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Effects of drug abuse on some selected local government Areas of Gombe State, Nigeria

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Abstract

This study examines the impact of drug abuse on social behavior, economic activities, and political processes across some selected Local Government Areas (LGAs) in Gombe State, Nigeria. Data were collected from 300 respondents and analyzed with SPSS through descriptive statistics and cross tabulation techniques. Findings reveal that drug abuse significantly contributes to disrespect for elders, increased delinquency, poor school attendance, and social isolation among youths. Economically, it undermines productivity, particularly in the informal sector, and socially it disrupts recreational spaces and community cohesion. Politically, the study highlights a strong connection between drug abuse, electoral violence, voter intimidation, and undue influence on electoral outcomes. The paper concludes that drug abuse not only diminishes human capital but also exacerbates insecurity and democratic instability. It recommends a multi-stakeholder response, including targeted rehabilitation programs, community-based awareness campaigns, stronger enforcement of drug laws, and the expansion of youth empowerment initiatives. Addressing these challenges is essential for safeguarding Nigeria's socio-economic development and democratic processes.

Keywords: *Drug Abuse, Youths, Economic Activities, Social Behavior, Political Violence, Nigeria*

Introduction

Drug abuse has emerged as one of the most pressing public health and social challenges confronting contemporary societies. Globally, the United Nations Office on Drugs and Crime (UNODC) estimated that more than 275 million individuals used drugs at least once in 2020, with over 36 million suffering from

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drug use disorders.[4] The problem is particularly acute in developing countries, where weak regulatory frameworks, high unemployment, poverty, and political instability converge to create fertile conditions for substance abuse. In Africa, rapid urbanization coupled with growing inequality has exacerbated drug-related vulnerabilities, especially among young people who often face limited access to education and employment opportunities. Samuel A. Adelekan, "Africa's Drug Problem: The Need for a Paradigm Shift," *African Journal of Drug and Alcohol Studies* 18, no. 1 (2019): 1–10.[5]

Nigeria is among the countries most severely affected by this phenomenon. The 2018 UNODC National Survey on Drug Use and Health reported that 14.4% of the Nigerian population—approximately 14.3 million individuals aged 15 to 64—had used psychoactive substances other than alcohol in the preceding year.[6] This prevalence is nearly three times the global average of 5.6%. Commonly misused substances include codeine-based cough syrups, tramadol, marijuana, methamphetamine, and rohypnol. Beyond the health implications, drug abuse in Nigeria has been closely associated with rising rates of criminality, cultism, domestic violence, political thuggery, and school dropout.[7]

The youth demographic remains the most vulnerable. With over 60% of Nigeria's population under the age of 25, the consequences of drug abuse are particularly severe, undermining both individual development and national stability. Research has shown that substance abuse among Nigerian youths contributes to aggression, defiance of authority, and declining academic performance.[8] More critically, drug-dependent youths are often exploited by political elites as instruments of electoral violence, thereby destabilizing democratic processes.[9]

In northern Nigeria, the situation is further complicated by socio-economic deprivation and persistent insecurity. Drug abuse has been identified as both a catalyst for and a consequence of increasing youth involvement in insurgency, banditry, and urban crime. Gombe State, located in the North-East geopolitical zone, has not been immune to these dynamics. Recent reports highlight a growing trend of substance misuse across its local government areas,

[4]United Nations Office on Drugs and Crime, *World Drug Report 2021* (Vienna: UNODC, 2021).
[5]Samuel A. Adelekan, "Africa's Drug Problem: The Need for a Paradigm Shift," *African Journal of Drug and Alcohol Studies* 18, no. 1 (2019): 1–10.
[6]United Nations Office on Drugs and Crime, Drug Use in Nigeria: 2018 National Survey (Vienna: UNODC, 2019).
[7]Isidore S. Obot, "Substance Use and the Nigerian Society: A Review of the Literature," West African Journal of Medicine 37, no. 2 (2020): 123–131; Nwagu, Emmanuel, and Nwankwo, Chinyere, "Drug Abuse and Its Implications for National Development," Nigerian Journal of Social Sciences 15, no. 1 (2019): 45–58.
[8]Ajayi, Kelechi V., and Titilayo T. Somefun, "Substance Use and Sexual Risk-Taking Behavior among Nigerian Adolescents," BMC Public Health 20, no. 1 (2020): 1–10.
[9]Etannibi E.O. Alemika, "Youth, Drugs and Electoral Violence in Nigeria," Journal of African Elections 10, no. 1 (2011): 137–161; Omilusi, Mike, "Political Thuggery and Democratic Consolidation in Nigeria," African Journal of Political Science and International Relations 13, no. 2 (2019): 21–30.

particularly among artisans, traders, students, and unemployed youths.[10] These developments have raised serious concerns about the implications for community cohesion, economic productivity, and political engagement.

Although several studies have explored the general prevalence and patterns of substance abuse in Nigeria, there remains a significant gap in understanding its localized effects on social behavior, economic activities, and political participation at the LGA level in Gombe State. Addressing this gap is essential for designing context-specific interventions that move beyond generic anti-drug campaigns. In response, this study investigates the effects of drug abuse in selected LGAs of Gombe State, Nigeria, with a focus on how substance misuse influences social behavior, disrupts economic activities, and shapes political processes. By situating local experiences within broader national and global contexts, the study contributes to policy discourse on combating drug abuse and mitigating its multifaceted consequences.

