



**UNODC**

United Nations Office on Drugs and Crime



# DRUG USE IN NIGERIA

Executive Summary

2018







**UNITED NATIONS OFFICE ON DRUGS AND CRIME**  
Vienna

# **Drug Use in Nigeria**

## **2018**





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## PREFACE

The National Survey on Drug Use and Health was conducted by the National Bureau of Statistics (NBS) and the Centre for Research and Information on Substance Abuse (CRISA) with technical support from the United Nations Office on Drugs and Crime (UNODC). It was funded by the European Union (EU) under the 10th European Development Fund (EDF) as part of the UNODC implemented project, “Response to Drugs and Related Organised Crime in Nigeria”. The project aims to support Nigeria in fighting drug production, trafficking and use and improved access to quality drug prevention, treatment and care services in Nigeria.

This is the first comprehensive nationwide national drug use survey to be conducted in Nigeria. The survey has three components; the first is the National Household Survey on Drug Use and Health (NHSDUH) conducted by NBS; the second aspect is the National Survey on Problem Drug Use (NSPDU) and the third aspect is the Key Informant Survey (KIS). The NSPDU and KIS were conducted by CRISA. The three aspects of the survey cover all 36 states of the Federation, as well as the Federal Capital Territory. During the National Household Survey, 38,850 households that spread across rural and urban areas were canvassed at respondents’ residences. Additionally, the NSPDU involved interviews with a total of 9,344 problem drug users across all 36 states of the Federation, as well as the Federal Capital Territory. A total of 2,787 persons were interviewed for the KIS.

The survey provides statistically-sound and policy-relevant data on the extent and pattern of drug use in Nigeria, the socio-demographic characteristics of drug users, their living conditions and other information such as gender, age, marital status, education and employment status. It also provides information on age of onset of drug use, frequency and pattern of use, high risk drug use as well as extent of drugs use, drug dependency, and sexual behavior among drug users. This report provides evidence for policy makers, both in government and outside government working in drug and crime control to inform the strategies and policies for drug control, especially on drug treatment responses and eventually in care access to drug treatment and reduce such habits among Nigerians. Information

from this survey will also serve as baseline data for tracking the Sustainable Development Goals (SDGs) in Nigeria, specifically Goal 3 to “ensure healthy lives and promote well-being for all at all ages” and Target 3.5 to strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

It is our sincere hope and expectation that the results and the dataset from this survey will be used by the public most especially the policy-makers, planners, researchers, development partners and Non-Governmental Organisations (NGOs) to formulate and monitor policies, programmes and strategies that help to develop targeted services for drug users and their families, with a focus on affordable easily accessible community-based approaches that will increase access to services for this under-served population and go a long way in addressing the issue of drug use in communities across the country.

We would like to convey the gratitude of the Federal Ministry of Health and the National Bureau of Statistics to all respondents across the country that provided us with useful information on a rather sensitive topic. Be assured that your information was handled with strict confidentiality as required by the statistical law in Nigeria (Federal Republic of Nigeria Official Gazette, No. 60 Vol. 94: Act No. 9 Title: The Statistics Act, 2007) and as per the ethical clearance received from the National Health Research Committee of Nigeria (NHREC). We also like to appreciate all staff of NBS and CRISA involved in this exercise, particularly the field staff across the country, for their dedication and hard work towards the successful completion of the survey. This is certainly another feat in the ongoing improvements being recorded in the statistical system, and your efforts and hard work is duly acknowledged.

The survey was strictly monitored for quality control by internal NBS staff. In addition, there was external quality control and monitoring provided by the Market Research Council (MRC) and members of the Technical Working Group representing various government ministries, departments, agencies and experts. Their hard work and commitment is duly acknowledged.

Finally, we acknowledge the support of the European Union to Nigeria, especially in the area of strengthening the drug control responses in the country. We extend our sincere appreciation to the United Nations Office on Drugs and Crime for its support in taking forward a balanced, human-rights and evidence-based approach to drug control in Nigeria and for their support in conceptualising and implementing the survey.

We would like to particularly acknowledge and appreciate the hard work and commitment of all Ministries, Departments and Agencies (MDAs) of government as well as NGOs who served as members of National Steering and Technical Committees for their valuable inputs and support throughout phases of the survey. Your contributions and commitment to a successful implementation of this survey is appreciated and has made the publication of this report possible.



