STRATEGIES FOR PREVENTING AND INTERVENING IN DRUG ABUSE AMONG NIGERIAN YOUTHS: A PUBLIC HEALTH PERSPECTIVE

BY

BANKOLE KAMORUDEEN TUNDE

ABSTRACT

Drug abuse among Nigerian youths has become a menace that cuts across every part of the nation affecting all age ranges of the youth starting from primary school pupils.

Various substances that evoke the same behavioural responses as drugs are now being co-opted.

The consequences of this trend include high morbidity and mortality rate, unproductive life among the youth and huge economic loss to the nation.

The way out stems from the family unit in which the proper home training and awareness of drug/substance abuse should be initiated. Serious awareness campaign in primary, secondary and tertiary institutions showing videos of victims of drug abuse. Effective drug control to curtail access to the drugs and the rehabilitation of the victims.

By implementing evidence-based strategies, we can reduce the burden of drug abuse and promote healthy lifestyles among Nigerian youths.

This paper examines evidence-based strategies for preventing and intervening in drug abuse among Nigerian youths from a public health perspective. Drawing on the epidemiology of substance use, risk and protective factors, and established prevention frameworks, the paper synthesizes community-, school-, family-, and policy-level interventions applicable to the Nigerian context. Special attention is given to barriers to implementation, culturally appropriate adaptations, monitoring and evaluation approaches. Recommendations emphasize integrated, multi-sectoral responses that combine primary prevention (education and life-skills), secondary prevention (early identification and brief interventions), and tertiary care (accessible treatment and harm reduction). The paper concludes with a policy and practice roadmap for stakeholders, including government, schools, health systems, civil society, and families.

KEYWORDS: Drug abuse, substance use, Nigerian youths, prevention, intervention, public health, mental health, rehabilitation, substance use disorder.

INTRODUCTION

Drug abuse has become one of the most pressing public health and social challenges affecting youths globally. The World Health Organization defines substance abuse as the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs, in ways that negatively affect physical health, mental wellbeing, and social functioning (WHO, 2022). In Nigeria, the growing rate of substance use among adolescents and young adults has generated concern among policymakers, educators, healthcare professionals, religious organizations, and communities.

Nigeria, with its rapidly growing youth population, faces increasing vulnerability to substance abuse due to economic hardship, unemployment, social inequality, urbanization, insecurity, and weak social protection systems. Reports by the United Nations Office on Drugs and Crime indicate that millions of Nigerians between the ages of 15 and 64 use psychoactive substances, with young people accounting for a significant proportion of users (UNODC, 2018). Commonly abused substances include alcohol, tobacco, cannabis, tramadol, codeine-containing cough syrups, cocaine, heroin, methamphetamine, and inhalants.

The consequences of drug abuse among Nigerian youths extend beyond individual health outcomes. Substance abuse contributes to poor academic performance, school dropout, risky sexual behaviors, criminal activities, violence, cultism, road traffic accidents, mental illness, and reduced productivity (Akanbi et al., 2015). Drug dependence also places enormous pressure on families, healthcare systems, educational institutions, and national security structures.

Several studies have identified peer pressure, family instability, poverty, unemployment, and mental health disorders as major determinants of youth substance abuse in Nigeria (Nwagu and Dibia, 2020). Hawkins, Catalano and Miller (1992) further explained that adolescent substance abuse is strongly influenced by the interaction between risk factors and protective factors within the family, school, and community environment.

Although law enforcement and regulatory agencies such as the National Drug Law Enforcement Agency have intensified efforts to control the circulation of illicit drugs, punitive approaches alone have proven insufficient. Contemporary public health approaches emphasize prevention, early intervention, treatment, rehabilitation, and community participation as more sustainable strategies (WHO, 2022).

This paper therefore examines evidence-based strategies for preventing and intervening in drug abuse among Nigerian youths using a public health framework. It highlights major determinants of substance abuse, explores prevention and intervention models, discusses implementation challenges, and proposes recommendations for policymakers and stakeholders.

REVIEW OF LITERATURE

Drug abuse among youths has attracted significant scholarly attention because of its increasing prevalence and devastating health and social consequences. Existing literature suggests that substance abuse is influenced by a combination of biological, psychological, environmental, socioeconomic, and cultural factors.