Literature Review

Drug abuse has long been recognized as a multidimensional social and public health issue with far-reaching implications for political stability, economic development, and community well-being. Globally, the United Nations Office on Drugs and Crime (UNODC) emphasizes that drug use contributes not only to deteriorating health outcomes but also to rising criminality and violence, particularly among youths.[11] In Africa, the continent's demographic profile—where over 60% of the population is under the age of 25—renders young people especially vulnerable to drug experimentation, abuse, and exploitation.[12]

Drug Abuse and Youth Social Behavior

Youth social behavior is among the most visibly affected dimensions of drug abuse. Studies indicate that drug-dependent youths often exhibit increased delinquency, truancy, social withdrawal, and a disregard for social norms and elders.[13] In Nigerian communities, such behavioral deviations erode traditional respect systems and weaken family cohesion, thereby exacerbating intergenerational tensions. Obot argues that drug abuse is associated with diminished self-control, reinforcement of peer pressure, and antisocial tendencies, all of which contribute to the erosion of communal trust and collective identity.[14]

[10]National Drug Law Enforcement Agency (NDLEA), "Annual Drug Report 2021," accessed November 27, 2025, https://ndlea.gov.ng.
[11]United Nations Office on Drugs and Crime, World Drug Report 2021 (Vienna: UNODC, 2021).
[12]Samuel A. Adelekan, "Africa's Drug Problem: The Need for a Paradigm Shift," African Journal of Drug and Alcohol Studies 18, no. 1 (2019): 1–10.
[13]Kelechi V. Ajayi and Titilayo T. Somefun, "Substance Use and Sexual Risk-Taking Behavior among Nigerian Adolescents," BMC Public Health 20, no. 1 (2020): 1–10; Emmanuel Nwagu and Chinyere Nwankwo, "Drug Abuse and Its Implications for National Development," Nigerian Journal of Social Sciences 15, no. 1 (2019): 45–58.
[14]National Drug Law Enforcement Agency (NDLEA), "Annual Drug Report 2021," accessed November 27, 2025, https://ndlea.gov.ng.

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Drug Abuse, Politics, and Electoral Violence

A particularly troubling dimension in Nigeria is the intersection of drug abuse and political violence. Politicians frequently exploit drug-dependent youths as instruments of electoral disruption, capitalizing on their impaired judgment and economic vulnerability to incite violence, intimidate voters, and manipulate electoral outcomes.[15] This phenomenon has been documented in states such as Rivers, Kano, and Gombe, where electoral violence remains a recurring issue.[16] According to the UNODC, such practices undermine democratic governance and perpetuate cycles of political instability.[17] Empirical studies further reveal that drug abuse facilitates the recruitment of idle, unemployed youths into violent gangs and cults, normalizing political thuggery as a perceived route to economic or political advancement.[18]

Drug Abuse and Crime in Communities

The link between drug abuse and rising crime rates is well established. Youths under the influence are more likely to engage in theft, burglary, assault, and cult-related violence.[19] In northern Nigeria, particularly in Gombe State, police records and community surveys identify drug abuse as a major driver of local insecurity, especially in relation to petty theft and violent clashes among rival gangs.[20] Communities frequently report heightened fear, diminished social cohesion, and a decline in neighborhood safety, prompting increased calls for security interventions.

Drug Abuse and Economic Activities

The economic consequences of drug abuse are multifaceted. At the individual level, substance dependence impairs concentration, increases absenteeism, and contributes to premature school dropout, thereby reducing human capital development.[21] At the community level, drug abuse disrupts small-scale enterprises, discourages investment in local markets, and undermines informal economies where many youths are employed. In Gombe and similar states, small business owners report declining patronage in markets affected by drug-related violence, while farmers and traders face insecurity during the transportation of goods due to drug-related criminal activity.[22]Alemika observes that such economic stagnation perpetuates poverty and reinforces

[15]Mike Omilusi, "Political Thuggery and Democratic Consolidation in Nigeria," African Journal of Political Science and International Relations 13, no. 2 (2019): 21–30.
[16]Etannibi E.O. Alemika, "Youth, Drugs and Electoral Violence in Nigeria," Journal of African Elections 10, no. 1 (2011): 137–161.
[17]United Nations Office on Drugs and Crime, Drug Use in Nigeria: 2018 National Survey (Vienna: UNODC, 2019).
[18]Nwagu and Nwankwo, "Drug Abuse and Its Implications."
[19]Ajayi and Somefun, "Substance Use and Sexual Risk-Taking."
[20]Isidore S. Obot, "Substance Use and the Nigerian Society: A Review of the Literature," West African Journal of Medicine 37, no. 2 (2020): 123–131.
[21]Mike Omilusi, "Political Thuggery and Democratic Consolidation in Nigeria," African Journal of Political Science and International Relations 13, no. 2 (2019): 21–30.
[22]UNODC, Drug Use in Nigeria.

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cycles of drug dependency, creating a self-sustaining loop of social and economic decline.[23]

Sports, Recreation, and Community Development

An often-overlooked aspect of the drug abuse crisis is the deterioration of sports and recreational infrastructure. Globally, sports are recognized as a protective factor against substance abuse, offering constructive outlets for youth engagement. However, in Nigeria, many community-based recreational facilities have either fallen into disrepair or been overtaken by drug users, diminishing their role as safe spaces for youth development.[24] Evidence from Gombe indicates that local sports fields and recreational centers, rather than deterring drug use, have in some cases become hubs for drug trafficking and consumption, thereby exacerbating the problem.[10]

Synthesis of Literature and Research Gap

The reviewed literature underscores that drug abuse among Nigerian youths is not solely a health concern but a complex political, social, and economic challenge. While national-level studies have explored the relationship between drug abuse and electoral violence,[25][26] and others have examined its links to delinquency and criminality,[27] there remains a dearth of localized empirical research that investigates how drug abuse affects community-level outcomes in specific regions such as Gombe State. Particularly underexplored are the interconnected effects on youth behavior, political violence, crime, and economic disruption within a single regional context. This study addresses that gap by providing evidence from Gombe State, thereby contributing to both academic discourse and policy development aimed at drug control and youth empowerment.

Methodology

Study Area

This study was conducted in selected Local Government Areas (LGAs) of Gombe State, Nigeria. Located in the North-East geopolitical zone, Gombe State is home to diverse ethnic groups and a predominantly youthful population increasingly vulnerable to substance abuse. The LGAs were purposively selected based on reported prevalence of drug use and their socioeconomic relevance within the state.

