PREVALENCE AND ASSOCIATED FACTORS OF DRUG ABUSE AMONG CRIMINAL PRISONERS IN PUL-E-CHARKHI JAIL

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Abstract

Introduction: Drug abuse, including illicit substances, misuse of prescription medications, and, outside of Islamic contexts, alcohol consumption, frequently results in addiction, health complications, and criminal behaviors such as theft, violence, and drug-related offenses. This research aimed to calculate the prevalence and associated factors of drug abuse among incarcerated individuals in Pul-e-Charkhi Jail, located in Kabul, Afghanistan.

Methods: This cross-sectional study involved 254 inmates of the central detention facility, Pul-e-Charkhi Jail. Data collected through a structured questionnaire employing a mixed sampling technique (systematic random sampling and convenience sampling) from November 15 to November 30, 2024. Data analyzed by SPSS version 26.

Results: This study, conducted on 254 male inmates at Pul-e-Charkhi Jail, demonstrated a 30.7% prevalence of drug abuse, with the highest incidence (41.7%) observed among individuals aged 50–64 years. No statistically significant associations were found with age, marital status, or level of education. However, significant correlations were observed with prior criminal history (49.2% abuse rate, P = 0.000), associations with criminal collaborators (61.2%, P = 0.000), and participation in drug-using networks (96.4%, OR = 184.44, P = 0.000). Drug abuse was most prevalent among those convicted of sexual offenses and drug trafficking. Most users-initiated drug use between the ages of 11 and 20, consumed drugs daily, and preferred cannabis and smoking. Funding sources for drug use included employment (48.7%) and theft (44.9%). The analysis identified criminal networks, previous incarcerations, and associations with drug users as significant predictive factors.

Conclusion: The Study concluded that drug abuse among Pul-e-Charkhi inmates is predominantly influenced by criminal determinants, notably prior incarceration, peer influence, and drug-user networks, rather than demographic variables. Early initiation of cannabis use was common and was often financed through legitimate employment or illicit means. Consequently, targeted interventions aimed at disrupting criminal networks are imperative to reduce drug abuse within prisons.

Keywords: Drug Abuse, Addiction, Criminal Offenses, Prisoners, Central Detention, Pul-e-Charkhi Jail, Kabul, Afghanistan.

Introduction:

Drug abuse refers to the harmful or hazardous use of psychoactive substances, including illicit drugs, misused prescription medications, outside Islamic contexts, alcohol, and tobacco [1]. While some individuals initiate drug use socially for relaxation or euphoria, prolonged consumption frequently leads to dependency, addiction, and serious health and social complications [2]. Commonly abused substances encompass alcohol, tobacco, opioids, cannabis, cocaine, and synthetic drugs [3]. Globally, over 190 million individuals engage in drug use, particularly among young adults, rendering drug abuse a significant public health issue [4]. Crime, defined as conduct violating legal norms, spans from minor theft to the gravest felonies such as homicide, armed robbery, and drug trafficking [5]. The principal categories include property crimes, violent crimes, white collar crimes, and drug-related offenses [6]. Consistent evidence indicates a strong correlation between drug abuse and criminal activity, as users may commit offenses either to sustain their addiction or due to impaired judgment caused by intoxication [7]. Substance abuse and criminality are interconnected, serving as both cause and effect [8,9]. The high prevalence of drug dependency among inmates in correctional facilities highlights intricate social, economic, and psychological dynamics [10].

Studies demonstrate a pronounced association between drug abuse and crimes such as theft, violence, and drug offenses [11]. The misuse of illicit drugs and alcohol impairs cognition and decision-making processes, thereby increasing the likelihood of criminal conduct [12]. Over the past thirty years, research has increasingly demonstrated how substances like cannabis influence delinquent behavior among adolescents [13], while opioids, methamphetamines, and synthetic drugs have been linked to increases in violent and property crimes [14]. Economic hardships, peer pressure, unemployment, and mental health issues often drive individuals toward criminal activity driven by addiction [15]. Stigmatization and limited access to treatment exacerbate this cycle, posing threats to public safety and obstructing rehabilitation efforts [16]. Although substantial global research confirms the association between substance abuse and crime [17], significant gaps remain in understanding this relationship within fragile and conflict-affected nations. In European and Asian contexts, studies reveal that youth addiction contributes to rising incidents of kidnapping, extortion, and armed robbery [18]. However, limited data exists regarding the manifestation of these patterns in conflict-affected societies such as Afghanistan. Moreover, while debates surrounding