Prof. Isaac F. Adewole,  
FAS, FSPSP, FRCOG, DSc (Hons)  
*Federal Minister of Health*



Dr. Yemi Kale  
*Statistician-General of the Federation*

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### **Federal Ministry of Health, Government of Nigeria**

Pharmacist (Mrs.) Gloria Modupe Omatie Chukwumah, Director, Food & Drug Services Department (Retired);

Dr. Yagana Imam, Head, Specialty Hospitals Division (Retired), Department of Hospital Services;

Dr. Azeez Aderemi, Head, Monitoring & Evaluation Division (Retired), Department of Health Planning, Research & Statistics;

Pharmacist Mashood Oluku Lawal, Director, Food and Drug Services Department;

Pharmacist Rafiu Folahan Akanbi, Head, Narcotics and Drug Abuse Programme, Department of Food & Drug Services;

Pharmacist Damian Agbo (Co-Investigator for the 2 surveys), Senior Pharmacist, Narcotics and Drug Abuse Programme, Department of Food & Drug Services.

### **National Bureau of Statistics, Government of Nigeria**

Dr. Isiaka Olarewaju, Project Director;

Mr. Adeyemi Adeniran, Project Coordinator;

Mr. Ajebiyi Fafunmi, Head of ICT;

Ms. Nemi Okujagu, Technical Assistant to the Statistician General.

### **Centre for Research and Information on Substance Abuse (CRISA)**

Professor Isidore S. Obot, Principal Investigator and Project Coordinator;

Dr. Gboyega E. Abikoye, Deputy Project Coordinator;

Mr. Esemee Ebenezer Akpan, Data Manager;

Mr. Ediomoubong Nelson, Qualitative Analysis;

Ms. Gloria Akpabio, Project Assistant;

Mr. Okokon Umoh, Project Assistant.

### **UNODC Country Office, Nigeria**

Mr. Oliver Stolpe, Representative;

Ms. Elisabeth Bayer, Deputy Representative;

Mr. Glen Prichard, Project Coordinator;

Ms. Harsheth Virk, Project Officer;

Mr. Shiyin Wu, Project Officer;

Dr. Ibanga Akanidomo, National Project Officer;

Dr. Henry Doctor, Research Officer.

### **UNODC Research and Trend Analysis Branch, Vienna**

Ms. Angela Me, Chief, Research and Trend Analysis Branch;

Ms. Chloe Carpentier Chief Drug Research Section;

*Core team data analysis and drafting:*

Mr. Kamran Niaz, Epidemiologist;

Ms. Lauren MacDonald, Consultant.

*Design team:*

Ms. Suzanne Kunnen;

Ms. Kristina Kuttng;

Ms. Silvia Aguilar Riveroll.

## ABBREVIATIONS AND ACRONYMS

<b>ADD</b>	Attention Deficit Disorder
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>CI</b>	Confidence Interval
<b>CRISA</b>	Centre for Research and Information on Substance Abuse
<b>CSNetsDA</b>	Civil Society Network on Substance and Drug Abuse
<b>CSOs</b>	Civil Society Organizations
<b>EA</b>	Enumeration Area
<b>EFCC</b>	Economic and Financial Crimes Commission
<b>FCT</b>	Federal Capital Territory
<b>FMOH</b>	Federal Ministry of Health
<b>GDP</b>	Gross Domestic Product
<b>HIV</b>	Human immunodeficiency virus
<b>HRDU</b>	High-risk drug user
<b>ICD</b>	International Classification of Disease, WHO
<b>IMC</b>	Inter-Ministerial Committee on Drug Control
<b>MBM</b>	Multiplier Benchmark Method
<b>MDMA</b>	3,4-Methylenedioxymethamphetamine
<b>LSD</b>	Lysergic acid diethylamide
<b>MS</b>	Master sample
<b>N</b>	Number
<b>NCS</b>	Nigerian Customs Service
<b>NDCMP</b>	National Drug Control Master Plan
<b>NDLEA</b>	National Drug Law Enforcement Agency
<b>NENDU</b>	Nigerian Epidemiological Network on Drug Use
<b>NGN</b>	Nigerian Naira (currency)
<b>NGO</b>	Non-governmental organization
<b>NHSDUH</b>	National Household Survey on Drug Use and Health
<b>NIS</b>	Nigerian Immigration Service
<b>NISH</b>	National Integrated Survey of Households
<b>NNDDR</b>	NGO Network on Drug Demand Reduction
<b>NPopC</b>	National Population Commission
<b>NPF</b>	Nigerian Police Force
<b>NSUM</b>	Network Scale-up Method
<b>OTC</b>	Over-the-counter
<b>PDM</b>	Prescription Drug Misuse
<b>PSU</b>	Primary Sampling Unit
<b>PWID</b>	People Who Inject Drugs
<b>SDS</b>	Severity of dependence scale
<b>SSU</b>	Secondary Sampling Unit
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USD</b>	United States Dollar
<b>WHO</b>	World Health Organization

## EXECUTIVE SUMMARY

This report presents the results of the first large-scale, nation-wide survey to examine the extent and patterns of drug use in Nigeria. The results of this survey aim to provide the baseline information needed for the design and implementation of effective prevention, treatment and care services that are evidence-based and targeted to reduce the demand for drugs and prevent the morbidity and mortality attributable to drug use in Nigeria.