[23]Alemika, "Youth, Drugs and Electoral Violence."
[24]Ajayi and Somefun, "Substance Use and Sexual Risk-Taking."
[25]Mike Omilusi, "Political Thuggery and Democratic Consolidation in Nigeria," African Journal of Political Science and International Relations 13, no. 2 (2019): 21–30.
[26] Etannibi E.O. Alemika, "Youth, Drugs and Electoral Violence in Nigeria," Journal of African Elections 10, no. 1 (2011): 137–161.
[27]Kelechi V. Ajayi and Titilayo T. Somefun, "Substance Use and Sexual Risk-Taking Behavior among Nigerian Adolescents," BMC Public Health 20, no. 1 (2020): 1–10; Emmanuel Nwagu and Chinyere Nwankwo, "Drug Abuse and Its Implications for National Development," Nigerian Journal of Social Sciences 15, no. 1 (2019): 45–58.

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Research Design

A descriptive survey research design was adopted to systematically examine the effects of drug abuse on social behavior, economic activities, and community well-being in the selected LGAs. This design was deemed appropriate as it facilitates the collection of quantifiable data from a broad population, which was subsequently subjected to statistical analysis.[28]

Population of the Study

The study targeted youths and adults aged 15 years and above residing in the selected LGAs. This demographic was considered appropriate due to their direct or indirect exposure to the consequences of drug abuse within their communities.

Sample Size

A total of 300 respondents were selected to ensure adequate representation of the study population.

Sampling Technique

A multi-stage sampling technique was employed. Initially, LGAs with known high prevalence of drug abuse were purposively selected. This was followed by random sampling of wards and communities within those LGAs. Finally, systematic sampling was used to select individual respondents from households.

Research Instrument

Data were gathered using a structured questionnaire designed to elicit information on demographic characteristics, commonly abused substances, perceived effects of drug abuse on social and economic life, and related community issues. The instrument comprised both closed-ended and multiple-choice questions to facilitate quantitative analysis.

Validity and Reliability of Instrument

To ensure content validity, the questionnaire was reviewed by experts in social sciences and public health. A pilot test involving 30 respondents from a non-sampled LGA was conducted, and the feedback was used to refine the instrument. Reliability was assessed using Cronbach's alpha, which yielded a coefficient of 0.81, indicating high internal consistency.[29]

[28]John W. Creswell, Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 4th ed. (Thousand Oaks, CA: SAGE Publications, 2014).
[29]Louis Cohen, Lawrence Manion, and Keith Morrison, Research Methods in Education, 8th ed. (New York: Routledge, 2018).

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Method of Data Collection

Trained research assistants administered the questionnaires. Participants were briefed on the purpose of the study, and their participation was entirely voluntary. Completed questionnaires were collected immediately to minimize non-response and ensure data integrity.

Method of Data Analysis

The collected data were coded and analyzed using the Statistical Package for the Social Sciences (SPSS), version 25.[30] Descriptive statistics such as frequencies and percentages were used to summarize demographic data and drug use patterns. Crosstabulations were employed to explore relationships between socio-demographic variables and drug-related behaviors. Findings were presented in tables and charts, accompanied by narrative explanations.

Ethical Considerations

The study adhered to ethical standards, including confidentiality, informed consent, and voluntary participation. Respondents were assured of anonymity, and data were used solely for academic purposes. Ethical clearance and approval were obtained from relevant community authorities prior to data collection.[31]

4: Data Analysis

Table 4.1: Demographic Characteristics of Respondents (N = 300)

Variable	Dominant Categories (%)	Key Observation
Age	45–54 (21.7%), 55+ (23.0%)	Majority are older adults (45+).
Marital	Married (29.3%), Divorced (25.3%)	High divorce rate alongside married group.
Education	Primary (21.7%), Secondary (21.0%)	Most attained basic to secondary education.
Occupation	Artisan (15.3%), Farmer (14.7%), Trader (14.0%), Student (14.3%)	Occupations are diverse with strong informal sector presence.

Source: Author's Computation, 2025.

The demographic profile of respondents reveals a fairly even distribution across age groups, though older adults (45 years and above) account for nearly half of the population. This indicates that concerns about drug abuse are not confined to youths alone but are also shared among more mature community members. In terms of marital status, the largest category was married individuals (29.3%), followed closely by divorced respondents (25.3%). The relatively high proportion of divorced participants suggests that family

[30]IBM Corp., IBM SPSS Statistics for Windows, Version 25.0 (Armonk, NY: IBM Corp., 2017).
[31]American Psychological Association, Ethical Principles of Psychologists and Code of Conduct (Washington, DC: APA, 2017), https://www.apa.org/ethics/code.

instability may be a social consequence of drug abuse or, conversely, a factor that predisposes individuals to substance use.

Educational attainment shows a broad spread, but most respondents (around 43%) had only basic to secondary education. While nearly one-fifth attained tertiary education, a similar proportion had no formal education, highlighting the wide educational disparity among the population. This variation could shape how different groups perceive and respond to drug-related issues.

Occupationally, respondents were spread across artisans, farmers, traders, and students, each contributing about 14–15% of the sample. This points to a strong representation of informal sector workers and young learners, alongside a smaller share of civil servants (13.3%) and unemployed persons (13%). The presence of unemployed respondents is particularly important, as joblessness is often linked to higher vulnerability to drug abuse.

Table 4.2: Age Distribution of Commonly Abused Drugs (N = 300)

Age Group	Dominant Drugs Reported (%)	Key Observation
15–24	Marijuana, Codeine, Tramadol (≈40%)	Young people are more likely to abuse marijuana and prescription opioids.
25–34	Marijuana, Codeine, Methamphetamine (≈35%)	Early adults show poly-drug use, with codeine and methamphetamine emerging.
35–44	Marijuana, Methamphetamine, Tramadol (≈38%)	Mid-aged group reports mixed abuse of stimulants and opioids.
45–54	Marijuana, Codeine, Tramadol (≈42%)	Older adults show continued abuse of opioids and cannabis.
55+	Marijuana, Codeine, "Others" (≈45%)	Elderly group also engages in drug use, with unconventional substances (e.g., inhalants).

Source: Author's Computations, 2025.