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cannabis legalization dominate international discourse, the implications for public safety and youth delinquency remain underexplored within Afghanistan's unique context [19]. Existing research underscores that stigma, poverty, and inadequate access to treatment worsen the problem [20]. Yet few studies have systematically examined the correlation between drug abuse and specific crime types among Afghan prisoners. As one of the largest opium producers globally, Afghanistan confronts severe challenges related to substance abuse [21]. According to UNODC, approximately one million Afghans—about 8% of the population, double the global average—are addicted to drugs [22]. This situation reflects widespread narcotic availability, profound socioeconomic difficulties, high unemployment, and decades of ongoing conflict [23]. Alarmingly, surveys indicate intergenerational addiction, with many parents administering opium to their children [24]. Despite high demand, only a small fraction of drug users have access to adequate treatment [25]. In Pul-e-Charkhi Prison,

This cross-sectional study was conducted in Pul-e-Charkhi Central Prison on 254 inmates, selected from a population of 3,000 prisoners, with a 6% margin of error. The primary objective was to determine the prevalence of drug abuse and explore its association with various factors, including criminal history, familial and peer influence, and type of criminal activity, this study examined how inmates' drug abuse is associated with the history of drug use or criminal behavior among their family and friends, as well as the effects of prior criminal involvement and place of residence as sociodemographic factors. Data was collected between November 15 and 30, 2024, using a structured questionnaire adapted from previous studies. A mixed sampling approach, combining systematic random sampling and convenience sampling, was used, and the data were analyzed with SPSS version 26.

Result: This study found that 30.7% of 254 male inmates at Pul-e-Charkhi Jail had a history of substance abuse, highlighting its prevalence and link to factors like age, education, marital and economic

Figure 1. Image of Pul-e-Charkhi Jail

Afghanistan's largest correctional facility, many inmates incarcerated for drug-related offenses exhibit dependency patterns that perpetuate a cycle of criminality, impede rehabilitation, and threaten public safety [21]. The 2009 UNODC survey documented substantial increases in heroin and opium use, with elevated rates of needle-sharing among injecting drug users, thereby heightening the risk of HIV transmission [22]. The total annual expenditure on drugs within Afghanistan was estimated at $300 million [25]. Addressing these multifaceted challenges necessitates comprehensive strategies, including prevention, treatment, and rehabilitation initiatives [19]. This study, entitled "Prevalence and Associated Factors of Drug Abuse among Criminal Prisoners in Pul-e-Charkhi Jail, Kabul, Afghanistan, 2024," aims to determine the prevalence of drug abuse and its correlation with various types of crimes, socio-demographic variables, and prior offenses among inmates. By bridging existing knowledge gaps [13], the research aspires to generate evidence-based insights to inform prison rehabilitation programs and policymaking, to disrupt the cycle of addiction and criminal activity.

Materials and Methods:

status, and type of offense.

The Chi-Square Test was conducted, with statistical significance set at $P \leq 0.05$. Table 3 shows significant associations ($P = 0.000$) between drug abuse and social/criminal factors among 254 prisoners. Inmates with prior incarceration, criminally involved friends or family, or drug users in their social circle were far more likely to use drugs. Notably, 96.4% of those with drug users on their network reported personal use, compared to 12.6% without such connections. These results highlight strong links between social/criminal backgrounds and substance abuse. A binary logistic regression was conducted to examine factors associated with drug abuse (Table 13), using a significance level of $p < 0.05$ and OR > 1 indicating increased risk. Significant predictors included prior incarceration (OR = 2.923, $p < 0.001$), having criminal friends (OR = 5.164, $p < 0.001$), living in areas with criminal activity (OR = 3.805, $p < 0.001$), and having family or friends who use drugs (OR = 184.440, $p < 0.001$). Although elevated, the odds ratios for crime location (urban vs. rural) and place of committing the crime were not statistically significant. These results highlight key social and environmental risk factors for drug abuse.