**ONE OF FOUR**  
drug users, is a woman

The results of this survey highlight a considerable level of past-year use of psychoactive substances in Nigeria, in particular the use of cannabis, the non-medical use of prescription opioids (mainly tramadol, and to lesser extent codeine, or morphine) and cough syrups (containing codeine or dextromethorphan).

The past year prevalence of any drug use in Nigeria is estimated at 14.4 per cent or 14.3 million people aged between 15 and 64 years. The extent of drug use in Nigeria is comparatively high when compared with the 2016 global annual prevalence of any drug use of 5.6 per cent among the adult population.<sup>1</sup> The past year prevalence of

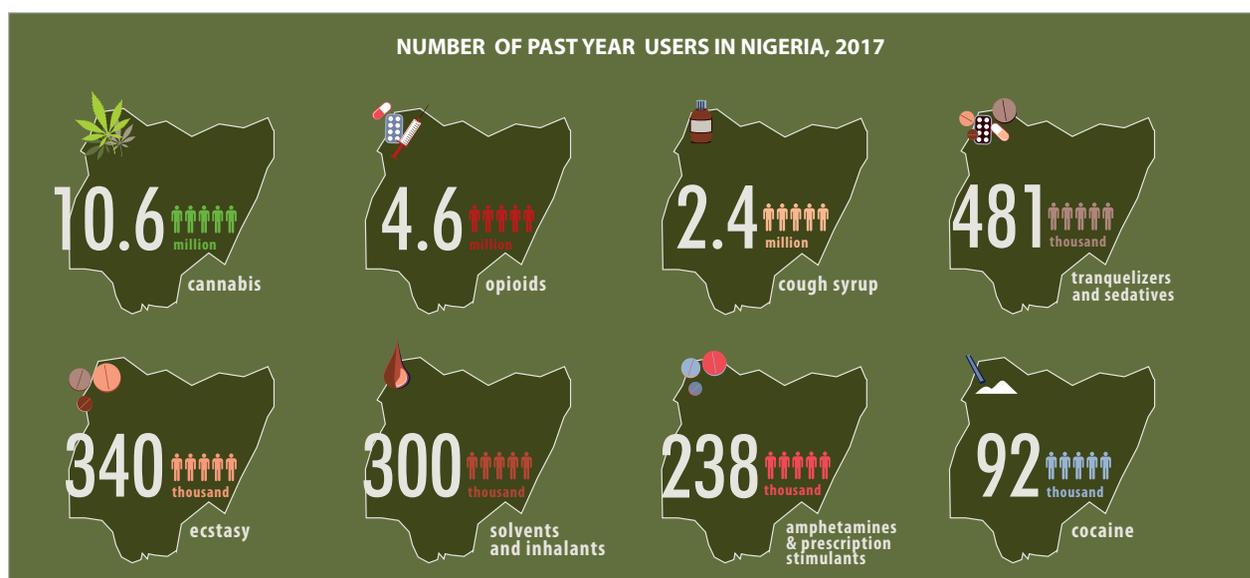
psychoactive substances excluding alcohol, overall was higher among men in Nigeria, however the gender difference in the non-medical use of prescription opioids, tranquilizers and cough syrups was less marked. Drug use was most common among those who were between the ages of 25 and 39 years, while the rates of past year use were lowest among those who were below 24 years of age. Cannabis was the most commonly used drug followed by opioids, mainly the non-medical use of prescription opioids and cough syrup.

A dichotomy in the past year prevalence of drug use was found between the North and South geopolitical zones. Highest past-year prevalence of drug use was found in the southern political zones: South-East, South-West, and South-South zones (past year prevalence ranging between 13.8–22.4 per cent of the population) compared to the North (ranging between 10–14.9 per cent of the population).