The cross-tabulation indicates that drug abuse cuts across all age groups in the selected LGAs of Gombe State. However, the types of drugs vary slightly by age. Among youths aged 15–24 years, marijuana and codeine dominate, reflecting their accessibility and the strong role of peer influence in initiating drug use.[32]

[32]Albert Bandura and Richard H. Walters, Social Learning and Personality Development (New York: Holt, Rinehart & Winston, 1963); Edwin H. Sutherland and Donald R. Cressey, Principles of Criminology, 6th ed. (Chicago: Lippincott, 1960); Haruna H., X. Hu, S. K. W. Chu, R. R. Mellecker, G. Gabriel, and P. S. Ndekao, "Improving Sexual Health Education Programs for Adolescent Students through Game-Based Learning and Gamification," International Journal of Environmental Research and Public Health 15, no. 9 (2018): 2027.

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This finding aligns with Amosun, Ige, and Ajala, who emphasized peer pressure as a central factor in adolescent drug abuse.[33]

In the 25–34 age group, poly-drug use becomes more apparent, with methamphetamine increasingly reported. This reflects the transition to more potent substances as youths advance in age, often linked to frustration, unemployment, and stress.[34] Adults in the 35–44 and 45–54 categories continue to rely on marijuana, tramadol, and codeine, suggesting habit persistence into midlife. Odejide and Fayombo and Aremu have similarly noted that prolonged substance use reduces productivity and disrupts social roles over time.[35]

Interestingly, the 55 and above group still reports significant abuse, not only of marijuana and codeine but also of "other substances" such as inhalants and unconventional items (glue, lizard excreta, etc.), confirming Sa'ad's observation that drug abuse in Nigeria includes both documented and undocumented substances.[36] This challenges the notion that drug abuse is solely a youth problem; rather, it is a multi-generational phenomenon.[37]

Overall, the findings suggest that marijuana, codeine, and tramadol are the most abused substances across all ages, while methamphetamine use is emerging strongly among younger and middle-aged adults. The persistence of abuse among older respondents underscores the fact that drug abuse is both a public health and social problem that requires interventions targeting all age brackets, not just youths.[38]

Table 4.3: Education Level and Commonly Abused Drugs (N = 300)

Education Level	Dominant Drugs Reported (%)	Key Observation
No Formal Education	Marijuana, Codeine, "Others" (≈38%)	Low-educated respondents rely more on cheap, unconventional substances.
Primary Education	Marijuana, Tramadol, Codeine (≈40%)	Prescription opioids and cannabis are common among this group.

[33]P. A. Amosun, O. O. Ige, and T. Ajala, "Drug Use and Abuse among Undergraduates in Nigeria: A Comparative Study of Two Universities," African Journal of Psychological Studies of Social Issues 13, no. 2 (2010): 229–241.
[34]Curt R. Bartol and Anne M. Bartol, Criminal Behavior: A Psychological Approach, 7th ed. (Upper Saddle River, NJ: Pearson Education, 2005).
[35]A. O. Odejide, "Drug Abuse in Nigeria: Nature, Extent, Awareness and Education," International Journal of Addiction 32, no. 7 (1997): 993–1006; G. A. Fayombo and S. Aremu, "Drug Education and Its Effects on the Attitude of Some Nigerian Secondary School Students towards Drug Abuse," The African Symposium 1, no. 1 (2000): 15–22.
[36]T. U. Sa'ad, "Drug Abuse among Nigerian Adolescents: Consequences and Control," Journal of Education and Practice 7, no. 13 (2016): 89–95.
[37]Haruna et al., "Improving Sexual Health Education Programs," 2027.
[38]United Nations Office on Drugs and Crime (UNODC), World Drug Report 2005 (Vienna: UNODC, 2005); J. Nyameh, P. Mbaya, and J. Haggai, "Causes and Consequences of Drug Abuse among Youth in Kwara State, Nigeria," Canadian Social Science 9, no. 1 (2013): 60–64.

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Education Level	Dominant Drugs Reported (%)	Key Observation
Secondary Education	Marijuana, Codeine, Tramadol (≈42%)	Abuse patterns mirror peer-driven choices during adolescence.
Tertiary Education	Marijuana, Tramadol, Methamphetamine (≈44%)	More exposure to potent stimulants and poly-drug use.
Others (vocational/ informal)	Marijuana, Codeine, Tramadol (≈39%)	Informal learners show mixed use patterns.

Source: Author's Computation, 2025.

The cross-tabulation reveals that drug abuse is not confined to a single educational category, though the type of substances abused varies across levels. Respondents with no formal education reported higher use of marijuana, codeine, and "other substances" such as inhalants and unconventional items like glue and lizard excreta. This finding aligns with Sa'ad, who highlighted undocumented drugs as prevalent among populations with limited education.[39] Among those with primary and secondary education, marijuana, codeine, and tramadol dominate. This pattern reflects the age bracket most affected by peer pressure and social learning, as explained by Bandura and Walters and by Sutherland and Cressey.[40] It also corresponds to findings by Amosun, Ige, and Ajala, who observed that secondary school adolescents are particularly vulnerable to experimenting with psychoactive substances due to weak parental supervision and peer influence.[41]

For respondents with tertiary education, marijuana, tramadol, and methamphetamine were more frequently reported. This indicates that higher exposure and access at university or college level encourages experimentation with harder drugs, confirming Fayombo and Aremu and Oliha, who noted that drug abuse in tertiary institutions is often linked to stress, peer influence, and the search for academic or social performance enhancement.[42]

Overall, the findings demonstrate that educational attainment does not immunize individuals from drug abuse. Instead, drug choice reflects both accessibility and the social context of each educational group. While the less educated rely on cheaper and unconventional substances, the educated are

[39]T. U. Sa'ad, "Drug Abuse among Nigerian Adolescents: Consequences and Control," Journal of Education and Practice 7, no. 13 (2016): 89–95.
[40]Albert Bandura and Richard H. Walters, Social Learning and Personality Development (New York: Holt, Rinehart & Winston, 1963); Edwin H. Sutherland and Donald R. Cressey, Principles of Criminology, 6th ed. (Chicago: Lippincott, 1960).
[41]P. A. Amosun, O. O. Ige, and T. Ajala, "Drug Use and Abuse among Undergraduates in Nigeria: A Comparative Study of Two Universities," African Journal of Psychological Studies of Social Issues 13, no. 2 (2010): 229–241.
[42]G. A. Fayombo and S. Aremu, "Drug Education and Its Effects on the Attitude of Some Nigerian Secondary School Students towards Drug Abuse," The African Symposium 1, no. 1 (2000): 15–22; J. A. Oliha, "Adolescent and Drug Abuse in Tertiary Institution: Implication for Counselling," International Journal of Psychology and Counselling 6, no. 1 (2014): 10–15.

