



An Islamic Assessment of Drugs and Drug Addiction: Causes, Consequences, and the Burden on Women in Sokoto State

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DOI: 10.5281/zenodo.19003656

Submission Date: 28 Jan. 2026 | Published Date: 13 March 2026

Abstract

Drug abuse and addiction have grown into one of the most formidable public health challenges confronting contemporary societies, particularly in developing nations such as Nigeria. This paper examines the conceptual underpinnings of drug use, abuse, and addiction, with a specific focus on commonly abused substances and their far-reaching consequences on women in Sokoto State. Drawing on extensive literature review and field evidence, the study identifies peer pressure, parental influence, poverty, depression, and easy availability of substances as the central drivers behind drug abuse among Nigerian youth. The paper documents twelve categories of commonly abused drugs ranging from cannabis sativa and narcotics to codeine, alcohol, and inhalants and analyses their physiological, psychological, and social effects. Findings reveal that drug abuse among women in Sokoto State manifests in the neglect of religious obligations, poor child-rearing practices, and deteriorating health conditions. The paper concludes with concrete policy recommendations targeting educational intervention, rehabilitation, community mobilisation, and legislative enforcement. It is argued that any meaningful response to this crisis must be multidimensional, addressing both the structural conditions that breed vulnerability and the individual behaviours that sustain dependency.

Keywords: Drug Abuse, Drug Addiction, Causes, Consequences, Sokoto State, Women.

INTRODUCTION

The problem of drug abuse and addiction is not peculiar to any one society, nation, or demographic group. It is a global phenomenon that cuts across lines of class, gender, education, and geography. However, its impact is felt most acutely in societies where structural deprivation, unemployment, and weak institutional frameworks limit people's capacity to resist the pull of substance use. In Nigeria, the situation has reached alarming proportions, with the National Drug Law Enforcement Agency (NDLEA) and the United Nations Office on Drugs and Crime (UNODC) consistently flagging the country as one of the most severely affected in sub-Saharan Africa. The twin problems of availability driven by porous borders and inadequate regulatory enforcement and demand, fuelled by poverty and social dislocation, have combined to create a crisis of significant magnitude.

Within this national context, the situation in Sokoto State presents its own distinctive features. Located in the North-Western geopolitical zone of Nigeria, Sokoto State grapples with high rates of poverty, low literacy, and limited access to quality healthcare and mental health services. These conditions create fertile ground for drug abuse, particularly among the young and among women who, in many instances, remain invisible in official data and policy responses. Women in Sokoto State are central to the social and moral fabric of their communities, serving as mothers, caregivers, and transmitters of cultural and religious values. When they fall victim to drug abuse, the ripple effects extend well beyond the individual — undermining family stability, child development, and community cohesion. It is against this backdrop that this paper undertakes a systematic examination of the nature, causes, and consequences of drug abuse, with particular attention to its effects on women¹.

¹ NDLEA Report, 1997; UNODC, Child Development, 61, 2005, Pp. 2032–2046.

Concept of Drug and Drug Addiction

Concept of Drug

Drugs have been defined differently by different people most especially according to discipline and field. A drug refers to a substance that could bring about a change in the biological function through its chemical actions.² It is also considered as a substance that modifies perceptions, cognition, mood, behaviour and general body functions.³ Drugs could thus, be considered as chemical modifiers of the living tissues that could bring about physiological and behavioural changes.⁴ A drug is any substance which when taken into the living organism may alter one or more of its functions.⁵ Drug is any chemical substance which when taken into the body interact with tissues to modify the biochemical process of the body. Some of the drugs exerts major effect on the body or brain causing (sleeping) stimulation which results in change of mode and behaviour.⁶

According to Fawa drug is defined as any substance, which is used for treatment or prevention of a disease in man and animals. Drug alters the body functions either positively or otherwise depending on the body composition of the user, the type of drug used, the amount used and whether used singly or with other drugs at the same time⁷.

The World Health Organization (WHO), defines drug as any substance other than those required for maintenance of normal health, which when taken into the living organism, may modify one or more of its functions.⁸ Drug is any chemical substance which when taken into the body interact with tissues to modify the biochemical process of the body. In medicine, drugs refer to any substance with the potential to prevent or cure diseases.⁹

Drug Abuse

NAFDAC as cited by Haladu explained the term drug abuse as excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns. It could also be viewed as the use of a drug to the extent that it interferes with the health and social function of an individual.¹⁰ World Book Encyclopedia defined drug abuse as the non-medical use of a drug that interferes with a healthy and productive life.¹¹ Drug abuse is also seen as the excessive, maladaptive or addictive use of drugs for non-medical purpose.¹²

Abdulahi viewed drug abuse as the use of drugs to the extent that interferes with the health and social function of an individual. In essence, drug abuse may be defined as the arbitrary overdependence or mis-use of one particular drug with or without a prior medical diagnosis from qualified health practitioners. It can also be viewed as the unlawful overdose in the use of drug(s).¹³

Ajayiet *al*, defined drug abuse as the wrong use or inappropriate use of chemical substances that are capable of changing functions of cells in the body.¹⁴ Bayer, as cited in Egbochuku and Akerele saw stimulants, which are substances that

²N.N. Okoye, "The Adolescents and Hard drugs: A psychological concern in R.U.N", Okonkwo & R.O. Okoye (eds). The Nigerian Adolescent in perspective". *A Publication of the Nigerian Society for Education*, 2001pp 33-35

³S.K Balogun, "Chronic Intake of Separate and Combined Alcohol and Nicotine on Body Maintenance among Albinorats", *Journal of Human Ecology*, 19(1), 2006. Pp. 21-24.

⁴R.O. Nnachi *Advanced Psychology of Learning and Scientific Enquiries: J.J.* Classic Publishers Ltd. Enugu, 2007P.16

⁵H A Ibrahim *et al*, "Effect of Drug Abuse Among Youth and Its Impact on Learning", *Journal of Pharmacy and Biological Sciences*, Volume 11, Issue 1 Ver. III, PP 14-17

⁶Mosby's Medical, Nursing & Allied Health Dictionary, *Drug abuse definition*, Sixth Edition, (2002). P. 552.