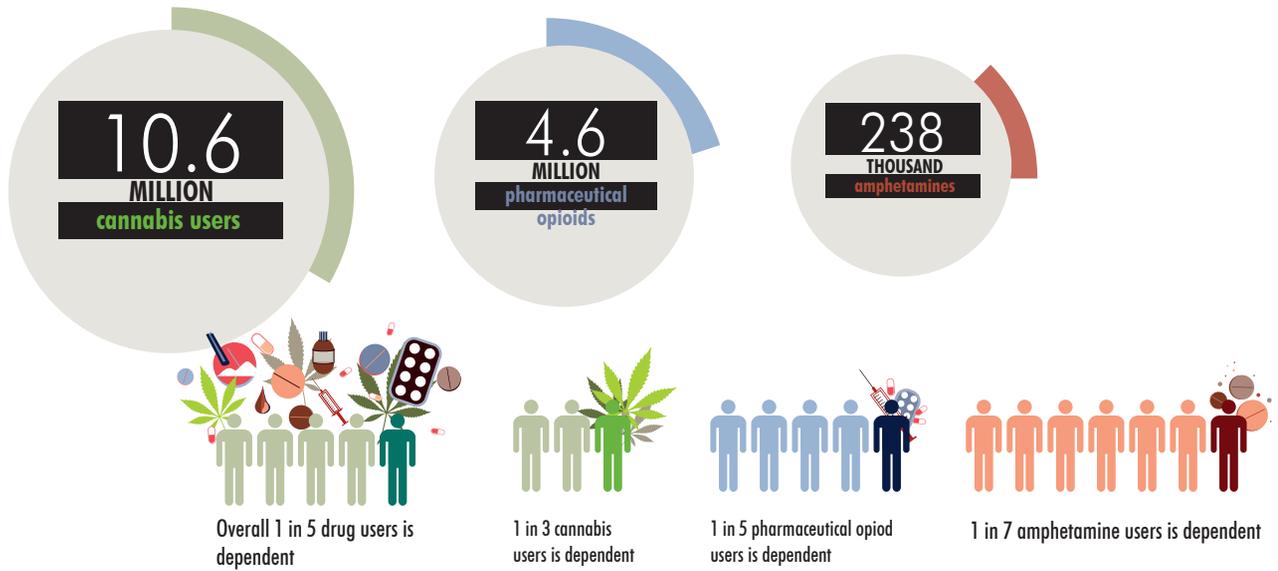
376 thousand high risk drug users



**ONE OF FIVE** high risk drug users, **injects** drugs (80,000 users inject drugs in Nigeria)



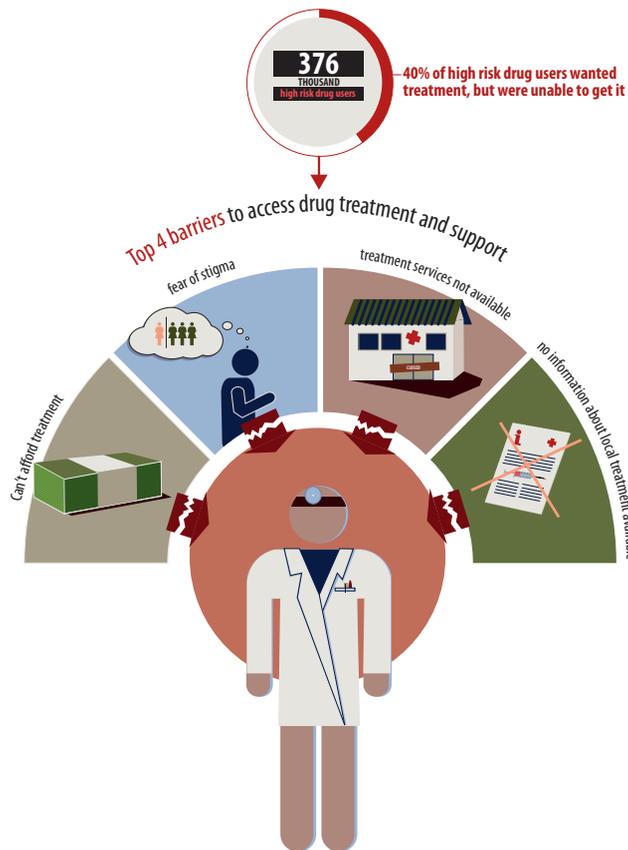
<sup>1</sup> UNODC, *World Drug Report 2018*.



