

YOUTHS AND DRUG ABUSE IN THIS GENERATION

Abstract

Youth drug abuse has emerged as a critical global challenge, with its prevalence increasing across diverse socio-economic and cultural contexts. This paper examines the rise of substance abuse among youths in the contemporary generation, analysing the issue through the intersections of religion, faith, morality, and law. While drug misuse is a worldwide problem, its manifestations differ significantly between nations such as Nigeria, United Kingdom and the United States of America (USA). Nigeria faces escalating abuse of substances such as codeine, tramadol, cannabis, and methamphetamine, often driven by unemployment, weak regulatory environments, and socio-religious tensions. In contrast, the USA reports high levels of opioid, cannabis, and synthetic drug misuse among adolescents and young adults, influenced by factors such as prescription drug culture, mental health challenges, and pervasive drug normalisation in media. The paper adopts a qualitative and doctrinal methodology, supported by comparative socio-legal analysis. Primary sources include domestic statutes, international conventions, religious texts, and judicial decisions, while secondary sources comprise academic literature, empirical health reports, and policy documents from agencies such as the UNODC, NDLEA, CDC, and NIDA. The interdisciplinary approach allows for a comprehensive assessment of legal, moral, and religious perspectives on youth drug abuse. Findings indicate that youth drug misuse is driven by overlapping factors like peer influence, digital culture, socio-economic pressures, declining religious engagement, and weakened moral accountability systems. The paper also finds that religion and faith-based organisations in Nigeria, United Kingdom and the USA play crucial but under-utilised roles in prevention and rehabilitation. However, Nigeria relies more heavily on communal and religious moral structures, whereas the UK and USA lean towards clinical, psychological, and public health models. The paper concludes with the fact that effective youth drug abuse prevention requires an integrated framework combining legal regulation with moral education, religious value-based interventions, and community support systems. A multi-layered approach blending statutory enforcement, faith-rooted counselling, and ethical development is necessary for sustainable behavioural change among youths in Nigeria, United Kingdom and the United States of America.

Keywords: Youths, Drug abuse and addiction, Health risk, Prevention, Societal moral decadence

1. Introduction

Drug abuse among youths has become a defining challenge of the 21st century, affecting health systems, legal institutions, communities, and moral structures worldwide. The term ‘youth’ generally refers to persons between the ages of 15 and 24, although some frameworks extend the definition to 29 years.¹ Emerging data from the United Nations Office on Drugs and Crime (UNODC) suggests that the average age of first drug use globally has continued to fall, indicating a troubling shift in risk exposure among adolescents and young adults.² In the United Kingdom, recent reports reveal that drug experimentation typically begins at 15–16 years, with cannabis, nitrous oxide, MDMA, and cocaine being the most commonly consumed substances.³ The rise of youth drug abuse is not merely a public health concern, it is simultaneously a question of moral orientation, religious and spiritual identity, and legal regulation. The interplay between these domains invites a multidisciplinary examination, especially in societies

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¹ United Nations, *World Youth Report 2023* (UN 2023) 4.

² UNODC, *World Drug Report 2024* (United Nations Office on Drugs and Crime 2024) 11.

³ Office for National Statistics, ‘Drug Use Among 16 to 24 Year Olds’ (ONS 2023).

where religious ethics still shape social values and public expectations. For centuries, religious traditions have provided moral frameworks that discourage intoxication, promote bodily stewardship, and encourage self-discipline. Yet contemporary youths increasingly navigate secularised environments where traditional moral controls are weakened. Thus, this paper seeks to explore how drug abuse among youths emerges at the intersection of legal norms, moral philosophy, and religious ethics, offering a robust academic analysis suitable for advanced legal study.

2. Understanding Drug Abuse Among Contemporary Youths

Drug abuse is generally defined as the harmful or hazardous use of psychoactive substances, including alcohol, prescription medication, and illicit drugs.⁴ The World Health Organization (WHO) categorises substance abuse as a pattern of use that leads to significant impairment or distress, particularly when it interferes with academic, social, or psychological functioning.⁵ In the context of youth behaviour, drug abuse often includes experimentation, recreational misuse, dependency, and the non-medical use of prescription drugs. The UNODC further clarifies that ‘youth drug use’ typically refers to consumption among persons aged 15 to 24.⁶ The concept of ‘youth drug culture’ also encompasses the social, symbolic, and technological contexts in which young people encounter and normalise substances. This includes online promotion, peer networks, and exposure to music, film, and social media content that glamorises drug use.

3. Global and United Kingdom Prevalence Rates

Youth drug abuse has risen globally over the last decade. The UNODC World Drug Report 2024 reveals that over 36 million young people worldwide engaged in harmful substance use, with first-time exposure occurring at increasingly younger ages.⁷ Cannabis remains the most commonly used drug among youths globally, followed by prescription opioids, amphetamine-type stimulants, and synthetic cannabinoids. In the United Kingdom, the Office for National Statistics (ONS) reports that 20.8% of individuals aged 16-24 used illicit drugs before 2023.⁸ Cannabis was the most consumed drug, followed by powder cocaine, ecstasy (MDMA), ketamine, and nitrous oxide. The rise of nitrous oxide use among younger adolescents (14-17 years) has become a specific policy concern, prompting legal reforms.⁹ UK trends mirror global patterns: early experimentation, higher potency substances, and increased poly-drug use. Yet, a unique element within the UK context is the rapid expansion of legal and illegal online drug markets, allowing youths to access substances through encrypted apps and dark-web platforms.

4. Socio-economic Drivers

Socio-economic conditions remain a strong predictor of youth vulnerability to drug abuse. Unemployment, poverty, unstable housing, and limited educational opportunities increase risk profiles.¹⁰ In Nigeria, where youth unemployment remains above 30%,¹¹ socio-economic disillusionment drives many young people towards substances such as tramadol, codeine, cannabis, methamphetamine (‘mkpurummiri’), and synthetic opioids. Weak regulatory systems and porous borders further enable drug availability. In contrast, the USA despite its stronger economic conditions experiences youth drug abuse driven by different socio-economic pressures: the high cost of healthcare, prescription drug accessibility, and mental health crises. According to the National Institute on Drug Abuse (NIDA), more than 14% of American adolescents misused prescription medications in 2023, often sourced from household medicine cabinets.¹² Thus, while Nigerian youths are influenced by economic hardship and survival pressures, American youths encounter drug availability through a prescription culture and commercialised pharmaceutical environment.

⁴ World Health Organization, *Lexicon of Alcohol and Drug Terms* (WHO 2022).

⁵ WHO, *Substance Abuse Factsheet* (WHO 2023)?

⁶ UNODC, *World Drug Report 2024* (United Nations 2024) 5.

⁷ *ibid* 12.

⁸ Office for National Statistics, ‘Drug Use Among Adults in England and Wales: 2023’ (ONS 2023).

⁹ Home Office, ‘Nitrous Oxide Control Measures’ (UK Gov 2023).

¹⁰ EMCDDA, *European Drug Report 2023* (EU 2023).