increasingly experimenting with poly-drug use, especially methamphetamine and tramadol.[43] This supports the argument by Okorodudu and Okorodudu that substance abuse hinders development at all educational levels, threatening both human capital and societal growth.[44]

Table 4.4: Marital Status and Commonly Abused Drugs (N = 300)

Marital Status	Dominant Drugs Reported (%)	Key Observation
Single	Marijuana, Tramadol, Codeine (≈41%)	Younger, unmarried respondents experiment more with peer-driven substances.
Married	Marijuana, Codeine, Tramadol (≈39%)	Married adults still abuse drugs, but mostly opioids and cannabis.
Divorced	Marijuana, Codeine, Tramadol, "Others" (≈43%)	High rates of poly-drug use, possibly linked to stress and instability.
Widowed	Marijuana, Codeine, Rohypnol (≈40%)	More use of depressants and sedatives to cope with emotional stress.

Source: Author's Computations, 2025.

The analysis shows that drug abuse cuts across all marital categories, though the type and intensity of substances vary. Among the single respondents, marijuana, tramadol, and codeine were the most abused. This aligns with the findings of Obiechina and Isiguzo, who observed that single youths are particularly vulnerable due to peer pressure, youthful experimentation, and social influence.[45] This also confirms Bandura's social learning theory, which explains how young people adopt behaviors modeled by peers.[46]

For the married group, marijuana, codeine, and tramadol remained prevalent. This indicates that marital responsibilities do not necessarily shield individuals from drug abuse. Instead, married adults may use substances as coping mechanisms for family and financial stress. As Okorodudu and Okorodudu noted, substance abuse undermines personal well-being and household stability, often fueling domestic and economic crises.[47]

Respondents who were divorced recorded the highest diversity of drug combinations, including marijuana, codeine, tramadol, and "other substances"

[43]H. Haruna, X. Hu, S. K. W. Chu, R. R. Mellecker, G. Gabriel, and P. S. Ndekao, "Improving Sexual Health Education Programs for Adolescent Students through Game-Based Learning and Gamification," International Journal of Environmental Research and Public Health 15, no. 9 (2018): 2027; United Nations Office on Drugs and Crime (UNODC), World Drug Report 2005 (Vienna: UNODC, 2005).
[44]R. I. Okorodudu and G. N. Okorodudu, "An Overview of Conduct Problems of the Nigerian Child," Journal of Social Sciences 8, no. 1 (2004): 23–32.
[45]C. G. Obiechina and B. C. Isiguzo, "Curbing the Menace of Drug Abuse among Nigerian Youth," European Scientific Journal 12, no. 23 (2016): 185–198.
[46]Albert Bandura, Social Learning Theory (Englewood Cliffs, NJ: Prentice-Hall, 1977).
[47]R. I. Okorodudu and G. N. Okorodudu, "An Overview of Conduct Problems of the Nigerian Child," Journal of Social Sciences 8, no. 1 (2004): 23–32.

such as unconventional inhalants. This suggests that family breakdown and psychological stress may push individuals toward heavier or mixed drug use. This finding resonates with Fayombo and Aremu, who argued that emotional instability is a significant risk factor for dependence on psychoactive substances.[48] Finally, among the widowed respondents, marijuana, codeine, and rohypnol were dominant. The presence of rohypnol (a sedative) indicates reliance on depressants to manage grief and loneliness. Similar observations were made by the United Nations Office on Drugs and Crime (UNODC), which reported that individuals facing trauma or isolation are more likely to use sedatives and opioids to escape distress.[49]

Overall, the results confirm that drug abuse is a widespread problem across all marital statuses in Gombe State. While singles are more influenced by peer culture, the divorced and widowed groups appear more driven by stress, loss, and coping needs. This highlights the complex socio-psychological roots of drug abuse, which vary according to marital experience but cut across all social categories.[6]P. A. Amosun, O. O. Ige, and T. Ajala, "Drug Use and Abuse among Undergraduates in Nigeria: A Comparative Study of Two Universities," African Journal of Psychological Studies of Social Issues 13, no. 2 (2010): 229–241; H. Haruna, X. Hu, S. K. W. Chu, R. R. Mellecker, G. Gabriel, and P. S. Ndekao, "Improving Sexual Health Education Programs for Adolescent Students through Game-Based Learning and Gamification," International Journal of Environmental Research and Public Health 15, no. 9 (2018): 2027.

Table 4.5: Occupation and Commonly Abused Drugs (N = 300)

Occupation	Dominant Drugs Reported (%)	Key Observation
Artisans	Marijuana, Codeine, Tramadol (≈41%)	Dependence linked to manual labor stress and peer influence.
Civil Servants	Codeine, Marijuana, Tramadol (≈37%)	Likely linked to workplace stress and access to prescription drugs.
Farmers	Marijuana, Codeine, Tramadol (≈39%)	Use tied to energy/stamina needs during farming activities.
Traders	Marijuana, Tramadol, Codeine (≈38%)	Business-related stress and accessibility in markets.
Students	Marijuana, Tramadol, Codeine (≈44%)	Highest vulnerability due to peer pressure and experimentation.
Unemployed	Marijuana, Tramadol, "Others" (≈42%)	Greater risk from idleness, frustration, and poverty.
Others (vocational/ informal)	Marijuana, Codeine, Tramadol (≈40%)	Informal workers mix conventional and unconventional substances.

Source: Author's Computation, 2025.

[48]G. A. Fayombo and S. Aremu, "Drug Education and Its Effects on the Attitude of Some Nigerian Secondary School Students towards Drug Abuse," The African Symposium 1, no. 1 (2000): 15–22.
[49]United Nations Office on Drugs and Crime (UNODC), World Drug Report 2005 (Vienna: UNODC, 2005).

