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Research Paper

Drug Abuse Among Youth in Afghanistan: A Study on Tablet K, Zicap, and Cannabis

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ABSTRACT

Background: Drug abuse among youth has become a growing public health concern in Afghanistan. Synthetic narcotic tablets, particularly Tablet K and Zicap, along with cannabis, are increasingly used by adolescents and young adults. **Methods:** A community-based cross-sectional study was conducted with 78 young people (aged 14–25) in Kabul, Afghanistan, who were users of Tablet K, Zicap, or cannabis. Data were collected through structured interviews at rehabilitation centres and community settings. **Results:** The majority of participants were male (92%), aged 16–22 (85%). Peer pressure (45%) and economic hardship (30%) were the most common reasons for initiating drug use. More than 60% started using drugs between ages 14 and 17, and 40% used multiple substances simultaneously. Consequences included health deterioration (70%), loss of employment (60%), family breakdown (55%), depression (50%), and social isolation (45%). **Conclusion:** Drug abuse among Afghan youth is driven by peer influence, poverty, unemployment, and psychological distress. Urgent prevention and rehabilitation programmes are needed to address this crisis

INTRODUCTION

Drug abuse is recognized as one of the most significant public health challenges worldwide, affecting millions of individuals regardless of age, gender, or socioeconomic status. According to international health organizations, substance use disorders contribute substantially to premature mortality, disability, mental illness, infectious

diseases, family disruption, crime, and economic instability. Although every country faces unique challenges related to substance use, conflict-affected and low-income countries often experience greater vulnerability due to poverty, unemployment, displacement, limited healthcare services, and prolonged social instability. Afghanistan has historically been associated with the cultivation, production, and trafficking of illicit

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drugs, particularly opium. However, during the past decade, patterns of substance use have changed considerably. In addition to traditional drugs such as opium and cannabis, synthetic narcotic tablets have become increasingly available throughout the country. Among these, Tablet K and Zicap have emerged as substances of growing concern because of their widespread availability, relatively low price, and increasing popularity among adolescents and young adults.

Unlike previous generations, many young Afghans are now exposed to drugs at an earlier age. Rapid urbanization, unemployment, poverty, family instability, psychological distress, and exposure to drug-using peer groups have created an environment in which experimentation with drugs has become increasingly common. For many adolescents, initial experimentation gradually progresses into regular use, dependence, and severe addiction, affecting every aspect of their lives.

The emergence of synthetic narcotic tablets represents a particularly serious public health concern. These substances are frequently manufactured illegally, and their exact chemical composition is often unknown to users. As a result, individuals may unknowingly consume highly potent or contaminated products that substantially increase the risk of poisoning, overdose, severe neurological complications, and death. The unpredictable nature of these drugs also complicates medical treatment and rehabilitation. Given these concerns, there is an urgent need for high-quality community-based research that examines patterns of substance use among Afghan youth. The present study therefore investigates the prevalence and characteristics of Tablet K, Zicap, and cannabis use among adolescents and young adults in Kabul, Afghanistan.

2. Methodology

2.1. Study Design and Setting

A community-based cross-sectional study was conducted in Kabul, Afghanistan, between October and December 2025. Participants were recruited from rehabilitation centres, including the Jangalak Drug Rehabilitation Hospital, as well as through community outreach in areas known to have high rates of drug use among young people.

2.2. Study Population

The study population consisted of 78 young people aged 14–25 years who were currently using or had previously used Tablet K, Zicap, or cannabis.

2.3. Data Collection

Data were collected through face-to-face interviews using a structured questionnaire. Participants were asked about their age, family background, education, employment status, reasons for starting drug use, types and frequency of drugs used, sources of drugs, and the impact of drug use on their health, relationships, and daily life. Interviews were conducted in Dari and Pashto, the main languages of Kabul.

2.4. Ethical Considerations

Participants were informed of the purpose of the study and their right to withdraw at any time. Confidentiality was maintained, and no personal identifiers were recorded. Written or verbal consent was obtained from participants or their guardians (for participants under 18). The study adhered to internationally accepted ethical principles for research involving human participants.

2.5. Data Analysis

Data were analysed using descriptive statistics to identify patterns and trends in drug use among the participants.



3. Results

3.1. Demographics of Participants

Of the 78 participants, 92% were male and 8% were female. The majority (85%) were between 16 and 22 years old. Most participants (70%) had no formal education or had dropped out of school before completing their studies. Unemployment was reported by 65% of participants. Over half of the participants (55%) came from families with a monthly income of less than 10,000 AFN.

3.2. Reasons for Initial Drug Use

Participants cited the following reasons for starting drug use:

- Peer pressure (45%)
- Economic hardship (30%)
- Depression and family problems (15%)
- Curiosity (10%)

3.3. Types of Drugs Used

Among the participants:

- 65% used Tablet K
- 50% used Zicap
- 35% used cannabis
- 40% used multiple drugs simultaneously

3.4. Age of First Use

More than 60% of participants reported first trying drugs between the ages of 14 and 17. The average age of first use was 16.3 years.