¹¹ National Bureau of Statistics, ‘Labour Force Report Q4 2023’ (NBS Nigeria 2024).

¹² National Institute on Drug Abuse, ‘Prescription Drug Misuse Data’ (NIDA 2023).

5. Psychological and Developmental Factors

Adolescence and young adulthood are developmental stages characterised by identity formation, risk-taking behaviour, and neurological vulnerability. Neuroscientific research indicates that the prefrontal cortex responsible for judgement, impulse control, and decision-making continues developing until around age 25.¹³ This makes youths more susceptible to peer influence, sensation seeking, and addiction pathways. Mental health challenges also play a significant role. In the UK, the NHS reports significant increases in depression and anxiety among persons aged 16–24, correlating strongly with drug misuse.¹⁴ Similarly, the USA faces what the Centres for Disease Control and Prevention (CDC) describes as a ‘youth mental health crisis’, with rising rates of anxiety, suicide attempts, and substance use disorders.¹⁵ In Nigeria, while mental health issues are also rising, stigma, cultural misconceptions, and inadequate psychiatric services mean many cases go undiagnosed. Consequently, many young Nigerians self-medicate with codeine, tramadol, and cannabis.

6. Technology, Social Media, and Digital Youth Culture

Digital technology profoundly shapes youth exposure to drugs. Social media platforms such as TikTok, Snapchat, Instagram, X (Twitter) frequently contain depictions that normalise or glamorise substance use. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) notes that online drug trends spread rapidly across digital communities, influencing youth attitudes and behaviours.¹⁶ In the UK and USA alike, influencer culture, music videos, and “challenge” trends frequently depict drug use as fashionable or desirable. Meanwhile, encrypted messaging platforms (Telegram, WhatsApp) facilitate real-time drug delivery. Data from the Global Drug Survey shows an increase in youths purchasing drugs online, perceiving such channels as safer and more discreet.¹⁷ By comparison, Nigerian youths also engage with digital drug culture but in different contexts. While urban youths access online drug networks, many rural youths are influenced by localised subcultures, music genres such as Afro-trap, and peer groups that normalise codeine or tramadol.

7. Moral and Ethical Dimensions of Youth Drug Abuse

Moral Philosophy and Personal Agency

The moral evaluation of youth drug abuse requires engagement with foundational ethical theories concerning individual agency, responsibility, and the nature of harmful conduct. Classical moral philosophy, particularly the works of Aristotle, Kant, and Mill provides useful frameworks. Aristotle’s *Nicomachean Ethics* emphasises virtue, moderation, and self-control; the habitual use of intoxicants represents a failure of temperance and undermines the cultivation of good character.¹⁸ Kantian ethics, grounded in rational autonomy, argues that drug abuse compromises moral agency because intoxication diminishes one’s capacity for reason, duty, and self-governance.¹⁹ Mill’s liberal philosophy, by contrast, prioritises individual freedom unless one’s actions harm others; yet even Mill acknowledges that certain behaviours, including addiction, may justify paternalistic intervention where liberty becomes self-destructive.²⁰ Youth behaviour complicates these theories because adolescents and young adults are still developing capacity for mature judgement. Neuroscientific evidence demonstrates that the prefrontal cortex, the centre of moral reasoning is not fully developed until the mid-twenties.²¹ Accordingly, the moral responsibility of youths must be viewed in light of developmental limitations. Their vulnerability to peer pressure, desire for social belonging, and impulsivity raises ethical questions about blameworthiness and societal responsibility.

¹³ Laurence Steinberg, ‘A Social Neuroscience Perspective on Adolescent Risk-Taking’ (2008) 28 Dev Rev 78.

¹⁴ NHS Digital, *Mental Health of Children and Young People in England 2023* (NHS 2023).

¹⁵ Centres for Disease Control and Prevention, ‘Youth Risk Behavior Survey 2023’ (CDC 2023)

¹⁶ EMCDDA, *Digital Drug Markets Report* (EU 2024).

¹⁷ Global Drug Survey, *2023 Report* (GDS 2023).

¹⁸ Aristotle, *Nicomachean Ethics* (Terence Irwin tr, Hackett 1985).

¹⁹ Immanuel Kant, *Groundwork of the Metaphysics of Morals* (Mary Gregor tr, CUP 2012).

²⁰ John Stuart Mill, *On Liberty* (Penguin 2010) ch 4.

²¹ Laurence Steinberg, ‘A Social Neuroscience Perspective on Adolescent Risk-Taking’ (2008) 28 Dev Rev 78.

Societal Morality and Normative Expectations

Every society maintains normative expectations that shape collective moral attitudes towards drug use. In the UK and USA, drug misuse is often framed as both a public health issue and a moral failing, though contemporary discourse increasingly shifts towards health-based interpretations.²² Social norms are influenced by cultural symbolism surrounding drugs: while cannabis use is increasingly normalised in Western societies, other substances such as heroin, methamphetamine, or synthetic opioids are perceived as morally deviant. In Nigeria, societal morality remains strongly influenced by communal values, religious teachings, and traditional norms emphasising discipline and social respectability.²³ Drug use by youths is often stigmatised and framed as a deviation from cultural expectations of obedience, religious adherence, and collective responsibility. Parents, elders, and religious leaders serve as custodians of moral discipline within communities. However, rapid urbanisation, globalisation, and exposure to Western media have weakened traditional moral structures, reducing their influence on youth behaviour. Normative expectations also differ across socio-economic divides. In affluent communities, drug misuse may be concealed behind clinical or recreational narratives, while in deprived communities it is often criminalised, moralised, and heavily policed.

Parental Responsibility and Moral Development

Family environments play a critical role in shaping moral reasoning and behavioural choices among young people. Social learning theory argues that children and adolescents model behaviours observed within their households.²⁴ Lack of parental supervision, domestic conflict, absent parenting, and exposure to substance misuse within the family significantly increase risk. In the USA, the opioid crisis has produced numerous households where parental addiction undermines moral guidance for children.²⁵ In Nigeria, many parents maintain strong moral expectations for their children but often lack the tools or awareness to address emerging drug trends such as tramadol, codeine mixtures, and methamphetamine.²⁶ The failure of parents to adapt to changing youth cultures creates moral gaps that youths fill through peer networks and digital influences. Religious families tend to report lower rates of youth drug misuse,²⁷ suggesting that moral upbringing grounded in religious values can act as a protective factor. However, moral over-regulation or authoritarian parenting may also drive youths towards rebellion and experimentation, highlighting the need for balanced guidance.

Communitarianism and Collective Moral Responsibility

Communitarian philosophy emphasises that individual behaviour cannot be separated from the community's moral fabric.²⁸ Unlike liberalism, which prioritises individual choice, communitarianism argues that communities are morally responsible for shaping norms, promoting virtue, and discouraging harmful behaviours. This perspective is particularly relevant in African societies, including Nigeria, where communal values and extended family networks traditionally regulate youth conduct. From a communitarian standpoint, youth drug abuse represents not merely a personal moral failing but a breakdown of communal structures family, school, religious institutions, neighbourhood networks, and cultural norms.²⁹ The erosion of these structures due to urban migration, unemployment, weakening religious influence, and exposure to global youth culture creates fertile ground for drug misuse. In Western societies such as the UK and USA, individualism limits the extent of collective moral responsibility. However, schools, local councils, community centres, and faith-based organisations still play important moral and preventive roles.