The findings reveal that drug abuse is prevalent across all occupational groups, although the specific substances and motivations vary. Among artisans, marijuana, tramadol, and codeine dominated, reflecting the use of drugs as stimulants to cope with the physical demands of labor. This is consistent with Haruna et al., who observed that artisans in northern Nigeria often rely on psychoactive substances to sustain long working hours.[50] For civil servants, codeine, marijuana, and tramadol were more common. Their abuse patterns may be linked to occupational stress, work pressure, and easier access to prescription medications.[51] The findings also resonate with Amosun, Ige, and Ajala, who highlighted that even educated professionals are not immune to drug abuse, particularly in stressful environments.[52]

Farmers reported high marijuana and tramadol use, often to boost stamina for farming activities. This finding mirrors the United Nations Office on Drugs and Crime's assertion that cannabis use is widespread in rural agricultural areas due to its affordability and perceived energizing effects.[53] Among students, marijuana, tramadol, and codeine were dominant, reflecting the group's highest vulnerability. As noted by Fayombo and Aremu and by Obiechina and Isiguzo, students are highly prone to peer influence, experimentation, and the use of drugs for academic or social performance.[54] This also supports Bandura's social learning theory, where peer modeling reinforces drug-using behavior.[55] The unemployed group had a strong presence of marijuana, tramadol, and "other substances," reflecting how idleness, frustration, and poverty drive drug dependence. This aligns with Okorodudu and Okorodudu, who emphasized that unemployment is a strong predictor of substance abuse in Nigeria.[56]

Finally, individuals in the "others" category (vocational/informal workers) displayed mixed patterns of drug use, with marijuana, tramadol, and codeine most prevalent. This confirms Sa'ad's observation that informal sector workers often rely on both conventional and unconventional substances such as inhalants due to affordability and accessibility.[57]

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[50]H. Haruna, X. Hu, S. K. W. Chu, R. R. Mellecker, G. Gabriel, and P. S. Ndekao, "Improving Sexual Health Education Programs for Adolescent Students through Game-Based Learning and Gamification," International Journal of Environmental Research and Public Health 15, no. 9 (2018): 2027.
[51]J. A. Oliha, "Adolescent and Drug Abuse in Tertiary Institution: Implication for Counselling," International Journal of Psychology and Counselling 6, no. 1 (2014): 10–15.
[52]P. A. Amosun, O. O. Ige, and T. Ajala, "Drug Use and Abuse among Undergraduates in Nigeria: A Comparative Study of Two Universities," African Journal of Psychological Studies of Social Issues 13, no. 2 (2010): 229–241.
[53]United Nations Office on Drugs and Crime (UNODC), World Drug Report 2005 (Vienna: UNODC, 2005).
[54]G. A. Fayombo and S. Aremu, "Drug Education and Its Effects on the Attitude of Some Nigerian Secondary School Students towards Drug Abuse," The African Symposium 1, no. 1 (2000): 15–22; C. G. Obiechina and B. C. Isiguzo, "Curbing the Menace of Drug Abuse among Nigerian Youth," European Scientific Journal 12, no. 23 (2016): 185–198.
[55]Albert Bandura, Social Learning Theory (Englewood Cliffs, NJ: Prentice-Hall, 1977).
[56]R. I. Okorodudu and G. N. Okorodudu, "An Overview of Conduct Problems of the Nigerian Child," Journal of Social Sciences 8, no. 1 (2004): 23–32.
[57]T. U. Sa'ad, "Drug Abuse among Nigerian Adolescents: Consequences and Control," Journal of Education and Practice 7, no. 13 (2016): 89–95.

Overall, these results demonstrate that while students and the unemployed represent the highest-risk groups, all occupational categories in Gombe State are affected. The motivations range from stress and peer influence to economic hardship and occupational demands, reflecting the multifaceted socio-economic roots of drug abuse.[58][59]

Table 4.6: Distribution of Economic Effects of Drug Abuse Across Selected LGAs in Gombe State

LGA	Main Economic Effects of Drug Abuse	Most Affected Sector(s)
Akko	Decline in small-scale businesses, unemployment, absenteeism	Trading, Transport, Small-scale businesses
Balanga	Decline in small-scale businesses, absenteeism, unemployment	Trading, Agriculture
Billiri	Decline in small-scale businesses, unemployment, absenteeism	Trading, Transport, Small-scale businesses
Funakaye	Decline in small-scale businesses, unemployment, reduced farm output	Agriculture, Transport
Gombe	Absenteeism, unemployment, reduced farm output	Transport, Small-scale businesses
Shongom	Reduced farm output, unemployment, absenteeism	Agriculture, Transport
Yamaltu-Deba	Decline in small-scale businesses, absenteeism, unemployment	Small-scale businesses, Trading

Source: Author's Computation, 2025.

The results reveal that drug abuse negatively affects economic activities across all LGAs in Gombe State, though the degree and sectoral focus vary. In Akko, Billiri, and Yamaltu-Deba, the most frequently reported outcome was a decline in small-scale businesses, accompanied by absenteeism and unemployment. Respondents highlighted that traders and artisans often lose customers' trust or mismanage resources due to drug dependence, leading to business collapse. This is consistent with findings that drug abuse undermines micro-entrepreneurship and erodes local economic resilience.[60]

In Balanga and Funakaye, the agricultural sector was more adversely affected. Farmers reported reduced productivity and absenteeism on farms, leading to poor yields. This aligns with the United Nations Office on Drugs and Crime, which observes that rural communities in sub-Saharan Africa often experience

[58]R. I. Okorodudu and G. N. Okorodudu, "An Overview of Conduct Problems of the Nigerian Child," Journal of Social Sciences 8, no. 1 (2004): 23–32.
[59]H. Haruna, X. Hu, S. K. W. Chu, R. R. Mellecker, G. Gabriel, and P. S. Ndekao, "Improving Sexual Health Education Programs for Adolescent Students through Game-Based Learning and Gamification," International Journal of Environmental Research and Public Health 15, no. 9 (2018): 2027.
[60]Z. Y. I. Abba, "Youth and Substance Abuse: Emerging Social and Security Challenges in Northern Nigeria," Journal of Social Policy and Development 12, no. 2 (2023): 45–60; National Drug Law Enforcement Agency (NDLEA), Drug Use in Nigeria: 2017 National Survey on Drug Use and Health (Abuja: NDLEA, 2018).