People who inject drugs constitute a sizeable proportion of high risk drug users in Nigeria. 1 in 5 high risk drug users is injecting drugs. The most common drugs injected in the past year were pharmaceutical opioids, followed by cocaine and heroin. While overall, more men were injecting drugs, women were more likely than men to report injecting heroin. The extent of risky injecting practices and sexual behaviours among the high risk drug users and in particular those who inject drugs is also of concern as

is the extent of self-reported HIV among this group. Women who injected drugs were more likely than men to engage in high-risk sexual behaviours further compounding their risk for acquiring HIV among other infections.

There is a clear gap in meeting the needs for treatment and care for people with drug use disorders. Two-thirds of high-risk drug users reported a self-perceived need for drug treatment. Around 40 per cent among those reported that they had wanted to receive drug treatment but were unable to access such services. The cost of treatment, stigma associated with accessing such services as well as stigma associated with substance use in general, and availability of adequate drug treatment services were the major barriers in accessing drug treatment in Nigeria.



Past-year users of tranquilizers, heroin and methamphetamine were more likely to report chronic health conditions and poorer health status as compared with other drug users or the general population. Access to services to reduce the adverse consequences of drug use was also limited. Less than half of the high risk drug users had received HIV testing and counselling while in treatment. While this proportion was higher among women, it was lower among those injecting compared to all high-risk drug users. Only 12 per cent of the high risk drug users reported referral to anti-retroviral therapy.

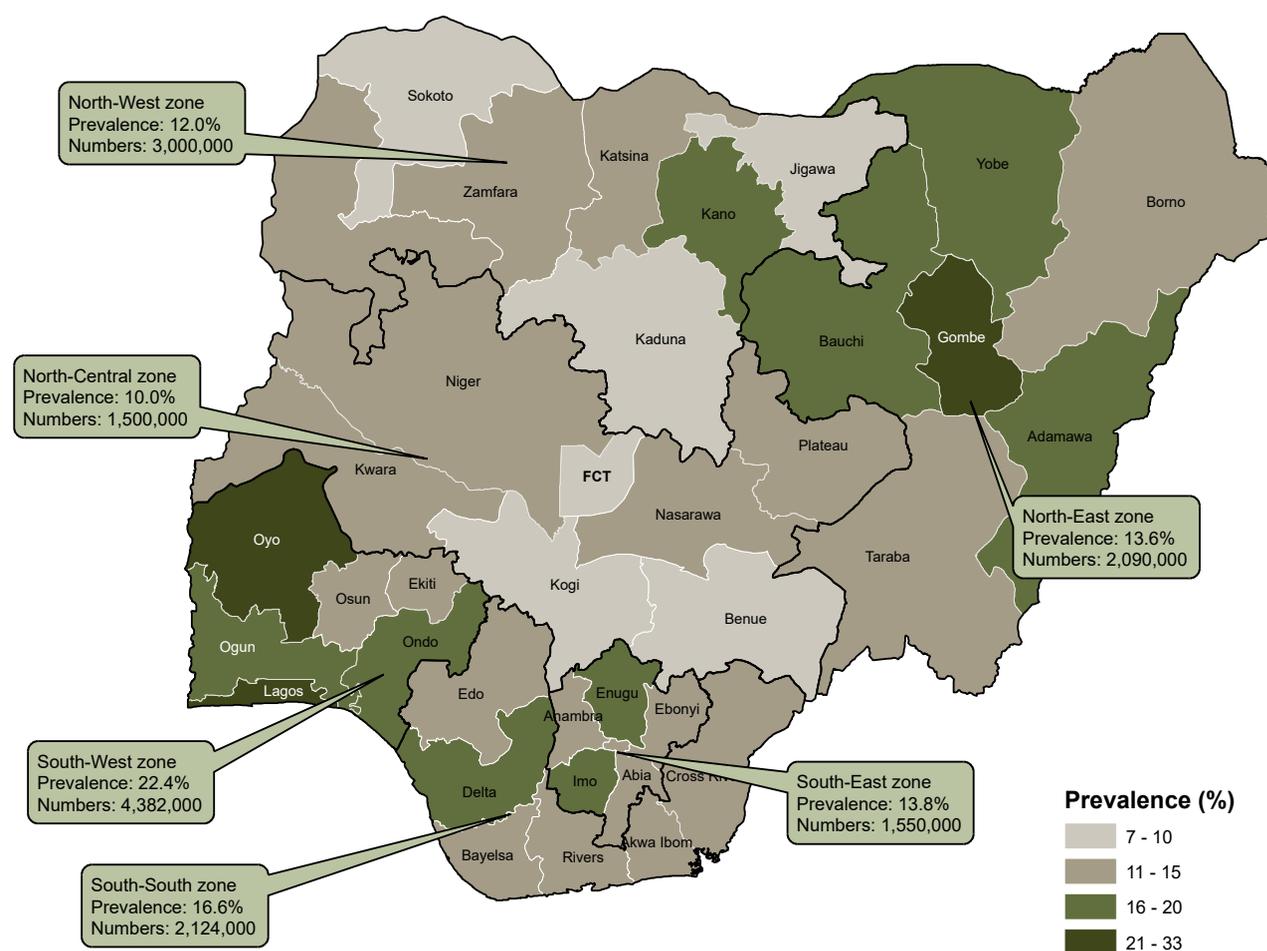
Nearly one quarter of high-risk drug users had been arrested for a drug-related offence during the course of their drug use, while the majority (73 per cent) had been arrested for possession of drugs, many high risk drug users had also been arrested for burglary, sex work, shoplifting and theft.