⁷M.S Fawa, "Drug Abuse Eradication Programme in Schools: The Relevance of Team, Approach Alternative, in A. Garba (Ed) *Youth and Drug Abuse in Nigeria: Strategies for counselling, management and control*", Matasa Press: Kano-Nigeria 2003, P.18

⁸World Health Organisation, "A Programme on Substance Abuse. Mutli-City Study on Drug Injecting and Risk of HIV Infection." *A report prepared on behalf of one International Collaborative Group*. Geneva. 2004)

⁹D.H. Kwamanga, J.A Odhiambo, & E.I. Amukoye, "Prevalence and Risk Factors of Smoking among Secondary School Students in Nairobi. *East Afr Med J*. 80: Apr; 2003. Pp 207-12

¹⁰A.A.. Haladu, "Outreach Strategies for Curbing Drug Abuse among Out-of-School Youth in Nigeria: A Challenge for Community Based Organization (CBOS), in A. Garba (ed). *Youth and Drug Abuse in Nigeria: Strategies for Counselling, Management and Control*. Kano: *Matosa Press*. 2003, P.73

¹¹World Book Encyclopaedia, *World Book*: Chicago, Vol. 6, 2004

¹²D.A. Manbe, "Crime and Drug Abuse among Nigerian Youths: A Critical Examination in World Health Organization (WHO)", *Expert Committee on Drug Dependence*, 28th Report (unpublished). 2008.

¹³Z. Abdullahi, "Drug Abuse among Youths: Strategies for School Counseling", *The Nigerian Society of Educational Psychologists*, Jos: Nigeria, 2009. pp. 131-136.

¹⁴I.A. Ajayi, & J.B. Ayodele, *History and development of education in Ado-Ekiti, Ado- Ekiti, Nigeria*. Petoa Education Publishers., 2003, P.36

cause an increase in the activity of an organ in the body, as chemicals that excite certain activities of the central nervous system.¹⁵ Ajayi and Ekundayo also saw drug abuse as over-dependence and misuse of one particular drug with or without a prior medical diagnosis from qualified health practitioners.¹⁶

Substances abuse, also known as drug abuse and substance use disorder, is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. Widely differing definitions of drug abuse are used in public health, medical and criminal justice contexts. The exact cause of substance abuse is not clear, with theories including: a genetic disposition; learned from others - or a habit which if addiction develops, manifests as a chronic debilitating disease Drug abuse is also considered as the taking of drugs or a deliberate use of drugs for purposes other than its intended purpose without the supervision of a physician or a medical practitioner.¹⁷

Drug abuse is a major public health problem all over the world (UNODC).¹⁸ The use and abuse of drugs by youths (both gender) have become one of the most disturbing health related phenomena in Nigeria and other parts of the world¹⁹. Several youths experience mental health problem, either temporarily or for a long period of time. Some become insane, maladjusted to school situations and eventually drop out of school.

Drug Addiction

Addiction is a kind of disease that affects all the body, brain, behaviour, and personality of a person.²⁰ Drug addiction is the continuous uncontrolled, compulsive use of a drug not only to include intoxication but also to avoid the tortures of withdrawal.²¹ Drug addiction also refers to physical and psychological dependency, associated with tolerance to a drug and withdrawal symptoms with a persistent disposition to relapse to drug use after abstinence has been achieved and physical dependency reversed.²² Tolerance occurs in the body of an addict to the first dose of the drug and persuades one to increase the first dose to get the primary results of it, so frequently the person addicts the drug physically and physiologically. It means that no access to the drug causes the appearance of the withdrawal syndromes such as headache, nausea, diarrhea, feel of alteration, crabbing, insomnia, spasm, anxiety.²³ Therefore one gets very enthusiastic to find and use the drug again, and becomes ready to get the needed drug at any price, even commitment of a crime or ostentation.

Drug addiction, also called substance dependent or chemical dependency, is a disease that is characterized by a destructive pattern of drug abuse that leads to significant problems involving tolerance to or withdrawal from the substance, as well as other problems that use of the substance can cause to sufferer, either socially or in terms of their work or school performance.²⁴ A drug addict is said to be someone whose life has become dependent on drugs, hence drugs abuse. Drug addiction is dependence on a legal or illegal drug or medication, drug addiction can cause serious, long- term consequences, including problems with physical and mental health, relationship, and the law.²⁵

¹⁵E.O Egbochuku, & J.O. Akerele, "Stimulant Use as Correlate of Abusive Behaviour among Nigerian Undergraduates" *College Student Journal*, 4(1): 2007, P.50-58.

¹⁶I.A. Ajayi, & H.T Ekundayo, *Contemporary issues in educational management*, Bolabay Publications Lagos, Nigeria, 2010. P.14

¹⁷M.S Fawa, "Drug Abuse Eradication Programme in Schools: The Relevance of Team, Approach Alternative, in A. Garba (Ed) *Youth and Drug Abuse in Nigeria: Strategies for counselling, management and control*", Matasa Press: Kano-Nigeria 2003, P.1

¹⁸United Nations Office on Drugs and Crime (UNODC), "World Health Organization Expert Committee on Dependence Producing Drugs: Fourteenth Report Urban Adolescent". *Child Development*, 61: 2005, Pp. 2032 – 2046

¹⁹NDLEA Report, 1997

²⁰S. Mohammadreza, M. Siminozar & S. Mashayekhi "Islam and Addiction" *Pharmaceutical sciences*, 18(3), 2012, Pp. 151

²¹A. Attah, B.E. Philip & J.S. Audu Joel Samson "The Effect of Drug Abuse and Addiction on Academic Performance of Student in Federal Polytechnic Idah, Kogi State Nigeria" *International Journal of Democratic and Development Studies (IJDDS)*, Vol. 2, No 2, March, 2016. P.13

²²C. R. Carroll, "Drug Abuse in Nigeria Facts, Causes and Remedies" *A paper presented at the National Seminar on Drug Abuse Enforcement, Lagos, May. 1989n.p*

