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Drugs and Violent Conflicts in North-Central Nigeria: Views of Key Actors in Benue and Plateau States

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SPRiNG

The Strengthening Peace and Resilience in Nigeria (SPRiNG) Programme is a four-year (2024-2028) UK-funded initiative designed to support a more peaceful and climate-resilient Nigeria. SPRiNG is grounded in a politically informed, evidence-based approach that integrates environmental science, political economy, and conflict analysis. By addressing the root causes of conflict and vulnerability, SPRiNG works to reduce violence, strengthen local systems, and promote inclusive governance across conflict-affected areas in North-West and North-Central Nigeria. The programme is implemented by Tetra Tech International Development in partnership with Nextier SPD (Nextier), the Centre for Democracy and Development (CDD), and the Centre for Humanitarian Dialogue (HD).

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Acronyms

CYDI	Community and Youth Development Initiative
CRISA	Centre for Research and Information on Substance Abuse
FCDO	Foreign, Commonwealth and Development Office
HIV	Human Immunodeficiency Virus
JDPC	Justice, Development, and Peace Commission
LGA	Local Government Area
MACBAN	Miyetti Allah Cattle Breeders Association
NDLEA	National Drug Law Enforcement Agency
NGO	Non-Governmental Organisation
PTSD	Post-Traumatic Stress Disorder
SPRiNG	Strengthening Peace and Resilience in Nigeria
UNODC	United Nations Office on Drugs and Crime

Executive Summary

Nigeria has been plagued by numerous conflicts and security challenges, which have evolved over the last 20 years to include electoral violence, kidnapping for ransom, attacks by militia groups in local communities, insurgency in the North-East, and farmer–herder conflicts and rural banditry in North-Central and North-West states. Violent conflicts across Nigeria have claimed the lives of thousands of people, displaced many more, and destroyed livelihoods and property.

These conflicts are often driven by struggles over political and economic resources, most notably access to land for farming and grazing in rural areas. They are rooted in structural inequities, including political marginalisation of some ethno-religious groups and the failure of the state to improve the living conditions of its citizens, particularly in rural areas. Conflicts are further exacerbated by perceived injustices, such as nepotism, favouritism, and violent state interventions, and the political and material gains that prolonged conflicts offer certain interest groups.

Drug production, distribution, and consumption are known to play important roles in conflict, with potentially negative impacts on development and sustainability. In Nigeria, news reports and academic commentaries have linked the widespread availability and consumption of drugs to violent conflicts, especially in the North. Nevertheless, the relationships between drugs, conflict, and development are complex, multi-faceted, and under-researched.

Preliminary research conducted as part of SPRiNG's *Peace, Drugs, and Development Project* (Stage 1, Jan–Mar 2025) explored these relationships in North-Central Nigeria based on 40 qualitative interviews with key actors in Benue and Plateau States. Regarding trends in drug use, the research highlights increased availability and widespread consumption of several types of licit and illicit substances, especially among young men and women (e.g., cannabis, alcohol, methamphetamine, synthetic opioids, and other pharmaceutical drugs). These trends are attributed to diverse factors, including peer influence, drug availability, low school enrolment, youth unemployment, population growth and resulting pressure on available resources, conflict mobilisation, post-conflict trauma, and the demands of informal economic activities.

In terms of supply, the main source regions for drugs distributed and consumed in North-Central Nigeria are the South-West and South-East. The South-West serves as a major source of cannabis and pharmaceutical drugs, including synthetic opioids, while the South-East mainly supplies locally produced forms of methamphetamine and certain pharmaceutical drugs. Consumers access drugs through a variegated retail market, including semi-public drug consumption spaces, street-level retailers, unlicensed chemist stores, and clubs and motels.

The research found that drugs and conflicts are linked in complex, multidimensional ways. Drugs facilitate conflicts through the psychoactive effects of their chemical compounds on the mental and emotional states of those involved. Drug use also contributes to inter-generational divides that challenge traditional authority structures in local communities, making conflicts harder to control or resolve. Furthermore, drugs are used to facilitate the recruitment and radicalisation of young people for armed conflicts. Within armed groups, consumption of drugs can foster social cohesion and reduce internal tensions. In post-conflict situations, survivors may turn to drug use to alleviate symptoms of post-traumatic stress disorder (PTSD) or to engage in drug sale as a source of income.

Government responses to the interconnected problems of drugs and conflict remain inadequate. State agencies addressing these challenges and their symptoms often fail to collaborate. A key gap is the limited availability of state-funded mental health services and treatment for substance misuse disorders. Existing services are predominantly in the private sector, rendering them financially and geographically inaccessible to most potential service users, and rural dwellers especially. Limited access to treatment perpetuates a vicious cycle of drug use, addiction, and related health and social consequences, including violent conflict.

To address these challenges, government agencies need to adopt more joined-up approaches and invest in prevention, treatment, and harm reduction programmes aimed at people who are currently using drugs or are at-risk of doing so. It is also important to strengthen law enforcement capacity to effectively disrupt drug supply, as well as improve the living conditions of people as a proactive means of tackling the structural drivers of conflicts and drug use. Further research is needed, including ethnographic studies, to better understand the linkages between drugs and conflict, as well as direct engagement with policy actors to ensure that research translates into actionable steps.

1. Introduction

Located on Africa's Western coast, Nigeria is the continent's most populous country with more than 220 million inhabitants representing over 250 ethnic groups. The three largest of these groups (i.e., Hausa-Fulani, Yoruba, and Igbo) have dominated Nigerian politics since independence in 1960. The country ranks as one of Africa's lower middle-income economies, having benefited from the export of its natural resources. Corruption, authoritarianism, political instability, and conflicts have, however, hindered optimum economic development during the colonial and post-independence period (Thomson, 2000). Nigeria's quest for national development has persistently been undermined by various conflicts. This quest deteriorated severely following the inception of the fourth republic, which saw a rise in terrorism, subnational militancy, banditry, and armed conflicts between political and ethno-religious groups.

Numerous conflicts and security challenges characterise Nigeria's recent history (Ukiwo, 2003), a landmark event being the Nigerian civil war (or 'Biafran war'). This political and ethnic armed conflict lasted from 1967 to 1970 and had enduring legacies (Baxter, 2015). Over the last 20 years, and especially since the return to civil rule, these challenges have evolved to include electoral violence, kidnapping for ransom, militia violence, insurgency in the North-East, and farmer–herder conflicts and rural banditry in North-Central and North-West states. These conflicts have claimed the lives of thousands of people, displaced many more, and destroyed livelihoods and property.

Conflicts between herders and farmers are known to be influenced and exacerbated by multiple factors, including ecological exigencies and ethno-religious sensibilities (Vanger & Nwosu, 2020). Competition over grazing land and scarce resources stemming from population growth, ecological degradation, and the impacts of climate change have contributed to violent clashes of increasing frequency and intensity (Egbuta, 2018). The expansion of arable land for subsistence farming, and the loss of access to land in some areas due to conflict and internal displacement, has contributed to resource competition between herders and farmers and an increase in violent conflicts (Babatunde & Ibnouf, 2024; Odoemene, 2025). These clashes have been recurrent in Benue and Plateau states and in many other parts of Nigeria. Rural banditry and violent crime have also spread in some of the rural areas in the North, leading to kidnapping for ransom, cattle rustling, and attacks on villages (Onwuzurigbo, 2021).

Both the government and civil society have researched and mounted different interventions to seek to address violent conflicts in North-Central Nigeria (Egbuta, 2018; Mustapha & Ehrhardt, 2018; Vanger & Nwosu, 2020; Okoli & Aina, 2024). While much is known about the nature, dimensions, and consequences of these conflicts, a number of gaps in knowledge and in policy responses remain. One key gap is the role of psychoactive substances in these conflicts. Nigeria is deeply intertwined in the global drug trade and constitutes a large consumer market with an estimated 14.3 million past year users, according to the most recent national survey of drug use (UNODC, 2018). Drug production, distribution, and consumption are known to affect conflicts, with potentially negative implications for development and sustainability (Singer, 2008; Goodhand et al., 2021). The effects of drugs on conflicts and development are complex (Chouvy & Laniel, 2007; Carrier & Klantschnig, 2016) and therefore require careful unpacking through in-depth research.

News reports and academic commentaries have linked widespread availability and consumption of drugs to violent conflicts, especially in Northern Nigeria (Ezeh, 2021; Obafemi et al., 2024; Okoli & Aina, 2024). For example, the Director of Media Relations for the National Drug Law Enforcement Agency (NDLEA) stated that, "insurgents and bandits arrested often show withdrawal symptoms after days in custody of law enforcement agents." Previous CRISA research identified repeated claims about the links between drugs and conflict, including opioids and cannabis (e.g. Klantschnig & Dele-Adedeji 2021). Yet, the evidence base for such claims is often not clear.

Overall, there is a dearth of in-depth research on the relationships between drugs and violent conflicts, especially empirical research aiming to understand this nexus from the perspectives of key actors, including youth who are often said to be the main actors. This kind of research has the potential to enable a better understanding of the complex interplay between the availability, distribution, and consumption of psychoactive substances and violent conflicts, which could inform and guide the development and implementation of relevant policies and interventions. This research project aims to help address these limitations in understanding with a view to directly informing policy and action in North-Central Nigeria and the country at-large.

2. Research Objectives and Questions

This study explored the role of drugs (both licit and illicit) in violent conflicts from the perspective of key actors (i.e., youth, law enforcement agents, community and religious leaders, and policymakers).

The key research questions were:

1. What is the extent of drug use among pastoral and farming youth in research sites, and what types of drugs are consumed?