Table 1. Age Description of Prisoners Who Participated in the Study (n = 254)

Statistical Description	Results
Mean ± SD	29.29 ± 10.39
Median	27.00
Minimum	17.00

Maximum	65.00

Table 1 shows the age statistics of 254 prisoners, with a mean of 29.29 years (SD = 10.39) and a median of 27. The age range is 17 to 65 years.

Table 2. Association between Socio-Demographic Factors and Drug Abuse among Prisoners (n =254)

Age Group	Total of All n (%)	Used Drugs n (%)	Did not Use Drugs n (%)	Total of Internal Variables n (%)	P-Value
Total	254 (100.0)	78 (30.7)	176 (69.3)	254 (100.0)	P-value < 0.05
10-20	48 (18.9)	14 (29.2)	34 (70.8)	48 (100.0)	
21-34	145 (57.1)	44 (30.3)	101 (69.7)	145 (100.0)	
35-49	45 (17.7)	14 (31.1)	31 (68.9)	45 (100.0)	0.938
50-64	12 (4.7)	5 (41.7)	7 (58.3)	12 (100.0)	
65>=	4 (1.6)	1 (25.0)	3 (75.0)	4 (100.0)	
Education Level					P-Value
Illiterate	83 (32.7)	27(32.5)	56 (67.5)	83 (100.0)	
Primary	28 (11.0)	8 (28.6)	20 (71.4)	28 (100.0)	
Secondary	37 (14.6)	14 (37.8)	23 (62.2)	37 (100.0)	
High School	63 (24.8)	19 (30.2)	44 (69.8)	63 (100.0)	
Over 14 or 15 Educated	11 (4.3)	1 (9.1)	10 (90.9)	11 (100.0)	0.701
Bachelor	25 (9.8)	6 (24.0)	19 (76.0)	25 (100.0)	
Master	4 (1.6)	2 (50.0)	2 (50.0)	4 (100.0)	
Ph.D.	1 (0.4)	0 (0.0)	1(100.0)	1 (100.0)	
Islamic Education	2 (0.8)	1 (50.0)	1 (50.0)	2 (100.0)	
Marital Status					P-Value
Single	107 (42.1)	34 (31.8)	73 (68.2)	107 (100.0)	0.753
Married	147 (57.9)	44 (30.0)	103 (70.0)	147 (100.0)	
Economic Condition					P-Value
Very Good	4 (1.6)	1 (25)	3 (75%)	4 (100.0)	
Good	77 (30.3)	28 (36.4)	49 (63.6)	77 (100.0)	
Not Good, Not Bad	34 (13.4)	7 (20.6)	27 (79.4)	34 (100.0)	0.470
Bad	72 (28.3)	24 (33.3)	48 (66.7)	72 (100.0)	
Very Bad	67 (26.4)	18 (26.9)	49 (73.1)	67 (100.0)	
Residence Place					P-Value
Urban	125 (49.2)	35 (28.0)	90 (72.0)	125 (100.0)	0.357
Rural	129 (50.8)	43(33.3)	86 (66.7)	129 (100.0)	
Occupational Status					P-Value
Freelance Jobs	208 (81.9)	71 (34.1)	137 (65.9)	208 (100.0)	
Jobless	2 (0.8)	0 (00.0	2 (100.0)	2 (100.0)	
University Student	7 (2.8)	0 (00.0	7 (100.0)	7 (100.0)	
School Student	12 (4.7)	3 (25.0)	9 (75.0)	12 (100.0)	0.164
Government Employee	13 (5.1)	2 (15.4)	11(84.6)	13 (100.0)	
NGOs	12 (4.7)	2 (16.7)	10 (84.3)	12 (100.0)	
Location of Committed Crimes (Hometown vs. Other Cities)					P-Value
Self - City	191 (75.2)	64 (33.5)	127 (66.5)	191 (100.0)	0.092
Other City	63 (24.8)	14 (22.2)	49 (77.8)	63 (100.0)	
Total	254 (100.0)	78 (30.7)	176 (69.3)	254 (100.0)	P-value < 0.05

Table 3. Association between Social, Criminal Factors and Drug Abuse Among Prisoners (n = 254)