The social consequences of drug use are also evident in Nigeria. Key informants considered that there were major social problems such as disruption in family lives, loss in productivity and legal problems as a consequence of drug use in their communities. Also, nearly 1 in 8 persons in the general population had experienced consequences due to other peoples' drug use in their families, workplace and communities.



**1 out of 7** have used drugs in the past year (aged 15-64)

Prevalence of drug use in Nigeria by geopolitical zones and states, 2017



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## KEY FINDINGS

- In Nigeria, one in seven persons aged 15-64 years had used a drug (other than tobacco and alcohol) in the past year. The past year prevalence of any drug use is estimated at 14.4 per cent (range 14.0 per cent - 14.8 per cent), corresponding to 14.3 million people aged 15-64 years who had used a psychoactive substance in the past year for non-medical purposes.
  - Among every 4 drug users in Nigeria 1 is a woman. More men (annual prevalence of 21.8 per cent or 10.8 million men) than women (annual prevalence of 7.0 per cent or 3.4 million women) reported past-year drug use in Nigeria.
  - The highest levels of any past-year drug use was among those aged 25-39 years.
  - 1 in 5 person who had used drugs in the past year is suffering from drug user disorders<sup>2</sup>.
  - Cannabis is the most commonly used drug. An estimated 10.8 per cent of the population or 10.6 million people, had used cannabis in the past year. The average age of initiation of cannabis use among the general population was 19 years.
  - Cannabis use was 7 times higher among men (18.8 per cent among men vs. 2.6 per cent of women), while the gender gap in the non-medical use of pharmaceutical opioids (such as tramadol) was less marked (6 per cent among men vs. 3.3 per cent among women).
  - An estimated 4.7 per cent of the population, i.e. 4.6 million people had used opioids (such as tramadol, codeine, or morphine) for non-medical purposes in the past year.
  - The non-medical use of cough syrups containing codeine and dextromethorphan is estimated at 2.4 per cent of the adult population (nearly 2.4 million people). The misuse of cough syrups is almost comparable among men (2.3 per cent) and women (2.5 per cent).
  - The non-medical use of tranquilizers (0.5 per cent), and the use of ecstasy (0.3 per cent), inhalants (0.3 per cent) amphetamines (0.2 per cent) and cocaine (0.1 per cent) though not insignificant remains lower than the drugs mentioned earlier.
- 
- 2 Substance or drug use disorders — the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) of the American Psychiatric Association also refers to “drug or substance use disorder” as patterns of symptoms resulting from the use of a substance despite experiencing problems as a result of using substances. Depending on the number of symptoms identified, substance use disorder may vary from moderate to severe. People with drug use disorders need treatment, health and social care and rehabilitation. Harmful use of substances and dependence are features of drug use disorders.
- - 3 For the purpose of this survey, high-risk drug users were defined as those who had used opioids, crack/cocaine or amphetamines in the past 12 months as well as used for at least 5 times in the past thirty days.
- Overall, an estimated 376,000 were estimated to be high risk drug users.<sup>3</sup> The majority of high risk drug users were regular users of opioids.
  - 1 in 5 high-risk drug users injects drugs, i.e., nearly 80,000 people (nearly 0.1 per cent of the adult population) are estimated to be PWID. The majority (78 per cent) of those injecting drugs were men. The most common drugs injected in the past year were pharmaceutical opioids (such as tramadol, codeine, or morphine), followed by cocaine, heroin and tranquilizers.
  - Poly-drug use was very common - among high-risk drug users nearly all (95 per cent) as compared to nearly half of the drug users in the general population reported using either simultaneously or concurrently more than one drug in the past year.
  - An estimated 87,000 (nearly 0.1 per cent of the population) had used heroin in the past year. The mean age of initiation of heroin use was 22 years, and almost half of regular heroin users reported smoking it. Proportionally more women than men, were likely to report injecting heroin.
  - Geographically, the highest past-year prevalence of drug use was found in the southern geopolitical zones (past year prevalence ranging between 13.8 per cent and 22.4 per cent) compared to the northern geopolitical zones (past year prevalence ranging between 10 per cent and 13.6 per cent).
  - Nearly 40 per cent of high-risk drug users indicated a need for treatment of drug use disorders. Most of the high-risk drug users considered it was difficult to access drug treatment. The cost of treatment and stigma attached to drug use and seeking treatment were cited as the primary barriers in accessing or availing drug treatment services.
  - Yobe, Imo, Bayelsa, Rivers and Lagos States were ranked as “the states where it was more difficult to access treatment for drug use disorders”.
  - Nearly one quarter of high-risk drug users had been arrested for a drug-related offence during the course of their drug use, while the majority (73 per cent) had been arrested for possession of drugs, many high-risk drug users had also been arrested for theft (12 per cent), sex work (5 per cent), burglary (4 per cent) and shoplifting (2 per cent).
  - Two-thirds of people who used drugs reported having serious problems, as result of their drug use, such as missing school or work, doing a poor job at work/school or neglecting their family or children.