2. What role do drugs play in armed groups active in the research sites, including among bandits (if present) and other non-state conflict actors?

3. How does the consumption of drugs (including opioids such as tramadol) shape the trajectories of conflict or violence, such as between farmers and herders?

4. What are the dynamics of drug supply and distribution in conflict-affected communities?

3. Methods and Data

Research Design and Location

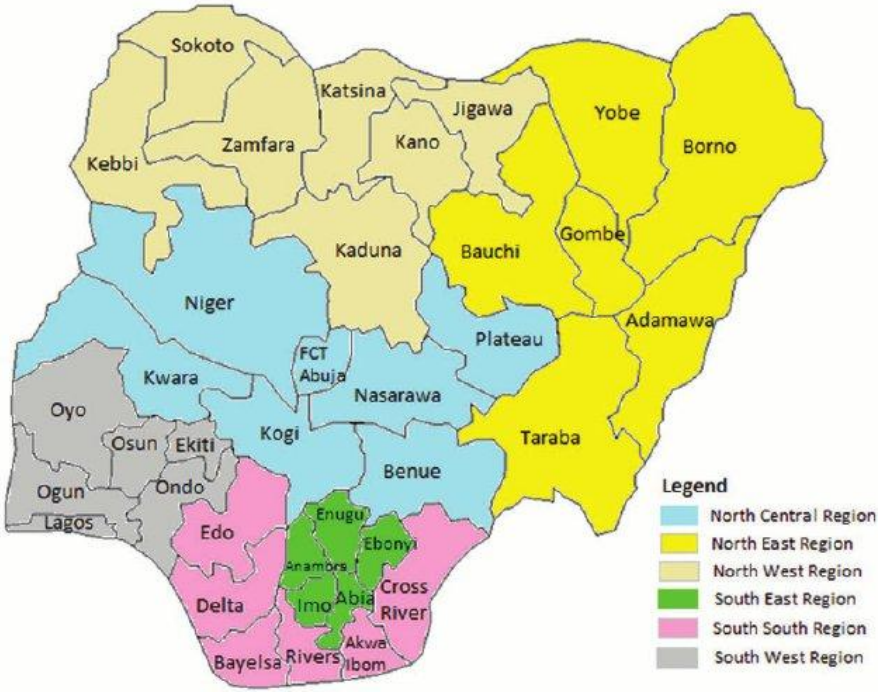


Figure 1: Map of Nigeria showing the six geopolitical zones

The study adopted a qualitative-descriptive design involving qualitative methods of data gathering and analysis, which are known to be especially useful in research on drug-related violence (Khan et al., 2016; Nelson, 2023). It followed an 'emic' approach, capturing an understanding of the drugs–violent conflict nexus based on the direct accounts and lived experiences of key inside actors. Fieldwork was conducted in Benue and Plateau States in North-Central Nigeria (see Figure 1 above). The two states were selected based on media reports as well as existing literature pointing to significant levels of conflicts and alleged links to drugs. The research team also chose these states given the presence of previous research contacts to help facilitate difficult fieldwork, and access to study participants in particular. For example, the estimated annual prevalence of drug use is 8 per cent in Benue and 11 per cent in Plateau State, which is equivalent to 236,000 people and 240,000 people respectively (UNODC, 2018). Fieldwork took place in one major city (i.e., the political-administrative capital) and 3-4 nearby rural communities (see Table 1 below). Study sites were selected based on recent experiences of conflict.

Participants and Recruitment

A total of 40 interviews were conducted with youth (including young people who use drugs) (24), community leaders (women and men) (9), representatives of non-governmental organisations (NGOs) (5), and policymakers or law

enforcement officials (2) in selected urban centres and rural areas in Benue and Plateau States. See Table 1 for the basic socio-demographic characteristics of participants.

Table 1: Basic socio-demographic characteristics of participants

Plateau State (N=24)		**Benue State (N=16)**	
	Freq		Freq
Location		***Location***	
Jos Metropolis	10	Makurdi	8
Miangu	5	Goma	1
Barkin Ladi	3	Abinsi	4
Mangu	5	Akpuku	1
Bokkos	2	Otukpo	2
Religious Affiliation		***Religious Affiliation***	
Islam	6	Islam	3
Christianity	18	Christianity	13
Ethnic Group		***Ethnic Group***	
Hausa	2	Tiv	9
Fulani	4	Fulani	3
Berom	3	Idoma	2
Irigwe	5	Unknown	2
Mwaghavul	5		
Rom	1		
Gender		***Gender***	
Male	18	Male	11
Female	6	Female	5
Education		***Education***	
Primary level or less	3	Uneducated	3
Educated[1]	21	Educated	13

Participants were recruited through a combination of targeted and snowball sampling (Watters & Biernacki, 1989; Noy, 2008). The latter was used to access young people whose drug use suggests that they are a hidden or hard-to-reach population (Singer, 2013). Efforts were made to ensure that the sample was reasonably diverse through the inclusion of participants of varied ethnicities, religious affiliations, and genders. This approach was adopted to ensure that diverse perspectives on drugs and violent conflicts were reflected in the findings. Study participants, and those in rural communities especially, were accessed with the support of local guides from both farming and herding communities who doubled as research assistants. Existing networks from Tetra Tech and associates of the CRISA in both states also helped facilitate recruitment. The initial set of young people who identified as drug users were recruited with the aid of local NGO officials.

Data Gathering

Data were gathered through in-depth, individual interviews utilising an interview guide developed by the research team based on the research objectives and existing literature. The guide was vetted by other qualitative researchers who suggested additional prompts and some modifications which helped improve comprehensibility of the questions. See a copy of the interview guide as an Annex. Interviews, which lasted between 25-100 minutes (and averaged 45), were conducted in different locations based on the preferences of participants (e.g., homes, offices, bars, healthcare facilities, shops, market stalls etc.). Taken to ensure that participants felt safe and secure during interviews, this step helped to improve the quality of the data. Interviews were conducted in English, Naija, and other local languages (e.g., Hausa, Fulfulde) depending on the preferences and linguistic competencies of participants and, where necessary, were interpreted by research assistants. Interviews explored the key research questions (i.e., perceptions of conflict, drug

[1] Secondary level and above.

use, drug supply and retail markets, and the drug-conflict relationship), with probing questions to gain deeper insights into the phenomena of interest. Daily fieldnotes captured the context of the interviews and participants' non-verbal expressions throughout the duration of fieldwork.

Data Analysis

Interviews were recorded with a digital device, having secured the written consent of each participant. Recorded interviews were professionally transcribed verbatim, translated into English, where necessary, and checked for accuracy. All personally identifiable information were removed. Transcripts were analysed thematically based on a 'Framework Approach' (Ritchie, Spencer, & O'Connor, 2010), which was suited for capturing different aspects of a phenomenon (such as the diverse linkages between drugs and violent conflicts). After immersing in the data and gaining a broad overview of participants' narratives, the research team developed a 'coding index' from initial themes and sub-themes (e.g., 'drugs as conflict facilitator,' 'drugs and inter-generational cleavage,' 'drugs and post-conflict survival'). This categorisation was applied to code the data through a line-by-line reading of each transcript. Subsequently, thematic charts were created to capture interpretations of the themes and sub-themes, which were further developed through a review of each transcript.

Ethical Issues

Ethical approval for the study was granted by the Health Research Ethics Committee of the University of Jos (JUTH/DCS/IREC/127/XXXI/2914). Local approval and support were also secured from the State Command of the National Drug Law Enforcement Agency in Plateau and Benue States. All participants were given adequate information about the research through an information sheet. They were also informed that participation was voluntary, that they could decline to answer any question that made them uncomfortable or unsafe, and could opt out of the interview at any time. Each participant signed a consent form, which included consent to have the interview recorded with a digital device. To protect the confidentiality of data and ensure participants' privacy, recorded interviews were anonymised by codes that were only known by the researchers. They were uploaded to an encrypted cloud-based storage and could only be accessed by the researchers. The interviews were deleted from digital devices after being uploaded to the cloud-based storage system.

Limitations and Challenges

There are a number of limitations which were considered when interpreting the findings of this study. First, the study was based on self-reported data which has inherent limitations such as social desirability bias, recall error, and difficulty in understanding and interpreting questions, especially if language interpretation was involved. This type of data nonetheless allowed for an unparalleled level of depth and richness (e.g., when compared with quantitative data). Second, the short duration of fieldwork (14 days) did not allow sufficient time to build the trust and rapport required to access some key actors, notably drug market insiders (e.g., wholesalers) and members of armed groups (e.g., those associated with banditry and acts of terrorism).

The research team relied on data from interviews with drug retailers, drug users, law enforcement agents, and treatment NGO officials to describe supply channels and market dynamics. This meant that the picture of the drug market remained provisional and would have benefitted from additional interviews with larger-scale drug smugglers and wholesalers. Third, the research team was not able to recruit Fulani participants in some communities due to migration and conflict-related displacement, relying on perspectives in a few communities only (e.g., Barkin Ladi in Plateau State and Guma in Benue State).

Information from herders, who are predominantly Fulanis, local community leaders (including youth), and law enforcement officials was relied upon to understand drug use among armed groups. Given that this is an exploratory research study, these limitations do not undermine the findings; rather, they suggest some key areas of focus for further research.

Findings

4. Perspectives on Violent Conflicts and Their Impacts

North-Central Nigeria (and Plateau and Benue States in particular) has been stymied by recurring conflicts that have disrupted lives and livelihoods and displaced thousands, the majority of whom are sheltering in internal displacement (IDP) camps. Although this study aimed to understand the role that supply and use of psychoactive drugs play in these conflicts, it was important to gain an understanding of local perceptions of conflict to better situate drugs within broader trends and dynamics. Interviews therefore began with questions about local conflicts, including their scope, determining factors, and effects before focussing on the roles that drug supply and consumption play in these conflicts.

