

**DRUG ABUSE EDUCATION AS A PREVENTIVE SOCIAL POLICY FOR REDUCING YOUTH
VULNERABILITY TO TERRORISM IN NIGERIA: EVIDENCE FROM SOCIAL POLICY
STATISTICS****Adams Adah Otakwu, Ph.D., mni**

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Abstract

Drug use, educational exclusion, youth vulnerability and terrorism represent interconnected but analytically distinct challenges within Nigeria's social and security environment. This study examines drug abuse education as a preventive social-policy instrument for reducing youth vulnerability to conditions associated with insecurity and violent extremism. It adopts a qualitative documentary research design and analyses secondary statistical and institutional evidence from the United Nations Office on Drugs and Crime (UNODC), National Drug Law Enforcement Agency (NDLEA), United Nations Children's Fund (UNICEF), World Health Organization (WHO), European Union Drugs Agency (EUDA), National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA), and Institute for Economics & Peace (IEP). Nigeria's national drug-use survey estimated that 14.4% of persons aged 15–64, equivalent to approximately 14.3 million people, had used psychoactive substances other than alcohol and tobacco during the preceding year; however, the underlying data are historical and should not be interpreted as a current 2026 prevalence estimate (UNODC, 2019). More recent administrative evidence indicates that NDLEA

conducted 10,501 sensitisation programmes and provided counselling or treatment to 24,375 drug users between January 2021 and March 2025 (NDLEA, 2025a). Meanwhile, approximately 10.5 million Nigerian children aged 5–14 remain out of school (UNICEF, 2025a), while Nigeria recorded 171 terrorist incidents and 750 terrorism-related deaths in 2025 (IEP, 2026). These statistics measure different phenomena and do not establish that drug use causes terrorism. The study argues that drug abuse education should be integrated with educational inclusion, life-skills development, early identification, counselling, treatment, youth development and community-based prevention. It recommends stronger national statistical systems, wider preventive education, integrated prevention pathways and longitudinal outcome evaluation.

Keywords: drug abuse education; preventive social policy; youth vulnerability; terrorism; education exclusion; Nigeria

1.0 Background

Drug use has increasingly become a public-policy concern requiring responses that extend beyond criminal justice and incorporate education, public health, social protection, youth development and community-based prevention. Contemporary international drug-control frameworks emphasise balanced approaches that combine supply reduction with demand reduction, prevention, early intervention, treatment, rehabilitation and social reintegration (United Nations Office on Drugs and Crime [UNODC], 2021, 2025). This broader approach is particularly important for young people because adolescence and early adulthood represent periods in which educational participation, peer relationships, social norms, decision-making and exposure to risk can influence subsequent patterns of behaviour. Accordingly, effective prevention requires more than communicating the dangers of drugs; it requires institutional environments capable of providing knowledge, life skills, support, early identification and appropriate referral pathways (World Health Organization [WHO], United Nations Children’s Fund [UNICEF], & United Nations Educational, Scientific and Cultural Organization [UNESCO], 2023).

European evidence demonstrates the value of repeated and age-specific statistical monitoring. The 2024 European School Survey Project on Alcohol and Other Drugs (ESPAD) found that, across the 32 countries with comparable trend data, lifetime illicit-drug use among 15–16-year-old students declined from 19% in 2015 to 14% in 2024, while average current use fell to 5%. Cannabis remained the most commonly reported illicit drug, although its lifetime prevalence also declined over the long-term period (European Union Drugs Agency [EUDA], 2025). The same evidence identifies emerging concerns involving non-medical pharmaceutical use and other forms of substance exposure, demonstrating that prevention policy must be capable of responding to changing patterns rather than relying on static assumptions about adolescent drug use.

The European experience is relevant to Nigeria primarily because of its emphasis on regular measurement rather than because European prevalence rates can be directly transferred to the Nigerian context. Repeated surveys permit policymakers to distinguish temporary changes from longer-term trends and to examine differences according to age, gender, substance type and other relevant characteristics. The statistical lesson for Nigeria is therefore the importance of maintaining comparable population-level data through time, particularly where policy interventions seek to demonstrate measurable changes in behaviour (EUDA, 2025; UNODC, 2025).

