factors that contribute to drug addiction among these Afghan refugees.

Through a comprehensive literature review, the research sought to explore various socioeconomic factors contributing to drug addiction among Afghan immigrants. Interview responses guided the investigation into additional underlying causes and challenges associated with problematic drug use among this population. According to Ezard et al. (2011), opiates, cannabis, and tranquillizers are the primary drugs frequently used by Afghan refugees. The findings of this study indicate that Afghan refugees continue to engage in significant consumption of marijuana, opium, and heroin, facilitated by increased accessibility. Moreover, corroborating the observations of one respondent, problem drug use predominantly affects young males within Afghan refugee communities, mirroring patterns seen in the host country, where substance use is prevalent among individuals aged 25 to 39 (UNODC, 2013). The study's findings also suggest a concerning trend of young males within Afghan communities turning to the injection and smoking of crystal methamphetamine (CMA), mirroring behaviors observed in Pakistan. This increase in CMA use, particularly in major urban cities such as Islamabad, Peshawar, Karachi, and Lahore, is a recent development. Notably, both displaced and non-displaced individuals have adopted this practice, as highlighted in the 2013 UNODC report, signalling a new trend across demographics in the nation.

The impact of problem drug use is significantly influenced by various socioeconomic factors, including unemployment, poverty, gender inequality, and educational and economic disparities. Afghan communities often grapple with socioeconomic challenges, compounded by concerns about the uncertain future and the stressors inherent in refugee life, particularly in rural settings. These socioeconomic adversities are closely linked to heightened drug usage. For instance, poverty is associated with an increase in injecting drug use, lower awareness of the risks associated with high-risk behaviors, and limited access to treatment services. However, it is worth noting that social cohesion within these communities may offer some degree of protection (Galea and Vlahov, 2002). According to the insights provided by interviewees, factors such as poverty, the widespread availability of drugs at affordable prices, and a dearth of viable economic opportunities collectively contribute to drug use among Afghan refugees within their local contexts.

Despite the prevalence of trauma among forcibly displaced migrants, as evidenced by studies (Kozariae-Kovaèi et al., 2000; Naeem et al., 2005), and the established correlation between trauma and drug addiction within displaced populations (Roberts et al., 2011), this study did not find trauma to be a prominent theme among Afghan refugees. This observation may be attributed to the prolonged displacement endured by Afghan populations in Pakistan, where widespread trauma is a pervasive reality compounded by the immediate challenges posed by poverty. However, in alignment with both the study's findings and existing literature, stress and anxiety emerged as significant local triggers for drug use among Afghan immigrants. Furthermore, the strain induced by ongoing refugee repatriation programs, village closures, low levels of education, and heightened border security may contribute to a scarcity of opium, prompting individuals to resort to injecting as an alternative method of administration and fostering the expansion of injecting networks.

The study's small sample size, limited by time constraints and external factors like the 2022 flooding in Pakistan, limits the generalizability of its findings. Future research should aim to include a larger, more diverse sample of service providers and incorporate the perspectives of refugees themselves. Longitudinal studies could provide deeper insights into the long-term effectiveness of implemented solutions.

## 5 CONCLUSIONS

Afghan refugees in Pakistan are found to be using a variety of drugs, including marijuana, tranquillizers, opiates, and crystal methamphetamine (CMA). These substances are consumed in significant amounts, indicating a prevalent issue of drug addiction within this population. The study highlights the emergence of CMA as a popular drug among Afghan refugees, like its increasing use among the local population in major cities like Islamabad, Rawalpindi, Peshawar, Karachi, and Lahore. This suggests a convergence in drug usage trends between Afghan refugees and the host population. The research identifies a multitude of factors contributing to drug use among Afghan refugees. These include socioeconomic factors such as unemployment, poverty, economic and educational disadvantages, and gender inequality. Additionally, psychological factors such as stress, depression, and anxiety play a significant role. The uncertainty about the future, political unrest in their native country, and separation from family members who have returned to Afghanistan also contribute to the vulnerability of Afghan refugees to drug addiction. The study underscores the easy availability of drugs at low prices as a major facilitator of drug usage among Afghan refugees. Moreover, the lack of viable business opportunities exacerbates the problem, as individuals may turn to drug trafficking or consumption as a means of income or coping mechanism in the absence of other options. Overall, the research provided a comprehensive analysis of the complex interplay of social, economic, psychological, and geopolitical factors contributing to drug addiction among Afghan refugees in Pakistan.

## 6 LIMITATIONS

This study examines the impact of drug addiction on Afghan refugee in Pakistan, with a focus on the local and socioeconomic factors that drive drug use. The findings reveal that Afghan refugees frequently use substances such as marijuana, opiates, tranquillizers, and crystal methamphetamine (CMA), with young males being particularly vulnerable. Contributing factors include poverty, unemployment, stress, and the widespread availability of drugs at low prices. Although trauma was not a central theme, stress and anxiety were identified as significant triggers for drug use. The study also highlights the rising use of CMA, reflecting similar trends in Pakistan's urban centers. Key limitations of the research include a small sample size, the exclusion of refugee perspectives, and disruptions in data collection caused by the 2022 floods in the country. The study suggests that future research should involve larger, more diverse samples and explore the long-term effects of addiction on Afghan refugees.

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