According to Hawkins, Catalano and Miller (1992), adolescent substance abuse develops through the interaction of risk factors such as peer pressure, poor parental supervision, poverty, academic failure, and exposure to substance-using environments. Conversely, protective factors including strong family relationships, school connectedness, and community support reduce the likelihood of drug involvement among youths.

Botvin (2000) emphasized the importance of life skills education in preventing adolescent substance abuse. The author argued that school-based interventions focusing on communication skills, emotional regulation, decision-making, and resistance to peer influence significantly reduce substance use initiation among adolescents.

Studies conducted in Nigeria also demonstrate increasing rates of psychoactive substance use among young people. Oshodi, Aina and Onajole (2019) found that alcohol, cannabis, cigarettes, and prescription medications were among the most commonly abused substances among secondary school students in urban Nigeria. Their findings linked substance use with peer influence, family background, and weak supervision.

Similarly, Nwagu and Dibia (2020) observed that unemployment, economic hardship, and social inequality significantly contribute to substance abuse among Nigerian youths. The authors noted that many unemployed youths resort to psychoactive substances as coping mechanisms for frustration and emotional stress.

Akanbi et al. (2015) reported that substance abuse negatively affects academic performance among adolescents by impairing concentration, memory retention, and classroom participation. Drug abuse was also associated with absenteeism, examination malpractice, school dropout, and violent behavior within educational institutions.

Mental health has also been identified as a major factor associated with substance abuse. Abdulmalik, Kola and Gureje (2019) explained that poor mental health infrastructure and widespread stigma surrounding mental illness in Nigeria limit access to psychological support services, thereby increasing vulnerability to substance abuse among youths.

The World Health Organization recommends integrated public health approaches combining prevention, early identification, treatment, and rehabilitation for effective substance abuse control (WHO, 2022). Similarly, the United Nations Office on Drugs and Crime advocates for evidence-based interventions including school-based prevention programs, family-centered approaches, mental health integration, and community participation (UNODC, 2024).

Despite growing awareness, existing literature indicates that Nigeria continues to face major challenges in addressing substance abuse. These include inadequate rehabilitation facilities, shortage of mental health professionals, poor implementation of drug policies,

social stigma, and limited funding for prevention programs (Federal Ministry of Health Nigeria, 2021).

Overall, the literature suggests that sustainable reduction in youth drug abuse requires comprehensive, multisectoral, and evidence-based interventions that address both individual behaviors and broader social determinants.

RATIONALE AND OBJECTIVES

The increasing prevalence of drug abuse among Nigerian youths represents a major threat to national development and public health. Young people constitute a substantial proportion of Nigeria's population and workforce; therefore, widespread substance abuse undermines the nation's social and economic potential.

The rationale for this study is based on several factors:

1. Rising rates of psychoactive substance use among adolescents and young adults.
2. Increasing cases of mental health disorders associated with drug abuse.
3. Limited access to treatment and rehabilitation services for youths.
4. Weak coordination between education, healthcare, and social welfare sectors.
5. Inadequate evidence-based prevention programs in many communities and schools.
6. The need for sustainable and culturally appropriate public health responses.

A public health approach is necessary because it focuses not only on treatment but also on prevention, early detection, community engagement, and policy reforms aimed at reducing population-level risks.

OBJECTIVES

The objectives of this paper are to:

1. Examine the prevalence and determinants of drug abuse among Nigerian youths.
2. Identify major health, social, and economic consequences of substance abuse.
3. Evaluate evidence-based prevention and intervention strategies.
4. Discuss barriers affecting effective implementation of drug control programs.
5. Propose policy recommendations for reducing drug abuse among Nigerian youths.

METHODS

This study adopts a narrative review approach using secondary sources of data. Relevant literature was obtained from peer-reviewed journal articles, reports from international organizations, government publications, policy documents, and public health guidelines related to substance abuse prevention and intervention.

Databases and institutional sources consulted include the World Health Organization (WHO), United Nations Office on Drugs and Crime (UNODC), National Drug Law Enforcement Agency (NDLEA), Federal Ministry of Health, Google Scholar, PubMed, and Scopus.