African evidence similarly demonstrates the importance of systematic drug-use monitoring and integrated prevention. Kenya’s National Survey on the Status of Drugs and Substance Use provides nationally structured evidence on alcohol and drug use and establishes a basis for prevention, treatment and

policy planning (National Authority for the Campaign Against Alcohol and Drug Abuse [NACADA], 2023). Kenya has subsequently maintained a policy emphasis on prevention, treatment, rehabilitation, community participation and institutional coordination. Such approaches demonstrate the relevance of linking substance-use education to wider social and health systems rather than treating drug prevention solely as an enforcement responsibility (NACADA, 2023, 2025).

Nigeria's national evidence provides an important but temporally limited baseline. The *Drug Use in Nigeria 2018* report estimated that 14.4% of Nigerians aged 15–64, equivalent to approximately 14.3 million people, had used a psychoactive substance other than alcohol and tobacco during the preceding year (UNODC, 2019). Cannabis was the most commonly used substance, with an estimated 10.6 million past-year users, while the average age of initiation of cannabis use was approximately 19 years (UNODC, 2019). These figures remain important for understanding the scale and characteristics of the national drug-use problem, but they should be treated as a historical baseline rather than as a contemporary national prevalence estimate because the underlying survey relates to an earlier period.

The limitation of the national prevalence evidence is partly compensated for by more recent administrative data. NDLEA reported that between January 2021 and March 2025, 24,375 drug users received counselling and treatment at its facilities, while 10,501 drug-sensitisation programmes were conducted nationwide under the War Against Drug Abuse campaign, reaching 3,843,789 participants (NDLEA, 2025a). These figures demonstrate extensive institutional activity. However, programme participation is an output indicator and should not automatically be interpreted as evidence of behavioural change or prevention effectiveness. Dividing the reported participant figure by the number of sensitisation programmes produces an indicative average reach of approximately 366 participants per programme, but this represents programme reach rather than an effectiveness rate.

The educational environment introduces another important dimension. UNICEF reports that approximately 10.5 million Nigerian children aged 5–14 are out of school, while only 61% of children aged 6–11 regularly attend primary school. The net attendance rate in northern Nigeria is approximately 53%, and 2.8 million children in Borno, Adamawa and Yobe require education-in-emergencies support (UNICEF, 2025a). Educational exclusion matters to preventive social policy because formal schools provide structured environments through which young people can receive information, life-skills education, counselling and referral. Where children are excluded from school, conventional school-based prevention programmes cannot reach them.

The relationship between education and youth vulnerability is therefore broader than school attendance. UNICEF's evidence indicates that educational deprivation intersects with poverty, gender, geographic inequalities, displacement and insecurity. In northern Nigeria, for example, girls face particularly low attendance in some states, while conflict and insecurity continue to disrupt educational access (UNICEF, 2025a). Recent UNICEF evidence also continues to identify substantial educational and learning deficits, including low foundational learning outcomes among children who are enrolled in school (UNICEF, 2025b, 2026). Such conditions reinforce the importance of preventive policies that combine access, retention, learning quality and social support.

Nigeria's terrorism statistics establish a separate but relevant security context. The *Global Terrorism Index 2026* reports that Nigeria experienced 171 terrorist incidents and 750 terrorism-related deaths in 2025. Terrorist attacks increased from 120 in 2024 to 171 in 2025, while deaths increased by 46% to 750. Borno accounted for 67% of attacks and 72% of terrorism-related deaths, while Boko Haram and ISWAP together accounted for 80% of terrorism-related deaths. Civilians represented 67% of fatalities (Institute for Economics & Peace [IEP], 2026).

These terrorism statistics should not be interpreted as evidence that drug use causes terrorism. Drug-use prevalence, educational exclusion and terrorism-related fatalities are different statistical constructs. The appropriate policy question is whether preventive social policies can strengthen protective factors among young people exposed to conditions such as educational exclusion, poverty, displacement, violence and weak institutional attachment. Drug abuse education is therefore examined in this study not as a direct counter-terrorism instrument but as one component of a broader preventive social-policy framework.