The vast majority of participants in both states reported past or ongoing conflicts, with many speaking from lived or living experience. Overall, incidents of violent conflict, especially in urban centres, were thought to have reduced, although there were reports of recurring and/or persistent violence in some in rural communities, including Kwande and Guma local government areas (LGAs) in Benue State and Bassa, Mangu, and Bokkos LGAs in Plateau State.

There was relative peace, including indicators of mutual coexistence (e.g., intermingling of Fulani pastoralists and other local ethnic groups in local markets) in Jos metropolis as well as in rural areas, such as Barkin Ladi in Plateau State, where collective violence was said to have gradually given way to violent crimes such as armed robbery, kidnapping for ransom, and rural banditry (Community Leader, Barkin Ladi). In some rural communities, such as Guma in Benue State, local NGO GoGreen Environmental Health Sustainability Initiatives is facilitating peace dialogues between Fulani pastoralists and local Tiv people, which appears to be yielding improved coexistence between the two groups, according to the accounts of some local people interviewed across the two groups.

In Plateau State, interviewees recalled the violent conflicts that rocked the city of Jos in the early 2000s. They followed the 1999 elections that marked a transition to democratic rule in Nigeria and continued intermittently for around a decade before the gradual return of calm. Across most interviewees in Jos metropolis, the conflict was considered political and ethno-religious in nature, arising from struggles for political power and economic resources between the predominantly Christian ethnic groups (e.g., Berom) and the Hausa, who are predominantly Muslim and widely seen as ‘settlers’ (Higazi, 2016).

The conflict was said to have been triggered by the harassment of a Christian girl by Muslim community members; it snowballed from verbal exchanges to the use of deadly force, claiming the lives of an increasing number of people and destroying untold number of properties. The conflict spread to rural areas, shattering long-standing peaceful relations between farming communities and Fulani pastoralists. The urban centres of Benue State (especially Makurdi) had not experienced conflicts of the sort that affected Jos in Plateau State in the 2000s.

Interviewees reported violent clashes between rival cult groups (Male Youth Leader, Markurdi) and isolated incidences of violence involving illegal drug sellers in some neighbourhoods (Male Drug Seller, Markurdi). Violent conflicts of significant scale where concentrated in rural areas and were characterised by deadly clashes between farming communities and Fulani pastoralists, destruction of farms, and rustling of cattle (Higazi, 2016).

The primary driving factor of conflicts in the rural areas is “land grabbing,” to borrow a phrase from one participant. This describes local struggles for land for grazing and/or farming between local farmers and Fulani pastoralists. Much has been written about land struggles as a major driver of violent conflicts between local farmers and Fulani pastoralists in North Central Nigeria, particularly in the context of desertification and the environmental crisis linked to climate change (Egbuta, 2018; Vanger & Nwosu, 2020).

This study broadly corroborates existing research, with many rural participants (including both farmers and pastoralists) emphasising how the overlap of livestock grazing and farming, especially during the rainy season, places farmers and herders on a collision course over trespassing and crop damage (see also Vanger & Nwosu, 2020). Furthermore, the shift from seasonal migration and the erosion of conditions for temporary occupancy – partly fostered by the Land Use Decree of 1978 (Vanger & Nwosu, 2020) and the 1998 ECOWAS Transhumance Protocol and Regulation – has resulted in permanent residency of Fulani pastoralists in many local communities in North-Central Nigeria. The Land Use Act and ECOWAS Protocol have compromised farmers’ claims over what they see as their ancestral lands and created a basis for challenging local resistance to the free movement of herders, thus further stoking tensions between these groups. In many local communities in Plateau State (e.g., Miango), Fulani pastoralists are said to occupy some mining locations, often violently resisting any incursion by other groups (Male Youth Leader, Miango).

Interviews with youth leaders and traditional rulers in farming communities and among Fulani pastoralists highlight perceived injustices, such as inequities in resources distribution and management of disputes by state actors, as a key factor in perpetuating violent conflicts. Fulani interviewees from both Benue and Plateau States highlighted how deeply entrenched political marginalisation of the Fulani people manifested through limited access to state power as well as historic neglect affecting access to resources and opportunities.

This situation has facilitated a race to the bottom for the Fulani people in terms of social and economic progress. Across interviews, participants pointed to limited access to basic amenities such as education, decent housing, and healthcare facilities in Fulani communities as emblematic of the systemic marginalisation of the Fulani people. They explained how a felt sense of exclusion has created a context in which the Fulani people feel they have to look out for themselves and protect their own interests, including through violent resistance. In Barkin Ladi, for example, a youth leader described historic neglect of livestock farming in agricultural development programmes (e.g., FADAMA project), which privileged crop farming mostly associated with other non-Fulani communities, and the resulting exclusion of Fulani pastoralists from the benefits of these programmes.

State neglect, evident in limited infrastructure development and inadequate provision of basic services, was not particular to Fulani communities. However, most local communities engaged in this study's fieldwork showed signs of systemic neglect. Villages were dotted with thatched houses, a visual signal of the low socioeconomic status of rural inhabitants, and sprinkled with modern buildings that, according to locals, belonged to wealthy politicians who were mainly based in the state capital or the federal capital. Most local people earned a precarious living from a range of informal economic activities, such as petty trading and farming and a few white-collar occupations (e.g., teaching), while young people earned meagre incomes from manual labour and 'unlawful' tin mining. The latter was said to be more lucrative compared to existing alternatives in the local economy.

Participants seized every opportunity to report the perceived neglect of rural communities by politicians who were based in urban centres, emphasising that incessant attacks on their communities by pastoralists has only worsened this situation. Nevertheless, Fulani communities were distinguished by their limited access to elected or appointive positions, which leads to low participation in decision-making about the distribution of resources. Fulani interviewees in Barkin Ladi, including the Chairman of the local chapter of the Miyetti Allah Cattle Breeders Association (MACBAN), detailed how local politicians, who frequently come to Fulani settlements to campaign for votes, often renege on the promises they made to the Fulani people upon entering office. They promoted policies and distributional practices that instead benefit non-Fulani groups (Community Leader, Barkin Ladi), even though the study revealed few signs that other groups benefited any more from having people in positions of power than the Fulani people.

Perceived injustices were also expressed through complaints about biases in law enforcement interventions in conflict situations in many local communities, especially the tendency for law enforcement officials (e.g., military and police personnel) to side with one group against another. In both Mangu village in Bassa LGA of Plateau State and Abinsi village in Guma LGA of Benue State, allegations of bribery of military officers by Fulani cattle owners were rife, generating a strong feeling of resentment towards law enforcement officials and a vengefulness that percolated through the narratives of interviewees, especially evident in the perspectives of youth leaders and village heads.

The Mangu youth leader made strong claims about the complicity of military officials in violent attacks on their communities, citing instances in which military officials, mandated to quell violence and promote peace and lawful order, supervised the ransacking and brutal killing of local people and burning of houses by pastoralists (Male Youth Leader, Bassa). In the same vein, a youth leader from Miango stated that assailants usually come dressed in army uniforms and use sophisticated weapons, alleging that both the uniform and arms were obtained from members of the military formation dispatched to their community to maintain peace. He emphasised that the way to stop such attacks was to remove military officers and equip local youth with arms to fight back against the attackers (Male Youth Leader, Miango).

On the other hand, Fulani community members made counterclaims about inequalities in conflict management, suggesting that politicians often side with the other ethnic groups, in some cases supplying the latter with arms to fight and raid cattle.

According to interviewees, another factor driving local conflicts is electoral politics and the unofficial practice of zoning elective positions at both the state and local government levels in particular. This often pits ethno-religious groups against each other and re-awakens hostilities over political marginalisation and exclusion. Local politics was said to be dominated by majority ethnic groups while minority groups (e.g., Fulani) remain marginalised due to not being able to contest and win elections or be appointed to certain offices, even when these positions have been 'zoned' to them. Complaints about such marginalisation were common in interviews with Fulani participants, including a youth leader who attributed the slow pace of infrastructure development in Barkin Ladi to the limited presence of politicians of Fulani origin in positions of power at both the state and local government levels (Male Youth Leader, Barkin Ladi).

Participants also alluded to the political-economic benefits of conflicts to various groups as another factor driving and sustaining conflicts in local communities. These perceived 'interest groups,' include local politicians who exploit conflict for revenue allocation (e.g., security votes), NGOs for whom the conflict is an important source of income and employment, and arms dealers and local arms manufacturers who profit from the supply of arms and light weapons to armed groups. Other interest groups are local politicians who benefit through revenue allocation for emergency response, relief, and security were said to show less interest in sustaining peace in conflict-affected communities as this would undercut their profitmaking.

The persistence of conflicts has had untold negative consequences, especially on affected rural communities and on the most productive segment of the local population – youth. In Miango, Bassa LGA, participants mourned the killing of three young men who defied calls to desist from counterattacks and attacked armed herdsmen. In Bokkos, Fulani interviewees reported killings, burning of houses, and displacement of their kinsfolk in a recent attack on some Fulani settlements in the community. The conflicts have also undermined relationships between ethnic groups in affected local communities, breeding mutual suspicion and mistrust, and 'fear of the other' that has resulted in a perverse appetite for violence. Local livelihood activities have also been significantly undermined by incessant conflicts, including through ravaging of farms, raiding or killing of cattle, and disruption of commercial activities. Nowhere are the deleterious effects of these conflicts more evident than in the dire living conditions in IDP camps. These camps are characterised by indecent and unsafe accommodation and poor sanitation that risk the spread of deadly diseases. It is against this backdrop that the study explored the role of psychoactive drugs supply and consumption in violent conflicts.