²³D.A. Manbe, "Crime and Drug Abuse among Nigerian Youths: A Critical Examination in World Health Organization (WHO)", *Expert Committee on Drug Dependence*, 28th Report (unpublished). 2008., P.18

²⁴Y. Akus, *Contemporary public Issues and Nigeria as a Nation Ankpa*: Roma Printing & publishing, 2010, P. 23

²⁵O. A. Moronkola *Essays on Issues in Health*, Royal people Nig. Ltd: Ibadan, 2003 P.34

Examples of Commonly Abused Drugs and their Implications

Most of the drugs that are commonly abused have been tagged “controlled substances” because of the capacity of such drugs to enhance dependence and have the potentials for abuse. For the purpose of current research, commonly abused drugs are narcotics, stimulants, hallucinogen and lysergic *acid* diethylamide (LSD), cannabis saliva, sedatives and hypnotics (depressants), as well as alcohol, tobacco and other drugs. There are three methods through which substances can be used. These are oral, injected, through inhalation (drugs like cocaine, nicotine and organic solvents are often inhaled to get high) and through intravenous or intramuscular injection delivers the drugs to the body rapidly. In Nigeria, the most common types of abused drugs according to NAFDAC Report as cited by Haladu²⁶ are categorized as follows:-

1. **Cannabis Sativa** (popularly known as Indian hemp): is the oldest and, most commonly abused drug in Nigeria. The term is equivalent to marijuana or marihuana, which refers to both the whole plant and the smokable parts. It contains more cancer causing agents than tobacco. Cannabis is a depressant, the consumption of which usually produces a state of euphoria similar to milder intoxication. Cannabis is a depressant and when smoked, its chemical agent reaches the brain in seconds and the effects are felt for hours. The effects of cannabis depend on the dose taken, experience, the setting, motivation, expectation and personality of the users. It damages the immune system, thereby exposing smokers to attacks by diseases. Cannabis is by far the most commonly used illicit drug with usage of 4% of the world population compared to 1% for all other drugs combined.²⁷
2. **Narcotics**: this is used for pain relief and it is associated with surgery, terminal illness such as cancer. Initially, it is restricted to treatment in the hospital. Narcotic drugs include opium, morphine, heroin, codeine and pethidine. These drugs relieve pain, induce sleeping and they are addictive.
3. **Stimulants**: are substances that have the effects of sustaining activities, thwarting sleep and masking symptoms of fatigue to the extent where death may occur because of exhaustion. Stimulants are often taken for alertness, wakefulness, excited and feeling of euphoria. There are three major sub-groups of stimulants. They are amphetamines, caffeine and cocaine. These substances act directly and stimulate the central nervous system of a human body. One of the reasons individuals, including women’s, often give as a reason for stimulant usage include the need to belong, expectancy, mental set, sex, certain drives, integrative use, ceremonial use, hedonistic use, utilitarian use and disintegrative use while others use drugs for relief of stress and for self-medication at night in order to study.
4. **Amphetamines**: are stimulants of the central nervous system. The function is to replace lost energy and diminish fatigue. The abuse or overdose of the drug causes agitation, perspiration, dilated pupils, tremors, excessive talkativeness, hallucinations, high blood pressure and increased heart rate. In Nigeria today, the main sources of caffeine are kola nuts, coffee, tea, bitter cola, soft drink and beverages made from coca. Each of these substances contains different level of caffeine. Kolanut with a high level of caffeine is widely consumed in Nigeria, especially in the Northern part of the country. Kolanut has a pride of place in many ethnic groups during social, cultural or religious festivities among the Ibo and the Yoruba as revealed by many scholars
5. **Cocaine**: is a stimulant. Users of cocaine experience a higher sense of euphoria, increase alertness and energy, decrease need for sleep and food. The addicts are more willing to maintain a regular supply of cocaine even with its exorbitant expense. Whatever risks that may be involved; addicts are bent to satisfy their cravings for the stuff. When there is a withdrawal, there are symptoms of apathy, sleep, depression, irritability and disorientation.
6. **Hallucinogens**: are drugs that cause intense effects on the mental process of perceptions, thought and feelings. Delusions, visual and psychotic behaviour results from their abuse. They are called psychedelic Drugs. Examples include mescaline (derived from the mescal cactus) and LSD (lysergic acid diethylamide). These drugs are usually in tablet or capsule form. Hallucinogens produce a sense of detachment, euphoria and a reduction in sensitivity to pain. These drugs often change the way users see, hear and feel
7. **Alcohol**: is a nervous system depressant. It produces symptoms that increase in severity as its level in the blood rises. Serious health problems that are related to chronic heavy drinking include cardiomyopathy (a disease of the heart muscles), ulcers, nutritional deficiencies, memory loss, lowered resistance to infection, and various cancers. Other alcohol- related problems include traffic and other accidents, dangerous reactions from the combination of alcohol with other drugs. In Nigeria a report by NAFDAC found that alcohol is also the most commonly abused drug with about 48% of the population engaging in its use. The same report indicated that 40.9% of students were abusing alcohol in Nairobi Province and 26.3% in Central Province. Alcohol is a central nervous system depressant and dulls the brain making learning a difficult task.

²⁶NAFDAC Report 2000 as cited by A.A.Haladu, “Outreach Strategies for Curbing Drug Abuse among Out-of-School Youth in Nigeria: A Challenge for Community Based Organization (CBOS), in A. Garba (ed). *Youth and Drug Abuse in Nigeria: Strategies for Counselling, Management and Control*. Kano: *Matosa Press*. 2003, P.73

²⁷H. Abianwu, “Emerging Serious Psychopathology Associated with Abuse of Cannabis (Indian Hemp, Marijuana). *Tropical Journal of Pharmaceutical Research*, 4(1), 2005 Pp. 329-330.