Nigeria's policy environment already recognises the need for such integration. The National Drug Control Master Plan 2021–2025 adopts a balanced and multidimensional approach involving prevention, treatment, rehabilitation, governance, coordination, monitoring and evidence-based decision-making (UNODC, 2021). The plan specifically emphasises stronger coordination among ministries, departments and agencies and the need to prevent young people from becoming entangled in harmful drug use while providing counselling and treatment for persons affected by drug use.

Recent institutional developments further reinforce the relevance of education. In July 2025, NDLEA and the Federal Ministry of Education agreed to review drug education in the secondary-school curriculum and to develop additional school-based prevention initiatives. The Ministry also announced the establishment of a Substance Use Prevention Unit, alongside proposed collaboration involving UBEC and TETFund (NDLEA, 2025b). These developments suggest an emerging institutional recognition that drug prevention requires stronger integration with the education system.

The central issue, therefore, is not whether drug abuse education alone can eliminate terrorism or insecurity. Available statistics cannot support such a conclusion. Rather, the question is whether drug abuse education can strengthen knowledge, decision-making, help-seeking and institutional attachment, particularly among young people facing multiple vulnerabilities, and thereby form part of a preventive social-policy architecture. This study examines that question through statistical and documentary evidence.

2.0 Statement of the Problem

Nigeria faces substantial challenges involving drug use, educational exclusion, youth vulnerability and terrorism, yet these challenges are frequently measured through separate institutional systems. NDLEA monitors seizures, arrests, treatment and prevention activities; education authorities monitor enrolment, attendance and learning; health institutions monitor treatment and health outcomes; while security institutions monitor terrorist incidents and fatalities. The fragmentation of these datasets creates difficulties for determining how different vulnerabilities overlap and whether prevention programmes reach populations most exposed to risk.

The national drug-use evidence illustrates the problem. The 14.4% prevalence estimate from the national drug-use survey provides an important population-level baseline, but its underlying data are historical (UNODC, 2019). Contemporary administrative figures show extensive prevention activity, including 10,501 sensitisation programmes and more than 3.8 million participants between January 2021 and March 2025, but these statistics do not establish whether participants subsequently changed their behaviour (NDLEA, 2025a). The absence of regular, comparable national prevalence surveys therefore limits the ability to determine whether the overall burden of drug use is increasing, declining or changing in composition.

Educational exclusion compounds the problem. Approximately 10.5 million Nigerian children aged 5–14 are outside formal schooling, while attendance rates are considerably lower in northern Nigeria (UNICEF, 2025a). Consequently, prevention programmes delivered exclusively through formal schools

may systematically miss a large population of children and adolescents. This is particularly significant in communities affected by conflict and displacement, where education itself may be disrupted.

The security environment adds a further layer of complexity. Nigeria's 2025 terrorism statistics demonstrate substantial insecurity, with 171 terrorist incidents and 750 terrorism-related deaths (IEP, 2026). However, these figures do not establish a direct relationship between drug use and terrorism. The research problem is therefore not to prove that drug use produces terrorism but to determine whether drug abuse education can function as a preventive social-policy intervention that strengthens protective factors and reduces youth vulnerability within environments affected by multiple forms of social insecurity.

3.0 Objectives of the Study

The study seeks to:

- examine available statistical evidence on drug use and drug-prevention interventions in Nigeria;
- analyse educational exclusion and youth vulnerability as social-policy conditions relevant to preventive intervention;
- examine how drug abuse education can contribute to a broader preventive social-policy response to terrorism-related vulnerability; and
- identify statistical and institutional measures for strengthening evidence-based drug abuse education in Nigeria.

4.0 Research Questions

What do available statistics reveal about drug use and drug-prevention interventions in Nigeria?
How do educational exclusion and related social conditions contribute to youth vulnerability?
How can drug abuse education contribute to a broader preventive social-policy response to terrorism-related vulnerability?
What statistical and institutional measures can strengthen evidence-based drug abuse education in Nigeria?