5. Drug Use: Prevalence, Trends, and Determinants

To understand the role of drugs in violent conflicts, researchers first explored informants' views and descriptions of drug use prevalence and trends in their localities. Across interviews, participants reported significant levels of drug use in their communities, especially among young people. Indeed, accounts evoked a moral panic or widespread fear about the potential negative effects of increased levels of psychoactive drug consumption on the social and moral fabric of society. Participants also described an increase in the availability and consumption of drugs over the past decade, characterised by a proliferation in the types of drugs consumed (e.g., increased availability of synthetic opioids since 2016 and a rise in the availability and consumption of locally-produced methamphetamine), an increase in the potency of drugs and their harm potential (e.g., more potent forms of cannabis), and an emerging culture of tolerance of young people's drug consumption, including among young women. Some participants perceived a correlation between the rising prevalence of drug consumption and increased restiveness and wantonness among young people. For example, the Fulani chief in Guma insisted that young people from his ethnic group have become deeply recalcitrant and violent since they started consuming synthetic opioids.

Participants attributed increased levels of drug use among young people to diverse factors. At the micro-social level, use was attributed to peer influence and social supply of drugs. At the macro-structural level, availability of drugs due to weak law enforcement, low school-enrolment, population growth, and resulting pressure on available economic resources, youth unemployment, erosion of family cohesion and parental authority, conflict mobilisation and post-conflict trauma, and the demands of informal economic activities (e.g., illegal mining, menial labour, sex work) were variously identified as factors driving an uptick in drug use among youths. Specifically, participants acknowledged that while psychoactive drug use is by no means a new phenomenon, current social, economic, and political conditions have fuelled an increase in the levels of drug use and associated problems. Drug use – and harmful patterns of consumption (e.g., heavy and regular use) especially – was described as influenced by a combination of meso- and macro-level social, political, and economic factors. These factors shaped consumption patterns in ways that produced negative social effects, including undermining social cohesion, fostering generational cleavage, and exacerbating violent conflicts between ethno-religious groups.

Drug consumption was said to always occur and everywhere but was seen as most prevalent in 'jungles:' a slang word used to describe secluded locations where people gather to sell and/or consume drugs routinely. These spaces, which go by different names in different parts of the country (e.g., 'bunks' in the South-West), could be located anywhere, such as in abandoned and derelict buildings, alleys, and bushes (Nelson, 2020b, p. 107). According to local etymological notions, the word 'jungle' was appropriated to describe the location of these drug consumption spaces, which are often in forests (Male Drug Consumer, Bassa). The 'jungle' was said to be rife with drug-related activities, although this study indicated that peak periods were mornings (before patrons began their daily hustle) and evenings (after they returned from a day's work). Most 'jungle' patrons are school dropouts who hail from the lowest rungs of the social hierarchy, earning a precarious living from informal economic activities such as scavenging and menial labour.

This description reinforces the links between the lived experience of socioeconomic deprivation and drug use (Bourgois, 1998; 2003; Room, 2005).

While conducting interviews in a neighbourhood in Mangu, the research team witnessed a group of young men marching to the 'jungle' nearby. One individual was rolling a spliff of cannabis, while another held an empty 'ristler' (a slang word for the piece of paper used to wrap cannabis for smoking, derived from the brand name 'Rizzla' of cigarette papers). Soon after the men passed, the team saw a group of children following the same path, tossing a soccer ball and apparently on their way to play on a nearby pitch. The proximity of the children's playground to the 'jungle' indicates that these children may be vulnerable to initiating drug use due to social modelling and the normalisation of drug consumption linked to everyday observation.

This situation also lends support to the panic about widespread drug use that was voiced in interviews. Even interviewees in the neighbourhood were regular users of psychoactive drugs, recruited from a nearby 'jungle' with the help of the study's local research assistants. As experienced drug users, they were visibly intoxicated, yet evidently adept at comporting themselves well under the influence of psychoactive drugs. They also tried to 'hustle' (street slang for trying to extract money from someone) the research team, a behaviour that is typical of dependent drug users (Scott, 2008). Many of the study participants, including community leaders, decried the 'jungles,' often viewing them as a hub of antisocial activity and as emblematic of the moral decline that was widely seen as a defining feature of "today's youth," to borrow a phrase commonly employed by older participants.

Consumption of psychoactive drugs was seen as a major part of young people's social lives in the communities where fieldwork was conducted. In a neighbourhood in Congo-Russia, Jos North LGA, people were observed exchanging money and drugs on the side of the road in full view of passersby. An interviewee, himself a regular user of cannabis and alcohol, corroborated this observation, describing drug use as a major leisure activity for young people in the community (Male Drug Consumer, Jos North). Similar sentiments were expressed in interviews with young people in a neighbourhood in Markurdi. They described drug use as a common activity (Male Drug Consumer, Markurdi).

Rural areas were not spared this problem; there were reports of widespread drug use among young people in all the local communities where fieldwork occurred. In none of these communities was drug use seen as marginal or the indulgence of a few troubled young people; often interviewees felt that it was hard to come by a young person who was not using drugs. While this may be a slight exaggeration – and some young men and women who reported no past or present drug use were themselves interviewed for this study – it shows the perceived scope of the problem in these communities, corroborating existing findings including the 2018 nation-wide survey (UNODC).

Different types of psychoactive drugs (licit and illicit) were sold and consumed in the communities where fieldwork took place. A commonly used drug was alcohol, including beer, gin, and local brews (e.g., Burukutu). Based on interviews, and observational evidence, the use of industrially produced gin, which was usually packaged in small sachets, was widespread among young people in both urban and rural areas. The portability, affordability, and widespread availability of these products makes them easily popular among consumers. Yet, the alcohol-by-volume (ABV) – often as high as 40% – makes them potent psychoactive substances with significant risk of negative social and health consequences. These products were among those commonly used by youth in the context of armed conflicts, elaborated later in this report.

Synthetic opioids, including tramadol and its analogues (e.g., tramol) and codeine (especially in syrups), are comparable to local gin in levels of consumption and risks. Tramadol is an opioid analgesic widely used in West and North Africa for the management of mild to severe pain in both acute and chronic cases, especially in the absence of better alternatives (Klein et al., 2019). 'Non-medical use' among young people (i.e., use without medical prescription and for purposes other than its intended medical purpose), has been on the rise in Nigeria. This problem is exacerbated by the distribution of other unlicensed and highly addictive synthetic opioids mostly originating from India. Branded as tramadol, these products contain a harmful blend of ingredients such as tapentadol and carisoprodol, an addictive muscle relaxant that is currently banned in Europe (BBC World Service, 2025). These products, which are very popular in street markets in Nigeria, as in other African countries (Nelson et al., 2023), are associated with untold harms for users. Media reports suggest they are fuelling an epidemic of opioid addiction among youth (BBC World Service, 2025). Other pharmaceutical products widely consumed non-medically, according to the young drug users interviewed, include diazepam, ketamine, and pentazocine, especially common among people who inject drugs.

Another widely available and commonly used drug is cannabis, informally referred to as 'Wee Wee' or 'Weed' by most participants. Cannabis is the most widely used drug considered illegal by the Nigerian state (UNODC, 2018). It is cultivated in commercial quantities in Nigeria, especially in the South-West. Although problematic consumption of local varieties of cannabis was reported in all the communities in which fieldwork was conducted, a very concerning trend was the use of more potent forms of cannabis (known in the streets as 'Loud').

These varieties are often said to be imported (i.e., from Canada or Ghana), but some of the drug sellers interviewed reported that most of what is regarded as imported cannabis is actually locally cultivated varieties laced with other potent substances (e.g., street heroin or gin). Although a few participants reported heroin and cocaine use, drug market reports obtained directly from street-level retailers suggest that these drugs are rare and their use is marginal. On the other hand, a locally produced variant of methamphetamine originating from Southeastern Nigeria (known as 'Ice') is now widely available in the North-Central region, and mostly in urban centres. Ice is an expensive drug predominantly used by young men with access to financial resources (e.g. those engaged in internet fraud to help them stay awake at night when internet service is at its best and to manage the time difference between themselves and their targets overseas). According to study participants, and young drug users, drug use is part recreation, part functional. It is used for purposes such as supplying energy and stamina for physically demanding activities that most drug users engage in (e.g., farming, mining, manual labour). There were also reports of drug use as a means of coping with post-conflict trauma, explained in a later section of this report.

According to interviewees, the dominant pattern of drug use was regular use several times in a day (e.g., morning and evening). This pattern of use creates risk of drug dependence, especially for those with a relatively long history of drug use (see Hall, 2015 for the example of cannabis). This view was corroborated by study participants who emphasised that most of the young people they know who use drugs are seemingly 'addicted.' For example, the drug consumers interviewed in Markurdi stated that addictive drug use was commonplace in their community, with some users engaging in petty theft to generate income to fund their dependency (Male Drug Consumer, Markurdi).

In fact, some users interviewed in this location self-identified as dependent drug users. Similarly, the Fulani community leader interviewed in Barkin Ladi described how young men in his community have become addicted to synthetic opioids, with some resorting to criminal activities such as armed robbery and kidnapping to generate income to maintain their drug use. Meanwhile, NGO treatment officials in Jos South LGA described an epidemic of drug addiction among young people; the scope of the problem, as well as their own history as former users, prompted them to establish the NGO to provide services to those struggling with addition (NGO Official, Jos South).