8. **Tobacco:** is derived from the dried leaves of the tobacco plant. Tobacco contains three dangerous chemicals, namely, nicotine, tar and carbon dioxide, which is the active ingredient in tobacco products. It is very addictive. Despite scientific evidence that smoking is harmful to health, some adolescents (male and female) continue to smoke in Nigeria. Although smoking was initially considered a male prerogative, changes in the roles and selfimage of women have contributed to their increased smoking. Adolescent girls now see smoking as a matter of class. Cigarette is served at night parties just like sweets. As a female, if you smoke, you are respected among peers. From the medical point of view, smoking increases the risk of coronary heart disease, lung cancer, increased heart rate, blood pressure and constriction of blood vessels. Tobacco is another substance that is easily being abused by many. It could be taken in different forms; it can be smokeable, chewable and snuffable.
9. **Inhalants** are certain gases or vapours of some volatile substances, which produce depression of the central nervous system leading to euphoria or hallucinations. This includes petrol, glue and correction fluid, paint thinner, nail polish remover, rubber solution, aerosols propellants and nitrous oxide. They are normally inhaled through the nose or mouth. These chemicals produce intoxicating effects, thereby making abusers to feel "high. Abuse of various local plants has been reported in the studies²⁸, among the youth and the unemployed. These include smoking of pawpaw leaves and the seeds of zakami, which grows widely in most of the North Western and North Central regions of Nigeria. Overall, the age of first use and pattern of abuse confirms the 10-29 years" age as the most vulnerable group in drug abuse in Nigeria.²⁹
10. **Minor Tranquilizers:** this group of drugs produces calmness without bringing drowsiness, they are mainly derived from Librium, valium etc.
11. **Sedatives:** these drugs are among the most widely abused. This is largely due to their power of relieving stress and anxiety. Some members of this drug family induce sleep, ease tension and cause relaxation. They also provide amnesia (temporary loss of memory) for users to be able to forget their problems. Their sources include valium5/10, alcohol, promethazine, chloroform and cannabis.
12. **Codeine:** Codeine or 3-methylmorphine is the most commonly consumed opiate worldwide. It is widely used for its analgesic, anti-tussive and anti-diarrhoeal properties Codeine exists as a base and several salts, but is used mainly in hydrated forms. Its uses and formulations vary in different countries, as do the laws that control its supply. In most countries, „over the-counter“ supply varies from total prohibition to minimal regulation on supplies from community pharmacies. Over the counter codeine based products contain typically between 8 and 15mg of codeine per tablet, and may be marketed as a single ingredient drug or more commonly in combination with non-steroidal anti inflammatory agents such as ibuprofen (e.g. Nurofen Plus®), aspirin, paracetamol, caffeine and buclizine in order to enhance the synergistic effect of drug compounds. Codeine containing cough syrups (CCCS) are amongst the most common opiate drugs and are claimed to be effective in the management of certain cough. However, it has a high potential for abuse and may present some serious adverse reactions to the user. For these reasons, access to CCCS has been restricted in Nigeria and several other countries. In fact, with the alarming rate of abuse of cough syrup containing codeine, the Federal Government of Nigeria banned the sale and importation of codeine with effect from April, 2018. The task of ensuring compliance rest with the Pharmacy Council of Nigeria and National Agency for Food and Drug Administration and Control (NAFDAC).

General Causes of Drugs Abuse and Addiction

There are various reasons why the youth abuse substances. These reasons or causes vary among the youth likewise the substances being abused by the youth. The factors associated with drug abuse are many and varied across different regions and settings. These include individual predispositions, family characteristics, and complex social and environmental determinants.³⁰ Many authors and researchers have shown that there are many contributing factors that lead to substance abuse among the youth. Terry-McElrath, O'Malley and Johnston³¹ (2009), argue that substance abuse is caused by a combination of environmental, biological, and psychological factors. Youth abuse substances because of: peer pressure or influence, boosting energy, coping with stress, enhancing cognition or for curiosity and imitation.

1. Parental Influence

Parents have a tremendous influence on their children and the children of smoker parents are twice likely to become smokers. Parental disapproval of smoking makes an adolescent less

²⁸NAFDAC Report 2000 as cited by A.A..Haladu,...P.73

²⁹M.S Fawa, "Drug Abuse Eradication Programme in Schools: The Relevance of Team, Approach Alternative, in A. Garba (Ed) Youth and Drug Abuse in Nigeria: Strategies for counselling, management and control", Matasa Press: Kano-Nigeria 2003, P.19.

³⁰B.S. Lynch. and R.J. Bonnie, "Growing up Tobacco Free: Preventing Nicotine Addiction in Children and Youths" Washington, DC: National Academy Press 1994.

³¹Y.M. Terry-McElrath, et al, "Energy Drinks, Soft Drinks and Substances Use among United States Secondary School Student" Journal of Addiction Medicine, Vol. 8. Pp. 6-13

likely to initiate smoking.³² Female adolescents are more likely to be smokers if both parents are smokers. There is a strong correlation between mother smoking and the female youth becoming a smoker. Raised in a home where parents smoke exposes the young person to tobacco smoke. Parents who smoke may also give easy access to cigarettes and less likely to oppose their children's smoking. The children are also more likely to smoke whose elder siblings are smokers.³³ For example Cannabis, a traditional drug in some Indian society is ritualized in social and religious gatherings. It is a socially sanctioned behaviour in certain cultural groups to use Bhang and Charasby adolescents and has parental approval for that. Parental attitude towards alcohol plays an important role in initiating the adolescent to drink alcohol.³⁴

2. The Need for Energy

The Need for Energy to Work for Long Hours: The increasing economic deterioration that leads to poverty and disempowerment of the people has driven many parents to send their children out in search of a means of earning something for contribution to family income. These children engage in hawking, bus conducting, head loading, scavenging, serving in food canteens etc and are prone to drug taking so as to gain more energy to work for long hours.³⁵

3. Personality Problems due to socio-Economic Conditions:

Adolescents with personality problems arising from social conditions have been found to abuse drugs. The social and economic status of most Nigerians is below average. Poverty is widespread, broken homes and unemployment is on the increase, therefore our youths roam the streets looking for employment or resort to begging. These situations have been aggravated by lack of skills, opportunities for training and re-training and lack of committed action to promote job.³⁶