5.0 Conceptual Clarification

5.1 Drug Abuse Education

Drug abuse education refers to structured educational interventions intended to increase knowledge about psychoactive substances and their risks while developing practical skills relating to decision-making, resistance to harmful influence, risk recognition, help-seeking and access to support services. Contemporary prevention approaches increasingly move beyond information-only models and emphasise skills, supportive environments and connections between education and health systems (UNODC, 2021, 2025; WHO et al., 2023).

The preventive value of drug education therefore depends not simply on the quantity of information communicated but on the extent to which learners acquire practical capacities and can access appropriate services when problems arise. The WHO, UNICEF and UNESCO substance-use topic brief specifically advocates a whole-school and systems approach, recognising that school-based health interventions can have greater benefits when education, health and associated sectors work together (WHO et al., 2023).

5.2 Preventive Social Policy

Preventive social policy comprises interventions designed to reduce social risks before they develop into more severe consequences. In substance-use policy, prevention includes education, family and community interventions, early identification, counselling, treatment, rehabilitation and social reintegration (UNODC, 2021). The concept therefore extends beyond enforcement and recognises the role of social institutions in strengthening protective conditions.

5.3 Youth Vulnerability

Youth vulnerability refers to exposure to social, economic, educational, health or security conditions that can increase the likelihood of harmful outcomes. It can involve educational exclusion, poverty, unemployment, displacement, violence, family disruption, social marginalisation and limited access to services. Vulnerability should not be equated with delinquency or terrorism; rather, it identifies populations requiring preventive attention.

5.4 Terrorism

Terrorism is treated in this study as organised violent activity documented through established terrorism-monitoring systems. Terrorism statistics measure incidents, fatalities, injuries, targets and related characteristics. They do not measure drug use. The study consequently rejects any analytical assumption that young people who use drugs are necessarily predisposed to terrorism.

5.5 Social Policy Statistics

Social policy statistics are quantitative indicators used to identify the scale, distribution and characteristics of social problems and interventions. Relevant indicators for this study include drug-use prevalence, counselling and treatment, sensitisation programmes, school attendance, educational exclusion, learning outcomes, youth vulnerability and terrorism-related incidents and fatalities.

6.0 Theoretical Framework

6.1 Social Disorganisation Theory

Social Disorganisation Theory, associated with Shaw and McKay (1942), explains how weakened community institutions, social instability and limited collective capacity can reduce informal social control and create conditions in which problematic behaviour becomes more difficult to prevent. Although developed in a different historical and geographical setting, the theory remains useful for analysing environments characterised by poverty, displacement, educational disruption, violence and weak institutional integration.

Applied to Nigeria, the theory suggests that drug prevention is unlikely to depend exclusively on individual knowledge. Families, schools, communities, youth organisations, health facilities and other institutions provide structures through which social expectations and protective behaviour can be reinforced. Where such institutions are weakened, preventive education may need to be supplemented by community-based support, counselling, youth programmes and alternative education platforms.

6.2 Social Learning Theory

Social Learning Theory provides a complementary explanation by emphasising how behaviour can be influenced through observation, interaction, modelling and reinforcement. Young people encounter behavioural models through peers, families, communities and increasingly digital environments. Drug abuse education can therefore contribute to prevention by strengthening decision-making, critical thinking, resistance skills and awareness of harmful social influence.

The combined application of Social Disorganisation Theory and Social Learning Theory suggests that effective drug prevention requires both strong institutions and individual behavioural competencies. Drug abuse education should therefore operate within supportive social environments rather than as an isolated classroom message.

7.0 Methodology

The study adopted a qualitative documentary research design. The design was considered appropriate because the research interprets existing statistical and institutional evidence rather than generating primary prevalence data. Documentary sources included reports, policy documents, statistical publications and institutional records produced by UNODC, NDLEA, UNICEF, WHO, UNESCO, EUDA, NACADA, IEP and relevant Nigerian public institutions.