The review focused on evidence-based interventions applicable to low- and middle-income countries, particularly within the Nigerian sociocultural and economic context.

CONCEPTUAL CLARIFICATION

Understanding the concepts associated with substance abuse is essential for developing effective prevention and intervention strategies. Drug abuse is a multidimensional issue that affects not only physical health but also psychological wellbeing, social relationships, educational outcomes, and economic productivity. The following concepts provide the foundation for understanding the public health dimensions of substance abuse among Nigerian youths.

DRUG ABUSE

Drug abuse refers to the excessive, harmful, or inappropriate use of psychoactive substances for non-medical purposes in ways that negatively affect an individual's physical, psychological, emotional, or social functioning. Drug abuse may involve the use of legal substances such as alcohol and tobacco or illegal substances such as cannabis, cocaine, heroin, methamphetamine, and inhalants.

Drug abuse differs from occasional or medically supervised use because it is characterized by harmful patterns of consumption that impair judgment, behavior, productivity, and social interactions. In many cases, prolonged abuse leads to dependency, addiction, and long-term health complications.

Among Nigerian youths, drug abuse commonly includes the misuse of alcohol, tramadol, codeine-containing cough syrups, cannabis, shisha, cigarettes, and locally available psychoactive mixtures. The abuse of prescription medications has become particularly concerning due to their relative affordability and accessibility.

SUBSTANCE USE DISORDER

Substance Use Disorder (SUD) is a chronic medical condition characterized by the compulsive use of substances despite harmful consequences. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), substance use disorder involves impaired control over substance use, social impairment, risky use, tolerance, and withdrawal symptoms.

SUD exists on a continuum ranging from mild to severe depending on the level of impairment experienced by the individual. Affected persons may continue using

substances despite deteriorating health, strained relationships, poor academic performance, financial hardship, and legal problems.

Substance use disorders among youths are especially dangerous because adolescence is a critical stage of brain development. Repeated exposure to psychoactive substances during this period may interfere with cognitive development, emotional regulation, memory, decision-making, and impulse control.

ADDICTION

Addiction is a severe form of substance dependence characterized by an uncontrollable urge to use substances repeatedly despite awareness of harmful consequences. Addiction involves both physical dependence and psychological dependence.

Physical dependence occurs when the body adapts to a substance, leading to withdrawal symptoms when use is reduced or stopped. Psychological dependence refers to emotional or mental reliance on substances as a coping mechanism for stress, anxiety, trauma, loneliness, or social pressure.

Addiction often affects multiple dimensions of an individual's life, including family relationships, education, employment, social functioning, and mental health.

PUBLIC HEALTH PERSPECTIVE

A public health perspective views substance abuse as a societal and health issue rather than solely a criminal or moral problem. Public health approaches focus on prevention, health promotion, risk reduction, treatment accessibility, rehabilitation, and population-level interventions.

This perspective emphasizes addressing the social determinants that contribute to substance abuse, including poverty, unemployment, inequality, poor education, violence, trauma, and limited access to healthcare services.

Public health strategies also prioritize:

- Early prevention and awareness.
- Community participation.
- Evidence-based interventions.
- Harm reduction approaches.
- Mental health integration.
- Policy reforms and regulation.
- Youth empowerment and social support.

The public health model recognizes that sustainable solutions require coordinated action across multiple sectors including healthcare, education, law enforcement, social welfare, media, and civil society.

YOUTH VULNERABILITY AND RISK BEHAVIOUR

Youth vulnerability refers to the increased susceptibility of adolescents and young adults to harmful behaviors due to developmental, social, emotional, and environmental factors. Adolescence is often associated with curiosity, experimentation, risk-taking tendencies, identity formation, and peer influence.

At this stage, many youths experience emotional instability, academic pressure, unemployment, family conflict, and social uncertainty. Without proper guidance and support systems, these factors may increase the likelihood of experimenting with psychoactive substances.

In Nigeria, additional vulnerabilities such as insecurity, poverty, social inequality, and weak mental health support systems further expose young people to substance abuse.

Epidemiology of Drug Abuse among Nigerian Youths

Drug abuse among Nigerian youths has increased considerably over the past two decades and now constitutes a major public health concern. Epidemiology refers to the distribution, patterns, causes, and determinants of health-related conditions within populations. Understanding the epidemiology of substance abuse is essential for designing effective prevention and intervention strategies.