²² UK Home Office, *Drugs Strategy 2021: Harm to Hope* (UK Gov 2021).

²³ NDLEA, *National Drug Use Survey 2019* (NDLEA/UNODC 2019).

²⁴ Albert Bandura, *Social Learning Theory* (Englewood Cliffs 1977).

²⁵ Centres for Disease Control and Prevention, 'Opioid Overdose Data' (CDC 2023).

²⁶ NDLEA (n 23).

²⁷ Pew Research Center, 'Religion and Substance Use Among Youth' (Pew 2022).

²⁸ Amitai Etzioni, *The Spirit of Community* (Crown 1993).

²⁹ *ibid.*

8. Religion, Faith, and the Youth Drug Abuse Crisis

Religious Teachings on Sobriety and Human Wellbeing

Across the world's major religions, sobriety, self-control, and preservation of bodily integrity are core moral imperatives. Religious teachings generally view drug abuse as harmful not only to the individual but also to the wider community. In Abrahamic traditions, intoxicants are associated with moral disorder, weakened judgement, and spiritual impurity. Christianity teaches that the body is 'a temple of the Holy Spirit,' implying a moral obligation to maintain physical and spiritual wellbeing.³⁰ Islam explicitly prohibits intoxicants, categorising them as *haram* because they impair reason, distort judgement, and undermine social order.³¹ Judaism similarly emphasises the sanctity of the body and discourages behaviours that endanger physical and mental health.³² African Indigenous Religions (AIR) regard drug misuse as a disruption of communal harmony (*ubuntu*) and spiritual balance.³³ These traditions hold that behaviours that weaken one's character diminish one's contributions to family, ancestors, and community. Thus, religion provides an overarching moral lens within which youth drug abuse is understood not merely as a behavioural problem but as a violation of sacred values governing human flourishing.

Christianity and Substance Use Ethics

Christian ethical teachings on drug use are derived from Biblical principles promoting moderation, stewardship, and moral discipline. Although the Bible does not explicitly mention modern synthetic drugs, it consistently warns against drunkenness, loss of self-control, and actions that harm the body.³⁴ Christian theologians argue that drug abuse compromises moral agency and violates God's call to sobriety ('be sober-minded and watchful').³⁵ In Nigeria, where Christianity plays a significant social role, churches often serve as moral anchors and frontline actors in drug prevention. Faith-based youth ministries, counselling programmes, and rehabilitation centres such as the Redeemed Christian Church of God rehabilitation initiative provide support for affected youths.³⁶ In the USA and UK, Christian groups engage similarly, though within more secularised societies where religious authority has less influence on youth behaviour. Christian ethical thought also frames drug abuse as an issue of injustice. Many theologians highlight the structural factors poverty, exploitation, social exclusion that push youths into substance misuse, asserting the need for compassionate, community-centred intervention.³⁷

Islam and Prohibitions on Intoxicants

Islam presents one of the clearest religious positions on drug prohibition. The Qur'an forbids the consumption of intoxicants (*khamr*) because of their harmful effects on judgement, morality, and social cohesion.³⁸ Islamic jurisprudence (fiqh) extends this prohibition to all substances that alter the mind, including modern narcotics.³⁹ In northern Nigeria, Islamic moral teaching is a significant determinant of youth attitudes toward substances. High prevalence of drug abuse particularly codeine and tramadol despite strong religious prohibitions reveals the tension between doctrinal teachings and socio-economic realities.⁴⁰ Islamic organisations such as Jama'atu Nasril Islam (JNI) and the Federation of Muslim Women's Associations in Nigeria (FOMWAN) often run youth sensitisation programmes, drug prevention workshops, and community interventions rooted in Islamic ethics.

³⁰ 1 Corinthians 6:19–20 (Holy Bible, NIV).

³¹ Qur'an 5:90–91

³² Rabbi Elliot Dorff, *Matters of Life and Death* (JPS 1998).

³³ John Mbiti, *African Religions and Philosophy* (Heinemann 1990).

³⁴ Ephesians 5:18 (Holy Bible, NIV).

³⁵ 1 Peter 5:8 (Holy Bible, NIV).

³⁶ RCCG Drug Rehabilitation Project Report 2022 (RCCG 2022).

³⁷ Gustavo Gutierrez, *A Theology of Liberation* (Orbis 1988).

³⁸ Qur'an 2:219.

³⁹ Yusuf al-Qaradawi, *The Lawful and the Prohibited in Islam* (American Trust 1999).

⁴⁰ NDLEA, *National Drug Use Survey 2019* (NDLEA/UNODC 2019).

In the USA and UK, Muslim communities rely on imams and Islamic centres for counselling, moral guidance, and culturally informed rehabilitation. In both contexts, Islamic ethics reinforces notions of personal responsibility and communal accountability.

African Indigenous Religions and Moral Community

African Indigenous Religions place emphasis on the interconnectedness of individuals, community, ancestors, and spiritual forces. Harmful behaviour such as drug abuse is considered a disruption of cosmic and social harmony.⁴¹ Within many African cultures, elders play a central role in moral upbringing and discipline, serving as custodians of communal ethics. Among Nigerian youth, weakening ties to traditional institutions due to urbanisation, globalisation, and Western media influence has contributed to declining influence of indigenous moral norms. Nevertheless, traditional communal mechanisms remain important in rural settings, where elders and community leaders continue to enforce behavioural expectations. AIR provides a distinct moral perspective: drug misuse diminishes a person's *chi* (life force), *ori* (inner head), or spiritual identity, thereby affecting not only the individual but the entire lineage.⁴² This holistic moral system offers insights into community-based approaches to drug prevention.

Faith-Based Rehabilitation Models

Faith-based organisations (FBOs) have become major contributors to drug rehabilitation efforts globally. Studies from the World Health Organization and UNODC demonstrate that FBOs are particularly effective in contexts where government systems are weak or overstretched.⁴³ Programmes implemented by Christian, Islamic, and interfaith organisations incorporate counselling, spiritual therapy, moral instruction, and community reintegration. In Nigeria, the National Drug Law Enforcement Agency (NDLEA) collaborates with faith-based rehabilitation centres, acknowledging their ability to reach communities where government services may not be accessible.⁴⁴ The USA also has a long tradition of faith-based recovery, most notably the Christian-rooted Alcoholics Anonymous (AA) model, which has influenced global addiction treatment frameworks.⁴⁵ However, criticisms exist. Some scholars argue that faith-based models may lack clinical oversight or use doctrinal frameworks that do not accommodate diverse identities.⁴⁶ The most effective programmes combine spirituality with evidence-based therapeutic interventions such as cognitive behavioural therapy (CBT), medication-assisted treatment (MAT), and psychosocial support.