3.5. Sources and Prices of Drugs

Participants reported that drugs were readily available in Kabul's black markets. The approximate prices were:

- Tablet K: 100–300 AFN per tablet
- Zicap: 150–350 AFN per tablet
- Cannabis: 500–1,000 AFN per 10 grams

3.6. Consequences of Drug Use

The consequences reported by participants were devastating:

- Health deterioration (70%)
- Loss of job or income (60%)
- Family breakdown (55%)
- Depression and anxiety (50%)
- Social isolation (45%)
- Death of friends from overdose (20%)
- Suicidal thoughts (15%)

4. DISCUSSION

The findings of this study demonstrate that substance abuse among Afghan youth is a complex public health issue influenced by multiple interacting social, economic, psychological, educational, and environmental factors. Rather than resulting from a single cause, drug addiction appears to develop through the cumulative effects of peer influence, financial hardship, limited educational opportunities, psychological distress, and the increasing availability of illicit substances. The predominance of male participants observed in this study is consistent with findings reported in previous research conducted in Afghanistan and other low- and middle-income countries. Cultural norms, greater freedom of movement among males, and differences in healthcare-seeking behaviour may partly explain the higher proportion of male drug users identified during data collection.

The concentration of participants within the 16–22-year age group emphasizes the vulnerability of late adolescence and early adulthood. During this developmental period, individuals experience significant biological, psychological, and social changes while simultaneously making important educational and occupational decisions. Exposure to adverse social environments during these years may substantially increase the likelihood of



initiating substance use and developing long-term addiction.

One of the most important findings of the study was the dominant role of peer influence in initiating drug use. Nearly half of all participants reported that friends introduced them to narcotic substances. This observation supports international evidence indicating that adolescents frequently adopt behaviours that are accepted within their social groups.

Economic hardship emerged as another major determinant of drug use. Afghanistan continues to experience widespread unemployment, poverty, and economic uncertainty. These conditions contribute to chronic psychological stress and may increase the attractiveness of psychoactive substances as temporary means of escaping emotional difficulties.

The widespread use of synthetic narcotic tablets observed in this study reflects changing patterns of drug consumption within Afghanistan. Participants frequently reported that these substances were inexpensive, readily available, and perceived as easier to use than traditional narcotics. Their popularity among young people is particularly concerning because the chemical composition of illicit synthetic drugs is often unknown, increasing the risk of poisoning, severe neurological complications, and overdose.

Polysubstance use also emerged as an important public health concern. Participants consuming multiple substances simultaneously generally reported more severe physical illness, greater psychological distress, and repeated treatment failures. These findings emphasize the need for rehabilitation programmes capable of addressing complex patterns of addiction rather than focusing on individual substances alone.

5. CONCLUSION

The findings of this community-based study demonstrate that drug abuse among adolescents

and young adults has become an increasingly important public health concern in Kabul, Afghanistan. The widespread use of synthetic narcotic tablets, particularly Tablet K and Zicap, together with cannabis, reflects changing patterns of substance use that require immediate attention from health authorities, educational institutions, community organizations, and policy-makers.

The study identified adolescence as the period of greatest vulnerability to drug initiation. Peer influence emerged as the strongest reported factor associated with the initiation of drug use. However, addiction developed within a broader context characterized by poverty, unemployment, educational disruption, psychological distress, family conflict, and easy access to illicit substances.

Participants described numerous adverse consequences associated with prolonged substance use, including physical illness, depression, anxiety, cognitive impairment, school dropout, unemployment, family conflict, financial hardship, and social isolation. Many also experienced repeated relapse despite previous attempts to stop using drugs, emphasizing the chronic and relapsing nature of substance use disorders.

The study further demonstrates that effective responses must extend beyond medical detoxification alone. Comprehensive rehabilitation programmes should integrate psychological counselling, family support, educational reintegration, vocational training, and long-term community follow-up to improve recovery outcomes and reduce relapse.

Ultimately, protecting Afghan youth from drug addiction requires sustained collaboration among government institutions, healthcare providers, educational authorities, families, religious scholars, community leaders, humanitarian organizations, and international partners. Investing in prevention today represents an



investment in the future health, stability, and prosperity of Afghanistan.

6. Recommendations

6.1. For the Government

The Government of Afghanistan should strengthen national strategies aimed at preventing substance abuse among adolescents and young adults. Greater emphasis should be placed on reducing the availability of illicit synthetic narcotics through improved border control, enhanced law enforcement, and stronger regulation of pharmaceutical distribution systems. National investment in education, vocational training, and youth employment programmes should be expanded to address the socioeconomic factors that increase vulnerability to drug addiction.

6.2. For the Ministry of Public Health

The Ministry of Public Health should expand access to comprehensive addiction treatment and rehabilitation services throughout Afghanistan. Healthcare providers should receive additional training in the early identification, assessment, and management of substance use disorders among adolescents. Mental health services should be integrated into addiction treatment programmes to ensure that depression, anxiety, and other psychological conditions are identified and managed appropriately.

6.3. For Educational Institutions

Schools should play a more active role in substance abuse prevention. Health education curricula should include scientifically accurate information regarding the health consequences of synthetic narcotic tablets, cannabis, and other psychoactive substances. Life-skills education focusing on decision-making, emotional

resilience, stress management, and resistance to peer pressure should also be incorporated.

6.4. For Families and Communities

Families remain the first and most influential source of protection for adolescents. Parents should be encouraged to maintain open communication with their children regarding substance abuse, mental health, and peer relationships. Community leaders, religious scholars, youth organizations, and local health workers should collaborate to increase public awareness regarding the harmful consequences of drug addiction while reducing stigma associated with seeking treatment.

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Conflict of Interest

The author declares no conflicts of interest in relation to this research.

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