The analysis was organised around five categories of indicators: drug-use prevalence, prevention and treatment activity, educational participation and exclusion, youth vulnerability, and terrorism-related insecurity. Statistical evidence was interpreted descriptively and comparatively, with particular attention to the population, period and measurement represented by each statistic.

The study also applied a principle of statistical non-equivalence. Drug seizures were not treated as prevalence estimates; sensitisation participants were not treated as evidence of behavioural change; school exclusion was not treated as evidence of drug use; and terrorism fatalities were not treated as evidence that drug use causes terrorism. This distinction is necessary to avoid unsupported causal inference.

The study further triangulated Nigerian evidence with selected European and African evidence. Comparative evidence was used to identify approaches to monitoring and prevention rather than to assume that prevalence levels or institutional arrangements are directly transferable across countries.

8.0 Statistical Evidence on Drug Use and Prevention in Nigeria

The national drug-use survey provides the most comprehensive population-level baseline currently available in the evidence reviewed. It estimated that 14.4% of Nigerians aged 15–64, corresponding to approximately 14.3 million people, had used a psychoactive substance other than alcohol and tobacco during the preceding year (UNODC, 2019). Cannabis accounted for approximately 10.6 million past-year users, and the average age of initiation of cannabis use was approximately 19 years (UNODC, 2019).

The statistical importance of the 14.4% estimate lies in its population denominator. It measures prevalence among a defined age population rather than counting persons encountered by enforcement or treatment agencies. At the same time, its principal limitation is temporal. The underlying survey cannot be used to claim that 14.4% of Nigerians aged 15–64 currently use drugs in 2026. It is more appropriately used as a historical benchmark against which future national prevalence surveys can be compared.

Recent NDLEA administrative evidence provides a different statistical picture. Between January 2021 and March 2025, NDLEA reported that 24,375 drug users received counselling and treatment, while 10,501 drug-sensitisation programmes were conducted nationwide and 3,843,789 participants were mobilised (NDLEA, 2025a).

The relationship between these figures illustrates why programme statistics must be interpreted carefully. The average reported reach per sensitisation programme is approximately 366 participants. However, the figure does not indicate that 366 participants per programme experienced behavioural change. Nor does it establish that participants were all unique individuals, since repeated programme participation may occur. Thus, the statistic is useful for assessing institutional reach but insufficient for determining programme effectiveness.

The NDLEA evidence nevertheless demonstrates that prevention has become a substantial institutional activity. The agency's approach combines supply reduction with demand-reduction measures, including counselling, treatment and sensitisation. This is consistent with the balanced policy framework contained in Nigeria's National Drug Control Master Plan (UNODC, 2021).

The enforcement environment also provides important contextual evidence. NDLEA reported major quantities of illicit substances seized and destroyed during the period under review. Such figures demonstrate enforcement activity and the presence of illicit drug markets but should not be converted into estimates of consumption. A rise in seizures may reflect increased trafficking, increased enforcement capacity, changes in trafficking routes or other factors. It therefore cannot independently establish an increase in national drug prevalence.

The appropriate statistical framework consequently distinguishes three levels: prevalence, programme output and programme outcome. Prevalence measures the extent of substance use within a

population; programme output measures activities such as sensitisation and counselling; and programme outcome measures changes associated with intervention exposure. Nigeria has substantial evidence on the second category but requires stronger and more regular evidence on the first and third.

9.0 Education Statistics and the Reach of Drug Abuse Prevention

Education represents an important platform for preventive social policy because it provides structured opportunities to reach children and adolescents. However, Nigeria's educational statistics reveal significant limitations in the reach of school-based interventions. UNICEF reports that approximately 10.5 million children aged 5–14 are out of school, while only 61% of children aged 6–11 regularly attend primary school. Northern Nigeria has a net attendance rate of approximately 53% (UNICEF, 2025a).