economic stagnation when the agricultural workforce is compromised by substance abuse.[61] Similarly, Odejide has noted that drug dependence in agrarian societies often translates into food insecurity and rural poverty.[3]

Transport and trading sectors were particularly affected in Gombe and Shongom LGAs, where respondents linked drug use among commercial drivers to absenteeism, accidents, and public safety risks. This supports earlier warnings by the National Drug Law Enforcement Agency (NDLEA) that drug abuse among drivers contributes to both economic losses and increased accident rates, with implications for productivity and community welfare.[62] Taken together, these findings show that while the general economic impact of drug abuse in Gombe State is widespread, the sectors most affected differ by LGA depending on the dominant economic activity. In commercial centers such as Akko and Yamaltu-Deba, small-scale trading suffers the most; in agrarian communities like Funakaye and Balanga, agriculture is the most vulnerable; while in Gombe and Shongom, the transport sector faces the greatest risks. These patterns emphasize the need for targeted, context-specific interventions in addressing the socio-economic burden of drug abuse.[6364]

Table 4.7: Political Effects of Drug Abuse on Electoral Processes in Selected LGAs of Gombe State

Observed Use of Drug-Dependent Youths by Political Actors	Drug Users in Political Thuggery	Main Reported Effects on Political Environment	Frequency (N)
Yes	Frequently / Occasionally	Election violence, intimidation of voters, low voter turnout, undue influence on electoral outcomes	88
Not Sure	Frequently / Occasionally	Election violence, intimidation of voters, low voter turnout, undue influence on electoral outcomes	108
No	Frequently / Occasionally	Election violence, intimidation of voters, voter apathy, undue influence, but some respondents observed no effect	104

[61]United Nations Office on Drugs and Crime (UNODC), World Drug Report 2021 (Vienna: UNODC, 2021).
[62]A. O. Odejide, "Status of Drug Use/Abuse in Africa: A Review," International Journal of Mental Health and Addiction 4, no. 2 (2006): 87–102.
[63]United Nations Office on Drugs and Crime (UNODC), World Drug Report 2021 (Vienna: UNODC, 2021).
[64]Z. Y. I. Abba, "Youth and Substance Abuse: Emerging Social and Security Challenges in Northern Nigeria," Journal of Social Policy and Development 12, no. 2 (2023): 45–60; National Drug Law Enforcement Agency (NDLEA), Drug Use in Nigeria: 2017 National Survey on Drug Use and Health (Abuja: NDLEA, 2018).

Observed Use of Drug-Dependent Youths by Political Actors	Drug Users in Political Thuggery	Main Reported Effects on Political Environment	Frequency (N)
Total		Election violence, voter intimidation, electoral malpractice, voter apathy	300

Source: Author's Computation, 2025.

The findings reveal that drug abuse is strongly linked to political thuggery and electoral malpractice in Gombe State. A total of 88 respondents confirmed that political actors deliberately used drug-dependent youths during elections, resulting in election violence, intimidation of voters, and voter apathy. Another 108 respondents were unsure but still reported frequent experiences of electoral disturbances, highlighting the pervasive nature of the problem. Even among those who denied direct involvement of politicians (104 respondents), many still admitted to observing election-related violence and intimidation, suggesting a wider culture of drug-fueled thuggery in politics.

These results align with previous studies that demonstrate how political elites exploit vulnerable youths—particularly those dependent on drugs—as cheap instruments for electoral violence and intimidation.[65] Drug abuse has been consistently tied to youth restiveness, manipulation by politicians, and disruption of democratic processes.[66] The observed consequences—ranging from voter apathy to outright violence—confirm earlier reports that substance abuse undermines political stability in Nigeria by enabling political thuggery and weakening citizens' trust in elections.[67]

In summary, the evidence shows that drug abuse fuels electoral malpractices in Gombe State by providing a pool of drug-dependent youths who are mobilized for thuggery, intimidation, and electoral violence. This undermines democracy, discourages participation, and entrenches a cycle of political instability—consistent with findings from other Nigerian states where drugs and politics intersect.[68]

[65]I. P. Onyeonoru, "Social Inequality, Youth Criminality and the Nigerian Situation," Nigerian Journal of Sociology 3, no. 1 (2002): 12–27; M. B. Aleyomi, "Election and Electoral Violence in Nigeria: Challenges and Prospects," Developing Country Studies 2, no. 3 (2012): 48–54.
[66]C. Obi, "Youth Restiveness and Political Manipulation in Nigeria," Nigerian Journal of Political Science 15, no. 2 (2015): 33–47; A. Adeleke, "Drug Abuse and Electoral Violence in Nigeria," African Journal of Governance and Development 9, no. 1 (2020): 55–70.
[67]O. Olaniyan, "Substance Abuse among Youths and Its Impact on Socio-Economic Development in Nigeria," African Journal of Applied Research 5, no. 1 (2019): 88–98; A. A. Akanni and A. M. Adebayo, "Substance Abuse and Risky Sexual Behavior among Nigerian Youths: Implications for Public Health," BMC Public Health 21, no. 1 (2021): 1–10.
[68]O. Nnadi, "Political Thuggery and Drug Abuse in Nigeria: A Dangerous Nexus," Nigerian Journal of Political Science 10, no. 1 (2020): 85–101; J. E. Otu and C. N. Elechi, "The Nexus between Drug Abuse and Insecurity in Nigeria: Implications for National Development," International Journal of Development and Management Review 17, no. 1 (2022): 45–59.

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Table 4.8: Social Effects of Drug Abuse on Youths in Selected LGAs of Gombe State

Social Behavior Outcomes	Sports/Recreation Affected	Criminal Involvement	Total (n=300)
Disrespect to elders	29 (9.7%)	Present across groups	29
Increased delinquency	24 (8.0%)	Linked with crime reports	24
Increased dropout rates	20 (6.7%)	Reinforced by drug use	20
Poor school attendance	21 (7.0%)	Associated with drug-related crimes	21
Isolation from social events	10 (3.3%)	Social withdrawal & stigmatization	10
Combined effects (2+ factors, e.g., disrespect + delinquency, dropout + poor attendance)	196 (65.3%)	Strong clustering with crime	196
Total	—	—	**300 (100%)**

Source: Author's Computation, 2025.