Theological Anthropology and Youth Vulnerability

Theological anthropology which is the study of humanity from a religious perspective, offers deep insights into why youths may be drawn to drug use. Many religious traditions describe adolescence as a stage of moral struggle, identity formation, and spiritual vulnerability. Christianity emphasises the inherent dignity of the human person and views addiction as a distortion of God's intention for human flourishing.⁴⁷ Islam conceptualises humans as moral agents entrusted with *amanah* (responsibility), making the loss of self-control through drug abuse a failure to fulfil this divine trust.⁴⁸ African Indigenous Religions view human beings as communal beings whose choices reflect not only personal character but also ancestral honour.⁴⁹ Theological perspectives converge on the view that drug abuse compromises the essence of human dignity, distorts relationships, and diminishes moral purpose. These anthropological insights justify faith-based prevention strategies that focus on identity, purpose, discipline, and belonging, areas where many modern youths experience fragmentation.

⁴¹ Mbiti (n 33).

⁴² Bolaji Idowu, *Olodumare: God in Yoruba Belief* (Wazobia 1996).

⁴³ WHO, *Faith-Based Approaches to Drug Treatment* (WHO 2020)

⁴⁴ NDLEA Annual Report 2022 (NDLEA 2022)

⁴⁵ Alcoholics Anonymous, *The Big Book* (AA World Services 2013).

⁴⁶ Substance Abuse and Mental Health Services Administration (SAMHSA), *Treatment Models and Efficacy Review* (SAMHSA 2021).

⁴⁷ Pope John Paul II, *Theology of the Body* (Pauline 2006).

⁴⁸ Al-Qaradawi (n 39).

⁴⁹ Idowu (n 42).

9. Legal and Policy Framework on Drug Abuse

International Law

The international legal framework for drug control is primarily anchored in three key United Nations conventions: the 1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.⁵⁰ Collectively, these instruments mandate state parties to criminalise drug trafficking, regulate controlled substances, and implement preventive education programmes, including those targeting youths. The United Nations Convention on the Rights of the Child (CRC) 1989 also requires States to protect children and adolescents from harmful drug exposure under Article 33, placing a positive obligation on governments to adopt legislative, administrative, and educational measures.⁵¹ International bodies such as the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC) provide technical guidance on public health interventions, early prevention, and evidence-based treatment models.⁵² The international approach is characterised by tension between punitive control measures and public health approaches, a tension mirrored in domestic legal systems such as those of the UK, Nigeria, and the USA. Although the conventions strongly emphasise criminalisation, recent UNODC and WHO guidelines urge states to move towards health-centred, non-punitive models, particularly for young people.⁵³

United Kingdom Domestic Law (Misuse of Drugs Act 1971, Psychoactive Substances Act 2016)

The UK drug control regime is primarily governed by the Misuse of Drugs Act 1971 (MDA 1971), which classifies controlled substances into Classes A, B, and C according to their perceived harm.⁵⁴ The Act criminalises possession, supply, cultivation, production, and trafficking of controlled drugs, employing a harm-based categorisation system. Class A substances (e.g., heroin, cocaine, MDMA) attract the most severe penalties. The Psychoactive Substances Act complements the MDA by prohibiting the production and supply of non-traditional psychoactive substances ('legal highs') that affect mental functioning.⁵⁵ This Act was a legislative response to the rising use of nitrous oxide, synthetic cannabinoids, and new psychoactive substances (NPS) among youths.⁵⁶ In addition to criminal statutes, the Drugs Strategy 2021: Harm to Hope signals a shift toward a dual approach combining enforcement with treatment and early intervention.⁵⁷ The UK's youth-oriented policy measures include school-based education, community diversion schemes, and county-lines initiatives addressing youth recruitment by drug gangs. Despite these developments, critics argue that UK drug laws are outdated, inconsistent with harm-reduction principles, and disproportionately punitive toward young people, particularly from minority ethnic backgrounds.⁵⁸ Efforts to reform the UK's approach, including debates on cannabis decriminalisation, face political resistance.

Human Rights Considerations (ECHR, CRC)

Human rights frameworks impose additional obligations that shape how states regulate youth drug abuse. Under the European Convention on Human Rights (ECHR), states must balance the protection of public health (Article 8(2)) with the preservation of individual autonomy and private life (Article 8).⁵⁹ Criminalisation of minor drug possession may infringe on personal autonomy if the interference is disproportionate. The CRC mandates child protection, obliging states to prevent youths from using narcotic drugs and to provide treatment and rehabilitation for those affected.⁶⁰ Importantly, the CRC emphasises non-criminalising approaches, recommending supportive, educational, and health-based

⁵⁰ United Nations, *Single Convention on Narcotic Drugs 1961*.

⁵¹ Convention on the Rights of the Child 1989, art 33.

⁵² WHO and UNODC, *International Standards on Drug Use Prevention* (WHO/UNODC 2020).

⁵³ *ibid.*

⁵⁴ Misuse of Drugs Act 1971.

⁵⁵ Psychoactive Substances Act 2016.

⁵⁶ Home Office, 'Review of New Psychoactive Substances' (UK Gov 2016).

⁵⁷ UK Home Office, *Drugs Strategy 2021: Harm to Hope*

⁵⁸ Release, *The Colour of Injustice: Race, Drugs and Policing in England and Wales* (Release 2018).

⁵⁹ European Convention on Human Rights 1950, art 8.

⁶⁰ CRC (n 51).

interventions.⁶¹ In the USA, constitutional rights under the Fourth Amendment (privacy), Eighth Amendment (proportionality of punishment), and Fourteenth Amendment (due process and equality) shape the contours of drug policy.⁶² In Nigeria, constitutional protections under the 1999 Constitution including rights to dignity, health, and personal liberty inform debates on youth drug treatment and enforcement.⁶³

10. Criminalisation vs Public Health Approach

The global debate over drug policy revolves around two main paradigms:

Criminalisation Model

Under this model, drug possession and use are treated as criminal offences. Nigeria and the USA predominantly adopt this approach. Nigeria's National Drug Law Enforcement Agency Act 1989 imposes strict penalties for possession, trafficking, and use.⁶⁴ The USA's federal and state drug laws historically deployed punitive measures, contributing to high incarceration rates, particularly among youths and minorities.⁶⁵

Public Health (Harm Reduction) Model

The UK, though retaining criminalisation, increasingly incorporates harm-reduction strategies such as naloxone distribution, early intervention in schools, and medically supervised detoxification.⁶⁶ European states like Portugal and the Netherlands have gone further by decriminalising personal possession and focusing on treatment rather than punishment.⁶⁷ Empirical studies consistently show that criminalisation does not reduce youth drug use but instead exacerbates stigma, disrupts education, and increases vulnerability.⁶⁸ Conversely, harm-reduction and public health approaches yield better outcomes in reducing overdose deaths, dependency, and recidivism.