4. The Need to prevent the Occurrence of Withdrawal symptoms

The Need to prevent the Occurrence of Withdrawal symptoms: If a drug is stopped, the user experiences what is termed "withdrawal symptoms". Pain, anxiety, excessive sweating and shaking characterize such symptoms. The inability of the drug user to tolerate the symptoms motivates him to continue.³⁷

5. Availability of the Drugs:

In many countries, drugs have dropped in prices as supplies have increased.³⁸

6. Lack of parental supervision:

Many parents have no time to supervise their sons and daughters. Some parents have little or no interaction with family members, while others put pressure on their children to pass exams or perform better in their studies. These phenomena initialize and increases drug abuse.³⁹

7. Depression:

Another primary cause of drug abuse and addiction is depression, when certain things happen to someone that is considered very sad and disheartening, the person started thinking of the best way to become happy once more hence the use of hard drugs will come in, this later on turns to an habit, hence drug abuse.⁴⁰

8. Family Structure

Higher levels of parental education and socioeconomic variables have inverse relationship with tobacco use and use of other psycho-active substances among adolescents.⁴¹ Prevalence of smoking is more common in families which are with low socio-economic educational status of the society. Children using inhalants generally hail from low socio-economic status, engaged in menial work with unstable family income. Marital discord, divorces among parents, single parenting, are associated with drug abuse among adolescents. Parents having poor monitoring of their children are likely to have their children abusing drugs.

³²K.M. Conrad & B.R. Flay. *Why Children Start Smoking Cigarettes: Predictors of onset*. Br J Addiction 1992; 87: 1711-1724.

³³J.R. Eiser, & M Morgan, *Adolescent Smoking: Attitude, norms and parental influence*. Br J SocPsychol 1989; 28:193-202.

³⁴K.M. Conrad & B.R. Flay. *Why Children Start Smoking Cigarettes...*, P.19

³⁵A. Attah, B.E. Philip & J.S. Audu Joel Samson "The Effect of Drug Abuse and Addiction on Academic Performance of Student in Federal Polytechnic Idah, Kogi State Nigeria" *International Journal of Democratic and Development Studies (IJDDS)*, Vol. 2, No 2, March, 2016. P.13

³⁶A. Attah, B.E. Philip & J.S. Audu Joel Samson "The Effect of Drug Abuse and Addiction...P.14

³⁷A. Attah, B.E. Philip & J.S. Audu Joel Samson "The Effect of Drug Abuse and Addiction...P.14

³⁸A. Attah, B.E. Philip & J.S. Audu Joel Samson "The Effect of Drug Abuse and Addiction...P.14

³⁹Abdullahi., "Drug Abuse among Youths: Strategies for School Counseling", *The Nigerian Society of Educational Psychologists*, Jos: Nigeria, 2009. pp. 131-136.

⁴⁰Abdullahi., "Drug Abuse among Youths:...,pp. 131-136.

⁴¹H.H. Severson & Lichtenstein. "Smoking Prevention Programmes for Adolescents: Rationale and Review". In: N. Krasnegor& M Cataldo (Eds) *Child Health and Behaviour*, New York, Miley, 1986,P. 67

9. Peer Influence

Friends have the greatest influence on the young smokers. The initiation of tobacco smoke generally occurs in the company of a friend who is a smoker. Female adolescents with a best friend who is a smoker are nine times more at risk to become smokers. Smoking is a shared activity with important socializing functions for female youth. Peer smoking also predicts continued smoking among young people who have already begun to smoke. Cannabis abuse in school-going population has been associated with poor scholastic performance, school dropout and reinforcement of conduct symptoms these adolescents form their own peer group.⁴²

10. Role Model

Film and TV stars, pop stars and fashion models make smoking seem attractive and the adolescents imitate them to smoke their style. They leave tremendous impact on adolescent mind.⁴³

11. Advertising and Promotion

Advertising is an effective weapon to influence the decision of young to initiate smoking. Advertising bans have been found to be very effective in reducing cigarette smoking prevalence in youth. Nigerian Government has banned cigarette smoking in public places. Indian Government has banned advertisement of cigarettes and other tobacco products through an Act.⁴⁴ So also in Nigeria.

12. Socio-economic Factors

Higher drug-abuse rates are observed in lower income groups. Adolescents from low socioeconomic background are more likely to become smokers than the middle-class counterparts. This difference in smoking pattern may reflect divergent beliefs about tobacco use based on socio-economic status. In India, Indian cigarette is more common in adolescents for the reasons of easy availability, low in price and convenient to use. Adolescents from low income families tend to use cheap and spurious country-made liquor prepared illegally. Use of inhalants is also common in the adolescents from poor families.⁴⁵

Sign and Symptoms of Drug Abuse and Addiction

According to Adolescents Health Information Project AHIP the following are signs and symptoms of drug abuse⁴⁶. They are:

A. Signs of Drug Used and Drug Paraphernalia;

- i. Possession of drug related paraphernalia such as pipes, rolling paper, small decongestant
- ii. Possession of drugs, peculiar plants or bolts, seeds of leaves in ashtrays or clothing pockets
- iii. Odour of drugs, smell of incense or other cover up scents.

B. Identification with Drug Culture

- i. Drug related magazines, slogans on clothing
- ii. Hostility in discussing drugs. Drug abusers behave inappropriate whenever they are question about drug abuse.

C. Signs of Physical Deterioration

- i. Memory lapses, short attention span, difficulty in concentration.
- ii. Poor physical coordination, slurred or incoherent speech; unhealthy appearance, indifference to hygiene and grooming
- iii. Bloodshot eyes, dilated pupils.

D. Changes in Behaviour

- i. Distinct downward performance in school place of work.
- ii. Increased absenteeism or tardiness.
- iii. Chronic dishonesty, lying; cheating and stealing.
- iv. Trouble with the police and other law enforcement agencies
- v. Change of friends, evasiveness in talking about new ones.
- vi. Increasing and inappropriate anger, hostility, irritability, sectraveness etc.
- vii. Reduce motivation, energy, self-discipline, self esteem etc.