Although smoking and ingestion were the common methods of drug consumption, there was a significant level of injecting drug use in both states, especially in the urban centres. Injecting drug use is a high-risk method of drug consumption due to the possibility of transmission of blood-borne infections such as human immunodeficiency virus (HIV) and viral Hepatitis when contaminated equipment are used. According to the reports received, those who inject drugs face significant risk of health harms due to poor access to essential harm reduction services such as sterile injecting equipment. Motivated by these needs, a group of former drug users established a peer-led organisation in Markurdi to provide services for people who inject drugs (e.g., sterile needles and syringes) to help reduce these harms (NGO Official, Markurdi). Nevertheless, their ability to serve this vulnerable population more effectively is hampered by a lack of funding and logistical constraints.

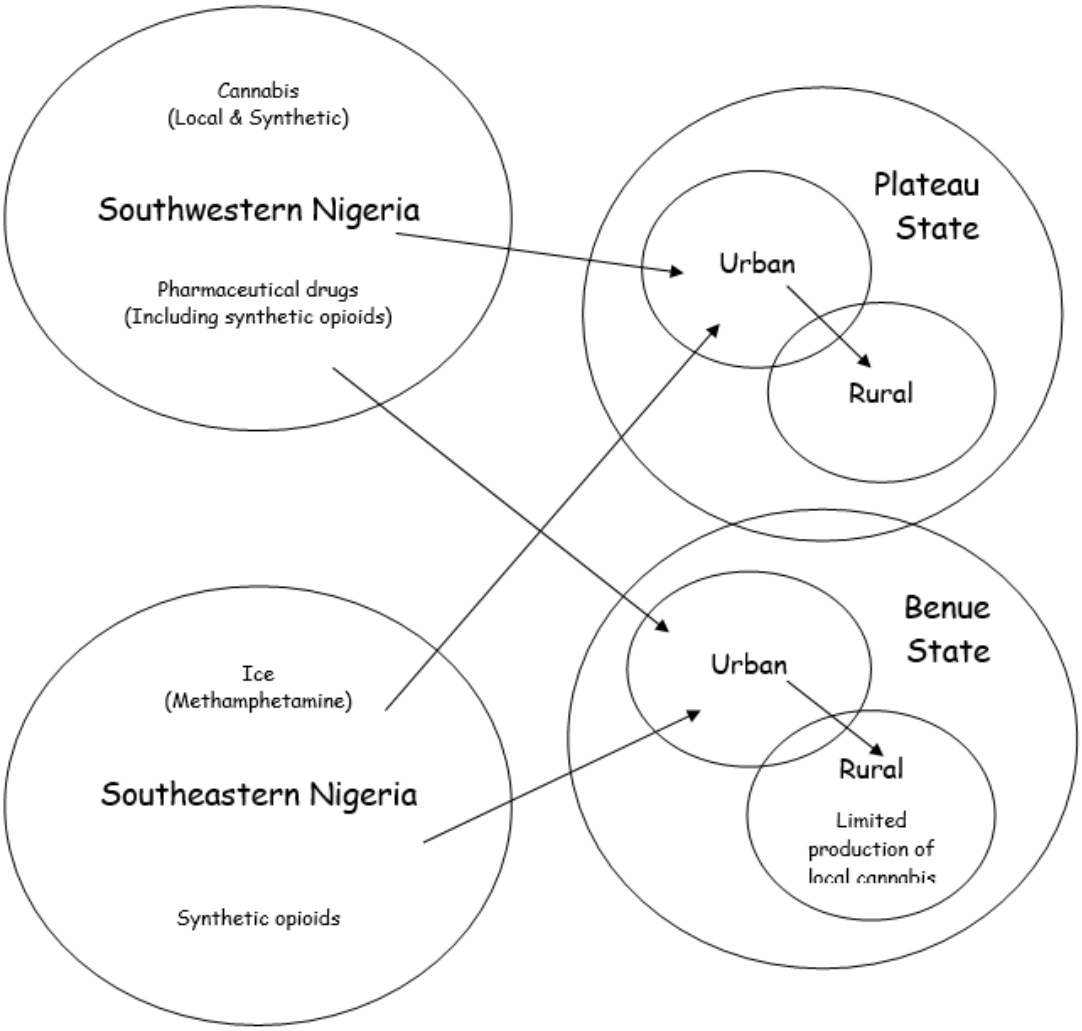
Although more men than women use drugs, drug use among women was said to have become commonplace in most of the communities where fieldwork was undertaken. Indeed, young women were not only said to use drugs as frequently or heavily as young men, but they also used the same types of drugs that their male counterparts used (e.g., synthetic opioids, Ice). Young women were also believed to frequently patronise 'jungles,' mingling freely with young men and consuming drugs with little or no fear of censure. In a neighbourhood in Congo-Russia, Jos North, researchers observed young men and women congregating in street corners engaging in exhibitionist drug consumption, which involved smoking 'Wee Wee' and drinking local gin. A revealing, yet disturbing trend of young women relocating within and across cities to locations where drugs are sold and consumed also emerged.

This entails young women moving from rural areas to cities or from one urban neighbourhood to another to be more proximate to drug use scenes, leading them to camp for days or weeks. Researchers first observed this phenomenon in Congo-Russia neighbourhood in Jos North. Participants corroborated this observation in interviews. In Mangu LGA, a participant described how young women camp in brothels and guest houses for several days to participate in ritualised waterpipe smoking (or 'Shisha' as it is known locally) (Male Youth Leader, Mangu). Subsequent interviews, including in Makurdi, revealed a link between inter-urban mobility for drug use, including shisha smoking, and young women's involvement in commercial sex work. This is unsurprising given the well-established link between drug use and sex work (Nelson, 2020a).

6. Drug Supply and Retail Distribution

Interviews also explored the dynamics of illicit drug supply, including the nexus between urban and rural drug markets. Overall, pathways for the distribution of illicit drugs in both states were very similar. Illicit drugs were mostly sourced from outside the state given limited local drug production. Cannabis (both local and imported varieties) was typically brought to major cities (Makurdi, Benue State and Jos, Plateau State) from South-Western Nigeria, long identified as the prime area for cultivating cannabis for both domestic and international markets (UNODC, 2019). The common means of transporting cannabis is inter-state road transportation by buses (NDLEA Officials, Markudi and Jos). Although there were reports of local cultivation in some rural communities (such as Otukpo LGA in Benue State), the bulk of cannabis products consumed across these states come in from South-Western Nigeria. The locally produced variety comes from Ondo, Osun and Oyo States, while the imported ones originate mostly from Ghana and arrive to North-Central Nigeria (as well as other parts of the country) through Lagos air and seaports (News Agency of Nigeria, 2025). From Lagos, they are transported to other parts of the country (including North-Central Nigeria) mostly by road.

Figure 2: Drug supply pathways to Benue and Plateau States



The route for supplying synthetic opioids and other pharmaceutical drugs is similar. The bulk of these products arrives as wholesale purchases by informal medicine vendors in the large open markets of Lagos and Ibadan in the South-West, and Aba and Onitsha in the South-East. They are typically procured from pharmaceutical manufacturers in South Asia, and India especially, and enter Nigeria through the seaports in Lagos (UNODC/EU, 2021). According to reports from law enforcement officials, a significant portion of the pharmaceutical products consumed non-medically are diverted from the formal (i.e., medical) supply chain. On one hand, some formal supply channels, such as registered pharmacies and unlicensed distributors (e.g., patent medicine stores), supply these products directly to the illegal market through wholesale or retail trade (Patent Medicine Dealer, Makurdi). On the other hand, medical opioid users

who obtain these drugs for treatment sometimes divert them to non-medical uses and supply them to friends and acquaintances – a practice known in the drug market literature as social supply (Coomer & Moyle, 2014).

The local variant of methamphetamine, known as 'Ice,' is reported to be produced in clandestine laboratories, especially in South-East Nigeria (Dumbili & Ebuenyi, 2021). Interviews with drug retailers and users in Makurdi revealed that most Ice dealers obtain their supply directly from manufacturers in the South-East. While some travel to the region to buy directly from manufacturers or brokers, others place orders by phone and have the product transported by road. As with cannabis sellers, Ice sellers and transporters face the risk of having their products intercepted by law enforcement officials, including members of the Nigerian Police and the National Drug Law Enforcement Agency.

One drug seller interviewed in Makurdi recounted how he was intercepted on the road by law enforcement shortly after purchasing drugs in the South-East. He explained that he was only released after calling an influential politician he knew in Makurdi, who intervened through an Assistant Inspector General of Police. This incident illustrates the political connivance that sustains illegal drug distribution in the country. Corroborating previous research (Nelson, 2018), interviews with drug sellers highlighted the collusion of law enforcement officials in the illegal drug trade through the collection of bribes and the informal protection of drug dealers. Law enforcement officials were also identified as notable users of drugs and patrons of 'jungles,' a pattern of collusion that further undermines enforcement efforts.

Retail dealers – including those who also engage in wholesale – supply drugs directly to users at varying prices depending on the type of drug (see Table 1 for street market prices). Retail trade occurs in a range of settings, including 'jungles,' street corners, bars, clubs, and motels. While drug dealers operating in 'jungles' and on the streets sell a variety of substances, including synthetic opioids and other pharmaceutical drugs – reflecting the poly-consumption practices of many clients – most bars and clubs limit their offerings to alcohol and shisha, with some explicitly prohibiting the use of illegal drugs such as cannabis and Ice on their premises.