Comparative Perspectives (Portugal, Netherlands)

Portugal

Portugal's 2001 drug decriminalisation model is widely celebrated. Personal possession of drugs is no longer a criminal offence; instead, individuals are referred to dissuasion commissions comprising psychologists, social workers, and legal experts.⁶⁹ Youth drug use has not significantly increased since decriminalisation, while overdose deaths and HIV infections have sharply decreased.⁷⁰ Portugal's model emphasises prevention, education, counselling, and treatment elements particularly effective for youths.

Netherlands

The Netherlands adopts a pragmatic harm-reduction model that tolerates regulated cannabis use in 'coffee shops' while maintaining criminal penalties for hard drugs.⁷¹ Although not fully decriminalised, Dutch policy distinguishes between 'soft' and "hard" drugs, prioritising youth health and safety. Research indicates lower levels of problematic youth drug use compared to countries with stricter laws.⁷²

⁶¹ UN Committee on the Rights of the Child, General Comment No 20 (2016).

⁶² National Research Council, *The Growth of Incarceration in the United States* (National Academies 2014).

⁶³ Constitution of the Federal Republic of Nigeria 1999, ss 33-35, 45

⁶⁴ National Drug Law Enforcement Agency Act 1989 (Nigeria).

⁶⁵ Michelle Alexander, *The New Jim Crow* (New Press 2010).

⁶⁶ Public Health England, *Drug Misuse and Dependence: UK Guidelines* (PHE 2017).

⁶⁷ Caitlin Hughes and Alex Stevens, 'What Can We Learn from the Portuguese Decriminalization of Illicit Drugs?' (2010) 50 Br J Criminol 999.

⁶⁸ *ibid.*

⁶⁹ *ibid.*

⁷⁰ European Monitoring Centre for Drugs and Drug Addiction, *Portugal Country Report 2022*

⁷¹ Netherlands Opium Act 1976.

⁷² EMCDDA, *Netherlands Drug Report 2023*.

11. Intersections: Religion, Morality, and Legal Policy

The Moral Basis of Drug Regulation

Legal regulation of drugs does not exist in an ethical vacuum. Historically, drug laws have been shaped by underlying moral assumptions about acceptable behaviour, social order, and community welfare. In many jurisdictions, including the UK, Nigeria, and the USA, laws governing controlled substances reflect a blend of public health, moral protection, and social control.⁷³ In Western legal thought, the moral foundations of law are influenced by philosophical traditions that emphasise harm prevention, social welfare, and individual autonomy.⁷⁴ For example, the Misuse of Drugs Act 1971 is premised on the idea that drug use harms both the individual and society, and thus requires state intervention. However, contemporary scholarship argues that drug laws also contain implicit moral judgments about sobriety, responsibility, and the value of productivity.⁷⁵ In Nigeria, drug regulation reflects a more overt fusion of law, morality, and religion. The strong influence of Christianity and Islam on societal values shapes public expectations about abstinence and moral discipline. Drug abuse is often framed not just as a criminal offence but as a violation of communal and religious norms, making legal enforcement a moral imperative.⁷⁶ Thus, the moral basis of drug regulation differs across societies but remains a significant shaping force behind drug policies targeting youths.

Influence of Religious Ethics on Policy Development

Religious ethics play an important but often underestimated role in shaping national drug policies. In many Islamic states, prohibitions on intoxicants found in the Qur'an provide a moral foundation for strict anti-drug laws.⁷⁷ Similarly, Christian-dominated societies, such as parts of Nigeria and the USA, integrate Biblical values of sobriety and self-control into public discourse on drug policy.⁷⁸ In the UK, where society is formally secular, Christian and Jewish moral values historically influenced legislations addressing alcohol and drug misuse.⁷⁹ Contemporary British drug policy still incorporates moral undertones, particularly in debates around youth protection, personal responsibility, and 'family values.' In Nigeria, politicians and policymakers frequently appeal to religious morality in campaigns against drug abuse. The NDLEA collaborates with churches, mosques, and faith-based organisations to disseminate prevention messages grounded in religious ethics.⁸⁰ The USA also integrates religious ethics in certain policy areas. For example, the rise of faith-based rehabilitation initiatives under the Bush administration's 'compassionate conservatism' policy.⁸¹ Even in secular policy frameworks, religious ethics continue to shape moral narratives about drugs, especially concerning youth vulnerability, addiction, and the perceived erosion of moral values.

12. Moralising vs Evidence-Based Regulation

One of the major tensions in contemporary drug policy is the conflict between moralising approaches and evidence-based regulation.

Moralising approaches: These interpret drug abuse as a moral failing requiring punishment, discipline, or spiritual correction. Nigeria's drug enforcement strategy has often been driven by moral condemnation, focusing on character reform rather than public health.⁸² The USA's 'War on Drugs' similarly emerged from moral panic, political rhetoric, and social fears rather than empirical evidence.⁸³

⁷³ Jonathan Herring, *Criminal Law* (10th edn, OUP 2022) 585.

⁷⁴ HLA Hart, *Law, Liberty and Morality* (Stanford UP 1963).

⁷⁵ Release, *The Colour of Injustice* (Release 2018).

⁷⁶ NDLEA, *National Drug Use Survey 2019* (NDLEA/UNODC 2019)

⁷⁷ Qur'an 5:90-91.

⁷⁸ 1 Corinthians 6:19-20 (Holy Bible, NIV).

⁷⁹ Stephen Maughan, 'Christianity and British Social Policy' (2015) 43 *J Rel Hist* 223.

⁸⁰ NDLEA Annual Report 2022 (NDLEA 2022).

⁸¹ John DiIulio, 'Faith-Based Initiatives and Compassionate Conservatism' (2001) Brookings Report.

⁸² NDLEA (n 77).

⁸³ Michelle Alexander, *The New Jim Crow* (New Press 2010).

Evidence-based approaches: These rely on scientific research, epidemiology, and public health data to shape policy. The UK and several European states increasingly adopt harm-reduction policies like naloxone distribution, safe consumption sites, early intervention schemes based on proven outcomes.⁸⁴ Portugal's decriminalisation model is a leading example of evidence-based drug policy that prioritises health over punishment.⁸⁵ Religious communities also face this tension. Some faith-based groups rely heavily on moral teachings while others integrate psychological and biomedical evidence into their interventions. The most effective youth prevention programmes combine moral guidance, religious values, and evidence-based treatment.⁸⁶ Balancing morality and empirical knowledge is essential in designing youth-centred drug policies that are both culturally relevant and scientifically sound.

13. Youth Autonomy and Paternalism

Legal and moral debates about drug regulation often hinge on the tension between youth autonomy and paternalism.

Youth autonomy: Autonomy refers to the right of individuals to make decisions about their own lives. Liberal theorists argue that young adults, especially those over 18 years, should be allowed to make personal choices about drug consumption, provided they do not harm others.⁸⁷ In the USA and UK, debates on cannabis legalisation often invoke autonomy and personal freedom.