The implication is straightforward. A prevention programme located entirely within formal schools cannot reach all Nigerian children. This is not an argument against school-based drug education; rather, it establishes the need for complementary non-formal delivery mechanisms. Accelerated education, vocational programmes, community learning centres, youth centres and other platforms can extend prevention education to children and adolescents who are outside formal schooling.

The challenge is particularly significant in conflict-affected areas. UNICEF reports that 2.8 million children in Borno, Adamawa and Yobe require education-in-emergencies support (UNICEF, 2025a). Education disruption in these areas means that preventive programmes must be capable of functioning within humanitarian and community settings as well as conventional classrooms.

Educational access must also be considered alongside learning quality. Recent Nigerian education evidence indicates significant gaps in foundational learning. UNICEF reports that, based on the 2022 National Assessment of Learning Achievement in Basic Education, 49% of Primary 3 learners, 67% of Primary 5 learners and 86% of Junior Secondary 2 learners did not attain minimum proficiency in mathematics (UNICEF, 2026).

These figures do not establish a relationship between poor learning outcomes and drug use. Their relevance is that prevention education operates within an education system whose capacity is already constrained by access and learning challenges. Drug abuse education should therefore be integrated into efforts to strengthen the overall quality and inclusiveness of education rather than compete with foundational learning priorities.

10.0 Youth Vulnerability as a Social-Policy Problem

Youth vulnerability is multidimensional. Educational exclusion can coexist with poverty, violence, displacement, unemployment and weak access to health services. Nigeria's National Multidimensional Poverty Index has previously shown substantial child poverty, while UNICEF continues to identify significant inequalities in education and child wellbeing (National Bureau of Statistics [NBS], 2022; UNICEF, 2025b).

The significance for drug prevention is that individual knowledge may not be sufficient to overcome structural pressures. A young person may understand the health risks associated with drugs while simultaneously experiencing unemployment, displacement, violence or social exclusion. Prevention education therefore needs to be embedded in a wider protective environment involving education, health, psychosocial support, family and community engagement and youth-development opportunities.

This is consistent with the National Drug Control Master Plan's emphasis on prevention, treatment, rehabilitation, social integration and coordination across government and non-governmental institutions (UNODC, 2021). The plan's emphasis on vulnerable populations reinforces the need for prevention programmes to reach persons who may not be adequately served by conventional institutions.

Statistically, however, Nigeria's major challenge is the fragmentation of vulnerability data. Education datasets may identify children outside school, while health and drug-control systems may identify substance-use exposure and treatment needs. Security datasets may identify communities affected by terrorism or other violence. Without linked datasets, policymakers cannot easily determine the extent to which these vulnerabilities overlap within the same population.

11.0 Terrorism Statistics and Preventive Social Policy

Nigeria's terrorism statistics demonstrate the severity of the security environment. The *Global Terrorism Index 2026* records 171 terrorist incidents and 750 terrorism-related deaths in Nigeria in 2025, representing a 43% increase in incidents and a 46% increase in deaths compared with 2024. Borno accounted for 67% of attacks and 72% of deaths, while Boko Haram and ISWAP together accounted for 80% of terrorism-related deaths (IEP, 2026). Civilians represented 67% of fatalities.

These statistics are important for establishing the security context, but they cannot be used to infer a direct drug-use-to-terrorism pathway. Terrorism statistics measure organised violent incidents and their consequences; drug-use statistics measure substance exposure. The two datasets have different populations, definitions and causal structures.

This distinction is particularly important for policy design. Treating substance use as a direct indicator of terrorist propensity risks stigmatising young people and confusing separate policy problems. A more defensible framework is to recognise that educational exclusion, poverty, displacement, violence and weak institutional attachment may constitute overlapping forms of vulnerability and therefore require integrated preventive policies.

Drug abuse education can contribute to such a framework by strengthening knowledge, life skills, decision-making and help-seeking. It may also facilitate early identification and referral where young people are already experiencing substance-use problems. These are legitimate preventive functions, but they should not be presented as evidence that drug education directly reduces terrorist incidents.