Nigeria has one of the largest youth populations in Africa, with a significant proportion of citizens below the age of 35 years. This demographic structure presents both opportunities and challenges. While youths represent a valuable human resource for national development, increasing substance abuse threatens their health, productivity, and future prospects.

According to the United Nations Office on Drugs and Crime (UNODC), approximately 14.4% of Nigerians between the ages of 15 and 64 have used psychoactive substances, a prevalence rate higher than the global average. Adolescents and young adults account for a substantial proportion of users.

Alcohol remains the most commonly used psychoactive substance among Nigerian youths because of its social acceptability and widespread availability. Tobacco products, cannabis, tramadol, codeine-containing cough syrups, methamphetamine, and inhalants are also widely consumed.

The abuse of prescription medications has become increasingly common among students, commercial drivers, artisans, and unemployed youths. Tramadol misuse, in particular, has received national attention due to its association with aggression, dependency, violence, and risky behaviors.

Regional variations also exist in patterns of substance use. Urban centers such as Lagos, Abuja, Port Harcourt, Kano, and Onitsha tend to report higher rates of drug circulation and consumption due to population density, commercial activity, nightlife culture, and organized drug networks. However, substance abuse is also increasingly prevalent in rural

communities where poverty, unemployment, and limited access to healthcare services contribute to vulnerability.

Drug abuse among youths occurs across different educational and social categories, including:

- Secondary school students.
- University and polytechnic students.
- Out-of-school youths.
- Street children and homeless youths.
- Commercial motorcyclists and transport workers.
- Youths in conflict-prone or insecure regions.

Several studies have shown that males generally report higher rates of substance use than females. However, substance abuse among young women is gradually increasing due to changing social norms, urbanization, peer influence, and media exposure.

The epidemiological burden of drug abuse extends beyond prevalence rates. Substance use contributes significantly to injuries, mental illness, violence, risky sexual behavior, accidents, suicide, criminality, and premature deaths. The increasing availability of illicit drugs through informal supply chains, porous borders, online distribution channels, and unregulated pharmaceutical markets continues to worsen the problem. In addition, misinformation and social media content that glamorize substance use influence perceptions among young people. Despite growing concern, Nigeria still faces challenges related to inadequate nationwide surveillance systems, underreporting, social stigma, and limited epidemiological data on youth substance abuse. Strengthening research and national monitoring systems is therefore critical for effective public health planning.

Determinants and Risk Factors of Drug Abuse

Drug abuse among Nigerian youths is influenced by a complex interaction of biological, psychological, social, economic, cultural, and environmental factors. Understanding these determinants is important for developing targeted prevention and intervention strategies.

- **Peer Pressure and Social Influence**

Peer pressure remains one of the strongest determinants of substance use among adolescents and young adults. Many youths begin experimenting with drugs due to the desire for acceptance, belonging, or social validation.

Friends and social groups often influence attitudes toward substance use by normalizing behaviors such as smoking, alcohol consumption, and misuse of prescription drugs. Young people may also feel pressured to imitate celebrities, musicians, or social media influencers who portray substance use as fashionable or desirable.

- **Family Dysfunction and Poor Parenting**

The family plays a critical role in shaping the behavior and values of young people. Weak parental supervision, inconsistent discipline, family conflict, divorce, neglect, domestic

violence, and parental substance abuse increase the likelihood of drug experimentation among youths.

Children raised in unstable or abusive environments may use drugs as coping mechanisms for emotional pain, loneliness, or trauma. Conversely, strong family bonds, open communication, emotional support, and effective parental monitoring serve as protective factors against substance abuse.

- **Poverty and Unemployment**

Economic hardship is a major driver of substance abuse in Nigeria. High unemployment rates, lack of economic opportunities, and financial instability contribute to frustration, hopelessness, depression, and low self-esteem among youths.

Some young people resort to drug use as a temporary escape from stress and socioeconomic difficulties. In some cases, involvement in drug trafficking or illicit drug markets becomes a means of survival.

- **Mental Health Challenges**

Mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and emotional trauma are strongly associated with substance abuse.