Interviews revealed that women also participate in drug selling, particularly in street-level retail trade. They may also serve as "foot soldiers" (a term used by one interviewee), delivering drugs to consumers for a fee – a role typically carried out by men (Nelson, 2023). This is the first study to document women's involvement as delivery agents in retail drug markets. Participation was not limited to young women; interviews in both urban and rural areas showed that older women (and men) also take part in retail drug distribution. For example, older women were reported to sell illegal drugs alongside other wares (e.g., food items) to conceal the trade and evade interdiction by law enforcement officials.

Table 2: Prices of drugs in the street market

Drugs	Measurement	Price (value in Naira)
Cannabis (local variety)	A stick	N100
Cannabis (synthetic)	A stick	N1,000
Ice (methamphetamine)	0.1 gram	N2,000
Tramadol/Tramol	A 250-milligram blister pack	Between N1,000 and N2,000
Cocaine	0.1 gram	N1,000
Heroin	0.1 gram	N500

Source: Fieldwork in Benue and Plateau States (February 2025)

Rural areas are supplied by the drug markets in major urban centres (e.g., Jos and Makurdi) through a well-established, bi-directional route. On one hand, rural retailers travel to the city to purchase drugs and return to their communities to sell them locally. On the other hand, some urban-based wholesalers bring their drugs to rural communities – particularly on local market days – to sell to local retail dealers and, in some cases, directly to consumers.

One drug seller interviewed in Makurdi described how he never misses a market day in certain rural communities, as it offers him a good opportunity to make significant sales (Drug Seller, Makurdi). Interview data and observations indicate that this pathway ensures the availability of a diverse range of illicit drugs in rural communities, including new psychoactive substances such as Ice. Rural-urban interconnections in drug supply are further facilitated by reliable road networks and transportation systems, especially in Plateau State.

7. Inter-Relationships Between Drugs and Conflict

Although drugs were often mentioned in connection with conflicts, they were only one of many drivers of drug use in the communities where fieldwork occurred. As explained above, drug use is symptomatic of deeper socioeconomic problems, including limited opportunities for gainful employment among young people. A strong argument can be made that both drug supply and consumption, as well as violent conflicts, are products of the same political and economic conditions. Thus, while recognising the significant role of drug use in conflict settings, many interviewees ranked it as an intermediate driver of conflict in their communities, placing resource struggles and political marginalisation higher. This description is not to minimise the importance of drug use as a risk factor for conflict –which would contradict participants' accounts. Rather, it emphasises that both drug supply and consumption, and their influence on conflicts, are meditated by complex social, political, and economic factors. This perspective challenges the deterministic view often found in media and policy discussions, which tend to portray drug use as directly enabling and perpetuating conflict and related violence (e.g., Ezeh, 2021).

In their accounts, interviewees identified different dimensions of the relationship between drugs and violent conflict. A key dimension, according to most interviewees, was the role of drugs as a chemical facilitator of violent conflicts – meaning that drugs serve as an intermediate factor influencing the trajectory of such conflicts. Specifically, drugs were said to facilitate violence through the effects of their pharmacological properties on the physical, mental, and emotional states of the consumers. As perception-altering substances, drugs were reported to change how individuals think and feel, lowering inhibitions, creating a sense of invincibility, and increasing risk-taking. Traditional and religious leaders in different communities variously described how drugs make users more willing to engage in physical violence without regard for their own safety. Alluding to the perception-altering effects of psychoactive drugs, they stressed that "no one in his or her right senses" would commit the kinds of heinous acts – such as killing and maiming – that they had witnessed in conflicts. In this way, drug use helped to explain otherwise inexplicable acts of violence.

Some interviewees also recounted finding residues of licit and illicit drugs, along with related paraphernalia, in locations where armed groups had assembled before launching attacks. Such findings prompted them to attribute these acts of violence to drug use, symbolised by the presence of these residues. Further, drugs – especially cannabis and synthetic opioids – were said to provide energy and stamina (Nelson et al., 2023), which are considered necessary for prolonged engagement in conflict. On the other hand, intoxicated persons were described as highly vulnerable to harm in conflict situations, as they tend to behave recklessly and without discretion. This vulnerability was said to potentially fuel cycles of reprisal, as harm to one group's members often motivated retaliation by the group as a whole.

Beyond enabling acts of violence, drugs, the pharmacological effects of drugs were also linked to conflicts through their negative impact on inter-generational relationships in conflict-affected communities. Across interviews with community leaders – including traditional rulers, youth leaders, and women leaders – interviewees described a generational cleavage driven in part by the widespread availability and consumption of psychoactive substances among young people. They explained that drug use had made some youth more recalcitrant and disrespectful towards parents, elders, and traditional leaders. For example, the Fulani chief (*Ardos*) of Abinsi in Guma LGA of Benue State, noted: "When these young people are under the influence of drugs, they will not listen to anyone, not even their elders."

Generational cleavage, partly rooted in drug use, undermines traditional authority structures in these largely gerontocratic communities, where governance is vested in a council of elders led by a chief or equivalent. Young people do not ordinarily participate in decision-making but are expected to enforce elders' directives. Typically, youths – organised under a leader and lieutenants—play a major role in defending the community from external aggression, acting on orders from elders. However, interviewees described cases in which drug-affected young people defied elders and engaged in conflicts without authorisation. In some cases, they actively opposed elders' efforts to pursue peaceful dialogue, thereby obstructing conflict resolution. Leaders from Barkin Ladi (Plateau State) and Guma (Benue State) described how drug use fuels reprisals: youth, angered by destruction of farmland or cattle rustling, consume drugs to prepare for combat, often in defiance of elders who would prefer more peaceable approaches.

Drugs were also said to play a major role in conflict mobilisation.[2] They were reportedly used in recruiting young people for violent engagements, including by armed groups such as bandits and groups listed as terrorist. As one interviewee in Makurdi – who is both a program officer for a conflict prevention NGO and a peace scholar – explained, recruitment often hinges on human needs. Young people already dependent on drugs require access to their drug of choice to avoid withdrawal symptoms (particularly in the case of opioids) and to function in daily life, including earning income.

[2] In Bokkos LGA (Plateau State), a Fulani interviewee reported that some local fans of European football clubs even consume psychoactive drugs in preparation for clashes with fans of rival clubs during matches.

For these individuals, the offer of their drugs is often enough incentive to join an armed group, particularly since such groups do not always present themselves as sectarian at the onset. Similarly, young people angered by attacks on their communities may be encouraged to join retaliatory efforts, with drugs serving as an additional motivator.

Some participants also linked drugs to the process of radicalisation. According to the NGO official cited above, drugs not only incentivize enrolment in armed groups but "spice" the radicalisation process by making recruits more receptive to violent ideologies. He noted that "drug addiction" is the most challenging part of deradicalisation for former combatants, and that poorly managed addition significantly increases the risk of recidivism. Additionally, drug use was said to foster cohesion and reduce tension among members of armed groups, particularly within the "cellular"[3] self-organizing model common among terrorist and armed groups in Nigeria.

In addition to their direct roles in mobilisation, radicalisation, and combat engagement, drugs were also implicated in conflicts economies as a source of livelihood for many young people. Drug dealers interviewed noted that conflicts generate demand for psychoactive substances, creating economic opportunities for unemployed youth. This demand often expands in post-conflict periods, as individuals turn to drugs to cope with PTSD and other mental health consequences of violence.

Interview data indicated significant overlap between young people involved in drug selling or use and those engaged in armed conflict. According to participants such as the youth leader in Bassa LGA (Plateau State), young people who sell drugs also act as conflict participants, using the opportunity to sell to other combatants. Similarly, drug selling was reported as a livelihood strategy for some people displaced by conflict. The NGO official cited above observed that illegal drug selling is widespread in displacement camps, where it provides income in contexts of lost and scarce employment. The Fulani community leader interviewed in Barkin Ladi offered a similar view, explaining that those who have lost cattle to rustlers often turn to other criminal activities – including armed robbery, kidnapping, and illegal drug selling – as survival strategies. Taken together, these accounts highlight the complex and multifaceted relationship between drugs and violent conflict.

8. Responses to Drugs and Violent Conflicts

Participants' perspectives on government and community-level responses to drugs and violent conflicts were also explored in the context of broader trends in marginalisation and the neglect of citizens by those in positions of power. Most participants expressed the view that the state was conspicuous in the lives of its citizens only by its absence. In different ways, they decried politicians' lack of interest in addressing problems in local communities. Government at all levels (national, state, and local) was said to be disinclined to address the socioeconomic challenges facing the people, of which drug supply and use, as well as violent conflicts, are merely examples.

These views were corroborated by observational evidence. Nearly all the rural communities visited lacked basic amenities such as good roads, potable water, and modern healthcare facilities. Most rural dwellers lived in thatched houses and earned a meagre living from informal economic activities (e.g., farming, trading). The modern houses observed in these communities were reported to belong to urban-based politicians or their kinsmen, emblematising the sharp socioeconomic disparities between political elites and their rural compatriots. The most telling feature of this political neglect was the condition of the roads linking urban and rural areas, especially in Benue State.[4]

As mentioned above, current government responses to the problem of drugs and violent conflicts were seen as reflective of wider political neglect. Most study participants stated that government at both state and local levels has done little to address these problems, with some even stating point-blank that it has done nothing. Indeed, some interventions by politicians were viewed by some interviewees as counterproductive and even self-serving. An example, given by the Fulani community leaders interviewed in both Plateau State (Barkin Ladi) and Benue State (Guma), was that of politicians procuring weapons for their kinsfolk and encouraging cattle rustling for personal enrichment – thereby aiding rather than abating conflicts.