Factors associated with drug abuse		Total of All n (%)	Used Drugs n (%)	Did Not Use Drug n (%)	Total of Internal Variables n (%)	P-Value
Previous Experience Jail	Yes	61 (24.0)	30 (49.2)	31 (50.8)	61 (100.0)	0.000
Do not Have Previous Experience in Jail	No	193 (76.0)	48 (24.9)	145 (75.1)	193 (100.0)	
Friends and Family Had a History of Crime	Yes	49 (19.3)	30 (61.2)	19 (38.8)	49 (100.0)	
Friends and Family Did Not Have a History of Crime	No	205 (80.7)	48 (23.4)	157 (76.6)	205 (100.0)	0.000
Family and Friends of Prisoners Who Use Drugs	Yes	55 (21.7)	53 (96.4)	2 (3.6)	55 (100.0)	
Family and Friends of Prisoners Did Not Use Drugs	No	199 (78.3)	25 (12.6)	174 (87.4)	199 (100.0)	0.000
Total		254 (100.0)	78 (30.7)	176 (69.3)	254 (100.0)	P-value < 0.05

Table 4. Sentence length in years among incarcerated individuals (n = 254)

Year	n (%)
1	76 (29.9)
2	63 (24.8)
3	43(16.9)
4	15 (5.9)
5	18 (7.1)
6 ≥	34 (13.4)
Retribution or "Qisas"	4 (1.6)
Unknown	1(0.4)
Total	254 (100.0)

Table 5. Association between drug abuse and length of sentence following judicial judgment (n =254)

Duration of Sentence Following Final Judgment	Total of All n (%)	Used Drugs n (%)	Did Not Use Drug n (%)	Total Duration Time n (%)	P-Value
1 (One Year)	76 (29.9)	22 (28.9)	54 (71.1)	76 (100.0)	
2 (Two Year)	63 (24.8)	19 (30.2)	44 (69.8)	63 (100.0)	
3 (Three Year)	43 (16.9)	18 (41.9)	25 (58.1)	43 (100.0)	
4 (Four Year)	15 (5.9)	0 (0.0)	15 (100.0)	15 (100.0)	
5 (Five-Year)	18 (7.1)	4 (22.2)	14 (77.8)	18 (100.0)	**0.706**
6 ≥ (Six Years, and More Than Six Years	34 (13.4)	14 (41.0)	20 (59.0)	34 (100.0)	
Retribution (Qisas) Judged	4 (1.6)	1 (25.0)	3 (75.0)	4 (100.0)	
Undisclosed	1 (0.4)	0 (0.0)	1(100.0)	1 (100.0)	
Total	**254 (100.0)**	**78 (30.7)**	**176 (69.3)**	**254 (100.0)**	

A Mann-Whitney U test was conducted to assess the association between drug abuse and sentence length among 254 prisoners (Table 5). Sentence durations ranged from 1 to 6 years, including exceptional cases such as retribution (Qisas) and unknown sentences. Drug use was reported by 28.9% of those with one-year sentences and was higher among those sentenced to three years (41.9%) and six years or more (41.0%). No drug use was reported among inmates with four-year sentences, and only 25% of those sentenced under Qisas used drugs. The test yielded a p-value of 0.706, indicating no significant difference in sentence length distribution between drug users and non-users.

Table 6. Association Between Drug Abuse and the Type of Crime Committed (n = 254)

Types of Crimes Committed	Total of All n (%)	Used drugs n (%)	Did Not Use Drugs n (%)	Total Inside Group n (%)
Robbery	109 (42.9)	29 (26.6)	80 (73.4)	109 (100)
Mafia (Drug Mafia) Drug Trafficking	32 (12.6)	16 (50.0)	16 (50.0)	32 (100)
Morder	18 (7.1)	5 (27.8)	13 (72.2)	18 (100)
Burglar	16 (6.3)	8 (50.0)	8 (50.0)	16 (100)
Gun Violence (Gun Robbery)	14 (5.5)	7 (50.0)	7 (50.0)	14 (100)
Sexual Violence	11 (4.3)	7 (63.6)	4 (36.4)	11 (100)
Social and Undisclosed Crime (Kidnapping, Homosexuality)	54 (21.3)	6 (11.1)	48 (88.9)	54 (100)
Total	254 (100.0)	78 (30.7)	176 (69.3)	254 (100)