Many Nigerian youths experiencing psychological distress may self-medicate with alcohol or drugs because of limited access to mental health services and widespread stigma surrounding mental illness.

The relationship between mental health and substance abuse is often bidirectional. While mental health conditions may increase vulnerability to drug use, prolonged substance abuse can also worsen psychological disorders.

- **Academic and Social Pressure**

Academic expectations, examination stress, fear of failure, and societal pressure to succeed may contribute to substance use among students.

Some youths abuse stimulants or prescription medications in attempts to enhance concentration, stay awake for long periods, or cope with academic demands. Relationship problems, social rejection, and identity struggles may also contribute to emotional distress and risky coping behaviors.

- **Availability and Accessibility of Drugs**

Easy access to psychoactive substances significantly increases the risk of drug abuse. Weak regulation of pharmaceutical products, porous borders, illicit drug markets, and inadequate law enforcement contribute to widespread availability.

Certain drugs are sold openly in informal markets, motor parks, nightlife environments, and unregulated pharmacies, making them easily accessible to young people.

- **Media and Digital Influence**

Modern media and entertainment industries have significant influence on youth behavior. Music videos, movies, online content, and social media platforms sometimes portray substance use as glamorous, pleasurable, or socially rewarding.

Exposure to such content may normalize risky behaviors and reduce perceptions of harm among impressionable youths.

- **Urbanization and Environmental Factors**

Rapid urbanization, overcrowding, insecurity, and poor living conditions in many urban settlements contribute to social disorganization and increased exposure to substance abuse.

Urban nightlife culture, gang activities, and high-stress living conditions may increase vulnerability among young people.

- **Cultural and Religious Factors**

Cultural beliefs and social norms influence attitudes toward substance use. In some communities, alcohol consumption is socially accepted during ceremonies and celebrations, potentially encouraging early exposure.

At the same time, religious teachings and community values can serve as protective factors by discouraging substance abuse and promoting moral discipline.

- **Weak Social Support Systems**

Limited access to youth-friendly services, counseling programs, recreational facilities, and mentorship opportunities increases vulnerability among youths.

Where support systems are weak, young people may turn to drugs as coping mechanisms for emotional distress and social challenges.

Consequences of Drug Abuse among Nigerian Youths

Drug abuse has profound consequences for individuals, families, communities, and national development. The effects extend beyond health problems and contribute to educational decline, insecurity, social instability, and economic losses.

- **Physical Health Consequences**

Substance abuse negatively affects nearly every organ system in the body. Long-term use of psychoactive substances may lead to:

- Liver disease.
- Kidney damage.
- Respiratory disorders.
- Cardiovascular complications.
- Neurological impairment.
- Malnutrition.
- Weakened immune function.

Injecting drug use also increases the risk of infectious diseases such as HIV/AIDS, hepatitis B, and hepatitis C through unsafe needle-sharing practices.

In severe cases, overdose and poisoning may result in permanent disability or death.

- **Mental and Psychological Consequences**

Drug abuse significantly affects mental health and emotional wellbeing. Common psychological effects include:

- Depression.
- Anxiety disorders.
- Mood instability.
- Psychosis.
- Hallucinations.
- Aggressive behavior.
- Suicidal thoughts.

Prolonged substance abuse may impair memory, concentration, judgment, and cognitive functioning, thereby affecting educational and occupational performance.

- **Educational Consequences**

Drug abuse contributes to poor academic performance, absenteeism, indiscipline, and school dropout.

Students who abuse drugs often experience reduced concentration, low motivation, poor memory retention, and impaired decision-making abilities. Substance abuse may also increase involvement in examination malpractice, violence, cultism, and other antisocial behaviors within educational institutions.

The disruption of educational attainment limits future employment opportunities and socioeconomic advancement.

- **Social Consequences**

Substance abuse negatively affects relationships and social functioning. Drug-dependent youths may become socially withdrawn, aggressive, irresponsible, or involved in criminal activities.

Drug abuse contributes to:

- Family conflict and breakdown.
- Domestic violence.
- Child neglect.
- Gang involvement.
- Cultism.
- Armed robbery.
- Sexual violence.
- Community insecurity.

Families often experience emotional stress, stigma, financial burden, and reduced quality of life due to the behavior of affected individuals.