- Nearly 1 in 8 persons (12 per cent of the adult population) in Nigeria has suffered some kind of consequence due to another person's drug use. Among those who had experienced any consequences, most had felt threatened or afraid of someone's use of drugs (8 per cent of the adult population). Other important conse-

quences that people had experienced were that someone using drugs had harmed them physically (5 per cent of the adult population) or that they had stopped seeing a relative or friend due to their drug use (5 per cent of the adult population).

#### Annual prevalence of drug use by gender in Nigeria, 2017

	Men		Women		National	
	Estimated prevalence	Estimated number*	Estimated prevalence	Estimated number*	Estimated prevalence	Estimated number*
<b>Any drug use</b>	<b>21.8</b>	<b>10,850,000</b>	<b>7.0</b>	<b>3,430,000</b>	<b>14.4</b>	<b>14,300,000</b>
High-risk drug use	0.6	319,000	0.12	57,000	0.4	376,000
People who inject drugs	0.12	61,000	0.04	18,000	0.08	80,000
<b>By drug type</b>						
Cannabis	18.8	9,360,000	2.6	1,280,000	10.8	10,640,000
<b>Opioids</b>	<b>6.0</b>	<b>3,010,000</b>	<b>3.3</b>	<b>1,606,000</b>	<b>4.7</b>	<b>4,610,000</b>
<i>Heroin</i>	0.1	71,000	0.03	16,000	0.1	87,000
<i>Pharmaceutical opioids (tramadol, codeine, morphine)</i>	6.0	3,008,000	3.3	1,600,000	4.7	4,608,000
Cocaine	0.1	71,000	0.04	21,000	0.1	92,000
Tranquilizers/sedatives	0.5	270,000	0.4	212,000	0.5	481,000
<b>Amphetamines</b>	<b>0.3</b>	<b>161,000</b>	<b>0.2</b>	<b>77,000</b>	<b>0.2</b>	<b>238,000</b>
<i>Pharmaceutical amphetamine and illicit amphetamine</i>	0.2	96,400	0.1	58,100	0.2	155,000
<i>Methamphetamine</i>	0.1	69,500	0.04	19,000	0.1	89,000
Ecstasy	0.4	211,000	0.3	129,000	0.3	340,000
Hallucinogens	0.03	16,500	0.02	10,000	0.03	27,000
Solvents/inhalants	0.5	248,000	0.1	51,000	0.3	300,000
Cough syrups	2.3	1,157,000	2.5	1,200,000	2.4	2,360,000

\* Aggregated categories were adjusted for the proportion of users known to be poly-drug users weighted by poly-drug use in each survey (nationally 75 per cent of users were poly-drug users). Gender-specific poly-drug user adjustments were also applied to drug use categories of opioids and amphetamines. As a result, numbers for each drug type will not sum to national totals. Due to rounding of the estimates (percentage or numbers) the estimates may not add up.

## THE WAY FORWARD

The 2030 Agenda for Sustainable Development and its goals affirm that “there can be no sustainable development without peace and no peace without sustainable development”. This draws together the strands of peace, rule of law, human rights, development and equality to form a comprehensive and forward-looking framework. Addressing the drug problems in Nigeria and the efforts to achieve the Sustainable Development Goals are thus complementary and mutually reinforcing.