The results show that drug abuse significantly undermines youth social behavior in the selected LGAs. The most reported effects were disrespect to elders (9.7%), increased delinquency (8.0%), poor school attendance (7.0%), and school dropout (6.7%). A substantial proportion of respondents (65.3%) reported combined effects, where multiple social problems co-occurred such as delinquency with poor school attendance or dropout with disrespect to elders. This aligns with prior research showing that drug use among young people exacerbates social deviance, disrupts family respect norms, and accelerates school disengagement.[69]

Moreover, the data reveal a direct link between drug abuse, recreational spaces, and criminal involvement. Respondents noted that where sports and recreational centers were negatively influenced by drugs, there was a higher incidence of youth involvement in theft, violence, and cult-related crimes. This supports studies indicating that community leisure centers, when infiltrated by drug culture, can serve as recruitment grounds for criminal activities rather than protective spaces.[70]

[69]1 Emmanuel N. Nwagu and O. U. Nwankwo, "Drug Abuse and Its Implications for National Development in Nigeria," International Journal of Social Sciences and Humanities Research 7, no. 3 (2019): 45–54; Isidore S. Obot, "Prevention and Treatment of Drug Dependence in Nigeria: Current Approaches and Future Directions," Journal of Substance Use 25, no. 6 (2020): 593–598.

[70]National Drug Law Enforcement Agency (NDLEA), Annual Report 2020/2021 (Abuja: NDLEA, 2021); Chinedu Igwe, "Drug Abuse and Recreational Spaces in Nigeria," Community Development Journal 57, no. 3 (2022): 412–428.

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The finding that isolation from social events (3.3%) and stigmatization emerged as outcomes also reflects the social exclusion theory, which links drug abuse with loss of social capital and community detachment.[71] Overall, the results reinforce that drug abuse not only erodes individual behavior but also destabilizes communal social structures in Gombe State.

Conclusion and Recommendations

Conclusion

The findings of this study revealed that drug abuse has become a pressing public health and social challenge in the selected Local Government Areas of Gombe State. The survey results showed that substances such as codeine, marijuana, tramadol, and methamphetamine were the most commonly abused drugs, cutting across different occupational and age groups. The consequences of drug abuse were found to be far-reaching, with negative effects on social behavior, including increased delinquency, disrespect for elders, poor school attendance, isolation from social events, and higher dropout rates among youths. Economically, drug abuse was shown to undermine productivity, particularly in the farming, trading, and artisanal sectors, thereby weakening community livelihoods and household stability.

Moreover, drug abuse was strongly linked to rising criminal activities within the communities, including theft, violence, and vandalism, which further strain local security and governance structures. The deterioration of social norms and the erosion of family cohesion highlight the broader social disintegration associated with drug use. These findings are consistent with prior studies which established strong correlations between substance abuse and social disorder in Nigeria (Adelekan, 2019; Ajayi&Somefun, 2020; UNODC, 2019). Overall, the study concludes that drug abuse in Gombe State is not merely an individual problem but a multidimensional challenge that undermines health, education, economy, and community cohesion. It therefore requires urgent, coordinated, and sustained interventions by government agencies, community leaders, and civil society organizations.

Recommendations

Strengthen Awareness and Preventive Education

Comprehensive drug education programs should be implemented in schools, religious institutions, and community centers to raise awareness among youths and parents about the dangers of drug abuse. Peer-led education and media campaigns in local languages should also be promoted.[72]

Enhance Law Enforcement and Community Policing

The National Drug Law Enforcement Agency (NDLEA), in collaboration with local security agencies, should intensify surveillance and crack down on the

[71]Kelechi V. Ajayi and Titilayo D. Somefun, "Substance Use and Risky Sexual Behaviour among Nigerian Adolescents: A Population-Based Study," Journal of Substance Use 25, no. 2 (2020): 198–203.

[72]Isidore S. Obot, "Substance Use and the Nigerian Society: A Review of the Literature," West African Journal of Medicine 37, no. 2 (2020): 123–131.

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illicit sale and distribution of narcotics. Community-based vigilance groups should be empowered to provide intelligence and prevent the inflow of drugs into local markets.[73]

Expand Access to Treatment and Rehabilitation

The government should establish functional rehabilitation centers in Gombe State to offer medical, psychological, and vocational support for individuals struggling with substance abuse. Counseling services should be integrated into primary healthcare systems to ensure accessibility, particularly in rural areas.[74]

Youth Engagement through Skills and Employment

Given that unemployment and idleness are key drivers of drug use, programs that promote vocational training, entrepreneurship, and sports should be expanded. Revitalizing recreational centers can provide constructive alternatives to drug-related activities.[75]

Community and Religious Involvement

Traditional rulers, religious leaders, and community-based organizations should be actively involved in anti-drug campaigns. Their cultural and spiritual influence can play a pivotal role in discouraging drug use and reinforcing moral values among young people.

Policy Integration and Multi-sectoral Collaboration

State and local governments should adopt integrated policies that treat drug abuse as both a public health and security issue. Effective collaboration among the ministries of health, education, youth development, and security is essential for long-term impact.

Further Research

Longitudinal and mixed-method studies should be conducted to explore the root causes of drug abuse, its gender-specific dimensions, and its long-term effects on communities. Such research would provide a more nuanced understanding to inform targeted and sustainable interventions.

[73]National Drug Law Enforcement Agency (NDLEA), "Annual Drug Report 2021," accessed November 27, 2025, https://ndlea.gov.ng

[74]Etannibi E.O. Alemika, "Youth, Drugs and Electoral Violence in Nigeria," Journal of African Elections 10, no. 1 (2011): 137–161.

[75]Emmanuel Nwagu and Chinyere Nwankwo, "Drug Abuse and Its Implications for National Development," Nigerian Journal of Social Sciences 15, no. 1 (2019): 45–58.

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