Paternalism: Paternalistic laws restrict individual behaviour to protect people from self-harm. Drug laws are inherently paternalistic, justified on grounds that young people lack full capacity to assess risk due to developmental vulnerabilities. Neuroscientific research supports this rationale, demonstrating that adolescent brains are still maturing.⁸⁸ Nigeria adopts a strongly paternalistic stance, grounded in both cultural and religious beliefs emphasising obedience, moral discipline, and community protection. Youth drug abuse is seen as a threat to family honour, future productivity, and social harmony.⁸⁹ In the UK, a softer paternalism prevails: while drug use remains criminalised, many policies extend support rather than punishment. The USA shifts between autonomy-based and paternalistic approaches depending on the political climate.

Balancing the Two: A balanced approach requires recognising youths as emerging adults with evolving autonomy while still providing protection against harmful substances. Religious ethics often support paternalism, whereas liberal legal traditions prioritise autonomy. Effective policy must blend both perspectives to safeguard youth wellbeing without undermining dignity and rights.

14. Case Studies

UK Youth Drug Trends: The United Kingdom presents a complex landscape of youth drug use patterns, shaped by socio-economic inequality, digital culture, and changing drug markets. According to the Office for National Statistics (ONS), 20.8% of persons aged 16-24 in England and Wales used illicit drugs in 2023, with cannabis, cocaine, ecstasy, ketamine, and nitrous oxide being the most prevalent.⁹⁰ Cannabis remains the dominant substance, although the rise of nitrous oxide among teenagers prompted recent legislative reforms classifying it as a controlled substance.⁹¹ Urban centres such as London, Manchester, Liverpool and Birmingham show higher rates of poly-drug use among young adults, often linked to nightlife economies, festival culture, and online drug purchasing. County Lines operations, criminal networks using young people as couriers, represent a prominent risk factor,

⁸⁴ Public Health England, *Drug Misuse and Dependence Guidelines* (PHE 2017).

⁸⁵ Caitlin Hughes and Alex Stevens, 'What Can We Learn from the Portuguese Decriminalisation?' (2010) 50 Br J Criminol 999.

⁸⁶ WHO, *Faith-Based Approaches to Drug Treatment* (WHO 2020).

⁸⁷ John Stuart Mill, *On Liberty* (Penguin 2010).

⁸⁸ Laurence Steinberg, 'Risk-Taking in Adolescence' (2010) 16 Curr Dir Psychol Sci 55.

⁸⁹ John Mbiti, *African Religions and Philosophy* (Heinemann 1990).

⁹⁰ Office for National Statistics, 'Drug Use Among Adults in England and Wales: 2023'.

⁹¹ Home Office, 'Nitrous Oxide Ban and Control Measures' (UK Gov 2023).

drawing vulnerable youths into drug supply chains.⁹² Mental health concerns strongly correlate with UK youth drug patterns. NHS reports indicate increasing levels of anxiety, depression, and self-medication among young people.⁹³ Youth workers and clinicians note that drug misuse is frequently a coping mechanism for academic pressure, social isolation, and digital-age stressors.

Faith-Based Reform Initiatives: Faith-based organisations (FBOs) across the UK, Nigeria, and the USA play critical roles in prevention, rehabilitation, and reintegration for youths affected by substance misuse. These organisations often bridge gaps left by overstretched public health systems.

Nigeria: Faith-based interventions are even more prominent in Nigeria. Churches and mosques regularly implement sensitisation programmes targeting young people, particularly in urban centres where substance misuse is rising. The Redeemed Christian Church of God (RCCG), Deeper Life Bible Church, Catholic dioceses, NASFAT, and JINI operate rehabilitation centres and youth outreach programmes.⁹⁴ Many Nigerian FBOs collaborate directly with the National Drug Law Enforcement Agency (NDLEA), which recognises their community-level influence.

United Kingdom: UK-based Christian, Muslim, and interfaith charities are major contributors to youth rehabilitation efforts. Organisations such as Teen Challenge UK, The Salvation Army, and Islamic community centres provide counselling, detox support, and spiritual care.⁹⁵ Their programmes often combine spiritual teachings with evidence-based therapies.

United States: The USA has a long history of faith-based recovery, exemplified by Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Christian-based residential treatment centres. These organisations often target adolescents and young adults affected by opioid, methamphetamine, and cannabis misuse.⁹⁶ Although sometimes criticised for lack of clinical oversight, research shows faith-based models significantly improve resilience, purpose, and recovery outcomes, especially when combined with medical treatment.⁹⁷

Rehabilitation and Prevention Models in Africa

African countries increasingly struggle with youth substance abuse, driven by unemployment, weak healthcare systems, political instability, and infiltration of synthetic drugs. Nigeria and South Africa provide useful comparative insights.

Nigeria: Nigeria faces one of the highest prevalence rates of drug abuse in Africa. The 2019 National Drug Use Survey revealed that approximately 14.3 million Nigerians aged 15-64 used psychoactive substances, with high rates among youths.⁹⁸ Codeine, tramadol, cannabis, and methamphetamine are among the most abused. NDLEA's approach focuses on enforcement alongside emerging prevention and treatment strategies.⁹⁹ Faith-based models remain dominant due to limited government rehabilitation infrastructure.

South Africa: South Africa experiences high usage of cannabis, methamphetamine ('tik'), nyaope (a heroin-cannabis blend), and alcohol among adolescents.¹⁰⁰ Unlike Nigeria, South Africa adopts more evidence-based models, with government-supported rehabilitation centres, harm-reduction programmes, and integrated social services.

⁹² National Crime Agency, *County Lines Drug Supply Report 2023*.

⁹³ NHS Digital, *Mental Health of Children and Young People in England 2023*.

⁹⁴ NDLEA Annual Report 2022 (NDLEA 2022).

⁹⁵ Teen Challenge UK, *Annual Report 2022*.

⁹⁶ Alcoholics Anonymous, *The Big Book* (AA World Services 2013).

⁹⁷ SAMHSA, 'Faith-Based Recovery Outcomes Review' (SAMHSA 2021).

⁹⁸ NDLEA/UNODC, *National Drug Use Survey 2019*.

⁹⁹ NDLEA Act 1989 (Nigeria).

¹⁰⁰ South African Medical Research Council, *Alcohol, Tobacco and Other Drug Use in South Africa 2022*.

Comparative Insights

Nigeria: Predominantly punitive enforcement; strong reliance on FBOs; limited clinical rehabilitation.
South Africa: More balanced public health approach; state-funded rehabilitation; stronger clinical infrastructure.

Kenya & Ghana: Emerging issues with tramadol and cannabis, with governments adopting mixed models.¹⁰¹

Rehabilitation in Africa remains hampered by stigma, inadequate policy implementation, and limited funding. However, community-based and faith-based models show promise in culturally rooted prevention.

Social Media Influencers and Youth Substance Culture

Social media has become a defining influencer of youth behaviour across the UK, Nigeria, and the USA. Platforms such as TikTok, Snapchat, Instagram, and X (Twitter) shape attitudes towards drug experimentation, glamourisation, and risk-taking.