- **Economic Consequences**

Drug abuse has substantial economic implications for individuals and society.
Affected youths may struggle with unemployment, low productivity, poor financial management, and job instability. Families often spend significant resources on healthcare, rehabilitation, and legal issues.
At the national level, substance abuse increases healthcare costs, reduces workforce productivity, weakens human capital development, and places pressure on social welfare and criminal justice systems.

- **Security and Crime-Related Consequences**

There is growing evidence linking substance abuse with violent crime, cultism, terrorism, kidnapping, armed robbery, and communal violence.
Drug trafficking networks also contribute to corruption, organized crime, and insecurity. Psychoactive substances may impair judgment and increase aggressive tendencies, thereby contributing to accidents and violent behavior.

- **Impact on National Development**

The widespread abuse of drugs among youths undermines national development by reducing the productivity, creativity, and potential of the country's future workforce.
Youths represent an important demographic asset for economic growth and social progress. However, widespread substance abuse weakens educational outcomes, public health indicators, and social stability.
The long-term consequences include increased poverty, reduced innovation, weakened human capital, and slower national development.

FRAMEWORK FOR PUBLIC HEALTH RESPONSES

A public health approach to youth substance use integrates three levels:
Primary prevention: interventions that reduce initiation of substance use (education, policy, environmental strategies).

- Secondary prevention: early detection and interventions for those who have experimented or are at risk (screening, brief interventions, family-based programs).
- Tertiary prevention: treatment and harm reduction for individuals with substance use disorders (SUDs) and services to reduce negative outcomes (e.g., overdose prevention, psychosocial rehabilitation).

Interventions should be multi-component, culturally adapted, equity-focused, and evaluated using both process and outcome indicators.

Evidence-informed strategies

Below are recommended strategies organized by level and setting.
1. Policy and regulatory strategies

Strengthen regulation of psychoactive substances: enforce age limits for alcohol and tobacco sales, monitor and regulate sales of pharmaceutical opioids and codeine-containing syrups, and crack down on illegal drug supply chains.

- Pricing and taxation: increase excise taxes on alcohol and tobacco to reduce affordability for youth.
- Advertising and media controls: restrict marketing of alcohol and tobacco that targets young people, and regulate digital advertising.
- School policies: national guidance that supports smoke-free and substance-free school environments, clear disciplinary policies coupled with support for affected students.

2. School-based interventions

- Life-skills and resilience programs: curricula that teach social-emotional skills, decision-making, refusal skills, and coping strategies reduce initiation and progression of substance use when delivered with fidelity and across several years.
- Integration with sexual and reproductive health/mental health education: holistic school health programs addressing co-occurring risks.
- Training teachers/peer educators: equip school staff to identify at-risk students and deliver brief interventions or referrals.
- After-school engagement and extracurriculars: sports, arts, and clubs provide positive alternatives and strengthen school connectedness.

3. Family-focused strategies

Parenting programs: interventions that improve parental monitoring, communication, and positive discipline (e.g., group-based parenting workshops) have strong evidence in reducing adolescent substance use.

Family therapy in clinical settings: for youths showing early signs or diagnosed SUDs, family-based treatments (functional family therapy, multidimensional family therapy principles) improve outcomes.

4. Community-level interventions

Community coalitions: mobilize local stakeholders (religious leaders, youth groups, health workers, NGOs) to design context-appropriate prevention campaigns and environmental strategies.

Safe spaces and youth centers: provide counseling, vocational training, and mentorship to reduce risk linked to idleness and unemployment.

Faith-based and culturally sensitive programs: leverage community institutions (mosques, churches) for outreach and stigma reduction while ensuring interventions respect human rights and confidentiality.

5. Health-system strategies

- Routine screening in primary care and school health clinics: use brief, validated screening tools (adapted and validated locally) to identify at-risk youths.
- Brief interventions and motivational interviewing: short, structured conversations in healthcare or school settings can reduce risky use among young people.
- Task-shifting and workforce development: train community health workers, nurses, and counselors in identification, brief interventions, and referral to specialist care where available.
- Integrated mental health and substance use services: address co-occurring mental health problems (depression, anxiety, trauma) through collaborative care models.