Table 7. Age at Which Prisoners Began Using Drugs

Age of Starting Drug Abuse of Prisoners	
10 ≤	
11 - 20	
21 ≥	
Total	

Table 10. Frequency of Drug Abuse n a Daily, Weekly, and Monthly Basis (n =78)

	N (%)
	(3.85)
Daily (N = (35)	N (%)
1	7 (9.0)
2	4 (5.1)
3	9 (11.5)
4	3 (3.8)
5	6 (7.7)
7	1 (1.3)
10	11 (14.1)
More than 10 Times	

Table 8. Years That Prisoners Abused Drugs (n = 78

Years Used Drugs	N (%)
10 ≤	55(70.51)
11 ≥	23(29.49)
Total	**78(100.0)**

Table 9. Prevalent Drug Types Used by Inmates

Type of Drugs	n (%)
Cannabis With Other Drugs	29(37.2)
Cannabis Alone	11(14.1)
Combined Drug Users	10 12.8)
Cannabis, Amphetamine, Tablet K	8 (10.3)
Pregabalin With Other Drugs	5 (6.4)
Heroin With Other Drugs	2 (2.6)
Alcohol With Other Drugs	2 (2.6)
Cannabis, Pregabalin	2 (2.6)
Alcohol	2 (2.6)
Cannabis, Heroin	2 (2.6)
Heroin	1 (1.3)
Pregabalin	1 (1.3)
Amphetamine	1 (1.3)
Pregabalin Alcohol	1 (1.3)
Pregabalin, Z-Cap	1 (1.3)
Total	78 (100.0)

Table 12. Economic aspects of drug acquisition among prisoners (n = 78)

Cost of Drug Acquisition Among Users	n (%)
Financing Drug Use Through Independent Work and Earnings	38 (48.7)
Robbery	35 (44.9)
Mafia Drug (Drug Trafficking)	3 (3.8)
Friends	2 (2.6)
Total	78 (100.0)

Table 13. Adjusted Associations between drug abuse and contributing Factors: A Binary Logistic Regression Analysis

Variables in the Equation	P-Value	OR	95% C.I. for OR	
			Lower	Upper
Committing Crime Place Ad (Urban-Rural)	.8	1.0	.4	2.7
Did You Come Before to Jail	.0	2.9	1.6	5.3
Friends Have a History of Crime	.0	5.1	2.6	9.9
Is Living Place a Place of Criminal Activity or Not	.0	3.8	2.0	7.0
The Place of Committing Crime (Self vs Other) Place	.0	3.7	.8	16.1
Do Your Family and Friends Use Drugs	.0	184.4	42.2	804.3

A binary logistic regression was conducted to examine factors associated with drug abuse (Table 13), using a significance level of $p < 0.05$ and OR > 1 indicating increased risk. Significant predictors included prior incarceration (OR = 2.923, $p < 0.001$), having criminal friends (OR = 5.164, $p < 0.001$), living in areas with criminal activity (OR = 3.805, $p < 0.001$), and having family or friends who use drugs (OR = 184.440, $p < 0.001$). Although elevated, the odds ratios for crime location (urban vs. rural) and place of committing the crime were not statistically significant. These results highlight key social and environmental risk factors for drug abuse.

Discussion

Findings of this study indicate that, compared to other studies, 30. 7% of prisoners at Pul-e-Charkhi jail reported engaging in drug use, a significantly higher prevalence than the 8% reported within the general population of Afghanistan aged 15-64 years by the United Nations Office on Drugs and Crime (UNODC) [4]. The highest prevalence of drug use was noted among prisoners aged 50-64 years, at 41. 7%, while only 25% of inmates aged 65 years and older reported similar behavior. An inverse association was observed between education levels and drug use, except among individuals with master's degrees (50%) and those with Islamic education (50%), who exhibited the highest rates of drug use. Marital status had no significant impact on drug use rates, as the proportions were comparable among single (31.8%) and married (30%)