Global Influence

Studies by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) reveal that online depictions of drugs normalise substance use among adolescents.¹⁰² Influencers, celebrities, and musicians frequently display cannabis, ‘lean’ (codeine syrup mixtures), vaping, and other substances in ways that make them appear fashionable.¹⁰³

United States: American youth culture fuelled by hip-hop, pop, and internet celebrity culture has globalised trends such as vaping, edible cannabis, and opioid misuse. TikTok algorithms often expose young users to normalised imagery of drugs without appropriate safety messages.¹⁰⁴

United Kingdom: UK youths heavily engage in online drug purchasing, facilitated through encrypted messaging apps such as Telegram and Snapchat. The Global Drug Survey indicates a rising trend of youths ordering substances online for home delivery.¹⁰⁵

Nigeria: In Nigeria, social media has contributed to the popularisation of codeine mixtures (‘lean’ or ‘purple drank’), tramadol misuse, and cannabis consumption among urban youths. Nigerian music genres like Afrobeats, trap, and street pop sometimes reference drug use, influencing young listeners.¹⁰⁶ However, strong religious messaging on social media also counters these trends, providing moral and spiritual deterrence through online sermons and youth ministries.

Across all jurisdictions, social media plays a dual role: it exposes youths to drug glamourisation while simultaneously enabling digital outreach, education, and faith-based intervention. Effective youth drug policy must therefore address online environments as much as physical communities.

15. Evaluating Strategies for Contemporary Youth Drug Prevention

Ethical Education

Ethical education constitutes a foundational strategy in preventing drug abuse among youths, as it addresses the moral reasoning, value systems, and decision-making processes that influence behaviour. Schools, families, and community institutions play crucial roles in shaping ethical frameworks that guide young people toward responsible choices. In the United Kingdom, the Personal, Social, Health

¹⁰¹ UNODC, *East Africa Drug Trend Report 2023*.

¹⁰² EMCDDA, *Digital Drug Markets Report 2024*.

¹⁰³ *ibid.*

¹⁰⁴ NIDA, ‘Social Media and Drug Misuse Among Adolescents’ (NIDA 2023).

¹⁰⁵ Global Drug Survey, *2023 Report*.

¹⁰⁶ Nigerian Communications Commission, ‘Youth and Online Drug Culture’ (NCC 2023).

and Economic Education (PSHE) curriculum incorporates drug awareness and moral education, focusing on critical thinking, resilience, and harm-avoidance.¹⁰⁷ Empirical evidence from the Education Endowment Foundation demonstrates that ethical and life-skills-based education reduces risky behaviours among students.¹⁰⁸ In the USA, similar approaches are implemented through social-emotional learning (SEL) programmes which emphasise self-regulation, moral judgement, and informed decision-making.¹⁰⁹ Nigeria, however, faces structural challenges, as many schools lack formalised drug education curricula, and moral instruction often relies on religious or community-based frameworks. Efforts by the Nigerian Ministry of Education to integrate drug prevention into civic and health education remain inconsistently implemented.¹¹⁰ Despite this, ethical education rooted in African communal values and religious teachings has proven effective, particularly where local leaders and faith communities reinforce consistent moral messaging. Ethical education is most effective when combined with practical life skills, mentorship, and culturally relevant materials that address the realities of youth environments.

Faith-Based Programmes

Faith-based programmes (FBPs) are essential components of youth drug prevention strategies in many societies, particularly where religious institutions wield significant influence.

Nigeria: Nigeria demonstrates the strongest dependence on FBPs due to limited access to government-funded rehabilitation centres. Churches, mosques, and interfaith youth organisations provide counselling, moral instruction, and community surveillance structures that deter drug involvement.¹¹¹ Clergy and Islamic scholars often act as gatekeepers of community morality and intervene early when youths show risky behaviour.

United Kingdom: FBOs such as The Salvation Army, Teen Challenge, and Muslim youth groups run prevention workshops, support groups, and values-based mentoring.¹¹² Research shows these programmes improve social support, foster positive identity formation, and reduce isolation, which is a key risk factor for drug misuse.¹¹³

United States: Faith-based recovery and prevention models such as Celebrate Recovery, YoungLife, and AA offshoots for teens remain influential.¹¹⁴ The integration of spirituality with psychosocial support enhances motivation for abstinence and long-term recovery.¹¹⁵ Despite their strengths, FBPs require greater integration with clinical and psychological services to ensure treatment is holistic and evidence-based.

Psychological and Community Interventions

Psychological interventions remain central to youth drug prevention, offering evidence-based tools that address emotional regulation, trauma, and cognitive patterns.

Cognitive Behavioural Therapy (CBT)

CBT is widely recognised as one of the most effective modalities for preventing and treating substance use among young people.¹¹⁶ It equips youths with coping mechanisms, problem-solving strategies, and resilience against peer pressure.

¹⁰⁷ Department for Education, 'PSHE Education Guidance 2023' (DfE 2023).

¹⁰⁸ Education Endowment Foundation, *Social and Emotional Learning Toolkit* (EEF 2022).

¹⁰⁹ Collaborative for Academic, Social and Emotional Learning, 'SEL Research Summary 2023' (CASEL 2023).

¹¹⁰ Federal Ministry of Education Nigeria, 'National Drug Education Policy Draft 2022'.

¹¹¹ NDLEA Annual Report 2022 (NDLEA 2022).

¹¹² Teen Challenge UK, *Annual Report 2022*.

¹¹³ Salvation Army UK, *Youth Rehabilitation Report 2023*.

¹¹⁴ Celebrate Recovery, *Youth Ministry Framework 2021*.

¹¹⁵ SAMHSA, 'Faith and Recovery Outcomes' (SAMHSA 2021).

¹¹⁶ National Institute for Health and Care Excellence, *Drug Misuse: Psychosocial Interventions* (NICE 2021).

Family-Based Interventions

Family therapy programmes such as the Multidimensional Family Therapy (MDFT) model demonstrate strong outcomes for adolescents, particularly in the USA and Europe.¹¹⁷ These interventions address family conflict, communication breakdown, and inconsistent discipline, all of which predict drug misuse.

Community-Based Interventions

In Nigeria and parts of Africa, community-level interventions remain critical due to the collective nature of society. Elders, youth leaders, and community associations provide localised monitoring, mentorship, and moral reinforcement.¹¹⁸ In the UK, community hubs, youth centres, and local councils implement early intervention programmes targeting at-risk teenagers, including those affected by county lines.¹¹⁹ Across all jurisdictions, the most sustainable interventions are those that build community resilience and provide safe spaces for youth engagement.

School-Based Prevention Models

Schools serve as primary environments for early identification and prevention of drug misuse.