Those who acknowledged minimal government intervention often referred to the deployment of military personnel to conflict-affected communities as an example of such a response. This was borne out by the multiple police and military

[3] This refers to organising conflict actors as 'cells or small groups.
[4] For example, the road from Makurdi to Otukpo LGA in Benue State is in a state of significant disrepair, hampering local economic activities in urban centres.

checkpoints encountered when travelling across both states. Others mentioned the formation of local vigilante groups to complement the efforts of formal law enforcement agencies through surveillance, crime detection, and prevention. Beyond these examples – both of which relate primarily to conflicts – participants struggled to identify any meaningful government action to address these problems, particularly drug supply and consumption. Although most recognised the existence of drug law enforcement agencies, the efforts of these state institutions were said to be tainted by endemic corruption, manifesting in the collection of bribes and collusion with drug dealers through the offer of informal protection (Nelson, 2018).

Perhaps the most critical gap in government responses to drug-related problems in both states is the near absence of government-funded treatment services for drug use disorders. This gap is particularly significant when viewed against the backdrop of elevated levels of drug use and dependence among young people in both urban and rural areas. In the two states where this study was conducted – as in other parts of Nigeria (see Onifade et al., 2011) – treatment services are provided mainly in some secondary and tertiary health facilities (e.g., psychiatric hospitals). However, these facilities are few in number and unevenly distributed between urban and rural areas. People in rural areas often have to travel to urban centres to obtain treatment for drug-dependent relatives[5]. In addition, most existing treatment facilities are inaccessible to service users due to cost.

The NDLEA provides some residential drug counselling, but these are constrained by limited space to accommodate clients, a shortage of qualified personnel, inadequate funding, and prohibitive service charges that discourage utilisation (Nelson et al., 2017). Limited capacity within existing facilities has also led to the exclusion of female treatment-seekers in both states, exacerbating gender-based disparities in access to services. Funding from government or external donors could help to improve the reach and impact of these essential services. However, this remains an uncertain due to the low political prioritisation of services for substance use disorders compared with other public health problems (e.g., HIV/AIDS, COVID-19) in Nigeria.

The vacuum created by limited state intervention is largely filled by NGOs, particularly those based in urban centres. Interviews with both community leaders and NGO officials revealed that NGOs have played important roles in addressing the problems of drugs and violent conflicts in both states, taking up where the government has been absent. Some NGOs, such as *GoGreen Environmental Health Sustainability Initiatives* in Makurdi, Benue State, have facilitated inter-ethnic dialogues in conflict-affected communities to foster and maintain peace. Similarly, the Catholic development and relief agency, *Justice, Development, and Peace Commission (JDPC)*, has implemented a range of interventions in IDP camps, including the provision of water supply systems, transportation services, and healthcare facilities (NGO Official, Makurdi). Other community-based organisations run awareness programmes in schools to educate young people about drug use and related harms, as well as establish and support drug-free and peace clubs to prevent drug use and promote peace and coexistence.

NGOs are also active in providing services for people who use drugs. The *Community and Youth Development Initiative (CYDI)*, a peer-led organisation, works directly with drug users in Makurdi, providing basic harm reduction services (e.g., drug information and education, condom distribution) and advocating for their health rights. Others, such as *Memoirs of Recovery Foundation* in Jos South, Plateau State, provide treatment for substance use disorders. Nevertheless, the lack of financial and institutional support means these services often have to be paid for, limiting access. In addition, there is paucity of women-specific services in drug treatment and in support for internally displaced populations and people who use drugs (e.g., reproductive health services, childcare services). This lack of funding and shortage of trained personnel means that women who use drugs and engage in sex work are not effectively reached by existing services.

In addition to NGO interventions, most local communities have also organised grassroots responses to drug use and conflicts, although these efforts are generally limited in scope and effectiveness. With regard to conflict, nearly all the communities involved in the study (both in urban and rural) had vigilante groups made up of volunteers who collaborated with formal law enforcement agencies in surveillance, detection, and the prevention of crime and violence. Local vigilante groups not only identify and apprehend suspected criminals in their neighbourhoods but also serve as an early warning system in conflict prevention and management. In Angwan Rogo and Angwan Ruguba (Jos North LGA), the research team visited local vigilante stations and observed 'exhibits' collected from suspected criminals, including drugs (cannabis and synthetic opioids) and weapons. Nevertheless, the capacity of local vigilante groups to suppress armed

[5] A youth leader in Mangu LGA (Benue State) stated that when young people disturb community peace due to drug addiction or abuse, the community will organise funds and take them to the psychiatric hospital in Makurdi.

conflicts is limited in the absence of formal security agencies such as the military and police – although some vigilante members expressed the belief that they could effectively quell conflicts if provided with adequate weapons[6]. In some communities, such as Mangu LGA in Plateau State and Otukpo LGA in Benue State, vigilante groups, empowered by community leaders, conducted raids on 'jungles,' arresting both dealers and users and confiscating their drugs. Women were also known to stage protests against drug use and the destruction of their farms by Fulani pastoralists. For instance, in Miango, Bassa LGA (Plateau State), local women protested against high levels of drug use among youth, even marching to liquor stores and local bars to call out sellers of psychoactive products, which they regarded as destroying the lives of young people. Traditional rulers, for their part, were said to advise young people against drug use and to support grassroots initiatives addressing drug use and violence, including the formation of local vigilante groups and crackdowns on 'jungles.' Nevertheless, much of these local efforts merely address the symptoms rather than the root causes. Their effectiveness is limited, as they do not tackle the underlying social and economic drivers of these issues, which often include systemic injustices, political marginalisation, and lack of local opportunities.

9. Summary and Conclusions

North-Central Nigeria, particularly Plateau and Benue States, has been a hotbed of diverse forms of violent conflict, especially since the return to democratic rule in 1999. Although relative peace prevails in some areas, conflicts and tensions persist in others, particularly in rural communities. Corroborating previous research (Higazi, 2016; 2022; Egbuta, 2018; Vanger & Nwosu, 2020), this study demonstrates that violent conflicts in Plateau and Benue are driven by struggles for political and economic resources, most notably access to land for farming and grazing in rural areas. These conflicts are contextualised within conditions of structural inequities, manifest in the political marginalisation of certain ethno-religious groups, as well as the failure of the state to deliver the dividends of governance – including basic services such as reliable roads, hospitals, potable water, and electricity – to its citizens, especially in rural areas. Conflicts are further exacerbated by perceived injustices, including allegations of nepotism and favouritism in both state and law enforcement interventions, as well as by the political and material benefits that prolonged conflicts bring to various interest groups. This research highlights that the supply and consumption of psychoactive drugs are important facilitators of conflicts; in turn, conflicts create a conducive environment for the supply and consumption of drugs. Drug markets and patterns of consumption are shaped by intersecting social, political, and economic factors, and current trends in drug supply and use present serious risks for the prolongation and escalation of conflicts, particularly in rural communities.

This study also documents the widespread availability and consumption of various licit and illicit psychoactive substances among young people, including cannabis, alcohol, methamphetamine, synthetic opioids (e.g., tramadol, codeine), and other pharmaceutical drugs (e.g., pentazocine, ketamine). It further highlights elevated levels of drug use among young women, including high-risk practices such as participation in predominantly male drug-use spaces and consuming drugs in the context of transactional sex. Both of these practices increase vulnerability to health harms through exposure to drug-related violence and risky sexual and drug-use behaviours. Drug use trends, characterised by increased availability and widespread consumption, particularly over the past decade, were attributed to multi-level social, political, and economic factors.

These include peer influence, the availability of drugs, low school enrolment, youth unemployment, population growth and resultant pressure on resources, conflict mobilisation and post-conflict trauma, as well as the exigencies of informal economic activities. This echoes Buchanan et al.'s cogent argument that drug use behaviours are "largely symptoms of deeper social structural inequities." They further contend that "efforts to eliminate illicit narcotics use are, and will continue to be, futile until we as society address these fundamental antecedent political-economic problems" (2002, p. 40). This implies that efforts to mitigate drug use among young people must extend beyond the enforcement of drug laws to address the socioeconomic conditions that encourage and facilitate current patterns of drug use. Drug problems must therefore be understood as a development challenge, and not merely as a criminal justice issue.

Further to the above, the social, political, and economic factors shaping drug-use trends create potential risks for health harms. Put differently, it is not drug consumption per se that place young people at risk, but rather the ways in which they consume drugs (i.e., consumption patterns), which are themselves influenced by the broader social, economic, and political context. For example, the physical demands of some income-generating activities (e.g., illegal mining,

[6] This view was expressed by a youth leader interviewed in Miango, Bassa LGA (Plateau State), who self-identified as a vigilante group member.

menial labour), or the need to cope with post-conflict trauma – exacerbated by structural barriers to formal healthcare (e.g., high user fees) – encourage not only use among young people but also heavy consumption. It is this pattern of use (i.e., intensive consumption for work or self-medication), shaped by socioeconomic conditions, that places users at heightened risk of health harms such as dependence and physical and mental health issues.

As has been outlined above, drug-related harms are not inherent to the act of consumption; rather, they are contingent upon consumption patterns, which in turn are determine by the socioeconomic contexts of use (Nelson, 2022). This is not a theoretical issue of marginal importance but one of significant implications policy relevance. Current responses to drug supply and use have focussed disproportionately on eliminating substances and arresting users, while neglecting the social, political, and economic drivers of demand. This one-sided approach has proved ineffective, as reflected in the rising prevalence of drug use despite enforcement efforts (Nelson, 2018). This study emphasises the need for a more comprehensive response – one that combines the enforcement of drug laws with measures to improve the socioeconomic conditions of young people, particularly in rural areas.