⁴²United Nations Office on Drugs and Crime (UNODC), "World Health Organization Expert Committee on Dependence Producing Drugs: Fourteenth Report Urban Adolescent". *ChildDevelopment*, 61: 2005, Pp. 2032 – 2046

⁴³A.A, Siro,' A Sociological Study of Drugs Abuse among the Youth in Kano'' M.s.c Dissertation, Department of Sociology, Bayero University, Kano-Nigeria,2018. Pp.11-12

⁴⁴A.A, Siro,' A Sociological Study of Drugs Abuse Pp.11-12

⁴⁵United Nations Office on Drugs and Crime (UNODC), "World Health Organization Expert Committee on Dependence Producing Drugs..., Pp. 234-240

⁴⁶Adolescents Health Information Project (AHIP) *Drug abuse*, Unpublished Pamphlet, AHIP Centre:Kano,2001 Pp 3-5

Common Effects of Drug Abuse and Addiction on Women

In recent years, the availability and misuse of illicit substances among the youth (male and female) around the globe, including developing countries like Nigeria remained a serious social problem confronting societies⁴⁷. According to Oshikoya *et al.*⁴⁸, there have been consistent rapid increases in the incidence of substance abuse in Nigeria starting from the 10 years of age. Despite efforts by the National Drug Law Enforcement Agency (NDLEA) such as awareness and rehabilitation centres and other tiers of government in the country to prevent and control the social problem, it has remained a source of serious law violation and other criminal acts by all categories of users (male and female).

On the other hand, the current trend of substance abuse among women is a major national concern, it is troubling. It has derogatory effects on women such as health and behavioural problems, or even death. Furthermore, women are the cornerstone of any society. They constitute a significant part of the productive sector, as they play a crucial role in the socialization process of their offspring and other young members of their family and society.⁴⁹

A number of effects were established by a number of researches. Physical effects of substance abuse include liver cirrhosis, pancreatic, peptic ulcer, hypertension, neurological disorder, tuberculosis, etc. Also, mental effects consist of retardation, growth deformity, nervous system deficiency, delayed motor development, amnesia and dementia among others⁵⁰. The various consequences of drug addiction or drug abuse are so devastating and very shameful to the extent that both the nation and international, organizations all over the world are also worried about the spread of this scourge among the youths. The consequences include: Mental disorder, social violence, gang formation, cultism, armed robbery, 419 syndrome, internet frauds, social miscreants (area boys and girls) lawlessness among youths, lack of respect for elders, rape, loss of senses, instant death and wasting of precious and innocent lives and many more.⁵¹

Negligence of religious activities (such as prayer and fasting), poor wards upbringing and poor health were found to be the major effects of drug abuse and addiction among women in Sokoto State.

An Islamic Assessment of Drugs and Drug Addiction

A. Islamic Perspective on the Prohibition of Intoxicants

The prohibition of intoxicants in Islam is unequivocal. Allah (SWT) declares in the Qur'an:

O you who have believed, indeed, intoxicants, gambling, [sacrificing on] stone altars [to other than Allah], and divining arrows are but defilement from the work of Satan, so avoid it that you may be successful.⁵²

The Arabic term *khamr*, traditionally applied to wine, was extended by the Prophet Muhammad (SAW) and classical jurists to cover all substances that intoxicate or impair the mind. The Prophet (SAW) stated:

"Every intoxicant is *khamr*, and every *khamr* is forbidden"⁵³.

Imam Malik, Imam al-Shafi'i, Imam Ahmad ibn Hanbal, and the majority of the Hanafi school the dominant madhab in Sokoto all concur that any substance causing intoxication or mental impairment is haram (forbidden), regardless of its form.

Ibn Qayyim al-Jawziyyah, in his seminal work *Al-Tibb al-Nabawi*, articulated that the destruction of the 'aql (intellect) is among the gravest offences in the *Shari'ah*, because it is the intellect that distinguishes human beings and enables them to fulfil their obligations to Allah and to society. Drug addiction, which systematically degrades cognitive and volitional capacity, therefore strikes at the very core of human vicegerency (*khilafah*) on earth. Al-Ghazali similarly, in *Ihya' 'Ulum*

⁴⁷A. Yunusa, "The nature of substance Abuse among Juvenile Delinquents in Zaria Metropolis of Kaduna State" *Journal of sociological Studies*, Vol.2, NO. 1,2016.

⁴⁸K.A. Oshikoya "Perception of Drug Abuse amongst Nigerian Undergraduate" *World Journal of Medical Sciences* 1 (2): 133-139, 2006, P.18-20

⁴⁹A. Attah, B.E. Philip & J.S. Audu Joel Samson "The Effect of Drug Abuse and Addiction on Academic Performance of Student in Federal Polytechnic Idah, Kogi State Nigeria" *International Journal of Democratic and Development Studies* (IJDDS), Vol. 2, No 2, March, 2016. P.13

⁵⁰A.A. Adebimpe & B..O Folashede, "Substance Abuse among Females in Nigeria", *International Journal of Business and Social Science*, Vol.9, No.5, 2018.

⁵¹Z. Abdullahi., "Drug Abuse among Youths: Strategies for School Counseling", *The Nigerian Society of Educational Psychologists*, Jos: Nigeria, 2009. pp. 131-136.

⁵²Qur'an 5:90.

⁵³A. H. Muslim, *Sahih Muslim*. Dar Ihya' al-Turath al-'Arabi, Beirut, n.d., Hadith 2003.

al-Din, warned against all that corrupts the heart and weakens the soul's submission to Allah, situating addiction within a broader spiritual framework of moral ruin⁵⁴.

B. Causes of Drug Addiction: An Islamic Ethical Analysis

Islamic ethics identifies both spiritual and socio-structural causes of drug addiction. From a spiritual standpoint, the weakening of *Iman* (faith), neglect of *salat* (prayer), and distance from Qur'anic guidance create a moral vacuum that makes individuals susceptible to harmful behaviours. The Qur'an reminds believers:

"Verily, in the remembrance of Allah do hearts find rest⁵⁵".