prisoners. Rural prisoners displayed higher rates of drug use (33.3%) in contrast to their urban counterparts (28%). From an economic perspective, the highest rate of drug use was observed among individuals who indicated a "good" financial status (36.4%), and the lowest rate was found among those categorizing their economic condition as "neither good nor bad" (20.6%). Furthermore, 96. 4% of inmates with friends or family members who use drugs also engaged in drug use themselves, and prior incarceration increased the likelihood of drug use nearly threefold. Among different types of crime, drug traffickers (50%) and offenders of sexual violence (63.6%) exhibited the highest rates of drug use. Cannabis is commonly abused. And smoking (43.8%) was identified as the primary method of consumption. Work and self-money (48.7%) was the second most prevalent means through which prisoners financed their drug use. Logistic regression analysis identified the presence of drug-using friends or family as the strongest predictor of drug use (OR = 184.440, p < 0.000), followed by the presence of criminal friends (OR = 5.164) and previous incarceration (OR = 2.923).

In my study, 30.7% of prisoners in Pul-e-Charkhi reported drug abuse, nearly four times higher than the 8% prevalence in the general Afghan population reported by UNODC in 2009. Among inmates, drug use was most prevalent among those aged 50-64 (41.7%), while the lowest rate (25%) was observed among those aged 65 and older. Rural prisoners had a higher prevalence (33.3%) compared to urban inmates (28%), aligning with national trends where rural areas exhibited greater drug abuse. Economic and social factors were strongly associated with drug use, as 96.4% of prisoners with drug-using friends or family also used drugs, and prior incarceration increased the likelihood of drug use nearly threefold. Nationally, almost one million Afghans (8% of the population aged 15-64) were drug users, with opium use rising by 53% and heroin use by 140% between 2005 and 2009. Despite 90% of drug users seeking treatment, only 10% received it, leaving 700,000 without care. Additionally, 6% of drug users injected drugs, with 87% of them sharing needles, exacerbating health risks. The annual economic cost of drug use in Afghanistan was estimated at $300 million [4].

The findings of a study titled "Investigating the Relationship between Crime and Drug Addiction," conducted by Syedeh Mehri Namdarian et al in 2020, in Khorasgan, Isfahan, Iran, reported that Iran has 70% of its prisoners incarcerated due to drug-related crimes. In a study, compared with 42.6% using synthetic drugs, 26% used traditional drugs, and 31.3% used both. A significant association was observed between drug type and crime, where industrial drug users were more likely to commit violent crimes. Among addicted criminals, 38.7% were convicted of theft, 22% for drug trafficking, 7% for adultery, 2.7% for financial corruption, 7% for child sexual abuse, and 11.3% for violent crimes. The study emphasized economic hardship, poverty, and unemployment as major contributors to drug-related offenses, with financially struggling addicts being more likely to engage in theft (over 50%) to support their addiction. Additionally, low self-control and criminal peer influence were strong predictors of drug-related crime. My research at Pul-e-Charkhi in the central prison emphasized social influences and the history of incarceration; the Iranian study concentrated on economic hardship and unemployment. It advocated for the implementation of economic support programs and the creation of employment opportunities as essential solutions for rehabilitation, rather than predominantly depending on interventions within the prison system [26].

In a study titled The Association between Substance Use Disorder and Type of Crimes Committed by Inmates in Kobar Jail, Sudan, the study found that 53.3% of prisoners used substances, a significantly higher prevalence than the 30.7% reported in Pul-e-Charkhi. The most used substance was alcohol (48.7%), followed by cannabis (32.5%), with small percentages using tramadol (3.7%), benzhexol (5%), heroin (2.5%), and inhalants (7.5%). Unlike the Pul-e-Charkhi study, which found higher drug use among older prisoners, the Sudanese study reported that 54.6% of prisoners were aged 18-29 years, and 27.3% were aged 30-39 years, showing that younger age groups had a higher representation. In terms of education, 50.6% of prisoners had elementary education, 8% were illiterate, and 10% had a university education, which is similar to my study at Pul-e-Charkhi, finding that education level is inversely related to drug use. Regarding employment, 68% of Sudanese prisoners were self-employed, 26.6% were employees, 4% were students, and 1.3% were unemployed, whereas in Pul-e-Charkhi, 81.9% held freelance jobs. In terms of drug use patterns, 85% of Sudanese substance users had been using drugs for over a year, and 68% had used substances for more than three years, indicating long-term dependency. Additionally, 91.25% of users reported developing tolerance, 30% experienced withdrawal symptoms, and 73.75% had unsuccessful attempts to quit, suggesting a severe pattern of addiction. The findings of the Sudanese study indicate a considerably more adverse situation when compared to my research [27].