A key factor influencing drug consumption in both states is the widespread availability of both licit and illicit substances through extensive supply pathways that extend from urban centres into rural areas. Consumers access drugs through a variegated retail market (including 'jungles,' street-level retailers, unlicensed chemist shops, clubs, and motels), where women participate actively alongside men. Situated at the geographical heart of Nigeria, the North-Central region is neither a major production hub for illicit drugs nor a primary entry point for imported pharmaceutical drugs. However, conflicts in rural areas have created 'ungoverned spaces' that facilitate drug trade.[7] As confirmed by the findings of this study, most of the drugs consumed in the region are transported from other parts of the country. This is one of the key contributions of this study, helping to map the flow of drugs into this conflict-affected area and thereby providing useful evidence to inform law enforcement responses. According to participants – particularly drug market actors (i.e., sellers and users) as well as law enforcement officials – the main source regions for drugs distributed and consumed in both states (and across the wider North-Central) are South-West and South-East Nigeria. The former serves as a major source of cannabis products and pharmaceutical drugs, including synthetic opioids, while the latter mainly supplies locally produced methamphetamine and some pharmaceutical products.

A 2019 aerial survey conducted by the United Nations Office on Drugs and Crime (UNODC) identified the highest concentration of cannabis cultivation in the South-Western States of Ekiti, Ogun, Ondo, Osun, and Oyo (UNODC, 2019). The survey estimated approximately 8,900 hectares of cannabis under cultivation in these states, with the highest density found along the Edo-Ondo border. Another UNODC report (UNODC/EU, 2021) shows that the largest share of pharmaceutical opioids (both approved and unapproved) sold in West Africa originates from India. It also reports that most of pills circulating in the region are manufactured in unapproved dosages (250 milligrams and above), imported and distributed through illegal channels, including unlicensed stores and street-level retailers – findings that are partly corroborated by participants' accounts. Although the data presented here provide limited insights into the international trade in pharmaceutical opioids, they do illustrate the pathways through which drugs originating from other regions of Nigeria reach conflict-affected states in the North-Central region, and how these flows contribute to conflict dynamics through problematic consumption, particularly among by young people engaged in armed conflict.

Another key contribution of this study is its emphasis on the complex, multifaceted relationship between drugs and violent conflicts. As stated above, much of what is currently known about the drugs-conflict inter-relationship in Nigeria is based on news reports and a few academic commentaries (Carrier and Klantschnig 2012; Obafemi et al., 2024). This study helps to fill this gap. Participants' accounts highlight five important ways in which drugs and conflicts are linked:

1. Drugs facilitate conflicts through the effects of the chemical compounds on the mental and emotional states of combatant. Drugs alter perceptions and change moods, making conflict actors feel invincible and prone to risk-taking, using violence to harm others. This corresponds to the psychopharmacological pathway in the tripartite model of the drugs-violence relationship developed by Paul Goldstein (1985), where an individual exhibits violent behaviour due to volatility and irrationality induced by intoxication with a psychoactive substance.

2. Drug use contributes to inter-generational divisions that undermines traditional authority structures in local communities, thus making conflicts difficult to control or resolve. Young people acting under the influence of psychoactive substances defy their elders to engage in conflicts with other groups.

[7] Benue State is reported to be a transit corridor for the trafficking of drugs to the North.

3. Drugs facilitate the recruitment and radicalisation of young people for armed conflicts. Young people, and those who are drug dependent, are highly vulnerable to accepting the offer of drugs to join sectarian groups and to internalise ideologies that promote violence.

4. The consumption of drugs has fostered social cohesion and reduced tensions among members of armed groups, enabling their efforts to seed instability and prolong their engagement.

5. Those negatively affected by conflicts turn to drugs to cope with symptoms of PTSD or to generate income in post-conflict contexts.
   These findings help to broaden the understanding of the drug-conflict interplay beyond the dominant psychopharmacological explanations, demonstrating how drug supply and use intersect with social processes and economic conditions in conflict-affected communities to affect conflict dynamics and outcomes.

Furthermore, the study tracks inter-sectoral responses to drugs and violent conflicts in both states. Participants' accounts revealed marginal government intervention beyond deployment of state security personnel to conflict-affected communities. The government's response to conflict was described as emblematic of a deeper problem of political marginalisation and neglect. Rather than mitigating these issues, state involvement, perceived as biased and thus perpetuating systemic injustices, often exacerbated conflicts in local communities. A key gap in the government response to drug use is the limited availability of state-funded treatment services for substance use disorders, which has been shown to result from political prioritisation of law enforcement over a public health approach (Nelson, 2024).

Existing services are mostly private sector-based and are financially and geographically inaccessible to the vast majority of potential users, especially in rural areas. Low access to treatment for substance use disorders perpetuates a vicious circle of drug use, addiction, and related health and social consequences, including inter-personal violence. The study further shows that NGOs have endeavoured to fill the gap left by limited government intervention, not least through the facilitation of community-based peace dialogues and provision of basic amenities (e.g., shelter, potable water, and healthcare) for those affected by conflict, including IDPs. Similarly, grassroots approaches have been employed in communities to monitor drug use among young people and establish early warning systems for managing conflict. Nevertheless, these measures are insufficient to address the root causes of drug use and violent conflict effectively, especially in the absence of evidence-informed, development-oriented, and equity-based policies supported by the requisite political will.

10. Policy Implications and Recommendations

Considering the research findings presented above, the study offers the following recommendations:

1. Given the high levels of drug use in rural and urban areas of both states, it is important to ensure access to treatment services for people with substance use disorders by establishing and equipping more treatment facilities (including women-specific facilities), and by strengthening existing services through increased funding and adequate staffing. It is also essential to address social and structural barriers to accessing services, including stigma, service costs, and poor road networks and transportation. Improving access to treatment should be a key component of a coordinated, multi-sectoral response to drugs and violent conflict.
2. Building on the above, it is important to prioritise and fund harm reduction services – such as access to sterile injecting equipment, substitution therapy, and overdose management for opioid users – to reduce drug-related health harms, including overdoses and the spread of blood-borne viruses. The Nigerian government has already approved and supported essential harm reduction services for people who inject drugs. Adequate funding is needed to strengthen and scale up these services, particularly in conflict-affected communities.
3. Adopt, implement, and evaluate evidence-based, locally-driven programmes – such as the UNODC-supported UNPLUGGED school-based drug prevention model – to prevent both the initiation of drug use and the development of problematic drug use among in-school and out-of-school youth in rural and urban areas. Prevention should be a key component of the response to drug issues in these states, particularly given the prevalence of drug use and the elevated risk of early initiation among young people, which is known to significantly increase the likelihood of drug-related harms. Prevention programmes should be embedded within

a comprehensive, multisectoral strategy that prioritises addressing the social, economic, and political factors that create the conditions for drug use.

4. Building on the above, it is important to adopt and implement a development-centred, integrated approach to drug policy to address the macro-structural drivers of drug use among young people (e.g., unemployment, poverty, low school enrolment, violent conflict). This includes increasing school enrolment and creating employment opportunities through skills-acquisition programmes and the provision of interest-free loans to establish small and medium-sized enterprises.
5. Strengthen the capacity and knowledge of relevant law enforcement and security agencies (e.g., NDLEA, police and military) for effective interdiction of the psychoactive drug trade, including illicit pharmaceuticals. This requires enhanced collaboration between drug-control and conflict-focussed agencies, supported by specialised personnel training and the provision of essential equipment. It also involves implementing effective measures to reduce corrupt practices among law enforcement and security officers, such as the collection of bribes and collusion in drug distribution through informal protection of drug market actors (e.g., sellers, transporters). Law enforcement efforts should be complemented by the other, currently neglected measures (e.g., prevention, treatment), as outlined above, to maximise overall effectiveness and impact.
6. Further strengthen grassroots conflict prevention and management mechanisms through sustained government support and funding for community-based organisations and local vigilante formations. It is also important to foster and support bottom-up peace initiatives – currently piloted by NGOs – to enable the effective and timely resolution of local disputes, address their root causes, and promote peaceful coexistence between ethnic and religious groups.
7. Finally, this exploratory research identified issues for further, more in-depth investigation. These include (1) the linkages between drug supply and consumption and violent conflicts, which warrant additional ethnographic observation and data triangulation; and (2) the availability and accessibility of mental health services and substance use disorder treatment in conflict-affected communities, including among young people, women, and residents of IDP camps. Such research could provide a stronger understanding of these complex social issues, highlight gaps in service delivery, and inform the development of more effective policies and interventions.

11. Suggestions for Further Research

This exploratory study identified several areas for further research. First, the study revealed important gendered dynamics of drug use and the connections between drug use, sex work, and urban mobility. One example is the use of motels by young women for both drug consumption and commercial sex work. Further research is needed to deepen understanding of this phenomenon and to examine the role of women in drug use and conflict more broadly, including the driving forces and the specific risks and vulnerabilities experienced by young women. A combination of life history interviews and ethnographic observations could help generate richer insights into these complex dynamics.

Second, this study's description of drug markets – particularly wholesale supply – relies primarily on interviews with law enforcement officials and a small number of drug market insiders, mostly in Benue State. There is a need for more focussed investigation into the organisation of the drug market and supply pathways across the North-Central region, their historical evolution, their adaptation to law enforcement practices, and their linkages to other criminal activities (e.g., kidnapping, arms and human trafficking, banditry and armed robbery).

Third, it remains unclear whether similar patterns of drug use and distribution, and their relations to conflict, are present in other states within the region, as this study focussed solely on two North-Central states. Comparative research across multiple states would help assess the generalisability of the findings from this initial exploration.

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