6. Treatment and harm reduction services.

Accessible outpatient psychosocial interventions: cognitive-behavioral therapy (CBT), contingency management elements, and group therapy adapted to local languages and contexts.

- Medication-assisted treatment (MAT): where opioid dependence exists, consider evidence-based MAT (e.g., buprenorphine, methadone) within regulated and supportive frameworks—implemented with safeguards, training, and linkage to psychosocial care.
- Overdose prevention and naloxone: in settings with opioid use, equip first responders and community programs with naloxone and training.
- Linkage to social services: housing support, job training, and education re-entry services to improve long-term recovery and social reintegration.

7. Digital and media interventions

- Mobile health (mHealth) tools: SMS reminders, brief counseling apps, and tele-counseling can expand reach, especially in areas with limited services.
- Social media campaigns: culturally tailored messaging to change norms and reduce stigma; use youth influencers responsibly.

IMPLEMENTATION CONSIDERATIONS FOR NIGERIA

Cultural adaptation and community ownership

Interventions must be tailored to Nigeria's ethnic, religious, and linguistic diversity. Engaging local leaders and youths in program design ensures relevance and acceptance. Faith-based organizations can be powerful partners but programs must protect confidentiality and clinical integrity.

Equity and access

Efforts should prioritize underserved groups—out-of-school youths, street-involved youths, internally displaced persons, and girls—who may face unique vulnerabilities and barriers to services.

Financing and sustainability

Sustainable funding requires government commitment, incorporation into primary healthcare budgets, public–private partnerships, and donor support aligned with national priorities. Cost-effectiveness analyses and phased scale-up can support sustainable implementation.

Human resources and training

Given specialist shortages, Nigeria should adopt task-sharing approaches, standardized training curricula, supervision systems, and clear referral pathways to ensure quality of care.

Legal and ethical issues

Programs must balance law enforcement approaches with public health priorities. Criminalizing substance use among youths can deter help-seeking—alternatives to punitive approaches (diversion, treatment-oriented responses) are preferred. Services must ensure informed consent, confidentiality, and youth-friendly care.

Monitoring, evaluation and research priorities

Robust M&E is essential to track implementation and outcomes. Key indicators include:
Process indicators: number of schools implementing life-skills programs, number of health workers trained, availability of youth-friendly services.

Outcome indicators: prevalence of past-month substance use among targeted age groups, treatment engagement and retention, school attendance and performance, self-reported risk behaviors.

Research priorities for Nigeria include: locally validating screening tools, evaluating culturally adapted interventions (RCTs and implementation studies), mapping informal drug markets, and studying socio-economic drivers of use. Implementation science approaches can elucidate how to scale effective programs across diverse Nigerian settings.

DISCUSSION

Drug abuse among Nigerian youths is a complex public health issue driven by multiple social, economic, psychological, and environmental factors. The findings of this study

demonstrate that isolated interventions are insufficient for addressing the growing burden of substance abuse.

Effective prevention requires integrated and evidence-based approaches involving families, schools, healthcare systems, communities, and government institutions. School-based interventions remain particularly important because they provide opportunities for early prevention and behavioral education during critical developmental stages. Botvin (2000) argued that life skills education significantly reduces risky behaviors and improves adolescents' ability to resist peer pressure and substance experimentation.

Family-centered approaches also play significant roles in strengthening emotional support, parental supervision, and healthy communication patterns among adolescents. Research has consistently shown that strong family relationships serve as protective factors against substance abuse (Hawkins, Catalano and Miller, 1992). Conversely, family instability, neglect, and domestic conflict increase vulnerability to drug use among young people.

Community-based interventions are highly relevant within the Nigerian context because local institutions such as religious organizations, youth associations, and traditional leadership structures possess strong influence over social norms and behaviors. Mamman, Othman and Lian (2014) emphasized that social support systems and community engagement are essential for preventing adolescent substance abuse and promoting positive behavioral outcomes.

Mental health integration is equally important because many youths experiencing substance abuse also struggle with depression, anxiety, trauma, and emotional instability. Abdulmalik, Kola and Gureje (2019) observed that Nigeria's limited mental health infrastructure contributes to inadequate treatment and support services for vulnerable youths. Addressing co-occurring mental health conditions therefore improves recovery outcomes and reduces relapse rates.