When hearts are deprived of this remembrance, they often seek substitute comfort in harmful substances.

Socio-structurally, poverty, unemployment, inadequate Islamic education, and the collapse of family institutions all of which afflict Sokoto State disproportionately are identified in Islamic social thought as enabling conditions of moral disorder (*fasad*). Al-Mawardi, in *Al-Ahkam al-Sultaniyyah*, established that the Islamic state bears an obligation to secure the material and spiritual welfare of its citizens; failure to do so generates conditions of deprivation in which people turn to vice. The drug trade also thrives on greed (*hirs*) and the love of this world (*hubb al-dunya*), sins that Islamic scholars associate with moral collapse at both individual and institutional levels⁵⁶.

Peer influence, breakdown of parental authority, and unchecked access to foreign media promoting drug culture are also causes identified in contemporary Islamic sociological analysis. Sheikh Yusuf al-Qaradawi, in *Al-Halal wal-Haram fil-Islam*, stresses that the Muslim community (*Ummah*) must guard its youth through *tarbiyyah* (moral upbringing) and that any social environment that normalises haram is itself a communal sin that leadership must address⁵⁷.

C. Consequences: The Destruction of the Five Necessities (*Maqasid al-Shari'ah*)

Measured against the *Maqasid al-Shari'ah* framework, drug addiction in Sokoto State represents a comprehensive assault on all five protected essentials. First, it destroys religion (*din*): the addict neglects *salat*, fasting, and other obligations, and their connection to Allah deteriorates. Second, it destroys life (*nafs*): the physical health consequences of addiction organ failure, HIV/AIDS from shared needles, overdose deaths are well documented and constitute direct harm to the sanctity of life (*hurmat al-nafs*). Third, it destroys the intellect (*'aql*): the impairment of reason is Islam's primary objection to intoxicants, and addiction permanently damages cognitive function. Fourth, it destroys lineage (*nasl*): addicted parents are unable to raise children in accordance with Islamic values, and children born to addicted mothers may suffer developmental harm. Fifth, it destroys wealth (*mal*): addiction drives individuals to squander resources and resort to theft, bribery, and other forbidden means to fund their habit⁵⁸.

D. The Burden on Women in Sokoto State: An Islamic Perspective

Islam accords women a position of profound honour and dignity. The Prophet (SAW) declared:

"The best of you are those who are best to their women⁵⁹"

The Qur'anic injunction in Surah al-Nisa' establishes strong protections for women's rights, financial security, and physical integrity. Drug addiction in Sokoto violates these protections in multiple dimensions.

Women in Sokoto State bear disproportionate consequences of male drug addiction within their households. The addicted husband who fails to provide *nafaqah* (maintenance) contravenes a foundational Islamic obligation. Physical and psychological domestic violence, which Islamic law strictly forbids "Do not harm your wives⁶⁰" rises dramatically in households affected by addiction. Women are often left as sole caregivers for children while managing poverty exacerbated by a husband's drug expenditure, a situation that contravenes the Islamic principle of shared family responsibility.

Increasingly, however, women themselves are becoming victims of addiction in Sokoto, a development of acute concern to Islamic scholars in the region. The use of tramadol and codeine-based syrups among women often initially prescribed for pain or stress is rising. Islamic medical ethics, drawing on the principle of *la darar wa la dirar* (no harm shall be

⁵⁴ Al-Jawziyyah, I. Q. *Al-Tibb al-Nabawi* [Prophetic Medicine]. Dar al-Hilal, Beirut, 1994.

⁵⁵ Qur'an 13:28

⁵⁶ Al-Mawardi, A. A. M. *Al-Ahkam al-Sultaniyyah* [The Ordinances of Government]. Dar al-Hadith, Cairo, 2006, p. 15.

⁵⁷ Al-Qaradawi, Y. *Al-Halal wal-Haram fil-Islam* [The Lawful and the Prohibited in Islam]. Islamic Book Trust, Kuala Lumpur, 1994, p. 68.

⁵⁸ Al-Shatibi, I. I. M. *Al-Muwafaqat fi Usul al-Shari'ah* [Fundamentals of Islamic Jurisprudence]. Dar Ibn 'Affan, Saudi Arabia, 1997, Vol. 2.

⁵⁹ I. A. Tirmidhi, *Sunan al-Tirmidhi*. Dar al-Gharb al-Islami, Beirut, 1998, Hadith NO: 3895.

⁶⁰ *Sunan Abu Dawud*. Maktabat al-Ma'arif, Riyadh, 1997, Hadith 2142

inflicted or reciprocated), requires that any substance used for treatment must not cause greater harm than the condition it treats. The misuse of prescription drugs thus constitutes both a medical and religious transgression⁶¹.

Addicted women in Sokoto face severe social stigma that compounds their suffering. Islamic ethics, however, demands compassion (*rahma*) and rehabilitation rather than abandonment. The Prophet (SAW) taught that:

The believer to another believer is like a building whose parts support one another⁶²

Communities and Islamic institutions are therefore obligated to provide pastoral care, treatment support, and social reintegration for women caught in the cycle of addiction, not to ostracise them.

E. Islamic Remedies and Recommendations

Islamic scholarship offers a multi-layered response to the drug crisis. At the individual level, *tawbah* (sincere repentance), strengthening of *Iman* through Qur'anic recitation, dhikr, and regular salat, alongside seeking lawful (halal) medical treatment, constitute the Islamic prescription for the addict. At the family level, parents must invest in Islamic *tarbiyyah* and maintain open communication with children. At the communal level, mosques, Islamic educational institutions, and scholars in Sokoto must assume an active role in awareness, early intervention, and support programmes. At the state level, the Shari'ah implementation framework in Sokoto one of the states operating under Islamic law since 2000 must be leveraged to enforce existing prohibitions against drug trafficking while simultaneously ensuring rehabilitation infrastructure⁶³.