12.0 Comparative Lessons from Europe and Africa

The European evidence demonstrates the value of repeated measurement. ESPAD data show that lifetime illicit-drug use among 15–16-year-old students in the 32-country trend series declined from 19% in 2015 to 14% in 2024, while current use fell to 5% (EUDA, 2025). The evidence also identifies continuing concerns relating to early initiation, high-risk cannabis use and non-medical pharmaceutical use.

The principal lesson for Nigeria is methodological. Repeated surveys permit governments to observe trends and determine whether prevention policies correspond with changes in behaviour. Without comparable repeated data, it is difficult to distinguish changes in prevalence from changes in reporting, enforcement or programme coverage.

Kenya provides a relevant African comparison because NACADA maintains a national statistical and policy infrastructure for alcohol and drug-use monitoring. The 2022 national survey provides evidence on the prevalence and distribution of substance use, while the institutional framework connects research with prevention, treatment and community engagement (NACADA, 2023).

Nigeria can draw a methodological lesson from these experiences without mechanically reproducing their institutional structures. A national prevention system should combine population-based surveys, administrative programme data and outcome evaluation. This would allow policymakers to determine not only how many people were reached but also whether the intervention produced measurable changes.

13.0 Drug Abuse Education as a Preventive Social-Policy Pathway

Drug abuse education should operate through a sequence of mutually reinforcing interventions. The first is knowledge and skills development. Young people require accurate information about substances, risks, decision-making, peer influence and help-seeking. The second is institutional inclusion, because prevention messages are more sustainable when delivered through schools, families and communities that provide continuing social interaction.

The third is early identification and referral. Education systems should be connected to counselling and health services so that young people experiencing emerging substance-use problems are not simply warned but appropriately referred. The WHO, UNICEF and UNESCO framework supports this systems approach, emphasising that school-based substance-use interventions can contribute to education and learning objectives when embedded within broader health-promoting systems (WHO et al., 2023).

The fourth component is youth development. Skills development, civic engagement, psychosocial support and livelihood-oriented interventions can strengthen protective factors. These interventions should be understood as social-policy measures that address vulnerability rather than as direct counter-terrorism programmes.

The fifth component is measurement and evaluation. Prevention should distinguish inputs, outputs, outcomes and longer-term impacts. Inputs include resources and personnel; outputs include programmes and participants; outcomes include changes in knowledge, attitudes, help-seeking and behaviour; while impact indicators may include population-level changes in prevalence. This distinction is necessary for determining whether large programme numbers translate into meaningful social outcomes.

14.0 Discussion of Findings

The first major finding is that Nigeria has an important historical population-level drug-use baseline but lacks sufficiently recent nationwide prevalence evidence. The 14.4% estimate from the national survey remains useful for understanding the scale of the problem during the period measured, but it should not be presented as a current prevalence rate (UNODC, 2019).

The second finding is that Nigeria has considerable drug-prevention activity. NDLEA's report of 10,501 sensitisation programmes and 3,843,789 participants between January 2021 and March 2025 demonstrates extensive programme reach (NDLEA, 2025a). However, reach is not equivalent to effectiveness. The absence of systematic outcome data limits conclusions about behavioural change.

The third finding is that educational exclusion presents a significant limitation to school-centred prevention. With approximately 10.5 million children aged 5–14 outside school, formal education alone cannot provide universal prevention coverage (UNICEF, 2025a). Drug abuse education must therefore include non-formal and community-based platforms.

The fourth finding is that youth vulnerability is multidimensional. Education, poverty, violence, displacement and social exclusion may intersect, requiring integrated interventions rather than isolated programmes. The National Drug Control Master Plan supports this broader approach by emphasising prevention, treatment, rehabilitation, social integration, governance and inter-agency coordination (UNODC, 2021).

The fifth finding is that terrorism and drug use should remain analytically distinct. Nigeria's terrorism statistics demonstrate substantial insecurity, but they do not establish that drug use causes terrorism. The legitimate policy relationship is therefore one of preventive vulnerability reduction rather than direct causation.