Digital technologies present emerging opportunities for expanding access to awareness campaigns, counseling, and support services. However, digital interventions should complement—not replace—human-centered care and community engagement.

Although Nigeria has made progress through initiatives implemented by the National Drug Law Enforcement Agency, healthcare institutions, and civil society organizations, significant gaps remain in prevention infrastructure, treatment accessibility, workforce development, and research capacity (NDLEA, 2023).

The public health approach therefore provides a more sustainable framework for reducing substance abuse because it emphasizes prevention, early intervention, rehabilitation, and long-term social reintegration rather than punitive measures alone (WHO, 2022).

LIMITATIONS

This narrative review relies on synthesized evidence and programmatic guidance rather than a systematic review. Local empirical studies from Nigeria remain limited for some interventions; thus, adaptation must proceed with careful piloting and monitoring.

CONCLUSION

Drug abuse among Nigerian youths remains a major public health challenge with serious implications for education, mental health, national security, economic productivity, and social development. The increasing prevalence of psychoactive substance use among adolescents and young adults reflects deeper social and structural problems including unemployment, poverty, family instability, peer pressure, mental health challenges, and weak support systems.

This study has shown that substance abuse is not merely an individual behavioral problem but a multifaceted societal issue requiring comprehensive and coordinated responses. Effective prevention and intervention strategies must therefore move beyond punitive approaches and embrace evidence-based public health models that prioritize prevention, treatment, rehabilitation, mental health integration, and social reintegration.

School-based programs, family-centered interventions, community participation, healthcare system strengthening, policy reforms, and digital innovations all play critical roles in addressing the burden of drug abuse among Nigerian youths. Furthermore, sustainable progress requires strong political commitment, adequate funding, effective policy implementation, and multisectoral collaboration among government agencies, healthcare providers, educational institutions, religious organizations, civil society groups, and community leaders.

Investing in youth development, mental health services, employment opportunities, and preventive education is essential for reducing vulnerability to substance abuse and improving long-term public health outcomes. With coordinated national action and sustained commitment, Nigeria can significantly reduce the burden of drug abuse and promote healthier, safer, and more productive futures for its young population.

RECOMMENDATIONS

Addressing drug abuse among Nigerian youths requires a comprehensive public health approach that incorporates prevention, intervention, and treatment. Using evidence-based strategies, the burden of drug abuse can be curbed and healthy lifestyles among Nigerian youths can be enhanced.

To reduce drug abuse among Nigerian youths, stakeholders should prioritize a mixed portfolio of interventions:

1. Strengthen national policies (regulation, taxation, advertising controls) and enforce age-restrictions on sales.

2. Scale up school-based life-skills programs and extracurricular engagement, ensuring teacher training and curricular integration.
3. Invest in family-based prevention and parenting programs, with special outreach to vulnerable families.
4. Expand primary-care-based screening, brief interventions, and referral pathways, using task-sharing models.
5. Develop accessible treatment services and, where appropriate, harm reduction measures including MAT and overdose response.
6. Support community coalitions, youth-friendly centers, and vocational programs to address social determinants.
7. Implement robust M&E and fund operational research to guide scale-up and adaptation.
A coordinated national strategy—backed by political commitment, sustainable financing, and community engagement—can substantially reduce the burden of drug abuse among Nigeria's youths and improve their long-term health and social outcomes.

PRACTICAL ROADMAP FOR STAKEHOLDERS AND INTERVENTION STRATEGIES

- Government: adopt a national youth substance-use strategy; strengthen laws and enforce regulations; allocate budgets to services.
- Health sector: integrate screening & brief interventions into primary care; train workforce; set up referral networks.
- Education sector: mandate and resource life-skills curricula; create safe and substance-free environments.
- Civil society & communities: run prevention campaigns, create safe spaces, and support recovery programs.
- Research community: prioritize local evidence generation, tool validation, and implementation research.

Intervention Strategies

- Accessible Treatment Services: Accessible treatment services can provide support for youths struggling with drug abuse.
- Counseling and Therapy: Counseling and therapy can address underlying issues contributing to drug abuse.
- Peer Support Groups: Peer support groups can provide a sense of community and support for youths recovering from drug abuse.

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