KEY FINDINGS

Peer Influence and Social Environment are Primary Drivers of Drug Initiation

The study finds that peer influence ranks among the most powerful factors driving drug initiation among young people in Sokoto State and Nigeria at large. Adolescents are extraordinarily susceptible to the opinions and behaviours of their social peers, particularly during the formative years when identity formation is at its peak.

Poverty and Socio-Economic Deprivation Fuel Substance Abuse

A second major finding is the strong and well-documented relationship between poverty, socio-economic deprivation, and drug abuse. The study reveals that higher rates of substance abuse are consistently observed in lower-income groups and communities with limited access to education, employment, and social services.

Drug Abuse Inflicts Severe Physical and Mental Health Consequences

The study documents extensive and well-documented physical health consequences of drug abuse among affected populations. Chronic use of alcohol, for instance, is associated with liver cirrhosis, cardiomyopathy, peptic ulcers, nutritional deficiencies, memory loss, and reduced immune function.

Women Bear a Disproportionate Social Burden of Drug Addiction

One of the most significant findings of this study concerns the disproportionate social burden borne by women as a result of drug addiction. Unlike men, whose drug use tends to receive more social visibility and institutional attention, women who abuse substances face a double jeopardy: the harms of addiction itself, compounded by the social consequences of violating deeply held gender norms and expectations.

Parental Influence and Family Structure Significantly Determine Drug Use Outcomes

The study also establishes that the family environment — particularly parental behaviour and family structure — plays a decisive role in shaping young people's vulnerability to drug abuse. Children raised in homes where one or both parents smoke are at significantly elevated risk of becoming smokers themselves, with research indicating that children of smoker parents are twice as likely to initiate smoking.

RECOMMENDATIONS

Establish Comprehensive Drug Education Programmes in Schools

The most durable solution to the drug abuse crisis lies in prevention, and prevention is most effective when it begins early. The study strongly recommends the integration of age-appropriate, evidence-based drug education into the formal school curriculum at all levels — primary, secondary, and tertiary.

⁶¹ Nyazee, I. A. K. *Islamic Jurisprudence (Usul al-Fiqh)*. Islamic Research Institute, Islamabad, 2000, pp. 196–204.

⁶² I. M. Bukhari, *Sahih al-Bukhari*, Dar-Alfikir, Lebanon, Beirut, 2003, Hadith: NO: 481.

⁶³ Nyazee, I. A. K. *Islamic Jurisprudence (Usul al-Fiqh)*. Islamic Research Institute, Islamabad, 2000, pp. 196–204.

Expand Rehabilitation and Treatment Facilities with Gender-Sensitive Services

The study recommends a major expansion of drug rehabilitation and treatment infrastructure in Sokoto State and across northern Nigeria, with a particular emphasis on creating facilities that are responsive to the specific needs of women. At present, rehabilitation centres in the region are few, poorly funded, and largely designed around male clients.

Strengthen Legislative and Regulatory Frameworks

Effective drug control requires not only social and health interventions but also robust legal and regulatory frameworks that limit the availability of harmful substances and impose real consequences on those who profit from their illicit supply. The study recommends the strengthening of Nigeria's existing regulatory architecture — including NAFDAC's mandate over food and drug safety, and the NDLEA's law enforcement role — through increased budgetary allocations, improved personnel training, and stronger inter-agency coordination.

Address Underlying Socio-Economic Drivers through Poverty Alleviation

Given the strong evidence linking poverty, unemployment, and social exclusion to drug abuse, any serious response must engage with the root causes of vulnerability. The study recommends that government at both federal and state levels significantly scale up poverty alleviation programmes that target communities with high rates of substance abuse, with special attention to youth employment and female economic empowerment.

Mobilise Families, Religious Institutions, and Communities as Partners in Prevention

No government programme can succeed without the active engagement of families, religious institutions, and community organisations as partners in drug prevention and response. The study strongly recommends the development of structured community mobilisation frameworks that enlist these actors in the effort to address drug abuse. Religious leaders in Sokoto State — given the central role of Islam in shaping social norms and moral guidance — are uniquely positioned to speak to the dangers of drug abuse, to reduce the stigma attached to addiction, and to create pathways to help-seeking within their congregations.

CONCLUSION

Drug abuse and addiction represent one of the most complex and consequential public health challenges confronting Nigeria today. This paper has sought to contribute to a deeper understanding of this challenge by tracing the conceptual landscape of drugs and addiction, cataloguing the categories of commonly abused substances, identifying the structural and individual causes of drug use, and documenting the particular burden borne by women in Sokoto State. The evidence is unambiguous: drug abuse is not a peripheral social problem but a central one, with far-reaching consequences for health, family stability, economic productivity, and social cohesion.

What is equally clear is that the problem cannot be resolved through any single intervention or by any single actor. It requires a coordinated, multidimensional response that operates simultaneously at the level of the individual, the family, the community, and the state. Prevention through education, treatment through accessible and gender-sensitive rehabilitation services, enforcement through strengthened legal frameworks, and empowerment through economic and social support all of these are necessary, and none is sufficient alone. Most critically, any credible response must begin from a recognition that drug abuse is as much a symptom of social failure as it is a cause of individual harm. Until the conditions of poverty, inequality, family breakdown, and social exclusion that drive people to substance use are meaningfully addressed, the struggle against drug addiction in Nigeria will remain an uphill battle.

The women of Sokoto State, who bear the silent and often invisible costs of this crisis, deserve better. They deserve communities that support rather than shame, institutions that serve rather than exclude, and policies that see them not as moral failures but as individuals deserving of care, dignity, and opportunity. It is in this spirit that the recommendations of this paper are offered — not as a comprehensive blueprint but as an urgent call to action by all those who have a role to play in turning the tide against drug abuse in Nigeria.

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CITATION

Sambo, B. S. (2026). An Islamic Assessment of Drugs and Drug Addiction: Causes, Consequences, and the Burden on Women in Sokoto State. In *Global Journal of Research in Medical Sciences* (Vol. 6, Number 2, pp. 8–19). <https://doi.org/10.5281/zenodo.19003656>