Nigeria: Nigeria lacks a nationally standardised school-based model, though the NDLEA promotes drug education clubs, school outreaches, and the ‘War Against Drug Abuse (WADA)’ campaign.¹²⁰ Resource constraints, overcrowded classrooms, and inconsistent teacher training undermine effectiveness. Stronger collaboration between NDLEA, Ministries of Education, and faith-based groups is required. High-quality school-based models integrate social skills, trauma-awareness, mental health literacy, and culturally appropriate prevention content.

United Kingdom: The UK employs a combination of PSHE education, counselling services, and school partnerships with public health agencies. Evidence suggests that interactive models such as peer-led interventions are more effective than purely didactic approaches.¹²¹

United States: The USA has implemented several large-scale programmes including LifeSkills Training (LST), which significantly reduces tobacco, alcohol, and drug initiation among adolescents.¹²² However, earlier ‘Just Say No’ and D.A.R.E. programmes were found ineffective due to overly moralistic tones and lack of behavioural science.¹²³

Integrated Legal-Religious-Moral Approaches

The complexity of youth drug abuse necessitates a comprehensive, integrated strategy that transcends single-sector interventions. An integrated model should combine:

Legal Enforcement: States must maintain regulatory frameworks to control supply and address trafficking. However, punitive measures should not target youth users, as criminalisation often worsens outcomes.¹²⁴ Legal systems must instead prioritise diversion, counselling, and treatment.

Religious and Moral Influence: Religious institutions, often the most trusted authority figures in Nigeria, and influential among UK and U.S. youth communities, should provide moral guidance, identity development, and social belonging.¹²⁵ Their involvement strengthens preventive efforts grounded in cultural and spiritual values.

¹¹⁷ Howard Liddle, ‘Multidimensional Family Therapy’ (2010) 38 J Marital Fam Ther 1.

¹¹⁸ John Mbiti, *African Religions and Philosophy* (Heinemann 1990).

¹¹⁹ UK Home Office, *County Lines Programme Update 2023*.

¹²⁰ NDLEA, ‘WADA Programme Manual 2023’.

¹²¹ Russell et al, ‘Peer Education and Substance Misuse Prevention’ (2022) 18 Health Educ J 45.

¹²² Botvin, ‘LifeSkills Training Evaluation Report’ (NIDA 2021).

¹²³ G Durlak and E Wells, ‘Ineffectiveness of D.A.R.E.’ (1997) 33 Am Psychol 327.

¹²⁴ Release, *The Case for Decriminalisation* (Release 2021).

¹²⁵ Pew Research Center, ‘Religion and Youth Behaviour’ (Pew 2022).

Public Health and Psychological Support

Public health approaches ensure interventions are evidence-based, trauma-informed, and clinically grounded. Combined with moral reinforcement, these models produce more comprehensive and sustainable outcomes.

Community Governance: Community elders, youth associations, and local leaders reinforce norms, provide mentorship, and help monitor high-risk environments.¹²⁶

Digital Regulation and Counter-Narratives: Given the strong influence of social media on youth drug trends, governments and religious organisations must create digital prevention campaigns, regulate harmful content, and promote positive online narratives.¹²⁷ An integrated approach recognises that law alone cannot resolve drug abuse; effective prevention must reflect morality, public health science, religious values, and community strength.

16. Conclusion

Youth drug abuse is not merely a medical or legal problem; it is a moral, spiritual, and social crisis that reveals deeper fractures in contemporary society declining moral structures, weakening family systems, digital-age pressures, and inadequate legal responses. Addressing it requires returning to foundational values of discipline, community solidarity, compassion, and human dignity, while embracing evidence-based public health strategies. By integrating law, religion, morality, and public health, societies can build resilient systems that empower young people to make healthy, ethical, and life-affirming choices. Youth drug abuse is a multidimensional challenge shaped by an interplay of legal norms, moral values, religious teachings, socio-economic pressures, and technological influences. This study has demonstrated that while drug misuse among youths is a global phenomenon, its manifestations differ across jurisdictions such as Nigeria, the United Kingdom, and the United States. Each country reflects unique socio-cultural, religious, and legal dynamics that influence both the causes and responses to youth substance misuse.

The Christian, Islamic, and African Indigenous ethical traditions analysed in this work converge on a shared moral stance: drug abuse undermines human dignity, distorts moral judgement, disrupts communal harmony, and inhibits personal flourishing. Theological anthropology further underscores youth vulnerability by emphasising identity formation, spiritual development, and susceptibility to peer and societal pressures. Legal frameworks from the Misuse of Drugs Act 1971 (UK) to the NDLEA Act (Nigeria) and the complex patchwork of federal and state drug laws in the USA attempt to regulate drug availability and protect public safety. However, punitive legal approaches often fail to address root causes, and in many cases exacerbate stigma, exclusion, and barriers to recovery. Evidence from Portugal and the Netherlands demonstrates that harm-reduction, decriminalisation, and public health approaches deliver better outcomes, especially for young people.

The rise of digital culture, social media influencers, and online drug markets presents a new frontier in youth drug prevention. While social media normalises drug use, it also provides platforms for positive messaging, faith-based outreach, and public health interventions.

Thematically, this research reveals three overarching insights:

Law alone is insufficient: punitive measures cannot address the psychosocial, moral, and spiritual dimensions of youth drug use.

Religion and morality remain powerful preventive tools, particularly in countries like Nigeria, where faith communities significantly shape youth behaviour.

Integrated, holistic approaches: combining legal regulation, ethical education, religious teachings, psychosocial support, and digital strategies offer the most effective route for preventing youth drug abuse.

¹²⁶ African Union, *Africa Drug Policy Report 2023*.

¹²⁷ EMCDDA, *Digital Drug Markets Report 2024*.

17. Recommendations

Shift from Punitive to Public Health Approaches: Governments, especially Nigeria and parts of the USA, should move away from punitive drug laws targeting youth possession and focus instead on treatment, counselling, and diversion schemes. Evidence shows punitive laws worsen outcomes and fail to deter use.

Strengthen Ethical and Moral Education: Schools should integrate comprehensive ethical education into curricula combining critical thinking, value formation, and practical life skills. Moral instruction from religious and cultural perspectives should complement, not replace, evidence-based information.

Expand Faith-Based and Community Rehabilitation: Nigeria, the UK, and the USA should formally integrate faith-based organisations into national drug prevention strategies, ensuring programmes are supervised, regulated, and evidence-informed. FBOs offer strong moral support, identity development, and community belonging, which are critical for recovery.

Digital Regulation and Positive Online Campaigns: Governments should work with tech companies to regulate online drug promotion and enhance age restrictions, content monitoring, and reporting systems. Simultaneously, public health agencies and religious organisations should invest in online counter-narratives promoting sobriety, resilience, and spiritual wellbeing.

Increase Access to Psychological Services: Youth-centred mental health services particularly CBT, family therapy, counselling, and trauma-informed care should be accessible in schools, communities, and faith centres. In Nigeria, investment in mental health infrastructure remains a critical priority.

Strengthen School-Based Prevention: Schools should implement evidence-based models such as interactive learning, peer-led initiatives, and early intervention teams to identify at-risk youths and address behavioural issues before escalation.