The sixth finding is that institutional integration and statistical evaluation require strengthening. Nigeria's emerging collaboration between NDLEA and the Federal Ministry of Education, including

curriculum review and the establishment of a Substance Use Prevention Unit, provides an institutional basis for further integration (NDLEA, 2025b).

15.0 Conclusion

Drug abuse education has a legitimate role within Nigeria's preventive social-policy framework, but its contribution should be defined carefully. The available evidence demonstrates significant historical drug-use exposure, extensive prevention activity, substantial educational exclusion and persistent terrorism-related insecurity. However, these indicators measure different phenomena and cannot establish that drug use causes terrorism.

The evidence instead supports a preventive framework in which drug abuse education is integrated with educational inclusion, life-skills development, early identification, counselling, treatment, youth development and community participation. Such integration is particularly important because large numbers of children remain outside formal schooling and therefore cannot be reached through conventional school-based interventions alone.

The study further concludes that Nigeria's principal statistical challenge is not the absence of data but the fragmentation and uneven recency of available data. A contemporary national drug-use survey, stronger programme-outcome evaluation and linked longitudinal datasets would substantially improve the evidence base for policy. Prevention should therefore move beyond counting activities towards measuring outcomes.

Drug abuse education should consequently be understood as one component of a broader preventive social-policy architecture. It can strengthen protective knowledge, skills, institutional attachment and help-seeking among young people, but it should not be represented as a direct or standalone counter-terrorism intervention. Maintaining this distinction will enable policymakers to address drug use, educational exclusion and terrorism according to their respective evidence bases while identifying areas in which integrated social-policy interventions can reduce youth vulnerability.

16.0 Recommendations

Recommendation One

The Federal Government should strengthen the national statistical evidence base on drug use and drug-prevention interventions in Nigeria.

Implementation Strategies

1. National Bureau of Statistics, in collaboration with NDLEA and the Federal Ministry of Health, to conduct periodic national drug-use prevalence surveys disaggregated by age, sex, geopolitical zone, school status and other relevant vulnerability characteristics.
2. NDLEA and the National Bureau of Statistics to integrate prevalence, treatment, counselling, prevention and drug-market indicators into a national evidence framework for monitoring changes in drug-use patterns and prevention outcomes.

Recommendation Two

The Federal Ministry of Education should institutionalise evidence-based drug abuse education across formal and non-formal education systems to address educational exclusion and youth vulnerability.

Implementation Strategies

1. Federal Ministry of Education to integrate age-appropriate drug-prevention, life-skills, decision-making and help-seeking content into relevant curricula and teacher-training programmes, in collaboration with NDLEA and other relevant technical institutions.

2. Universal Basic Education Commission and State Ministries of Education to extend drug-prevention education to out-of-school children and adolescents through accelerated education, vocational programmes, community learning centres and other non-formal education platforms.

Recommendation Three

The National Drug Law Enforcement Agency should integrate drug abuse education with early intervention, counselling, treatment and broader youth-development measures as part of preventive social policy.

Implementation Strategies

1. NDLEA and the Federal Ministry of Education to establish integrated prevention pathways linking school and community education with early identification, counselling, referral and treatment services, particularly for vulnerable adolescents and young people.
2. Federal Ministry of Youth Development, State Governments and relevant social-sector institutions to incorporate drug-prevention education, life-skills development, psychosocial support and youth-engagement activities into programmes targeting vulnerable and conflict-affected communities.

Recommendation Four

The Federal Government should strengthen outcome-based evaluation and longitudinal research to determine the contribution of drug abuse education to reducing youth vulnerability without equating substance use with terrorism.

Implementation Strategies

- i. NDLEA, National Bureau of Statistics, Federal Ministry of Education and relevant research institutions to establish standard outcome indicators covering prevention exposure, knowledge, risk perception, help-seeking, referral completion, educational participation and behavioural outcomes.
- ii. Universities and accredited research institutions to undertake longitudinal studies linking drug-prevention exposure, educational participation, treatment access and youth-development indicators to determine the measurable effects of integrated preventive interventions among vulnerable populations.

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