A study conducted in Kenya, titled "Substance use among inmates at the Eldoret prison in Western Kenya" in 2013 by Daniel WC Kinyanjui* and Lukoye Atwoli found that 66.1% of prisoners reported lifetime substance use, a much higher prevalence than the 30.7% reported in Pul-e-Charkhi. The mean age of participants was 33.3 years, with an average of 8.39 years of formal education. Unlike Pul-e-Charkhi, where older age groups had higher drug use prevalence, the Kenyan study found no significant difference in age between users and non-users (33.0 vs. 33.8 years, p=0.441). However, education level was positively associated with substance use, meaning those with more education were more likely to have used substances (p=0.031), which contrasts with Pul-e-Charkhi, where higher education generally correlated with lower drug use (except for master's degree holders). Among substances, 65.1% reported lifetime alcohol use, with a mean initiation age of 22.6 years. The strongest predictors of alcohol use were male gender (p<0.001) and urban residence (p<0.001). Additionally, 10.4% of respondents were current alcohol users, having consumed alcohol in the preceding week. Reported effects of alcohol use included quarrels (57%), police trouble (55.9%), and fights (47.6%).

The lifetime prevalence of cigarette use was 32.7%, with 14.0% being current smokers. Unlike Pul-e-Charkhi, where cannabis was the dominant drug, alcohol and cigarettes were the most frequently used substances in Eldoret prison [28].

Conclusion

This study concludes that substance abuse among male inmates at Pul-e-Charkhi Jail is strongly linked to criminal associations, such as prior incarceration, drug-using peers, and criminal networks, rather than demographic factors like age, marital status, education, or residence. The highest abuse rates were observed among those with close ties to drug users and repeat offenders, indicating that peer influence and criminal history are key drivers of drug use in prison. Early initiation, daily use, and cannabis were common patterns, with funding often coming from work or theft. These findings emphasize the need for targeted interventions focused on disrupting criminal networks and reducing recidivism to address substance abuse within the prison population effectively.

Strengths
1.	Strong research team (mentor, researcher, support staff).
2.	Original data reflecting authentic prisoner responses.
3.	Findings are generalizable to Pul-e-Charkhi central prison inmates.

Weaknesses
1.	Potential bias inherent in self-reported data.
2.	A single data collector made the process challenging.
3.	Some prisoners were uncooperative.
4.	Stigma may have limited honest responses.

Limitations
1.	Self-report bias.
2.	Single data collector.
3.	Low participation.
4.	Only male prisoners are in one jail.
5.	Cross-sectional design; no causal inference.
6.	Simplified crime classification.

Suggestion
1.	Enhance Education: Strengthen compulsory education with content on peer influence and drug risks.
2.	Youth Awareness: Promote positive peer associations and awareness of social influence.

3. Peer Monitoring: Implement programs to help adolescents critically assess peer behaviors, messaging in media, and schools about the harm and hazards of drug abuse.
4. Research Collaboration: Encourage multidisciplinary research for robust analysis.
5. Government Action: Enforce stricter drug regulations, expand prevention and rehabilitation services, and integrate anti-drug.
6. Public Health Promotion: Advocate drug-free living through community education and stigma reduction.

Ethical Consideration

This research was conducted in strict accordance with ethical standards, with authorization granted by the Institutional Review Board (IRB) of Kabul University of Medical Sciences, "Abu Ali Ibn Sina." Participation was entirely voluntary, and informed consent was secured following a comprehensive explanation of the study's aims, potential risks, and expected benefits. To ensure confidentiality, all data was anonymized, and participants retained the right to withdraw at any point without repercussions. Precautions were taken to guarantee that prisoners participated voluntarily, without coercion or undue influence. The results will be utilized exclusively for academic research and policy formulation.

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