The findings from the drug use survey provide the evidence to inform the national debate among policy makers and other stakeholders for reviewing and updating the current National Drug Control Master Plan as well as for formulating the next Plan covering 2020-2024.

Considering the extent of non-medical use of pharmaceutical opioids, tranquilizers and cough syrups among the adult population, while ensuring that the controlled substances are adequately made available for medical and scientific purposes, it is imperative to address their diversion from licit channels as well as their illicit production or availability in the illicit markets in the form of spurious or fraudulent medicines. The recommendation provided in the outcome document of the UN General Assembly Special Session on Drugs (UNGASS) 2016<sup>4</sup>, as well as other national, UNODC and WHO documents, provide adequate guidance in this regard.<sup>5, 6, 7, 8</sup>

Programmes for the prevention of drug use, treatment and care of drug use disorders, and prevention and care of HIV, hepatitis C and other infections among high-risk drug users need to be upscaled with a wider geographical coverage of those interventions.

There is a major gap in availability and accessibility of drug treatment services in the country. The cost of treatment itself, limited number of interventions provided and the stigma attached to drug use are major impediments in provision of quality drug treatment services that can cater for a large segment of the drug using population in the

country. Therefore, availability, accessibility, and coverage of quality and evidence-based effective treatment and care services for people with drug use disorders are priority to address in Nigeria. The International Standards for the Treatment of Drug Use Disorders were prepared to support Member States in the development and expansion of treatment services that offer effective and ethical drug treatment. The goal of such treatment is to reverse the negative impact that persisting drug use disorders have on the individual and to help them achieve as full recovery as possible from the disorder and to become a productive member of their society. The National Minimum Standards for Drug Dependence Treatment in Nigeria and the National Guidelines for the Treatment of Substance Use Disorders in Nigeria, developed in recent years, based on the International Standards provide adequate guidelines to improve the availability and accessibility of drug treatment services in Nigeria. Another area of consideration is to develop gender-specific treatment programmes that would take into account in their design and delivery of services among other issues, sexual and reproductive health, social welfare, and childcare needs unique to women.

Prevention of drug use aims to help people, not only those of younger age, to avoid or delay the initiation of use of psychoactive substances, or, if they have already started, to avert the development of harmful use and substance use disorders. Effective prevention involves the positive engagement of children, youth and adults with their families, schools, workplace and community. To maximize the utilization of resources for effective and science-based prevention interventions the UNODC International Standards on Drug Use Prevention provide the necessary guidelines. The evidence suggests that among the different prevention programmes, those with a focus on parenting, families, and life skills education at different levels of children's development (i.e. infancy, early and middle childhood, adolescence and adulthood), and their needs are more effective than other interventions. Efforts to support the prevention and treatment of drug use also include providing people who use drugs with the necessary knowledge and skills to prevent overdoses, including through the administration of naloxone.

Furthermore, scaling up the coverage and provision of a comprehensive package of services<sup>9</sup>, for prevention, treatment and care of HIV for people who use drugs in the community and in prison settings is another priority area to reduce the burden of disease for people using drugs.

- 4 UNODC, *Outcome Document of the 2016 United Nations General Assembly Special Session On The World Drug Problem*, 2016.
- 5 WHO, *Ensuring balance in national policies on controlled substances: guidance for availability and accessibility of controlled medicine*, ISBN 978 92 4 156417 5.
- 6 UNODC, *Technical Guidance: Increasing access and availability of controlled medicines*, advanced draft, March 2018.
- 7 INCB, *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*, ISBN: 978-92-1-148285-0, 2016.
- 8 Nigeria, Federal Ministry of Health, *National Policy for Controlled Medicines*, 2017.

- 9 WHO, UNODC, UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, 2012 revisions.



Finally, the drug use survey has provided a comprehensive picture of the extent of drug use and related harms among the adult population in Nigeria. However, there is a need for a mechanism such as the establishment of a drug observatory that can regularly collate data and analyse the drug situation in the country to further inform policy and programme development. The drug observatory could regularly monitor, through established indicators of drug use and supply, the emerging new drug threats, the implementation of regular drug use surveys in the general population and among youth, analysis of patterns of drug use among vulnerable population groups, and the monitoring of the extent and quality of responses to address the drug situation in the country.





# UNODC

United Nations Office on Drugs and Crime

Vienna International Centre, PO Box 500, 1400 Vienna, Austria  
Tel.: (+43-1) 26060-0, Fax: (+43-1) 26060-5866, [www.unodc.org](http://www.unodc.org)